

# Nutrition Monitoring in the United States

## The Directory of Federal and State Nutrition Monitoring and Related Research Activities

Interagency Board for Nutrition Monitoring and Related Research



## **Copyright information**

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however is appreciated.

## **Suggested citation**

Interagency Board for Nutrition Monitoring and Related Research. Bialostosky K, ed. Nutrition monitoring in the United States: The directory of Federal and State nutrition monitoring and related research activities. Hyattsville, Maryland: National Center for Health Statistics. 2000.

Publication may be downloaded from: <http://www.cdc.gov/nchs/>

A limited number (one copy per person please) of paper copies may be obtained from:

National Center for Health Statistics  
Division of Health Examination Statistics  
6525 Belcrest Road, Room 1000  
Hyattsville, Maryland 20782-2003

# Nutrition Monitoring in the United States

## The Directory of Federal and State Nutrition Monitoring and Related Research Activities

Prepared by the Interagency Board for Nutrition Monitoring and Related Research



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics

Hyattsville, Maryland  
April 2000

DHHS Publication No. (PHS) 00-1255

## **Interagency Board for Nutrition Monitoring and Related Research**

### **Co-chairpersons**

David Satcher, M.D.  
Assistant Secretary for Health and Surgeon General  
U.S. Department of Health and Human Services

Eileen Kennedy, Sc.D.  
Deputy Under Secretary, Research, Education, and Economics  
U.S. Department of Agriculture

### **Alternates**

Linda Meyers, Ph.D.  
Acting Director  
Office of Disease Prevention and Health Promotion  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW, Room 738-G  
Washington, DC 20201

Kathleen Ellwood, Ph.D.  
National Program Staff  
Agricultural Research Service  
U.S. Department of Agriculture  
Building 4, Room 2180  
5601 Sunnyside Avenue  
Beltsville, MD 20705-5138

### **Executive Secretary/Department Liaisons:**

Clifford L. Johnson, M.S.P.H.  
Deputy Director  
Division of Health Examination Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services  
6525 Belcrest Road, Room 1000  
Hyattsville, MD 20782-2003

Karil Bialostosky, M.S.  
Nutritionist  
Division of Health Examination Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services

Kathleen Ellwood, Ph.D.  
National Program Staff  
Agricultural Research Service  
U.S. Department of Agriculture

## **Member Agencies**

U.S. Department of Agriculture  
    Food Safety and Inspection Service  
    Center for Nutrition Policy and Promotion  
    Food and Nutrition Service  
    Agricultural Research Service  
    Cooperative State Research, Education, and Economics Service  
    Economic Research Service

U.S. Department of Commerce  
    Bureau of the Census  
    National Oceanic and Atmospheric Administration

U.S. Department of Defense

U.S. Department of Education

U.S. Department of Health and Human Services  
    Centers for Disease Control and Prevention  
    National Institutes of Health  
    Substance Abuse and Mental Health Services Administration  
    Health Resources and Services Administration  
    Food and Drug Administration  
    Indian Health Service

U.S. Department of Labor  
    Bureau of Labor Statistics

U.S. Department of State  
    Agency for International Development

U.S. Department of Veterans Affairs

U.S. Environmental Protection Agency

Liaison to National Nutrition Monitoring Advisory Council

## Contents

Interagency Board for Nutrition Monitoring and Related Research	iii
<b>Introduction</b>	<b>1</b>
<b>I. Nutrition and Related Health Measurements</b>	
Demographic Health Survey	8
First National Health and Nutrition Examination Survey (NHANES I)	10
Food Security and Nutrition Monitoring Project (IMPACT)	13
Hispanic Health and Nutrition Examination Survey (HHANES)	14
Longitudinal Follow-up to the National Maternal and Infant Health Survey	17
National Ambulatory Medical Care Survey (NAMCS)	19
National Health Interview Survey (NHIS)	21
National Health Interview Survey on Aging	23
National Health Interview Survey on Cancer Epidemiology and Cancer Control	25
National Health Interview Survey on Disability	28
National Health Interview Survey on Health Promotion and Disease Prevention (NHIS-HPDP)	30
1991 National Health Interview Survey on Health Promotion and Disease Prevention	32
National Health Interview Survey Year 2000 Objectives Supplement	34
National Health Interview Survey on Youth Behavior Supplement (NHIS-YBS)	36

National Health and Nutrition Examination Survey I Epidemiologic Follow-up Study (NHEFS)	39
National Health and Nutrition Examination Survey (NHANES) II Mortality Study	42
National Health and Nutrition Examination Survey (NHANES) III Follow-up Study	44
National Health and Nutrition Examination Survey (NHANES) III Supplemental Nutrition Survey of Older Americans (SNS)	46
National Home and Hospice Care Survey (NHHCS)	49
National Hospital Ambulatory Medical Care Survey (NHAMCS)	51
National Hospital Discharge Survey (NHDS)	53
National Maternal and Infant Health Survey (NMIHS)	55
National Mortality Followback Survey (NMFS)	57
National Nursing Home Survey (NNHS)	59
National Survey of Ambulatory Surgery (NSAS)	61
National Survey of Family Growth (NSFG)	63
School Health Policies and Programs Study (SHPPS)	65
Second National Health and Nutrition Examination Survey (NHANES II)	67
Third National Health and Nutrition Examination Survey (NHANES III)	71
Vital Statistics System	76
<b>II. Food and Nutrient Consumption</b>	
Adult Day Care Program Study	80
American Community Survey	82

Consumer Expenditure Survey	84
Continuing Survey of Food Intakes by Individuals (CSFII), 1985-86	86
Continuing Survey of Food Intakes by Individuals (CSFII), 1989-91	89
Continuing Survey of Food Intakes by Individuals (CSFII), 1994-96	92
Current Population Survey (CPS)	95
Early Childhood and Child Care Study	98
An Evaluation of the Special Supplemental Food Program for Women, Infants, and Children (An Evaluation of WIC)	100
Intake of Pyramid servings and Servings Database, 1994-96	102
National Seafood Consumption Survey	104
Nationwide Food Consumption Survey (NFCS), 1977-78 and 1987-88	106
Nutritional Evaluation of Military Feeding Systems and Military Populations	109
School Nutrition Dietary Assessment Study (SNDA)	112
School Nutrition Dietary Assessment Study II (SNDA II)	114
Study of WIC Participants and Program Characteristics	115
Supplemental Children's Survey	117
Survey of Fish Purchases by Socioeconomic Characteristics	119
Survey of Income and Program Participation (SIPP)	120
Total Diet Study (TDS)	122
WIC Infant Feeding Practices Study	124

### **III. Knowledge, Attitudes, and Behavior Assessments**

Cancer Prevention Awareness Survey	126
Consumer Food Handling Practices and Awareness of Microbiological Hazards	128
Diet and Health Knowledge Survey (DHKS), 1989-91	130
Diet and Health Knowledge Survey (DHKS), 1994-96	132
Health and Diet Survey	134
Infant Feeding Practices Survey	137
National Knowledge, Attitudes, and Behavior Survey	139
Nutrition Label Format Studies	140
Point of Purchase Labeling Studies	142
Weight Loss Practices Survey	144

### **IV. Food Composition and Nutrient Data Bases**

Food Coding Database: CSFII 1994-96 Technical Support Files	146
Food Composition Laboratory	147
Food Label and Package Survey (FLAPS)	149
National Nutrient Data Bank (NNDB)	151
Recipe Database: CSFII 1994-96 Technical Support Files	153
Survey Nutrient Database, CSFII 1989-91 and earlier	155
Survey Nutrient Database and Related Files: CSFII 1994-96 Technical Support Files	156
Technical Support Information for the NHANES III, 1988-94 Dietary Interview Data Files	158

## **V. Food Supply Determinations**

A.C. Nielsen Scantrack	160
Fisheries of the United States	161
1997 Economic Census	163
U.S. Food and Nutrient Supply Series	164

## **VI. Nutrition Monitoring Activities in States**

Behavioral Risk Factor Surveillance System (BRFSS)	167
Demonstration Sites for PedNSS and PNSS	170
EFNEP Evaluation/Reporting System	172
Food Consumption in Alaska, 1978	174
Food Consumption in Hawaii, 1978	176
Food Consumption in Puerto Rico, 1977	178
Food Stamp Program Cash-Out Evaluation in San Diego, Alabama, and Washington	180
Pediatric Nutrition Surveillance System (PedNSS)	182
Pregnancy Nutrition Surveillance System (PNSS)	185
Puerto Rico Nutrition Study, 1984	187
Youth Risk Behavior Surveillance System (YRBSS)	189
Contact information for the Surveillance Systems	191
ASTPHND	236
North Dakota's Food Security Monitoring System	237

<b>VII. Nutrition Monitoring Research</b>	
NCHS/CDC Activities	238
ARS/NHLBI Activity	248
CNPP Activity	249
<b>VIII. Searching AGRICOLA and MEDLINE</b>	251
<b>IX. Data Set Availability and Ordering Information</b>	254

## INTRODUCTION

Nutrition monitoring in the United States is a complex system of coordinated activities that provides information about the dietary, nutritional, and related health status of Americans; the relationships between diet and health; and the factors affecting dietary and nutritional status. Nutrition monitoring and surveillance data are used for Federal policymaking including food safety, food fortification, food labeling, dietary guidance, tracking progress toward nutrition and health objectives, and setting nutrition research priorities (1). Surveys, surveillance systems, and other monitoring activities comprise the measurement component areas of the National Nutrition Monitoring and Related Research Program (NNMRRP), which was strengthened with the passage of the National Nutrition Monitoring and Related Research Act of 1990 (2). The Act required the development of a 10-Year Comprehensive Plan for Nutrition Monitoring and Related Research that has as its primary goal the establishment of a comprehensive national nutrition monitoring and related research program by:

- C collecting quality data that are continuous, coordinated, timely, and reliable;
- C using comparable methods for data collection and reporting of results;
- C conducting relevant research; and
- C efficiently and effectively disseminating and exchanging information with data users (3).

The Interagency Board for Nutrition Monitoring and Related Research (IBNMRR), co-chaired by the Assistant Secretary for Health, Department of Health and Human Services (HHS) and the Under Secretary for Research, Education, and Economics, Department of Agriculture (USDA), is responsible for overseeing implementation of the 10-Year Plan. The current chairs are Dr. David Satcher for HHS and Dr. Eileen Kennedy for USDA. A roster of the member agencies of the Board is included on page iii of this Directory. Written correspondence to the Board or its members can be directed to the Executive Secretary/Department Liaison for the appropriate Department.

*The Directory of Federal and State Nutrition Monitoring Activities* is part of an effort to improve dissemination of nutrition monitoring data (4). The first Directory was published in 1989 (5), the second one in 1992 (6), and the third one in 1998 (7). The 2000 Directory represents the fourth update in this series.

### **How is the Directory organized?**

The Directory is a guide to Federal and State survey, surveillance, and research activities that are a part of the NNMRRP. It is organized into the five measurement component areas within the Program:

- C nutrition and related health measurements;
- C food and nutrient consumption;
- C knowledge, attitudes, and behavior assessments,
- C North Dakota's Food Security food composition and nutrient data bases; and
- C food supply determinations.

The surveys and research activities are listed in alphabetical order and appear in boldface print at the top of each page. Descriptive information is provided for each activity in the following categories:

**Sponsoring Agency(s):** Agencies that developed or helped to develop the survey or were responsible for conducting the survey or research activity.

**Purpose:** Why the survey was conducted, aspects of nutrition or health assessed, and unique characteristics of the survey.

**Conducted:** Year or years the data were planned to be collected.

**Target Population:** Characteristics of the population surveyed.

**Sample Size and Response Rate(s):** Where applicable, size of the sample population and percentage that were respondents.

**Design and Methods:** Description of the survey or study design and how data are collected; methodologies used (especially for dietary data).

**Descriptive Variables:** Data that describe the population, such as demographics. Outcome variables of interest: Other data collected from respondents related to nutrition monitoring.

**Contact Information:** Office address, telephone and telefax numbers, and Internet and/or e-mail address where additional information on the survey may be requested.

**Selected Key Publications:** Publications considered important by the agency, including planning, operational, and training manuals, published data and analysis reports, and journal articles.

The Directory includes information on State level activities. Chapter VI contains information on States, territories, and American Indian tribes where nutrition-related surveillance activities are conducted. Local contact information is listed for each survey. Chapter VII includes a section devoted to nutrition monitoring research. In order to support the NNMRRP, research in the areas of survey design, questionnaire design, collection methods, laboratory methods, data processing, and data analysis is needed (3). The section includes activities underway in this area. Chapters VIII and IX are included to facilitate access to survey publications, data tapes, and CD-ROMs. "Searching AGRICOLA and MEDLINE" provides tips on how to search data bases for publications about nutrition monitoring activities. Many of the surveys described in the Directory have data tapes and/or CD-ROMs available for public use. In addition, some data are also available via the Internet. The last chapter, "Data Set Availability," contains information on ways to obtain the various data sets described in this publication.

### **What was new in the 1998 edition?**

- C The Directory became an electronic product. This ensures broader dissemination at a fraction of the cost. A limited number of paper copies are still available and single copies can be ordered through the National Center for Health Statistics (6525 Belcrest Road, Room 1000, Hyattsville MD, 20782-2003).
- C For the first time, Internet addresses corresponding to the various surveys' home pages were included. Some agencies requested listing a general agency Internet address for those surveys that do not have a home page. On rare occasion, agencies also asked us to list an e-mail address that could be used to obtain additional information directly from a person. Please click directly in the addresses to link to a site of interest.
- C For the first time, a chapter was devoted to nutrition monitoring research, the foundation for nutrition monitoring activities.
- C More frequent updates became possible. Because this is an electronic publication it is possible to update specific sections without rendering the entire publication obsolete and upload sections as they are completed.

### **What is new in the 2000 edition?**

- C Only a few new activities are included and a couple were deleted from the previous version of the Directory. The year 2000 publication includes small modifications to the 1998 version, including updated sample size, contact, and key publications information.

### **References**

1. Briefel R. Nutrition monitoring in the U.S. Chapter 52 in: Present knowledge in nutrition, 7th edition. EE Ziegler and LLJ Filer, Jr., eds. ILSI Press, Washington, DC. 1996.
2. U.S. Congress. Pub. L. 101-445. National Nutrition Monitoring and Related Research Act of 1990. Washington: 101st Congress. October 22, 1990.
3. U.S. Department of Health and Human Services and U.S. Department of Agriculture. Ten-year comprehensive plan for the national nutrition monitoring and related research program. Federal Register, 58:32752-32806. June 11, 1993.
4. Kuczmarski MF, Moshfegh AJ, Briefel RR. Update on nutrition monitoring activities in the United States. J Am Diet Assoc 94:753-60. 1994.
5. Interagency Committee on Nutrition Monitoring. Nutrition monitoring in the United States: The directory of Federal nutrition monitoring activities. Washington: Public Health Service. 1989.
6. Interagency Board for Nutrition Monitoring and Related Research. Wright J, ed. Nutrition monitoring in the United States: The directory of Federal and State nutrition monitoring activities. Hyattsville, Maryland: Public Health Service. 1992.

7. Interagency Board for Nutrition Monitoring and Related Research. Bialostosky K, ed. Nutrition monitoring in the United States: The directory of Federal and State nutrition monitoring and related research activities. Hyattsville, Maryland: National Center for Health Statistics. 1998.

### **Key Nutrition Monitoring Program Publications**

Life Sciences Research Office, Federation of American Societies for Experimental Biology. Third report on nutrition monitoring in the United States: Volumes 1 and 2. Prepared for the Interagency Board for Nutrition Monitoring and Related Research. Washington, DC: U.S. Government Printing Office, Washington, DC 1995.

Interagency Board for Nutrition Monitoring and Related Research. Ervin B and Reed D, eds. Nutrition monitoring in the United States: Chartbook I: Selected findings from the National Nutrition Monitoring and Related Research Program. Hyattsville, Maryland: Public Health Service. 1993.

Interagency Board for Nutrition Monitoring and Related Research. Wright J, ed. Nutrition monitoring in the United States: The directory of Federal and State nutrition monitoring activities. Hyattsville, Maryland: Public Health Service. 1992.

Life Sciences Research Office, Federation of American Societies for Experimental Biology: Nutrition monitoring in the United States--An update report on nutrition monitoring. Prepared for the U.S. Department of Agriculture and the U.S. Department of Health and Human Services. U.S. Government Printing Office, 1989.

U.S. Department of Health and Human Services and U.S. Department of Agriculture: Nutrition monitoring in the United States - A report from the Joint Nutrition Monitoring Evaluation Committee. DHHS Publication No. (PHS) 86-1255. Public Health Service. Washington: U.S. Government Printing Office. July 1986.

### **Acronyms and Abbreviations**

The following list of acronyms and abbreviations is provided as a quick index of those mentioned in this Directory. Acronyms and abbreviations for surveys and activities are listed directly on the survey page, following the complete survey name. Parenthetical acronyms and abbreviations identify the parent department and agencies to which the listed agencies belong. Additionally, the abbreviation NA will be used in the text to identify information that is *not applicable* to a specific survey.

AGRICOLA Agricultural on-line access

ARS Agricultural Research Service (USDA)

BLS	Bureau of Labor Statistics (DOL)
BMI	Body Mass Index
CAB	Commonwealth Agriculture Bureau of Great Britain
CDC	Centers for Disease Control and Prevention (HHS)
CNPP	Center for Nutrition Policy and Promotion (USDA)
DASH	Division of Adolescent and School Health (HHS/CDC/NCCDPHP)
DOC	Department of Commerce
DOD	Department of Defense
DOL	Department of Labor
DRV	Daily Recommended Value
EFNEP	Expanded Food and Nutrition Education Program (USDA)
EI	Energy Intake
ENU	Equivalent Nutrition Units
ERS	Economic Research Service (USDA)
FDA	Food and Drug Administration (HHS)
FERRET	Federal Electronic Research and Review Extraction Tool
FNIC	Food and Nutrition Information Center (USDA/NAL)
FNS	Food and Nutrition Service (USDA)
FSP	Food Stamp Program
GPO	U.S. Government Printing Office
HCFA	Health Care Financing Administration
HHS	U.S. Department of Health and Human Services
IFPRI	International Food Policy Research Institute

IHS	Indian Health Service (HHS)
ISU	Iowa State University
LAN	Local Area Network
NAL	National Agricultural Library (USDA)
NAP	Nutrition Assistance Program
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion (HHS/CDC)
NCEH	National Center for Environmental Health (HHS/CDC)
NCHS	National Center for Health Statistics (HHS/CDC)
NCI	National Cancer Institute (HHS/NIH)
NDI	National Death Index Social Security Administration's (SSA)
NHLBI	National Heart, Lung, and Blood Institute (HHS/NIH)
NIA	National Institute on Aging (HHS/NIH)
NIH	National Institutes of Health (HHS)
NLM	National Library of Medicine (HHS/NIH)
NMFS	National Marine Fisheries Service (NOAA/DOC)
NOAA	National Oceanic and Atmospheric Administration (DOC)
NTIS	National Technical Information Service
ODPHP	Office of Disease Prevention and Health Promotion (HHS)
PC	Personal computer
PSU	Primary Sampling Unit
SSA	Social Security Administration
USAID	United States Agency for International Development

USARIEM United States Army Research Institute of Environmental Medicine (DOD)

USDA United States Department of Agriculture

WIC The Special Supplemental Food Program for Women, Infants, and Children

NOTE: The Interagency Board for Nutrition Monitoring and Related Research wishes to acknowledge staff of the National Center for Health Statistics, Centers for Disease Control and Prevention for their work on the Directory. Special thanks are extended to Karil Bialostosky for her work as managing editor in coordinating the activities necessary to produce this document. The Board also wishes to acknowledge the Publications Branch, Division of Data Services for editorial review and publication preparation for the NCHS Internet Web site.

## I. NUTRITION AND RELATED HEALTH MEASUREMENTS

### Demographic Health Survey (DHS-III)

**Sponsoring Agency:** U.S. Agency for International Development

**Purpose:** To improve information through appropriate data collection, analysis and evaluation; to strengthen the data collection/utilization of host-country institutions; and to improve data collection tools and methodologies to increase technical relevance and usefulness of data for monitoring and evaluating host-country population, health and nutrition programs; and to enable policy and programming decisions.

**Conducted:** 1992-1998

**Target Population:** Developing countries

**Sample Size and Response Rate(s):** variable

**Design and Methods:** The survey design is a stratified, multistage, probability cluster sample of the women age 15-49 having given birth in the last 3-5 years.

**Descriptive Variables:** Socio-demographic, reproductive and health variables including age, urban-rural residence, education, work status, birth history, marital status, source of drinking water, type of sanitation, antenatal and health care, etc.

**Outcome Variables of Interest:** Child nutritional status indicators including weight for age, height for age, weight for height, infant feeding practices including breastfeeding, and related morbidity; maternal nutrition indicators including BMI and height.

**Contact Agency:**

Macro International, Inc.  
11785 Beltsville Drive Suite 300  
Calverton, MD 20705-3119  
Tel: 301 572-0200  
Fax: 301 572-0999  
<http://www.macoint.com/dhs/>  
E-mail: [Reports@macoint.com](mailto:Reports@macoint.com)

**Selected Key Publications:**

Africa Nutrition Chartbook Series, 1993-1998. Country specific graphic publications with commentaries on nutrition of young children and their mothers in sub-Saharan countries, based on DHS surveys 1986-1997. Calverton, Maryland: Macro International.

Africa Nutrition Country Reports, 1993-1998. In-depth country analytical reports on nutrition status of young children and their mothers from selected African countries, based on DHS surveys 1992-1997. Calverton, Maryland: Macro International.

Loaiza, E. Maternal Nutritional Status. 1997. DHS comparative Studies No. 24. Calverton, Maryland: Macro International.

Haggerty, P and Stewart, MK 1996. The effects of measles vaccination and related factors on child nutritional status in Africa. Calverton, Maryland: Macro International.

Rutstein, S. 1996. Factors Influencing the Nutritional Status of Mothers and Children in Sub-Saharan Africa. Calverton, Maryland: Macro International.

Rustein, S and Nestel, P. 1996. Defining Nutritional Status of Mothers in Developing Countries. Calverton, Maryland: Macro International.

Sommerfelt, AE and Stewart, MK 1994. Children's Nutritional Status Demographic and Health Surveys, Comparative Studies No.12. Calverton, Maryland: Macro International.

## First National Health and Nutrition Examination Survey (NHANES I)

**Sponsoring Agency:** National Center for Health Statistics

**Purpose:** The purpose of the NHANES program, including NHANES I, is the collection and dissemination of health and nutrition data, obtained best or only by direct physical examination, clinical and laboratory tests, and related measurement procedures. In NHANES I, prevalence data were collected for specifically defined diseases or conditions of ill health; and normative health-related measurement data were collected to describe the health characteristics within the total population. In addition, NHANES I was designed to permit analytic studies that take advantage of the large amount of health and nutrition information that was collected from each participant.

**Conducted:** NHANES I, 1971-74

NHANES I Augmentation Survey, 1974-75

**Target Population:** Civilian, noninstitutionalized persons ages 1-74 years residing in households in the conterminous United States.

### Sample Size and Response Rate(s):

	<i>Sample size</i>	<i>Interviewed</i>	<i>Examined</i>
NHANES I (1971-74)	28,043	27,753 (99%)	20,749 (74%)
NHANES I Augmentation Sample (1974-75)	4,288	4,220 (98%)	3,059 (71%)

**Design and Methods:** The survey design was a stratified, multistage, probability cluster sample of the target population. The data were obtained by interview and examination and included a 24-hour dietary recall, a limited food frequency questionnaire, physical examinations, anthropometric measurements, and laboratory analyses of blood and urine specimens.

**Descriptive Variables:** Demographic and socioeconomic variables including age, gender, race, ethnicity, income, education, and marital status.

**Outcome Variables of Interest:** Numerous nutritional and health status indicators and conditions including height, weight, dietary intake, serum cholesterol, blood pressure, overweight, anemia, children's growth charts, and hypertension.

### Contact Agency:

Division of Health Examination Statistics  
National Center for Health Statistics

Centers for Disease Control and Prevention  
6525 Belcrest Road  
Hyattsville, Maryland 20782-2003  
Phone: (301) 458-4567  
Fax: (301) 458-4028  
<http://www.cdc.gov/nchs/nhanes.htm>

### **Selected Key Publications:**

Fulwood R, Havlik RJ, Briefel RR, Sempos CT. Trends in serum cholesterol levels among US adults aged 20 to 74 years. Data from the National Health and Nutrition Examination Surveys, 1960 to 1980. *JAMA* 257(7), 937-942. 1987.

U.S. Department of Health and Human Services. Diet and dental health as measured by NHANES I data. *Nutr Rev* 45(10), 302-304. 1987.

Centers for Disease Control. Blood pressure and nutrition in adults. The National Health and Nutrition Examination Survey. *Am J Epidemiol* 120(1), 17-28. 1984.

Meyers LD, Habicht JP, Johnson CL, Brownie C. Prevalences of anemia and iron deficiency anemia in Black and White women in the United States estimated by two methods. *Am J Publ Health* 73(9, Sep), 1042-1049. 1983.

National Center for Health Statistics. Diet and iron status, a study of relationships: United States, 1971-74. National Center for Health Statistics. *Vital Health Stat* 11(229). 1982.

National Center for Health Statistics. Basic data on anthropometric measurements and angular measurements of hip and knee joints for selected age groups 1-74 years of age, United States, 1971-75. National Center for Health Statistics. *Vital Health Stat* 11(219). 1981.

Abraham S, Johnson CL. Prevalence of severe obesity in adults in the United States. *Am J Clin Nutr* 33(2, Feb), 364-369. 1980.

National Center for Health Statistics. Serum cholesterol levels of persons 4-74 years of age by socioeconomic characteristics, United States, 1971-74. National Center for Health Statistics. *Vital Health Stat* 11(217). 1980.

Hamill PV, Drizd TA, Johnson CL, et al. Physical growth: National Center for Health Statistics percentiles. *Am J Clin Nutr* 32:607-29. 1979.

National Center for Health Statistics. Dietary intake source data, United States, 1971-74. National Center for Health Statistics. *Vital Health Stat* 11(231). 1979.

Engel A, Murphy RS, Maurer K, Collins E. Plan and operation of the HANES I Augmentation Survey of adults 25-74 years, United States, 1974-75. National Center for Health Statistics. Vital Health Stat 1(14). 1978.

National Center for Health Statistics. Plan and operation of the Health and Nutrition Examination Survey, United States 1971-73. National Center for Health Statistics. Vital Health Stat 1(10a) 1973 and 1(10b) 1977.

Hamill PV, Drizd TA, Johnson CL, et al. NCHS growth curves for children, birth-18 years, United States. National Center for Health Statistics. Vital Health Stat 11(165). 1977.

## **Food Security and Nutrition Monitoring Project (IMPACT)**

**Sponsoring Agency:** U.S. Agency for International Development.

**Purpose:** The project goal is to strengthen food security and nutrition monitoring systems in developing countries through technical assistance and training and through collaborative inquiries to improve the availability, relevance and quality of food, and nutrition information.

**Conducted:** 1990-98

**Target Population:** Policymakers and technical officers involved in the areas of food security, nutrition, agriculture, and other nutrition-related sectors in host country institutions as well as in USAID field missions.

**Sample Size and Response Rate(s):** NA

**Design and Methods:** Under the Food Security and Nutrition Monitoring Project, as part of the collaborative inquiries (operations research), field surveys are being carried out by the International Food Policy Research Institute (IFPRI) in the areas of alternative indicators of food and nutrition security and agriculture and nutrition linkages. Country sites include Kenya, Ghana, Guatemala, and India. Sample sizes, variables, and survey design vary by discrete activity.

**Descriptive Variables:** NA

**Outcome Variables of Interest:** NA

### **Contact Agency:**

Office of Health and Nutrition  
US Agency for International Development  
Ronald Reagan Building  
Washington, DC 20523-3700  
Phone: (202) 884-8722  
Fax: (202) 884-8977  
Home page: None available  
E-mail: [linkages@aed.org](mailto:linkages@aed.org)

### **Selected Key Publications:**

Food Security Indicators and Framework for Use in the Monitoring and Evaluation of Food Aid Programs, 1997.

Choice of Indicators for Food Security and Nutrition Monitoring, Food Policy 3 329-343, 1994.

Series of African Nutrition Reports produced by the Demographic Health Surveys, IRD/MACRO International.

## Hispanic Health and Nutrition Examination Survey (HHANES)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control

**Purpose:** The purpose of HHANES was to obtain data on the health and nutritional status of the three largest Hispanic subgroups in the United States. It was conducted because the sample size for Hispanics was insufficient in the NHANES to adequately estimate the nutritional and health status of this important subpopulation. HHANES, like the NHANES, had goals that included: national population reference distributions, national prevalences of diseases and risk factors, and monitoring trends in nutritional and health status over time. The design for this survey also placed an emphasis on identifying unmet health care needs among Hispanics.

**Conducted:** 1982-84

**Target Population:** Civilian, noninstitutionalized, "eligible" Hispanics ages 6 months-74 years residing in households in three defined geographic areas of the United States: Mexican Americans residing in five Southwestern States (Arizona, California, Colorado, New Mexico, and Texas), Cubans residing in Dade County, Florida, and Puerto Ricans residing in the New York City area (parts of New York, New Jersey, and Connecticut).

### Sample Size and Response Rate(s):

	<i>Sample size</i>	<i>Interviewed</i>	<i>Examined</i>
Mexican American	9,894	8,554 (87%)	7,462 (75%)
Cuban American	2,244	1,766 (79%)	1,357 (61%)
Puerto Rican	3,786	3,369 (89%)	2,834 (75%)

**Design and Methods:** The survey design was a stratified, multistage, probability cluster sample of the target populations. Although HHANES was not designed as a national Hispanic survey, and no national estimates for the Hispanic population can be made, it was the first health examination survey to cover the health and nutritional status of Hispanic subgroups. The three HHANES universes included approximately 76% of the 1980 Hispanic origin population in the United States. The data were obtained by interview and examination and included a 24-hour dietary recall, a food frequency questionnaire, physical examinations, anthropometric measurements, and laboratory analyses of blood and urine specimens.

**Descriptive Variables:** Demographic and socioeconomic variables including age, gender, ethnicity, income, education, and marital status.

**Outcome Variables of Interest:** Numerous nutritional and health status indicators and conditions including height, weight, dietary intake, blood pressure, blood lead, glucose and cholesterol, overweight, anemia, hypertension, and diabetes.

**Contact Agency:**

Division of Health Examination Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road  
Hyattsville, Maryland 20782-2003  
Phone: (301) 458-4567  
Fax: (301) 458-4028  
<http://www.cdc.gov/nchs/nhanes.htm>

**Selected Key Publications:**

Loria CM, Bush TL, Carroll MD, Looker AC, McDowell MA, Johnson CL, Sempos CT. Macronutrient intakes among adult Hispanics: a comparison of Mexican Americans, Cuban Americans, and mainland Puerto Ricans. *Am J Publ Health* 85(5, May), 684-689. 1995.

Ness RB, Cosmatos I, Flegal KM. Gravidity and serum lipids among Hispanic women in the Hispanic Health and Nutrition Examination Survey. *J Women's Health* 4(2), 149-159. 1995.

Davis H, Gergen PJ. Self-described weight status of Mexican-American adolescents. *J Adolesc Health* 15(5, Jul), 407-409. 1994.

Flegal KM, Ezzati TM, Harris MI, Haynes SG, Juarez RZ, Knowler WC, Perez-Stable EJ, Stern MP. Prevalence of diabetes in Mexican Americans, Cubans, and Puerto Ricans from the Hispanic Health and Nutrition Examination Survey, 1982-1984. *Diabetes Care* 14(7, Jul), 628-638. 1991.

Carroll M, Sempos C, Fulwood R, Bachorik PS, Rifkind B, Lippel K, Johnson C. Serum lipids and lipoproteins of Hispanics, 1982-84. *Vital Health Stat* 11(240, Aug), 1-65. 1990.

Centers for Disease Control. Prevalence of overweight for Hispanics - United States, 1982-1984. *JAMA* 263(5), 631-632. 1990.

Fanelli-Kuczmarski M, Woteki CE. Monitoring the nutritional status of the Hispanic population: selected findings for Mexican Americans, Cubans and Puerto Ricans. *Nutr. Today* 25(3, June), 6-11. 1990.

Pappas G, Gergen PJ, Carroll M. Hypertension prevalence and the status of awareness, treatment, and control in the Hispanic Health and Nutrition Examination Survey (HHANES), 1982-84. *Am J Publ Health* 80(12, Dec), 1431-1436. 1990.

Murphy RS. At last--a view of Hispanic health and nutritional status. *Am J Publ Health* 80(12):1429-30. 1990.

Johnson CL, Woteki CE. The art and science of interpreting survey data. Editorial. Am J Publ Health 80(12):1427-29. 1990.

Woteki CE. The Hispanic Health and Nutrition Examination Survey (HHANES 1982-84): Background and introduction. Am J Clin Nutr 51: 897S-901S. 1990.

Najjar MF, Kuczmarski RJ. Anthropometric data and prevalence of overweight for Hispanics: 1982-84. National Center for Health Statistics. Vital Health Stat 11(239). 1989.

Looker AC, Johnson CL, McDowell MA, Yetley EA. Iron status: prevalence of impairment in three Hispanic groups in the United States [see comments]. Clin Nutr 49(3, Mar), 553-558. 1989.

Looker AC, Underwood BA, Wiley J, Fulwood R, Sempos CT. Serum alpha-tocopherol levels of Mexican Americans, Cubans, and Puerto Ricans aged 4-74 y. Clin Nutr 50(3, Sep), 491-496. 1989.

Ryan AS, Martinez GA, Baumgartner RN, Guo S, Chumlea WC, Roche AF, Kuczmarski RJ. Changes with age in skinfold thickness in Mexican American children in the Hispanic Health and Nutrition Examination-Survey (HHANES 1982-1984). Am J Phys Anthropol 78(2), 294-295. 1989.

Looker AC, Johnson CL, Underwood BA. Serum retinol levels of persons aged 4-74 years from three Hispanic groups. Clin Nutr 48(6, Dec), 1490-1496. 1988.

Yetley EA, McDowell MA, Looker AC, Johnson CL. Iron nutritional-status of females ages 20-44 yrs in Hispanic HANES. Alcohol Abuse 46, 876. 1987.

National Center for Health Statistics. Plan and operation of the Hispanic Health and Nutrition Examination Survey, 1982-84. National Center for Health Statistics. Vital Health Stat 1(19). 1985.

## Longitudinal Followup to the National Maternal and Infant Health Survey

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** This survey was a followup of 9,400 mothers from the 1988 live birth cohort at 3 years of age to examine child health status and development, health services utilization, child care and safety, utilization of Federal support programs, and maternal health behaviors. It was also a followup of 1,000 women who experienced infant deaths and 1,000 women who had stillbirths in 1988, to study plans for adoption and foster care and reproductive health.

**Conducted:** 1991-92

**Target Population:** Participants of the 1988 NMIHS

### Sample Size and Response Rate(s):

	<i>Sample size</i>	<i>Response rate</i>
Mothers of 3-year olds	9,400	89%
Women who had infant deaths	1,000	82%
Women who had late fetal deaths in 1988	1,000	82%

**Design and Methods:** National probability sample of 9,400 children who were live-born and studied in the 1988 NMIHS. Data were collected by telephone and personal interviews from mothers. Additional data were collected from pediatricians and hospitals.

**Descriptive Variables:** Use of vitamin and mineral supplements, WIC participation, serial height and weight (from birth to 3 years at every pediatric visit), head circumference, hemoglobin, hematocrit, and maternal determinants of child variables.

**Outcome Variables of Interest:** Child development, morbidity, and development of low-birth weight infants.

### Contact Agency:

Reproductive Statistics Branch  
Division of Vital Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 820  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4111  
Fax: (301) 458-4033  
<http://www.cdc.gov/nchs/nvss.htm>

### **Selected Key Publications:**

Yu SM, Kogan MD, Gergen P. Vitamin and mineral use among preschool age children in US. *Pediatrics* 100(5): E4. 1997.

Kogan MD, Alexander GR, Teitelbaum MA, Jack BW, Kotelchuck M, Pappas G. The effect of gaps in health insurance on continuity of a regular source of care among preschool age children in the United States. *JAMA* 274(18):1429-1435. 1995.

Kogan MD, Pappas G, Yu SM, Kotelchuck M. Over-the-counter medication use among preschool age children in the United States. *JAMA* 272:1025-1030. 1994.

## National Ambulatory Medical Care Survey (NAMCS)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** The survey provides nationally representative data about ambulatory medical care provided by non-Federal, office-based physicians to the population of the United States.

**Conducted:** Annually from 1973-81, 1985, annually since 1989.

**Target Population:** Visits by ambulatory patients to non-Federal physicians in office-based practice.

### Sample Size and Response Rate(s):

For the 1996 NAMCS:

	<i>Sample size</i>	<i>Response rate</i>
Physicians	3,173	70%*
Office visits	29,805	

\* Percentage of eligible physicians participating

**Design and Methods:** The survey is based on a multistage, stratified, probability sample of physicians within a national sample of Primary Sampling Units (PSU's). Physicians record data on encounter forms for a sample of patient visits during a randomly assigned 1-week reporting period. Physicians are contacted by telephone, mail, and personal interview.

**Descriptive Variables:** Demographic characteristics of the patient, including age, sex, ethnicity, and race.

**Outcome Variables of Interest:** Reasons for visit, diagnoses, diagnostic services, counseling services, and medication therapy. Nutrition-related information also includes physician-reported hypertension and obesity, and counseling services for diet, exercise, weight reduction and cholesterol reduction.

### Contact Agency:

Division of Health Care Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 952  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4600  
Fax: (301) 458-4032  
<http://www.cdc.gov/nchs/nhcs.htm>

### **Selected Key Publications:**

Schappert SM. Ambulatory Care Visits to Physician Offices, Hospital Outpatient Departments, and Emergency Departments: United States, 1996. National Center for Health Statistics. Vital Health Stat 13(134). 1998.

Schappert SM. The National Ambulatory Medical Care Survey: 1989 summary. National Center for Health Statistics. Vital Health Stat 13(110). 1992.

Nelson C, McLemore T. The National Ambulatory Medical Care Survey: United States, 1975-81 and 1985 trends. National Center for Health Statistics. Vital Health Stat 13(93). 1988.

Bryant E, Shimizu I. Sample design, sampling variance, and estimation procedures for the National Ambulatory Medical Care Survey. National Center for Health Statistics. Vital Health Stat 2(108). 1988.

Tenney JB, White KL, Williamson JW. National Ambulatory Medical Care Survey: Background and methodology. National Center for Health Statistics. Vital Health Stat 2(61). 1974.

## National Health Interview Survey (NHIS)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** The purpose of this basic health and demographic survey is to address major current health issues through the collection and analysis of data on the civilian, noninstitutionalized population of the United States. National data on the incidence of acute conditions, episodes of persons injured, disability days, physician contacts, prevalence of chronic conditions, limitations of activity, hospitalizations, assessed health status, and other health-related topics are provided by the survey.

**Conducted:** Annually since 1957

**Target Population:** Civilian, noninstitutionalized population of the United States.

### Sample Size and Response Rate(s):

For the 1995 survey:

<i>Sample size</i>	<i>Household Sample size</i>	<i>Response rate</i>
102,467	41,824	93.8%

**Design and Methods:** The NHIS is a continuing, nationwide, household interview survey. The sample design plan follows a multistage probability design that permits a continuous sampling of the civilian, noninstitutionalized population residing in the United States. Each week a probability sample is interviewed by personnel from the U.S. Bureau of the Census. The sample design of the survey has undergone changes following each decennial census. This periodic redesign of the NHIS sample allows the incorporation of the latest population information and statistical methodology into the survey design. The current sample design was first used in 1985 and it is anticipated that this design will be used until 1995.

**Descriptive Variables:** Demographic and socioeconomic variables including age, sex, race, Hispanic origin, ethnicity, education, marital status, living arrangement, veteran status, income, employment status, occupation and industry, geographic region, and place of residence.

### Outcome Variables of Interest:

Nutrition monitoring--Self-reported height and weight for persons 18 years of age and over.

Basic health variables--Acute and chronic conditions, activity limitation, episodes of persons injured, restricted activity, self-assessed health, physician contacts, and hospitalization.

**Contact Agency:**

Division of Health Interview Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 860  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4001  
Fax: (301) 458-4035  
<http://www.cdc.gov/nchs/nhis.htm>

**Selected Key Publications:**

Adams PF, Benson V. Current estimates from the National Health Interview Survey, 1990. National Center for Health Statistics. Vital Health Stat 10(181). 1991.

Schoenborn CA. Exposure to alcoholism in the family: United States, 1988. Advance data from vital and health statistics, no 205. Hyattsville, Maryland: National Center for Health Statistics. 1991.

Massey JT, Moore TF, Parsons VL, Tadros W. Design and estimation for the National Health Interview Survey, 1985-94. National Center for Health Statistics. Vital Health Stat 2(110). 1989.

Kovar MG, Poe GS. The National Health Interview Survey design, 1973-84, and procedures, 1975-83. National Center for Health Statistics. Vital Health Stat 1(18). 1985.

## National Health Interview Survey on Aging

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** This survey was designed to complement the 1985 National Nursing Home Survey; these two surveys describe the health status and health care of most of the elderly population in the United States.

**Conducted:** January-December 1984

**Target Population:** Civilian, noninstitutionalized population ages 55 years and over in the United States.

### Sample Size and Response Rate(s):

<i>Sample size</i>	<i>Interviewed</i>	<i>Response rate</i>
16,697	16,148	97%

**Design and Methods:** Personal interview survey. Complex, multistage, stratified, and cluster sample, including all persons in the NHIS household who were 65 years of age or over, and a randomly selected sample of 50% of persons 55-64 years of age.

**Descriptive Variables:** Similar to NHIS. Self-reports on a set of basic health and demographic items.

### Outcome Variables of Interest:

Topic areas--Family structure, community services, occupation, health conditions, instrumental activities of daily living, health opinions, living arrangements, social support, retirement, activities of daily living, home care, and hospice.

Nutrition-related items--Meal services, difficulty preparing meals, and difficulty eating.

### Contact Agency:

Office of Research and Methodology  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road  
Hyattsville, MD 20782-2003  
Phone: (301)458-4040  
Fax: (301) 458-4031  
<http://www.cdc.gov/nchs/nhis.htm>

**Selected Key Publications:**

Fulton JP, Katz S, Jack SS, Hendershot GE. Physical functioning of the aged: United States, 1984. National Center for Health Statistics. Vital Health Stat 10(167). 1989.

Fitti JE, Kovar MG. The supplement on aging to the 1984 National Interview Survey. National Center for Health Statistics. Vital Health Stat 1(21). 1987.

Dawson D, Hendershot G, Fulton J. Aging in the eighties: Functional limitations of the individuals 65 years of age and over. Advance data from vital and health statistics; no 133. Hyattsville, Maryland: National Center for Health Statistics. 1987.

## National Health Interview Survey on Cancer Epidemiology and Cancer Control

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention; National Cancer Institute, National Institutes of Health.

**Purpose:** This survey gathered data on the prevalence of cancer, cancer survivorship, and associated risk factors, including Hispanic acculturation, food intake, vitamin and mineral intake, food knowledge, smoking habits, occupational exposure, family cancer history, reproduction and hormone use, access to medical care, cancer screening knowledge and practice, general knowledge and attitudes about cancer, and workplace tobacco policies and exposure. In addition, sections on childhood immunizations, AIDS knowledge and attitudes, and family resources are included.

**Conducted:** 1987 and 1992 (next one planned for the year 2000)

**Target Population:** Civilian, noninstitutionalized population ages 18 years and over in the United States.

**Design and Methods:** Complex, multistage, stratified, cluster sample, including one randomly selected person 18 years of age or over in each NHIS household. Hispanics were oversampled in the 1987 survey, and in the 1992 survey Hispanic persons and blacks were oversampled.

### Sample Size and Response Rate(s):

	<i>Sample size</i>	<i>Interviewed</i>	<i>Response rate</i>
1987	50,000	45,000	90%
1992	49,401	12,000*	86%

\* The cancer supplement took place in six months and used a split sample, resulting in a quarter sample for the nutrition questions in the epidemiology supplement. The response rate for the epidemiology supplement was calculated as follows: (Household 95.7%) x (Epidemiology 90.0%) = 86.1%.

**Descriptive Variables:** Self-report of the basic health and demographic variables in the National Health Interview Survey. Additional variables emphasize risk factors for cancer.

**Outcome Variables of Interest:** The nutrition variables included the frequency of eating over 68 selected food items, vitamin and mineral supplement intake, knowledge of a good diet, knowledge of the relationship between diet and cancer, changes in diet for health reasons, and self-reported height and weight.

**Contact Agency:**

Division of Health Interview Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 850  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4001  
Fax: (301) 458-4035  
<http://www.cdc.gov/nchs/nhis.htm>

Applied Research Branch  
Division of Cancer Control and Population Sciences  
National Cancer Institute  
6130 Executive Blvd., Rm. 313  
Bethesda, MD 20892-7344  
Phone: (301) 496-8500  
Fax: (301) 435-3710

**Selected Key Publications:**

Harnack L, Block G, Subar AF, Lane S. Cancer prevention-related nutrition knowledge, beliefs, and attitudes of US adults: 1992 NHIS Cancer Epidemiology Supplement. *JNE* 30:131-138. 1998.

Norris J, Harnack L, Carmichael S, Pouane T, Wakimoto P, Block G. US Trends in nutrient intake: The 1987 and 1992 National Health Interview Surveys. *Am J Public Health* 87:740-746. 1997.

Breslow RA, Subar AF, Patterson BH, Block G. Trends in food intake: the 1987 and 1992 National Health Interview Surveys. *Nutr Cancer* 28:86-92. 1997.

Harnack L, Block G, Subar AF, Lane S, Brand R. Association of cancer prevention related nutrition knowledge, beliefs and attitudes to cancer prevention dietary behavior. *J Am Dietet Assoc* 97:957-965. 1997.

Slesinski MJ, Subar AF, Kahle L. Dietary intake of fat, fiber and other nutrients is related to use of vitamin and mineral supplements in the United States: The 1992 National Health Interview Survey. *J Nutr* 126:3001-3008. 1996.

Slesinski MJ, Subar AF, Kahle LL. Trends in vitamin and mineral supplement use in the US: the 1987 and 1992 National Health Interview Surveys. *J Am Dietet Assoc* 95:921-923. 1995.

Subar AF, Frey CM, Harlan LC, Kahle L. Differences in reported food frequency by season of questionnaire administration: The 1987 National Health Interview Survey. *Epidemiology* 5:226-233. 1994.

Subar AF, Ziegler G, Patterson BH, Ursin G, Graubard BI. US Dietary patterns associated with fat intake: The 1987 National Health Interview Survey. *Am J Public Health* 84:359-66. 1994.

Subar AF, Harlan LC. Nutrient and food group intake by tobacco use status: The 1987 National Health Interview Survey. In: *Tobacco Smoking and Nutrition. Influence of Nutrition on Tobacco-Associated Health Risks*, Diane JN and Pryor WA (eds), *Annals of the New York Academy of Science*, Volume 686, NY, NY, 1993.

Block G, Subar AF. Estimates of nutrient intake from a food frequency questionnaire: The 1987 National Health Interview Survey. *J Am Diet Assoc* 92:969-77. 1992.

Cotugna N, Subar AF, Heimendinger J, Kahle L. Nutrition and cancer prevention knowledge, beliefs, attitudes and practices: the 1987 National Health Interview Survey. *J Am Diet Assoc* 92:963-68. 1992.

Subar AF and Block G. Use of vitamin and mineral supplements: Demographics and amounts of nutrients consumed. The 1987 Health Interview Survey. *Am J Epidemiol* 132:1091-1101. 1990.

Dawson DA, Thompson GB. Breast cancer risk factors and screening: United States, 1987. National Center for Health Statistics. *Vital Health Stat* 10(172). 1989.

Schoenborn CA, Boyd G. Smoking and other tobacco use: United States, 1987. National Center for Health Statistics. *Vital Health Stat* 10(169). 1989.

## National Health Interview Survey on Disability

**Sponsoring Agencies:** Office of the Assistant Secretary for Planning and Evaluation, Health and Human Services; Office of Supplemental Security Income, Social Security Administration; Office of Disability, Social Security Administration; Bureau of Maternal and Child Health, Health Resources and Services Administration; along with several other collaborating government agencies and the Robert Wood Johnson Foundation.

**Purpose:** Nationally-based data on the many aspects and impacts of disability did not exist prior to this survey. One important goal of the Survey was to develop a series of questionnaires that would provide a useful set of measures while maintaining a balance between the social, administrative, and medical considerations involved in disability measurement. The Survey was designed to collect data that can be used to understand disability, develop public health policy, produce simple prevalence estimates of selected health conditions, and provide descriptive baseline statistics on the effects of disabilities.

