

Directory of Minority Health and Human Services Data Resources

September 1995



US Department of Health and Human Services

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October 17, 1995

TO: Recipients of the *Directory of Minority Health and
Human Services Data Resources - September 1995*

FROM: Jack Moshman

SUBJECT: Errata

Subsequent to the printing of the *Directory*, the Health Care Financing Administration (**HCFA**) made a number of changes to the HCFA entries.

Attached to this memo are errata sheets provided to us by HCFA for the changed first page of the Table of Contents and the HCFA section.

**Directory of Minority
Health and Human Services
Data Resources**

September 1995

Prepared under

**Agency for Health Care Policy and Research
Contract Number 282-90-0031**

by

**Moshman Associates, Inc.
Bethesda, Maryland**

US Department of Health and Human Services

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INTRODUCTION

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INTRODUCTION

The *Directory of Minority Health and Human Services Data Resources* was produced for policymakers, researchers, and the public as a reference document on data resources within the Department of Health and Human Services (DHHS) that contain race and ethnicity data. This document is available on DHHS's home page on Internet at <http://www.os.dhhs.gov>. Hard copy may be obtained from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161 (703-487-4650).

The present directory was designed, in part, to update an earlier directory from the Public Health Service (PHS) and to expand its scope to other DHHS agencies with the inclusion of broader information about data resources. In May 1992, the PHS Task Force on Minority Health Data issued its report, *Improving Minority Health Data Resources of the Public Health Service*, on the status of minority health statistics. The report accompanied a directory of minority health-related databases within PHS at that date.

The *Directory of Minority Health and Human Services Data Resources* was designed to include data resources with current, or the potential for, widespread applications. Databases from continuing departmental data projects or program administrative and evaluation activities that met the criterion of broad utility were included in the directory. Such data projects and systems included repeated surveys and disease registries either maintained or sponsored by DHHS. Databases from one-time studies or data collections were also included when the data may have broad or multiple applications. The criterion of broad utility for inclusion generally excluded from this directory projects such as funded research at a university where the data were applicable only to a specific and narrow issue in the funded study.

The Social Security Administration was part of DHHS when the project for this directory was initiated. The Social Security Administration (SSA) became an independent agency in March 1995. Although SSA is no longer within DHHS, the inclusion of its databases is important because many of the databases in the Health Care Financing Administration, which is part of DHHS and administers Medicare and related health programs, are built upon data from SSA.

Representatives from different departmental agencies provided assistance and advice in the development of the directory (see Appendix A). With consultation from these representatives, DHHS's contractor, Moshman Associates, Inc., developed the directory. A reporting form was created for gathering information from which the descriptions in the directory were constructed (see Appendix B). Within each agency, a designated representative coordinated the information gathering and submitted the completed forms for

use in the directory. Prior to incorporation into this published document, the description developed from a reporting form was sent to the contact person for the data resource for final review.

The first narrative in a description, immediately following the title of the entry and the office or center maintaining or sponsoring the project or system, is an abstract which summarizes key characteristics of the database. Typically, an abstract indicates the purpose of the data project or system, the universe and time period(s) to which the data apply, the sample size if a sample, the data source or collection method, and the record unit in the database.

Specific features of a database are highlighted under headings after the abstract.

The first features highlighted in a description are the coding scheme used for race and ethnicity variables in the database and any limitations in the use of race and ethnicity data in analysis. **Other** principal variables (i.e., those besides race and ethnicity) in the data project/system are then noted.

The agency program supported by the data project or system is indicated when applicable together with the general purpose of the database. **Other** information provides the reader with the status of the data collection, including the date when the collection began if applicable.

In other sections, the description provides information on the availability of data to interested analysts, including the name and address of any distributor of public use files and of a contact person from whom further information about the data project or system may be obtained.

Specific data products, if any, which are available are listed in the final section of the description providing product names, product numbers and prices where applicable. Product numbers with the prefix "PB" are numbers used for products distributed by the National Technical Information Service, U.S. Department of Commerce. Any prices listed in this directory are those for domestic orders. Prices for orders to foreign countries may vary. The prices were applicable at the time of this publication but may have changed since publication date.

The table on the following page defines in more detail the headings used in descriptions.

HEADINGS IN THE DESCRIPTION OF A DATABASE IN
THE *DIRECTORY OF MINORITY HEALTH AND HUMAN SERVICES DATA RESOURCES*

TITLE:	Title of the data project or system with any acronyms in parentheses.
OFFICE/CENTER:	Office or center maintaining or sponsoring the data project/system.
RACE:	Categories in the variable for race in the database. Subpopulations for a root category, where noted as such, are placed in parentheses following the root category.
ETHNICITY:	Categories in the variable for ethnicity in the database. Subpopulations for a root category, where noted as such, are placed in parentheses following the root category.
RACE/ETHNICITY:	Categories in the variable in the database used to code race and ethnicity. Subpopulations for a root category, where noted as such, are placed in parentheses following the root category.
DATA LIMITATIONS:	Limitations in the use of race and ethnicity information in analysis.
OTHER DATA:	Other principal variables in the data project or system; response to Item 13 on the reporting form. Where variables not fitting the defined categories were specified, they were listed in parentheses after the "Other" category.
PROGRAM:	Agency program supported by the data project or system, if applicable.
PURPOSE:	General purpose of the data project or system; response to Item 6 on the reporting form.
STATUS:	A phrase representing the responses to items 7 through 10 on the reporting form regarding the frequency of data collection and present status. For example, the phrase, "This intermittent data collection is inactive," means the data collection was intermittent and has stopped with no plans for future data collection, while the phrase, "This single-time data collection is in process," means the data collection is a one-time study still being conducted.
START DATE: or START DATE PERIOD: or START/END DATES:	For projects with repetitive data collection [i.e., periodic, intermittent, continuous], the date of the first data collection expressed as either a single date or a time period, and for inactive projects the date also of the last data collection.
AVAILABILITY:	Availability of the data; response to item 14 on the reporting form.
CONSTRAINTS:	Constraints on data access and use.

(Table continued on the next page.)

DATA MEDIA: Available data media for public use data. Heading used when individual data products were not **indicated** but **available** data media were noted. Heading was not used when individual data products were listed in the database description.

DISTRIBUTOR OF PUBLIC USE FILES:
Distributor from whom an individual may order available data products.

CONTACT PERSON: Contact person for the data project/system from whom an individual can obtain further information on the project/system and data **availability**.

AVAILABLE DATA PRODUCTS:
Individual product names and order numbers, where applicable, that a person would need to use when ordering data products from the project. Product numbers with the prefix "PB" are numbers used for products distributed by the National **Technical Information Service**, U.S. **Department** of Commerce. Prices also are noted where appropriate for domestic orders. Prices for orders to foreign countries may vary. Prices were **applicable** at the time of this publication and are subject to change.

OFFICE OF THE SECRETARY



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OFFICE OF THE SECRETARY

TITLE: Community Service Assurance Reporting System (**CSARS**)

OFFICE/CENTER: Office for **Civil Rights**

Grantees that received Federal financial assistance under Titles VI and/or XVI of the Public Health Service Act (aka Hill-Burton Act) must comply with the Community Service Assurance included in their grant application. This assurance requires grantees to serve without discrimination all persons located within their service area. The **Secretary** must periodically collect information from each grantee to assist in determining compliance with the assurance. Reports from the most recent reporting cycle (IV) are now available and include data from about 3,500 public and private nonprofit general and special hospitals, 600 nursing homes, and 1,200 public health centers. The report obtains information on each grantee's service area, third-party program participation, selected policies and practices, and, for inpatient facilities only, grouped inpatient and emergency room visit information by **race/ethnicity** and anticipated method of payment of patients served.

RACE/ETHNICITY: American **Indian/Alaskan Native**; Asian or Pacific Islander; Black, Not of Hispanic Origin; **White**, Not of Hispanic Origin; Hispanic

DATA LIMITATIONS: The only limitations are those inherent in the use of the **race/ethnicity** categories.

OTHER DATA: Services Resources; Services Utilization; Services Expenditure and Financing; Other (selected policies/practices)

PROGRAM: **Compliance** with requirements of the Hill-Burton community service assurance

PURPOSE: Regulatory or compliance

STATUS: This intermittent data collection is active.

START DATE: September 1983

AVAILABILITY: Public use files, **usable** without restrictions

DISTRIBUTOR OF PUBLIC USE FILES
Office for Civil Rights, Office of the Secretary,
Dept. of Health and Human Services,
330 Independence Ave., S.W.,
Washington, DC 20201
(202) 619-0503/fax: (202) 619-3818
smelov@os.dhhs.gov

CONTACT PERSON
Steve Melov
Office for Civil Rights, Office of the Secretary,
Dept. of Health and Human Services,
330 Independence Ave., S.W.,
Washington, DC 20201
(202) 619-0503/fax: (202) 619-3818
smelov@os.dhhs.gov

AVAILABLE DATA PRODUCTS

Magnetic tape cartridge

Hard copy

CSAR-IV

CSAR-IV

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ADMINISTRATION FOR CHILDREN AND FAMILIES

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ADMINISTRATION FOR CHILDREN AND FAMILIES

TITLE: Aid to Families with Dependent Children Quality Control
(AFDC-QC)

This database comprises data on payment accuracy and age characteristics of the Aid to Families with Dependent Children (AFDC) Program. The universe to which the data apply is all AFDC cases that receive assistance. Data currently are collected annually. Most recent data released are for FY 1991. The sample is 1 + % of the universe. The data are transmitted electronically by the States, and the record unit is the AFDC case/persons in the household.

RACE/ETHNICITY: American Indian/Ala&en Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

OTHER DATA: Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**

PROGRAM: Aid to Families with Dependent Children Program

PURPOSE: General Purpose Statistics

STATUS: This periodic (monthly reviews collected over an annual period) data collection is active.

START DATE PERIOD: April 1973 to September 1973

AVAILABILITY: Tabulations provided

CONTACT PERSON

Patrick F. Brannen
Administration for Children and Families,
370 L'Enfant Plaza Promenade, S.W.,
Washington, DC 20447
(202) 401-5096/fax: (202) 205-5887

ADMINISTRATION FOR CHILDREN AND FAMILIES

TITLE: JOBS Program Participant Data Collection

Data are being collected on participants and characteristics of the Job Opportunities and Basic Skills (JOBS) Program. The database was started in FY 1992 and is ongoing. A sample of the participants is used; however, many States submit their total universe. The data are transmitted electronically by the States. The unit of analysis is a JOBS participant (client).

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

OTHER DATA: Services Utilization; Socioeconomic; Age/Gender; Other Demographic /**Sociocultural**

PROGRAM: Job Opportunities and Basic Skills Training Programs

PURPOSE: General Purpose Statistics

STATUS: This periodic (monthly transmission) data collection is active.

START DATE: September 199 1

AVAILABILITY: Tabulations provided

CONTACT PERSON

Michael Dubinsky
Administration for Children and Families,
370 L'Enfant Promenade, S.W., 6th Fl.,
Washington, DC 20447
(202) 401-3442/f ax: (202) 205-5887

HEALTH CARE FINANCING ADMINISTRATION

HEALTH CARE FINANCING ADMINISTRATION

TITLE: Enrollment **DataBase (EDB)**

OFFICE/CENTER: Bureau of Data Management and Strategy, OSM

The Enrollment **DataBase (EDB)** is the Health Care Financing Administration's database of record for Medicare beneficiary enrollment information. It is the authoritative source for Medicare beneficiary information, entitlement, etc. The EDB has information on all Medicare beneficiaries, including Social Security Retirement and Disability Insurance Beneficiaries, End Stage Renal Disease (ESRD) beneficiaries, and Railroad Retirement Board (RRB) beneficiaries.

The EDB represents information on beneficiaries from the beginning of Medicare (1966) to the present and is updated daily. It is not a sample, but a 5% sample of the EDB is maintained.

The primary source for beneficiary information is the Social Security Administration (SSA) Master Beneficiary Record (MBR). Information on race is updated from SSA's Numerical Identification File (NUMIDENT). Other information comes from the Group Health Plan (GHP) and ESRD databases, as well as RRB.

The record unit is the individual beneficiary.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic; Other

DATA LIMITATIONS: Standard limitations

OTHER DATA: Functional/He&h Status; Services Expenditure and Financing; Age/Gender; Other **Demographic/Sociocultural**

PROGRAM: Medicare

PURPOSE: Program planning or management

STATUS: The data collection is active (continuous data collection with data transferred from SSA, and intermittent activities to fill certain data gaps--primarily those concerning race/ethnicity data).