**Conducted:** 1994

**Target Population:** The Phase I Disability questionnaire was administered at the same time as the NHIS core, and collected information about all members of the NHIS households. The Phase I questionnaire collected basic data on disability and was used as a screening device to determine eligibility for the second phase of the survey.

### Sample Size and Response Rate(s):

	<i>NHIS sample size (response rate)</i>	<i>household sample size (response rate)</i>	<i>Disability Final response rate</i>
1994	45,705 (94%)	107,469 (93%)	87%

**Design and Methods:** Complex, multistage, stratified, and clustered sample design. Data collection was by household interviews, conducted face-to-face. Persons with identified disabilities would be followed up in Phase II.

**Descriptive Variables:** Gender, age, race, Hispanic ethnicity, family income, educational attainment, living arrangements, marital status, veteran status, labor force status, occupation and industry, geographic region, and place of residence. Health status information collected on the basic health and demographic questionnaire are available for each sample person. Also available are data on health status, bed days and doctor visits in past 12 months, interval since last doctor visit, and event-based data (for example, chronic conditions and restricted activity days in past 2 weeks).

**Outcome Variables of Interest:** Nutrition-related— Disability section included questions on persons being able to prepare their own meals and level of difficulty in eating.

**Contact Agency:**

Division of Health Interview Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 850  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4001  
Fax: (301) 458-4035  
<http://www.cdc.gov/nchs/nhis.htm>

**Selected Key Publications:** None provided.

## National Health Interview Survey on Health Promotion and Disease Prevention (NHIS-HPDP)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and prevention. Collaboratively designed, sponsored, and analyzed by several Public Health Service agencies charged with the responsibility to monitor progress toward the *1990 Health Objectives for the Nation*.

**Purpose:** The 1985 NHIS-HPDP was designed to provide baseline data for many of the *1990 Health Promotion Objectives for the Nation*, including some of the nutrition-related objectives. The 1990 NHIS-HPDP was designed to provide end-point data in order to assess whether the 1990 Objectives were achieved.

**Conducted:** 1985 and 1990; being conducted in 1998

**Target Population:** Civilian, noninstitutionalized household population of the United States, ages 18 years and over.

### Sample Size and Response Rate(s):

	<i>NHIS household sample size (response rate)</i>	<i>HPDP sample size (response rate)</i>	<i>Final response rate</i>
1985	36,300 (96%)	35,817 (94%)	90%
1990	46,476 (96%)	41,104 (84%)	83%

**Design and Methods:** Complex, multistage, stratified, and clustered sample design. Data collection was by household interviews, conducted face-to-face. Although proxy information may have been obtained for basic health data, all health promotion and disease prevention data were based on self-response.

**Descriptive Variables:** Gender, age, race, Hispanic ethnicity, family income, educational attainment, living arrangements, marital status, veteran status, labor force status, occupation and industry, geographic region, and place of residence. Health status information collected on the basic health and demographic questionnaire are available on the NHIS-HPDP tape and CD-ROM for each HPDP sample person. These include assessed health status, bed days and doctor visits in past 12 months, and interval since last doctor visit. Event-based data (for example, chronic conditions and restricted activity days in past 2 weeks) for HPDP sample persons are available on separate tapes but this information can be linked to the NHIS-HPDP.

**Outcome Variables of Interest:** Nutrition-related--1985 and 1990: data on knowledge, advice from doctors, and behaviors associated with proper eating habits, weight loss techniques; sodium and high animal-fat diets; high blood cholesterol, overweight,

hypertension, and heart disease; alcohol use (lifetime drinking status; quantity and frequency of alcohol consumption in past 2 weeks; knowledge of heavy alcohol consumption as a risk factor for selected chronic conditions); opinion of the relationship between fluoride use and avoiding between-meal sweets and dental health; and breast-feeding practices (for all children in the family under age 5).

1990 only: Knowledge of alcohol and cholesterol as risk factors for hypertension, received and/or followed professional advice to cut down on alcohol use due to hypertension; alcohol use (quantity and frequency) for most recent 2-week period in which alcohol was consumed in the past year (in 1985, data were obtained only for past 2 weeks).

General health promotion--1985 and 1990: Pregnancy and smoking, general health habits, injury control, child safety and health, high blood pressure, stress, exercise, smoking, alcohol use, dental care, occupational safety and health (1985 only), and preventive care.

1990 only: Mammography, radon.

**Contact Agency:**

Division of Health Interview Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 850  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4001  
Fax: (301) 458-4035  
<http://www.cdc.gov/nchs/nhis.htm>

**Selected Key Publications:**

Schoenborn CA. Health promotion and disease prevention: United States, 1985. National Center for Health Statistics. Vital Health Stat 10(163). 1988.

Stephenson MG, Levy AS, Saas NL, McGarvey WE. 1985 NHIS findings: Nutrition knowledge and baseline data for weight-loss objectives. Public Health Rep 102(1):61-7. 1987.

Thornberry OT, Wilson RW, Golden PM. The 1985 Health Promotion and Disease Prevention Survey. Public Health Rep 101(1):566-70. 1986.

(The two issues of Public Health Reports cited above contain 10 other articles analyzing various topics in the 1985 NHIS on Health Promotion and Disease Prevention.)

## 1991 National Health Interview Survey on Health Promotion and Disease Prevention

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention. Collaboratively designed, sponsored, and analyzed by several Public Health Service agencies charged with the responsibility to monitor progress toward the Year 2000 Health Objectives for the Nation.

**Purpose:** The 1991 NHIS-HPDP was designed to provide baseline data for many of the Healthy People 2000: Health Promotion and Disease Prevention Objectives, including some nutrition-related objectives.

**Conducted:** 1991

**Target Population:** Civilian, noninstitutionalized, household population of the United States, ages 18 years and over.

### Sample Size and Response Rate(s):

	<i>NHIS household sample size (response rate)</i>	<i>HPDP sample size (response rate)</i>
1991	46,761 (96%)	43,732 (88%)

**Design and Methods:** Complex, multistage, stratified, and cluster sample design. Data collection was by household interviews, conducted face-to-face. Although proxy information may have been obtained for basic health data, all health promotion and disease prevention data were based on self-response.

**Descriptive Variables:** Gender, age, race, Hispanic ethnicity, family income, educational attainment, living arrangements, marital status, veteran status, labor force status, occupation and industry, geographic region, and place of residence. Health status information collected on the basic health and demographic questionnaire are available on the NHIS-HPDP tape and CD-ROM for each HPDP sample person. These include assessed health status, bed days and doctor visits in past 12 months, and interval since last doctor visit. Event-based data such as chronic condition, restricted activity days in past 2 weeks, etc., for HPDP sample persons are available on separate tapes but this information can be linked to the NHIS-HPDP.

**Outcome Variables of Interest:**

Nutrition-related--Breast-feeding and bottle-feeding (children under 5 years); perceived relative weight; weight control attempts and methods; self-reported height and weight; purchase of low salt foods; adding salt to food; reading ingredient and/or nutrient lists on labels; receiving or need Meals on Wheels; received and/or followed dietary medical advice or medication prescription to lower cholesterol; diet and eating habits during most recent routine check-up; any alcohol use in past year and quantity and frequency in past 2 weeks.

General health promotion--Hearing; unintentional injuries; pregnancy and smoking; childhood immunizations; child health, environmental health, including passive smoke and radon; tobacco use, including cigarettes, pipes, cigars, snuff, and chewing tobacco; adult immunizations; occupational safety and health; diabetes-related conditions and treatments; vision-related conditions and treatments; limitations of activity due to chronic or disabling conditions; diabetes diagnosis and treatment; urinary incontinence; clinical and preventive services; physical activity and fitness; mental health; and oral health.

**Contact Agency:**

Division of Health Interview Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 850  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4001  
Fax: (301) 458-4035  
<http://www.cdc.gov/nchs/nhis.htm>

**Selected Key Publications:** None provided.

## National Health Interview Survey Year 2000 Objectives Supplement

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention. Collaboratively designed, sponsored, and analyzed by several Public Health Service agencies.

**Purpose:** Monitoring progress toward the Year 2000 Health Objectives for the Nation. The 1993 National Health Interview Survey Year 2000 data file contains data items on nine selected topic areas which relate to the Department of Health and Human Services' Year 2000 health objectives. The 1995 survey included five topic areas.

**Conducted:** 1993 and 1995

**Target Population:** The 1993 Year 2000 topic areas were administered only the last half of 1993 (quarters three and four) to one adult sample person per family (civilian, noninstitutionalized household population of the United States, ages 18 years and over). The 1995 Year 2000 questionnaire was in the field the entire year but was administered to only half of the sample population.

### Sample Size and Response Rate(s):

	<i>NHIS household sample size (response rate)</i>	<i>Yr 2000 sample size (response rate)</i>
1993	43,007 (95%)	21,028 (86%)
1995	41,824 (94%)	17,317 (81%)

**Design and Methods:** Complex, multistage, stratified, and clustered sample design. Data collection was by household interviews, conducted face-to-face. Although proxy information may have been obtained for basic health data, all *Healthy People 2000* objectives data were based on self-response.

**Descriptive Variables:** Gender, age, race, Hispanic ethnicity, family income, educational attainment, living arrangements, marital status, veteran status, labor force status, occupation and industry, geographic region, and place of residence. Health status information collected on the basic health and demographic questionnaire are available for each sample person. Also available is data on health status, bed days and doctor visits in past 12 months, interval since last doctor visit, and event-based data (for example, chronic conditions and restricted activity days in past 2 weeks).

**Outcome Variables of Interest:** Nutrition-related— Survey included questions on reading food labels when shopping, adding salt to food, and Meals on Wheels.

**Contact Agency:**

Division of Health Interview Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 850  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4001  
Fax: (301) 458-4035  
<http://www.cdc.gov/nchs/nhis.htm>

**Selected Key Publications:** None provided.

## National Health Interview Survey on Youth Behavior Supplement (NHIS-YBS)

**Sponsoring Agency:** National Center for Health Statistics and National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

**Purpose:** The Youth Behavior Supplement (YBS) is one of three components of the Youth Risk Behavior Surveillance System (YRBSS) designed to monitor priority risk behaviors of American youth between the years 1990 and 2000. The YRBSS was developed with several complementary data collection efforts in mind. In addition to the NHIS-YBS, the surveillance system includes periodic school-based surveys conducted by State and local departments of education and health and a periodic national school-based survey conducted by CDC's Division of Adolescent and School Health (DASH) (Youth Risk Behavior Survey--OMB No. 0920-0258). A national college survey, a national survey of alternative high schools, and special population surveys also have been conducted. All YRBSS surveys use similar questions to measure the delineated set of high priority risk behaviors so that the data obtained from the three surveys are comparable.

**Conducted:** April 1992-March 1993

**Target Population:** Youth ages 12-21 years, including high school students, ages 14-17 years; pre-high school students, ages 12-13 years; out-of-school youth, ages 12-17 years; out-of-school youth with less than high school education, ages 18-21 years; out-of-school youth who completed high school but never entered college, ages 18-21 years; out-of-school youth who have some college education but are not attending college at the time of the survey, ages 18-21 years; and college students ages 18-21 years.

### Sample Size and Response Rate(s):

<i>Sample size</i>	<i>Response rate</i>
10,645	77.2%

**Design and Methods:** In addition to the youth 14-17 years of age who attended high schools (n =4,218), the 1992 NHIS-YBS collected data on six additional subpopulations of youth not covered by the school-based surveys, and on which no alternate information on priority risk behaviors existed. Those included:

1. Pre-high school students, ages 12-13 years (N =2,089). The data on the younger ages are critical to assess the onset of many of the priority behaviors so that interventions can be targeted to the appropriate age group.
2. Out-of-school youth (OSY), ages 12-17 years (N =820, after over-sampling procedures).

3. Out-of-school youth, ages 18-21 years, with less than high school education (were OSY before graduation from high school) (N =894, after over-sampling procedures).
4. Out-of-school youth, ages 18-21 years, who completed high school diploma but never entered college (N =1,130).
5. Out-of-school youth, ages 18-21 years, who have some college education but were not attending college at the time of the survey (N =500).
6. College students, ages 18-21 years (N =1,100)

**Descriptive Variables:** Self-report of the basic health and demographic variables in the National Health Interview Survey.

**Outcome Variables of Interest:** Sexual behaviors that increase the risk of HIV infection, other sexually transmitted diseases and unintended pregnancies; behaviors that increase the risk of unintentional injuries; drug and alcohol use; tobacco use; dietary behaviors; and physical activity, immunization status, and family resources.

**Contact Agency:**

Division of Health Interview Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 850  
Hyattsville, MD 20782-2003  
Phone: (301)458-4001  
Fax: (301) 458-4035  
<http://www.cdc.gov/nchs/nhis.htm>

**Selected Key Publications:**

Adams PF, Schoenborn CA, Moss AJ, Warren CW, Kann L. Health-Risk Behaviors Among Our Nation's Youth: United States, 1992. 1995. National Center for Health Statistics, Vital and Health Statistics Series 10, No. 192.

Horm J, Cynamon M, Thornberry O. 1995. The Influence of Parental Presence on the Reporting of Sensitive Behaviors by Youth. Forthcoming presentation and publication in the Proceedings of the Sixth Conference on Health Survey Research Methods. Breckenridge, CO.

Camburn D, Cynamon M. 1993. Observations of New Technology and Family Dynamics in a Survey of Youth. Presented to and published in the Proceedings of the American Statistical Association. Ft. Lauderdale, FL.

Cynamon M. 1992. Employing a New Technique to Ask Questions on Sensitive Topics. Presented to the American Association of Public Opinion Research. St. Petersburg, FL.

Cynamon M, Johnston J. 1992. MacInterview: A Technological Solution for Comprehension and Literacy Problems in Survey Administration. Presentation at the Field Directors and Field Technologies Conference. St. Petersburg, FL.

Camburn D, Cynamon M. 1991. The Use of Audio Tapes and Written Questionnaires to Ask Sensitive Questions During Household Interviews. Presented to the Field Directors and Field Technologies Conference. San Diego, CA.

## National Health and Nutrition Examination Survey I Epidemiologic Follow-up Study (NHEFS)

**Sponsoring Agency:** National Center for Health Statistics and National Institute on Aging in collaboration with other National Institutes of Health and Public Health Service Agencies.

**Purpose:** The goal of NHEFS is to investigate the relationships between clinical, nutritional and behavioral factors assessed in the First National Health and Nutrition Examination Survey (NHANES I) and subsequent morbidity, mortality, and hospital utilization. In addition, changes in risk factors, functional limitation, and institutionalization were studied.

**Conducted:** 1982-84, 1986, 1987, and 1992

**Target Population:** The NHEFS cohort included all persons between 25 and 74 years of age who completed a medical examination during NHANES I in 1971-75 (n = 14,407). The NHEFS is comprised of a series of follow-up surveys, four of which have been conducted to date. The first wave of data collection was conducted for all members of the NHEFS cohort (n =14,407) from 1982-84. The second wave, the 1986 NHEFS, was conducted for members of the NHEFS cohort who were 55-74 years of age at their baseline examination and not known to be deceased during the 1982-84 NHEFS (n =3,980). The third wave, the 1987 NHEFS, was conducted for the entire nondeceased NHEFS cohort (n =11,750). The fourth wave of data collection, the 1992 NHEFS, included the entire nondeceased NHEFS cohort (n =11,195).

### Sample Size and Response Rate(s):

1982-84 NHEFS cohort	14,407	
Traced	13,383	93% of 1982-84 cohort
Interviewed	12,220	91% of traced cohort
1986 NHEFS cohort	3,980	
Traced	3,767	95% of 1986 cohort
Interviewed	3,608	96% of traced cohort
1987 NHEFS cohort	11,750	
Traced	11,018	94% of 1987 cohort
Interviewed	9,998	91% of traced cohort
1992 NHEFS cohort	11,195	
Traced	10,079	90% of 1992 cohort
Interviewed	9,281	92% of traced cohort

**Design and Methods:** The first wave of data collection involved tracing the cohort; conducting personal interviews with subjects or their proxies; measuring pulse rate, weight, and blood pressure of surviving participants; collecting hospital and nursing home records of overnight stays; and collecting death certificates of decedents. The 1982-84 NHEFS interview included a detailed series of questions concerning food frequency intake and vitamin supplementation. Continued follow-ups of the NHEFS population were conducted in 1986, 1987, and 1992 using the same design and data collection procedures developed in the 1982-84 NHEFS, with the exception of a 30-minute computer-assisted telephone interview administered in place of a personal interview, and no physical measurements. The telephone interview did not include food frequency questions.

**Descriptive Variables:** Individual--Income, age, race, ethnicity, occupation, marital status, education, and current employment. Family/household--Household composition, education of head of household, and family income.

**Outcome Variables of Interest:** Self-reports of selected physician-diagnosed medical conditions, history of hospitalization and institutionalization, functional status, food frequency intake, vitamin supplementation, medication usage, vision and hearing problems, smoking and alcoholic beverage consumption and history, tooth loss, physical activity level, psychological status, physical measurements of pulse, blood pressure, and weight, and cause of death information for decedents.

**Contact Agency:**

Division of Epidemiology  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 730  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4012  
Fax: (301) 458-4038  
<http://www.cdc.gov/nchs/nhanes.htm>

**Selected Key Publications:**

Cox CS, Mussolino ME, Rothwell ST, et al. Plan and operation of the NHANES I Epidemiologic Follow-up Study, 1992. National Center for Health Statistics. Vital Health Stat 1(35). 1997.

Cox CS, Rothwell ST, Madans JH, et al. Plan and operation of the NHANES I Epidemiologic Follow-up Study, 1987. National Center for Health Statistics. Vital Health Stat 1(27). 1992.

Looker A, Harris T, Madans J, Sempos C. Dietary calcium and hip fracture risk - the NHANES-I Epidemiologic Follow-up Study. J. Bone Miner. Res. 7(1), 121. 1992.

Finucane FF, Freid VM, Madans JH, et al. Plan and operation of the NHANES I Epidemiologic Follow-up Study, 1986. National Center for Health Statistics. Vital Health Stat 1(25). 1990.

Machlin SR, Kleinman JC and Madans JH. Validity of mortality analysis based on retrospective smoking information. *Statistics in Medicine*, 8:997-1009. 1989.

Cohen BB, Barbano HE, Cox CS, et al. Plan and operation of the NHANES I Epidemiologic Follow-up Study, 1982-84. National Center for Health Statistics. Vital Health Stat 1(22). 1987.

Schatzkin A, Jones DY, Hoover RN, et al. Alcohol consumption and breast cancer in the NHANES I Epidemiologic Follow-up Study. *N Engl J Med* 316(19):1169-73. 1987.

Schatzkin A, Taylor PR, Carter CL, et al. Serum cholesterol and cancer in the NHANES I Epidemiologic Follow-up Study. *Lancet* 2(8554):298-301. 1987.

Madans JH, Cox CS, Kleinman JC, et al. 10 years after NHANES I: Mortality experience at initial follow-up, 1982-84. *Public Health Rep* 101(5):474-81. 1986.

Madans JH, Kleinman JC, Cox CS, et al. 10 years after NHANES I: Report of initial follow-up, 1982-84. *Public Health Rep* 101(5):465-73. 1986.

## **National Health and Nutrition Examination Survey (NHANES) II Mortality Study**

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention and the Food and Drug Administration

**Purpose:** NHANES II was conducted during the years 1976-80. The purpose of the NHANES II Mortality Study is to establish the vital status of adults who were 30-75 years of age at the time of their baseline NHANES II examination. For those sample persons who are found to be deceased, the cause of death will be collected from death certificates. This information will form a nationally representative longitudinal study.

**Conducted:** Current follow-up is covering the vital status of the NHANES II cohort during 1976-92. Subsequent follow-ups will be conducted periodically.

**Target Population:** The cohort of the 9,252 adult sample persons who were 30-74 years of age at the time of their baseline examination as part of the NHANES II.

**Sample Size and Response Rate(s):** Sample size was 9,252.

**Design and Methods:** The NHANES II Mortality Study is a passive follow-up study with no direct contact with members of the cohort. Vital status will be assessed entirely by matching information about sample persons with national data bases. Vital status was assessed by searching the National Death Index (NDI) for the years 1979-92 and the Social Security Administration's (SSA) Master Data File for the years 1976-88. Cause of death was obtained by matching to the NCHS Multiple Cause of Death file and from death certificates for a small number of deaths identified through SSA. Subsequent follow-ups will match to the NDI.

**Descriptive Variables:** A wide range of demographic information and examination results are available by matching the baseline data tapes from the cross-sectional portion of the respective surveys on which these follow-up studies are based. Demographic information includes age, sex, race, national origin, education, income, and marital status. Examination data includes a 24-hour dietary recall, body measurements, hematological tests, biochemical analyses of whole blood and serum, blood pressure, and electrocardiogram.

**Outcome Variables of Interest:** Total and cause-specific mortality.

### **Contact Agency:**

Division of Health Examination Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 1000  
Hyattsville, MD 20782-2003

Phone: (301) 458-4567  
Fax: (301) 458-4028  
Home page: None

**Selected Key Publications:** None to date.

## **National Health and Nutrition Examination Survey (NHANES) III Follow-up Study**

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention, and the National Institute on Aging/NIH and others yet to be determined.

**Purpose:** NHANES III was conducted during the years 1988-94. The purpose of the NHANES III Follow-up Study is to track changes in the health and vital status of the entire NHANES III cohort of sample persons who were interviewed or examined at baseline as part of the cross-sectional portion of the survey. This information will then be used to form a nationally representative longitudinal study.

**Conducted:** Began in 1988

**Target Population:** All sample persons who were 2 months of age and over and interviewed in NHANES III.

**Sample Size and Response Rate(s):** In NHANES III, 39,695 persons were selected to participate; of those, 33,994 (86%) were interviewed in their homes. Seventy-eight percent (30,818) of the selected persons were examined in the MEC, and an additional 493 persons were given a special, limited examination in their homes.

**Design and Methods:** Initially, vital status will be assessed by matching information about the sample persons with the National Death Index (NDI) and the Health Care Financing Administration (HCFA) Medicare files to obtain mortality and morbidity data. Cause of death will be obtained from death certificates or the NCHS Multiple Cause of Death file. Plans for recontacting some portion of the sample are also being considered.

**Descriptive Variables:** A wide range of demographic information and examination results are available by matching with the baseline data tapes from the cross-sectional portion of the respective surveys on which these follow-up studies are based. Demographic information includes age, sex, race, national origin, education, income, and marital status. Examination data includes a 24-hour dietary recall, body measurements, hematological tests, biochemical analyses of whole blood and serum, blood pressure and electrocardiogram measurements.

**Outcome Variables of Interest:** Total mortality, cause-specific mortality, and morbidity data from Medicare. Information on changes in health status and selected risk factors may also be collected.

### **Contact Agency:**

Division of Health Examination Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 1000

Hyattsville, MD 20782-2003  
Phone: (301) 458-4567  
Fax: (301) 458-4028  
Home page: None

**Selected Key Publications:** None to date.

## **National Health and Nutrition Examination (NHANES) III Supplemental Nutrition Survey of Older Americans (SNS)**

**Sponsoring Agency:** Funded through an interagency agreement between the National Center for Health Statistics, Centers for Disease Control and Prevention and the National Institute on Aging, National Institutes of Health.

**Purpose:** To collect replicate 24-hour dietary recall data to estimate usual dietary intakes of older persons and to explore dietary survey methodology issues.

**Conducted:** December 1989 - March 1993

**Target Population:** NHANES III, Phase I (1988-91) examinees 50 years of age and older who completed an in-person 24-hr recall interview in the Mobile Examination Center (MEC). SNS participants were asked to complete two 24-hr dietary recalls by telephone.

**Sample Size and Response Rate(s):** A total of 3,667 persons 50 years of age and older were examined during NHANES III, Phase 1; of those, 3,489 (95%) completed a baseline 24-hour dietary recall interview in the MEC. A total of 2,602 Phase 1 examinees (75% of MEC baseline sample) completed the first SNS interview satisfactorily; 2,519 MEC examinees (72% MEC baseline sample) completed the second SNS recall satisfactorily. Of the 3,489 MEC examinees with a baseline recall, 2,261 (65%) completed two SNS interviews.

**Design and Methods:** A supplement to the *NHANES III Dietary Interviewer's Training Manual* was prepared by Westat, Inc. for the SNS (1). Trained dietary interviewers contacted the SNS participants by telephone approximately eight and sixteen months after their baseline NHANES III dietary interview. Telephone interviews were conducted during daytime and evening hours, including weekends. Approximately mid-way through the study, a toll-free "800" number was set up so that persons who resided in nontelephone households could participate in the study more easily. SNS interviews were unscheduled whenever possible and SNS subjects were not compensated for their participation. A food model booklet was mailed to participants prior to each SNS interview. The booklet contained two-dimensional drawings of the food models, charts, and measurement aids which the Sample Person (SP) that were used during the baseline MEC interview. The dietary interviewers used the NHANES III Dietary Data Collection (DDC) System to record all dietary intake information. Subjects who refused the first SNS interview were not contacted for the second SNS interview. A few SNS subjects were not available when the first telephone interview contacts were completed, but did agree to be interviewed when the second telephone interviews were conducted.

**Descriptive Variables:** Descriptive information on all NHANES III participants is included in the main NHANES III public data release files (2). These files included variables such as gender, age, race, ethnicity, occupation, education, income, program participation, and program participation.

Dietary intake information for the SNS will be available in late 1998; the file will include total nutrient intakes and foods data for the baseline and SNS interviews. The NHANES III Examination, Laboratory, and Adult and Youth Household Interview data release files provide additional information on the health and nutrition status of the SNS participants and non-participants (2). This information includes medical history, reproductive health, body measurement data, nutritional biochemistry and hematology data, findings from the physician's examination component, special tests including gallbladder ultrasound and bone densitometry, and dental examination findings. The Household Interview data files have extensive information about social support, program participation, vitamin and mineral supplement use, food frequency information, health history, and medication usage information.

**Outcome Variables of Interest:** Nutritional and health indicators including total food energy and nutrient intakes and detailed information about the foods and beverages that were consumed at baseline and during the SNS are included in the SNS data files. The dietary findings report dietary intakes that were based on the U.S. Department of Agriculture Survey Nutrient Database System nutrient composition database and the University of Minnesota Nutrition Coordinating Center food composition database. Detailed documentation is included for all of the NHANES III data release files.

#### **References:**

1. National Center for Health Statistics. Third National Health and Nutrition Examination Survey, 1988-94, Reference manuals and reports (CD-ROM). Hyattsville, MD: Centers for Disease Control and Prevention, 1996. Available from the National Technical Information Service (NTIS), Springfield, VA. Acrobat.PDF format; includes access software: Adobe Systems Inc. Acrobat Reader 2.1.
2. U.S. Department of Health and Human Services (DHHS). National Center for Health Statistics. Third National Health and Nutrition Examination Survey, 1988-94, Series 11 Number 1A. ASCII Version. Hyattsville, MD: Centers for Disease Control and Prevention, July 1996. Available from the National Technical Information Service (NTIS), Springfield, VA. U.S. Department of Health and Human Services (DHHS).

#### **Contact Agency:**

Division of Health Examination Statistics  
National Center for Health Statistics  
6525 Belcrest Road, Room 1000  
Hyattsville, Maryland 20782-2003  
Phone: (301) 458-4567  
Fax: (301) 458-4028  
Home page: None

**Selected Key Publications:**

McDowell MA: The NHANES III Supplemental Nutrition Survey of Older Americans. *Am J Clin Nutr* 59(1 Suppl, Jan), 224S-226S. 1994.

McDowell M, Harris T, Briefel R. Dietary surveys of older persons. *Clin Appl Nutr* 1(4): 51-60. 1991.

## National Home and Hospice Care Survey (NHHCS)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** The survey provided nationally representative data on the characteristics of the hospices and home health agencies, the patient population they serve, the staff they employ, and the utilization of their services.

**Conducted:** 1992-94, 1996

**Target Population:** Current and discharged patients of hospices and home health agencies in the United States.

### Sample Size and Response Rate(s):

For the 1996 NHHCS:

	<i>Sample size</i>	<i>Response rate</i>
Facilities	1,200	96%*
Current patients	5,438	85%*
Discharged patients	4,758	82%*

\* Percentage of in-scope sample participating

**Design and Methods:** The survey was based on a stratified two-stage probability design with a first-stage stratified sample of agencies and second-stage sample of current patients and discharges from the sample agencies. Current resident and discharge data were collected by reviewing medical records and questioning the staff member most familiar with the care provided to the patient. No patients were interviewed directly.

**Descriptive Variables:** Agency-level characteristics of the hospices and home health agencies, including ownership, Medicare certification, and types of employees. Demographic characteristics of the current and discharged patients, including age, race, sex, ethnicity, marital status, and living arrangement.

**Outcome Variables of Interest:** Diagnoses, functional status, source of payment, and discharged status. The NHHCS contributed to nutrition monitoring by providing information on the availability and utilization of dietary and nutritional services in these types of agencies. The agency information included whether dietary/nutritional services, and in some years dental services, were available from the agency, and the patient data indicate whether dietary/nutritional services or aid in eating were provided to the patient.

**Contact Agency:**

Division of Health Care Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 952  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4747  
Fax: (301) 458-4031  
<http://www.cdc.gov/nchs/nhcs.htm>

**Selected Key Publications:**

Haupt BJ. An Overview of Home Health and Hospice Care Patients: 1996 National Home and Hospice Care Survey. Advance Data from Vital Health Stat No. 297. 1998.

Jones A, Strahan G. The National Home and Hospice Care Survey: 1994 Summary. National Center for Health Statistics. Vital Health Stat 13(126). 1997.

Haupt BJ. Development of the National Home and Hospice Care Survey. National Center for Health Statistics. Vital Health Stat 1(33). 1994.

## National Hospital Ambulatory Medical Care Survey (NHAMCS)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** The survey provides nationally representative data describing the utilization of hospital emergency and outpatient departments in the United States.

**Conducted:** Annually since 1992

**Target Population:** Visits to emergency and outpatient departments of non-Federal, short-stay general and specialty hospitals.

### Sample Size and Response Rate(s):

For the 1996 NHAMCS:

	<i>Sample size</i>	<i>Response rate</i>
Hospitals	486	95%*
Emergency department visits	21,902	
Outpatient department visits	29,806	

\* Percent of eligible hospitals participating

**Design and Methods:** The survey is based on a multistage, stratified, probability sample of non-Federal, general and short-stay specialty hospitals selected within a national sample of Primary Sampling Units. A probability sample of clinics and emergency departments is selected within hospitals, and a probability sample of patient visits is selected within the sample clinics and emergency departments. Data collection are continuous throughout the year with each hospital randomly assigned to a 4-week data reporting period.

**Descriptive Variables:** Demographic characteristics of the patient, including age, sex, ethnicity, and race.

**Outcome Variables of Interest:** Patient's reasons for visit, diagnoses, diagnostic services, and medication therapy. For hospital outpatient department visits, nutrition-related information also includes physician-reported hypertension and obesity, and counseling services for diet, weight reduction, and cholesterol reduction.

**Contact Agency:**

Division of Health Care Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 952  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4600  
Fax: (301) 458-4032  
<http://www.cdc.gov/nchs/nhcs.htm>

**Selected Key Publications:**

Schappert SM. Ambulatory Care Visits to Physician Offices, Hospital Outpatient Departments, and Emergency Departments: United States, 1996. National Center for Health Statistics. Vital Health Stat 13(134). 1998.

Schappert SM. National Hospital Ambulatory Medical Care Survey: 1992 Emergency Department Summary. National Center for Health Statistics. Vital Health Stat 13(125). 1997.

McCaig LF, McLemore T. Plan and Operation of the National Hospital Ambulatory Medical Care Survey. National Center for Health Statistics. Vital Health Stat 1(34). 1994.

## National Hospital Discharge Survey (NHDS)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** The survey provides nationally representative data on patients discharged from non-Federal, general and short-stay specialty hospitals in the United States and on the nature and treatment of illnesses among the hospital population.

**Conducted:** Annually since 1965

**Target Population:** Discharges from non-Federal, general and short-stay specialty hospitals.

### Sample Size and Response Rate(s):

For 1995 NHDS:

	<i>Sample size</i>	<i>Response rate</i>
Hospitals	525	95%*
Discharges	282,000 (approximate)	

\*Percent of eligible hospitals participating

**Design and Methods:** The original sample of hospitals was selected in 1964 from a frame of non-Federal, short-stay hospitals listed in the National Master Facility Inventory. Hospitals that opened later were added from lists provided by the American Hospital Association.

The survey was redesigned in 1988 based on a three-stage, probability sample of non-Federal, general and short-stay hospitals within a national sample of Primary Sampling Units (PSU's). Data are either abstracted directly from the face sheets of sampled hospitals' medical records or obtained from existing data bases.

**Descriptive Variables:** Patient variables include age, sex, race, ethnicity, marital status, expected source of payment, length of stay, discharge status, diagnoses, and procedures received while in the hospital.

**Outcome Variables of Interest:** The NHDS contributes to nutrition monitoring by providing information on hospitalizations resulting from nutrition-related diseases. Information on diagnoses, procedures, length of stay, and discharge status can be used to examine the care of patients with relevant conditions.

**Contact Agency:**

Division of Health Care Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 952  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4321  
Fax: (301) 458-4031  
<http://www.cdc.gov/nchs/nhcs.htm>

**Selected Key Publications:**

Gillum BS, Graves EJ, Wood E. National Hospital Discharge Survey: Annual summary, 1995. National Center for Health Statistics. Vital Health Stat 13(133). 1998.

Kozak LJ, Owings MF. Ambulatory and Inpatient Procedures in the United States, 1995. National Center for Health Statistics. Vital Health Stat 13(135). 1998.

Graves EJ, Gillum BS. Detailed diagnoses and procedures, National Hospital Discharge Survey, 1995. National Center for Health Statistics. Vital Health Stat 13(130). 1997.

## National Maternal and Infant Health Survey (NMIHS)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** The NMIHS collected nationally representative data on natality, fetal, and infant mortality vital events. The major areas of investigation were causes of low-birth weight infants and infant deaths, barriers to prenatal care, the effects of maternal smoking, alcohol and drug use, and the use of public programs by mothers and infants.

**Conducted:** Data collected 1988-90 based on 1988 vital events

**Target Population:** Study of women, hospitals, and prenatal care providers associated with live births, still births, and infant deaths 1988.

### Sample Size and Response Rate(s):

	<i>Sample size</i>	<i>Response rate*</i>
Live births	9,953	74%
Fetal deaths (of 28 weeks or more gestation)	3,309	69%
Infant deaths	5,332	65%

\* Response rates are for mothers based on type of pregnancy outcome. Hospital response rates were approximately 80 percent; prenatal care provider response rates were approximately 70 percent.

**Design and Methods:** National probability sample of registered births and fetal and infant deaths. Data were collected by a combination of mail, telephone, and personal interviews. Data were linked with the sampled vital records and weighted based on national estimates.

**Descriptive Variables:** Height, weight, maternal weight gain, hematocrit, hemoglobin, blood pressure, vitamin and mineral supplement use by mothers and infants, breast-feeding practices, maternal alcohol consumption and smoking, and nutrition-related health problems (nausea, diarrhea, and constipation).

**Outcome Variables of Interest:** Low birthweight and infant and fetal mortality.

**Contact Agency:**

Reproductive Statistics Branch  
Division of Vital Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 820  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4111  
Fax: (301) 458-4033  
<http://www.cdc.gov/nchs/nvss.htm>

**Selected Key Publications:**

Kogan MD, Alexander GR, Kotelchuck M, Nagey DA. Relation of the content of prenatal care to the risk of low birth weight: Maternal reports of health behavior advice and initial prenatal procedures. JAMA 271:1340-1345. 1994.

Mustin HD, Holt VL, Connell FA. Adequacy of well-child care and immunizations in US infants born in 1988. JAMA 272:1111-1115. 1994.

Sanderson M, Placek P, Keppel K. The 1988 National Maternal and Infant Health Survey: Design, content, and data availability. Birth 18(1):26-32. 1991.

## National Mortality Followback Survey (NMFS)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** This survey is intended to augment the information on characteristics of decedents by inquiring more fully into various aspects of concern to policymakers, health care providers and administrators, epidemiologists, biomedical researchers, demographers, and the general public.

**Conducted:** Data collected 1986-88 based on 1986 deaths

**Target Population:** Random sample of adults ages 25 years or over; oversample of persons dying of heart disease, rare cancers, Native Americans, blacks, and women in reproductive years.

### Sample Size and Response Rate(s):

For 1986 deaths--

	<i>Sample size</i>	<i>Response rate</i>
Informants	18,733	89%
Hospitals	16,430	80%

**Design and Methods:** Probability sample of all death certificates. Mail and telephone survey of informants named on death certificates, survivors and next of kin, and hospital discharge summaries.

**Descriptive Variables:** Cause of death, height, weight, medical history, medical care in last year of life, dietary patterns, lifestyle behaviors, and social and demographic characteristics.

**Outcome Variables of Interest:** Cause of death, health care utilization, other conditions, and functional limitations.

### Contact Agency:

Mortality Statistics Branch  
Division of Vital Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 820  
Hyattsville, MD 20782-2003  
Tel: (301) 458-4666  
Fax: (301) 458-4034  
<http://www.cdc.gov/nchs/nvss.htm>

### **Selected Key Publications:**

Poe SG, Powell-Griner E, McLaughlin JK, Placek PJ, Thompson GB, Robinson K. Comparability of the death certificate and the 1986 National Mortality Followback Survey. National Center for Health Statistics. Vital Health Stat 2(118). 1993.

Seeman I, Poe GS, Powell-Griner E. Development, methods, and response characteristics of the 1986 National Mortality Followback Survey. National Center for Health Statistics. Vital Health Stat 1(29). 1993.

Seeman I. National Mortality Followback Survey: 1986 summary, United States. National Center for Health Statistics. Vital Health Stat 20(19). 1992.

Kemper P, Murtaugh CM. Lifetime use of nursing home care. N Engl J Med 324:595-600. 1991.

Kapantais G, Powell-Griner E. Characteristics of persons dying from diseases of heart: Preliminary data for the 1986 NMFS. National Center for Health Statistics. Advance data from Vital Health Stat 172. 1989.

Kapantais G, Powell-Griner E. Characteristics of persons dying from AIDS: Preliminary data from the 1986 NMFS. National Center for Health Statistics. Advance data from Vital Health Stat 173. 1989.

Seeman I, Poe G, McLaughlin J. Design of the 1986 NMFS: Considerations of collecting data on decedents. Public Health Rep 104(2):183-88. 1989.

## National Nursing Home Survey (NNHS)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** The survey provided nationally representative data on the characteristics of the nursing homes, its services, residents, and staff for nursing homes in the United States.

**Conducted:** 1973-74, 1977, 1985, 1995, and 1997

**Target Population:** Nursing and related-care homes with three or more beds, set up and staffed for use by residents and routinely providing nursing and personal care services. Also included individuals residing in nursing homes currently or during the last year.

### Sample Size and Response Rate(s):

For the 1995 survey:

	<i>Sample size</i>	<i>Response rate</i>
Nursing homes	1,500	97%*
Current residents	8,056	93%

\* Percent of in-scope sample participating

**Design and Methods:** The survey was based on a stratified, two-stage probability design with a first-stage selection of facilities and a second-stage sample of residents from the sample facilities. Resident data were collected by reviewing medical records and questioning the nurse who usually provided care for the resident. Residents were not interviewed directly.

**Descriptive Variables:** Facility-level characteristics of the nursing home and demographic characteristics of the residents.

**Outcome Variables of Interest:** Diagnoses, functional status, and charges for care.

### Contact Agency:

Division of Health Care Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 950  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4747  
Fax: (301) 458-4031  
<http://www.cdc.gov/nchs/nhcs.htm>

### **Selected Key Publications:**

Strahan G. An Overview of Nursing Homes and their Current Patients: Data from the 1995 National Nursing Home Survey. Advance Data from Vital Health Stat No. 280. 1997.

Dey AN. Characteristics of Elderly Nursing Home Residents: Data from the 1995 National Nursing Home Survey. Advance Data from Vital Health Stat No. 289. 1997.

Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey, 1985 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(97). 1989.

Van Nostrand JF, Zappolo A, Hing E, et al. The National Nursing Home Survey, 1977 summary for the United States. National Center for Health Statistics. Vital Health Stat 13(43). 1979.

Meiners MR. Selected operating and financial characteristics of nursing homes, United States, 1973-74 National Nursing Home Survey. National Center for Health Statistics. Vital Health Stat 13(22). 1976.

## National Survey of Ambulatory Surgery (NSAS)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** The survey provides nationally representative data on ambulatory surgery performed in hospital-based and freestanding ambulatory surgery centers in the United States.

**Conducted:** 1994-96

**Target Population:** Ambulatory surgery visits in non-Federal, general and short-stay specialty hospitals and freestanding ambulatory surgery centers.

### Sample Size and Response Rate(s):

For 1996 NSAS:

	<i>Sample size</i>	<i>Response rate</i>
Hospitals	418	91%*
Freestanding Ambulatory Surgery Centers	333	70%*
Surgical visits	125,000 (approximate)	

\*Percent of eligible facilities participating

**Design and Methods:** The NSAS was based on a multi-stage probability design with samples of facilities selected at the first or second stage and surgical visits selected at the final stage. The survey included independent samples of non-Federal, general and short-stay specialty hospitals and freestanding ambulatory surgery centers that were regulated by states or were certified for Medicare. Data were abstracted from medical records.

**Descriptive Variables:** Patient variables include age, sex, race, expected source of payment, anesthesia, disposition status, diagnoses, and procedures.

**Outcome Variables of Interest:** The NSAS contributes to nutrition monitoring by providing information on ambulatory surgery visits that can be used to examine the care of patients with relevant conditions and procedures.

### Contact Agency:

Division of Health Care Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention

6525 Belcrest Road, Room 952  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4321  
Fax: (301) 458-4031  
<http://www.cdc.gov/nchs/nhcs.htm>

**Selected Key Publications:**

Kozak LJ, Owings MF. Ambulatory and Inpatient Procedures in the United States, 1995. National Center for Health Statistics. Vital Health Stat 13(135). 1998.

McLemore T, Lawrence L. Plan and Operation of the National Survey of Ambulatory Surgery (NSAS). National Center for Health Statistics. Vital Health Stat 1(37). 1997.

Hall M, Lawrence L. Ambulatory Surgery in the United States, 1995. National Center for Health Statistics. Advance data from Vital Health Stat No. 296. 1997.

## National Survey of Family Growth (NSFG)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** The survey provides a wide range of information on fertility, family planning, and aspects of maternal and child health, such as birth weight, breast-feeding, and prenatal care.

**Conducted:** 1973, 1976, 1982, 1988; 1990 (telephone reinterview); 1995; year 2001 survey will include males as part of the sample

**Target Population:** Women of primary reproductive age (15-44 years); beginning in 2001 survey, men of primary reproductive age (15-49)

### Sample Size and Response Rate(s):

<i>Year</i>	<i>Completed interviews</i>	<i>Response Rate*</i>
1973	9,797	81.0%
1976	8,611	82.7%
1982	7,969	79.4%
1988	8,450	79.2%
1990 (reinterview) <sup>1</sup>	5,686	67.5%
1995	10,847	78.6%

\* Number of completed interviews divided by number of women eligible for interview.

<sup>1</sup> 1990 Reinterview included 5,359 women who were previously interviewed in 1988, plus 327 first-time respondents who had become 15-17 years of age in the 2 years since the main study. The lower overall response rate in 1990 reflects the 79.2 percent response rate in the 1988 baseline survey.

**Design and Methods:** Multistage probability sample of civilian, noninstitutionalized women 15-44 years of age in the United States. In 1973 and 1976, never-married women without children were excluded. Data were based on personal interviews lasting about 1 hour; no food intake data were collected. Data on birth weight, breast-feeding, and prenatal care were based on recall by the mother.

**Descriptive Variables:** Age of mother at time of birth, race, Hispanic origin, education of mother, ratio of family income to poverty level, birth order, mother's marital status at time of birth, mother's occupation, and region of residence.

**Outcome Variables of Interest:** Breast-feeding, birth weight, source and timing of prenatal care. Focus of the survey was on variables affecting births, including age at first intercourse, contraceptive use and effectiveness, infertility, sterilization, use of family planning and infertility services, and marriage and cohabitation.

**Contact Agency:**

Reproductive Statistics Branch  
Division of Vital Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 820  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4222  
Fax: (301) 458-4033  
<http://www.cdc.gov/nchs/nsfg.htm>

**Selected Key Publications:**

Potter FJ, Iannachione VG, Mosher WD, Mason RE,. National Survey of Family Growth Cycle 5: Design, estimation, and inference. National Center for Health Statistics. Vital Health Stat 2(124). 1998.

Kelly JE, Mosher WD, Duffer AP, Kinsey SH. Plan and operation of the 1995 National Survey of Family Growth. National Center for Health Statistics. Vital Health Stat 1(36). 1997.

Abma JC, Chandra A, Mosher WD, Peterson LS, Piccinino LJ. Fertility, family planning, and women's health: New data from the 1995 National Survey of Family Growth. National Center for Health Statistics. Vital Health Stat 23(19). 1997.

Mosher WD, Bachrach C. Understanding U.S. fertility: Continuity and change in the National Survey of Family Growth, 1988-1995. Fam Plann Persp 28(1):4-12. 1996.

Chandra A. Health aspects of pregnancy and childbirth: United States, 1982-1988. National Center for Health Statistics. Vital Health Stat 23(18). 1995.

Ventura SJ, Taffel SM, Mosher WD, Wilson JB, Henshaw S. Trends in pregnancies and pregnancy rates: Estimates for the United States, 1980-1992. National Center for Health Statistics. MVSr 43(11, supp), May 25, 1995.

Ryan AS, Pratt WF, Wysong JL, et al. A comparison of breast-feeding data from the National Survey of Family Growth and the Ross Laboratories Mothers Survey. Am J Pub Health 81(8):1049-52. 1991.

Judkins DR, Mosher WD, Botman S. National Survey of Family Growth: Design, estimation, and inference. National Center for Health Statistics. Vital Health Stat 2(109). 1991.

## **School Health Policies and Programs Study (SHPPS)**

**Sponsoring Agency:** National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

**Purpose:** SHPPS is designed to monitor school health policies and programs at the national, state, district, school, and classroom levels. SHPPS assesses health education, physical education and activity, health services, mental health and social services, school policy and environment, food service, faculty and staff health promotion, and family and community involvement in the school health program.

**Conducted:** 1994 and 2000.

**Target Population:** Elementary, middle/junior, and senior high schools nationwide.

**Sample Size:** In 2000, all 50 States and the District of Columbia, 750 school districts, and 1400 schools will be asked to participate.

**Design and Methods:** Self-administered questionnaires will be sent to all 50 states and a national sample of school districts. Computer-assisted interviewing will be used on site among a nationally representative sample of public and private elementary, middle/junior, and senior high schools. Respondents will include health education teachers, physical education teachers, food service directors, school nurses, school counselors, administrators, athletic directors, and others responsible for components of the school health program.

**Variables:** Policy and program characteristics related to school health programs at the State, district, school, and classroom levels nationwide.

### **Contact Agency:**

Division of Adolescent and School Health  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
4770 Buford Highway, NE, MS-K33  
Atlanta, GA 30341  
Phone: (770) 488 3257  
Fax: (770) 488 3112  
<http://www.cdc.gov/nccdphp/dash/shpps>

### **Select Key Publications:**

School Health Policies and Programs Study: A Summary Report. J School Health 1995;65(8):289-350.

Pateman BC, McKinney P, Kann L, Small ML, Warren CW, Collins JL. School food service. *J School Health* 1995;65(8):327-332.

Wechsler H, Brener ND, Small ML. Measuring progress in meeting national health objectives for food service and nutrition education. *J Health Educ* 1999;30(5S):S12-S20.

## Second National Health and Nutrition Examination Survey (NHANES II)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control

**Purpose:** The purpose of the NHANES program, including NHANES II, is the collection and dissemination of health and nutrition data, obtained best or only by direct physical examination, clinical and laboratory tests, and related measurement procedures. In NHANES II, prevalence data were collected for specifically defined diseases or conditions of ill health and compromised nutritional status; and normative health-related measurement data were collected to describe the health characteristics within the total population. In addition, NHANES II was designed to permit analytic studies that take advantage of the large amount of health and nutrition information that was collected from each participant.

**Conducted:** 1976-80

**Target Population:** Civilian, noninstitutionalized persons ages 6 months-74 years residing in households in the United States.