START DATE: June 1966

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Within the Health Care Financing Administration (HCFA), data can be released based on a user's 'need-to-know.' If requester plans to release the data to HCFA contractor or grantee, both must sign an Agreement for Release of Data with Individual identifiers that bind the user to protect confidentiality of data.

Other Federal **agencies** or outside requesters can receive identifiable data when they are needed for a project. HCFA **requires** that **appropriate** data release agreements must be signed, fees paid and research protocols submitted. Study protocols will be reviewed by **HCFA/Office of Research and Demonstration (ORD)**.

CONTACT PERSON

Roger Hicks

BDMS, OSM, DBS, MEB,

Health Care Financing Administration,

7500 Security Blvd., N-2-I 3-15,

Baltimore, MD 2 1244-I 850

(410) 786-6302/fax: (410) 786-1783

rhicks@hcfa.gov

HEALTH CARE FINANCING ADMINISTRATION

TITLE: Health Insurance Skeleton Eligibility Write-Off (HISKEW) File

OFFICE/CENTER: Bureau of Data Management and Strategy, Office of Health Care Information Systems

The Health Insurance Skeleton Eligibility Write-Off (HISKEW) File, like the Enrollment Database, contains data for all beneficiaries ever enrolled in Medicare. The HISKEW File contains a subset of data elements from the Enrollment Database and is extracted quarterly from the Unloaded Enrollment Database. (The Unloaded Enrollment Database is a flat file version of the Enrollment Database.) Among these elements are information on beneficiary demographics, residence, entitlement, and coverage. The scope of information for each of the elements is less on the HISKEW than on the Enrollment Database. For example, health insurance claim numbers are present, but not names; and State, county, and ZIP Code of residence are included, but not street address. The information included, however, is normally sufficient for statistical and demographic research. The file is available from 1985 to the present.

Race/ethnicity categories prior to January 1994:

RACE: White; Black; Other; Unknown

Race/ethnicity categories since January 1994:

RACE: North American Native; Asian; Black; White; Hispanic; Other; Unknown

OTHER DATA: Age/Gender

PROGRAM: The HISKEW is a 'skeleton' of the Enrollment Database in the sense that only a subset of the Enrollment Database elements is present in the file. The HISKEW is designed to support tabulation of enrollment data for various program statistical reports and matching of enrollment data against utilization data to extract utilization data for specific cohorts of beneficiaries. The file is of interest to health care policy analysts, health care and outcomes researchers, and health care investigators.

PURPOSE: Research

STATUS: This data collection is active, The HISKEW File maintenance involves the quarterly update of the file under HDC production control. The quarterly update includes a backup process which prepares a duplicate HISKEW File. Quality assurance edits are applied to the file before it is made available to external users.

From 1985 to 1991, the HISKEW File was delineated by active and inactive designations. The active version of the file contained records for active beneficiaries only; the inactive version contained records for inactive beneficiaries only. Both versions contained the same elements. Beginning in 1992, separate versions of the HISKEW File have not been maintained. Both active and inactive beneficiaries are represented on the HISKEW file.

START DATE: 1985

AVAILABILITY: Tabulations provided. Identifiable data are available for approved research/studies.

CONSTRAINTS: Requestors of identifiable data must **have** their **research** project approved by the **Health Care Financing Administration (HCFA)** and agree to comply with the provisions of the Privacy Act.

CONTACT PERSON

Nelson Berry
Information Liaison Branch,
Health Care Financing Administration,
7500 **Security Blvd.**, N-3-I I-24,
Baltimore, MD 21244
(410) 786-0182/fax: (410~7666003
nberry@hcfa.gov

HEALTH CARE FINANCING ADMINISTRATION

TITLE: National Claims History (NCH) 100% Nearline File

The purpose of the 100% **Nearline** file is to house all processed institutional and physician/supplier claims data from the Common Working File (CWF). The **Nearline** file does contain every claim submitted, including all adjustments, but eliminates some fields that are transmitted from CWF. The 100% **Nearline** file is divided into six record types. There are four institutional record types-Inpatient/Skilled Nursing Facility (SNF), Outpatient, Home Health Agency (HHA), end Hospice-that are submitted by fiscal intermediaries end two noninstitutional Part B record types-physician/supplier end Durable Medical Equipment (DME)--that are submitted by carriers. Institutional data are available beginning in 1998, end complete physician/supplier data are available beginning in 1991 (prior to October 1990, there was incomplete Carrier data). The DME record type was phased in from October 1993 to June 1994 (prior to the separate format, DME claims were included on the physician/supplier claim). The data are transmitted to the Health Care Financing Administration (HCFA) from the CWF host sites in daily batches. The unit of analysis in the NCH 100% **Nearline** file is the claim.

NOTE: Additional subsets of the **Nearline** file are created on an ongoing basis (generated weekly as a prospective tap) for the following purposes:

- o Health Standards Quality Bureau (HSQB) Peer Review Organization (PRO) Review of Ambulatory Surgical Center (ASC) claims-a file consisting of a subset of Outpatient claims.
- o Cataract Surgery Analysis-file consisting of a subset of claims involving cataract surgical procedures.
- o Nursing Home Case Mix and Duality (NHCMQ) Demonstration-the data will be used to test the payment processing methodology for the Medicare portion of the demonstration. The records will be matched to patient assessment records for the purpose of adjusting the interim payment amount to pay the case-mix adjusted prospective rate for each beneficiary served in demonstration facilities. The file consists of Inpatient/SNF claims.
- o Home Health Prospective Payment Demonstration-the data will be used to obtain information about patient admissions to home health agencies in 5 demonstration states (California, Florida, Illinois, Massachusetts, end Texas). The file consists of Home Health Agency (HHA) claims for certain provider numbers.

Race/ethnicity categories prior to July 1994:

RACE: White; Black; Other; Unknown

Race/ethnicity categories since July 1994:

RACE: North American Native; Asian; Black; White; Hispanic; Other; Unknown

DATA LIMITATIONS: For the coding scheme used prior to July 1994, Asian, Hispanic, end North American values were contained in the 'Other' race category.