### Sample Size and Response Rate(s):

<i>Sample size</i>	<i>Interviewed</i>	<i>Examined</i>
27,801	25,286 (91%)	20,322 (73%)

**Design and Methods:** The survey design was a stratified, multistage, probability cluster sample of the target population. The data were obtained by interview and examination and included a 24-hour dietary recall, a limited food frequency questionnaire, physical examinations, anthropometric measurements, and laboratory analyses of blood and urine specimens.

**Descriptive Variables:** Demographic and socioeconomic variables including age, gender, race, ethnicity, income, education, and marital status.

**Outcome Variables of Interest:** Numerous nutritional and health status indicators and conditions including height, weight, dietary intake, blood pressure, blood lead, oral glucose tolerance tests, overweight, anemia, hypertension, and diabetes.

### Contact Agency:

Division of Health Examination Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road  
Hyattsville, Maryland 20782-2003

Phone: (301)458-4567  
Fax: (301)458-4028  
<http://www.cdc.gov/nchs/nhanes.htm>

### **Selected Key Publications:**

Wellens R, Roche AF, Ryan AS, Guo SM, Kuczmarski RJ. Head circumference for Mexican American infants and young-children from the Hispanic Health and Nutrition Examination Survey (HHANES 1982-1984) - comparisons with whites and blacks from NHANES II (1976-1980). *Am J Hum Biol* 7(2), 255-263. 1995.

Denke MA, Sempos CT, Grundy SM. Excess body weight. An under-recognized contributor to dyslipidemia in white American women. *Arch Intern Med* 154(4, Feb 28), 401-410. 1994.

Carroll M, Sempos C, Briefel R, Gray S, Johnson C. Serum lipids of adults 20-74 years: United States, 1976-80. *Vital Health Stat* 11(242, Mar), 1-107. 1993.

Denke MA, Sempos CT, Grundy SM. Excess body weight. An under recognized contributor to high blood cholesterol levels in white American men [see comments]. *Arch Intern Med* 153(9, May 10), 1093-1103. 1993.

Kuczmarski RJ. Trends in body composition for infants and children in the United States. *Crit Rev Food Sci Nutr* 33, 375-387. 1993.

Linn S, Carroll M, Johnson C, Fulwood R, Kalsbeek W, Briefel R. High-density lipoprotein cholesterol and alcohol consumption in US white and black adults: data from NHANES II. *Am J Publ Health* 83(6, Jun), 811-816. 1993.

Looker AC, Loria CM, Carroll MD, McDowell MA, Johnson CL. Calcium intakes of Mexican Americans, Cubans, Puerto Ricans, non-Hispanic whites, and non-Hispanic blacks in the United States. *J Am Diet Assoc* 93(11, Nov), 1274-1279. 1993.

Kuczmarski RJ. Prevalence of overweight and weight gain in the United States. *Am J Clin Nutr* 55(2 Suppl, Feb), 495S-502S. 1992.

Kimm SY, Gergen PJ, Malloy M, Dresser C, Carroll M. Dietary patterns of U.S. children: implications for disease prevention. *Prev Med* 19(4, Jul), 432-442. 1990.

Looker A, Johnson C, McDowell M. Prevalence of impaired iron status and anemia in the United States. In: *Aspects actuels des carences en fer et en folates dans le monde (Recent knowledge on iron and folate deficiencies in the world)*. Vol. 197. (Eds.: Hercberg S, Galan P, Dupin H) Colloque INSERM., Paris, 29-38. 1990.

Fanelli MT, Woteki CE. Nutrient intakes and health status of older Americans: Data from the NHANES II. *Ann N Y Acad Sci* 561:94-103. 1989.

Linn S, Fulwood R, Rifkind B, Carroll M, Muesing R, Williams OD, Johnson C. High density lipoprotein cholesterol levels among US adults by selected demographic and socioeconomic variables. The second National Health and Nutrition Examination Survey 1976-1980. *Am J Epidemiol* 129(2, Feb), 281-294. 1989.

Sempos C, Fulwood R, Haines C, Carroll M, Anda R, Williamson DF, Remington P, Cleeman J. The prevalence of high blood cholesterol levels among adults in the United States. *JAMA* 262(1, Jul 7), 45-52. 1989.

Flegal KM, Harlan WR, Landis JR. Secular trends in body mass index and skinfold thickness with socioeconomic factors in young adult men. *Clin Nutr* 48(3, Sep), 544-551. 1988.

Looker AC, Johnson CL, Woteki CE, Yetley EA, Underwood BA. Ethnic and racial differences in serum vitamin A levels of children aged 4-11 years. *Am J Clin Nutr* 47(2, Feb), 247-252. 1988.

Looker A, Sempos CT, Johnson C, Yetley EA. Vitamin-mineral supplement use: association with dietary intake and iron status of adults. *J Am Diet Assoc* 88(7, Jul), 808-814. 1988.

Harris MI, Hadden WC, Knowler WC, Bennett PH. Prevalence of diabetes and impaired glucose tolerance and plasma glucose levels in U.S. population aged 20-74 yr. *Diabetes* 36(4, Apr), 523-534. 1987.

Looker AC, Sempos CT, Johnson CL, Yetley EA. Comparison of dietary intakes and iron status of vitamin-mineral supplement users and nonusers, aged 1-19 years. *Am J Clin Nutr* 46(4, Oct), 665-672. 1987.

Najjar MF, Rowland M. Anthropometric reference data and prevalence of overweight, United States, 1976-80. *Vital Health Stat* 11(238). 1987.

Yetley E, Johnson C. Nutritional applications of the Health and Nutrition Examination Surveys (HANES). *Annu Rev Nutr* 7:441-63. 1987.

Kuczmarski RJ, Brewer ER, Cronin FJ, Dennis B, Graves K, Haynes S. Food choices among white adolescents: the Lipid Research Clinics Prevalence Study. *Pediatr Res* 20, 309-315. 1986.

Sempos C, Cooper R, Kovar MG, Johnson C, Drizd T, Yetley E. Dietary calcium and blood pressure in National Health and Nutrition Examination Surveys I and II. *Hypertension* 8(11, Nov), 1067-1074. 1986.

Block G, Dresser CM, Hartman AM, Carroll MD. Nutrient sources in the American diet: quantitative data from the NHANES II survey. II. Macronutrients and fats. *Am J Epidemiol* 122(1, Jul), 27-40. 1985.

Block G, Dresser CM, Hartman AM, Carroll MD. Nutrient sources in the American diet: quantitative data from the NHANES II Survey. I. Vitamins and minerals. *Am J Epidemiol* 122(1, Jul), 13-26. 1985.

Dallman PR, Yip R, Johnson C. Prevalence and causes of anemia in the United States, 1976 to 1980. *Clin Nutr* 39(3, Mar), 437-445. 1984.

McDowell MA, Sempos CT, Yetley EA, Johnson C. Serum vitamin-A levels in American children 3 to 11 years of age based on analysis of NHANES II data. *J Chronic Dis* 43(3), 665. 1984.

Carroll MD, Abraham S, Dresser CM. Dietary intake source data. National Center for Health Statistics. *Vital Health Stat* 11(231). 1983.

Fulwood R, Johnson CL, Bryner JD, et al. Hematological and nutritional biochemistry reference data for persons 6 months-74 years of age: United States, 1976-80. National Center for Health Statistics. *Vital Health Stat* 11(232). 1982.

Murphy RS. The National Health and Nutrition Examination Survey data and food fortification policy (USA). Adding nutrients to foods: Where do we go from here? James L. Vetter, editor. (Ed.: Vetter JL), 43-57. 1982.

McDowell A, Engel A, Massey JT, Maurer K. Plan and operation of Second National Health and Nutrition Examination Survey, 1976-80. National Center for Health Statistics. *Vital Health Stat* 1(19). 1981.

### Third National Health and Nutrition Examination Survey (NHANES III)

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** NHANES III is designed to assess the health and nutritional status of the population and to monitor changes over time. A major aim of the nutrition component is to provide data for nutrition monitoring purposes, including tracking nutrition and food security-related risk factors and estimating the prevalence of compromised nutritional status. A second major aim of the NHANES III nutrition component is to provide information for studying the relationship between diet, nutritional status, and health. Normative health-related measurement data are collected to describe the health characteristics for the total population.

**Conducted:** 1988-94; as of March 1999 data are being collected continuously. Information on NHANES 1999+ will be included in the next version of the Directory.

**Target Population:** Civilian, noninstitutionalized population ages 2 months and older.

#### **Sample Size and Response Rate(s):**

<i>Sample size</i>	<i>Interviewed</i>	<i>Examined*</i>
39,695	33,994 (86%)	31,311 (79%)

\* Includes sample persons examined in examination centers and in the home.

**Design and Methods:** The survey design is a complex, multistage, stratified, probability cluster sample of households throughout the conterminous United States. Several groups were oversampled: children ages 2 months to 5 years, older Americans ages 60 years and older, Non-Hispanic blacks, and Mexican Americans. Data were obtained by interviews and examinations. For those too frail or unable to attend the full examination, in-house examinations were conducted. A dietary 24-hour recall and 1-month food frequency were used to obtain dietary data. A special dietary study, the Supplemental Nutrition Survey of Older Americans (SNS) supported by the National Institute on Aging/NIH, was conducted with examinees, ages 50 years and over, to obtain two independent replicate 24-hour recalls by telephone from 1988-91 (See SNS entry on page 46).

**Descriptive Variables:** Gender, age, race, ethnicity, income, education, employment, health insurance coverage, and marital status.

**Outcome Variables of Interest:** Numerous nutritional and health indicators including food and nutrient intake, dietary practices, body measurements, hematological tests including iron status, biochemical analyses of whole blood and serum (including lipid,

lipoproteins, lead, and glucose tolerance), blood pressures, electrocardiograms, urine tests, bone densitometry, dental examinations, gallbladder ultrasonography, and cognitive and physical functioning.

**Contact Agency:**

Division of Health Examination Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road  
Hyattsville, Maryland 20782-2003  
Phone: (301) 458-4567  
Fax: (301) 458-4028  
<http://www.cdc.gov/nchs/nhanes.htm>

**Selected Key Publications:**

Ervin RB, Wright JD, Kennedy-Stephenson J. Use of dietary supplements in the United States, 1988-94. National Center for Health Statistics. Vital Health Stat 11(244). 1999.

Alaimo KA, Briefel RR, Frongillo EA, and Olson CM. Food insufficiency exists in the United States: Results from the Third National Health and Nutrition Examination Survey (NHANES III). Am J Publ Health 88:419-426. 1998.

Bachorik PS, Lovejoy KL, Carroll MD, and Johnson CL. Apolipoprotein B and A1 distributions in the United States, 1988-91: results of the National Health and Nutrition Examination Survey (NHANES III). Clinical Chemistry 43(12):2364-2378. 1998.

Flegal KM, Carroll MD, Kuczmarski RJ, and Johnson CL. Overweight and obesity in the United States: prevalence and trends, 1960-1994. Int J Obes 22(1):39-47. 1998.

Wright JD, Bialostosky K, Gunter EW, Carroll MD, Najjar MF, Bowman BA, Johnson CL. Blood folate and vitamin B12 : United States, 1988-94. National Center for Health Statistics. Vital Health Stat 11(243). 1998.

Centers for Disease Control and Prevention. Kuczmarski RJ, Ogden CL, Briefel RR, Johnson CL, Troiano RP, and Galuska DA. Update: Prevalence of overweight among children, adolescents and adults--United States, 1988-1994: MMWR, 46(9) 199-202. 1997.

Ernst ND, Sempos CT, Briefel RR, and Clark MB. Consistency between US dietary fat intake and serum total cholesterol concentrations: the National Health and Nutrition Examination Surveys. Am J Clin Nut 66(suppl):965S-72S. 1997.

Ernst ND, Obarzanek E, Clark MB, Briefel RR, Brown CD, and Donato K. Cardiovascular health risks related to overweight. J Am Diet Assoc 97(suppl) S47-S51. 1997.

Kuczmarski RJ, Carroll MD, Flegal KM, and Troiano RP. Varying body mass index cutoff points to describe overweight prevalence among U.S. adults: NHANES III (1988 to 1994). *Obesity Research* 5(6):542-548. 1997.

Looker A, Orwoll E, Johnson C, Lindsay R, Wahner H, Dunn W, Calvo M, Harris T, Heyes S. Prevalence of low femoral bone density in older U.S. adults from NHANES III; *J Bone Mineral Research*, 12(11), 1761-1768. 1997.

Ogden CL, RP Troiano, RR Briefel, RJ Kuczmarski, KM Flegal, and CL Johnson. Prevalence of overweight among preschool children in the United States, 1971 through 1994. *Pediatrics* 1997;99(4):e1.

U.S. Department of Health and Human Services. *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1996.

Centers for Disease Control and Prevention. Nutritional status of children participating in the Special Supplemental Nutrition Program for Women, Infants and Children - United States, 1988-1991. *MMWR* 45(3): 65-69. 1996.

Crespo CJ, Keteyian SJ, Heath GW, Sempos CT. Leisure-time physical activity among US adults - Results from the third National Health and Nutrition Examination Survey. *Arch Int Med* 156: 93-98. 1996.

Burt VL, Cutler JA, Higgins M, Horan MJ, Labarthe D, Whelton P, Brown C, Roccella EJ. Trends in the prevalence, awareness, treatment, and control of hypertension in the adult US population. Data from the health examination surveys, 1960 to 1991. *Hypertension* 26(1, Jul), 60-69. 1995.

Flegal KM, Troiano RP, Pamuk ER, Kuczmarski RJ, Campbell SM. The influence of smoking cessation on the prevalence of overweight in the United States [see comments]. *N Engl J Med* 333(18, Nov 2), 1165-1170. 1995.

Sempos CT, Johnson CL, Carroll MD, Briefel RR. Current levels and trends in serum total cholesterol in the United States adults 65 years of age and older. The NHANES. In: *Nutritional Assessment of Elderly Populations*. (Ed.: Rosenberg IH) Raven Press, New York, 121-134. 1995.

Troiano RP, Flegal KM, Kuczmarski RJ, Campbell SM, Johnson CL. Overweight prevalence and trends for children and adolescents: The National Health and Nutrition Surveys, 1963-91. *Arch Pediatr Adolesc Med* 149, 1085-1091. 1995.

Carlson S, Briefel R. The USDA and NHANES food sufficiency question as an indicator of hunger and food insecurity. *Conference on Food Security Measurement and Research, Papers and Proceedings*, pp. 48-56. Alexandria, VA: FCS/USDA. 1995.

Looker A, Johnson C, Wahner H, Dunn W, Calvo M, Harris T, Heyse S, Lindsay R. Prevalence of low femoral bone density in older US women from NHANES III. *J Bone Mineral Research* 10(5): 796-802. 1995.

Alaimo K, McDowell M, Briefel R, Bischof A, Caughman C, Loria C, Johnson C. Dietary intake of vitamins, minerals, and fiber of persons ages 2 months and over in the United States: third National Health and Nutrition Survey, 1988-91. *Advance Data Report* 258, 14. 1994.

Centers for Disease Control and Prevention. Daily dietary fat and total food-energy intakes--NHANES III, Phase 1, 1988-91. *JAMA* 271(17, May 4), 1309. 1994.

Centers for Disease Control and Prevention. Plan and Operation of the third National Health and Nutrition Examination Survey, 1988-94. Series 1: programs and collection procedures. *Vital Health Stat.* 1(32), 1-407. 1994.

Centers for Disease Control and Prevention. Prevalence of overweight among adolescents--United States, 1988-91. *MMWR* 43(44, Nov 11), 818-821. 1994.

Kuczmarski RJ, Flegal KM, Campbell SM, Johnson CL. Increasing prevalence of overweight among US adults. *The National Health and Nutrition Examination Surveys, 1960 to 1991 [see comments]. JAMA* 272(3, Jul 20), 205-211. 1994.

McDowell M, Briefel R, Alaimo K, Bischof A, Caughman C, Carroll M, Loria C, Johnson C. Energy and micronutrient intakes of persons ages 2 months and over in the United States: third National Health and Nutrition Survey, October 24. *Advance Data Report* 255. 1994.

Looker A, Briefel R, McDowell M. Calcium intake in the US. *Proceedings of the NIH Consensus Conference on Optimal Calcium Intake.* Bethesda, MD, pp. 19-22. 1994.

Looker A, Loria C, Briefel R, McDowell M, Caughman C. Current Dietary Behavior. *Proceedings of the NIH Consensus Conference on Optimal Calcium Intake.* Bethesda, MD, pp. 93-94. 1994.

Chumlea WC, Guo SS, Kuczmarski RJ, Vellas B. Bioelectric and anthropometric assessments and reference data in the elderly. *J Nutr* 123(2 Suppl, Feb), 449-453. 1993.

Johnson CL, Rifkind BM, Sempos CT, Carroll M, Bachorik PS, Briefel RR, Gordon DJ, Burt VL, Brown CD, Lippel K, Cleeman JI. Declining serum total cholesterol levels among US adults, NHANES surveys. *JAMA* 269(23), 3002-3008. 1993.

Kuczmarski RJ, Johnson CL, Flegal KM, Campbell SM. Prevalence of overweight in the United-States - data from Phase-1 of the third National Health and Nutrition Examination Survey, 1988-1991. *FASEB Journal* 7(3), A410. 1993.

Sempos CT, Cleeman JI, Carroll MD, Johnson CL, Bachorik PS, Gordon DJ, Burt VL, Briefel RR, Brown CD, Lippel K, et al. Prevalence of high blood cholesterol among US adults. An update based on guidelines from the second report of the National Cholesterol Education Program Adult Treatment Panel. *JAMA* 269(23, Jun 16), 3009-3014. 1993.

Harris T, Burt VL, Briefel RR, McDowell M, Sorenson A. The National Health and Nutrition Examination Survey III: describing the health and nutritional status of older Americans. *Aging (Milano)*. 5(2 Suppl 1): 29-36. 1993.

Woteki C, Briefel RR, Sempos C. Nutritional epidemiology and national surveys. *J. Nutr.* 117, 401-402. 1987.

## Vital Statistics Program

**Sponsoring Agency:** National Center for Health Statistics, Centers for Disease Control and Prevention

**Purpose:** The purpose of the basic vital statistics program is to formulate and maintain a cooperative and coordinated vital records and vital statistics system with State-operated registration systems to produce national, State, and local data on births and deaths (including infant and fetal deaths).

**Conducted:** Initiated in 1915 (Data are collected continuously but published annually.)

**Target Population:** Total U.S. population.

### Sample Size and Response Rate(s):

<i>Births-- Year</i>	<i>Coverage</i>
Before 1951, 1955, and 1985-present.	Complete coverage
1951-54, 1956-66, and 1968-71.	Statistics based on 50 samples.
1967	Coverage ranged from 20-50 of births
1972-84	Statistics based on all records filed in States submitting computer tapes and 50 sample of records in all other States.

Deaths--Complete coverage except for 1972, when coverage was 50 percent.

**Design and Methods:** The vital registration system was proposed in 1850 and established in 1915. The original registration area consisted of 10 States and the District of Columbia. By 1933, all 48 States and the District of Columbia were participating in the registration system. Vital statistics of the United States are collected and published through a decentralized, cooperative system. Responsibility for the registration of births, deaths, and fetal deaths is vested in the individual States and certain independent registration areas. The degree of uniformity necessary for national statistics has been achieved by periodic issuance of recommended standards from the responsible national agency and the cooperative adoption of these standards by the individual registration areas. The standard certificates have been the principal means for achieving uniformity in information.

**Descriptive Variables:**

For births--age, education, race, and Hispanic origin of mother and father; marital status and nativity of mother; and sex, birth order, and plurality of infant (singleton, twin, triplet, etc.).

For deaths--sex, age, education, marital status, race and Hispanic origin of decedent, type and place of death, geographic place of death, occupation and industry of decedent (selected States), and residence.

For fetal deaths--age, education, race and Hispanic origin of mother and father; marital status of mother; sex of fetus, plurality, live and total birth order, place and date of delivery; and geographical location.

**Outcome Variables of Interest:**

Births--before 1989: infant's birth weight, gestational age, and Apgar score. Added in 1989: mother's weight gain during pregnancy, alcohol and tobacco use, and certain medical risk factors of pregnancy, such as anemia, diabetes, and hypertension; for the infant, the presence of fetal alcohol syndrome, hyaline membrane disease, congenital anomalies, and anemia.

Deaths--underlying and multiple causes of death.

Fetal deaths--period of gestation, weight of fetus, month of pregnancy prenatal care began, and number of prenatal visits. Added in 1989, medical risk factors for this pregnancy; complications of labor and delivery; obstetrical procedures; method of delivery; congenital anomalies of fetus; smoking, alcohol use, and weight gain during pregnancy; and attendant at delivery.

**Contact Agency:***Deaths:*

Division of Vital Statistics  
Mortality Statistics Branch  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 820  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4666  
Fax: (301) 458-4034  
<http://www.cdc.gov/nchs/nvss.htm>

*Births:*

Division of Vital Statistics  
Reproductive Statistics Branch  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road, Room 820  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4111  
Fax: (301) 458-4033  
<http://www.cdc.gov/nchs/nvss.htm>

**Selected Key Publications:**

Births:

Ventura SJ, Martin JA, Curtin SC, Mathews TJ. Report of final natality statistics, 1995. Monthly vital statistics report; vol 45 no 11, suppl 2. Hyattsville, Maryland: National Center for Health Statistics. 1997. (Published annually)

Ventura SJ, Peters KD, Martin JA, Maurer JD. Births and deaths: United States, 1996. Monthly vital statistics report; vol 46 no 1, suppl 2. Hyattsville, Maryland: National Center for Health Statistics, 1997.

National Center for Health Statistics. Vital statistics of the United States, 1992, vol I, natality. Washington: National Center for Health Statistics. 1996. (Published annually)

Taffel SM. Trends in low birth weight: United States, 1975-85. National Center for Health Statistics. Vital Health Stat 21(48). 1989.

Taffel SM. Maternal weight gain and the outcome of pregnancy: United States, 1980. National Center for Health Statistics. Vital Health Stat 21(44). 1986.

Deaths:

National Center for Health Statistics. Report of final mortality statistics, 1995. Monthly vital statistics report; vol 45 no 11, suppl 2. Hyattsville, Maryland: National Center for Health Statistics. 1997. (Published annually)

National Center for Health Statistics. Vital statistics of the United States, 1992, vol. II, mortality, parts A and B. Washington: National Center for Health Statistics. 1996 (Published annually).

Gardner P, Rosenberg HM, Wilson RW. Leading causes of death by age, sex, race, and Hispanic origin: United States, 1992. National Center for Health Statistics. Vital Health Stat 20(29). 1996.

Hoyert DL. Mortality trends for Alzheimer's disease, 1979-91. National Center for Health Statistics. Vital Health Stat 20(28). 1996.

Fetal deaths:

National Center for Health Statistics. Vital statistics of the United States, 1992, vol. II, mortality, parts A and B. Washington: National Center for Health Statistics. 1996 (Published annually).

Hoyert DL. Medical and life-style risk factors affecting fetal mortality, 1989-90. National Center for Health Statistics. Vital Health Stat 20(31). 1996.

Hoyert DL. Fetal mortality by maternal education and prenatal care, 1990. National Center for Health Statistics. Vital Health Stat 20(30). 1996.

## II. FOOD AND NUTRIENT CONSUMPTION

### Adult Day Care Program Study

**Sponsoring Agency:** Food and Nutrition Service, U.S. Department of Agriculture

**Purpose:** The purpose of this survey was to determine the characteristics of adults and adult day care centers participating and not participating in the adult day care component of the Child and Adult Care Food Program (CACFP), the dietary intakes of clients attending centers participating in the CACFP, and State agency regulations and procedures concerning center participation in the CACFP.

**Conducted:** February, 1992

**Target Population:** Adult day care centers and adults participating and not participating in the CACFP.

#### Sample Size and Response Rate(s):

	<i>Completed Interviews</i>	<i>Response Rates</i>
Adult Day Care Centers		
CACFP Centers	282	78%
Non-CACFP Centers	282	83%
Participating adults	942	68%

**Design and Methods:** The sample of adults was selected using a 3-stage sampling strategy involving PSUs, adult day care centers, and CACFP adults. Client characteristics and dietary intake data were obtained for a sample of 942 clients attending 85 different CACFP centers using in-person observation, interviewing and record abstraction. Adults were sampled to describe the dietary intake of CACFP participants in terms of their nutrient intake from specific CACFP reimbursable meals consumed, all CACFP meals consumed during the day, and all meals consumed. Descriptive data on adult day care centers was collected by a mail survey.

**Descriptive Variables:** Wide range of demographic information and meal consumption patterns of adults participating in CACFP; descriptive information on participating and nonparticipating adult day care centers (for example, size, population served, and structure).

**Outcome Variables of Interest:** Organizational and operating characteristics of adult day care centers participating and not participating in the CACFP. Nutrient intake of CACFP participants and the contribution of the CACFP to their total daily nutrient intake. Potential future growth of the adult portion of CACFP.

**Contact Information:**

Office of Analysis and Evaluation  
Food and Nutrition Service  
U.S. Department of Agriculture  
3101 Park Center Drive  
Alexandria, VA 22302  
Phone: (703) 305-2115  
Fax: (703) 305-2576  
<http://www.usda.gov/fcs/fcs.htm>

**Selected Key Publications:**

Ponza M, Burghardt J, Cohen R, Ohls JC, Piper V, Posner BM, Rosenberg L. National Study of the Adult Component of the Child and Adult Care Food Program (CACFP)—Final Report: Volume I: Results. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation. October 1993.

Ponza M, Burghardt J, Cohen R, Ohls JC, Piper V, Posner BM, Rosenberg L. National Study of the Adult Component of the Child and Adult Care Food Program (CACFP)—Final Report: Volume II: Technical Appendices and Tables. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation. October 1993.

## American Community Survey (ACS)

**Sponsoring Agency:** U.S. Census Bureau

**Purpose:** The American Community Survey (ACS) is being developed to update, and eventually to replace, the decennial census "long form" survey. The ACS will cover the same topics as the long form, providing detailed economic, social, and housing profiles of communities throughout the U.S. Annual estimates will be produced for all States, as well as for all cities, counties, metropolitan areas, and population groups of 65,000 people or more. It will take 2-to-5 years to accumulate sufficient sample to produce estimates for small areas such as census tracts and to update data used as input by other Federal statistical programs for their sample survey designs.

**Conducted:**

1996-1998	Demonstration period in fewer than 10 sites
1999-2001	Comparison period with 2000 long form in 31 sites
2003+	Full ACS with every county in the U.S. in sample

**Target Population:** Entire resident U.S. population dwelling in housing units or group quarters, including military personnel and institutionalized persons.

**Sample Size and Response Rate(s):** The weighted response rate ranged from 90 to 99 percent in the demonstration sites. Response rates are weighted for subsampling of housing units surveyed by computer-assisted personal interviewing. Once fully implemented in 2003, the ACS will sample about 3 million addresses per year.

**Design and Methods:** The ACS is a rolling sample survey, sampling a different set of addresses each month over a 5 year period. Using the most current Master Address File, a systematic sample of all residential addresses will be selected each month. The ACS is a mail survey with telephone followup of all nonrespondents for whom a telephone number can be obtained, and personal visit followup of one-third of the remaining nonrespondents.

**Descriptive Variables:** Age, sex, race, marital status, labor force participation, educational attainment, income, and occupation, housing type, and tenure.

**Outcome Variables of Interest:** Complete kitchen facilities, household Food Stamps Program participation, household free or reduced-price school lunch or breakfast participation, meals included in rent.

**Contact Agency:**

ACS Analytic Staff  
U.S. Census Bureau  
Washington, DC 20233

Phone: (301) 457-3572 or 8017  
Fax: None provided  
<http://www.census.gov/acs/www/>

**Selected Key Publications:**

Using Cumulated Rolling Samples to Integrate Census and Survey Operations of the Census Bureau. House Committee on Post Office and Civil Service. U.S. Government Printing Office. Washington, DC. 1981.

Alexander CH. Recent Developments in the American Community Survey. 1998 Proceedings of the Section on Survey Research Methods. American Statistical Association. Alexandria, VA 1998.

Posey KG, Welniak E. Income in the ACS: Comparisons to the 1990 Census. 1998. [http://www.census.gov/acs/www/html/meth\\_doc/library/posey6.htm](http://www.census.gov/acs/www/html/meth_doc/library/posey6.htm)

## Consumer Expenditure Survey

**Sponsoring Agency:** U.S. Bureau of Labor Statistics

**Purpose:** (1) To provide information on consumer expenditures to support the Consumer Price Index revisions of the market basket; (2) to provide a flexible set of data serving a wide variety of social and economic analyses; and (3) to provide a continuous body of detailed expenditure and income data for research purposes.

**Conducted:** Continuously since 1980

**Target Population:** Civilian, noninstitutionalized population and a portion of the institutionalized population in the United States.

**Design and Methods:** Two-part ongoing household survey, each with a different data collection technique and sample. In the Interview Survey, each consumer unit in the sample is interviewed every 3 months over 5 calendar quarters. The Diary Survey is completed at home by the respondent family for two consecutive 1-week periods.

**Descriptive Variables:** Published demographic variables include quintiles of income before taxes, income before taxes, age, size of consumer unit, region, composition of consumer unit, number of earners in consumer unit, housing tenure, and race. Other demographic variables are collected.

**Outcome Variables of Interest:** No direct nutrition-related indicators are collected. Average annual food expenditures are collected at a detailed item level in the Diary Survey. Food stamp participation is collected in the Interview Survey.

### Contact Agency:

Division of Consumer Expenditures Surveys  
U.S. Bureau of Labor Statistics  
2 Massachusetts Avenue, NE  
Postal Square Building, Room 3985  
Washington, DC 20212  
Phone: (202) 606-6872, ext. 225  
Fax: None provided  
<http://stats.bls.gov/csxhome.htm>

### Selected Key Publications:

Consumer Expenditure Survey Bulletins include published integrated tables and several brief descriptive articles:

U.S. Bureau of Labor Statistics. Consumer Expenditure Survey, 1994-95. BLS Bulletin 2492. 1997.

U.S. Bureau of Labor Statistics. Consumer Expenditure Survey, 1992-93. BLS Bulletin 2462. 1995.

U.S. Bureau of Labor Statistics. Consumer Expenditure Survey, 1990-91. Bulletin 2425. 1993.

U.S. Bureau of Labor Statistics. Consumer Expenditure Survey, 1988-89. Bulletin 2383, 1991.

U.S. Bureau of Labor Statistics. Consumer Expenditure Survey, 1987. Bulletin 2354, 1990.

U.S. Bureau of Labor Statistics. Consumer Expenditure Survey, 1984-86. Bulletin 2333, 1989.

Annual Reports include highlights of spending changes from previous year and a selection of tabular data.

U.S. Bureau of Labor Statistics, Consumer Expenditures in 1995, Report 911. 1997.

U.S. Bureau of Labor Statistics, Consumer Expenditures in 1994, Report 902. 1996.

U.S. Bureau of Labor Statistics, Consumer Expenditures in 1993, Report 885. 1994.

U.S. Bureau of Labor Statistics, Consumer Expenditures in 1992, Report 861. 1993.

U.S. Bureau of Labor Statistics. Consumer Expenditure Survey, 1990. News Release USDL 91-607. 1991.

Quarterly Reports include brief narratives and selected quarterly expenditure data from the Expenditure Survey.

## Continuing Survey of Food Intakes by Individuals (CSFII), 1985-86

**Sponsoring Agency:** Human Nutrition Information Service<sup>1</sup>, U.S. Department of Agriculture

**Purpose:** The 1985-86 Continuing Survey of Food Intakes by Individuals provided timely information on diets of the U.S. population and population groups of concern and indicated changes in diets from previous surveys. In addition, it described food consumption behavior and assessed the nutritional content of diets to determine their implications for policies relating to food production and marketing, food safety, food assistance, and nutrition education.

**Conducted:** 1985 and 1986 (data collection for each year began in April and continued through March of the following year).

**Target Population:** Persons of selected sex and age residing in the 48 conterminous States in households with incomes at any level (basic survey) and with incomes at or below 130 percent of the poverty thresholds (low-income survey); in 1985, women 19 to 50 years and their children ages 1 to 5 years, and men 19 to 50 years; and in 1986, women 19 to 50 years and their children ages 1 to 5 years.

### Sample Sizes and Response Rates:

Year	<i>Household</i>		<i>Women and Children (1-day)</i>	
	<i>Number</i>	<i>Response Rate</i>	<i>Number</i>	<i>Response Rate</i>
1985--				
Basic sample	1,341	59%	1,948	57%
Low-income sample	1,916	68%	3,251	64%
Men's sample*	631	62%	658	58%
1986--				
Basic sample	1,352	69%	1,960	65%
Low-income sample	1,223	79%	2,082	75%

\* Combines both basic and low-income sample

**Design and Methods:** The CSFII was a multistage, stratified area probability sample. The survey included the collection of six 1-day recalls at about 2-month intervals during a 1-year period. The first 1-day recall was collected with an in-person interview;

---

<sup>1</sup> On February 20, 1994, legislation passed by Congress moved the functions of Human Nutrition Information Service to the Agricultural Research Service, USDA.

subsequent interviews were done by telephone when possible. Each respondent was asked to recall the kinds and amounts of foods eaten at home and away during the previous day. Nutrient intakes were derived using food composition data from the USDA National Nutrient Data Bank (see page 149).

### **Descriptive Variables:**

Household--Income, size, education and employment of the male head, cash assets, region, urbanization, tenancy, and participation in Food Stamp and WIC programs.

Individual--Sex, age, race, education and employment of women ages 19 to 50 years, pregnancy/lactation/nursing status, height, weight, and ethnicity (Hispanic or non-Hispanic).

**Outcome Variables of Interest:** Food intakes in grams from 60 food groups and subgroups; intakes of 28 nutrients and food components; names and times of eating occasions, nutrient content of each food eaten, and sources of food obtained and eaten away from home.

### **Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.barc.usda.gov/bhnrc/foodsurvey/csfi85.htm>  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

### **Selected Key Publications:**

Haines PS, Guilkey DK, and Popkin BM. Modeling food consumption decision as a two-step process. *Am J Agri Econ* 7(3):543:522. 1988.

U.S. Department of Agriculture. Nationwide Food Consumption Survey, Continuing Survey of Food Intakes by Individuals, Women 19-50 Years and Their Children 1-5 Years, 4 Days, 1986. NFCS, CSFII rep no 86-3. NTIS Accession No. PB89-151708. 1988.

U.S. Department of Agriculture. Nationwide Food Consumption Survey, Continuing Survey of Food Intakes by Individuals, Low-Income Women 19-50 Years and Their

Children 1-5 Years, 4 Days, 1985. NFCS, CSFII rep no 85-5. NTIS Accession No. PB88-246202. 1988.

Peterkin BB. Eating patterns--What's to be done about them. In: Food and Nutrition Board, National Academy of Sciences, ed. What is America Eating? Washington, D.C.: National Academy Press: 158-61. 1986.

Rizek RL. First result from USDA's Continuing Survey of Food Intakes by Individuals. J Am Diet Assoc 86(6):788. 1986.

U.S. Department of Agriculture. Nationwide Food Consumption Survey, Continuing Survey of Food Intakes by Individuals, Women 19-50 Years and Their Children 1-5 Years, 1 Day, 1985. NFCS, CSFII rep no 85-1. NTIS Accession No. PB88-247051. 1985.

U.S. Department of Agriculture. Nationwide Food Consumption Survey, Continuing Survey of Food Intakes by Individuals, Men 19-50 Years 1 Day, 1985. NFCS, CSFII rep no 85-3. NTIS Accession No. PB87-184008. 1985.

U.S. Department of Agriculture. Nationwide Food Consumption Survey, Continuing Survey of Food Intakes by Individuals, Women 19-50 Years and Their Children 1-5 Years, 1 Day, 1986. NFCS, CSFII rep no 86-1. NTIS Accession No. PB87-184016. 1985.

## Continuing Survey of Food Intakes by Individuals (CSFII)1989-91

**Sponsoring Agency:** Human Nutrition Information Service<sup>1</sup>, U.S. Department of Agriculture

**Purpose:** The 1989-91 CSFII provided continuing information on diets of the U.S. population and population groups of concern and indicated changes in diets from previous surveys. In addition, it described food consumption behavior and assessed the nutritional content of diets to determine their implications for policies relating to food production and marketing, food safety, food assistance, and nutrition education.

**Conducted:** 1989, 1990, and 1991 (data collection for each year began in April and continued through March of the following year).

**Target Population:** Individuals of all ages in households in the 48 conterminous States. The survey included two separate samples: households with incomes at any level (basic sample) and households with incomes at or below 130 percent of the poverty thresholds (low-income sample).

### Sample Sizes and Response Rates:

<i>Year</i>	<i>Household</i>		<i>Individual (1-day)</i>	
	<i>Number</i>	<i>Response Rate</i>	<i>Number</i>	<i>Response Rate</i>
1989:				
Basic sample	1,489	63%	3,495	56%
Low-income sample	725	73%	1,645	65%
1990:				
Basic sample	1,458	62%	3,196	53%
Low-income sample	734	69%	1,693	57%
1991:				
Basic sample	1,533	64%	3,397	54%
Low-income sample	779	74%	1,766	60%

**Design and Methods:** The CSFII was a multistage, stratified area probability sample. The survey included the collection of 3 consecutive days of dietary intake data. Each

---

<sup>1</sup> On February 20, 1994, legislation passed by Congress moved the functions of Human Nutrition Information Service to the Agricultural Research Service, USDA.

respondent was asked to recall the kinds and amounts of foods eaten at home and away from home during the previous day. Respondents were also asked to keep a record of foods eaten on the day of the interview and on the following day (1-day recall and 2-day record). Nutrients ingested by individuals were derived using food composition data from the USDA National Nutrient Data Bank (see page 149).

### **Descriptive Variables:**

Household--Income, size, cash assets, region, urbanization, tenancy, and participation in Food Stamp and WIC programs.

Individual--Sex, age, race, ethnicity (Hispanic or non-Hispanic), education, and employment of persons 15 years of age and over, pregnancy/lactation/nursing status, height, and weight.

**Outcome Variables of Interest:** Food intakes in grams from 71 food groups and subgroups; intakes of 28 nutrients and food components; names and times of eating occasions, nutrient content of each food eaten, and sources of food obtained and eaten away from home.

### **Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.barc.usda.gov/bhnrc/foodsurvey/csfi89.htm>  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

### **Selected Key Publications:**

Krebs-Smith SM, Guenther PM, Cook A et al. Foods Commonly Eaten in the United States: Quantities Consumed per Eating Occasion and in a Day, 1989-91. U. S. Department of Agriculture, Agricultural Research Service, NFS Rep. No. 91-3. 1997.

Guenther PM, Kott PS, and Carriquiry AL. Development of an approach for estimating usual nutrient intake distributions at the population level. J Nutr 127 (June):1106-1112. 1997.

Cypel YS, Tamaki JA, Enns CW et al. Nutrition Attitudes and Dietary Status of Main Meal Planners/Preparers, 1989-91: Results from the Diet and Health Knowledge Survey and Continuing Survey of Food Intakes by Individuals, 1989-91. NFS Rep. No. 91-1. NTIS Accession Number: PB96-144472. 1996.

Tippett KS, Mickle SM, Goldman JD et al. Food and Nutrient Intakes by Individuals in the United States, 1 Day, 1989-91. NFS Rep. No 91-2. NTIS Accession Number : PB95-272746. 1995.

Tippett KS and Goldman JD. Diets more healthful, but still fall short of dietary guidelines. Food Review 17 (1): 8-14. 1994.

## Continuing Survey of Food Intakes by Individuals (CSFII), 1994-96

**Sponsoring Agency:** Agricultural Research Service<sup>1</sup>, U.S. Department of Agriculture

**Purpose:** The CSFII 1994-96 provided continuing information on the diets of the U.S. population and population groups of concern, and indicated changes in diets from previous surveys. In addition, it described food consumption behavior and assessed the nutritional content of diets to determine their implications for policies related to food production and marketing, food safety, food assistance, and nutrition education.

**Conducted:** 1994, 1995, and 1996 (data collection for each year began in January and continued through January of the following year); planned for 1999-2002

**Target Population:** Noninstitutionalized individuals in the 50 States; subsampling of individuals in households. Oversampling of low-income households with incomes at or below 130 percent of the poverty thresholds. Compared with the CSFII 1989-91, the CSFII 1994-96 included a larger sample of young children and the elderly.

### Sample Sizes and Response Rates:

<i>Year</i>	<i>Day 1</i>		<i>2 days</i>	
	<i>Number</i>	<i>Response Rate</i>	<i>Number</i>	<i>Response Rate</i>
1994:	5,589	81%	5,311	76%
1995:	5,326	81%	5,072	76%
1996:	5,188	81%	5,920	76%
1994-96:	16,103	81%	15,303	76%

**Design and Methods:** The CSFII was a multistage, stratified area probability sample. The survey included the collection of 2 nonconsecutive days of dietary data through in-person 24-hour recalls. Each respondent was asked to recall the kinds and amounts of foods eaten at home and away from home during the previous day. Nutrient intakes by individuals were derived using food composition data from the USDA National Nutrient Data Bank (see page 149).

### Descriptive Variables:

Household--Income in dollars and as a percent of poverty, size, region, urbanization, tenancy, and participation in Food Stamp and WIC programs, food expenditures, and shopping practices.

---

<sup>1</sup> The CSFII 1994-96 was planned by the Human Nutrition Information Service (HNIS), USDA. On February 20, 1994, legislation passed by Congress moved the functions of Human Nutrition Information Service to the Agricultural Research Service, USDA.

Individual--Sex, age, race, ethnicity (Hispanic or non-Hispanic), education, employment status of persons 15 years of age and over, pregnancy/lactation/nursing status, height, and weight.

**Outcome Variables of Interest:** Kinds and amounts of foods consumed on each of 2 nonconsecutive days, sources of foods, time and name of each eating occasion, food intakes in grams of 71 USDA-defined food groups and subgroups for each of 2 days of intake and 2-day averages, nutrient intakes of 28 nutrients and food components for each of 2 days and 2-day averages, nutrient intakes expressed as percentages of the 1989 Recommended Dietary Allowances for each of 2 days and 2-day averages.

**Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.barc.usda.gov/bhnrc/foodsurvey/csfi94.htm>  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

**Selected Key Publications:**

U.S. Department of Agriculture, Agricultural Research Service. Food and Nutrient Intakes by Individuals in the United States, by Sex and Age. Nationwide Food Surveys Report Number 96-2 (In press).

Data Tables: Results from USDA's 1996 Continuing Survey of Food Intakes by Individuals and 1996 Diet and Health Knowledge Survey. NTIS Accession No. PB98-125248. 1998.

U.S. Department of Agriculture, Agricultural Research Service. 1994-96 Continuing Survey of Food Intakes by Individuals and 1994-96 Diet and Health Knowledge Survey and the Technical Support Databases. CD-ROM, NTIS Accession Number PB98-500457. 1998.

Tippett KS, Cypel YS (eds.) Design and Operation: The Continuing Survey of Food Intakes by Individuals and Diet and Health Knowledge Survey, 1994-96. U.S. Department of Agriculture, Agricultural Research Service. Nationwide Food Surveys Report No. 96-1. NTIS Accession No. PB98-137268. 1998.

Enns CW, Goldman JD, Cook A. Trends in Food and Nutrient Intakes by Adults: NFCS 1977-78, CSFII 1989-91, and CSFII 1994-96. *Family Economics and Nutrition Review* 10: 2-15. 1997.

Wilson JW, Enns CW, Goldman JD et al. Data Tables: Combined results from USDA's 1994 and 1995 Continuing Survey of Food Intakes by Individuals and 1994 and 1995 Diet and Health Knowledge Survey. NTIS Accession No. PB97-167035. 1997.

Data Tables: Results from USDA's 1995 Continuing Survey of Food Intakes by Individuals and 1995 Diet and Health Knowledge Survey. NTIS Accession No. PB97-135172. 1996.

Borrud L, Enns C, Mickle S. What we eat in America: USDA surveys food consumption changes. *Food Review*, 19(3):14-19. 1996.

Borrud L, Mickle S, Sebastian R, Berlin M. Continuing Survey of Food Intakes by Individuals and Diet and Health Knowledge Survey 1994-96. *The Survey Statistician*, 34:5-7. 1996.

Guenther PM, Kott PS. Within-and between person components of variance for nutrient intakes in the United States, 1994. RD Research Rep. No RD-96-01, National Agricultural Statistics Serv., USDA, 11 pp. 1996.

Perloff B, Anand J, Ingwersen L, LaComb R. USDA's experience with computer-assisted food coding in its 1994 nationwide food survey. *Proceedings of the 1996 Annual Bureau of the Census Research Conference and Technology Interchange*; 1127-1132. NTIS Accession No. PB98-137268. 1996.

Data Tables: Results from USDA's 1994 Continuing Survey of Food Intakes by Individuals and 1994 Diet and Health Knowledge Survey. NTIS Accession No. PB96-181268. 1996.

## **Current Population Survey (CPS)**

**Sponsoring agency:** The Census Bureau and the Bureau of Labor Statistics jointly sponsor the CPS under the authorities of Title 13, United States Code, Section 182, and Title 29, United States Code, Sections 1-9.

**Purpose:** To provide estimates of employment, unemployment, and other characteristics of the general labor force, the population as a whole, and various subgroups of the population. Monthly labor force data for the country are used by the Bureau of Labor Statistics to determine the distribution of funds under the Job Training Partnership Act. In addition to the labor force data, the CPS basic funding provides annual data on work experience, income, and migration from the March Annual Demographic Supplement and on school enrollment of the population from the October Supplement. Other supplements, some of which are sponsored by other agencies, are conducted biennially or intermittently.

**Conducted:** The Census Bureau has conducted this monthly household survey since 1942.

**Target Population:** Civilian, noninstitutionalized population of the United States.

**Sample Size and Response Rate(s):** Since January 1996 the total monthly sample size has been approximately 59,500 households. The average CPS response rate for the 12 months November 1998-October 1999 was 93.1%. The Food Security supplement response rate for 1999 was 88.8%. The March CPS supplement response rate for 1999 was 91.1%.

**Design and Methods:** The monthly survey of households and group quarters is comprised of a sample that is traditionally redesigned and a new sample selected after each decennial census. It is a multistage, probability sample based on a stratified sampling scheme. In the first stage of sampling, 754 PSUs are chosen. In the second stage, ultimate sampling unit clusters composed of approximately four housing units are chosen from each census block selected. Data are collected through combined computer-assisted personal interviewing (CAPI) and computer-assisted telephone interviewing (CATI) methods. For each of the 50 States and for the District of Columbia, the design maintains a coefficient of variance of at most 8-percent on the annual average estimate of unemployment level, assuming a 6-percent unemployment rate. An Annual Demographic Survey is conducted with the March CPS Supplement. Food Security is measured with a CPS Supplement, sponsored by the USDA, Food and Nutrition Service. This supplement, begun in April 1995, is fielded annually in either April or September, the month of administration alternating from year to year. Information on the CPS supplements can be found on the Census Bureau Web site

<http://www.bls.census.gov/cps/suppmain.htm>

**Descriptive Variables:** Age, sex, race, marital status, educational attainment, and occupation.

**Outcome Variables of Interest:** March Supplement: Food Stamp, WIC, and School Lunch Programs participation; Food Security Supplement: amount spent on food, Food Stamps, free or reduced-cost meals for the elderly, free or reduced-cost lunches/breakfasts at school, free or reduced cost food at a day-care or Head Start program, WIC, other food assistance program participation, food security module.

The Food Security Supplement has been conducted yearly as of 1995 and is sponsored by the Food and Nutrition Service of the U.S. Department of Agriculture.

Specifically, the Food Security Supplement collects information about:

- household food expenditures
- program participation
- food sufficiency
- ways for coping with food insufficiency
- concerns about food sufficiency
- concerns about food safety

The supplement data are used to produce measures of food insecurity and hunger at varying levels of severity, namely:

- food insecurity marked by specific behaviors, conditions, and perceptions within the household,
- food insecurity but short of hunger
- food insecurity with moderate hunger within the household, or
- food insecurity with severe hunger (marked by children's hunger and/or multiple hunger indicators or extended periods of hunger for adults)

**Contact Agency:**

U.S. Census Bureau  
Demographic Surveys Division  
Washington, DC 20233  
Phone: (301) 457-3806  
Fax: None provided

<http://www.bls.census.gov/cps/cpsmain.htm>

<http://www.fns.usda.gov/oane/MENU/Published/FSP/FSP.HTM> (Summary Report of the Food Security Measurement Project)

### **Selected Key Publications:**

Hamilton WL, Cook JT, Thompson WW, Buron LF, Frongillo EA, Olson CM, Wehler CA. Household Food Security in the United States in 1995. Food and Consumer Service, U.S. Department of Agriculture. Alexandria, VA. September 1997.