OTHER DATA: Services Resources; Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: Medicare

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE: **January** 1988

AVAILABILITY: Upon request, with **special** agreement with the user

CONSTRAINTS: **Within** HCFA, data can be released based on a user's 'need-to-know.' If requester plans to release the data to HCFA contractor or grantee, both must **sign an Agreement for Release of Data with Individual Identifiers that bind the user to protect confidentiality of data.**

Other Federal agencies or outside requesters can receive identifiable data when they are needed for a project. HCFA requires that appropriate data release agreements must be **signed**, fees paid and research protocols submitted. Study protocols will be reviewed by **HCFA/Office of Research and Demonstration (ORD).**

CONTACT PERSON

W. Robert Wills
Health Care Financing Administration,
7600 Security Blvd., N2-14-17,
Baltimore, MD 21244
(410) 786-0976/fax: (410) 786-0262
bwills@hcfa.gov

HEALTH CARE FINANCING ADMINISTRATION

TITLE: National Claims History (NCH) Standard Analytical Files (SAFs)

The Standard Analytical Files (SAFs) are final action claims level files developed from the Medicare National Claims History database. The SAFs were developed in response to criticism that the 100% Medicare claims data were unwieldy and cumbersome to use because of the number of adjustment claims resident in the repository. Under Medicare claims processing procedures, when an error is discovered on a claim, a duplicate claim is submitted indicating that the prior claim was an error. A subsequent claim containing the corrected information may then be submitted. The SAFs contain only the final action claims. All adjustment claims have been resolved.

SAFs are available for each institutional claim type from 1989 onward (exception: For 1986-88, an abbreviated outpatient SAF is also available). Noninstitutional Part B physician/supplier SAFs are available beginning with 1991 for 100% clinical laboratory, 100% DME, and a 6% beneficiary sample (contains all final action claims submitted for the 5% beneficiary included in sample). Using DSAF, 100% SAFs can be subset to obtain records from 1%, 5%, 20%, or 80% sample of Medicare beneficiaries. The SAFs are constructed from weekly data submissions to the National Claims History (NCH) 100% Nearline file. The SAFs are obtained by processing the NCH Nearline raw claims through final action algorithms that match original claim with adjusted claims to resolve any adjustments. Annual files are created each July for services incurred in the prior calendar year and processed through June of the current year (18-month window). Current year incurred activity is created after 8 months and then updated quarterly (September, December, and March) and finalized after 18 months in July. The record unit in the database is the final action claim.

Race/ethnicity categories prior to July 1994:

RACE: White; Black; Other; Unknown

Race/ethnicity categories since July 1994:

RACE: North American Native; Asian; Black; White; Hispanic; Other; Unknown

DATA LIMITATIONS: For the coding scheme used prior to July 1994, Asian, Hispanic, and North American values were contained in the 'Other' race category.

OTHER DATA: Functional/Health Status; Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: Medicare

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE: 1986

AVAILABILITY: Public use files, usable without restrictions; other file versions upon request, with special agreement with the user

CONSTRAINTS:

Within the Health Care Financing Administration (HCFA), data can be released based on a user's "need-to-know." If requester plans to release the data to HCFA contractor or grantee, both must sign an Agreement for Release of Data with Individual Identifiers that bind the user to protect confidentiality of data.

Other Federal agencies or outside requesters can receive identifiable data when they are needed for a project. HCFA requires that appropriate data release agreements must be signed, fees paid and research protocols submitted. Study protocols will be reviewed by HCFA/Office of Research and Demonstration (ORD).

DATA MEDIA:

Magnetic tape reel; magnetic tape cartridge

DISTRIBUTOR OF PUBLIC USE FILES

Health Care Financing Administration, Office of
Health Care Information Systems,
7500 Security Blvd., N3-14-11,
Baltimore, MD 21244
(410) 786-3691/fax: (410) 786-6003

CONTACT PERSON

Malcolm Sneen
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7500 Security Blvd., N3-14-11,
Baltimore, MD 21244
(410) 786-0163/fax: (410) 7866003
msneen@hcfa.gov

W. Robert Wills
Health Care Financing Administration,
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Baltimore, MD 21244
(410) 786-0976/fax: (410) 786-0262
bwills@hcfa.gov

HEALTH CARE FINANCING ADMINISTRATION

TITLE: Annual Person Summary (APS) File

The Annual Person Summary (APS) file provides a summary of the Medicare services, by type of benefit, received by a Medicare beneficiary during a given calendar year. The APS file contains Medicare Part A and B annual payment information along with beneficiary demographic and enrollment data for a sample of Medicare beneficiaries. The claims data are for 5% aged beneficiaries and 25% disabled beneficiaries. When the annual file is created, utilization data are summarized and matched with enrollment data for each beneficiary. The file is created for a calendar year on an ongoing basis over the course of 24 months. A complete current year file is not produced until the end of the following year. The APS files have been available for every calendar year since 1985.

RACE: White; All Others; Unknown

OTHER DATA: Services Resources; Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: Medicare

PURPOSE: Program planning or management; research

STATUS: This continuous data collection is active.

START DATE: 1985

AVAILABILITY: Upon request, with special agreement with the user; tabulations also provided

CONSTRAINTS: Within the Health Care Financing Administration (HCFA), data can be released based on a user's "need-to-know." If requester plans to release the data to HCFA contractor or grantee, both must sign an Agreement for Release of Data with Individual Identifiers that bind the user to protect confidentiality of data.

Other Federal agencies or outside requesters can receive identifiable data when they are needed for a project. HCFA requires that

- appropriate data release agreements must be signed, fees paid and research protocols submitted. Study protocols will be reviewed by HCFA/Office of Research and Demonstration (ORD).

CONTACT PERSON FOR AVAILABILITY OF DATA FILE
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7500 Security Blvd., N2-14-17,
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bwills@hcfa.gov

CONTACT PERSON FOR AVAILABILITY OF SPECIAL ANALYSES/TABULATIONS
Malcolm Sneen
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HEALTH CARE FINANCING ADMINISTRATION

TITLE: End Stage Renal Disease (ESRD) Program Management and Medical Information System (PMMIS)

The End Stage Renal Disease (ESRD) Program Management and Medical Information System (PMMIS) is a comprehensive database covering medical and **demographic** information for the Medicare ESRD population. It is designed to serve the needs of the Department of Health and Human Services in support of program analysis, policy development, and **epidemiologic** research. The ESRD **PMMIS** includes information on both Medicare ESRD beneficiaries and Medicare-approved ESRD hospitals and dialysis facilities. The principal sources of beneficiary-specific information are the Medicare billing records and incidence-specific medical information forms that report onset of ESRD, characteristics and status of a kidney transplant, and cause of death for an ESRD beneficiary. The principal sources of hospital and facility information are the Medicare certification approval notices and an annual survey of these organizations.