<http://www.fns.usda.gov/fns/MENU/GLEANING/SUPPORT/MEASURE.HTM>

Kindelberger JC. Response Variance in the March 1998 Current Population Survey Income Supplement. Quality Assurance and Evaluation Branch, Demographic Statistical Methods Division, U.S. Census Bureau. Washington, DC.

Current Population Survey, April 1995: Food Security Supplement [machine-readable data file]/conducted by the Bureau of the Census for the Food and Consumer Service, U.S. Department of Agriculture. Washington: Bureau of the Census [producer and distributor], 1998.

Current Population Survey, March 1997: Technical Documentation/prepared by Administrative and Customer Services Division, Microdata Access Branch, Bureau of the Census.-Washington: The Bureau, 1997.

## Early Childhood and Child Care Study

**Sponsoring Agency:** Food and Consumer Service<sup>1</sup>, U.S. Department of Agriculture

**Purpose:** The purpose of this survey was to provide a comprehensive description of sponsoring agencies, providers and children that participate in the child care component of the Child and Adult Care Food Program (CACFP). This study also provided an in-depth assessment of the nutrient content of CACFP meals and snacks offered and consumed by children while in child care.

**Conducted:** January - June 1995

**Target Population:** Child care sponsors, providers (family day care homes, Head Start Centers, and child care centers), and children participating in the CACFP.

### Sample Size and Response Rate(s):

	<i>Completed Interviews</i>	<i>Response Rates</i>
Sponsors	566	74%
Providers	1,962	87%
Family Day Care Homes	501	82%
Head Start Centers	891	92%
Child Care Centers	570	84%
Households	1,951	82%
Child-day observations	2,174	59%

**Design and Methods:** The survey design used a multistage, probability cluster sample involving States, sponsors, child care providers, children and families. Separate national estimates were provided for Family Day Care Home Providers, Head Start Centers, and child care centers. Data for sponsors and providers were collected by mail surveys, telephone interviews, and in-person interviews. Information on meals and snacks offered and consumed was collected.

**Descriptive Variables:** Wide range of organizational and operating characteristics of CACFP sponsors and providers (program size, hours of operation, meals provided), demographic information for children and families (age, racial/ethnic composition, household income, participation in other Federal assistance programs).

**Outcome Variables of Interest:** Nutrient content of meals and snacks offered in CACFP sites; nutrient intake of CACFP participants while in child care.

---

<sup>1</sup> Now called the Food and Nutrition Service

**Contact Information:**

Office of Analysis and Evaluation  
Food and Nutrition Service  
U.S. Department of Agriculture  
3101 Park Center Drive  
Alexandria, VA 22302  
Phone: (703) 305-2115  
Fax: (703)305-2576  
<http://www.usda.gov/fcs/research.htm>

**Selected Key Publications:**

Glantz FB, Rodda DT, Cutler MJ, Rhodes W, Wrobel M. Early Childhood and Child Care Study: Profile of Participants in the CACFP –Volume I Final Report. Alexandria, VA: U.S. Department of Agriculture, Food and Consumer Service, Office of Analysis and Evaluation. July 1997.

Fox MK, Glantz FB, Geitz L, Burstein N. Early Childhood and Child Care Study: Nutritional Assessment of the CACFP -- Volume II Final Report. Alexandria, VA: U.S. Department of Agriculture, Food and Consumer Service, Office of Analysis and Evaluation. July 1997

Fox MK, Glantz FB, Endahl J, Wilde J. Early Childhood and Child Care Study: Summary of Findings. Alexandria, VA: U.S. Department of Agriculture, Food and Consumer Service, Office of Analysis and Evaluation. July 1997.

## **An Evaluation of the Special Supplemental Food Program for Women, Infants, and Children (An Evaluation of WIC)**

**Sponsoring Agency:** Food and Nutrition Service, U.S. Department of Agriculture

**Purpose:** This study was designed to evaluate the effects of participation in the WIC program on nutrition and health, during pregnancy and early childhood.

**Conducted:** 1983

**Target Population:** Pregnant women in the first two trimesters of pregnancy and their children who were participating in WIC; WIC-eligible but nonparticipating women from the same geographical areas.

**Sample Size and Response Rate(s):** Initial and follow-up 24-hour dietary recalls were collected from 3,473 women and one 24-hour dietary recall for 2,370 of their children.

**Design and Methods:** A three-stage probability sample (PSU's, WIC clinics, and pregnant women within the selected clinics who met study criteria) yielded a nationally representative sample of pregnant women who were participating in WIC. A control sample of women of comparable economic status were recruited from the same areas. One child was randomly selected from all participating women's children younger than 5 years for a separate child study. (A retrospective study used extant data to relate perinatal outcome and quality of prenatal care to WIC benefits.)

An in-person initial questionnaire and examination were administered to those women who met the criteria for study eligibility and who gave informed written consent. An initial 24-hour dietary recall and one follow-up recall were administered to a 75% random subsample of those women and their randomly selected child. A stratified random sample (control women were oversampled) was selected to complete a 1-week food expenditures diary of all food costs.

**Descriptive Variables:** Age, sex, ethnicity, marital status, education, occupational status and current employment status of parents, family income, height, weight, arm circumference, triceps and subscapular skinfold of the women, height and weight of children, cigarette use, program participation, and breast-feeding behavior.

**Outcome Variables of Interest:** Total nutrient intake and intake from WIC foods, mean nutrient intake as percentage of the RDA, pregnancy outcome, and effect of WIC on family food expenditures.

**Contact Agency:**

Office of Analysis and Evaluation  
Food and Nutrition Service

U.S. Department of Agriculture  
3101 Park Center Drive  
Alexandria, VA 22302  
Phone: (703) 305-2115  
Fax: (703) 305-2576  
<http://www.usda.gov/fcs/fcs.htm>

**Selected Key Publications:**

The National WIC Evaluation: Evaluation of the Special Supplemental Food Program for Women, Infants and Children, Am J Clin Nutr 48(suppl):389-512. 1988.

The National WIC Evaluation, vols I-V. Contract No 53-3198-9-87. North Carolina: Research Triangle Institute and New York: New York State Research Foundation. 1986.

## Intake of Pyramid Servings and Servings Database, 1994-96

**Sponsoring Agency:** Agricultural Research Service, U.S. Department of Agriculture

**Purpose:** The Pyramid Servings Data Set 1994-96 contains data files that make it possible for the first time to compare food intake from USDA's 1994-96 Continuing Survey of Food Intakes by Individuals (CSFII) to recommendations in the Food Guide Pyramid. The Pyramid provides an outline of what to eat each day for a healthful diet.

**Available:** For the years 1994-1996

**Target Population:** Dataset includes individuals 2 years and over.

### Sample Sizes:

Year	<i>Day 1</i>	<i>2-days</i>
	Number	Number
1994:	5,218	4,953
1995:	4,940	4,701
1996:	4,855	4,608

**Response rates:** See entry for CSFII 1994-96

**Design and Methods:** See CSFII 1994-96 for data collection method. The Pyramid servings files were developed using a new method that adheres to Pyramid principles, uses the servings sizes specified by the Pyramid, and strictly categorizes foods according to Pyramid criteria. Since many foods people eat — foods like pizza, soups, and pies — count toward more than one food group, the method separates foods into their ingredients before servings are counted.

### Descriptive Variables:

Household--Income in dollars and as a percent of poverty, size, region, urbanization, tenancy, and participation in Food Stamp and WIC programs, food expenditures, and shopping practices.

Individual--Sex, age, race, ethnicity (Hispanic or non-Hispanic), education, employment status of persons 15 years of age and over, pregnancy/lactation/nursing status, height, and weight.

**Outcome Variables of Interest:**

- C Pyramid Intake Data File--Aggregates of daily food intake expressed as servings from the major Food Guide Pyramid food groups and subgroups (30 food groups), with one record for each day for each sample person and a record containing daily averages for each person if 2 days of intakes were reported.
- C Servings Database--Number of servings from 30 food groups/ per 100 grams for each of the approximately 6,000 food codes reported in the CSFII. Food group definitions were derived from the Food Guide Pyramid. Data for the grain, vegetable, fruit, and dairy food groups are in servings. Data for the meat and meat alternate food groups are in ounces of cooked lean meat equivalents. Fat from the Pyramid tip is in grams, added sugars are in teaspoons, and alcohol is in number of drinks.

**Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.barc.usda.gov/bhnrc/foodsurvey/csfii3yr.pdf>  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

**Selected Key Publications:**

U.S. Department of Agriculture, Agricultural Research Service. 1994-96 Continuing Survey of Food Intakes by Individuals and 1994-96 Diet and Health Knowledge Survey and the Technical Support Databases. CD-ROM, NTIS Accession Number PB98-500457. 1998.

Munoz KA, Krebs-Smith SM, Ballard-Barbash R, Cleveland LE. Food Intakes of US Children and Adolescents Compared With Recommendations. *Pediatrics* 100:323-329. 1997. Errata: *Pediatrics* 101:952-953. 1998.

Cleveland LE, Cook AJ, Wilson, JW et al. Pyramid Servings Data: Results from USDA's 1994 Continuing Survey of Food Intakes by Individuals. U. S. Department of Agriculture, Agricultural Research Service. NTIS Accession No. PB97-148480. 1997.

Cleveland LE, Cook DA, Krebs-Smith SM et al. Method for assessing Food Intakes in Terms of Servings Based on Food Guidance. *Am J Clin Nutr* 65 (supp): 1254S-1263S. 1997.

Krebs-Smith SM, Cleveland LE, Ballard-Barbash R et al. Characterizing food intake patterns of American adults. *Am J Clin Nutr* 65(supp.): 1264S-1268S. 1997.

## National Seafood Consumption Survey

**Sponsoring Agency:** National Marine Fisheries Service, National Oceanic and Atmospheric Administration, Department of Commerce

**Purpose:** This survey provided national data on seafood purchases, consumption of fish and shellfish in the United States and consumer attitudes. In addition, the 1973-74 survey provided data on the seafood consumption patterns among young children and pregnant women.

**Conducted:** 1973-74 and 1980-81 (1-year)

**Target Population:** The 1973-74 panel was selected to be representative of families, young children, and pregnant women in the United States. The 1980-81 panel was selected to be representative of households and individuals in the United States.

### Sample Size and Response Rates:

	<i>Households</i>	<i>Individuals</i>	<i>Response Rate</i>
1973-74	7,000	24,652	NA
1980-81	7,500	12,000	NA

### Design and Methods:

1973-74--The panel of 7,000 households was balanced nationally with regard to major demographic characteristics. Panelists recorded their seafood consumption for each family member in a diary for a 1-month period. One-twelfth of the panelists recorded each month for 1 year.

1980-81--The survey used a nationwide panel of 7,500 households that completed diaries on the amount of seafood purchased for home use, and the amount consumed at home and away from home. The panel also provided consumer attitudinal data. The same households reported the full 12-month period. Purchase data were collected on a continuing basis during the year. Household consumption data were collected 1 month per quarter. The attitudinal part of the survey was conducted at the end of the survey period.

### Descriptive Variables:

1973-74--Age, sex, race, ethnicity, education, income, household size, occupation, religion, pregnancy status, and dietary status.

1980-81--Age, sex, race, education, income, family size, occupation, geographic location, pregnancy status, and dietary status.

**Outcome Variables of Interest:**

1973-74--Information was provided on species eaten, total amount available at the meal, identity of family members eating seafood, and the number of servings consumed by each family member. It also provided rankings of seafood species by percent of households and by use by individuals. The number of women reporting to be pregnant was judged to be too small for any type of analysis.

1980-81--The purchase data were presented according to type of seafood product (fresh, frozen, fillets, canned, etc.) by species, region, and a variety of demographic variables. The attitudinal information was presented by type of seafood product, region, and demographic variable. The survey included about 32 major seafood product categories and 500 detailed seafood items, as well as information on the purchase date and type of cooking utensils. Although the consumption data differed widely from other available data, the relative ranking of seafood products and the distribution patterns of each seafood product were similar to other studies. The collection of intake data for households and individuals were incomplete.

**Contact Agency:**

National Marine Fisheries Service  
1335 East-West Highway  
Silver Spring, MD 20910  
Phone: (301) 713-2358  
Fax: (301) 588-4853  
<http://www.nmfs.gov/>

**Selected Key Publications:** None to date.

## Nationwide Food Consumption Survey (NFCS), 1977-78 and 1987-88

(The NFCS household food use component has been discontinued, the NFCS individual intake component has been replaced by the Continuing Survey of Food Intakes by Individuals, see pages 82-90.)

**Sponsoring Agency:** Agricultural Research Service (1977-78) and Human Nutrition Information Service (1987-88)<sup>1</sup>, U.S. Department of Agriculture

**Purpose:** The NFCS described food consumption behavior and assessed the nutritional content of diets to determine their implications for policies relating to food production and marketing, food safety, food assistance, and nutrition education.

**Conducted:** Approximately every 10 years between 1936 and 1987-88. Data for the 1977-78 basic survey were collected from 4/77-3/78. The 1977-78 survey included six supplemental surveys: low-income I (11/77-3/78), low-income II (11/79-3/80), elderly (4/77-3/78), Puerto Rico (7/77-12/77), Alaska (1/78-3/78), Hawaii (1/78-3/78)--see chapter VI for more information on the State surveys. In 1987-88, data for the basic survey and for the low-income survey were collected from 4/87 through 8/88.

**Target Population:** Households in the 48 conterminous States and individuals residing in those households. The low-income samples in both 1977-78 and 1987-88 included households with incomes at a level consistent with eligibility for the Food Stamp Program (at or below 130 percent of the poverty thresholds).

### Sample Sizes and Response Rates:

	<i>Household</i>		<i>Individual (1 day)</i>	
	<i>Number</i>	<i>Response rate</i>	<i>Number</i>	<i>Response rate</i>
<u>1977-78:</u>				
Basic sample....	14,930	61%	30,467	57%
Low-income I ....	4,623	53%	12,650	42%
Low-income II ...	3,002	*	8,492	*
<u>1987-88:</u>				
Basic sample	4,589	38%	10,172	31%
Low-income sample	2,584	42%	*	*

\* Not available

---

<sup>1</sup> On February 20, 1994, legislation passed by Congress moved the functions of the Human Nutrition Information Service to the Agricultural Research Service, USDA.

**Design and Methods:** The NFCS was a multistage, stratified area probability sample. In the household component, the household food manager was asked to recall with the aid of a food list, the kinds and amounts of food that disappeared from home food supplies during the previous 7 days. Such food included food that was prepared and eaten and food that was discarded, as well as leftovers fed to pets. The food manager was also asked to report the price of each purchased food. In the individual component, each household member was asked to recall the kinds and amounts of foods eaten at home and away during the previous day and to keep a record of the foods eaten on the day of the interview and the following day (1-day recall/2-day record). Only 1 day of dietary intake was collected in the low-income II study in 1977-78.

Nutrients available from food used by the households and nutrients ingested by individual household members were derived using food composition data from the USDA National Nutrient Data Bank (see page 149).

**Descriptive Variables:**

Household--Income, size, cash assets, region, urbanization, tenancy, and participation in the Food Stamp, WIC, and school lunch/breakfast programs.

Individuals--Sex, age, race, employment, education of male and female heads, ethnicity (Hispanic or not), height, weight, and pregnancy/lactation/nursing status.

**Outcome Variables of Interest:**

Household--Quantity (pounds), monetary value (dollars), and nutritive value of food used from the household food supply.

Individual--Intakes (grams) of food eaten at home and away from home; intakes of 28 nutrients and food components in 1987-88 (15 nutrients in 1977-78) .

**Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.barc.usda.gov/bhnrc/foodsurvey/77nfcs.htm>  
<http://www.barc.usda.gov/bhnrc/foodsurvey/87nfcs.htm>  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

## **Selected Key Publications:**

### 1977-78

U. S. Department of Agriculture. Dietary Levels: Households in the United States, Spring 1977, Rep. No. H-11, 188pp. NTIS Accession No. PB91-103515. 1985.

U. S. Department of Agriculture. Food and Nutrient Intakes: Individuals in 48 States, Year 1977-78, Rep. No. I-3, 533 pp. NTIS Accession No. PB91-105858. 1985.

U. S. Department of Agriculture. Food Consumption: Households in the United States, Spring 1977, Rep. No. H-1, 296 pp. NTIS Accession No. PB91-104174. 1984.

U. S. Department of Agriculture. Food Intakes: Individuals in 48 States, Year 1977-78, Rep. No. I-1, 617 pp. NTIS Accession No. PB91-103523. 1984.

U. S. Department of Agriculture. Nutrient Intakes: Individuals in 48 States, Year 1977-78, Rep. No. I-2, 439 pp. NTIS Accession No. PB91-105866. 1984.

Pao EM, Fleming KH, Guenther PM, Mickle SM. Foods Commonly Eaten by Individuals: Amount Per Day and Per Eating Occasion. U. S. Department of Agriculture, Home Economics Research Report No. 44. NTIS Accession No. PB97-165542. 1982.

### 1987-88

U.S. Department of Agriculture, Human Nutrition Information Service. Food consumption and dietary levels of households in the United States, 1987-88. NFCS rep no 87-H-1. NTIS Accession Number PB95-208732. 1994.

Guenther PM, Tippet KS (eds). Evaluation of non-response in the Nationwide Food Consumption Survey 1987-88. NFCS rep no 87-M-2. U.S. Department of Agriculture, Human Nutrition Information Service. NTIS Accession No. PB94-169687. 1993.

U.S. Department of Agriculture, Human Nutrition Information Service. Food and nutrient intakes by individuals in the United States, 1 day, 1987-88. NFCS rep no 87-I-1. NTIS Accession No. PB94-168325. 1993.

Popkin BM, Haines PS, Patterson RE. Dietary changes in older Americans, 1977-87. Am J Clin Nutr 55(4):823-30. 1992.

Guenther PM, Perloff BP. Effects of procedural differences between 1977 and 1987 in the Nationwide Food Consumption Survey on estimates of food and nutrient intakes: Results of the USDA Bridging Study. U.S. Department of Agriculture, NFCS Rep. No. 87-M-1. 1990. NTIS Accession No. PB92-178193. 1990.

Peterkin BB, Rizek RL, Tippet KS. Nationwide Food Consumption Survey, 1987. Nutr Today 23(1):18-24. Jan-Feb 1988.

## **Nutritional Evaluation of Military Feeding Systems and Military Populations**

**Sponsoring Agency:** U.S. Army Research Institute of Environmental Medicine, Department of Defense.

**Purpose:** The results of these studies are used to determine the nutritional adequacy of the diet consumed by male and female military personnel in a peacetime garrison situation and during sustained physically demanding military training exercises at all climatic extremes. Based upon the results, standardized recipes and menus, the cook's training program, and specifications for food items and combat rations purchased by the DOD are modified to improve nutritional health and maintain optimal physical and mental performance of military personnel.

**Conducted:** Continuously since 1917

**Target Population:** Primarily male and female enlisted personnel of the Army, Navy, Marine Corps, and Air Force assigned to military installations in the continental United States, Alaska, Hawaii, and overseas. Populations studied to date have included Army basic trainees at Fort Jackson, South Carolina; Noncommissioned Officer Academy trainees at Fort Riley, Kansas; enlisted personnel assigned to Fort Lewis, Washington, and Fort Devens, Massachusetts; Army units training at Pohakuloa Training Area, Hawaii; Fort Wainwright and Fort Greely, Alaska; Fort Chaffee, Arkansas; Special Forces units training in the White Mountains of Vermont; Marine units training at the Mountain Warfare Training Area, Pickle Meadows, California; cadets at the U.S. Army Military Academy, West Point, New York; Ranger trainees at Fort Benning, Georgia; and a cohort of military families (military personnel, their spouses and children) at Fort Polk, Louisiana. Future studies planned include nutritional assessment of women and ethnic minority groups within military populations.

**Sample Size and Response Rate(s):** The sample size has varied between 20 and 240 personnel depending on objectives of each specific study. Usually 90-99 percent of all subjects who voluntarily participate complete all aspects of data collection. The response rate is defined as the total number of potential test subjects who volunteered, divided by the number of test subjects who complete all aspects of data collection.

**Design and Methods:** The experimental design varies with the specific objectives of each study and with the location and activity of the military unit being studied. Total daily food and fluid intake are usually measured for 7-14 days (sometimes 4-6 weeks) using a combination of visual estimation and dietary record interview techniques. Nutrient intakes are derived from all sources of food consumed, using a specially designed data base that includes military and civilian food items. Nutrient intakes are derived using food intake and from chemical analyses of food items and rations, monitoring recipes as prepared by cooks in dining facilities, and USDA-derived foods composition data files. Military Recommended Dietary Allowances (based upon RDA's) are used as reference to assess nutritional adequacy of diets consumed. Other measures usually included are

body weight and body composition changes, hydration status, blood lipid profile, and food acceptability (hedonic rating) data. Frequently, muscle strength and aerobic endurance, cognitive function, energy expenditure (doubly labeled water method), physical activity patterns (wrist accelerometer), biochemical assessment of vitamin status, and nutritional knowledge and attitude data are also measured.

### **Descriptive Variables:**

Feeding system--Garrison dining facility, field feeding system, and type of combat ration or supplement.

Training environment--Hot-dry, hot-humid, cold and temperate climates, and mountain terrain.

Population descriptions--Gender, race, physical activity level, age; active, reserve, trainee, and special operations personnel. Outcome Variables of Interest: Nutrient intakes, biochemical assessment of nutritional status, anthropometry, energy expenditure, metabolic balances, hedonic rating of food items, human factor measurements, and physical and mental performance.

### **Contact Agency:**

U.S. Army Research Institute of Environmental Medicine  
United States Department of Defense  
Natick, MA 01760-5007  
Phone: (508) 651-4874  
Fax: None provided  
<http://www.acda.gov/factshee/defense.htm>

### **Selected Key Publications:**

Edwards JSA, Askew EW, King N, et al. An assessment of the nutritional intake and energy expenditure of unacclimatized U.S. Army soldiers living and working at high altitude. USARIEM Technical rep no T/10-91. 1991.

Rose MS, Radovsky C, Benson M, et al. Computerized analysis of nutrients (CAN) system. USARIEM Technical rep no T/2-90. 1990.

Edwards JSA, Roberts DE, Edinberg J, Jones TE. The meal, ready-to-eat consumed in a cold environment. USARIEM Technical rep no T/9-90. 1990.

Jones TE, Hoyt RW, Baker CJ, et al. Voluntary consumption of a liquid carbohydrate supplement by special operations forces during a high altitude cold weather field training exercise. USARIEM Technical rep no T/20-90. 1990.

Rose RW, Baker CJ, Wisnaskas W, et al. Dietary assessment of U.S. Army basic trainees at Fort Jackson, SC. USARIEM Technical rep no T/6-89. 1989.

Askew EW, Munro I, Sharp MA, et al. Nutritional status and physical and mental performance of special operations soldiers consuming the ration, lightweight or the meal, ready-to-eat military field ration during a 30-day field training exercise. USARIEM Technical rep no T/7-87. 1987.

Rose MS, Buchbinder JC, Dugan TB, et al. Determination of nutritional intakes by a modified visual estimation method and computerized nutritional analysis for dietary assessments. USARIEM Technical rep no T/6-88. 1987.

Schnakenberg DD, Carlson DE, Sawyers M, et al. Nutritional evaluation of a new combat field feeding system for the Army. In: Army Science Conference Proceedings 4:69-80. 1986.

## School Nutrition Dietary Assessment Study (SNDA)

**Sponsoring Agency:** Food and Consumer Service<sup>1</sup>, U.S. Department of Agriculture

**Purpose:** The purpose of the study was to provide information on the nutrient content of USDA and non-USDA meals offered in U.S. schools, on the foods selected by students, and on the dietary intakes of students; and to assess the contribution of the School Nutrition Programs to students' dietary intakes.

**Conducted:** January-May 1992

**Target Population:** Schools in the 48 conterminous States and the District of Columbia and all students in grades 1 through 12 who were attending school on a typical school day in the winter and spring of 1992.

### Sample Size and Response Rate(s):

	<i>Sample Size</i>	<i>Response Rate</i>
School Districts	380	89.5%
Schools	607	87.6%
Students	4,489	74.6%

**Design and Methods:** A three-stage sample design was used, involving the stratified random selection of districts, schools within the selected districts, and students within the selected schools, to produce a nationally representative sample of schools and students. The dietary methodology used was an in-person, 24-hour dietary recall for students in grades 3-12 and a parent and/or child recall for students in first and second grades.

**Descriptive Variables:** Age, sex, grade, ethnicity, family size, whether mother works outside of home, family income, and program participation.

**Outcome Variables of Interest:** Nutrients by food groups, meals, relative to the RDAs, and the *Dietary Guidelines*; source of meals; nutrient content of USDA meals as offered and as served; and plate waste.

### Contact Agency:

Office of Analysis and Evaluation  
Food and Nutrition Service  
U.S. Department of Agriculture  
3101 Park Center Drive  
Alexandria, VA 22302

---

<sup>1</sup> Now called the Food and Nutrition Service

Phone: (703) 305-2115  
Fax: (703)305-2576  
<http://www.usda.gov/fcs/fcs.htm>

**Selected Key Publications:**

Burghardt J, Devaney B. The School Nutrition Dietary Assessment Study: Summary of Findings. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation. October 1993.

Burghardt J, Ensor T, Hutchinson G, Weiss C, Spenser B. The School Nutrition Dietary Assessment Study: Data Collection and Sampling. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation. October 1993.

Burghardt J, Gordon A, Chapman N, Gleason N, Fraker T. The School Nutrition Dietary Assessment Study: School Food Service, Meals Offered, and Dietary Intakes. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation. October 1993.

Devaney B, Gordon A, Burghardt J. The School Nutrition Dietary Assessment Study: Dietary Intakes of Program Participants and Nonparticipants. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation. October 1993.

## School Nutrition Dietary Assessment II (SNDA II)

**Sponsoring Agency:** Food and Nutrition Service, U.S. Department of Agriculture

**Purpose:** The purpose of the study is to provide information on the nutrient content of USDA meals offered in U.S. schools, and the types of foods offered to students during a typical week. These results will be compared to estimates obtained from data collected as part of the original School Nutrition Dietary Assessment Study.

**Conducted:** Fall 1998

**Target Population:** Public schools participating in the National School Lunch and School Breakfast Programs in the contiguous 48 States and the District of Columbia.

**Sample Size and Response Rate(s):** A nationally representative sample of approximately 1,152 public schools (384 elementary, 384 middle, and 384 high schools).

**Design and Methods:** Multistage, stratified probability sample capable of producing national estimates for elementary schools, middle schools, and high schools. A self-administered survey will be used to collect information on foods and portion sizes offered in USDA breakfasts and lunches during a target week. Limited basic descriptive information about the schools and meal service characteristics will be collected through telephone interviews and mail surveys.

**Descriptive Variables:** School characteristics and food service operation information.

**Outcome Variables of Interest:** Nutrients by food groups, relative to the RDAs and the *Dietary Guidelines*, by meals, source of meals, and nutrient content of USDA meals as offered.

**Contact Agency:**

Office of Analysis and Evaluation  
Food and Nutrition Service  
U.S. Department of Agriculture  
3101 Park Center Drive  
Alexandria, VA 22302  
Phone: (703) 305-2115  
Fax: (703)305-2576  
<http://www.usda.gov/fcs/fcs.htm>

**Selected Key Publications:** None to date.

## **Study of WIC Participants and Program Characteristics**

**Sponsoring Agency:** Food and Consumer Service<sup>1</sup>, U.S. Department of Agriculture

**Purpose:** Provided current participant and program characteristics of the WIC program.

**Conducted:** 1984, 1988, 1990, 1994, 1996. There are plans to conduct the study in 1998 and 2000.

**Target Population:** Participants of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

**Sample Size and Response Rate(s):** Near Census of WIC participants (over seven million records in 1996).

**Design and Methods:** In 1984, 1988, and 1990 data were collected from nationally representative samples of WIC participants using mail surveys of State and local WIC agencies, record abstractions at local WIC service sites, and in 1988, interviews with participants. Beginning in 1994, each State WIC agency submitted a minimum data set of 18 elements for a census of its WIC participants for the reference month of April.

**Descriptive Variables:** Age, race/ethnicity, sex of children, household size, household income, migrant status, participation in Federal assistance programs

**Outcome Variables of Interest:** Height, weight, hemoglobin, hematocrit or erythrocyte protoporphyrin value, WIC certification category (pregnant woman, breastfeeding woman, postpartum woman not breastfeeding, infant under 12 months, or child 12-59 months), nutritional risks present at certification.

### **Contact Agency:**

Office of Analysis and Evaluation  
Food and Nutrition Service  
U.S. Department of Agriculture  
3101 Park Center Drive  
Alexandria, VA 22302  
Phone: (703) 305-2115  
Fax: (703) 305-2576  
<http://www.usda.gov/fcs/fcs.htm>

### **Selected Key Publications:**

Abt Associates, Inc. and the U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation. Study of WIC Participant and Program Characteristics 1994, Final Report. December 1995.

---

<sup>1</sup> Now called the Food and Nutrition Service

Abt Associates, Inc., and the U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation and the Supplemental Food Programs Division. Study of WIC Participant and Program Characteristics, 1990. February 1992.

Research Triangle Institute and the U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation. Study of WIC Participant and Program Characteristics, 1988. April 1990.

## **Supplemental Children's Survey**

**Sponsoring Agency:** Agricultural Research Service, U.S. Department of Agriculture

**Purpose:** The Children's Survey is a supplement to the 1994-96 Continuing Survey of Food Intakes by Individuals. It is being conducted in response to the Food Quality Protection Act of 1996 (P.L. 104-170) which requires the Secretary of Agriculture in collaboration with HHS and EPA to provide adequate data to assess pesticide exposures in the diets of infants and young children. Data will be used by USDA, the Environmental Protection Agency, and other Federal agencies, industry, research institutions, and private organizations in analyses supporting policy formation, regulation, program planning and evaluation, and education and research.

**Conducted:** December 1997 through November 1998.

**Target Population:** Noninstitutionalized children 0 through 9 years in households in the United States. Oversampling of low-income households with incomes at or below 130 percent of the poverty thresholds.

**Sample Size and Response Rate(s):** The Supplemental Children's Survey will provide dietary intakes for approximately 5,000 children 0 through 9 years. The sample has been drawn based on the same criteria as that used for the CSFII 1994-96 so that the data from the two surveys can be merged; the CSFII 1994-96 included dietary intakes from approximately 4,250 children 0 through 9 years. Response rates cannot be determined at this time.

**Design and Methods:** A multistage, stratified area probability sample. The survey includes the collection of 2 nonconsecutive days of dietary data through in-person 24-hour recalls. Information on the kinds and amounts of foods eaten at home and away from home during the previous day is being collected for each child through the assistance of an adult.

### **Descriptive Variables:**

Household--Income in dollars and as a percent of poverty, size, region, urbanization, tenancy, and participation in Food Stamp and WIC programs, food expenditures, and shopping practices.

Individual--Sex, age, race, height, weight, and ethnicity (Hispanic or non-Hispanic).

**Outcome Variables of Interest:** Kinds and amounts of foods consumed on each of 2 nonconsecutive days, sources of foods, time and name of each eating occasion, food intakes in grams of 71 USDA-defined food groups and subgroups for each of 2 days of intake and 2-day averages, nutrient intakes of 28 nutrients and food components for each of 2 days and 2-day averages, nutrient intakes expressed as percentages of the 1989 Recommended Dietary Allowances for each of 2 days and 2-day averages.

**Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.barc.usda.gov/bhnrc/foodsurvey/scs.htm>  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

**Selected Key Publications:** Survey still in field at publication date.

## Survey of Fish Purchases by Socio-economic Characteristics

**Sponsoring Agency:** National Marine Fisheries Service, National Oceanic and Atmospheric Administration, Department of Commerce

**Purpose:** A 1-year panel survey was conducted to obtain the patterns of fish product purchases according to socio-economic characteristics of households. The survey was needed to determine how the various characteristics of the population cause shifts in demand and improve predictive capabilities.

**Conducted:** 1969-70

**Target Population:** The participants represented the U.S. population by geographic region and varied by income, family size, occupation, age, race, and religion.

### Sample Size and Response Rates:

	<i>Households</i>	<i>Individuals</i>	<i>Response Rate</i>
1969-70	1586	4864	NA

**Design and Methods:** A panel of households were surveyed by completing a diary of fish purchases.

**Descriptive Variables:** Geographic region, income, family size, occupation, race, and religion.

**Outcome Variables of Interest:** Purchases were classified by month and quarter; number of meals eaten away from home for each household class; summaries by fish products, measurement of consumption, and socio-economic characteristics.

### Contact Agency:

National Marine Fisheries Service  
1335 East-West Highway  
Silver Spring, MD 20910  
Phone: (301) 713-2358  
Fax: (301) 588-4853  
<http://www.nmfs.gov/>

### Selected Key Publications:

Nash DA. A survey of fish purchases by socio-economic characteristics. Data Report 62. United States Department of Commerce. 1971.

Miller MM, Nash DA. Regional and other related aspects of shellfish consumption--Some preliminary findings from the 1969 Consumer Panel Survey. Circular 361. United States Department of Commerce. 1971.

## Survey of Income and Program Participation (SIPP)

**Sponsoring Agency:** U.S. Census Bureau

**Purpose:** To collect source and amount of income, labor force information, program participation and eligibility data, and general demographic characteristics to measure the effectiveness of existing Federal and State programs; to estimate future costs and coverage for government programs, such as food stamps; and to provide improved statistics on the distribution of income in the country.

**Conducted:** Continuously since 1983.

**Target Population:** Civilian, noninstitutionalized population of the United States.

**Sample Size and Response Rate(s):** The survey design is a continuous series of national panels, with sample size ranging from approximately 14,000 to 36,700 interviewed households. The duration of each panel ranges from 2 ½ years to 4 years. Sample loss is approximately 8 percent at the first interview and increases to about 26-35 percent by the last interview depending on the length of the panel.

**Design and Methods:** Longitudinal multistage-stratified, survey of households throughout the United States. All household members 15 years old and over are interviewed by self-response, if possible. The SIPP questionnaire was redesigned, and a new sample design was introduced starting with the 1996 panel. SIPP interviews are conducted using a computer-assisted interview on a laptop computer.

**Descriptive Variables:** Labor force behavior, income, participation in public programs, basic demographic characteristics, and living arrangements.

**Outcome Variables of Interest:** Food adequacy or abbreviated food security module, person-level Food Stamps Program, person-level WIC, household-level free/reduced-price/full-price school lunch/breakfast.

### Contact Agency:

U.S. Census Bureau  
Washington, DC 20233  
Phone: (301) 457-3819  
Fax: None provided  
<http://www.sipp.census.gov/sipp/>

### Selected Key Publications:

Bauman KJ. Extended Measures of Well-Being: Meeting Basic Needs 1995. U.S. Bureau of the Census. Current Population Reports, P70-67. Washington, DC. 1999.  
<http://www.census.gov/prod/99pubs/p70-67.pdf>

Dynamics of Economic Well-Being: Program Participation, Who Gets Assistance? 1993-1994. U.S. Bureau of the Census. Current Population Reports, P70-69. Washington, DC. 1999. <http://www.census.gov/prod/99pubs/p70-69.pdf>

Survey of Income and Program Participation (SIPP) 1993 Panel, Wave 8 Core Microdata File [machine-readable data file]/prepared by the Bureau of the Census.-Washington: The Bureau [producer and distributor], 1996.

Carlson S, Dalrymple R. Food Stamp Participation: a comparison of SIPP with administrative records. SIPP Working Paper Series No. 12. 1986.

Ku L, Dalrymple R. Differences between SIPP and Food and Nutrition Service Program Data on Child Nutrition and WIC Program Participation. SIPP Working Paper Series No. 29. 1987.

Shea M. Dynamics of Economic Well-Being: Program Participation, 1991 to 1993. U.S. Bureau of the Census. Current Population Reports, P70-46. U.S. Government Printing Office, Washington, DC, 1995. <http://www.census.gov/prod/1/pop/P70-46.pdf>

Mothers Who Receive Food Stamps. Bureau of the Census Statistical Brief, 1995. [http://www.sipp.census.gov/sipp/sb95\\_22.pdf](http://www.sipp.census.gov/sipp/sb95_22.pdf)

Bollinger CR, David M. Modeling Food Stamp Participation in the Presence of Reporting Errors. SIPP Working Paper Series No. 179. 1993.

Burstein NR. Receipt of Food Stamps by Longitudinal Households and Individuals in the SIPP. SIPP Working Paper Series No. 154. 1991.

Tremblay A. Longitudinal Imputation of SIPP Food Stamp Benefits. SIPP Working Paper Series No. 194. 1994.

Tremblay A. Longitudinal Imputation of SIPP Food Stamp Benefits. SIPP Working Paper Series No. 208. 1995.

## **Total Diet Study (TDS)**

**Sponsoring Agency:** Center for Food Safety and Applied Nutrition, Food and Drug Administration

**Purpose:** The Total Diet Study assesses the levels of nutritional elements, elemental contaminants, industrial chemicals, pesticide residues, and radionuclides in the U.S. food supply and in the representative diets of specific age-sex groups. The Total Diet Study also monitors trends in the levels and consumption of these substances over time. The study is important for continuous monitoring of the nutritional quality and safety of the U.S. food supply and representative U.S. diets.

**Conducted:** Annually since 1961

**Target Population:** Eight age-sex groups were included in the Total Diet Studies from 1982 to 1991. The 1991 revision of the Total Diet Study included 14 age-sex groups (6-11 month old infants; 2, 6, and 10 year old children; 14-16 year old females and males; 25-30 year old females and males; 40-45 year old females and males; 60-65 year old females and males; and females and males 70 years of age and over).

**Sample Size and Response Rate(s):** NA (No individuals are surveyed; no survey instruments are used.)

**Design and Methods:** Core foods of the U.S. food supply are purchased from retail markets and restaurants, prepared for consumption, and analyzed for nutrients and contaminants four times each year. The sample used between 1982-1991 included 234 foods; the 1991 revision included 265 foods. Representative diets of the selected age-sex groups are developed based on national food consumption data. The food composition data are merged with the food consumption data to estimate daily intake of the nutrients and contaminants. The results from the four collections each year are averaged. The yearly results are compared with previous data to determine trends over time.

**Descriptive Variables:** Population descriptors include age and gender as indicated under "Target Population."

**Outcome Variables of Interest:** No data for outcome variables are collected. Individual foods are analyzed for nutrients and contaminants.

### **Contact Agency:**

Office of Plant and Dairy Foods and Beverages  
Center for Food Safety and Applied Nutrition  
Food and Drug Administration  
200 C St., SW, HFS-300  
Washington, DC 20204

Phone: (202) 205-4064  
Fax: (202) 205-4422  
<http://vm.cfsan.fda.gov/list.html>

### **Selected Key Publications:**

Pennington JAT, Capar SC, Parfitt CH, Edwards CW. History of the Total Diet Study (Part II). *J AOAC Intl* 79:163-70. 1996.

Pennington JAT. Intakes of minerals from diets and foods - Is there a need for concern? Proceedings of Symposium on New Approaches, Endpoints, and Paradigms for RDAs of Mineral Elements. *J Nutr* 126 (9S):2304S-8S. 1996.

Pennington JAT, Schoen SA. Total Diet Study: Dietary intakes of nutritional elements, 1982-1991. *Intl J Vit Nutr Res* 66:350-62. 1996.

Pennington JAT, Schoen SA. Contribution of food groups to element intakes: Results from the FDA Total Diet Studies, 1982-91. *Intl J Vit Nutr Res* 66:342-50. 1996.

Pennington JAT, Schoen SA, Salmon GD, Young B, Johnson RD, Marts RW. Mineral composition of core foods of the U.S. food supply, 1982-91. I. Na, P, and K. *J Food Comp Anal* 8:91-128. 1995.

Pennington JAT, Schoen SA, Salmon GD, Young B, Johnson RD, Marts RW. Mineral composition of core foods of the U.S. food supply, 1982-91. II. Ca, Mg, Fe, and Zn. *J Food Comp Anal* 8:129-70. 1995.

Pennington JAT, Schoen SA, Salmon GD, Young B, Johnson RD, Marts RW. Mineral composition of core foods of the U.S. food supply, 1982-91. III. Cu, Mn, Se, and I. *J Food Comp Anal* 8:171-217. 1995.

Pennington JAT, Young BE. Total Diet Study nutritional elements, 1982-89. *J Am Diet Assoc* 91(2):179-83. 1991.

Pennington JAT, Young BE. Sodium, potassium, calcium, phosphorous, and magnesium in foods from the U.S. Total Diet Study. *J Food Comp Anal* 3:145-65. 1990.

Pennington JAT, Young BE. Iron, zinc, copper, manganese, selenium, and iodine in foods from the U.S. Total Diet Study. *J Food Comp Anal* 3:166-84. 1990.

Pennington JAT, Gunderson EL. A history of the Food and Drug Administration's Total Diet Study, 1962 to 1987. *J Assoc Off Anal Chem* 70:772-82. 1987.

## WIC Infant Feeding Practices Study

**Sponsoring Agency:** Food and Nutrition Service, U.S. Department of Agriculture

**Purpose:** This survey described the infant feeding practices of WIC participants including breastfeeding initiation and duration, formula feeding, and the introduction of supplementary foods; it also explored the factors that shaped these infant feeding decisions.

**Conducted:** August 1994 through December 1995

**Target Population:** Prenatal and postnatal women and their infants participating in the WIC Program.

### Sample Size and Response Rate(s):

	<i>Completed one postnatal interview</i>	<i>Response Rate</i>
Total	971	89%

**Design and Methods:** The study was a one-year longitudinal survey of a nationally representative sample of 900 WIC mothers living in the 48 contiguous States, the District of Columbia and the 33 WIC agencies on Indian reservations. Computer-assisted telephone interviews were the main mode of data collection. These were supplemented by computer-assisted in-person interviews. Respondents were interviewed 10 times during the study.

**Descriptive Variables:** Socio-demographic characteristics included maternal age, race and ethnicity, immigrant status, household size, father's presence in the household, poverty level, receipt of public assistance, education, employment status. Health-related characteristics included birthweight of infant, health problems, breastfeeding problems. Additional variables included reported hospital experiences, source of nutrition advice, and attitudes and beliefs about infant feeding.

**Outcome Variables of Interest:** Rates of breastfeeding and formula feeding, duration of breastfeeding, factors associated with breastfeeding initiation and duration, formula feeding and the introduction of supplementary foods.

### Contact Agency:

Office of Analysis and Evaluation  
Food and Nutrition Service  
U.S. Department of Agriculture  
3101 Park Center Drive  
Alexandria, VA 22302

Phone: (703) 305-2115

Fax: (703)305-2576

[www.usda.gov/fcs/oea/research](http://www.usda.gov/fcs/oea/research) [Summary of Findings and Final Report]

**Selected Key Publications:**

Baydar N, McCann, Williams, R, Vesper. WIC Infant Feeding Practices Summary of Findings. Office of Analysis and Evaluation, Food and Nutrition Service, USDA. November 1997.

Baydar N, McCann M, Williams R and Vesper E, Battelle. Final Report: WIC Infant Feeding Practices Study. Centers for Public Health Research and Evaluation, Seattle, WA. November 1997.

### III. KNOWLEDGE, ATTITUDES, AND BEHAVIOR ASSESSMENTS

#### Cancer Prevention Awareness Survey

**Sponsoring Agency:** National Cancer Institute, National Institutes of Health

**Purpose:** This survey was designed to measure progress on knowledge, attitudes, and behaviors regarding lifestyle and cancer prevention and compare the results to baseline data collected in Wave 1 (1983).

**Conducted:** 1983 and 1985

**Target Population:** Civilian, noninstitutionalized population ages 18 years and over in the United States. In 1985, the survey oversampled 263 black Americans.

**Design and Methods:** National probability sample selected by random-digit dialing technique. Self-reports on a set of basic knowledge, attitudes and behavior items related to health, cancer, and cancer risk.

**Descriptive Variables:** Age, gender, race, education, and geographic region.

#### **Outcome Variables of Interest:**

Nutrition-related variables--attitudes and behavior regarding eating red meat, fruits and vegetables, whole grains, sugar, salt, and preservatives.

Other health-related variables--self-perceptions of health, awareness of health risks, actions taken to maintain and improve health, or decrease cancer risk.

#### **Contact Agency:**

Office of Cancer Communications  
National Cancer Institute  
Building 31, Room 4B43  
9000 Rockville Pike  
Bethesda, MD 20892  
Phone: (301) 496-6792  
Fax: (301) 402-0894  
<http://www.nci.nih.gov/>

#### **Selected Key Publications:**

National Cancer Institute. Management Summary: Cancer Prevention Awareness Survey, Wave II, 1986. Bethesda, Maryland: Public Health Service. 1986.

National Cancer Institute. Technical Report: Cancer Prevention Awareness Survey, 1986. Bethesda, Maryland: Public Health Service. 1986.

National Cancer Institute. Management Summary: Cancer Prevention Awareness Survey, Wave I, 1984. Bethesda, Maryland: Public Health Service. 1984.

National Cancer Institute. Technical Report: Cancer Prevention Awareness Survey, 1984. Bethesda, Maryland: Public Health Service. 1984.

## Consumer Food Handling Practices and Awareness of Microbiological Hazards

**Sponsoring Agency:** Food and Drug Administration

**Purpose:** The purpose of this survey was to collect data about consumers' practices regarding food handling, food storage, and food shopping; knowledge of food safety principles and of microbiological hazards in foods; perceived sources of food contamination; sources of information about food handling principles; and foodborne illness experience.

**Conducted:** 1992-93; February-April 1998.

**Target Population:** Civilian, noninstitutionalized individuals 18 years of age or over in households with telephones and food preparation facilities.

**Sample Size and Response Rate(s):**

	<i>Year</i>	<i>Sample Size</i>	<i>Response Rate</i>
Total	1992-93	1620 adults	65%
	1998	2001 adults	69%

**Design and Methods:** The questionnaire was administered by telephone. A national probability sample was selected using a modified Waksberg random digit dialing procedure.

**Descriptive Variables:** Demographic characteristics.

**Outcome Variables of Interest:** Prevalence of unsafe food handling, consumption practices, and foods perceived as high risk; knowledge of food safety principles and of microbiological hazards in foods; concerns about food contamination from various sectors such as farms, restaurants, and homes; and use of various sources for information about food safety.

**Contact Agency:**

Office of Scientific Analysis and Support  
Center for Food Safety and Applied Nutrition  
Food and Drug Administration  
200 C St., SW, HFS-700  
Washington, DC 20204  
Phone: (202) 205-5817  
Fax: (202) 260-0794  
<http://vm.cfsan.fda.gov/list.html>

### **Selected Key Publications:**

Altekruse SF, Street DA, Fein SB, Levy AS. Consumer knowledge of foodborne microbial hazards and food-handling practices. *J Food Protection* 59(3):287-294. 1996.

Klontz K, Timbo B, Fein SB, Levy AS. Prevalence of selected food consumption and preparation behaviors associated with increased risks of food-borne disease. *J Food Protection* 58(8):927-930. 1995.

Fein SB, Lin C-TJ, Levy AS. Food-borne illness perceptions, experience, and preventive behaviors. *J Food Protection* 58(12):1405-1411. 1995.

## Diet and Health Knowledge Survey (DHKS), 1989-91

**Sponsoring Agency:** Human Nutrition Information Service<sup>1</sup>, U.S. Department of Agriculture

**Purpose:** The survey provided continuing information with which to assess relationships between individuals' knowledge and attitudes about dietary guidance and food safety, their food-choice decisions, and their nutrient intakes. This survey was a "follow-up" survey to the 1989-91 Continuing Survey of Food Intakes by Individuals (page 85).

**Conducted:** 1989, 1990, and 1991 (data collection for each year began in May and continued through April of the following year).

**Target Population:** Main-meal planner/preparer in households in the 48 conterminous States who participated in the CSFII. The survey included two separate samples: households with incomes at any level (basic sample) and households with incomes at or below 130 percent of the poverty thresholds (low-income sample).

### Sample Sizes and Response Rates:

<i>Year</i>	<i>Sample size</i>	<i>Response rate</i>
1989:		
Basic sample	1,280	54%
Low-income sample	626	63%
1990:		
Basic sample	1,280	55%
Low-income sample	619	58%
1991:		
Basic sample	1,280	53%
Low-income sample	645	62%

**Design and Methods:** The 1989-91 DHKS was a telephone follow-up to the 1989-91 CSFII. Data were collected by computer-assisted telephone interviews. In-person interviews were conducted with targeted respondents who did not have telephones. For details regarding the sampling scheme and food intake methodology, see CSFII 1989-91 (pg 89).

---

<sup>1</sup> On February 20, 1994, legislation passed by Congress moved the functions of Human Nutrition Information Service to the Agricultural Research Service, USDA.

### **Descriptive Variables:**

Individual--Sex, age, race, ethnicity (Hispanic or non-Hispanic), education and employment status of persons 15 years of age and over, pregnancy/lactation/nursing status, height, and weight.

Household--Income, size, cash assets, region, urbanization, tenancy, participation in Food Stamp and WIC programs.

**Outcome Variables of Interest:** Self-perceptions of relative intake levels, awareness of diet health relationships, use of food labels, perceived importance of following dietary guidance for specific nutrients and food components, beliefs about food safety, and knowledge about food sources of nutrients. These variables can be linked to data on individuals' food and nutrient intakes from the CSFII. See CSFII 1989-91 for additional information (page 85).

### **Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.barc.usda.gov/bhnrc/foodsurvey/csfii89.htm>  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

### **Selected Key Publications:**

Sapp SG, Jensen HH. Reliability and validity of nutrition knowledge and diet-health awareness tests developed from the 1989-91 Diet and Health Knowledge Surveys. *J Nutr Ed* 29:63-72. 1997.

Cypel YS, Tamaki JA, Enns CW et al. Nutrition attitudes and dietary status of main meal planners/preparers, 1989-91: Results from the Diet and Health Knowledge Survey and Continuing Survey of Food Intakes by Individuals, 1989-91. NFS Rep. No. 91-1. NTIS Accession No. PB96-144472. 1996.

Colavito E, Guthrie JF. USDA's new Diet and Health Knowledge Survey: How can it be used for theory based research? *J Associ for the Study of Food and Society* 1(1):13-22. 1996.

## Diet and Health Knowledge Survey (DHKS), 1994-96

**Sponsoring Agency:** Agricultural Research Service<sup>1</sup>, U.S. Department of Agriculture

**Purpose:** The survey provided continuing information with which to assess relationships between individuals' knowledge and attitudes about dietary guidance and food safety, their food-choice decisions, and their nutrient intakes. This survey was a follow-up survey to the 1994-96 Continuing Survey of Food Intakes by Individuals (CSFII 1994-96, page 88).

**Conducted:** 1994, 1995, and 1996 (data collection for each year began in February and continued through February of the following year); planned for 1999-2002

**Target Population:** Adults 20 years and over who completed the day 1 interview in the CSFII 1994-96; respondents selected by randomized procedure so that there was no more than one DHKS respondent per household.

### Sample Sizes and Response Rates:

<i>Year</i>	<i>Sample size</i>	<i>Response rate</i>
1994:	1,879	74.1%
1995:	1,966	72.7%
1996:	1,920	73.8%
1994-96:	5,765	73.5%

**Design and Methods:** The 1994-96 DHKS was a telephone follow-up designed to be conducted 2-3 weeks after the CSFII 1994-96. In-person interviews were conducted with targeted respondents who did not have telephones. For details regarding the sampling scheme and food intake methodology, see CSFII 1994-96. The 1999-2001 DHKS is currently in the planning stage, but will be similar to the 1994-96 DHKS.

### Descriptive Variables:

Individual--Sex, age, race, ethnicity (Hispanic or non-Hispanic), education and employment status of persons 15 years of age and over, pregnancy/lactation/nursing status, height, and weight.

Household--Income, size, cash assets, region, urbanization, tenancy, participation in Food Stamp and WIC programs.

---

<sup>1</sup>The DHKS 1994-96 was planned by the Human Nutrition Information Service (HNIS), USDA. On February 20, 1994, legislation passed by Congress moved the functions of HNIS to the Agricultural Research Service, USDA.

**Outcome Variables of Interest:** Self-perceptions of relative intake levels, awareness of diet health relationships, use of food labels, perceived importance of following dietary guidance for specific nutrients and food components, beliefs about food safety, and knowledge about food sources of nutrients. These variables can be linked to data on individuals' food and nutrient intakes from the CSFII. See CSFII 1994-96 for additional information (page 88).

**Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.barc.usda.gov/bhnrc/foodsurvey/csfi94.htm>  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

**Selected Key Publications:**

Data Tables: Combined results from USDA's 1994 and 1995 Continuing Survey of Food Intakes by Individuals and 1994 and 1995 Diet and Health Knowledge Survey. NTIS Accession No. PB97-167035. 1997.

Data Tables: Results from USDA's 1995 Continuing Survey of Food Intakes by Individuals and 1995 Diet and Health Knowledge Survey. NTIS Accession No. PB97-135172. 1996.

Data Tables: Results from USDA's 1994 Continuing Survey of Food Intakes by Individuals and 1994 Diet and Health Knowledge Survey. NTIS Accession No. PB96-181268. 1996.

## Health and Diet Survey

**Sponsoring Agency:** Food and Drug Administration; periodically cosponsored by the National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health; the Food Safety and Inspection Service (FSIS), U.S. Department of Agriculture; and Office of Disease Prevention and Health Promotion (ODPHP), the Office of Public Health and Science

**Purpose:** The survey is conducted to assess public knowledge, attitudes, and practices about food and nutrition, particularly as they relate to health problems such as hypertension, hypercholesterolemia, coronary heart disease, and cancer. The survey also assesses consumer use of food labels, including the ingredient list and nutrition label. The NHLBI co-sponsored four of the surveys to evaluate the effectiveness of the National Cholesterol Education Program and to compare consumer awareness and practices related to cholesterol to concurrent physician surveys. FSIS and ODPHP joined FDA in sponsoring the 1994 survey which was designed to provide baseline data on food label use prior to implementation of new labeling regulations under the 1990 Nutrition Labeling and Education Act.

**Conducted:** 1982, 1983-84, 1986, 1988, 1990, 1994 (as the Food Label Use and Nutrition Education Survey), and 1995. The 1983-84, 1986, 1990 and 1995 surveys were co-sponsored by NHLBI and included the Cholesterol Awareness Survey-Public Survey. The 1994 FLUNES was cosponsored by FSIS and ODPHP. A replicate of the FLUNES was administered to one-fifth of the 1995 Health and Diet Study sample.

**Target Population:** Civilian, noninstitutionalized adults ages 18 years and over, in the conterminous United States.

### Sample Size and Response Rate(s):

	<i>Sample size</i>	<i>Response rate</i>
1982	4,000	65%
1984	4,000	56%
1986	4,000	67%
1988	3,200	65%
1990	3,700	67%
1994	1,945	56%
1995	5,005	57%

**Design and Methods:** Telephone interviews were conducted with a national probability sample selected by Waksberg's random digit-dialing method. One adult from each contacted household was randomly selected to participate in the survey.

## **Descriptive Variables:**

Individual descriptors--age, race, sex, ethnicity, and education.

Household descriptors--household income, number of adults in household, and Census region.

**Outcome Variables of Interest:** Awareness, beliefs, attitudes, knowledge, and reported behaviors regarding food, nutrition, and health; self-reported height and weight, health history, and status.

## **Contact Agency:**

Office of Scientific Analysis and Support  
Center for Food Safety and Applied Nutrition  
Food and Drug Administration  
200 C St., SW, HFS-700  
Washington, DC 20204  
Phone: (202) 205-5817  
Fax: (202) 260-0794  
<http://vm.cfsan.fda.gov/list.html>

## **Selected Key Publications:**

Derby BM, Fein SB. Meeting the NLEA education challenge: A consumer research perspective. Shapiro R, ed. Nutrition Labeling Handbook. New York: Marcel Dekker. 315-352. 1995.

Levy AS, Stephenson M. Nutrition knowledge levels about dietary fats and cholesterol: 1983-88. J Nutr Educ 25:60-6. 1993.

Bender M, Derby BM. Prevalence of reading nutrition and ingredient information on food labels among adult Americans: 1982-88. J Nutr Educ 24:292-7. 1992.

Schucker B, Wittes JT, Santanello NC, et al. Change in cholesterol awareness and action: Results from national physician and public surveys. Arch Intern Med 151:666-73. 1991.

Heimbach JT. Risk avoidance in consumer approaches to diet and health. Clin Nutr 6:159-62. 1987.

Schucker BH, Bailey K, Heimbach JT, et al. Change in public perspective on cholesterol and heart disease: Results from two national surveys. JAMA 258:3527-31. 1987.

Haines JT, Gordon DJ, Cutler JA, et al. Change in public perspective on cholesterol and heart disease: Results from two national surveys. JAMA 258(240):3527-31. 1987.

Heimbach JT. The growing impact of sodium labeling of foods. Food Technol  
40(2):102-4, 107. 1986.

Heimbach JT. Cardiovascular disease and diet: The public view. Public Health Report  
100:5-12. 1985.

Heimbach JT, Orwin RG. Public perceptions of sodium labeling. J Am Diet Assoc  
84:1217-19. 1984.

## Infant Feeding Practices Survey

**Sponsoring Agency:** Food and Drug Administration

**Purpose:** The survey was designed to obtain detailed information about infant feeding practices during the first 12 months of life. Data were obtained on the initiation, extent, and duration of breastfeeding; initiation of formula-feeding; selection of formula brand; type and timing of introduction of solid foods; use of commercial baby foods; food safety practices for infant formula, baby foods, and expressed milk, infant health measures; health promotion practices; and sources of information about infant feeding.

**Conducted:** 1993-94

**Target Population:** New mothers and healthy, full term infants from birth to 1 year.

**Sample Size and Response Rate(s):** 1,200 mothers and infants, response rate not applicable.

**Design and Methods:** Eligible pregnant women were identified from a large commercial mail panel (200,000 households). Data collection was longitudinal by mail questionnaires sent prenatally and at baby's age 1-7, 9, and 12 months.

**Descriptive Variables:** Demographic characteristics; parity; prior infant feeding experiences; feeding expectations; baby's social situation, including age at which the mother begins working; day care situation; and number of people in the household.

**Outcome Variables of Interest:** Characteristics associated with duration of breastfeeding and with food intolerance and allergy development. The longitudinal design enabled analysts to examine the effect of prior feeding patterns on subsequent patterns and on food intolerance, allergy development, and infant health.

### **Contact Agency:**

Office of Scientific Analysis and Support  
Center for Food Safety and Applied Nutrition  
Food and Drug Administration  
200 C St., SW, HFS-700  
Washington, DC 20204  
Phone: (202) 205-5817  
Fax: (202) 260-0794  
<http://vm.cfsan.fda.gov/list.html>

### **Selected Key Publications:**

Cogswell ME, Scanlon KS, Fein SB, Schieve LA. Medically advised, mother's personal target, and actual weight gain during pregnancy. *Obstetrics and Gynecology*, in press.

Fein SB, Falci CD. Infant formula preparation, handling, and related practices in the United States. *JADA* 99: 1234-1240. 1999.

Roe BE, Whittington L, Fein SB, Teisl MF. Is there competition between breast-feeding and maternal employment? *Demography* 36: 157-171. 1999.

Fein SB, Roe BE. The effect of work status on breastfeeding initiation and duration. *Am J Pub Health* 88:1042-1046. 1998.

Scariati PD, Grummer-Strawn LM, Fein SB, Yip R. Risk of diarrhea related to iron content of infant formula: Lack of evidence to support the use of low-iron formula as a supplement for breastfed infants. *Pediatrics* 99(3):E2 (electronic pages). 1997.

Scariati PD, Grummer-Strawn LM, Fein SB. A longitudinal analysis of infant morbidity and the extent of breastfeeding in the United States. *Pediatrics* 99(6):E5 (electronic pages). 1997.

Scariati PD, Grummer-Strawn LM, Fein SB. Water supplementation of infants in the first month of life. *Arch Pediatric Adolescent Med* 151 (August):830-2. 1997.

## **National Knowledge, Attitudes, and Behavior Survey**

**Sponsoring Agency:** National Cancer Institute, National Institutes of Health

**Purpose:** This survey was designed to measure current changing trends regarding cancer knowledge, attitudes, and behaviors. Respondents' knowledge and perception of cancer risk factors (for example, obesity and improper diet) were addressed as well as actions that can be taken to reduce risk (for example, lowering fat intake).

**Conducted:** April 1989-February 1990

**Target Population:** General civilian, noninstitutionalized population ages 18 years and over in the conterminous United States with a supplement for blacks and Hispanics to permit generalization to these populations.

**Sample Size and Response Rate(s):** From April 1989-February 1990, a total of 4,023 eligible individuals were contacted. This resulted in 2,630 completed interviews, 217 incomplete interviews, and 1,176 refusals for an overall response rate of 65%.

**Design and Methods:** National probability sample of telephone interviews conducted on a continuous basis: 7 days per week, approximately 220 interviews per month, and 2,600 per year. Data were weighted by ethnicity, gender, age, and education to agree with national totals. Self-reported frequency of food intake by categories was assessed.

**Descriptive Variables:** Age, gender, race and ethnicity, education, household size and income, and marital status.

**Outcome Variables of Interest:** Nutrition-related variables--awareness and knowledge of fiber; attitudes and behavior toward eating red meat, vegetables, fruits, whole grains and poultry; and use of various fats in food preparation.

Other health-related variables--self-perceptions of health, awareness of health risks and behaviors that increase or decrease cancer risk, and sources of cancer information.

### **Contact Agency:**

Office of Cancer Communication  
National Cancer Institute  
Building 31, Room 4B43  
9000 Rockville Pike  
Bethesda, MD 20892  
Phone: (301) 496-6792  
Fax: (301) 402-0894  
<http://www.nci.nih.gov/>

**Selected Key Publications:** None to date.

## Nutrition Label Format Studies

**Sponsoring Agency:** Food and Drug Administration

**Purpose:** The purpose of these two studies was to evaluate alternative formats for a revised nutrition label in controlled-use situations so that the relative performance characteristics of alternative formats and of specific label features could be identified.

**Conducted:** October-November 1990 and November 1991

**Target Population:** Primary food shoppers 18 years and over.

**Sample Size and Response Rate(s):** The sample size for the first study was 1,460. The sample size for the second study was 1,216. Because of the design, response rates are not applicable.

**Design and Methods:** The sample was selected by shopping mall intercept methods for both studies. Both were conducted at eight geographically diverse shopping malls. For the first study, the sample was quota-controlled for age, race, income, and education. Subjects were randomly assigned to a predetermined sequence of format-product category combinations based on a 5 x 5 Greco-Latin Square to counterbalance the order of presentation of formats and format-product category combinations. Subjects were shown alternative formats and interviewed in interview facilities in the mall. Formats tested in the first study were the following: Control, Control/Daily Recommended Value (DRV), Adjective, Numeric (percent of daily value), and Bar Graph. Formats tested in the second study were the following: Control, Control/DRV, Percent DRV with DRV listed, Percent DRV without DRV listed, Adjective, Highlighting, and Grouping.

**Descriptive Variables:** Demographic characteristics; frequency of food label reading; health status of household members with respect to heart disease, diabetes, high blood pressure, stroke, and cancer; household members' dieting practices with respect to weight control and intake of sodium, and cholesterol and fat.

**Outcome Variables of Interest:** Variables of interest were objective performance measures and preference measures for the various formats. All formats in the second study were also tested on the measures used in the first study. Objective measures in the first study were based upon comparison of two products: accuracy, false positives, task time, and judgement of which product was more nutritious.

For the objective measures in the second study, the subject saw a label for one product at a time. Measures were based on evaluating front panel claims, daily dietary management, judgement of general nutritiousness, and use of the DRV concept. For the measure of daily dietary management, the subject was asked which nutrients they would try to get more and less of in the other foods eaten that day, after eating three servings of the target food. Use of the DRV concept was tested by asking how many servings of the food would be needed to get all of the carbohydrates needed in a day.

Preference was measured in both studies by asking the subject which format they found most helpful and least helpful.

**Contact Agency:**

Office of Scientific Analysis and Support  
Center for Food Safety and Applied Nutrition  
Food and Drug Administration  
200 C St., SW, HFS-700  
Washington, DC 20204  
Phone: (202) 205-5817  
Fax: (202) 260-0794  
<http://vm.cfsan.fda.gov/list.html>

**Selected Key Publications:**

Levy AS, Fein SB. Consumers' abilities to perform tasks using nutrition labels. *J Nutr Ed* 30: 210-217.

Levy AS, Fein SB, Schucker RE. Performance characteristics of seven nutrition label formats. *J Public Policy & Marketing* 15(1):1-5. 1996.

Derby BM, Fein SB. Meeting the NLEA education challenge: A consumer research perspective. Shapiro R, ed. *Nutrition Labeling Handbook*. New York: Marcel Dekker. 315-52. 1995.

Levy AS, Fein SB, Schucker RE. More effective nutrition label formats are not necessarily preferred. *J Am Diet Assoc* 92(10):1230-34. 1992.

Levy AS, Fein SB, Schucker RE. Nutrition labeling formats: Performance and preference. *Food Technol* 45(7):116-21. 1991.

Levy AS, Fein SB, Schucker RE. Nutrition labeling formats: Performance and preference. *Food Technol* 45(7):116-21. 1991.

## Point of Purchase Labeling Studies

**Sponsoring Agency:** Food and Drug Administration in cooperation with Giant Food, Inc.

**Purpose:** The purpose of these two studies was to determine whether shoppers would alter their food purchases if presented with brand-specific information that flags products with reduced amounts of sodium, calories, or fat and cholesterol. A secondary objective was to determine whether altered purchase behavior, if observed, would be replicated in a second market.

**Conducted:** 1981-83 and 1984-86

**Target Population:** Giant Food Store shoppers in Washington, D.C., and Baltimore, Maryland.

**Sample Size and Response Rate(s):** A total of 20 supermarkets, consisting of 10 matched pairs of stores, each pair consisting of 1 store selected from Washington, DC (test area) and 1 store from Baltimore, Maryland (control area). Stores were matched on size, type of shopping location, and demographic characteristics of the immediate shopping area. All stores produced usable data for analysis. Convenient samples of 100 shoppers per store were interviewed by Giant store personnel before and after introduction of the labeling program. This was done in test and control markets for both studies in order to determine awareness of and interest in the labeling program.

**Design and Methods:** Shelf tags were attached to 400 qualifying products in 16 product categories in Washington, DC test stores during 1981-83. Baltimore stores served as controls and received no shelf flags. During 1984-86, shelf flags were also placed in Baltimore stores and the number of flagged products was increased to 1,200, representing 49 product categories. During the second study Baltimore served as the test area and Washington as the control area. Weekly unit sales were analyzed using a repeated measure analysis of covariance design.

**Descriptive Variables:** Shoppers' surveys were analyzed by gender, age, and special diet status of the household.

**Outcome Variables of Interest:** Percent of sales (share of market) achieved by nutritionally flagged products (store data); claimed use of shelf flags (shopper data).

### Contact Agency:

Office of Scientific Analysis and Support  
Center for Food Safety and Applied Nutrition  
Food and Drug Administration  
200 C St., SW, HFS-700  
Washington, DC 20204  
Phone: (202) 205-5817  
Fax: (202) 260-0794  
<http://vm.cfsan.fda.gov/list.html>

### **Selected Key Publications:**

Teisl MF. Nutrition labeling: Information effects on consumer behavior and welfare. Doctoral dissertation, University of Maryland, College Park, Maryland. 1997.

Schucker RE, Levy AS, Tenney JE, Mathews O. Nutrition shelf-labeling and consumer purchase behavior. *J Nutr Educ* 24(2):75-81. 1992.

Levy AS, Schucker R, Tenney JE, Mathews, O. Consumer demand for detailed nutrition information: A case study. *J Nutr Educ* 20(4):161-166. 1988.

Levy AS, Stokes RC. Effects of a health promotion advertising campaign on sales of ready-to-eat cereals. *Public Health Report* 102(4):398-403. 1987.

Levy AS, Mathews O, Stephenson M, Tenney JE, Schucker RE. The impact of a nutrition information program on food purchases. *J Public Policy and Marketing* 4:1-13. 1985.

Levy A, Mathews O, Tenney J, Schucker R. The impact of a nutrition information program on food purchases. *J Public Policy Marketing* 4:1-13. 1985.

## Weight Loss Practices Survey

**Sponsoring Agency:** Food and Drug Administration, co-sponsored by the National Heart, Lung, and Blood Institute, National Institutes of Health

**Purpose:** The purpose of the Weight Loss Practices Survey (WLPS) was to provide detailed information about the relative prevalence of different types and combinations of practices among weight-loss practitioners and to describe the relationships between individual characteristics and various features of weight-loss regimens. The survey also provided data to evaluate progress toward achieving national health objectives related to weight loss.

**Conducted:** September-November 1991

**Target Population:** Noninstitutionalized civilian adults, 18 years or older, trying to lose weight at the time of the survey.

### Size and Response Rate(s):

	<i>Sample Size</i>	<i>Response Rate</i>
Current dieters	1,232	58%
African American oversample	205	68%
Nondietering controls	218	NA*

\* Response rate cannot be calculated separately for the nondietering controls.

**Design and Methods:** The WLPS was a telephone survey of a random digit-dialed probability sample of adults in the continental United States who reported that they were trying to lose weight. African American respondents were oversampled. A two-stage Waksberg sampling procedure was used to select the respondents to be interviewed. Of the 10,840 households contacted, 72% completed the interview through the weight loss screening question. Background information was also collected from 218 nondieters.

### Descriptive Variables:

Individual descriptors-- body mass index, age, race, sex, education, income, diet history, other health behaviors and self-perception of overweight.

**Outcome Variables of Interest:** current health practices, sources of health information, inventory of current weight-loss practices, self-reported height and weight, dieting and weight history.

**Contact Agency:**

Office of Scientific Analysis and Support  
Center for Food Safety and Applied Nutrition  
Food and Drug Administration  
200 C St., SW, HFS-700  
Washington, DC 20204  
Phone: (202) 205-5817  
Fax: (202) 260-0794  
<http://vm.cfsan.fda.gov/list.html>

**Selected Key Publications:**

Biener L, Heaton A. Women dieters of normal weight: their motives, goals, and risks. *Am J Public Health* 85:714-7. 1995.

Heaton AW, Levy AS. Information sources of U.S. adults trying to lose weight. *J Nutr Educ* 27:182-90. 1995.

Serdula MK, Williamson DF, Anda RF, Levy A, Heaton A, Byers T. Weight control practices in adults: results of a multistate telephone survey. *Am J Public Health* 84:1821-4. 1994.

Levy AS, Heaton AW. Weight control practices of U.S. adults trying to lose weight. *Ann Intern Med* 119:661-6. 1993.

Williamson DF, Serdula MK, Anda RF, Levy AS, Byers T. Weight loss attempts in adults: goals, duration, and rate of weight loss. *Am J Public Health* 82:1251-7. 1992.

#### **IV. FOOD COMPOSITION AND NUTRIENT DATA BASES**

##### **Food Coding Database: CSFII 1994-96 Technical Support Files**

**Sponsoring Agency:** Agricultural Research Service, U.S. Department of Agriculture

**Purpose:** The Food Coding Database contains information used to code foods and their amounts consumed.

**Available:** 1994-96

**Target Population:** U.S. population

**Sample Size and Response Rate:** NA

**Design and Methods:** Each food in the Food Coding Database has an eight digit food identification code, a long and short description of the food, a set of measures for the food, and gram weights for those measures. Identification by brand names is widespread in the database. Most brand names are linked to a generically described food. When appropriate, measures and their gram weight equivalents are also specified by brand.

All records in the Food Coding Database have start and end date fields indicating the time period when the record was available for coding during CSFII 94-96.

**Descriptive Variables:** NA

**Outcome Variables of Interest:** NA

##### **Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.barc.usda.gov/bhnrc/foodsurvey/tech.htm>  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

##### **Selected Key Publications:**

Ingwersen LA and Perloff BP. Food intake data processing. In Tippett KS and Cypel YS (eds.) Design and Operation: The Continuing Survey of Food Intakes by Individuals and Diet and Health Knowledge Survey, 1994-96. U.S. Department of Agriculture, Agricultural Research Service. Nationwide Food Surveys Report No. 96-1. 1997.

## **Food Composition Laboratory (Formerly, the Nutrient Composition Laboratory)**

**Sponsoring Agency:** Agricultural Research Service, U.S. Department of Agriculture

**Purpose:** Design and develop new and/or improved measurement systems for the analysis of nutrients and other health-related constituents in foods by conducting appropriate research in chemistry, biochemistry, and biology. Scientists at the laboratory facilitate the transfer of new technologies to industrial, academic, and government laboratories in the United States and worldwide through a variety of mechanisms including scientific publications, lectures, and cooperative research and development agreements.

**Conducted:** Continuously since 1892

**Target Population:** NA

**Sample Size and Response Rate(s):** NA

**Design and Methods:** Research is focused on the development of measurement systems for fiber fractions, trace minerals, fatty acids, several phytonutrients and water-soluble vitamins. Research is ongoing to develop new instrumentation for the measurement of organic-mineral species and simultaneous multi-element analysis.

**Descriptive Variables:** NA

**Outcome Variables of Interest:** Scientists at the laboratory have developed several dependable new assay techniques, instruments and instrument modifications, and reference materials. Staff collaborate with food associations and Federal agencies to improve quality of food composition data. Collaborators include other ARS laboratories, the National Cancer Institute, National Heart, Lung, and Blood Institute, trade associations such as the National Food Processors Association, several universities and selected scientific instrument companies. Reference materials research is conducted in collaboration with the National Institute of Science and Technology and AOAC International.

### **Contact Agency:**

Food Composition Laboratory, ARS  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0630  
Fax: (301) 504-0632  
<http://www.nal.usda.gov/fnic/foodcomp/Data/>

### **Selected Key Publications:**

Ferretti A, Flanagan VP. Mass spectra of tert-butyldimethylsilyl ether derivatives of the major metabolite of prostaglandin F. *Chem Physics Lipids* 83:71-6. 1996.

Harnly JM. Instrumentation for simultaneous multi-element atomic absorption spectrometry. *Fresenius J Anal Chem* 355:501. 1996.

Li BW. Determination of sugars, starches and total dietary fiber in selected high consumption foods. *J AOAC Intl* 79:718-23. 1996.

Miller-Ihli NJ. Graphite furnace atomic absorption spectrometry for the determination of chromium content of selected U.S. foods. *J Food Comp Anal* 9:290-300. 1996.

Smith CMM, Harnly JM. Characterization of a modified two-step furnace atomic absorption spectrometry for selective volatilization of iron species in hemin. *J Anal Atom Spectrom* 11:1055. 1996.

Thompson RH. Simplifying fatty acid analysis in multi-component foods with a standard set of isothermal GLC conditions coupled with ECL determinations. *J Chromatogr Sci* 34:495-504. 1996.

Zainal HA, LaCroix DE, Wolf WR. Utilization of chromatographic and spectroscopic techniques to study oxidation kinetics of selenomethionine. *Fresenius J Anal Chem* 356:311-14. 1996.

Bronner WE, Beecher GR. Extraction and measurement of prominent flavonoids in orange and grapefruit juice concentrates. *J Chromatogr A* 705:247-56. 1995.

## **Food Label and Package Survey (FLAPS)**

**Sponsoring Agency:** Food and Drug Administration

**Purpose:** The survey is conducted to monitor labeling practices of U.S. food manufacturers. In 1994 and 1996, the survey included a surveillance program to compare product label declarations with values obtained from nutrient analyses.

**Conducted:** Biennially since 1977 (Last survey conducted in 1997-98); triennially starting in 2000.

**Target Population:** All brands of processed, packaged foods regulated by FDA and distributed through grocery stores.

**Sample Size and Response Rate:** 1,267 food brands in 1997-98

**Design and Methods:** Probability survey of retail packaged, processed foods using commercial market research data base (e.g., data bases developed and maintained by A.C. Nielsen (through 1998) or Information Resources, Inc. (IRI)) as the sampling frame and for weighting purposes. The survey involves product labels of over 1,250 individual food brands and represents about 82 percent of the packaged, processed food supply in retail dollar terms. Label observations are interpreted on a sales-weighted basis.

Nutrient analyses of a representative sample of approximately 300 foods were conducted in the 1994 and 1996 survey of 300 foods for an average of eight nutrients. Data estimate the consistency between nutrient levels obtained through laboratory analysis and label values on food products.

**Descriptive Variables:** 58 food product groups; approximately 225 product classes; brand importance (market leaders versus market followers); dollar and unit sales.

**Outcome Variables of Interest:** Prevalence of nutrition labeling on product packages, quantitative labeling of various nutrients (e.g., fatty acids, sugars), the extent of use of specific product ingredients (e.g., potassium bromate, monosodium glutamate, gelatin), the accuracy of product serving sizes, and the prevalence of various nutrient content claims (e.g., low fat) and health claims (e.g., association between increased calcium and reduced risk of osteoporosis).

### **Contact Agency:**

Office of Food Labeling  
Center for Food Safety and Applied Nutrition  
Food and Drug Administration  
200 C St., SW, HFS-150  
Washington, DC 20204  
Phone: (202) 205-4561  
Fax: (202) 205-4594  
<http://vm.cfsan.fda.gov/list.html>

### **Selected Key Publications:**

Brecher S, Bender M, McCabe N, Anderson E, Wilkening V. Office of Food Labeling, Center for Food Safety and Applied Nutrition, Food and Drug Administration, Status of Nutrition Labeling, Health Claims, and Nutrient Content Claims on Processed Foods - 1997 Food Label and Package Survey (FLAPS). Submitted to JADA. 1999.

Brecher S. Office of Food Labeling, Center for Food Safety and Applied Nutrition, Food and Drug Administration. Status of Serving Size in the Nutrition Labeling of Processed Foods: Food Label and Package Survey (FLAPS). Washington, DC: Food and Drug Administration. 1997.

O'Brien T. Office of Food Labeling, Center for Food Safety and Applied Nutrition, Food and Drug Administration. Status of Nutrition Labeling of Processed Foods: 1995 Food Label and Package Survey (FLAPS). Washington, DC: Food and Drug Administration, 1996.

## **National Nutrient Data Bank (NNDB)**

**Sponsoring Agency:** Agricultural Research Service, U. S. Department of Agriculture

**Purpose:** The National Nutrient Data Bank (NNDB) is the repository of values for approximately 6000 foods and up to 80 components. Essentially all food composition databases, regardless of their exact format, are ultimately derived from the NNDB, which is maintained by the USDA Nutrient Data Laboratory (NDL). Data are obtained from the food industry, from USDA-initiated analytical contracts, and from the scientific literature. The primary products of the NNDB are the Nutrient Database for Standard Reference (SR) and the Primary Data Set, the basis of the Survey Nutrient Database for the Continuing Survey of Food Intakes by Individuals. The SR is used to develop the Nutrient Database for National Health and Nutrition Examination Surveys. These data are also used for epidemiological, clinical, and metabolic applications and to set food and nutrition policy, including food labeling policy. The food composition data and related documentation, including food descriptions, nutrient retention factors, and standard weights and measures are released via the Internet on NDL's home page ([www.nal.usda.gov/fnic/foodcomp](http://www.nal.usda.gov/fnic/foodcomp)). The SR is updated annually to reflect changes in the food supply as well as changes in analytical methodology.

**Conducted:** Continuously since 1892

**Target Population:** U.S. Food Supply

**Sample Size and Response Rate:** NA

**Design and Methods:** NA

**Descriptive Variables:** NA

**Outcome Variables of Interest:** NA

**Contact Agency:**

Nutrient Data Laboratory  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0630  
Fax: (301) 504-0632  
<http://www.nal.usda.gov/fnic/foodcomp/Data/>  
E-mail: [jholden@rbhnrc.usda.gov](mailto:jholden@rbhnrc.usda.gov) or [NDLinfo@rbhnrc.usda.gov](mailto:NDLinfo@rbhnrc.usda.gov)

### **Selected Key Publications:**

Schakel SF, Buzzard IM, and Gebhardt SE. Procedures for Estimating Nutrient Values for Food Composition Databases. *J Food Comp and Analysis*. 10: 102-114. 1997.

Haytowitz DB, Pehrsson PR, Smith J, Gebhardt SE, Matthews RH and Anderson B.A. Key Foods: Setting Priorities for Nutrient Analyses. *J. Food Comp. and Analysis* 9(4):331-364. 1996.

Holden J M and Davis CS. Strategies for sampling: The assurance of representative values. In: *Quality and Accessibility of Food-related Data*. Greenfield, H, AOAC International 105-117. 1995.

Mangels AR, Holden JM, Beecher GR, Forman M, Lanza E. The carotenoid content of fruits and vegetables: An evaluation of analytical data. *J Amer Dietet Assoc* 93(3): 284-296, 1993.

## **Recipe Database: CSFII 1994-96 Technical Support Files**

**Sponsoring Agency:** Agricultural Research Service, U.S. Department of Agriculture

**Purpose:** The Recipe Database provides information which is used to generate the Survey Nutrient Database for CSFII 1994-96. The Recipe Database also serves as public documentation for how nutrient values were calculated for each survey food code.

**Available:** 1994-96

**Target Population:** U.S. population

**Sample Size and Response Rate:** NA

**Design and Methods:** The Recipe Database contains an initial entry for each unique food in the Food Coding Database. These entries include ingredients and their amounts, as well as factors for calculating moisture and fat changes and vitamin and mineral losses. During the food coding process, an initial recipe may have been modified to more closely match the food as described by the responding sample person. Recipes were modified primarily by deleting or substituting ingredients. Modified recipes are numbered for reference purposes and are included with the Recipe Database.

All recipes in the Recipe Database have start and end date fields indicating the time period when the recipe was available for calculating nutrient profiles during CSFII 1994-96. Multiple recipes exist for some food codes, due to changes in either ingredients or their amounts. Multiple records do not exist for modified recipes.

**Descriptive Variables:** NA

**Outcome Variables of Interest:** NA

### **Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.barc.usda.gov/bhnrc/foodsurvey/tech.htm>  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

**Selected Key Publications:**

Ingwersen LA and Perloff BP. Food intake data processing. In Tippet KS and Cypel YS (eds.) Design and Operation: The Continuing Survey of Food Intakes by Individuals and Diet and Health Knowledge Survey, 1994-96. U.S. Department of Agriculture, Agricultural Research Service. Nationwide Food Surveys Report No. 96-1. 1997.

## **Survey Nutrient Database, CSFII 1989-91 and earlier**

**Sponsoring Agency:** Agricultural Research Service, U.S. Department of Agriculture

**Purpose:** The Survey Nutrient Database (SNDB) contains nutrient composition information used to calculate the nutritive value of foods consumed in nationwide dietary intake surveys.

**Available:** Corresponds with USDA food consumption surveys for the following years: 1977-78, 1985-86, 1987-88, 1989-91. For the CSFII 1994-96, see the descriptions for the CSFII 1994-96 Technical Support Files: Food Coding Database, Survey Nutrient Database and Related Files, and Recipe Database. (pages 143-144; 154-155; and 151-152).

**Target Population:** U.S. population

**Sample Size and Response Rate:** NA

**Design and Methods:** The database includes data for food energy and 28 food components. The database was updated continuously to include new foods reported in USDA's Continuing Survey of Food Intakes by Individuals and HHS' National Health and Nutrition Examination Survey. New versions of the SNDB were generated to incorporate improved values released from the NNDB. Values not available from the NNDB were imputed from data for other forms of the food or from data for similar foods.

**Descriptive Variables:** NA

**Outcome Variables of Interest:** NA

### **Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.nal.usda.gov/fnic/foodcomp/Data/ndbfc.html>

### **Selected Key Publications:**

Perloff BP, Rizek RR, Haytowitz DH et al. Dietary intake methodology II: USDA's Nutrient Data Base for nationwide dietary intake surveys. J Nutr 120:1530-4. 1990.

## **Survey Nutrient Database and Related Files: CSFII 1994-96 Technical Support Files**

**Sponsoring Agency:** Agricultural Research Service, U.S. Department of Agriculture

**Purpose:** The Survey Nutrient Database (SNDB) contains nutrient composition information used to calculate the nutritive value of foods consumed in the CSFII 1994-96; it was also used to complete work from NHANES III. Its source of nutrient values is the Primary Data Set of nutrient values maintained in the ARS Nutrient Data Laboratory.

**Available:** 1994-96

**Target Population:** U.S. population

**Sample Size and Response Rate:** NA

**Design and Methods:** The SNDB includes data for food energy and 48 food components, including 19 individual fatty acids. The SNDB consists of two files of nutrient values--Set 1 and Set 2. Values are identical in these two files with the following exception: where salt is considered an optional ingredient in a food, it was removed as a recipe ingredient (see Recipe Database) before the nutrient content of the food was calculated for Set 2. New versions of the SNDB are generated to incorporate improved nutrient values released from the NNDB.

All records in the Nutrient Database have start and end date fields indicating the time period when the record was available for coding during CSFII 1994-96. Many foods have multiple values for a nutrient, due to a change in the food such as changes in fortification nutrient levels.

**Descriptive Variables:** NA

**Outcome Variables of Interest:** NA

### **Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
<http://www.barc.usda.gov/bhnrc/foodsurvey/tech.htm>  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

**Selected Key Publications:**

Ingwersen LA, Perloff BP. Food intake data processing. In Tippet, KS and Cypel, YS (eds.) Design and Operation: The Continuing Survey of Food Intakes by Individuals and Diet and Health Knowledge Survey, 1994-96. U.S. Department of Agriculture, Agricultural Research Service. Nationwide Food Surveys Report No. 96-1. 1997.

## **Technical Support Information for the NHANES III, 1988-94 Dietary Interview Data Files**

**Sponsoring Agency:** The NHANES III dietary data files were prepared by the National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services. In turn, NCHS used the U.S. Department of Agriculture (USDA) Survey Nutrient Data Base (SNDB) System and the University of Minnesota, Nutrition Coordinating Center (NCC) database files to prepare the NHANES III dietary data files.

**Purpose:** The purpose of the NHANES III codebook is to provide data users with a list of the food codes and food descriptions for all foods and beverages reported during NHANES III. The NHANES III codebook is comprised of three information sources. The NHANES III codebook has a food code source variable to denote the source of the food codes reported in the data files. USDA's SNDB System 7-digit food codes were assigned to a majority of the foods and beverages that were reported during NHANES III. USDA provided SNDB files for each 3-year phase of the survey; these files included survey codebook, nutrient, and recipe files.

Two other types of food codes were included in the NHANES III foods files. The non-USDA survey food codes include 5-digit NCC food codes for spices and flavorings, and a special set of 7-digit NCHS combination food codes in the Combination Foods File.

The NHANES III foods files (Individual Foods File, Combination Foods File, and Variable Ingredients File) are accompanied by five look-up tables. The look-up tables provide descriptive information about the foods, beverages, and recipe ingredients that were reported in the public data release files. The descriptive tables include the survey codebook, a brand name product list, NCC food descriptions, NCC recipe ingredient descriptions, and food preparation descriptions.

**Available:** 1988-94

**Target Population:** U.S. population

**Sample Size and Response Rate:** NA

**Design and Methods:** Each food reported in the foods data files has a food code (USDA, NCC, or special NCHS combination food code), an NCC description, a USDA and NCC food description, brand name (when reported), and an NCC preparation description (selected foods). The gram weights that are reported for each food were computed using information found in the USDA SNDB codebook.

**Descriptive Variables:** NA

**Outcome Variables of Interest:** NA

**Contact Agency:**

Division of Health Examination Statistics  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
6525 Belcrest Road  
Hyattsville, Maryland 20782-2003  
Phone: (301) 458-4567  
Fax: (301) 458-4028

**Key Selected Publications:**

U.S. Department of Health and Human Services (DHHS). National Center for Health Statistics. Third National Health and Nutrition Examination Survey, 1988-94, Reference manuals and reports (CD-ROM). Hyattsville, MD: Centers for Disease Control and Prevention, 1996. Available from the National Technical Information Service (NTIS), Springfield, VA. Acrobat .PDF format; includes access software: Adobe Systems Inc. Acrobat Reader 2.1.

Human Nutrition Information Service, US Department of Agriculture. Survey nutrient data bases for NHANES III, phase 2. Hyattsville, MD: US Department of Agriculture, 1995.

Human Nutrition Information Service, US Department of Agriculture. Survey nutrient data bases for NHANES III, phase 1. Hyattsville, MD: US Department of Agriculture, 1993.

McDowell M, Briefel RR, Warren RA, Buzzard IM, Feskanich D, Gardner SN. The dietary data collection system. An automated interview and coding system for NHANES III. Proceedings of the 14th National Nutrient Databank Conference, June 19-21, 1989. Ithaca, NY: CBORD Group, Inc. 1990.

## V. FOOD SUPPLY DETERMINATIONS

### A.C. Nielsen SCANTRACK

**Sponsoring Agency:** Economic Research Service, U.S. Department of Agriculture

**Purpose:** This survey measures supermarket sales and physical volume of all scannable packaged food products.

**Conducted:** Monthly since 1985

**Target population:** U.S. supermarket universe (\$2 million + sales).

**Sample Size and Response Rate(s):** Before 1988, sample size included 150 supermarkets. Since 1988, sample size increased to about 3,000 supermarkets.

**Design and Methods:** Proprietary data purchased from A.C. Nielsen Company. The database provides monthly and annual data on total U.S. supermarket sales and volume for 4-digit food product classes, brands, and items. Product class data are available on hard copy for 1983 through 1996. In addition, data for the period covering August 1988 - December 1996 are available on CD-ROM. Individual brand data cannot be used outside sponsoring agencies because they are proprietary.

**Descriptive Variables:** NA

**Outcome Variables of Interest:** Sales and physical volume of specific package grocery items sold through supermarkets; for each item, the sales, physical volume, selling price, and percent of stores selling the product.

**Contact Agency:**

Economic Research Service  
U.S. Department of Agriculture  
1800 M Street NW, Room 2137  
Washington, DC 20036-5831  
Phone: (202) 694-5386  
Fax: (202) 694-5662  
<http://www.econ.ag.gov>

**Selected Key Publications:** NA

## **Fisheries of the United States**

**Sponsoring Agency:** National Marine Fisheries Service, National Oceanic and Atmospheric Administration, U.S. Department of Commerce.

**Purpose:** This survey provides annual estimates of seafood disappearance in the distribution system.

**Conducted:** Annually since 1909

**Target population:** U.S. civilian resident population.

**Sample Size and Response Rate(s):** N/A

**Design and Methods:** DOC's National Marine Fisheries Service provides annual estimates on amounts of finfish and shellfish that disappear into the food distribution system. Quantities are derived by deducting exports, year-end inventories, and nonfood use from data on production, imports, and beginning inventories. The U.S. edible supply time series extends back to 1909 and is used to express consumption in pounds, edible meat weight, per capita (civilian resident population) for fresh, frozen, canned, and cured commodities, with limited detail at the species level.

**Descriptive Variables:** NA

**Outcome Variables of Interest:** Consumption in pounds, edible meat weight, per capita for fresh, frozen, canned, and cured commodities.

### **Contact Agency:**

National Marine Fisheries Service  
U.S. Department of Commerce  
1335 East-West Highway  
Silver Spring, MD 20910  
Phone: (301) 713-2328  
Fax: Not provided  
<http://www.noaa.gov>.

### **Selected Key Publications:**

U.S. Department of Commerce, National Oceanic and Atmospheric Administration, National Marine Fisheries Services. Fisheries of the United States: 111 pp. 1990 and 1991.

U.S. Department of Commerce, National Oceanic and Atmospheric Administration, National Marine Fisheries Services. Imports and Exports of Fishery Products Annual Summary: 17 pp. 1990 and 1991.

U.S. Department of Commerce, National Oceanic and Atmospheric Administration, National Marine Fisheries Services. Frozen Fishery Products Annual Summary: 12 pp. 1990 and 1991.

U.S. Department of Commerce, National Oceanic and Atmospheric Administration, National Marine Fisheries Services. Processed Fishery Products Annual Summary, 1987: 23 pp. 1991.

## 1997 Economic Census

**Sponsoring Agency:** U.S. Census Bureau

**Purpose:** The Economic Census provides a detailed portrait of the Nation's economy once every five years, from the national to the local level.

**Conducted:** The Economic Census has been taken at 5-year intervals since 1967 and before that for 1954, 1958, and 1963.

**Target Population:** The 1997 Economic Census measured activity during calendar year 1997 and covers business establishments in nearly all industries.

**Design and Methods:** Census forms were mailed to more than 5 million companies with paid employees in December 1997. Basic figures for other companies, including very small companies with no paid employees, were obtained from the administrative records of other Federal agencies.

**Descriptive Variables:** INDUSTRY (classified according to the new North American Industry Classification System--NAICS), for example, food manufacturers (over 40 categories); food retailers, including supermarkets and health supplement stores; eating and drinking places, including limited service (fast food) restaurants; vending operators; diet and weight reducing centers. MERCHANDISE OR PRODUCT LINES, for example, manufactured products or retail merchandise lines such as groceries; meat, fish and poultry; produce; frozen foods; dairy products and related foods; packaged liquor, wine, and beer; vitamins, minerals, and other dietary supplements; alcoholic drinks (served at the establishment). GEOGRAPHY: states, metropolitan areas, counties, cities, ZIP code areas (detail varies by type of geography)

**Outcome Variables of Interest:** Sales, employment, payroll, number of establishments.

### Contact Agency:

Economic Planning and Coordination Division  
U.S. Census Bureau  
Washington, DC 20233  
Phone: (301) 457-4151  
Fax: None provided  
<http://www.census.gov/econ97>

### Selected Key Publications:

1997 Economic Census Retail Trade Geographic Area Series. United States 1997. EC97R44-US. U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau, Washington, DC. December 1999.  
<http://www.census.gov/prod/ec97/97r44-us.pdf>

## **U.S. Food and Nutrient Supply Series**

**Sponsoring Agency:** Economic Research Service (ERS) and Center for Nutrition Policy and Promotion (CNPP), U.S. Department of Agriculture

**Purpose:** The Food and Nutrient Supply Series estimates levels of foods and nutrients available for consumption in the U.S. food supply. Important uses of these data are:

- C to monitor the potential of the U.S. food supply to meet the nutritional needs of the U.S. population;
- C to examine historical trends and evaluate changes in the American diet;
- C to evaluate the effects of technological alterations and marketing changes on the food supply over time;
- C to study the relationships between food and nutrient availability and nutrient-disease associations;
- C to estimate complete demand systems that measure price and income elasticities of demand in a consistent way; and
- C to facilitate management of Federal marketing, food assistance, nutrition education, food enrichment and fortification policy.

**Conducted:** Annually since 1909

**Target Population:** U.S. population

**Sample Size and Response Rate(s):** NA

**Design and Methods:** ERS provides annual estimates on amounts of major food commodities that disappear into the food distribution system at either the wholesale or retail level. Quantities are derived by deducting data on exports, year-end inventories, and nonfood use from the sum of data on production, imports, and beginning inventories. CNPP estimates nutrient levels in the food supply by multiplying the per capita quantities of each commodity by the nutrient composition of the edible portion per pound of food. Results from all foods are totaled for each nutrient and converted to a per day basis.

**Descriptive Variables:** NA

**Outcome Variables of Interest:** Per capita quantities of food and levels of food energy, energy-yielding nutrients, cholesterol, 10 vitamins, and 7 minerals provided by these foods; food energy and nutrient source contributions from each of the major food groups to the U.S. food supply.

**Contact Agency:**

Center for Nutrition Policy and Promotion  
U.S. Department of Agriculture  
1120 20th Street, NW, Suite 200, North Lobby

Washington, DC 20036  
Phone: (202) 606-4839  
Fax: (202) 208-2322  
<http://www.usda.gov/fcs/cnpp.htm>

or

Economic Research Service  
U.S. Department of Agriculture  
1800 M Street, NW, Room 3063  
Washington, DC 20036-5831  
Phone: (202) 694-5462 or (202) 694-5449  
Fax: (202) 964-5688  
<http://www.econ.ag.gov>

### **Selected Key Publications:**

Gerrior S, Bente L. Nutrient Content of the U.S. Food Supply, 1909-94, Home Economics Research Report No. 53, U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. 1997

Gerrior S, Bente L. The U.S. Food Supply Series, 1970 to 1994: Nutrient Availability and Policy Implications. Family Economics and Nutrition Review 10(3): 2-19. 1997.

Putnam JJ, Allshouse JE. Food Consumption, Prices, and Expenditures, 1970-95. Statistical Bulletin No. 939, U.S. Department of Agriculture, Economic Research Service. August 1997.

Gerrior S. Estimating Nutrient Contributions from Beef and Pork in the U.S. Food Supply Series. Family Economics and Nutrition Review 9(4):38-43. 1996.

Putnam J, Gerrior S. Americans Consuming More Grains and Vegetables, Less Saturated Fat. Food Review 20(3): 2-12. 1997.

## **VI. NUTRITION MONITORING ACTIVITIES IN STATES**

A number of federally supported nutrition monitoring activities are conducted at State and local levels to complement the Federal Nutrition Monitoring activities and to enhance the effectiveness of the National Nutrition Monitoring Program. The following section includes a sample of State level activities conducted and/or coordinated by the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) at the Centers for Disease Control and Prevention and the U.S. Department of Agriculture. The table that follows survey descriptions summarizes the States, territories, and American Indian tribes that conduct some of these surveys. The table indicates whether a State or locality has any data for a particular survey but does not indicate continuous data. The States, territories, and tribes are organized by Census regions. Following the table are rosters of contacts for some of these surveys.