Race and **ethnicity categories as of April 1, 1995:**

RACE: American Indian/Alaskan Native; Asian; Pacific Islander; Mid-East/Arabian; Indian Sub-Continent; Black; White; Other or Multiracial; Unknown

ETHNICITY: Hispanic: Mexican; Hispanic: Other; Non-Hispanic

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Behavioral

PROGRAM: Public Law 96-292, section (c)(1)(A) Medicare End Stage Renal Disease Program

PURPOSE: Regulatory or **compliance**

STATUS: This continuous data collection is active.

START DATE: July 1973

AVAILABILITY: Data on renal providers and aggregate counts of patients at those providers are available from public use files. Patient specific data are **restricted** to special requests subject to the Privacy Act.

CONSTRAINTS: ESRD PMMIS patient data are provided to researchers on an ad hoc basis and are subject to the conditions of the Privacy Act.

DISTRIBUTOR OF PUBLIC USE FILES
Office of Health Care Information Systems,
Health Care Financing Administration,
7600 Security Blvd., N3-14-11,
Baltimore, MD 21244
(410) 786-3691/fax: (410) 786-6003

CONTACT PERSON
Frank Jones
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Baltimore, MD 21244
(410) 786-0064/fax: (410) 786-6003
fjones@hcfa.gov

AVAILABLE DATA PRODUCTS

Diskette

ESRD Renal Facility Survey File
ESRD Renal Provider File

Price
‡ 245.00
145.00

HEALTH CARE FINANCING ADMINISTRATION

TITLE: HCFA-2082, Statistical Report on Medical Care: Eligibles, Recipients, Payments and Services (HCFA-2082)

The Form HCFA-2082 provides for reporting summary data of Medicaid eligibles, recipients, services, and medical vendor payments. Since 1972, all States and territories that operate Medicaid programs under title XIX of the Social Security Act have been required to report annually. A report covers the Federal fiscal year which begins October 1 and ends September 30. The report has 14 sections that contain aggregate data on Medicaid eligibles, recipients, and vendor payments broken down by service types and demographic categories.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

OTHER DATA: Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: Medicaid Program

PURPOSE: Program Evaluation

STATUS: This periodic (annual) data collection is active.

START DATE PERIOD: October 1971 to September 1972

AVAILABILITY: Upon request, with special agreement with the user

CONTACT PERSON

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HEALTH CARE FINANCING ADMINISTRATION

TITLE: Home Health Agency (HHA) 40% Bill Skeleton File

The Home Health Agency (HHA) 40% Bill Skeleton File is an analytical file containing a subset of data elements from HHA bill records (predecessors to Common Working File [CWF] claim records) for 40% of the Medicare beneficiary population. The 40% sample is drawn using the eighth and ninth digits of the beneficiary's health insurance claim number. Annual HHA 40% Bill Skeleton files are available for calendar years 1985-90. The HHA 40% Bill Skeleton file contains beneficiary demographic characteristics, diagnoses, number of visits, and charges for various types of home health care services and payment amounts.

NOTE: From 1991 to the present, the file is continually being created (using National Claims History INCH1 Nearline file), as a special request for the Health Care Financing Administration (HCFA)/Office of Research and Demonstration.

Race/ethnicity categories prior to July 1994:

RACE: White; Black; Other; Unknown

Race/ethnicity categories since July 1994:

RACE: North American Native; Asian; Black; White; Hispanic; Other; Unknown

DATA LIMITATIONS: For the coding scheme used prior to July 1994, Asian, Hispanic, and North American values were contained in the "Other" race category.

OTHER DATA: Services Resources; Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: Medicare

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE: 1985

AVAILABILITY: Upon request, with special agreement with the user

CONTACT PERSON

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Baltimore, MD 21244
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HEALTH CARE FINANCING ADMINISTRATION

TITLE: Medicaid Statistical Information System Personal Summary File
(MSIS Personal Summary File)

The Medicaid Statistical Information System Personal Summary File (MSIS Personal Summary File) is a fiscal year person-specific file by State that gives a history of Medicaid eligibility and service use. Summary files are created using each State's: (1) quarterly validated Eligible file; (2) quarterly validated Inpatient file; (3) quarterly validated Long Term Care file; (4) quarterly validated Other claim file; (5) prior year fourth-quarter Summary file; and (6) previous quarter Summary file when processing quarters two through four. Each Summary file contains one record for each unique MSIS identification number and provides roll-ups of eligibility and claim data for each individual. The first files were produced for fiscal year 1985 with 10 states participating. Twenty-eight states are participating in fiscal year 1995 representing 51% of the Medicaid population.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

DATA LIMITATIONS: One State, Maine, does not report race/ethnicity on its eligibility file. Several others are limited in their ability to provide this information because of the nature of their electronic data collection system.

OTHER DATA: Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: Medicaid Program

PURPOSE: General Purpose Statistics

STATUS: This periodic (quarterly) data collection is active.

START DATE PERIOD: Fiscal Year 1975 (October 1, 1975 to September 30, 1976)

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: In most cases, personal identifying information is either omitted or scrambled to prevent the possibility of identifying individual records. If personal ID's or other identifiable data are provided, a data release agreement is necessary to insure compliance with the Privacy Act.

CONTACT PERSON

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HEALTH CARE FINANCING ADMINISTRATION

TITLE: Medicare Automated Data Retrieval System (MADRS)

The Medicare Automated Data Retrieval System (MADRS) was created to facilitate the retrieval of Medicare utilization data for research, demonstration, and decision support projects requiring person-level data. The MADRS file was constructed for calendar years 1984-91 from 100% institutional bills and physician/supplier payment records processed for all Medicare beneficiaries using covered services. Files are updated monthly and finalized for the calendar year 24 months after the service year. The unit of analysis for institutional services is a bill; and for physician/supplier services, the unit is a summary Part B payment records.

RACE: White; Black; Other; Unknown

OTHER DATA: Services Resources; Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: Medicare

PURPOSE: Research

STATUS: This continuous data collection is inactive.