The last two pages of this chapter include information on the Association of State and Territorial Public Health Nutrition Directors (ASTPHND) and one example of a State-funded and implemented nutrition monitoring activity. Subsequent editions of this publication will include an expanded section that contains state and locally funded nutrition monitoring and related research activities.

## Behavioral Risk Factor Surveillance System (BRFSS)

**Sponsoring Agency:** National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

**Purpose:** The State-based BRFSS assesses the prevalence of personal health practices that are related to the leading causes of death. BRFSS has been used by State health departments to plan, initiate, guide health promotion and disease prevention programs, and to monitor their progress over time.

**Conducted:** Continuously since 1984. (Optional modules for the assessment of fruit and vegetable consumption were added to the system in 1990.)

**Target Population:** Adults 18 years and over residing in households with telephones in participating States.

### Sample Size and Response Rate(s):

<i>Year</i>	<i>Median State sample size</i>	<i>Total number of States</i>	<i>Response rate</i>
1996	2116	50	78%
1997	2340	50	77%
1998	2648	50	73%

**Design and Methods:** State-based probability sample telephone survey.

**Descriptive Variables:** State, age, sex, race and ethnic origin, education, employment status, and income.

**Outcome Variables of Interest:** Height, weight, smoking, alcohol use, weight control practices, diabetes, preventive health problems, mammography, pregnancy, cholesterol screening practices, awareness, treatment, and modified food frequencies for dietary fruit and vegetable consumption.

### Contact Agency:

Division of Adult and Community Health  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
4770 Buford Hwy, NE  
Atlanta, GA 30341  
Phone: (770)488-2455 or (770)488-6044  
Fax: (770) 488-8150  
<http://www.cdc.gov/nccdphp/brfss/>

## **Selected Key Publications:**

Will JC, Denny C, Serdula MK, Muneta B. Trends in body weight among American Indians: findings from a telephone survey. *Am J Public Health* (in press).

Mokdad AH, Serdula MK, Dietz WH, Bowman BA, Marks J, Koplan J. The spread of the obesity epidemic in the United States, 1991 to 1998. *JAMA* 282:1519-1522. 1999.

Galuska DA, Will JC, Serdula MK, Ford ES. Are health care professionals advising obese patients to lose weight? *JAMA* 282:1576-1578. 1999.

Serdula MK, Mokdad AH, Williamson DF, Galuska DA, Mendlein JM, Heath GW. What are Americans doing about their weight? Results From a Multi-State Survey. *JAMA* 282:1353-1358. 1999.

Serdula MK, Mokdad AH, Byers T, Siegel PZ. Assessing alcohol consumption: beverage-specific vs. grouped beverage questions. *J Studies Alcohol* 60:99-102. 1999.

CDC. State and sex specific prevalence of selected characteristics—Behavioral Risk Factor Surveillance System, 1994 and 1995. *MMWR* 46(SS-3). 1997.

Liu S, Siegel P, Brewer RD, Mokdad AH, Sleet DA, Serdula MK. Prevalence of alcohol-impaired driving: results from a national self-reported survey. *JAMA*.277:122-125. 1997.

Cogswell ME, Serdula MK, Mokdad AH, Williamson DF. Weight control practices among pregnant women. *Int J Obesity* 20:373-375. 1996.

Serdula MK, Byers T, Mokdad AH, Simoes E, Mendlein JM, Coates RC. The association between fruit and vegetable intake and chronic disease risk factors. *Epidemiology* 7:161-165. 1996.

Galuska D, Serdula MK, Pamuk EP, Siegel P. Trends in the prevalence of overweight in U.S. adults: results of a multi-state survey. *Am J Public Health* 86:1729-1735. 1996.

Serdula MK, Coates RC, Byers T, Simoes E, Mokdad AH, Subar A. Fruit and vegetable intake in U.S. adults: results of a multi-state survey. *Am J Public Health* 85:236-239. 1995.

Coates RJ, Serdula MK, Byers T, et al. Evaluation of a brief telephone-administered food frequency questionnaire for surveillance of dietary fat intake. *J Nutr* 125:1473-1483. 1995.

Simoes EJ, Byers T, Coates RJ, Serdula MK, Mokdad AH, Heath GW. The association between physical activity and dietary fat in American adults. *Am J Public Health* 85:240-243. 1995.

Serdula MK, Mokdad AH, Pamuk ER, Williamson DF, Byers T. Effects of question order on estimates of the prevalence of attempted weight loss. *Am J Epidemiol* 142:64-7. 1995.

Serdula MK, Williamson DF, Anda RF, Levy A, Heaton A, Byers T. Current weight loss practices among U.S. adults. *Am J Public Health* 84:1821-1824. 1994.

Serdula MK, Collins E, Williamson DF, Anda RF, Pamuk ER, Byers TE. Weight control practices in U.S. adolescents and adults. *Ann Intern Med* 119(7 pt 2):667-671. 1993.

Serdula MK, Coates RJ, Byers T, et al. Evaluation of a brief telephone-administered food frequency questionnaire to estimate fruit and vegetable consumption in diverse study populations. *Epidemiology* 5:455-463. 1993.

Serdula M, Williamson DF, Kendrick JS, et al. Trends in alcohol consumption by pregnant women. *JAMA* 265(7):876-9. 1991.

Smith PF, Remington PL, Williamson DF, Anda RF. A comparison of alcohol sales data with survey data on self-reported alcohol use in 21 States. *Am J Public Health* 80(3):309-12. 1990.

Centers for Disease Control. Weight-loss regimens among overweight adults--Behavioral Risk Factor Surveillance System, 1987. *MMWR* 38(30):519-28. 1989.

Smith PF, Remington PL, et al. The epidemiology of drinking and driving: Results from the Behavioral Risk Factor Surveillance System, 1986. *Health Educ Q* 16(3):345-58. 1989.

Williamson DF, Serdula MK, Kendrick JS, Binkin NJ. Comparing the prevalence of smoking in pregnant and nonpregnant women, 1985-86. *JAMA* 261(1):70-4. 1989.

Bradstock K, Forman MR, Binkin NJ, et al. Alcohol use and health behavior lifestyles among U.S. women: The Behavioral Risk Factor Surveys. *Addict Behav* 13(1):61-71. 1988.

## **Demonstration Sites for Pediatric Nutrition Surveillance Systems (PedNSS) and Pregnancy Nutrition Surveillance Systems (PNSS)**

**Sponsoring Agency:** National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

**Purpose:** The purpose of these cooperative agreement projects with five state health departments is to establish demonstration test clinic sites to improve the quality of the PedNSS and/or PNSS surveillance. Specifically, the goals are to collect, process, analyze, and disseminate high quality data; to add new relevant data items; and to enhance the ability of these systems to monitor the nutrition-related problems of women and children.

**Conducted:** Cooperative agreements from October 1, 1996 through September 30, 1999.

**Target Population:** Low-income, high risk women, infants, and children that participate in publicly funded health, nutrition, and food assistance programs that submit their data to the PedNSS and PNSS.

### **Sample Size and Response Rate(s):**

Each State must have the following available samples for each surveillance system:

1. For the PedNSS, a minimum of 1,000 children enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and seen each year at each of at least 10 clinic sites.
2. For the PNSS, a minimum of 300 women enrolled in WIC per year at each of at least 10 clinic sites.

**Design and Methods:** Each State is doing the following for PedNSS and/or PNSS: 1) selecting 10 demonstration site clinics for the project; 2) conducting an in-depth review of the equipment and techniques used to collect data and using this review to develop and implement training to assure appropriate standardized procedures to obtain high quality data; 3) developing and implementing a monitoring plan for data collection activities; 4) developing and implementing a plan to assess data quality on an ongoing basis and revising practices and techniques as needed; 5) adding to the surveillance system information on the type of formula fed to infants, whether the infant's mother was on WIC (PedNSS only), risk factors contributing to WIC eligibility, food security, dietary information, and physical activity; and, 7) evaluating the project for the improvement of data quality, the feasibility of collecting the new data items, and the usefulness of the new data items.

**Descriptive Variables:** State, county, clinic, reason for attending clinic, type of program, individual identification, marital and education status (PNSS only), age, sex, and racial/ethnic origin.

**Outcome Variables of Interest:** Anthropometry (PedNSS - height, weight; PNSS - height, prepregnancy weight, pregnancy weight gain), birthweight of infant, hematology (hemoglobin or hematocrit), breast feeding status, medical care (PNSS only), smoking and alcohol use (PNSS only), and infant outcome (PNSS only) as well as the following new data items: type of formula fed to infant, whether mother participates in WIC (PedNSS only), risk factors for WIC eligibility, food security, dietary information, and physical activity.

**Contact Agency:**

Maternal and Child Nutrition Branch (MS K-25)  
Division of Nutrition and Physical Activity  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
4770 Buford Highway, NE  
Atlanta, GA 30341  
Phone: (770) 488-5702  
Fax: (770) 488-6000  
Home page: None provided.

**Selected Key References:** None provided.

## EFNEP'S Evaluation/Reporting System

**Sponsoring Agency:** Cooperative State Research, Education, and Extension Service, U. S. Department of Agriculture

**Purpose:** Developed to capture the positive impacts of the Expanded Food and Nutrition Education Program. The system provides a variety of reports that are useful for management purposes, provides diagnostic assessments of participant needs, and exports summary data for State and National assessment of the program's impact.

**Conducted:** The MS-DOS version of this system was introduced in the fall of 1993 and is still in use in approximately 800 locations covering every State and six U. S. Territories. Since then a number of new features and capabilities have been added to the system. This includes, but is not limited to: being redesigned to operate under Microsoft Windows, adding a notebook feature, adding a subgroup feature, optional questions in addition to the base questions of the behavior checklist, and question sets. This upgraded version was released in March 1998 and is already in use in some States. By the end of FY 99, it is expected that all States and territories would have made the transition.

**Target Population:** (1) Low-income homemakers/individuals living in either rural or urban areas, who are responsible for planning and preparing the family's food; emphasis on households with young children; (2) Low-income youth who live in rural or urban areas and who meet the state's definition of 4-H age.

### Sample Size and Response Rate(s):

<u>FY</u>	<u># of Homemakers Reached</u>	<u>Response Rate</u>
1993	204,366	Data are entered for all Participants by EFNEP Staff.
1994	198,931	
1995	216,822	
1996	213,940	
1997	204,049	
1998	186,009	

Also reach approximately 400,000 youth each year, however, evaluation data is less detailed.

**Design and methods:** Design and methods involved the input of the National EFNEP Evaluation and Reporting Committee and many others who served important roles. In addition to design and implementation, this group also pilot tested the various versions of the software, reviewed and modified the User's Manual, developed supporting documentation, designed sample data collection forms, and developed training tools and guides.

Food intake is assessed by using the 24-Hour Food Recall and the Behavior Checklist.

Via the 24-hour recall, participant diagnostic reports, and diet summary reports are created. The behavior checklist component provides an assessment of EFNEP's impact on participants' food safety, food resource management, and nutrition practices during enrollment. Data are collected from at entry into and at graduation from the education intervention by interview or self-administered forms, and then entered into the system.

**Descriptive Variables:** There are numerous variables within the system. Some of the descriptive ones are: (1) for homemaker: name, address, phone, age, sex, ethnicity, household income, # of children and ages, pregnant/nursing status, number participating in food assistance programs, date entered program, date exited program; (2) for youth: name, address, telephone, sex, ethnicity, date of birth, dates entered and exited the program (this list only represents some of the descriptive variables).

**Outcome Variables of Interest:** Name of food items, number of grams, serving size, number of servings from each of the Food Guide Pyramid groups, nutrient amounts (for calories, protein, fat, carbohydrates, fiber, alcohol, vitamin A, vitamin C, calcium, iron, vitamin B6), number and percent improving food related practices.

**Contact Agency:**

United States Department of Agriculture  
Cooperative State Research, Education, and Extension Service  
Families, 4-H and Nutrition  
Mail Stop 2225  
1400 Independence Avenue, SW  
Washington, DC 20250  
Phone: (202) 720-6079  
Fax: (202) 690-2469  
<http://www.reeusda.gov/ers4/home.htm>

**Expanded Food and Nutrition Education Program Contacts:**

Each Land-Grant University/Institution has an EFNEP Coordinator within its Cooperative Extension Service Programs Office.

**Selected Key Publications:** None provided.

## Food Consumption in Alaska, 1978

**Sponsoring Agency:** Science and Education Administration, U.S. Department of Agriculture

**Purpose:** Conducted as a supplement to the 1977-78 Nationwide Food Consumption Survey (NFCS)--see page 102. The NFCS describes food consumption behavior and assesses the nutritional content of diets for their implications for policies relating to food production and marketing, food safety, food assistance, and nutrition education.

**Conducted:** January to March 1978

**Target Population:** An area probability sample of urban households in Alaska and the individuals residing in those households.

**Sample Size:**

<i>Households</i>	<i>Individuals</i>
1,131	2,340

**Design and Methods:** The design and methods were the same as those used for the NFCS. In the household component, the household food manager was asked to recall with the aid of a food list, the kinds and amounts of food that disappeared from home food supplies during the previous 7 days. Such food includes food that was prepared and eaten and food that was discarded, as well as leftovers fed to pets. The food manager was also asked to report the price of each purchased food. In the individual component, each household member was asked to recall the kinds and amounts of foods eaten at home and away during the previous day and to keep a record of the foods eaten on the day of the interview and the following day (1-day recall/2-day record).

**Descriptive Variables:**

Household--Income, size, race of household respondent, education and employment of male and female heads, tenancy, and participation in the Food Stamp Program, WIC, and the School Lunch/Breakfast Programs.

Individuals--Sex, age, height, weight, and pregnancy/lactation/nursing status.

**Outcome Variables of Interest:**

Household--Quantity (pounds), monetary value (dollars), and nutritive values of food used from the household food supply.

Individual--Food intakes (grams) of food eaten at home and away from home; intakes of 15 nutrients and food components.

**Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
Home page: None provided  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

**Selected Publications:**

U. S. Department of Agriculture, Science and Education Administration. Food and nutrient intakes of individuals in 1 day in Alaska, Winter 1978, Nationwide Food Consumption Survey 1977-78, Preliminary Report No. 6, 61 pp. NTIS Accession Number PB97-188478. 1981.

U. S. Department of Agriculture, Science and Education Administration. Food consumption and dietary levels of households in Alaska, Winter 1978, Nationwide Food Consumption Survey 1977-78, Preliminary Report No. 7, 25 pp. NTIS Accession Number PB97-188486. 1981.

## Food Consumption in Hawaii, 1978

**Sponsoring Agency:** Science and Education Administration, U.S. Department of Agriculture

**Purpose:** Conducted as a supplement to the 1977-78 Nationwide Food Consumption Survey (NFCS)--see page 102. The NFCS describes food consumption behavior and assesses the nutritional content of diets for their implications for policies relating to food production and marketing, food safety, food assistance, and nutrition education.

**Conducted:** January to March 1978

**Target Population:** An area probability sample of households in Hawaii and the individuals residing in those households.

**Sample Size:**

<i>Households</i>	<i>Individuals</i>
1,256	3,068

**Design and Methods:** The design and methods were the same as those used for the NFCS. In the household component, the household food manager was asked to recall with the aid of a food list, the kinds and amounts of food that disappeared from home food supplies during the previous 7 days. This included food that was prepared and eaten and food that was discarded, as well as leftovers fed to pets. The food manager was also asked to report the price of each purchased food. In the individual component, each household member was asked to recall the kinds and amounts of foods eaten at home and away during the previous day and to keep a record of the foods eaten on the day of the interview and the following day (1-day recall/2-day record).

**Descriptive Variables:**

Household--Income, size, race of household respondent, education and employment of male and female heads, urbanization, tenancy, food sufficiency, and participation in the Food Stamp Program, WIC, and School Lunch/Breakfast Programs.

Individuals--Sex, age, height, weight, and pregnancy/lactation/nursing status.

**Outcome Variables of Interest:**

Household--Quantity (pounds), monetary value (dollars), and nutritive values of food used from the household food supply.

Individual--Food intakes (grams) of food eaten at home and away from home; intakes of 15 nutrients and food components.

**Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
Home page: None provided  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

**Selected Publications:**

U. S. Department of Agriculture, Science and Education Administration. Food Consumption and Dietary Levels of Households in Hawaii, Winter 1978, Nationwide Food Consumption Survey 1977-78, Preliminary Report No. 4, 29 pp. NTIS Accession Number PB97-188452. 1981.

U. S. Department of Agriculture, Science and Education Administration. Food and nutrient intakes of individuals in 1 day in Hawaii, Winter 1978, Nationwide Food Consumption Survey 1977-78, Preliminary Report No. 5, 66 pp. NTIS Accession Number PB97-188460. 1981.

## Food Consumption in Puerto Rico 1977

**Sponsoring Agency:** Science and Education Administration, U.S. Department of Agriculture

**Purpose:** Conducted as a supplement to the 1977-78 Nationwide Food Consumption Survey (NFCS)--see page 102. The NFCS describes food consumption behavior and assesses the nutritional content of diets for their implications for policies relating to food production and marketing, food safety, food assistance, and nutrition education.

**Conducted:** July to December 1977

**Target Population:** An area probability sample households in Puerto Rico and the individuals residing in those households.

### Sample Size:

	<i>Households</i>	<i>Individuals</i>
1-day	3,040	7,881
3-days		6,510

**Design and Methods:** The design and methods were the same as those used in the NFCS. In the household portion, information on food used by a surveyed household was obtained in an interview with the person identified as most responsible for food planning and preparation. Trained Puerto Rican interviewers used an aided recall schedule (Spanish or English) to collect data on the kind, the quantity used, and the cost, if purchased, of each food or beverage used in each household during the 7 days prior to the interview. In the individual portion, each household member was asked to recall the kinds and amounts of food eaten at home and away during the previous day and to keep a record of the foods eaten on the day of interview and the following day (1-day recall/2-day record).

### Descriptive Variables:

Household--Income; size; education of male and female heads; race of household respondent; urbanization; tenancy, housing and utility expenses; participation in the Food Stamp Program, WIC, and the School Lunch/Breakfast Programs.

Individual--Sex, age, height, weight, pregnancy/lactation/nursing status.

### Outcome Variables of Interest:

Household--Quantity (pounds), monetary value (dollars), and nutritive values (15 nutrients) food used from household food supply during 7-day survey period.

Individual--Intakes (grams) of food eaten at home and away from home for the day of and the day following interview for 3 consecutive days; intakes of 15 nutrients and food components.

**Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
Home page: None provided  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

**Selected Publications:**

U.S. Department of Agriculture, Science and Education Administration. Food Consumption and Dietary Levels of Households in Puerto Rico, Summer and Fall 1977, Nationwide Food Consumption Survey 1977-78, Preliminary Report No. 9, 38 pp. NTIS Accession Number PB97-188502. 1982.

U.S. Department of Agriculture, Science and Education Administration. Food and Nutrient Intakes of Individuals in 1 Day in Puerto Rico, Summer and Fall 1977, Nationwide Food Consumption Survey 1977-78, Preliminary Report No. 12, 94 pp. NTIS Accession Number PB97-188536. 1982.

## Food Stamp Program Cash-Out Evaluation in San Diego, Alabama, and Washington

**Sponsoring Agency:** Food and Consumer Service<sup>1</sup>, U.S. Department of Agriculture

**Purpose:** The evaluations were conducted to assess the effects of providing Food Stamp benefits in the form of cash rather than coupons on a Food Stamp recipient's household food purchases, food use and nutrient availability, household expenditures by major budget categories, and on food assistance program participation and administrative costs.

**Conducted:** San Diego, May-August 1990 Alabama, August-November 1990 Washington State, July-October 1990

**Target Population:** Households receiving check or coupon benefits in the three sites.

### Sample Size and Response Rate(s):

	<i>Sample size</i>	<i>Response rate*</i>
San Diego County	1,078 households	78%
Alabama	2,291 households	78% (½ rural; ½ urban)
Washington State	1,184 households	75%

\* Percent of eligible households completing the interview.

**Design and Methods:** San Diego and Alabama--Experimental design. Washington State--Matched site design.

In-person interviews were conducted using an aided 7-day recall instrument similar to the NFCS household food use questionnaire.

**Descriptive Variables:** Race, age, sex, relationship to sampled person, household size, income, education, employment status, household expenditures, and participation in food assistance programs.

**Outcome Variables of Interest:** Quantity, total money value of purchased and nonpurchased food used at home per household and equivalent nutrition units (ENU), nutrients available to household per ENU, percent of RDA's and nutrient density for food used at home, nutrient availability per dollar, expenditures for food used at home and away from home, perceived adequacy of household food supplies, and days or meals with no food.

---

<sup>1</sup> Now called the Food and Nutrition Service.

**Contact Agency:**

Office of Analysis and Evaluation  
Food and Nutrition Service  
U.S. Department of Agriculture  
3101 Park Center Drive, Room 210  
Alexandria, VA 22302  
Phone: (703)305-2115  
Fax: (703) 305-2576  
<http://www.usda.gov/fcs/fcs.htm>

**Selected Key Publications:**

The Effects of Food Stamp Cash-Out on Administrative Costs, Participation, and Food Retailers in San Diego by Ponza M, Ohls J, Minier J, Nagatoshi C, Mathematica Policy Research. September 1993.

The Effects of Food Stamp Cash-Out on Participants and Food Retailers in the Alabama ASSETS Demonstration by E Davis and A Werner, Abt Associates. April 1993.

The Effects of Cash-Out on Food Use by Food Stamp Participants in San Diego by J. Ohls, T Fraker, A Martini, and M Ponza, Mathematica Policy Research. December 1992.

The Evaluation of the Alabama Food Stamp Cash-Out Demonstration by T Fraker, A Martini, J Ohls, M Ponza, and E Quinn, Mathematica Policy Research. September 1992 (two volumes).

## **Pediatric Nutrition Surveillance System (PedNSS)**

**Sponsoring Agency:** National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

**Purpose:** The purpose of PedNSS is to monitor simple key indicators of nutritional status among low-income, high-risk infants and children who participate in publicly funded health, nutrition, and food assistance programs.

**Conducted:** Continuously since 1973

**Target Population:** Low-income, high-risk children, birth-17 years of age, with emphasis on birth-5 years of age.

**Sample Size and Response Rate(s):** The coverage of PedNSS reflects the number of clinic visits in participating programs. Over 8 million records from 44 States plus the District of Columbia and 5 tribal agencies were submitted for analysis during Fiscal Year 1997. Data can be analyzed at individual, clinic, county, State, and national levels.

**Design and Methods:** Simple, key indicators of nutritional status are continuously monitored in States using clinic data from a convenience population of low-income children who participate in publicly funded health, nutrition, and food assistance programs. Data are collected through client interview and records.

**Descriptive Variables:** State, county, clinic, reason for attending clinic, individual identification, age, sex, and ethnic origin.

**Outcome Variables of Interest:** Anthropometry (height and weight), birthweight, hematology (hemoglobin, hematocrit) and breastfeeding status and duration.

### **Contact Agency:**

Division of Nutrition and Physical Activity  
Maternal and Child Health Branch (MS-K25)  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
4770 Buford Hwy, NE  
Atlanta, GA 30341  
Phone: (770)488-5702  
Fax: (770) 488-6000  
<http://www.cdc.gov/nccdphp/dnpa>

### **Selected Key Publications:**

Mei Z, Zip R, Trowbridge FL. Improving trend of growth of Asian refugee children in the United States: evidence to support the importance of environmental factors on growth. Asian Pacific J of Clin Nutr 1998; 7(2):111-116.

Scanlon K, Dalenius K, Parvanta I. Centers for Disease Control and Prevention Pediatric Nutrition Surveillance, 1997 Full Report, Atlanta: U.S., DHHS, CDC. 1998.

Mei Z, Grummer-Strawn L, Yip R. Development of a research child growth reference and its comparison to the current international growth reference. *Archives of Ped & Adol Med* 1998; 152: 471-479.

Mei Z, Scanlon KS, Grummer-Strawn LM, Freedman DS, Yip R, Trowbridge FL. Increasing prevalence of overweight among U.S. low-income preschool children: the CDC Pediatric Nutrition Surveillance, 1983 to 1995. *Pediatrics* 101(1): URL: [www.pediatrics.org/cgi/content/full/E12](http://www.pediatrics.org/cgi/content/full/E12). 1998.

Sherry B, Bister D, Yip R. Continuation of decline in prevalence of anemia in low-income children. The Vermont Experience. *Arch Pediatr Adolesc Med* 151:928-930. 1997.

Grummer-Strawn L, Rice S, Dugas K, Clark L, Benton-Davis S. An Evaluation of breast-feeding promotion through peer counseling in Mississippi WIC clinics. *MCH Journal*, 1997.

Yip R, Mei Z. Variation of infant and childhood growth: Observations from the U.S. nutrition surveillance systems, in *Maternal and Extrauterine Nutritional Factors: Their Influence on Fetal and Infant Growth*. Pediatric Nutrition Surveillance System. 1996.

Yip R, Scanlon K, Trowbridge FL. Trends and patterns in height and weight status of low-income U.S. children. *Food Science and Nutrition* 33(4/5):409-421. 1993.

Yip R, Parvanta I, Scanlon K, Borland EW, Russell CM, Trowbridge FL. Pediatric Nutrition Surveillance System—United States, 1980–1991. *MMWR* 41:1-24. 1992.

Yip R, Scanlon K, Trowbridge FL. Improving growth status of Asian refugee children in the United States. *JAMA* 267:937-940. 1992.

Serdula MK, Cairns KA, Williamson DF, Brown, JE. Correlates of breast-feeding in a low income population of whites, blacks, and Southeast Asians. *J Am Diet Assoc* 91:41-5. 1991.

Yip R, Fleshood L, Spillman TC, Binkin NJ, Wong FL, Trowbridge FL. Using linked program and birth records to evaluate coverage and targeting in Tennessee's WIC program. *Public Health Report* 106:176-182. 1991.

Dallman PR, Yip R. Changing characteristics of childhood anemia. *The Journal of Pediatrics* 114:161-164. 1989.

Yip R. The changing characteristics of childhood iron nutritional status in the United States. *CDC* 38-61. 1989.

Yip R, Binkin NJ, Trowbridge FL. Altitude and childhood growth. *J Pediatr* 113(3):486-89. 1988.

Gayle HD, Yip R, Frank MJ, Neiberg PI, Binkin NJ. Validation of maternally reported birth weights among 46,637 Tennessee WIC Program participants. *Public Health Rep* 103:143-7. 1988.

Binkin NJ, Yip R, Trowbridge FL. The relationship between birth weight and subsequent childhood growth. *Pediatrics* 82:828-34. 1988.

Yip R, Binkin NJ, Fleshood L, Trowbridge FL. Declining prevalence of anemia among low income children in the United States. *JAMA* 258(12):1619-23. 1987.

Gayle HD, Dibley MJ, Marks JS, Trowbridge FL. Malnutrition in first two years of life. *Am J Dis Child* 141:531-34. 1987.

Peck RE, Marks JS, Dibley MJ, et al. Birth weight and subsequent growth among Navajo children. *Public Health Rep* 102(5):500-7. 1987.

Peck RE, Marks JS, Dibley MJ, et al. Nutritional status of minority children, United States 1986. *MMWR* 36(23):366-9. 1987.

## **Pregnancy Nutrition Surveillance System (PNSS)**

**Sponsoring Agency:** National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

**Purpose:** The system monitors nutrition-related problems and behavioral risk factors associated with low birthweight among high-risk prenatal populations. The PNSS is used to identify preventable nutrition-related problems and behavioral risk factors in order to target interventions.

**Conducted:** Continuously since 1978 (The system was enhanced in 1989 to include additional data items.)

**Target Population:** Low-income, high-risk pregnant women.

**Sample Size and Response Rate(s):** The coverage of PNSS reflects the number of pregnant women who participate in the programs contributing to the surveillance system. Over 600,000 records from 22 States, two tribal agencies, and the District of Columbia were submitted for analysis during fiscal year 1997.

**Design and Methods:** Simple key indicators of pregnancy nutritional status and behavioral risk factors are monitored using clinic data from participating States. The data are collected on a convenient population of low income, high-risk pregnant women who participate in publicly funded prenatal nutrition and food assistance programs.

**Descriptive Variables:** State, county, clinic, reason for attending clinic, individual identification, age, ethnic origin, marital status, migrant status, and education.

**Outcome Variables of Interest:** Simple key indicators of pregnancy nutritional status, behavioral risk factors, and birth outcome are measured using readily available clinical data. Pre-gravid weight status, anemia (hemoglobin, hematocrit), pregnancy behavioral risk factors (smoking and drinking), birthweight, and other indicators are monitored. Breast-feeding and formula-feeding data are also collected. Additional data items added in 1989 include expanded smoking and alcohol consumption questions and information on weight gain and feeding behaviors.

### **Contact Agency:**

Division of Nutrition and Physical Activity  
Maternal and Child Health Branch (MS-K25)  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
4770 Buford Hwy, NE  
Atlanta, GA 30341  
Phone: (770)488-5702  
Fax: (770) 488-6000  
<http://www.cdc.gov/nccdphp/dnpa>

## **Selected Key Publications:**

Schieve L, Cogswell M, Scanlon K. Maternal weight gain and preterm delivery: differential effects by maternal body mass index. *Epidemiology* 1999;10:141-147 .

Dalenius K. Centers for Disease Control and Prevention Pediatric Nutrition Surveillance, 1997 Full Report, Atlanta: U.S., DHHS, CDC. 1998.

Schieve L, Cogswell M, Scanlon K. An Empiric Evaluation of the Institute of Medicine's Pregnancy Weight Gain guidelines by Race. *Obstetrics & Gynecology* 1998;91:878-84.

Schieve L, Cogswell M, Scanlon K. Trends in Pregnancy Weight Gain within and Outside Ranges Recommended by the Institute of Medicine in a Woman Infants Children Population. *Maternal and Child Health Journal* 1998;2(8):111-116.

Pregnancy-Related Behaviors Among Migrant Farm Workers --Four States, 1989-1993. *Morbidity and Mortality Weekly Report* 46(13):283-286. 1997.

Ahluwalia I, Grummer-Strawn L, Scanlon K. Exposure to environmental tobacco smoke and birth outcome: Increased effects on pregnant women aged 30 years or older. *AJE*, 1997.

Perry G, Yip R, Zyrokowski C. Nutritional Risk Factors Among Low-Income Pregnant U.S. Women: The Centers for Disease Control and Prevention (CDC) Pregnancy Nutrition Surveillance System, 1979 Through 1993. *Seminars in Perinatology* 19(3):211-221. 1995.

Cogswell M, Yip R. The influence of fetal and maternal factors on the distribution of birth weight. *Seminars in Perinatology*. 1995.

Cogswell M, Serdula M, Yip R. Gestational weight gain among average-weight and overweight women -- What is excessive? *Am J of Obstet Gynecol*. 1995.

Kim I, Hungerford DW, Yip R, Kuester SA, Zyrkowski C, Trowbridge FL. Pregnancy Nutrition Surveillance System—United States, 1979–1990. *MMWR* 41:25-41. 1992.

Centers for Disease Control. Anemia during pregnancy in low-income women. *MMWR* 39(5):73-6. 1990.

Larsen CE, Serdula MK, Sullivan KM. Macrosomia: Influence of maternal overweight among a low income population. *Am J Obstet Gynecol* 162(2):490-4. 1990.

Centers for Disease Control. Racial/ethnic differences in smoking, other risk factors and low birth-weight among low-income pregnant women, 1978-88. *MMWR* 39(55-3):13-21. 1990.

## **Puerto Rico Nutrition Study, 1984**

**Sponsoring Agency:** Human Nutrition Information Service<sup>1</sup> and Food and Nutrition Service, U.S. Department of Agriculture

**Purpose:** USDA was charged by the U.S. Congress to investigate and report back by March 1985 on the food assistance program operations in Puerto Rico. Public Law 98-204 and accompanying language on the House report required that the program be assessed from (1) the nutritional adequacy of home foods available to participating households and (2) the household food expenditure levels among program participants.

**Conducted:** August-December 1984

**Target Population:** The sample was designed to yield approximately 2,500 housekeeping households in Puerto Rico with a disproportionate number of current, former, and non-nutrition program participants. Housekeeping households are those households with at least 1 member eating 10 or more meals from the household food supply.

**Sample Size and Response Rate(s):** Screeners were used to determine eligibility (housekeeping) of the households.

Of the 3,699 total housing units, 3,249 were occupied.

Of the 2,943 total housing units screened, 2,759 were identified as eligible.

Of the 2,759 eligible households, 2,437 participated for a response rate of 88% of eligible households.

**Design and Methods:** The design and methods were directed by the Congress to replicate the household portion of the NFCS 1977-78, Puerto Rico, with adjustments to account for the disproportionate number of current, former, and non-nutrition program participants.

Information on food used by surveyed households was obtained in an at-home interview with the person identified as most responsible for food planning and preparation. Trained Puerto Rican interviewers used an aided recall schedule (Spanish or English) and recorded the kind, form, and cost, if purchased, of each food and beverage used in the household during the 7 days before the interview. Nutrient availability and dietary levels were derived using food composition data files.

---

<sup>1</sup>On February 20, 1994, legislation passed by Congress moved the functions of the Human Nutrition Information Service to the Agricultural Research Service, USDA.

**Descriptive Variables:** Household characteristics, such as income, household size, sex and age of members, number of meals eaten by members, number of guest meals and snacks, education and employment of household heads, participation in food programs, and other factors that might affect food consumption patterns are included in the survey.

**Outcome Variables of Interest:** Money value (dollars), quantity (pounds), and nutritive values of food used by participants and nonparticipants in the Nutrition Assistance Program (NAP) and the Food Stamp Program (FSP) are of interest in determining the effectiveness of NAP compared to FSP.

**Contact Agency:**

Food Surveys Research Group  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
U.S. Department of Agriculture  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0170  
Fax: (301) 504-0376  
Home page: None provided  
E-mail: [fsrg@rbhnrc.usda.gov](mailto:fsrg@rbhnrc.usda.gov)

**Selected Publications:**

Devaney B, Fraker TM. Cashing out food stamps: Impacts on food expenditures and diet quality. *J Policy Analysis and Management* 5(4):725-41. 1986.

Fraker TM, Devaney B, Calvin ES. An evaluation of the effect of cashing out food stamps on food expenditures. *American Economics Association Papers and Proceedings* 76(2):230-234. 1986.

Mathematica Policy Research, Inc. Evaluation of the Nutrition Assistance Program in Puerto Rico, Vol. I: Environment, Participation, Administrative Costs, and Program Integrity, A Report to the U.S. Congress. Washington: 1985.

Mathematica Policy Research, Inc. Evaluation of the Nutrition Assistance Program in Puerto Rico, Vol. II: Effect on Food Expenditure and Diet Quality, A Report to the U.S. Congress. Washington: 1985.

## Youth Risk Behavior Surveillance System (YRBSS)

**Sponsoring Agency:** National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

**Purpose:** To monitor priority health risk behaviors among adolescents through national, State, and local surveys.

**Conducted:** National, State, and local school-based surveys of high school students were initiated in 1990 and have been conducted biennially since 1991. National surveys of special populations of youth are conducted periodically.

**Target Population:** The national, State, and local school-based surveys target students in grades 9-12 nationwide. National surveys of special populations of youth have targeted out-of-school youth, college students, and alternative school students.

**Sample Size and Response Rate:** The national school-based survey sample size averages about 12,000 with at least a 60 percent overall response rate. The State and local school-based surveys average about 2,000 with at least a 60 percent overall response rate. Overall response rate is calculated by multiplying the school response rate by the student response rate.

**Design and Methods:** The national school-based surveys use a three-stage cluster sample design to create a nationally representative sample of all public and private school students in grades 9-12. The State and local school-based surveys use a two-stage cluster sample design to create representative samples of public school students in their jurisdiction. The questionnaire is self-administered during a regular classroom period.

**Descriptive Variables:** State, age, sex, grade, race, and ethnic origin.

**Outcome Variables of Interest:** Smoking, alcohol use, weight control practices, exercise, and minimal eating practices information.

### Contact Agency:

Division of Adolescent and School Health  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
4770 Buford Hwy, NE, MS-K33  
Atlanta, GA 30341  
Phone: (770) 488-3257  
Fax: (770) 488-3112  
<http://www.cdc.gov/nccdphp/dash/yrbs>

**Selected Key Publications:**

Youth Risk Behavior Surveillance— United States, 1997. MMWR 47 (SS-3). August 14, 1998.

Youth Risk Behavior Surveillance--United States, 1995. MMWR 45 (SS-4). September 27, 1996.

Measuring the Health Behavior of Adolescents: the Youth Risk Behavior Surveillance System. Public Health Reports 108(Supplement 1). 1993.

## Surveillance Systems in States<sup>1</sup>

States	Surveys			
	BRFSS	PNSS	PedNSS	YRBS
New England				
Maine	BRFSS		PedNSS	YRBS
New Hampshire	BRFSS	PNSS	PedNSS	YRBS
Vermont	BRFSS	PNSS	PedNSS	YRBS
Massachusetts	BRFSS	PNSS	PedNSS	YRBS
Rhode Island	BRFSS			YRBS
Connecticut	BRFSS			YRBS
Middle Atlantic				
New York	BRFSS		PedNSS	YRBS
New Jersey	BRFSS	PNSS	PedNSS	YRBS
Pennsylvania	BRFSS		PedNSS	YRBS
Puerto Rico	BRFSS			YRBS
U.S. Virgin Islands	BRFSS			YRBS
East North Central				
Ohio	BRFSS		PedNSS	YRBS
Indiana	BRFSS	PNSS	PedNSS	YRBS
Illinois	BRFSS	PNSS	PedNSS	YRBS
Michigan	BRFSS	PNSS	PedNSS	YRBS
Wisconsin	BRFSS	PNSS	PedNSS	YRBS
West North Central				
Minnesota	BRFSS	PNSS	PedNSS	YRBS
Iowa	BRFSS	PNSS	PedNSS	YRBS
Missouri	BRFSS	PNSS	PedNSS	YRBS
North Dakota	BRFSS	PNSS	PedNSS	YRBS
South Dakota	BRFSS		PedNSS	YRBS
Cheyenne River Sioux			PedNSS	
Rosebud Sioux			PedNSS	
Nebraska	BRFSS	PNSS	PedNSS	YRBS
Kansas	BRFSS	PNSS	PedNSS	YRBS
South Atlantic				
Delaware	BRFSS			YRBS
Maryland	BRFSS		PedNSS	YRBS
District of Columbia	BRFSS	PNSS	PedNSS	YRBS

---

<sup>1</sup> 1997 PNSS and PedNSS Annual Report

Virginia	BRFSS			YRBS
West Virginia	BRFSS	PNSS	PedNSS	YRBS
North Carolina	BRFSS	PNSS	PedNSS	YRBS
South Carolina	BRFSS		PedNSS	YRBS
Georgia	BRFSS	PNSS	PedNSS	YRBS
Florida	BRFSS	PNSS	PedNSS	YRBS
East South Central				
Kentucky	BRFSS		PedNSS	YRBS
Tennessee	BRFSS		PedNSS	YRBS
Alabama	BRFSS		PedNSS	YRBS
Mississippi	BRFSS		PedNSS	YRBS
West South Central				
Arkansas	BRFSS			YRBS
Louisiana	BRFSS		PedNSS	YRBS
Oklahoma	BRFSS			YRBS
Texas	BRFSS			YRBS
Chickasaw Nation			PedNSS	
Mountain				
Montana	BRFSS	PNSS	PedNSS	YRBS
Idaho	BRFSS	PNSS	PedNSS	YRBS
Wyoming	BRFSS		PedNSS	YRBS
Shoshone/Arapaho			PedNSS	
Colorado	BRFSS		PedNSS	YRBS
New Mexico	BRFSS		PedNSS	YRBS
Arizona	BRFSS	PNSS	PedNSS	YRBS
Navajo Nation		PNSS		
Intertribal Council		PNSS	PedNSS	
Utah	BRFSS	PNSS	PedNSS	YRBS
Nevada	BRFSS		PedNSS	YRBS
Pacific				
Washington	BRFSS		PedNSS	YRBS
Oregon	BRFSS		PedNSS	YRBS
California	BRFSS		PedNSS	YRBS
Alaska	BRFSS		PedNSS	YRBS
Hawaii	BRFSS		PedNSS	YRBS
American Samoa				YRBS
Guam	BRFSS	PNSS		YRBS
Marshall Islands				YRBS
Northern Marianna Islands				YRBS
Republic of Palaw				YRBS

## Behavioral Risk Factor Surveillance System (BRFSS) Contacts

(Please note that contacts are also listed on the BRFSS website at <http://www.cdc.gov/nccdphp/brfss>.)

Office of Health Promotion and Information  
Alabama Department of Public Health  
PO Box 30317, 201 Monroe Street, RSA Tower  
Montgomery, Alabama 303017-3017  
Phone: (334) 206-5610  
Fax: (334) 206-5609

Division of Public Health  
Alaska Department of Health and Social Services  
P.O. Box 110616  
Juneau, Alaska 99811-0616  
Phone: (907) 465-3140  
Fax: (907) 465-2770

Office of Chronic Disease Epidemiology  
Arizona Department of Health Services  
1400 West Washington  
Phoenix, Arizona 85007  
Phone: (602) 542-7333  
Fax: (602) 542-7362

State Center for Health Statistics  
Arkansas Department of Health  
West Markham Street  
Little Rock, Arkansas 72205-3867  
Phone: (501) 661-2194  
Fax: (501) 661-2544

Cancer Surveillance Section, CATI Unit  
California State Department of Health Services  
P.O. Box 942732  
Sacramento, California 94234-7320  
Phone: (916) 327-2768  
Fax: (916) 327-4657

Health Statistics Section, HSVRD-HSA1  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive, South  
Denver, Colorado 80222-1530  
Phone: (303) 692-2168  
Fax: (303) 691-0709

Center for Chronic Disease  
Connecticut Department of Public Health  
P.O. Box 340308, MS# 11PSI  
Hartford, Connecticut 06134-0308  
Phone: (860) 509-7665  
Fax: (860) 509-7717

Division of Public Health  
Delaware Department of Health and Social Services  
P.O. Box 637  
Dover, Delaware 19903  
Phone: (302) 739-4724  
Fax: (302) 739-3839

Preventive Health Services Administration  
D.C. Department of Health  
825 N. Capitol St. NW  
Washington, District Of Columbia 20002  
Phone: (202) 442-5894  
Fax: (202) 442-4796

Grants and Special Projects  
Florida Department of Health  
1317 Winewood Boulevard  
Tallahassee, Florida 32399-0700  
Phone: (850) 414-5651  
Fax: (850) 488-2341

Division of Public Health  
Georgia Department of Human Resources  
Two Peachtree Street, NW  
Atlanta, Georgia 30303  
Phone: (404) 657-9627  
Fax: (404) 657-2586

Department of Public Health and Social Services  
Government of Guam  
P.O. Box 2816  
Agana, Guam 96910  
Phone: 011- (671) 735-7307  
Fax: 011- (671) 734-2066

Office of Health Status Monitoring  
Hawaii Department of Health  
P.O. Box 3378  
Honolulu, Hawaii 96801  
Phone: (808) 586-4733  
Fax: (808) 586-4606

Center for Vital Statistics and Health Policy  
Idaho Department of Health and Welfare  
P.O. Box 83720  
Boise, Idaho 83720-0036  
Phone: (208) 332-7301  
Fax: (208) 334-0685

Center for Health Statistics  
Illinois Department of Public Health  
525 West Jefferson Street  
Springfield, Illinois 62761  
Phone: (217) 785-1064  
Fax: (217) 785-4308

Behavioral Risk Factor Surveillance Project  
Epidemiology Resource Center  
Indiana State Department of Health  
2 North Meridian Street, Section 3D  
Indianapolis, Indiana 46204  
Phone: (317) 233-7571  
Fax: (317) 233-7378

Division of Substance Abuse and Health Promotion  
Iowa Department of Public Health  
321 East 12th Street, Lucas State Office Building  
Des Moines, Iowa 50319-0075  
Phone: (515) 281-7132  
Fax: (515) 281-4535

Office of Chronic Disease and Health Promotion  
Kansas Department of Health and Environment  
900 SW Jackson, LSOB, Room 901 North  
Topeka, Kansas 66612-1290  
Phone: (785) 291-3743  
Fax: (785) 296-8059

Kentucky Cabinet for Human Resources  
Kentucky Department for Public Health  
275 East Main Street  
Frankfort, Kentucky 40621  
Phone: (502) 564-3418  
Fax: (502) 564-4553

Office of Public Health  
Division of Health Promotion/Protection  
Louisiana Department of Health and Hospitals

525 Loyola Avenue, Room 413  
New Orleans, Louisiana 70112  
Phone: (504-568-7210  
Fax: (504-568-7005

Division of Health Promotion and Education  
Maine Department of Human Services  
State House Station #11  
Augusta, Maine 04333  
Phone: (207) 287-3268  
Fax: (207) 287-4631

Local and Family Health Administration  
Maryland Department of Health and Mental Hygiene  
201 West Preston St., Room 306  
Baltimore, Maryland 21201  
Phone: (410) 225-6807  
Fax: (410) 333-7106

Bureau of Health Statistics, Research and Evaluation  
Massachusetts Department of Public Health  
250 Washington Street, 6th Floor  
Boston, Massachusetts 02108-4619  
Phone: (617) 624-5636  
Fax: (617) 624-5695

Bureau of Epidemiology, Community Public Health Administration  
Michigan Department of Community Health  
P.O. Box 30195  
Lansing, Michigan 48909  
Phone: (517) 335-9081  
Fax: (517) 335-8395

Center for Health Statistics  
Minnesota Department of Health  
717 Delaware Street SE  
Minneapolis, Minnesota 55440  
Phone: (612) 623-5502  
Fax: (612) 623-5264

Health Promotion and Education  
Mississippi State Department of Health  
P.O. Box 1700  
Jackson, Mississippi 39215-1700  
Phone: (601) 960-7930  
Fax: (601) 354-6174

Division of Chronic Disease Prevention  
Missouri Department of Health  
101 Park de Ville  
Columbia, Missouri 65203  
Phone: (573) 876-3283  
Fax: (573) 446-8777

Health Policy and Services Division  
Montana Department of Public Health and Human Services  
1400 Broadway, Room A206  
Helena, Montana 59620  
Phone: (406) 444-5508  
Fax: (406) 444-2920

Health Data Collection Section  
HHS Regulation and Licensure  
Nebraska Health and Human Services System  
P.O. Box 95007  
Lincoln, Nebraska 68509-5007  
Phone: (402) 471-3488  
Fax: (402) 471-0383

Division of Health  
Nevada State Department of Human Resources  
505 East King Street, Room 201  
Carson City, Nevada 89710  
Phone: (702) 687-4720  
Fax: (702) 687-6151

Division of Public Health Services  
New Hampshire Department of Health and Human Services  
Six Hazen Drive  
Concord, New Hampshire 03301-6527  
Phone: (603) 271-7812  
Fax: (603) 271-3745

Center for Health Statistics, Room 405  
New Jersey Department of Health and Senior Services  
P.O. Box 360  
Trenton, New Jersey 08625-0360  
Phone: (609) 984-6702  
Fax: (609) 984-7633

Division of Epidemiology  
New Mexico Department of Health  
P.O. Box 26110  
Santa Fe, New Mexico 87502-6110  
Phone: (505) 827-1434  
Fax: (505) 827-0021

Division of Chronic Disease Prevention and Adult Health  
Bureau of Chronic Disease and Epidemiologic Surveillance  
New York State Department of Health  
Corning Tower Building, Room 565  
Empire State Plaza  
Albany, New York 12237-0679  
Phone: (518) 473-0673  
Fax: (518) 474-2086

Division of Public Health, State Center for Health Statistics  
N.C. Department of Health and Human Services  
P.O. Box 29538  
Raleigh, NC 27278-0538  
Phone: (919) 715-4478  
Fax: (919) 733-8485

Division of Health Promotion and Education  
North Dakota Department of Health  
600 East Boulevard  
Bismarck, North Dakota 58505-0700  
Phone: (701) 328-2694  
Fax: (701) 328-1412

Division of Chronic Disease  
Ohio Department of Health  
P.O. Box 118  
Columbus, Ohio 43266-0118  
Phone: (614) 728-9180  
Fax: (614) 644-1909

Health Education & Information Services  
Oklahoma State Department of Health  
1000 Northeast Tenth Street  
Oklahoma City, Oklahoma 73117-1299  
Phone: (405) 271-5601  
Fax: (405) 271-2865

Center for Health Statistics  
Oregon Health Division, Oregon DHR  
P.O. Box 14050  
Portland, Oregon 97232-0050  
Phone: (503) 731-4449  
Fax: (503) 731-4084

Division of Health Statistics and Research  
Pennsylvania Department of Health  
555 Walnut Street - 6th Floor  
Harrisburg, Pennsylvania 17101-1900  
Phone: (717) 783-2548  
Fax: (717) 772-3258

Departamento de Salud  
c/o Secretaria Auxiliar de Promoción y Protección de la Salud  
Barrio Monacillos  
Call Box 70184  
San Juan, Puerto Rico 00936  
Phone: (787) 274-5548  
Fax: (787) 274-7863

Office of Health Statistics  
Rhode Island Department of Health  
Three Capitol Hill  
Providence, Rhode Island 02908  
Phone: (401) 277-2550  
Fax: (401) 273-4350

Division of Epidemiology  
South Carolina Department of Health and Environmental Control  
PO Box 101106, Mills/Jarret Complex  
Columbia, South Carolina 29211  
Phone: (803) 898-0779  
Fax: (803) 898-0380

Office of Administrative Services  
South Dakota State Department of Health  
445 East Capitol Avenue  
Pierre, South Dakota 57501-3185  
Phone: (605) 773-6345  
Fax: (605) 773-5683

Assessment and Planning Section  
Tennessee Department of Health  
Cordell Hull Building, Fourth Floor  
426 Fifth Avenue, North  
Nashville, Tennessee 37247-5265  
Phone: (615) 741-5246  
Fax: (615) 532-7904

Bureau of Chronic Disease Prevention and Control  
Texas Department of Health  
1100 West 49th Street  
Austin, Texas 78756-3199  
Phone: (512) 458-7111 ext 2154  
Fax: (512) 458-7618

Division of Community and Family Health Services  
Utah Department of Health  
P.O. Box 142872  
Salt Lake City, Utah 84114-2872  
Phone: (801) 538-6120  
Fax: (801) 538-6629

Division of Public Health Analysis and Policy  
Vermont Department of Health  
P.O. Box 70  
Burlington, Vermont 05402  
Phone: (802) 863-7303  
Fax: (802) 863-7701

Bureau of Chronic Disease, PHPP  
Virgin Islands Department of Health  
3500 Richmond, Harwood Complex, Room E25  
Christiansted, St. Croix, Virgin Islands 00822  
Phone: (340) 773-1311  
Fax: (340) 773-8354

Office of Family Health Services, Room 104  
Virginia State Department of Health  
Main Street Station, P.O. Box 2448  
Richmond, Virginia 23218  
Phone: (804) 786-7099  
Fax: (804) 371-6152

Center for Health Statistics  
Washington State Department of Health  
P.O. Box 47814  
Olympia, Washington 98504-7814  
Phone: (360) 236-4322  
Fax: (360) 753-4135

Health Statistics Center  
West Virginia Department of Health and Human Resources  
1411 Virginia Street, East  
Charleston, West Virginia 25301  
Phone: (304) 558-9100  
Fax: (304) 558-1553

Center for Health Statistics  
Wisconsin Department of Health and Family Services  
Room 172  
P.O. Box 309  
Madison, Wisconsin 53701-0309  
Phone: (608) 267-7264  
Fax: (608) 261-6380

Public Health Division  
Wyoming Department of Health  
Hathaway Building, 4th Floor  
Cheyenne, Wyoming 82002  
Phone: (307) 777-6012  
Fax: (307) 777-5402

## Pregnancy Nutrition Surveillance System Contacts

### ALASKA

WIC Director  
Section of Maternal Child and Family Health  
Alaska Dept. of Health and Social Services  
PO Box 110612  
Juneau, AK 99811-0612  
Phone: (907) 465-8637  
Fax: (907) 465-3416  
E-mail: [nancy\\_rody@health.state.ak.us](mailto:nancy_rody@health.state.ak.us)

### ARIZONA

Chief, Office Nutrition Services  
Arizona Department of Health Services  
1740 West Adams, Room 203  
Phoenix, AZ 85007-2670  
Phone: (602) 542-2841  
Fax: (602) 542-1890  
E-mail: [mtate@hs.state.az.us](mailto:mtate@hs.state.az.us)

### CALIFORNIA

Chief, Children's Medical Services  
California Department of Health Services  
714 P Street, Room 350  
Sacramento, CA 95814  
Phone: (916) 654-0832  
Fax: (916) 653-8271  
E-mail: [mgregory@hw1.cahwnet.gov](mailto:mgregory@hw1.cahwnet.gov)

### DISTRICT OF COLUMBIA (DC)

PNSS Project Coordinator  
800 9th Street, SW - 1st Floor  
Washington, DC 20024  
Phone: (202) 645-5949  
Fax: (202) 645-0531  
E-mail: [CDCWONDER/WONDER/PRDC01RW](mailto:CDCWONDER/WONDER/PRDC01RW)

### FLORIDA

Nutrition Consultant  
Florida Department of Health  
2020 Capital Circle SE, BIN#A16  
Tallahassee, FL 32399-1726  
Phone: (850) 488-8985  
Fax: (850) 922-3936  
E-mail: [sharon\\_reich@doh.state.fl.us](mailto:sharon_reich@doh.state.fl.us)

## **GEORGIA**

Office of Nutrition, Suite 8-412  
Georgia Department of Human Resources  
2 Peachtree Street, NE  
Atlanta, GA 30303-3142  
Phone: (404) 657-2884  
Fax: (404) 657-2886  
E-mail: [rlp@dhr.state.ga.us](mailto:rlp@dhr.state.ga.us)

## **HAWAII**

Hawaii State Department of health  
Leiopapa A Kamehameha Bldg.  
235 S. Beretania Street  
Honolulu, HI 96813  
Phone: (808) 586-8006  
Fax: (808) 586-8189  
E-mail: [sjuyehar@mail.health.state.hi.us](mailto:sjuyehar@mail.health.state.hi.us)

## **IDAHO**

WIC Nutrition Education Coordinator  
450 West State Street, 4th Floor  
PO Box 83720  
Boise, ID 83720-0036  
Phone: (208) 334-5953  
Fax: (208) 332-7362  
E-mail: [mckiek{dhw Towers/towers2/mckiek}@dhw.state.id.us](mailto:mckiek{dhw Towers/towers2/mckiek}@dhw.state.id.us)

## **ILLINOIS**

Nutrition Services Coordinator  
WIC Program  
535 West Jefferson  
Springfield, IL 62761  
Phone: (217) 782-2166  
Fax: (217) 785-5247  
E-mail: [dhshpat@dhs.state.il.us](mailto:dhshpat@dhs.state.il.us)

## **INDIANA**

Nutrition Consultant, WIC Program  
2 North Meridian Street, Section 7A  
Indianapolis, IN 46204  
Phone: (317) 233-5604  
Fax: (317) 233-5609  
E-mail: [lheinrich@qwnt.isd.state.in.us](mailto:lheinrich@qwnt.isd.state.in.us)

## **I O W A**

Iowa Dept of Public Health  
Regional Nutrition Consultant  
321 E. 12th  
Des Moines, IA 50319-0075  
Phone: (515) 281-7096  
Fax: (515) 281-4913  
E-mail: [atagtow@idph.state.ia.us](mailto:atagtow@idph.state.ia.us)

## **K A N S A S**

Nutrition Services Coordinator  
900 SW Jackson, 10th Floor  
Topeka, KS 66612-1290  
Phone: (785) 296-1322  
Fax: (785) 296-1326  
E-mail: [mwashbur@kdhe.state.ks.us](mailto:mwashbur@kdhe.state.ks.us)

## **M A I N E**

Nutrition Coordinator  
11 State House Station  
Augusta, ME 04333  
Phone: (207) 287-4622  
Fax: (207) 287-3993  
E-mail: [mary.n.owen@state.me.us](mailto:mary.n.owen@state.me.us)

## **M A S S A C H U S E T T S**

Nutrition Surveillance Coordinator  
250 Washington Street  
Boston, MA 02108-4619  
Phone: (617) 624-5501  
Fax: (617) 624-6062  
E-mail: [judy.salkeld@state.ma.us](mailto:judy.salkeld@state.ma.us)

## **M I C H I G A N**

WIC Director  
2150 Apollo Drive  
PO Box 30195  
Lansing, MI 48909  
Phone: (517) 335-8951  
Fax: (517) 335-8835  
E-mail: [mcconnellm@state.m.us](mailto:mcconnellm@state.m.us)

WIC Nutrition Surveillance Unit Manager  
2150 Apollo Drive  
PO Box 30195  
Lansing, MI 48909  
Phone: (517) 335-9398  
Fax: (517) 335-8835  
E-mail: [whites@state.mi.us](mailto:whites@state.mi.us)

Consultant  
2150 Apollo Drive  
PO Box 30195  
Lansing, MI 48909  
Phone: (517) 335-9834  
Fax: (517) 335-8835  
E-mail: [EghtedaryK@state.mi.us](mailto:EghtedaryK@state.mi.us)

## **MINNESOTA**

Surveillance Project Director  
PO Box 64882  
St. Paul, MN 55164-0882  
Phone: (651) 281-9913  
Fax: (651) 676-5445  
E-mail: [donohuem@mdh-mom.health.state.mn.us](mailto:donohuem@mdh-mom.health.state.mn.us)

## **MISSOURI**

Nutrition Services Consultant  
930 Wildwood  
PO Box 570  
Jefferson City, MO 65102  
Phone: (573) 751-6195  
Fax: (573) 526-1470  
E-mail: [zahlel@mail.health.state.mo.us](mailto:zahlel@mail.health.state.mo.us)

## **MONTANA**

Public Health Nutritionist  
1400 Broadway  
Cogswell Building  
Helena, MT 59620  
Phone: (406) 444-5287  
Fax: (406) 444-0239  
E-mail: [cfogelman@mt.gov](mailto:cfogelman@mt.gov)

## **NEBRASKA**

WIC Director  
Nebraska Department of Health & Human Services  
301 Centennial Mall South  
PO Box 95044  
Lincoln, NE 68509-5044  
Phone: (402) 471-2781  
Fax: (402) 471-7049  
E-mail: [peggy.trouba@hss.state.ne.us](mailto:peggy.trouba@hss.state.ne.us)

## **NEW HAMPSHIRE**

WIC program Planner  
6 Hazen Drive  
Concord, NH 03301  
Phone: (603) 271-4546  
Fax: (603) 271-4779  
E-mail: [lrichard@dhhs.state.nh.us](mailto:lrichard@dhhs.state.nh.us)

## **NEW JERSEY**

50 East State Street  
PO Box 364  
Trenton, NJ 08625-0364  
Phone: (609) 292-9560  
Fax: (609) 292-3580  
E-mail: No address as of 7/21/99

## **NEW YORK**

Director, Evaluation & Information Management  
1 University Plaza  
1215 Western Avenue  
Albany, NY 12203  
Phone: (518) 402-7109  
Fax: (518) 458-5508  
E-mail: [mlw04@albnydh2.health.state.ny.us](mailto:mlw04@albnydh2.health.state.ny.us)

## **NORTH CAROLINA**

Surveillance Coordinator  
PO Box 10008  
Raleigh, NC 27605-0008  
Phone: (919) 715-0644  
Fax: (919) 733-1384  
E-mail: [Najmul.chowdhury@ncmail.net](mailto:Najmul.chowdhury@ncmail.net)

## **NORTH DAKOTA**

Nutrition Services Director  
600 East Boulevard Avenue  
Bismarck, ND 58505-0200  
Phone: (701) 328-2493  
Fax: (701) 328-1412  
E-mail: [koby@ranch.state.nd.us](mailto:koby@ranch.state.nd.us)

## **OHIO**

Chief, Bureau of Health Services Information & Operational Support  
Division of Family and Community Health Services  
Ohio Department of Health  
246 N. High Street  
PO Box 118  
Columbus, OH 43266-0118  
Phone: (614) 466-8932  
Fax: (614) 564-2419  
E-mail: [lgiljahn@gw.odh.state.oh.us](mailto:lgiljahn@gw.odh.state.oh.us)

## **OKLAHOMA**

1000 Northeast 10th Street, Rm 346  
Oklahoma City, OK 73117  
Phone: (405) 271-4676  
Fax: (405) 271-7339  
E-mail: [carolew@health.state.ok.us](mailto:carolew@health.state.ok.us)

## **OREGON**

WIC Nutrition Consultant  
Oregon Department of Human Resources  
800 NE Oregon Street, Suite 865  
Portland, OR 97232  
Phone: (503) 731-3103  
Fax: (503) 731-3477  
E-mail: [jeanne\\_m\\_bacot@ohdmail.hr.state.or.us](mailto:jeanne_m_bacot@ohdmail.hr.state.or.us)

Nutrition Consultant  
Oregon Department of Human Resources  
800 NE Oregon Street, Suite 865  
Portland, OR 97232  
Phone: (503) 731-4701  
Fax: (503) 731-3477  
E-mail: [charles.w.slaughter@state.or.us](mailto:charles.w.slaughter@state.or.us)

## **UTAH**

WIC Nutrition Coordinator  
288 North 1460 West  
PO Box 14470  
Salt Lake City, UT 84114-4470  
Phone: (801) 538-6960  
Fax: (801) 538-6729  
E-mail: [dlong@doh.state.ut.us](mailto:dlong@doh.state.ut.us)

## **VERMONT**

Chief, Health Care Systems Statistics  
PO Box 70  
108 Cherry Street  
Burlington, VT 05402  
Phone: (802) 863-7298  
Fax: (802) 865-7701  
E-mail: [pbrozic@vdhvax.vdh.state.vt.us](mailto:pbrozic@vdhvax.vdh.state.vt.us)

## **WEST VIRGINIA**

Surveillance Coordinator, WIC Program  
1411 Virginia Street, East  
Suite 200  
Charleston, WV 25301-3013  
Phone: (304) 558-0030  
Fax: (304) 558-1541  
E-mail: [chall@wvdhhr.org](mailto:chall@wvdhhr.org)

WIC Director  
WV Dept of Health & Human Resources  
1411 Virginia Street, East  
Charleston, WV 25301-3013  
Phone: (304) 558-0030  
Fax: (304) 558-1541  
E-mail: [ferrid@wvnm.wvnet.edu](mailto:ferrid@wvnm.wvnet.edu)

## **WISCONSIN**

Public Health Nutritionist  
Division of Health  
200 N. Jefferson Street  
Room 126  
Greenbay, WI 54301  
Phone: (920) 448-5346  
Fax: (920) 448-5265  
E-mail: [spaansln@dhfs.state.wi.us](mailto:spaansln@dhfs.state.wi.us)

**W Y O M I N G**

WIC Nutrition Coordinator

2300 Capitol Avenue

Hathaway Bldg., Rm 456

Cheyenne, WY 822002

Phone: (307) 777-5984

Fax: (307) 777-5643

E-mail: [vflore@missc.state.wy.us](mailto:vflore@missc.state.wy.us)

## **PNSS for Indian Tribes & U.S. Territories**

WIC Administrator  
Inter Tribal Council of Arizona  
4205 North Seventh Avenue, Suite 200  
Phoenix, AZ 85013  
Phone: (602) 258-4822  
Fax: (602) 248-0080

Chickasaw Nation  
Box 1548  
Ada, OK 74820  
Phone: (405) 436-2603  
Fax: (405) 436-7225

WIC Director  
Navajo Division of Health  
Navajo National WIC Program  
Post Office Drawer 1390  
Window Rock AZ 86515  
Phone: (502) 871-6698  
Fax: (502) 871-6251

Public Health Nutritionist  
PO Box 409 CK  
Saipan, MP 96950  
Phone: (670) 234-8950 Ext. 2020  
Fax: (670) 233-0214

St. Croix, Virgin Islands  
Phone: (340) 773-9157  
Fax: NA

WIC Program  
Puerto Rico Department of Health  
PO Box 25220  
Rio Piedras, Puerto Rico 00928-5220  
Phone: (787)281-8678  
Fax: (787) 763-1444

Administrator, Nutrition Health Services  
Guam Dept. of Public Health and Social Services  
PO Box 2816  
Agana, Guam 96910  
Phone: (671) 475-0287  
Fax: (671) 477-4945

Director, Public Health Nutrition  
American Samoa Department of health  
PO Box 194  
Pago Pago-American Samoa 96799  
Phone: (684) 633-2260  
Fax: (684) 633-5379

## Pediatric Nutrition Surveillance System Contacts

### ALABAMA

Alabama Dept of Public Health  
RSA  
Clinical Support/WIC  
201 Monroe Street, Suite 13741  
PO Box 303017  
Montgomery, AL 36130-3017  
Phone: (334) 206-2903  
Fax: (334) 206-2914  
E-mail: [tbrown@adph.state.al.us](mailto:tbrown@adph.state.al.us)

### ALASKA

WIC Director  
Section of Maternal, Child and Family Health  
Alaska Dept. of Health and Social Services  
P.O. Box 110612  
Juneau, AK 99811-0612  
Phone: (907) 465-8637  
Fax: (907) 465-3416  
E-mail: [nancy\\_rody@health.state.ak.us](mailto:nancy_rody@health.state.ak.us)

### ARIZONA

Chief, Office of Nutrition Services  
Arizona Dept. of Health Services  
1740 West Adams, Room 203  
Phoenix, AZ 85007-2670  
Phone: (602) 542-2841  
Fax: (602) 542-1890  
E-mail: [mtate@hs.state.az.us](mailto:mtate@hs.state.az.us)

### ARKANSAS

Director, Division of Nutrition Services  
Arkansas Dept. of Health  
4815 West Markham Street, Slot 23  
Little Rock, AR 72205-3867  
Phone: (501) 661-2324  
Fax: (501) 661-2717  
E-mail: [cgarner@mail.doh.state.ar.us](mailto:cgarner@mail.doh.state.ar.us)

### CALIFORNIA

Chief  
Children's Medical Services  
California Department of Health Services  
714 P Street, Room 350  
Sacramento, CA 95814

Phone: (916) 654-0832  
Fax: (916) 653-8271  
E-mail: [mgregory@hw1.cahwnet.gov](mailto:mgregory@hw1.cahwnet.gov)

Chief, ITMU  
WIC Supplemental Nutrition Branch  
California Dept. of Health 3901 Lennane Drive  
Sacramento, CA 95834  
Phone: (916) 928-8581  
Fax: (916) 928-0519  
E-mail: [LSALLACK@HWL.CAHWNET.GOV](mailto:LSALLACK@HWL.CAHWNET.GOV)

## **COLORADO**

Nutrition Services  
Colorado Dept. of Public Health and Environment  
FCHSD-NS-A4  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530  
Phone: (303) 692-2452  
Fax: (303) 756-9926  
E-mail: [patricia.daniluk@state.co.us](mailto:patricia.daniluk@state.co.us)

## **CONNECTICUT**

WIC Nutrition Coordinator  
Department of Public Health  
410 Capitol Avenue, MS 11-WIC  
PO Box 340308  
Hartford, CT 06134  
Phone: (860) 509-8084  
Fax: (860) 509-7855  
E-mail: No address as of 8/6/99  
Use Barbara Walsh's address: [barbara.walsh@po.state.ct.us](mailto:barbara.walsh@po.state.ct.us)

## **DISTRICT OF COLUMBIA (DC)**

Office of Nutrition  
DC Dept. of Health  
2100 Martin Luther King Jr. Ave., SE  
Suite 409  
Washington, DC 20020  
Phone: (202) 645-5663  
Fax: (202) 645-0516  
E-mail: No address as of 8/99

## **FLORIDA**

Public Health Nutrition Consultant  
2020 Capital Circle SE, BIN#A16  
Tallahassee, FL 32399-1726

**FedEx:** 1317 Winewood Blvd., Bldg 5, Room 304  
Tallahassee, FL 32399  
Phone: (850) 488-8985  
Fax: (850) 922-3936  
E-mail: [sharan\\_reich@doh.state.fl.us](mailto:sharan_reich@doh.state.fl.us)

## **GEORGIA**

Office of Nutrition, Suite 8-412  
Georgia Dept. of Human Resources  
2 Peachtree Street, NE  
Atlanta, GA 30303-3142  
Phone: (404) 657-2884  
Fax: (404) 657-2886  
E-mail: [rlp@dhr.state.ga.us](mailto:rlp@dhr.state.ga.us)

## **HAWAII**

Chief, WIC Services Branch  
Hawaii State Department of Health  
Leiopapa A Kamehameha Bldg.  
235 S. Beretania Street  
Honolulu, HI 96813  
Phone: (808) 586-8006  
Fax: (808) 586-8189  
E-mail: [sjuyehar@mail.health.state.hi.us](mailto:sjuyehar@mail.health.state.hi.us)

## **IDAHO**

WIC Nutrition Education Coordinator  
Idaho Department of Health and Welfare  
450 West State Street, 4th Floor  
PO Box 83720  
Boise, ID 83720-0036  
Phone: (208) 334-5953  
Fax: (208) 332-7362  
E-mail: [mckiek@idhw.state.id.us](mailto:mckiek@idhw.state.id.us)

## **ILLINOIS**

WIC Nutrition Services Coordinator  
Division of Community Health Prevention  
Illinois Department of Human Services  
535 West Jefferson  
Springfield, IL 62761  
Phone: (217) 782-2166  
Fax: (217) 785-5247  
E-mail: [dhshpat@dhs.state.il.us](mailto:dhshpat@dhs.state.il.us)

## **INDIANA**

Nutrition Consultant, WIC Program  
Indiana State Department of Health  
2 North Meridian Street, Section 7A  
Indianapolis, IN 46204  
Phone: (317) 233-5579  
Fax: (317) 233-5609  
E-mail: [lheinric@isdh.state.in.us](mailto:lheinric@isdh.state.in.us)

## **IOWA**

Regional Nutrition Consultant  
Iowa Department of Public Health  
321 E. 12th  
Des Moines, IA 50319-0075  
Phone: (515) 281-4545  
Fax: (515) 281-4913  
E-mail: [spohl@idph.state.ia.us](mailto:spohl@idph.state.ia.us)

## **KANSAS**

Nutrition Education Specialist  
BCYS/NWS  
Kansas Dept. of Health and Environment  
900 SW Jackson Street, 10th Floor  
Topeka, KS 66612-12990  
Phone: (785) 296-0094  
Fax: (785) 296-1326  
E-mail: [pdunavan@kdhe.state.ks.us](mailto:pdunavan@kdhe.state.ks.us)

## **KENTUCKY**

Chief Dietitian  
WIC Program  
Kentucky Cabinet for Health Services  
275 East Main Street, HS2W-C  
Frankfort, KY 40621  
Phone: (502) 564-2339  
Fax: (502) 564-8389  
E-mail: [emma.walters@mail.state.ky.us](mailto:emma.walters@mail.state.ky.us)

## **LOUISIANA**

Nutritionist Specialist  
Office of Public Health Services  
Department of Health and Hospitals  
325 Loyola, Room 406  
New Orleans, LA 70112  
Phone: (504) 568-5891  
Fax: (504) 568-3065  
E-mail: [deborahjohnson@hotmail.com](mailto:deborahjohnson@hotmail.com)

## **MAINE**

Nutrition Coordinator  
Maine WIC Program  
11 State House Station  
Augusta, ME 0433  
Phone: (207) 287-4622  
Fax: (207) 287-3993  
E-mail: [mary.n.owen@state.me.us](mailto:mary.n.owen@state.me.us)

## **MARYLAND**

Nutrition Education Specialist  
WIC Program  
201 West Preston Street - 1st Floor  
Baltimore, MD 21201  
Phone: (410) 225-5663  
Fax: (410) 333-5243  
E-mail: [dallavallem@dnhm.state.md.us](mailto:dallavallem@dnhm.state.md.us)

## **MASSACHUSETTS**

Nutrition Surveillance Coordinator  
Massachusetts Department of Health  
250 Washington Street  
Boston, MA 02108-4619  
Phone: (617) 624-5501  
Fax: (617) 624-6062  
E-mail: [judy.salkeld@state.ma.us](mailto:judy.salkeld@state.ma.us)

## **MICHIGAN**

WIC Director  
Bureau of Child and Family Services  
Michigan Dept. of Community Health  
2150 Apollo Drive, PO Box 30195  
Lansing, MI 48909  
Phone: (517) 335-8951  
Fax: (517) 335-8835  
E-mail: [mcconnellm@state.mi.us](mailto:mcconnellm@state.mi.us)

WIC Nutrition Surveillance Unit Manager  
Bureau of Child and Family Services  
Michigan Dept. of Community Health  
2150 Apollo Drive, PO Box 30195  
Lansing, MI 48909  
Phone: (517) 335-9834  
Fax: (517) 335-8835  
E-mail: [whites@state.mi.us](mailto:whites@state.mi.us)

Epidemiologist  
2150 Apollo Drive

PO Box 30195  
Lansing, MI  
Phone: (517) 335-9834  
Fax: (517) 335-8835  
E-mail: [EghtedaryK@state.mi.us](mailto:EghtedaryK@state.mi.us)

## **MINNESOTA**

Surveillance Project Director  
WIC Program  
Minnesota Department of Health  
PO Box 64882  
St. Paul, MN 64882-0882  
Phone: (651) 281-9913  
Fax: (651) 215-8951  
E-mail: [maggie.donohue@state.mn.us](mailto:maggie.donohue@state.mn.us)

## **MISSISSIPPI**

Nutrition Monitor  
WIC Program  
Mississippi State Department of Health  
2423 North State Street  
Jackson, MS 39215-1700  
Phone: (601) 987-6733  
Fax: (601) 987-6740  
E-mail: [tgoodwin@msdh.state.ms.us](mailto:tgoodwin@msdh.state.ms.us)

## **MISSOURI**

Nutrition Services Consultant  
Bureau of Nutrition Services and WIC  
Division of Maternal, Child and Family Health  
Missouri Department of Health  
930 Wildwood, PO Box 570  
Jefferson City, MO 65102  
Phone: (573) 751-6195  
Fax: (573) 526-1470  
E-mail: [zahlel@mail.health.state.mo.us](mailto:zahlel@mail.health.state.mo.us)

## **MONTANA**

Public Health Nutritionist  
Nutrition and Child health Bureau  
Department of Public Health and Human Services  
1400 Broadway, Cogswell Building  
Helena, MT 59620  
Phone: (406) 444-5287  
Fax: (406) 444-0239  
E-mail: [cfogelman@mt.gov](mailto:cfogelman@mt.gov)

## **NEBRASKA**

WIC Coordinator  
Nebraska Dept of Health & Human Services  
301 Centennial Mall South  
PO Box 95007  
Lincoln, NE 68509-5007  
Phone: (402) 471-2781  
Fax: (402) 471-7049  
E-mail: [peggy.trouba@hss.state.ne.us](mailto:peggy.trouba@hss.state.ne.us)

## **NEVADA**

WIC Nutrition Coordinator  
Division of Health  
Nevada Dept. of Human Resources  
505 East King Street, Room 204  
Carson City, NV 89710  
Phone: (775) 684-5942  
Fax: (775) 684-4246  
E-mail: [bbayan@govmail.state.nv.us](mailto:bbayan@govmail.state.nv.us)

WIC Director  
Division of Health  
Nevada Department of Human Resources  
505 East King Street, Room 205  
Carson City, NV 89710  
Phone: (702) 687-4797  
Fax: (702) 786-6789  
E-mail: [dnwhite@govmail.state.nv.us](mailto:dnwhite@govmail.state.nv.us)

## **NEW HAMPSHIRE**

WIC Program Planner  
Bureau of WIC Nutrition Services  
Health and Welfare Bldg.  
6 Hazen Drive  
Concord, NH 03301  
Phone: (603) 271-4546  
Fax: (603) 271-4779  
E-mail: [lrichard@dhhs.state.nh.us](mailto:lrichard@dhhs.state.nh.us)

## **NEW JERSEY**

Division of Family Health Services  
New Jersey Department of Health  
50 East State Street  
PO Box 364  
Trenton, NJ 08625-0364  
Phone: (609) 292-9560  
Fax: (609) 292-3580  
E-mail: No address as 6/17/99

## **NEW MEXICO**

WIC Director  
Nutrition Section  
New Mexico Department of Health  
525 Camino de los Marquez, Suite 6  
Santa Fe, NM 87501  
Phone: (505) 476-8522  
Fax: (505) 476-8512  
E-mail: [janep@doh.state.nm.us](mailto:janep@doh.state.nm.us)

## **NEW YORK**

Director, Evaluation & Information Management  
Division of Nutrition  
New York State Health Department  
1 University Plaza, 1215 Western Avenue  
Albany, NY 12203  
Phone: (518) 402-7109  
Fax: (518) 458-5508  
E-mail: [mlw04@albnydh2.health.state.ny.us](mailto:mlw04@albnydh2.health.state.ny.us)

## **NORTH CAROLINA**

Clinical Services Branch Head  
DMCH-Nutrition Services Section  
N.C. Dept. of Environment, Health and Natural Resources  
PO Box 10008  
Raleigh, NC 27605-0008  
Phone: (919) 715-0646  
Fax: (919) 733-1384  
E-mail: [Sarah.roholt@ncmail.net](mailto:Sarah.roholt@ncmail.net)

## **NORTH DAKOTA**

Nutrition Services Director  
MCH/WIC Nutrition Services  
North Dakota Department of Health  
600 East Boulevard Avenue  
Bismarck, ND 58505-0200  
Phone: (701) 328-2493  
Fax: (701) 328-1412  
E-mail: [koby@ranch.state.nd.us](mailto:koby@ranch.state.nd.us)

HC3 Box 2  
New Town, ND 58763  
Phone: (701) 627-4777  
Fax: (701) 627-4610  
E-mail: [wic\\_tat@newtown.ndak.net](mailto:wic_tat@newtown.ndak.net)

## **OHIO**

Division of Family & Community Health Services  
Ohio Department of Health  
246 N. High Street  
PO Box 118  
Columbus, OH 43266-0118  
Phone: (614) 644-8686  
Fax: (614) 644-9850  
E-mail: [rshrock@gw.odh.state.oh.us](mailto:rshrock@gw.odh.state.oh.us)

## **OKLAHOMA**

Nutrition Division  
Oklahoma Department of Health  
1000 Northeast 10th Street, Rm 346  
Oklahoma City, OK 73117-1299  
Phone: (405) 271-4676  
Fax: (405) 271-7339  
E-mail: [carolew@health.state.ok.us](mailto:carolew@health.state.ok.us)

## **OREGON**

WIC Nutrition Consultant  
Oregon Department of Human Resources  
800 NE Oregon Street, Suite 865  
Portland, OR 97232  
Phone: (503) 731-3103  
Fax: (503) 731-3477  
E-mail: [jeanne.m.bacot@state.or.us](mailto:jeanne.m.bacot@state.or.us)

Nutrition Consultant  
Health Division  
Oregon Department of Human Resources  
800 NE Oregon Street, Suite 865  
Portland, OR 97232  
Phone: (503) 731-4701  
Fax: (503) 731-3477  
E-mail: [charles.w.slaughter@state.or.us](mailto:charles.w.slaughter@state.or.us)

## **PENNSYLVANIA**

Public Health Nutrition Consultant  
Division of WIC  
Pennsylvania Dept. of Health  
Health and Welfare Bldg., Room 604  
PO Box 90  
Harrisburg, PA 17120  
Phone: (717) 783-1289  
Fax: (717) 705-0462  
E-mail: [rlin@health.state.pa.us](mailto:rlin@health.state.pa.us)

## **R H O D E   I S L A N D**

WIC Nutritionist  
Rhode Island Department of Health  
3 Capitol Hill, Room 303  
Providence, RI 02908  
Phone: (401) 222-4604  
Fax: (401) 222-1442  
E-mail: [beckyb@doh.state.ri.us](mailto:beckyb@doh.state.ri.us)

## **S O U T H   C A R O L I N A**

Education Coordinator - WIC Services  
South Carolina Dept of Health & Environmental Control  
PO Box 101106  
Columbia, SC 29211  
Phone: (803) 898-0744  
Fax: (803) 734-4448  
E-mail: [walkerbw@columb63.dhec.state.sc.us](mailto:walkerbw@columb63.dhec.state.sc.us)

## **S O U T H   D A K O T A**

Nutritionist  
South Dakota Department of Health  
300 S. Courtland, Suite 109  
Chamberlain, SD 57325  
Phone: (605) 734-6627  
Fax: (605) 734-6537  
E-mail: [kristinb@hech1.state.sd.us](mailto:kristinb@hech1.state.sd.us)

## **T E N N E S S E E**

Nutrition Data Liaison  
Assessment & Planing  
Tennessee Dept of Health  
Cordell Hull Building, 4th Floor  
425 5th Avenue North  
Nashville, TN 37247-5261  
Phone: (615) 532-8188  
Fax: (615) 532-2286  
E-mail: [mcullen@mail.state.tn.us](mailto:mcullen@mail.state.tn.us)

## **T E X A S**

Clinical Nutrition Coordinator  
WIC Program  
Texas Department of Health  
1100 West 49th Street  
Austin, TX 78756  
Phone: (512) 458-7111 Ext. 3598  
Fax: (512) 458-7446  
E-mail: [Patti.Fitch@tdh.state.tx.us](mailto:Patti.Fitch@tdh.state.tx.us)

## **UTAH**

WIC Nutrition Coordinator  
Utah Department of Health  
288 North 1460 West  
PO Box 14470  
Salt Lake City, UT 84114-4470  
Phone: (801) 538-6960  
Fax: (801) 538-6729  
E-mail: [dlong@doh.state.ut.us](mailto:dlong@doh.state.ut.us)

## **VERMONT**

Public Health Nutrition Chief  
Vermont Dept. of Health  
PO Box 70  
108 Cherry Street  
Burlington, VT 05402  
Phone: (802) 865-7705  
Fax: (802) 651-1634  
E-mail: [Agardne@vdh.state.vt.us](mailto:Agardne@vdh.state.vt.us)

## **VIRGINIA**

Acting Director  
Division of Chronic Disease Prevention/Nutrition  
Virginia Dept. of Health  
1500 East Main Street, Rm 132  
Richmond, VA 23219  
Phone: (804) 786-5420  
Fax: (804) 371-6162  
E-mail: [sbrewer@hub.doh.va.gov](mailto:sbrewer@hub.doh.va.gov)

## **WASHINGTON**

PH Nutrition Services  
Community and Family Health  
Washington Department of Health  
PO Box 47886  
Olympia, WA 98504-7886  
Phone: (360) 236-3648  
Fax: (360) 586-3890  
E-mail: [caf0303@hub.doh.wa.gov](mailto:caf0303@hub.doh.wa.gov)

## **WEST VIRGINIA**

Surveillance Coordinator, WIC Program  
West Virginia Dept. of Health and Human Resources  
1411 Virginia Street, East  
Suite 200  
Charleston, WV 25301-3013  
Phone: (304) 558-0030  
Fax: (304) 558-1541

E-mail: [caf0303@hub.doh.wa.gov](mailto:caf0303@hub.doh.wa.gov)

WIC Director  
West Virginia Dept. of Health and Human Resources  
1411 Virginia Street, East  
Charleston, WV 25301-3013  
Phone: (304) 558-0030  
Fax: (304) 558-1541  
E-mail: [ferrid@wvnm.wvnet.edu](mailto:ferrid@wvnm.wvnet.edu)

## **W I S C O N S I N**

Public Health Nutritionist  
Division of Health  
Wisconsin Department of Health  
200 N. Jefferson Street, Room 126  
Greenbay, WI 54301  
Phone: (920) 448-5346  
Fax: (920) 448-5265  
E-mail: [spaanln@dhfs.state.wi.us](mailto:spaanln@dhfs.state.wi.us)

## **W Y O M I N G**

WIC Director  
Nutrition Services  
Wyoming Department of Health  
2300 Capitol Avenue  
4th Floor, Rm 457  
Cheyenne, WY 82002  
Phone: (307) 777-7494  
Fax: (307) 777-5402  
E-mail: [jmoran@missc.state.wy.us](mailto:jmoran@missc.state.wy.us)

## **PedNSS for Indian Tribes & U.S. Territories**

### **PedNSS for Indian Tribes & U.S. Territories**

WIC Administrator  
Inter Tribal Council of Arizona  
4205 North Seventh Avenue, Suite 200  
Phoenix, AZ 85013  
Phone: (602) 258-4822  
Fax: (602) 248-0080

Chickasaw Nation  
Box 1548  
Ada, OK 74820  
Phone: (405) 436-2603  
Fax: (405) 436-7225

WIC Director  
Navajo Division of Health  
Navajo National WIC Program  
Post Office Drawer 1390  
Window Rock AZ 86515  
Phone: (502) 871-6698  
Fax: (502) 871-6251

WIC Director  
Tribal Office Complex  
Mike Wash Rd.  
Towaoc, CO 81334  
Phone: (970) 565-3751  
Fax: (970) 565-6412

WIC Director  
Nebraska Inter Tribal Development Corp.  
RR 1, Box 66-A  
Winnebago, NE 68701  
Phone: (402) 878-2242  
Fax: (402) 878-2504

WIC Program  
PO Box 437  
Fort Yates, ND 58538  
Phone: (701) 854-7263  
Fax: (701) 854-7299

WIC Program  
Three Affiliated Tribes  
WIC Program  
HC5 Box 2  
New Town, ND 58763  
Phone: (701) 627-4777  
Fax: (701) 627-3805

WIC Program  
Choctaw Nation  
16th & Locust Street  
Drawer 1210  
Durant, OK 74702  
Phone: (405) 924-8280  
Fax: (405) 924-4831

Director, WIC Program  
Cherokee Nation  
PO Box 948  
Tahlequah, OK 74465-0948  
Phone: (918) 456-0671  
Fax: (918) 456-6485

Nutritionist  
Rosebud Sioux WIC Program  
400 WIC Drive  
PO Box 99  
Rosebud, SD 57570  
Phone: (605) 747-2617  
Fax: (605) 747-2612

WIC Director  
Cheyenne River Sioux Tribe  
PO Box 590  
Eagle Butte, SD 57625  
Phone: (605) 964-3947  
Fax: (605) 964-4010

PO Box 860  
Shoshone/Araphoe  
Fort Washakie, WY 82514  
Phone: (307) 332-6733  
Fax: (307) 332-3055

Public Health Nutritionist  
PO Box 409 CK  
Saipan, MP 96950  
Phone: (670) 234-8950 Ext. 2020  
Fax: (670) 233-0214

Public Health Nutritionist  
St. Croix, Virgin Islands  
Phone: (340) 773-9157  
Fax: NA

WIC Program  
Puerto Rico Department of Health  
PO Box 25220  
Rio Piedras, Puerto Rico 00928-5220  
Phone: (787) 281-8678  
Fax: (787) 763-1444

## Youth Risk Behaviors Survey Contacts

**Alabama** State Department of Education  
Student Instructional Services  
50 N. Ripley St.  
Gordon Persons Bldg., Room 5333  
Montgomery, Alabama 36130-3901  
Phone: (334) 242-8199  
Fax: (334) 242-0496

**Alaska** Department of Education  
Office of Instructional Improvement and Evaluation  
801 W. 10th Street, Suite 200  
Juneau, Alaska 99801-1894  
Phone: (907) 465-8730  
Fax: (907) 465-3396

**American Samoa** Government  
Department of Education  
Division of Curriculum and Instruction  
Administration Building  
1 Sesame Street, P.O. Box DOE  
Pago Pago, American Samoa 96799  
Phone: 011-(684) 633-1246  
Fax: 011-(684) 633-5184

**Arizona** Department of Education  
School Improvement Unit  
1535 West Jefferson  
Phoenix, Arizona 85007  
Phone: (602) 542-8705  
Fax: (602) 542-3818

**Arkansas** Department of Education  
Comprehensive School Health  
2020 W. 3rd, Suite 320  
Little Rock, Arkansas 72205  
Phone: (501) 324-9740  
Fax: (501) 324-9745

**California** State Department of Education  
Comprehensive School Health Program Office  
721 Capitol Mall, 3rd Floor  
P.O. Box 944272  
Sacramento, CA 94244-2720  
Phone: (916) 657-5255  
Fax: (916) 657-5149  
E-mail: [cberry@cde.ca.gov](mailto:cberry@cde.ca.gov)

**Colorado** State Department of Education  
201 East ColFax Room 404  
Denver, Colorado 80203  
Phone: (303) 866-6616  
Fax: (303) 866-6785

**Connecticut** State Department of Education  
165 Capitol Avenue  
Hartford, Connecticut 06106  
Phone: (860) 566-7812  
Fax: (860) 566-5623

**Delaware** State Department of Education  
Townsend Building  
Lockerman & Federal Street  
Dover, Delaware 19901  
Phone: (302) 739-4676  
Fax: (302) 739-6397

**District of Columbia** Public Schools  
Comprehensive School Health, HIV/AIDS  
100 Peabody St., NW  
Room 333  
Washington, D.C. 20011  
Phone: (202) 882-2233  
Fax: NA

**Florida** Department of Education  
325 W. Gaines Street, Suite 422  
Tallahassee, Florida 32399  
Phone: (850) 488-7835  
Fax: (850) 488-9840

**Georgia** State Board of Education  
2054 Twin Towers East  
Atlanta, Georgia 30334  
Phone: (404) 656-5748  
Fax: (404) 656-5748

**Guam** Department of Education  
Department of Education  
Div. of Curriculum & Instruction  
Building 13-34, Third Floor, Tiyan, P.O. Box D.E.  
Agana, Guam 96910  
Phone: 011-(671) 475-0451  
Fax: 011-(671) 472-9750

**Hawaii** Department of Education  
Office of Instructional Services  
189 Lunalilo Home Road  
Honolulu, Hawaii 96825  
Phone: (808) 396-2557  
Fax: (808) 548-5390

**Idaho** Department of Education  
Consultant, HIV-AIDS/Health Education  
650 W. State Street  
Boise, Idaho 83720-0027  
Phone: (208) 332-6950  
Fax: (208) 334-4664

**Illinois** State Board of Education  
School Improvement Planning and Assistance  
100 North First Street, Mailstop N242  
Springfield, Illinois 62777-0001  
Phone: (217) 782-2826  
Fax: (217) 785-9210

**Indiana** Department of Education  
Division of Student Services  
State House, Room 229  
Indianapolis, Indiana 46204  
Phone: (317) 232-9143  
Fax: (317) 232-9121

**Iowa** Department of Education  
Office of Education Services for Children, Families, and Communities  
Grimes State Office Building  
Des Moines, Iowa 50319-0146  
Phone: (515) 281-4804  
Fax: (515) 242-6025

**Kansas** State Dept. of Education  
Community Colleges/Community Education Team  
120 SouthEast 10th Street  
Topeka, Kansas 66612  
Phone: (913) 296-6716  
Fax: (913) 296-7933

**Kentucky** Department of Education  
500 Mero Street, 827 Capital Plaza Tower  
Frankfort, Kentucky 40601  
Phone: (502) 564-3791  
Fax: (502) 564-6721

**Louisiana** State Department of Education  
Bureau of Student Services  
626 N. 4th Street  
Baton Rouge, Louisiana 70804-9064  
Phone: (504) 342-3344  
Fax: (504) 342-6887

**Maine** Department of Education  
Bureau of Instruction  
State House Station #23  
Augusta, Maine 04333  
Phone: (207) 287-5930  
Fax: (207) 287-5927

**Marshall Islands**  
Ministry of Education  
P.O. Box 3  
Majuro, Marshall Islands 96960  
Phone: (692) 625-5261  
Fax: (692) 625-3861

**Maryland** State Department of Education  
Division of Compensatory Education and Support Services  
200 W. Baltimore Street  
Baltimore, Maryland 21201  
Phone: (410) 767-0311  
Fax: (410) 333-8148

**Massachusetts** Department of Education  
Learning Support Services  
350 Main Street, 4th Floor  
Malden, Massachusetts 02148  
Phone: (781) 388-3300, Ext. 474  
Fax: (781) 388-3394

**Michigan** Department of Education  
Comprehensive School Health Unit  
Ottawa South Building, 2nd Floor  
608 W. Allegan, Box 30008  
Lansing, Michigan 48909  
Phone: (517) 335-7252  
Fax: (517) 373-1233

**Minnesota** Department of Education  
AIDS Prevention/Risk Reduction  
Capitol Square Building Rm. 988  
550 Cedar Street

St. Paul, Minnesota 55101  
Phone: (612) 296-5833  
Fax: (612) 282-5892

**Mississippi** State Department of Education  
Office of Innovative Support  
Central High School Building  
Suite 162  
359 N. West St.  
P.O. Box 771,  
Jackson, Mississippi 39205  
Phone: (601) 359-2359  
Fax: (601) 359-2587

**Missouri** Department of Elementary and Secondary Education  
Special Federal Instructional Programs  
205 Jefferson Street  
P.O. Box 480  
Jefferson City, Missouri 65102  
Phone: (573) 751-3805  
Fax: (573) 526-6698

**Montana** Office of Public Instruction  
P.O. Box 202501  
Helena, Montana 59620  
Phone: (406) 444-1963  
Fax: (406) 444-3924

**Nebraska** Department of Education / Curriculum Services  
301 Centennial Mall South  
Box 94987  
Lincoln, Nebraska 68509  
Phone: (402) 471-4816  
Fax: (402) 471-0117

**Nevada** Department of Education  
Health and Safety Division  
700 E. Fifth Street  
Carson City, Nevada 89701-5096  
Phone: (702) 687-9162  
Fax: (702) 687-9211

**New Hampshire** State Department of Education  
School of Health Services  
101 Pleasant Street  
Concord, New Hampshire 03301  
Phone: (603) 271-3889  
Fax: (603) 271-1953

**New Mexico** Department of Education  
School Health Unit  
120 S. Federal Place  
Room 206  
Santa Fe, New Mexico 87501-2786  
Phone: (505) 827-1805  
Fax: (505) 827-1826

**New Jersey** State Department of Education  
Div. of Safe & Drug Free Schools  
240 West State Street, CN 500  
Trenton, New Jersey 08625  
Phone: (609) 292-9615  
Fax: (609) 292-6483

**New York** State Education Department  
Comprehensive Health & Pupil Services Team  
318M EB, Washington Avenue  
Albany, New York 12234  
Phone: (518) 468-6049  
Fax: (518) 486-7290

**North Carolina** Department of Public Instruction  
Education Building, Room 6163  
301 North Wilmington Street  
Raleigh, North Carolina 27611-2825  
Phone: (919) 715-1813  
Fax: (919) 715-2229

**North Dakota** Department of Public Instruction  
Department of Public Instruction  
State Capitol  
Bismarck, North Dakota 58505-0440  
Phone: (701) 328-4138  
Fax: (701) 224-2461

**Northern Marianna Islands**  
State Board of Education  
Public School System  
Mauru Building, 3rd Floor  
P.O. Box 1370 CK  
Saipan, MP 96950  
Phone: (670) 433-3620  
Fax: (671) 433-3620

**Ohio** Department of Education  
Student Development Division

Room 610  
65 South Front Street  
Columbus, Ohio 43215-4183  
Phone: (614) 466-9540  
Fax: (614) 728-3768

**Oklahoma** State Department of Education  
2500 North Lincoln Boulevard  
Oklahoma City, Ok 73105-4599  
Phone: (405) 521-6645  
Fax: (405) 521-6205

**Oregon** Department of Education  
Student Services  
Public Service Bldg.  
255 Capital Street, N.E.  
Salem, Oregon 97310-0203  
Phone: (503) 378-5585, Ext. 602  
Fax: (503) 373-7968

**Pennsylvania** Department of Education  
Bureau of Curriculum and Instruction  
333 Market Street  
Harrisburg, Pennsylvania 17126-0333  
Phone: (717) 772-2167  
Fax: (717) 787-7066

**Republic of Palau**  
Ministry of Education  
Bureau of Curriculum & Program Development  
Koror, Palau 96940  
Phone: 011-(680) 488-1003  
Fax: 011-(680) 488-9606

**Puerto Rico** Department of Education  
Health Program  
Tenience Cesar Gonzalez Street  
P.O. Box 190759  
Hato Rey, Puerto Rico 00919  
Phone: (787) 765-6082  
Fax: (787) 250-8374

**Rhode Island** Department of Education  
School Support Services  
Shepard Building  
255 Westminster Street  
Providence, Rhode Island 02903-3400

Phone: (401) 222-6523, Ext. 2369  
Fax: (401) 222-4979

**South Carolina** Department of Education  
801 Rutledge Building  
1429 Senate Street  
Columbia, South Carolina 29201  
Phone: (803) 777-8087  
Fax: (803) 734-6142

**South Dakota** Department of Education and Cultural Affairs  
Comprehensive School Health Program  
700 Governors Drive  
Pierre, South Dakota 57501-2291  
Phone: (605) 773-3261  
Fax: (605) 773-6779

**Tennessee** State Department of Education  
Division of Curriculum and Instruction  
84 Gateway Plaza  
710 James Robertson Parkway  
Nashville, Tennessee 37243-0379  
Phone: (615) 532-6260  
Fax: (615) 532-8536

**Texas** Education Agency  
Division of Curriculum Development and Textbooks  
1701 North Congress Avenue  
Austin, Texas 78701  
Phone: (512) 463-4326  
Fax: (512) 475-3612/3667

**Utah** Office of Education  
Office of Instructional Services  
250 East 500 South  
Salt Lake City, Utah 84111  
Phone: (801) 538-7606  
Fax: (801) 538-7769

**U.S. Virgin Islands**  
44-46 Kongens Gade  
Charlotte Amalie, St. Thomas, VI 00820  
Phone: (340) 774-0100, Ext. 3048  
Fax: (340) 774-8168

**Vermont** Department of Education  
Basic Education

120 State Street  
Montpelier, Vermont 05620  
Phone: (802) 828-5151  
Fax: (802) 828-3140

**Virginia** Department of Education  
P.O. Box 2120  
101 North 14 Street  
Richmond, Virginia 23219-2120  
Phone: (804) 225-4543  
Fax: (804) 371-8796

**Washington** State Education Department  
Special Services and Professional Programs  
Old Capitol Building,  
P.O. Box 47200  
Olympia, Washington 98504-7200  
Phone: (360) 586-0245  
Fax: (360) 664-3575

**West Virginia** Department of Education  
1900 Kanawha Boulevard, East, Room B309  
Charleston, West Virginia 25305-0330  
Phone: (304) 558-8830  
Fax: (304) 558-3787

**Wisconsin** Department of Public Instruction  
Student Services/Prevention & Wellness Team  
125 S. Webster Street  
P.O. Box 7841  
Madison, Wisconsin 53707-7841  
Phone: (608) 266-7921  
Fax: (608) 267-3746

**Wyoming** Department of Education  
Hathaway Bldg., 2nd Floor  
2300 Capitol Avenue  
Cheyenne, Wyoming 82002-0050  
Phone: (307) 777-5315  
Fax: (307) 777-6234

**ASTPHND:**

The Association of State and Territorial Public Health Nutrition Directors (ASTPHND) is a 501 (c)(3) non-profit membership organization that provides national and state leadership on food and nutrition policy, programs, and services. The Association's members direct the nutrition programs in the public health agencies of the 50 States, the District of Columbia, and the five Territories. They are a network of public health nutritionists working to improve the health of American population through statewide and local community efforts. ASTPHND monitors the trends in the Public Health and Community Nutrition Workforce by completing a biennial survey for all of the states. Every public health nutritionist, in every state, receives a survey to fill out. The survey lists source of community nutritionist funding, training needs, education, salary, type of job and numbers of public health nutritionists in the state over time.