START/END DATES: January 1987/December 1993

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Within the Health Care Financing Administration (HCFA), data can be released based on user's 'need-to-know'. If requester plans to release the data to HCFA contractor or grantee, both must sign an Agreement for Release of Data with Individual Identifiers that bind the user to protect confidentiality of data.

Other Federal agencies or outside requesters can receive identifiable data when they are needed for a project. HCFA requires that

- appropriate data release agreements must be signed, fees paid and research protocols submitted. Study protocols will be reviewed by HCFA/Office of Research and Demonstration (ORD).

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HEALTH CARE FINANCING ADMINISTRATION

TITLE: Medicare Current Beneficiary Survey (MCBS)

OFFICE/CENTER: Office of the Actuary

The Medicare Current Beneficiary Survey (MCBS) is a continuing multipurpose survey of a representative sample of the Medicare population. The goal of the Office of the Actuary (OACT) is to learn about the health care beneficiaries receive, how much that care costs, and who pays for it. **Although** the survey is focused on the **financing** of health care, the initial interview collects a variety of basic information including **demographic** characteristics, health status, insurance, institutionalization, and living arrangements. The sample (a rotating panel) is designed to provide annual data for 12,000 respondents.

Interviews are conducted three times a year. Questions about medical services, costs, and payments are asked in every interview after the initial interview. Some basic information is updated at every interview (insurance) or once a year (health status), as appropriate. Other information (education, race, sex) is collected only once.

OACT prepares two different types of files from the data: 'Access to Care' and "Calendar Year Cost and Use.' Both files summarize information by person. OACT links Medicare claims and other administrative data to the survey data.

The 'Access to Care' files are available for 1991, 1992, and 1993; these are generally released in October, about 10 months after data collection ends. These 'snapshots' of the initial interview and annual updates can be compared with each other as a time series. **Although** these releases include a full year's worth of Medicare bills and claims for the individuals surveyed, they do not include any information about non-Medicare services or costs. **Weights** for this file inflate estimates to an annual 'always enrolled' Medicare population.

The first 'Calendar Year Cost and Use' file (for 1992) is still in production, with release planned for summer 1995. In addition to the information that appears in the "Access to Care' file, this file will also contain detailed data about non-Medicare services (drugs, nursing home) and costs paid by other sources (Medicaid, private insurance, out-of-pocket). **Weights** for this file inflate estimates to annual "ever enrolled" and 'July 1 midpoint' Medicare populations.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; **Black**; White; Other; Don't Know; Refused Specification; Not Ascertained

ETHNICITY: Hispanic; Not of Hispanic Origin; Don't know; Refused Specification; Not Ascertained

DATA LIMITATIONS: Respondents are handed a card on which the race categories are displayed and are asked to identify the category to which they belong. Interviewers are prohibited from making suggestions and from explaining or defining any of the groups. If the answer is not one of the categories listed, the interviewer codes the response "91" (OTHER) and records the verbatim response. Names of ethnic groups or nationalities such as Irish

or Cuban ~~are~~ not recorded; interviewers ~~are~~ instructed to direct the respondent back to ~~the~~ card and to probe for ~~one~~ of those categories. If multiple responses are given, interviewers probe for a response that fits into ~~one~~ of the categories. If ~~the~~ respondent is hostile to ~~the idea~~ of being classified in one of the groups provided, the interviewer records the response verbatim and continues with the interview.

OTHER DATA: **Functional/Health Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic /Sociocultural; Behavioral; Other (nursing home characteristics, entitlement SS-SSI)**

PROGRAM: Medicare and Medicaid

PURPOSE: Program planning or management

STATUS: This continuous data collection is active.

START DATE: September 1991

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: OACT prepares two versions of every file we publish: a public use version, and an "analytic" version. The public use version contains no personal identifiers (name, address, Medicare health insurance claim numbers [HICN], provider numbers, or medical record numbers) and is available under the usual rules for Health Care Financing Administration (HCFA) public use files. The analytic version contains all identifiers except HICN. This is available to internal users only.

CONTACT PERSON

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fgh003@hcfa.gov

AVAILABLE DATA PRODUCTS

Magnetic tape reel or cartridge

MCBS Access to Care 1991 (Round 1)
MCBS Access to Care 1992 (Round 4)
MCBS Access to Care 1993 (Round 7)

HEALTH CARE FINANCING ADMINISTRATION

TITLE: Medicare Provider Analysis and Review (MEDPAR) File

The Medicare Provider Analysis and Review (MEDPAR) File contains inpatient hospital and Skilled Nursing Facility (SNF) final action stay records which are a major source of data for program analyses, evaluations, and utilization studies. Each MEDPAR record represents a stay in an inpatient hospital or SNF. A 'stay' record summarizes all services rendered to a beneficiary from the time of admission to a facility through discharge. Each MEDPAR record may represent one claim or multiple claims, depending on the length of a beneficiary's stay and the amount of inpatient services used throughout the stay. Common Working File (CWF) claims records are processed into the National Claims History (NCH) Nearline Repository each week. Beginning in June 1995, the inpatient and SNF claims from the Nearline Repository became the source for the MEDPAR file. MEDPAR files are available for fiscal and calendar years. The fiscal and calendar year MEDPAR files are created quarterly in March, June, September, and December.

The MEDPAR '600' and MEDPRO '553' (special file being created for the Health Care Financing Administration (HCFA)/Health Standards and Quality Bureau) files are created using the National Claims History Quality Assurance System (NCHQAS) validated inpatient/SNF claims data. The MEDPAR 500 file is also available in a 60% sample size and two different 20% samples.

Race/ethnicity categories prior to July 1994:

RACE: White; Black; Other; Unknown

Race/ethnicity categories since July 1994:

RACE: North An&an Native; Asian; Black; White; Hispanic; Other; Unknown

DATA LIMITATIONS: For the coding scheme used prior to July 1994, Asiin, Hispanic, and North American values were contained in the 'Other' race category.

OTHER DATA: Functional/Health Status; Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: Medicare

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE: January 1986

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Within HCFA, data can be released based on a user's 'need-to-know.' If requester plans to release the data to HCFA contractor or grantee, both must sign an Agreement for Release of Data with Individual Identifiers that bind the user to protect confidentiality of data.