Additional state-funded nutrition monitoring activities will be detailed in subsequent editions of the Directory of Federal and State Nutrition Monitoring Activities as information becomes available.

**Contact information:**

Executive Director  
Association of State and Territorial Public Health Nutrition Directors  
P.O. Box 7018  
York, PA 17404-0018  
Phone/Fax: (717) 764-7938  
E-mail: [ASTPHND@aol.com](mailto:ASTPHND@aol.com)

## **North Dakota's Food Security Monitoring System**

**Sponsoring Agency:** North Dakota Department of Health MCH/WIC Program

**Purpose:** To determine the extent of food security/insecurity in the North Dakota WIC populating.

**Conducted:** March, 1998

**Target Population:** Families participating in the North Dakota Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

**Sample Size and Response Rate(s):** Approximately 4,000 completed surveys. (WIC sites with less than 100 families distributed survey to all families; sites with 100-200 families distributed to at least 100 families; larger sites distributed to about one third of families.)

**Design and Methods:** Paper survey distributed to WIC families during March, 1998 appointments.

**Descriptive Variables:** Employment status; household size; WIC agency

**Outcome Variables of Interest:** Food security questions for past month and for past twelve months.

**Contact Agency:**

MCH/WIC Nutrition Services Director  
NDDH - MCH Division, 600 E Blvd. Ave.  
Dept. 301,  
Bismarck, ND 58505-0200  
Phone: (701) 328-4529  
Fax: (701) 328-1412  
E-mail: [msmail.kareno@ranch.state.nd.us](mailto:msmail.kareno@ranch.state.nd.us)

**Selected Key Publications:** None

## **VII. NUTRITION MONITORING RESEARCH**

The National Nutrition Monitoring and Related Research Program is designed to meet nutrition policy and program needs in the United States. In turn, policy and programs are formulated based on information gleaned from nutrition monitoring and nutrition research. To meet the expanding needs of the monitoring program, continued research is needed to improve data collection methods and our understanding of the relationship between food and health. Specifically, research can help us to determine the best way to assess dietary intake, attitudes and knowledge; questions to incorporate into surveys; the effect of diet on biochemical and health measures; and to develop indicators and model standards applicable for use in a variety of settings and with population subgroups. Although improvements in dietary intake methodology have been made, such as automating data collection and coding, measurement errors still exist for capturing intake from people. Survey research, then, aims to estimate dietary intake and reduce the measurement error at all levels. Research can be conducted in the area of sample design and survey methods for population subgroups at nutritional risk and for specific geographic areas. It can provide better interpretive criteria for nutritional indicators and mechanisms to link and use various data sets in the monitoring system. A number of Federal agencies conduct nutrition monitoring research. Examples of some of these activities are included in this chapter.

### **NCHS/CDC Nutrition Monitoring Research**

To improve nutrition surveys and nutrition surveillance systems, nutrition researchers at the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) are involved in the development of improved methodology to assess nutritional status using anthropometric, dietary, and laboratory approaches. Using the third National Health and Nutrition Examination Survey (NHANES III) as an example, CDC nutrition research focuses on growth in children, overweight in children and adults, iron deficiency anemia, folate status, vitamin/mineral supplement use, food insecurity, trends in dietary fat intake and serum cholesterol levels, salt/sodium intake and hypertension, antioxidants, infant eating patterns including breastfeeding and health, calcium intake and bone densitometry, and alcohol intake. Whether in the area of dietary methodology research or the development of nutritional status indicators, the CDC has been at the fore of research. With an interest in expanding services to the state and local levels, the CDC has also provided research leadership in this area. The following section highlights key nutrition monitoring research either carried out by staff from the National Center for Health Statistics (NCHS), alone or in collaboration with other Centers, agencies, academia, or contractors or with NCHS expert advice or funding.

#### **I. Dietary Methods Research**

The Ten-Year Plan for Nutrition Monitoring and Related Research identified numerous areas for research and action. Among them was a continued emphasis on the importance of research to evaluate and improve on dietary methods used to collect and report survey information on dietary intake. Specifically in the area of food and nutrient consumption, the plan called for the improved measurement of dietary status in surveys and surveillance systems; procedures for determining usual intakes of foods and

nutrients; improved, practical dietary methods; and instruments for defining and measuring food insecurity.

Briefel RR. Assessment of the US diet in national nutrition surveys: national collaborative efforts and NHANES. *Am J Clin Nutr* 59(1 Suppl): 164S-167S. 1994.

McDowell MA. The NHANES III Supplemental Nutrition Survey of older Americans. *Am J Clin Nutr* 59(1 Suppl): 224S-226S. 1994.

C **Study on energy underreporting:** Using NHANES III data, NCHS staff embarked on a study to learn the extent to which people underreport energy intake in a national survey. Information from the 24-hour recall were analyzed for nonpregnant adults ages 20 years and older. An estimate for underreporting was obtained by computing a ratio of energy intake (EI) to estimated basal metabolic rate ( $BMR_{est}$ ). In sum, approximately 18% of men and 28% of women were classified as underreporters and underreporting of intake was highest in women and persons who were older, overweight, or trying to lose weight. Various other factors also contributed to energy underreporting.

Briefel RR, Sempos CT, McDowell MA, Chien S, Alaimo K. Dietary methods research in the third National Health and Nutrition Examination Survey: underreporting of energy intake. *Am J Clin Nutr* 65(suppl): 1203S-9S. 1997.

Briefel RR, McDowell MA, Alaimo K, Caughman CR, Bischof AL, Carroll MD, Johnson CL. Total energy intake of the US population: the third National Health and Nutrition Examination Survey, 1988-1991. *Am J Clin Nutr* 62(5 Suppl, Nov), 1072S-1080S. 1995.

C **Portion size research:** In preparation for the next NHANES, NCHS contracted with Kansas State University and Tennessee State University to conduct a series of portion size research studies. The objectives of the studies were: 1) to evaluate selected measurement aids for use during NHANES using an in-person interview methodology; 2) To determine the accuracy of portion size estimates that were obtained using specific types of measurement aids; specific foods were tested in each experiment; 3) to provide recommendations for the food measurement aids that could be used in an NHANES setting. The contractors provided recommendations and candid assessments of their research findings. The studies employed diverse groups of study subjects and unique research protocols to make the research tasks more realistic for the subjects. Factors that affect the task of quantifying foods and were observed included respondent characteristics, cognitive factors, and food characteristics.

Chambers IV, Edgar. NHANES Dietary Methodology Research: Alternative approaches for quantifying snack foods and beverages. Prepared under contract to the National Center for Health Statistics. February 1998.

Godwin S. NHANES Dietary Methodology Research. Alternative approaches for quantifying meats and fish, wedge-shaped foods, foods eaten in large quantities, and table spreads and gravies. Prepared under contract to the National Center for Health Statistics. February 1998.

- C **Estimation of usual intake for selected nutrients:** Nutrient intake and biochemical blood and serum indicators collected from a sample of individuals vary between and within individuals from day to day. When making population inferences, it is appropriate to estimate the average or usual nutrient intake or biochemical measurement for an individual using distributions that reflect only the between-individual variance. Iowa State University (ISU) in cooperation with the ARS of the USDA has developed such a procedure to estimate the distribution of the usual nutrient intakes (Nusser et al., 1996). NCHS staff worked with ISU to apply the method to selected dietary and biochemical variables, collected in NHANES III (1988-94). Distributions of individual usual intakes and biochemical measures for the selected variables and subpopulations were estimated, including parameters such as the mean, standard deviation, skewness, and percentiles.

Nusser SM, Carriquiry AL, Dodd KW, Fuller WA. A semiparametric transformation approach to estimating usual intake distributions. *J Am Stat Assoc* 91:1440-1449. 1996.

Carriquiry AL, Dodd KW, Nusser SM. Estimating Adjusted Intake and Biochemical Measurement Distributions for NHANES III. Final report prepared for the National Center for Health Statistics. 1997.

- C **Replicate data needs:** In preparation for the next NHANES, NCHS and ISU have begun to estimate the percent of respondents who require a second 24-hour recall to enable the calculation, within a specified level of precision, of reliable estimates of usual intake distributions. Issues related to determining what variables require replicate data and how best to collect them are also being addressed.
- C **Dietary Reference Intakes and NHANES III:** Under the auspices of the Institute of Medicine, Food and Nutrition Board's Standing Committee on the Scientific Evaluation of Dietary Reference Intakes, a number of reports will be issued that provide guidance to federal agencies about nutrient needs (Dietary Reference Intakes) and replace the former Recommended Dietary Allowances. To date and as part of the review process two independent panels, one that analyzed the scientific literature regarding human requirements for calcium, phosphorus, magnesium, vitamin D, and fluoride throughout the lifespan, including the relationship to chronic diseases and data on dietary intake and a second to consider the same issues relative to folic acid and other B-vitamins, were convened. Staff from NCHS were instrumental in providing data on current intakes of these nutrients, from foods and dietary supplements, in the United States population. Data provided by NCHS aided in the development of recommendations to avoid deficiency, provide adequate intake levels to promote health/prevent disease, and indicate maximum intake levels above which risk of toxicity would increase. Other reports that will be released in the future cover nutrients and other food components such as antioxidants, macronutrients, trace elements, electrolytes and water, fiber and phytoestrogens. Staff from NCHS will continue to contribute toward this process.

Institute of Medicine, Food and Nutrition Board. Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D, and Fluoride. A Report of the Standing

Committee on the Scientific Evaluation of Dietary Reference Intakes. National Academy Press. Prepublication Report. 1997.

Institute of Medicine, Food and Nutrition Board. Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B<sub>6</sub>, Folate, Vitamin B<sub>12</sub>, Pantothenic Acid, Biotin, and Choline: A Report of the Standing Committee on the Scientific Evaluation of Dietary Reference Intakes and its Panel on Folate, Other B Vitamins, and Choline and Subcommittee on Upper Reference Levels of Nutrients (prepublication copy). Washington, DC: National Academy Press, 1998. National Academy Press. Draft Report. 1998.

- C **Vitamin and mineral supplement project:** Detailed information on dietary supplement intake was obtained in NHANES III. In order to enable researchers to estimate nutrient intake from supplements, products reported had to be linked to a database that provides such information. NCHS, through a contract with Medistat, developed the only large data base of nutritional supplements with concentrations available in this country. The data set will be used to estimate total nutrient intake and the contribution of nutritional supplements to nutritional status, and link dietary supplement intake to health outcomes in the NHANES III data base. Methods that will enable improved data collection and maintenance of a dietary supplements, antacids, and over-the-counter drugs database for the next NHANES survey are being developed.
  
- C **Development of a food security scale:** The Ten-Year Comprehensive Plan for Nutrition Monitoring called for the development of a standard measure of food insecurity and hunger in the United States for use at the national, state, and local levels. A Federal Interagency Working Group for Food Security Measurement, chaired by the Food and Consumer Service and NCHS in partnership with academic and other private-sector research experts collaborated to develop an instrument using prior research and an agreed upon framework. The resulting 18-item scale captures various indicators along the continuum of food insecurity and assumes that limited resources and access to food are prime factors leading to food insecurity. Using the scale, households may be classified into various levels of severity including, food secure, food insecure with no hunger, food insecure with moderate hunger, and food insecure with severe hunger. In 1995, the U.S. Bureau of the Census conducted the first ever Food Security Supplement to its regular Current Population Survey (CPS), using the 18-item scale. This represents the first measure of food insecurity and hunger using the agreed upon scale and a nationally representative sample of U.S. households. In the near future, NHANES, the Continuing Survey of Food Intakes by Individuals, and CPS, three nationally representative surveys of the United States population will incorporate the scale.

Hamilton WL, Cook JT, Thompson WW, Buron LF, Frongillo EA, Olson CM, Wehler CA. Household food security in the United States in 1995: Summary report of the food security measurement project. Alexandria, VA: U.S. Department of Agriculture, Food and Consumer Service. 1997.

Hamilton WL, Cook JT, Thompson WW, Buron LF, Frongillo EA, Olson CM, Wehler CA. Measures of food security, food insecurity, and hunger in the United States in 1995: Technical report of the food security measurement study. Alexandria, VA: U.S. Department of Agriculture, Food and Consumer Service, July 1997.

Briefel RR, Woteki CE. Development of food sufficiency questions for the third National Health and Nutrition Examination Survey. *J Nutr Educ* 24(1): 24-28. 1992.

Carlson S, Briefel R. The USDA and NHANES food sufficiency question as an indicator of hunger and food insecurity. Conference on Food Security Measurement and Research, Papers and Proceedings, pp. 48-56. Alexandria, VA: FCS/USDA. 1995.

- C **Consensus Workshop on Dietary Assessment for Nutrition Monitoring and Tracking the Year 2000 Objectives:** In 1993 NCHS, in collaboration with other Federal agencies sponsored a conference to address dietary assessment methodologies in the National Nutrition Monitoring and Related Research Program. The workshop and work that preceded aimed to establish consensus on the selection, use and interpretation of dietary methods used for nutrition monitoring surveys and surveillance systems; establish dietary methods appropriate for state/local use that are comparable with national dietary methods; and recommending dietary methods for monitoring selected Year 2000 objectives on dietary fat intake, fruit and vegetable intake, calcium intake, and alcohol risk reduction. Meeting participants developed recommendations based on dietary methods research and identified additional areas of research.

Krebs-Smith, SM, DA Cook, AF Subar, L Cleveland, and J Friday. Assessing fruit and vegetable intakes: Toward the year 2000. *Am J Publ Health* 85:1623-1629. 1995.

National Center for Health Statistics. Consensus workshop on dietary assessment: Nutrition monitoring and tracking the Year 2000 Objectives. Wright J, Ervin B, Briefel R, eds. Hyattsville, MD. 1994

## II. Nutritional Status Indicators

The ARS, National Center for Environmental Health (NCEH), and NCHS have the lead responsibility to develop a core set of standardized dietary and nutritional status indicators that are coordinated with those for the Year 2000 objectives and to develop appropriate interpretive criteria for the general population and subgroups of the population. These agencies are also responsible for the development of laboratory measures of nutritional status and dietary intake; and survey sampling, design, and measurement procedures for high-risk subgroups and geographic areas.

- C **Revised growth charts:** Originally developed in 1977, the NCHS/CDC Growth Charts are in the process of being revised to track the growth of children (from birth to nineteen years of age) in the U.S. and around the world. In preparation for this research project, the NHANES III sample design included the oversampling of children

ages 2 months through five years of age. Data used to update the growth charts include: NHANES III measures, birth certificate information, reported information on NHANES III questionnaires, and results from deliberations from various meetings and workshops with other Government agencies, academia, professional associations, states and the World Health Organization. Research questions considered included the need to create separate ethnic-specific, low birthweight, and exclusively breastfed infant charts; and need to create adjustments for sexual maturation. The growth charts, which will be released by the end of 1998, now will use National data for all ages, including infants; they will pool data from various surveys to establish new curves; will include BMI charts; and will be electronically accessible, for use in pediatricians offices, state and local health departments, federal surveillance programs, and public assistance clinics.

Roche AF, Guo SS, Johnson CL, Kuczmarski RJ, Briefel RR. Revision of the U.S. National Center for Health Statistics Growth Charts. In: Studies in Human Biology. Bodzsar BE and Susanne, eds. Edotvos University Press, Budapest. pp. 105-112. 1996.

National Center for Health Statistics. Executive Summary of the Growth Chart Workshop, December 1992. Prepared by Alex Roche for the National Center for Health Statistics. 1994.

National Center for Health Statistics. Executive Summary of Workshop to Consider Secular Trends and Possible Pooling of Data in Relation to the Revision of the NCHS Growth Charts, November 1995. Prepared by Alex Roche for the National Center for Health Statistics. 1995.

National Center for Health Statistics. Executive Summary of the NCHS Low Birth Weight Workshop, In press.

- C **Nutritional biochemistries:** NCHS with NCEH and the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) have worked on research to provide nutritional biochemistry reference data and estimate prevalence of deficiency and toxicity.
- C **Development of statistical models to establish screening criteria for hemochromatosis:** NCHS has worked on statistical modeling of NHANES III iron status data in non-Hispanic whites to help assess whether iron overload is present in that population. In previous studies, the prevalence of HLA-linked hemochromatosis, thought to be the most common genetic illness in whites, has been estimated by identifying homozygotes in the population. Because not all homozygotes express the disease phenotypically, the accuracy of these estimates is uncertain. A team from Moorehead State University, George Washington University, the University of Utah, Case Western Reserve, and NCHS analyzed the distribution of transferrin saturation values in NHANES II to estimate the prevalence of hemochromatosis heterozygotes in the US population. Their results confirmed that the gene for hemochromatosis is common.

Building on this work, NCCDPHP is currently preparing guidelines on screening for iron overload in the U.S., but many questions remain, including whether screening

should be done in minorities (in particular non-Hispanic blacks and Mexican Americans), and what appropriate screening criteria for minorities should be.

Gordeuk VR, McLaren CE, Looker AC, Hasselblach V, Brittenham GM. Distribution of transferrin saturations in the African-American population. *Blood* 91(6): 2175-2179. 1998.

McLaren CE, Gordeuk VR, Looker AC, Hasselblad V, Edwards CQ, Griffen LM, Kushner JP, Brittenham GM. Prevalence of heterozygotes for hemochromatosis in the white population of the United States. *Blood* 86(5):2021-2027. 1995.

Looker AC, Sempos CT, Liu KA, Johnson CL, Gunter EW. Within-person variance in biochemical indicators of iron status: effects on prevalence estimates. *Am J Clin Nutr* 52(3, Sep), 541-547. 1990.

- C **Iron deficiency guidelines:** Using NHANES III data and NCHS staff support, the NCCDPHP has recently released guidelines to help health professional assess iron status and help to diagnose iron deficiency and iron deficiency anemia, especially in children and young women.

Centers for Disease Control and Prevention. Recommendations to prevent and control iron deficiency in the United States. *MMWR* 47(RR-3): 1-29. 1998.

Looker AC, Dallman PR, Carroll MD, Gunter EW, Johnson CL. Prevalence of iron deficiency in the United States. *JAMA* Mar 26;277(12):973-976. 1997.

Looker AC, Gunter EW, Johnson CL. Methods to assess iron status in various NHANES surveys. *Nutr Rev* 53(91), 246-254. 1995.

Life Sciences Research Office, Federation of American Societies for Experimental Biology. Assessment of the iron nutritional status of the U.S. population based on data collected in the Second National Health and Nutrition Examination Survey, 1976-80. Bethesda, Maryland: Federation of American Societies for Experimental Biology, Special Publications Office. 1984.

- C **Folate status research:** NCHS, in collaboration with other CDC Centers and Tufts University have conducted a series of analyses to assess serum and red cell folate, homocysteine, methyl malonic acid, and vitamin B<sub>12</sub>, as well as dietary folate intake and supplement use. These data will be used to further elucidate the relationship between these analytes and neural tube defects and heart disease. In addition, research methods to estimate folate status and the best model to estimate folate deficiency has proceeded. This information is critical to interpret folate status data from NHANES III and decide on measurement methods to use in the next NHANES survey.

Raiten DJ, Fisher KD. Assessment of folate methodology used in the third National Health and Nutrition Examination Survey (NHANES III, 1988-1994). *J Nutr* 125(5, May), 1371S-1398S. 1995.

Life Sciences Research Office, Federation of American Societies for Experimental Biology. Assessment of the folate nutritional status of the U.S. population based on data collected in the Second National Health and Nutrition Examination Survey, 1976-80. Bethesda, Maryland: Federation of American Societies for Experimental Biology, Special Publications Office, 1984.

- C **Bone mineral density project:** The International Committee on Standards in Bone Densitometry used NHANES III reference data as part of their femur bone mineral density standardization efforts. NCHS staff served as consultants on the project. This effort will increase confidence in scan results, provide a more clear definition of patients' conditions, and enable comparison of data between scans performed on different devices and provide expanded reference data for the United States.

Hanson J. Letter to the editor: Standardization of femur BMD. *J Bone and Mineral Res* 12(8): 1316-1317. 1997.

Looker AC, Harris TB, Madams JH, Sempos CT. Dietary calcium and hip fracture risk: the NHANES I Epidemiologic Follow-Up Study. *Osteoporos Int* 3(4, Jul), 177-184. 1993.

Wahner HW, Looker A, Dunn WL, Walters LC, Hauser MF, Novak C. Quality control of bone densitometry in a national health survey (NHANES III) using three mobile examination centers. *J Bone Miner Res* 9(Jun): 951-960. 1994.

- C **Weight status and WIC:** NCHS staff, in collaboration with staff from the Division of Nutrition and Physical Activity at the NCCDPHP completed analyses of nutrient intake and weight status of children participating in the Special Supplemental Food Program for Women, Infants, and Children (WIC) compared to other low-income children, using NHANES III data. This research indicates that, on the whole, dietary intakes of WIC participants were not associated with an increased prevalence of overweight.

Centers for Disease Control and Prevention. Nutritional status of children participating in the Special Supplemental Nutrition Program for Women, Infants and Children - United States, 1988-1991. *MMWR* 45(3): 65-69. 1996.

Nutritional status of children participating in the Special Supplemental Nutrition Program for Women, Infants, and Children--United States, 1988-1991. From the Centers for Disease Control and Prevention. *JAMA* 275(10): 750-752. 1996.

- C **The relationship of body composition, nutrition, and health in military women:** The Food and Nutrition Board's (FNB) Subcommittee on Body Composition, Nutrition, and Health in Military Women, on which NCHS staff serves, provided recommendations on standards for body composition, fitness and nutrient requirements for military women.  
NAS/FNB Subcommittee on Body Composition, Nutrition, and Health in Military Women. Assessing readiness in military women: The relationship of body composition, nutrition, and health. The National Academy Press, 1998.

### III. State and local efforts

Improved coordination and linkage of dietary methods used at the national level to methods used at State and local levels is essential. In addition, comparable dietary data collection methods are needed for nutrition monitoring and for tracking progress toward reaching certain Year 2000 Health objectives at national, State, and local levels.

- C **State estimates for overweight using small area estimation statistical procedures:** With legislation that is state specific and decreased funding for state-level nutrition monitoring and surveillance, it becomes crucial to be able to use National data to make state and other local estimates. NCHS staff has been working on models to enable small area estimates for overweight. Future work will likely include small area estimates for the following variables: blood lead, blood pressure, and blood cholesterol.
- C **Development of a food security short form:** Staff from NCHS and NCCDPHP, in collaboration with the Food and Nutrition Service and Abt Associates developed a subscale from the full 18-item scale for use at the state and local levels, where space and financial constraints hinder their inclusion of the preferred full scale. A paper on the subscale will be submitted for publication shortly. See dietary methods section for information on the 18-item food security scale.
- C **Anthropometry Training Video:** NCHS produced a 30-minute video entitled, the "NHANES III Anthropometric Procedures Video." This product demonstrates standardized anthropometric procedures that were used in the body measurements component of NHANES III. The procedures shown in the video allow others to follow the NHANES III anthropometric methodology, and enable comparisons of data collected in local clinics and other population based studies with the national reference data. Copies of the video are available from the Government Printing Office, Stock Number 017-022-01335-5. Additional information about the video is available through the CDC home page on <http://www.cdc.gov>.

### IV. Additional Examples of Nutrition Methods References:

Chumlea WMC, Kuczmarski RJ. Using a bony landmark to measure waist circumference. *J Am Diet Assoc (Letter to the Editor)* 95(1): 12. 1995.

Loria C, Arroyo D, Briefel R. Cultural biases influencing dietary interviews with Mexican Americans - the HHANES experience. *Am J Clin Nutr* 59(1), S291. 1994.

Sempos C, Flegal KM, Johnson CL, Loria CM, Woteki CE, Briefel RR. Issues in the long-term evaluation of diet in longitudinal studies. *J Nutr* 123(2-II): 406-412. 1993.

Briefel RR, Flegal KM, Winn DM, Loria CM, Johnson CL, Sempos CT. Assessing the nation's diet: limitations of the food frequency questionnaire. *J Am Diet Assoc* 92(8): 959-962. 1992.

National Center for Health Statistics. Dietary Survey Methodology Workshop for the third National Health and Nutrition Examination Survey. Briefel RR, Sempos CT, eds. *Vital Health Stat* 4(27). Hyattsville, MD. 1992.

Sempos CT, Briefel RR, Flegal KM, Johnson C, Woteki CE. Factors involved in selecting a dietary survey methodology for national nutrition surveys. *Aust J of Nutr and Diet* 49(2): 2-27 and 29-30. 1992.

Loria CM, McDowell MA, Johnson CL, Woteki CE. Nutrient data for Mexican-American foods: are current data adequate? *J Am Diet Assoc* (91), 919-922. 1991.

Woteki CE, Briefel R, Hitchcock D, Ezzati T, Maurer, K. Selection of nutrition status indicators for field surveys: the NHANES III design. *J Nutr* 120 (Suppl 11): 1440-1445. 1990.

NHANES III Dietary interviewer's training manual. Rockville, Maryland: Westat, Inc. 1989.

Harris T, Woteki CE, Briefel RR, Kleinman JC. NHANES III for older persons: nutrition content and methodological considerations. *Am J Clin Nutr* 50(5 Suppl): 1145-9; discussion 1231-5. 1989.

McDowell MA, Briefel RR. The Dietary Data Collection System--Automated interview and coding system for NHANES III. *Proceedings-Fourteenth National Nutrition Databank Conference, Iowa City.* 1989.

Sempos CT, Briefel RR, Woteki CE. Dietary survey methods in national nutrition surveys. In: *Proceedings of the Workshop on Dietary Survey Methodology.* AS Truswell, ed. University of Sydney, Sydney, NSW, Australia. 1988.

Woteki CE. Dietary survey data: sources and limits to interpretation. *Nutr Rev* May, 204-213. 1986.

Woteki CE. Methods for surveying food habits: How do we know what Americans are eating? *Clin Nutr* 5(1)(Jan/Feb), 9-16.(Includes 20 references.) 1986.

Life Sciences Research Office, Federation of American Societies for Experimental Biology. Suggested measures of nutritional status and health conditions for the Third National Health and Nutrition Examination Survey. Bethesda, Maryland: Life Sciences Research Office. 1985.

Johnson CL, Murphy RS. Analytic concerns relating physiological measures to reported dietary intake data (National Health and Nutrition Examination Survey, United States). *Research bulletin - Massachusetts Agricultural Experiment Station* (675,Jan), 138-143. 1982.

**Contact agency:**

Division of Health Examination Statistics  
National Center for Health Statistics  
6525 Belcrest Road, Room 1000  
Hyattsville, MD 20782-2003  
Phone: (301) 458-4567  
Fax: (301) 458-4028  
<http://www.cdc.gov/nchs/>

**Agricultural Research Service (USDA) and the National Heart, Lung, and Blood Institute (NIH/HHS) Nutrition Monitoring Research**

- C **National Food and Nutrient Analysis Program:** The National Heart, Lung, and Blood Institute of the National Institutes for Health and the Agricultural Research Service (ARS), with funding from NCHS and other Federal agencies, have teamed up to work on the National Food and Nutrient Analysis Program to achieve long-sought improvements in the National Nutrient Data Base through a comprehensive revision of scientific concept and technical approach. The program will be directed by the Nutrient Data Laboratory, ARS, USDA. Research activities will comprise four linked components: 1) Evaluate existing data for scientific quality; 2) Identify Key Foods and Nutrients for sampling and analysis plans; 3) Devise and implement a nationally based sampling plan for foods; and 4) Analyze sampled foods under USDA-supervised laboratory contracts. The nutrient data yielded by this program will be of unprecedented analytical quality, will be statistically representative of the national food supply and of national food consumption patterns, and will provide unbiased estimates of the mean and variance for high priority food items.

**Contact Agencies:**

Food Composition Laboratory, ARS  
Beltsville Human Nutrition Research Center  
Agricultural Research Service  
10300 Baltimore Blvd.  
Building 005, BARC-West  
Beltsville, MD 20705-2350  
Phone: (301) 504-0630  
Fax: (301) 504-0632  
<http://www.nal.usda.gov/fnic/foodcomp/Data/>  
E-mail: [NDLinfo@rbhnrc.usda.gov](mailto:NDLinfo@rbhnrc.usda.gov)

Division of Heart and Vascular Diseases  
National Heart, Lung and Blood Institute  
Rockledge II, Room 9186, Suite 7940  
6701 Rockledge Drive  
Bethesda, MD 20892  
Phone: (301) 435-0529  
Fax: (301) 480-1336  
E-mail: [ErshowA@gwgate.nhlbi.nih.gov](mailto:ErshowA@gwgate.nhlbi.nih.gov)

**Center for Nutrition Policy and Promotion (CNPP), U.S. Department of Agriculture**  
**Nutrition Monitoring Research**

**C The Healthy Eating Index (HEI):** In 1995, the Center for Nutrition Policy and Promotion released the Healthy Eating Index (HEI), an aggregate measure of overall diet quality. The purpose of this and follow up activities is to “improve the methodologies and technologies, including those suitable for use by States and localities, available for the assessment of nutritional and dietary status and trends;” and to “develop uniform standards and indicators for the assessment and monitoring of nutritional and dietary status, for relating food consumption patterns to nutritional and health status, and for use in the evaluation of Federal food and nutrition intervention programs;” as mandated by Public Law 101-445 --The National Nutrition Monitoring and Related Research Act (7 USC 5313, Sec. 103(b)6-7). The HEI has been calculated in 1995 and 1998. Because estimates of the HEI for the U.S. population are based on food and nutrient intake data from national surveys such as USDA's Continuing Survey of Food Intakes by Individuals and HHS' National Health and Nutrition Examination Survey, updates to the HEI for the population are possible only when nationally representative survey data become available.

The HEI provides a picture of people's overall diet. The HEI has 10 equally-weighted components, each based on different aspects of a healthful diet. The score of each component ranges between 0 and 10 and the overall index, from 0 to 100. The components can be grouped in terms of those that relate to adequacy or sufficiency, to moderation, and to variety in the diet. Specifically, components 1 through 5 measure the degree to which a person's diet contains adequate servings of the 5 major food groups depicted in the Food Guide Pyramid: grains, vegetables, fruits, milk, and meats. Components 6-9 measure how well recommendations to moderate fat, saturated fat, sodium, and cholesterol are met: component 6 is based on total fat consumption as a percentage of total food energy intake; component 7 is based on saturated fat consumption as a percentage of total food energy intake; component 8 is based on cholesterol intake and component 9 is based on sodium intake. Finally, component 10 reflects the amount of variety in a person's diet. Estimated population HEI average scores have been in the low- to mid-sixties (out of a possible 100).

Variyam JN, Blaylock J, Smallwood D, Basiotis PP. “USDA's Healthy Eating Index and Nutrition Information.” Economic Research Service and Center for Nutrition Policy and Promotion, U.S. Department of Agriculture. Washington, DC. Technical Bulletin No. 1866. 1998.

Kennedy ET, Basiotis PP. “Indices to Monitor Overall Diet Quality.” *Cereal Foods World* 42(2):74-78. 1997.

Kramer-LeBlanc CK, Basiotis PP, Kennedy ET. “Maintaining Food and Nutrition Security in the United States with Welfare Reform.” *Am J Agricultural Economics* 79(5):105-112. 1997.

Basiotis PP, Hirschman JD, Kennedy ET. "Economic and Sociodemographic Determinants of Healthy Eating as Measured by USDA's Healthy Eating Index." Consumer Interest Annual 42:81-88. 1996.

U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. "The Healthy Eating Index." Report No. CNPP-1. 1995.

Kennedy ET, Ohls J, Carlson S, Fleming K. "The Healthy Eating Index: Design and Applications." J Am Dietet Assoc 95(10):1103-08. 1995.

**Contact Agency:**

Center for Nutrition Policy and Promotion  
U.S. Department of Agriculture  
1120 20th Street, NW, Suite 200 North Lobby  
Washington, DC 20036  
Phone: (202) 418-2312  
Fax: (202) 208-2322  
<http://www.usda.gov/cnpp>

## VIII. SEARCHING AGRICOLA AND MEDLINE

### What are AGRICOLA and MEDLINE?

AGRICOLA (AGRICultural OnLine Access) and MEDLINE are bibliographic data bases that include information about food and nutrition. AGRICOLA consists of citations for journal articles, monographs, theses, audiovisual materials, and technical reports relating to all aspects of agriculture, while MEDLINE is a biomedical data base consisting of citations from journal articles only. There are currently over 3 million records in the AGRICOLA data base and over 9 million records in MEDLINE. Most of the items listed in AGRICOLA are available at the U.S. Department of Agriculture's National Agricultural Library (NAL) located in Beltsville, Maryland. Journals from citations on MEDLINE can be found at the U.S. Department of Health and Human Services' National Library of Medicine (NLM) located in Bethesda, Maryland.

### Access to AGRICOLA and MEDLINE

You can access MEDLINE/PubMed and other related databases through MEDLARS, a free service provided by the National Library of Medicine. PubMed is an easy-to-use, flexible system that allows you to search using free text (natural language) as well as the subject headings and Boolean operators mentioned below. The service can be accessed through the Internet (<http://www.ncbi.nlm.nih.gov/PubMed/>).

MEDLINE and AGRICOLA on CD-ROM are produced by SilverPlatter, Inc., and are available at many libraries. Online access to both AGRICOLA and MEDLINE is available through commercial vendors including the DIALOG Corporation and DIMDI (Germany). In the summer of 1998, AGRICOLA also will be available through NAL's Web site (<http://www.nal.usda.gov>).

### Searching AGRICOLA and MEDLINE--Some general tips

Before beginning to search a database, it is important to develop a search strategy. A search strategy contains the key words, phrases, or terms that you wish to search; synonyms for these terms; and how you want to combine the terms. Your search strategy should contain several terms for each aspect of the search. You can refer to the index on the CD-ROM version. AGRICOLA is indexed using terms from Great Britain's Commonwealth Agricultural Bureau (CAB) Thesaurus and Library of Congress subject headings and MEDLINE is indexed using terms from the National Library of Medicine's controlled vocabulary, MeSH (Medical Subject Headings).

Combining terms for your search strategy is based upon Boolean Logic which uses the operators AND, OR, and NOT. When you combine two terms with AND, you will get only citations that contain both terms. For example, if you use pumpkin AND pie, you will get all citations containing the words pumpkin and pie. When you use OR you will get citations containing either one term or the other. For example, if you use pumpkin OR pie, some of the citations will contain pumpkin and others will contain pie. If you use NOT, you will eliminate citations containing that term. For example, if you search pumpkin NOT pie, you will eliminate all citations containing the word pie. NOT is especially useful for eliminating unrelated terms.

Searching techniques differ for AGRICOLA and MEDLINE and depending on whether the search is done on-line or on a CD-ROM. For example, some systems allow you to search consecutive words like National Health and Nutrition Examination Survey, while others only allow you to search using controlled vocabulary. In some cases, certain words cannot be used as part of your key words or phrases. These words are called stop words and include the Boolean operators AND, OR, and NOT, as well as other simple prepositions, such as FOR and BY. When these occur in the title of a survey, they need to be replaced with a code. The data base vendors, a librarian, staff at the Food and Nutrition Information Center (FNIC) of the National Agricultural Library, or at the MEDLARS Management Section at the National Library of Medicine can help you with these codes and with additional searching tips. The CD-ROM version contains an extensive set of help screens. Training for searching AGRICOLA on-line is available through the National Agricultural Library and for MEDLINE through the National Library of Medicine. Call for information about upcoming training sessions.

### **Searching for Nutrition Monitoring Information (AGRICOLA only)**

To search for citations about the nutrition monitoring surveys using AGRICOLA, it is best to search using the survey name. If the survey is sometimes referred to by a second or shortened name, you should also search for those terms. For example, if information is needed about the National Health and Nutrition Examination Survey, use Health and Nutrition Examination Survey. This will bring up both citations including the word National and those without it. Also use HANES and NHANES. When you combine these terms with OR, the duplicates will be removed.

If the name of the survey contains a range of years or a version number, add this information to the search separately from the name of the survey. For example, for information about NHANES III, combine your set of survey names with (III or THIRD). Most of the citations will be relevant.

When searching for a supplement or follow-up to a survey, do NOT include these terms as part of the name of the survey. For example, for the National Health Interview Survey--Supplement on Aging, use National Health Interview Survey AND supplement. You may also want to add AND aging, but wait to see how many references you retrieve. It is best to begin with a less specific search first, and then narrow your search as needed by adding more key words. Often just the survey name will bring up the relevant citations. For some activities without a specific survey name, such as the U.S. Food and Nutrition Supply Series or the Nutrient Composition Laboratory, you need to search differently. For the U.S. Food and Nutrition Supply Series, you can find Economic Research Service publications by using the terms (food AND consumption AND expenditures) and limiting them to the title. Limiting the publishing agency to USDA will make the results more relevant. You can also use food consumption United States or food prices United States, but beware of items unrelated to the Federal activities.

Searching for the Nutrient Composition Laboratory and National Nutrient Data Bank is more difficult. For the best results, search by the name of a specific researcher as an author. You can also search for (food composition OR composition tables) and USDA as the publishing agency for citations published by USDA as a result of these activities.

For the Vital Statistics System, reports can be retrieved by entering (vital AND health statistics) in the subtitle. Many of these reports are about other Federal monitoring surveys. Using vital statistics brings up citations unrelated to the Vital Statistics System.

**For more information about how to search AGRICOLA or MEDLINE, contact:**

AGRICOLA only:

Food and Nutrition Information Center (FNIC)  
Room 304, National Agricultural Library Bldg.  
10301 Baltimore Blvd.  
Beltsville, MD 20705-2351  
Phone: (301) 504-5719  
E-mail: [fnic@nal.usda.gov](mailto:fnic@nal.usda.gov)

MEDLINE only:

MEDLARS Management Section  
National Library of Medicine  
Building 38A, Room 4-421  
8600 Rockville Pike  
Bethesda, MD 20894  
Phone: (888) 346-3656  
E-mail: [custserv@nlm.nih.gov](mailto:custserv@nlm.nih.gov)

The NLM Help Desk can be contacted between the hours of 8:30 a.m. and 10:45 p.m. EST, Monday-Friday and 10:00 a.m. to 5 p.m. EST, Saturday.

## IX. DATA SET AVAILABILITY

### Directly from an Agency

As the previous chapters indicate, much data are generated by the surveys of the National Nutrition Monitoring Program. For selected surveys, agencies produce data sets for public use; in other cases, they publish reports with findings from the various surveys. Many agencies offer information on CD-ROMs and are phasing out the use of the more expensive public-use data tapes. In addition, many agencies are making data sets accessible through the Internet. The following section includes information that will enable the reader to locate data sets of interest.

### NTIS

Some agencies make data sets available through the National Technical Information Service (NTIS). Please see the NTIS webpage for data set availability and ordering information: <http://www.fedworld.gov/ntis/ntishome.html>.

### USGPO

Many reports and documents referenced in this Directory are available from the U.S. Government Printing Office (GPO). You can search and browse for Government information products available for sale through GPO and can place orders on-line, via fax, mail, or telephone at a local U.S. Government Bookstore ([http://www.access.gpo.gov/su\\_docs/sale.html](http://www.access.gpo.gov/su_docs/sale.html)). The GPO Order Desk is open from 8:00 a.m. and 4:00 p.m. eastern time, Monday through Friday, and can be reached on (202) 512-1800 or fax (202) 512-2250.

### INTERNET TOOL

The Federal Electronic Research and Review Extraction Tool or FERRET, <http://ferret.bls.census.gov/cgi-bin/ferret>, a computer search tool developed by the U.S. Commerce Department's Census Bureau and the Department of Labor's Bureau of Labor Statistics (BLS), enables users to access and manipulate large demographic and economic data sets over the Internet. Ferret was developed to provide one-stop access to statistics from the CPS and the SIPP. FERRET allows users to quickly locate current and historical information from these sources, get tabulations for specific information they need, make comparisons between different data sets, create simple tables and download large amounts of data from the Internet to desktop and larger computers for custom reports.

### U.S. DEPARTMENT OF AGRICULTURE

#### Center for Nutrition Policy and Promotion

- C See CNPP's home page (<http://www.usda.gov/cnpp>) or contact them directly (202/418-2312) for more information on the HEI index and related-products ordering information.

#### Food and Nutrition Service

- C Contact NTIS to order School Nutrition Dietary Assessment Study tapes (PB94-500956GEI ). Reports from all other surveys may be obtained by calling the FNS office or checking their website. The agency does not yet make available CD-ROMs, but plans to make them available in the future.

### **Agricultural Research Service**

- C The following survey data sets and technical support files are available through NTIS:
  - CSFII/DHKS 1994-96 CD-ROMs
  - CSFII/DHKS 1989-91 CD-ROMs
  - NFCS 1987-88 Magnetic Data Tapes
  - CSFII 1985-86, 1985 and 1986 Series Magnetic Data Tapes
  - NFCS 1977-78 (by season, state, and income) Magnetic Data Tapes
  
- C The following food composition databases are available on the ARS's Nutrient Data Laboratory home page (<http://www.nal.usda.gov/fnic/foodcomp>):
  - USDA Nutrient Database for Standard Reference, Release 11-1.
  - Selected Foods Containing Trans Fatty Acids, 1995
  - Provisional Table on the Vitamin K Content of Foods, 1994
  - USDA-NCI Carotenoid Food Composition Database, 1993
  - Provisional Table on the Selenium Content of Foods, 1992
  - Provisional Table on the Vitamin D Content of Foods, 1991
  - Nutritive Value of Foods, 1990
  - Sugar Content of Selected Foods: Individual and Total, 1987
  - USDA Table of Nutrient Retention Factors, Release 3

### **Cooperative State Research, Education, and Economics Service**

- C See the EFNEP Evaluation and Reporting System home page (<http://www.reeusda.gov/ers4/home.htm>) or contact the office directly on (202) 720-6079 to obtain ordering information.

### **Economic Research Service**

- C To obtain data sets, technical files, and/or publications from ERS, see their home page (<http://www.econ.ag.gov>) or contact them directly on (202) 694-5386.

## **U.S. DEPARTMENT OF COMMERCE**

### **Bureau of the Census**

- C Data from the 1995 and 1996 March Supplement and the 1996 Displaced Workers Supplement to the CPS are available through the FERRET system, while data from the SIPP will be included in the near future. To obtain other data on CPS and SIPP, contact the agency contact listed in the text.

### **National Oceanic and Atmospheric Administration**

- C To obtain data sets and/or reports on the National Seafood Consumption Survey, the Survey of Fish Purchases by Socio-economic Characteristics, and Fisheries of the United States contact the National Marine Fisheries Service on (301) 713-2358 or see their home page (<http://www.nmfs.gov/>).

## **U.S. DEPARTMENT OF DEFENSE**

- C To obtain data sets and/or reports on the Nutritional Evaluation of Military Feeding Systems and Military Populations contact the U.S. Army Research Institute of Environmental Medicine on (508) 651-4874 or see their home page (<http://www.acda.gov/factshee/defense.htm>).

## U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

### **National Center for Health Statistics, Centers for Disease Control and Prevention**

- C NCHS has catalogs listing publications and their GPO stock numbers. The catalogs can be obtained by calling or writing to the Data Dissemination Branch, Division of Data Services, National Center for Health Statistics, 6525 Belcrest Road, Hyattsville, MD 20782 (telephone number is 301-458-4636). The NCHS Catalog of Electronic Data Products can also be downloaded from <http://www.cdc.gov/nchs/products/catalogs/catelec.htm>. In the near future, NCHS hopes to make data sets available on-line through the FERRET system.
- C Electronic data products (including data tapes and CD-ROMs) for the NAMCS, NHDS, NHHCS, NNHS, and NSAS surveys are available from NTIS. Data are also available directly from NCHS. In addition, some of the NAMCS, NHDS, NHHCS, NNHS, and NSAS datasets may be downloaded from the Internet.
- C Public use data files for the NSFG are available on cartridge tape from NTIS. Recent cycles of the survey (1988, 1990, 1995) are also available from NTIS on CD-ROM, with documentation and SETS software included. Ordering information for data and selected reports, as well as selected tabulations and summary fact sheets, can be found on the NSFG home page (<http://www.cdc.gov/nchs/nsfg.htm>). You can also order paper copies of most NCHS reports directly from NCHS or GPO.
- C NHIS data for the period 1969-1986 are available on tape, and from 1987 forward on CD-ROM. They can also be obtained through NCHS or NTIS.
- C Public use tapes for NHANES I, NHANES II, NHANES III, and HHANES can be obtained from NTIS. For NHANES III, CD-ROMs containing data and reports are available directly from NCHS. In the near future, NCHS hopes to make data sets available on-line through the FERRET system.
- C All NHEFS public use data tapes (1982-84, 1986, 1987 and 1992) are available from NTIS on mainframe cartridge tapes. 1992 NHEFS public use data files can also be downloaded free of charge from: [www.cdc.gov/nchswww/datawh/ftpserv/ftpdata/ftpdata.htm](http://www.cdc.gov/nchswww/datawh/ftpserv/ftpdata/ftpdata.htm).

### **National Center for Chronic Disease Prevention and Health Promotion**

- C For all NCCDPHP/CDC-sponsored surveys, obtain ordering information directly from the Contact Agency listed in the text.

### **National Institutes of Health**

- C For all NIH-sponsored surveys, obtain ordering information directly from the Contact Agency listed in the text.

### **Food and Drug Administration**

- C For all FDA-sponsored surveys, obtain ordering information directly from the Contact Agency listed in the text.

### **U.S. DEPARTMENT OF LABOR**

#### **Bureau of Labor Statistics**

- C Data tapes for the Consumer Expenditure Survey, 1960-95, are available from BLS. Starting 1995, BLS makes available data on CD-ROM only. CD-ROMs are also available for a few files produced prior to 1995. For further technical information, contact the Division of Consumer Expenditure Surveys, Bureau of Labor Statistics on (202) 606-6900 and for purchasing information, contact them on (202) 606-7786. See the BLS home page (<http://stats.bls.gov/csxhome.htm>) for additional information.

### **U.S. DEPARTMENT OF STATE**

#### **Agency for International Development**

- C For AID-sponsored surveys, obtain ordering information directly from the Contact Agency listed in the text.