HEALTH CARE FINANCING ADMINISTRATION

TITLE: National Integrated Quality Control System (NIOCS)

OFFICE/CENTER: Tri-agency: Food Nutrition Services, Administration for Children and Families, and Health Care Financing Administration

The National Integrated **Quality Control System (NIOCS)** was originally proposed and **aggressively** supported by the Office of Management and Budget (OMB). The rationale was to develop and support an efficient means of collecting similar eligibility quality control data under the legislatively mandated Medicaid, Aid to Families with Dependent Children, and Food Stamp quality control programs. The resulting system has served this goal by allowing for shared Federal funding of hardware, software, and support acquisitions. The shared funding also aids in the elimination of Federal matching for redundant state systems activity resulting in more cost efficiency. The end result is less cost per Federal agency to **support** quality control functions. The success of the system has also created a great deal of good will between the States and the Federal government in an arena where disallowances tend to strain relationships.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic; Other

OTHER DATA: Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Other (citizenship, Medicaid eligibility)

PROGRAM: Medicaid Eligibility Quality Control (MEQC) System

PURPOSE: Program Evaluation

STATUS: This continuous data collection is active.

START DATE: October 198 1

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Need to encrypt all references to review numbers, case numbers, and local agency codes so that beneficiaries cannot be identified.

DATA MEDIA: Magnetic **tape** reel

DISTRIBUTOR OF PUBLIC USE FILES
Medford Campbell
Health **Care Financing** Administration,
Mailstop C4-22-06, 7600 Security Blvd.,
Baltimore, MD 2 1244-I 660
(410) 786-4457/fax: (410) 766-3252

CONTACT PERSON
Medford Campbell
Health **Care Financing** Administration,
Mailstop C4-22-06, 7500 Security Blvd.,
Baltimore, MD 2 1244-t 850
(410) 786-4457/fax: (410) 766-3252

Other Federal agencies or outside requesters can receive identifiable data when they are needed for 8 project. HCFA requires that

- appropriate data release agreements must be signed, fees paid, and research protocols submitted. Study protocols will be reviewed by HCFA/Office of Research and Demonstration (ORD).

CONTACT PERSON

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HEALTH CARE FINANCING ADMINISTRATION

TITLE: Outpatient 5% Bill Skeleton File

The Outpatient 5% Bill Skeleton file is an analytical file containing a subset of data elements from outpatient bill records (predecessors to Common Working File [CWF] claim records) for a 5% sample of Medicare beneficiaries. An annual file is available for each calendar year from 1984 to 1990. Each annual Outpatient 5% Bill Skeleton File was updated for a 1 P-month period beyond the end of the file year. The file contains beneficiary demographic data, diagnosis and procedure codes, covered charges, payment amount, number of clinic and emergency room visits, and revenue center codes.

NOTE: From 1991 to the present, the file is continually being created fusing the National Claims History (NCH) file), as a special request for the Health Care Financing Administration (HCFA)/Office of Research and Demonstration (ORD).

Race/ethnicity categories prior to July 1994:

RACE: White; Black; Other; Unknown

Race/ethnicity categories since July 1994:

RACE: North American Native; Asian; Black; White; Hispanic; Other; Unknown

DATA LIMITATIONS: For the coding scheme used prior to July 1994, Asian, Hispanic, and North American values were contained in the 'Other' race category.

OTHER DATA: Services Resources; Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: Medicare

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE: 1984

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Within HCFA data can be released based on a user's "need-to-know." If requestor plans to release the data to HCFA contractor or grantee, both must sign an Agreement for Release of Data with Individual Identifiers that bind the user to protect confidentiality of data.

Other Federal agencies or outside requestors can receive identifiable data when they are needed for the project. HCFA requires that appropriate data release agreements must be signed, fees paid and research protocols submitted. Study protocols will be reviewed by HCFA/ORD.

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SOCIAL SECURITY ADMINISTRATION

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SOCIAL SECURITY ADMINISTRATION

TITLE: Numerical Identification File (NUMIDENT)

The Master File of Social Security Number (SSN) Holders, commonly called the Numerical Identification File (NUMIDENT), is the Social Security Administration (SSA) administrative file that contains the information collected when an individual completes the form SS-5 to apply for a Social Security card. An SS-5 is also completed when a replacement card is requested or when a change of name or other correction is reported. The NUMIDENT also contains death information. As of September 1994, the NUMIDENT contained 372 million initial SS-5 records. The total number of records in this file including update record was about 627 million. The record unit in the database is the SS-5 form completed by the individual.

The current SS-5 was adopted by SSA in November 1980 and implemented by the field offices as the stock of old forms was exhausted. It contains five race-ethnic designations: White (not Hispanic); Black (not Hispanic); Hispanic; Asian, Asian American, or Pacific Islander; and North American Indian or Alaskan Native. The response to this question is voluntary. The prior form SS-5 which was in use beginning in 1936 used three designations: White, Negro, Other.

The conversion of the SS-5 file to a computer file-NUMIDENT-was completed in mid-1979. This work was carried on during a 6-year period beginning in 1973. Race and place of birth are generally not available in NUMIDENT for persons who applied for Social Security benefits before establishment of the NUMIDENT file in 1979. The prior practice had been to send the form SS-5 to the Social Security field office when an application for benefits was filed. In place of the SS-5, an alternate form was maintained in SSA central office. For the most part, the information in these forms was limited to the Social Security number, name, and date of forwarding to the field office. A total of approximately 80 million SS-5 forms had been replaced by alternate forms. This problem does not affect availability of race data to SSA, since this item was brought into the Master Earnings File (MEF) when the individual's MEF record was set up at the time of SS-5 processing.

Race/Ethnicity Categories for new SS-5 form--1981 and later:

RACE/ETHNICITY: North American Indian or Alaskan Native; Asian; Asian American or Pacific Islander; Black (Not Hispanic); White (Not Hispanic); Hispanic

Race/Ethnicity Categories for old SS-5 form--prior to 1981:

RACE: White; Negro; Other

DATA LIMITATIONS: Enumeration at Birth (EAB): Race data are not available when a Social Security card is issued under the Enumeration at Birth (EAB) process. Under EAB when a parent gives information to hospital personnel for birth registration purposes, he or she may also request a Social Security card for the newborn child.

As of September 1994, 13.5 million records for individuals issued under EAB lacked race data. An additional 3 million records contained this information as the result of completion of a subsequent SS-5 (replacement card or correction).

Spanish origin: An approximate identifier can be used to determine Spanish origin of persons who completed an old SS-5 (prior to 1981). This determination is based on the individual's having been born in a Spanish language country or Puerto Rico or having a Spanish surname (Bureau of the Census, List of Spanish Surnames). State or country of birth is available from the SS-5 form.

Missing data: See the abstract for discussion of missing data resulting from conversion to NUMIDENT. Race data are available for these cases in the Master Earnings File (MEF). State or county of birth is not in the MEF.

OTHER DATA: Age/Gender; Other **Demographic/Sociocultural**; Other (civil status--citizen, alien)

PROGRAM: Payment of Social Security benefits; payment of Supplemental Security Income (**SSI**); maintenance of earnings records covered under the Social Security program; establishment of eligibility for Medicare

PURPOSE: Maintenance of earnings records and application of benefits

STATUS: This continuous data collection is active.

START DATE: 1938

AVAILABILITY: **Restricted** access

CONSTRAINTS: Access is restricted under the Federal Privacy Act of 1974. This database contains identifiable information for specific individuals.

CONTACT PERSON

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Administration, Operations Bldg., Rm. 3-A-8,
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(410) 965-6011/fax: (410) 966-0869

SOCIAL SECURITY ADMINISTRATION

TITLE: Master Beneficiary Record (MBR)

The Master Beneficiary Record (MBR) is the principal Social Security Administration (SSA) administrative file for the Social Security Old Age, Survivors and Disability (OASDI) program. It contains information on payments, name and address, program computation factors, and demographic data. A separate record is maintained on each beneficiary including the primary beneficiary-retired or disabled worker-and the survivor and dependent beneficiaries-spouses, widows, widowers, children, and parents.

The MBR includes beneficiaries with benefits in current or conditional pay status, beneficiaries whose benefits have been terminated, as well as disallowed, denied, and pending applicants.

A composite data element 'Sex and Race of Primary (SROP)' provides for the following race categories: White, Black, Other, Unknown.

The 'Other' category includes other (old SS-5); Hispanic, Asian/Pacific Islander, and American Indian/Alaskan Native (new SS-5). For survivor and dependent beneficiaries, the SROP code is the same as that of the wage earner on whose record the benefit is based. The Master Earnings File (MEF) and the Numerical Identification File (NUMIDENT) have served as the sources for the race data.

RACE: White; Black; Other; Unknown (Note: For survivor and dependent beneficiaries, the code is the same as that of the wage earner on whose record the benefit is based.)

DATA LIMITATIONS: Enumeration at Birth (EAB): Race data are not available when a Social Security card is issued under the Enumeration at Birth (EAB) process. Under EAB when a parent gives information to hospital personnel for birth registration purposes, he or she may also request a Social Security card for the newborn child.

Spanish origin: The approximate identifier for Spanish origin (see pages regarding NUMIDENT) cannot be used because State or country of birth is not available in the MBR.

OTHER DATA: Functional/Health Status; Services Expenditure and Financing; Age/Gender; Other Demographic/Sociocultural; Other (program computation factors)

PROGRAM: The MBR is the principal SSA administrative file for the OASDI program. It contains information on payments, name and address, and demographic data.

PURPOSE: Application for and payment of benefits

STATUS: This continuous data collection is active.

START DATE: 1966

AVAILABILITY: Restricted access

CONSTRAINTS: Access is restricted under the Federal Privacy Act of 1974. This database contains identifiable information for specific individuals.

CONTACT PERSON

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SOCIAL SECURITY ADMINISTRATION

TITLE: Master Earnings File (MEF)

The principal Social Security Administration (SSA) administrative file for maintenance of earnings records of persons covered by Social Security is the Master Earnings File (MEF). This file was in prior Years referred to as the Summary Earnings Record (SER) and the Earnings Reference File (ERF). The MEF uses the same race designations as the Numerical Identification File (NUMIDENT).

An MEF record is established for an individual when he or she applies for a Social Security number. Identifying information-name, date of birth, sex, and race-is brought into the MEF from the NUMIDENT record. Current address is not available. The MEF contains, for each individual, annual earnings covered under the Social Security program from 195 1 to date and summarized earnings for 1937-50. Earnings from noncovered employment are carried beginning with 1979. For each employer, the MEF includes the Employer identification Number (EIN), also starting with 1978.

The MEF contains data on race for a substantial number of cases where this information is not available in NUMIDENT. Race is generally unavailable in NUMIDENT for persons who applied for Social Security benefits before establishment of the NUMIDENT File in 1979. Since a MEF record for an individual is set up when an application for a Social Security Number (SSN) is processed, data on race missing in NUMIDENT are available in MEF.

The MEF does not, however, contain the updated information on race which is available in NUMIDENT. When an individual requests a replacement SSN card or reports a change of name, a new SS-5 is completed. The new form may contain race/ethnic@ data unavailable in the initial SS-5. The race item may not have been completed on the initial form; the first SS-5 may be an Enumeration at Birth (EAB), or the initial SS-5 was an old form (pre-1981--White, Black, or Other).

Race/Ethnicity Categories for new SS-5 form-1981 and later:

RACE/ETHNICITY: North American Indian or Alaskan Native; Asiin American or Pacific Islander; Black (Not Hispanic); White (Not Hispanic); Hispanic

Race/Ethnicity Categories for old SS-5 form--prior to 1981:

RACE: White; Negro; Other

DATA LIMITATIONS: Enumeration at Birth (EAB): Race data are not available when a Social Security card is issued under the Enumeration at Birth (EAB) process. Under EAB when a parent gives information to hospital personnel for birth registration purposes, he or she may also request a Social Security card for the newborn child.

Spanish origin: The approximate identifier for Spanish origin (see pages regarding NUMIDENT) cannot be used since State or country of birth is not available in MEF.

OTHER DATA: Socioeconomic; Age/Gender; Other (earnings, employer identification)

PROGRAM: Maintenance of earnings records of workers covered under the Social Security program.

PURPOSE: Maintenance of earnings records and information for determining amount of benefits.

STATUS: This continuous data collection is active.

START DATE: January 1937

AVAILABILITY: Restricted access

CONSTRAINTS: Access is restricted under the Federal Privacy Act of 1974 and the Internal Revenue Code. This database contains **identifiable** information for specific individuals.

CONTACT PERSON

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SOCIAL SECURITY ADMINISTRATION

TITLE: Supplemental Security Record (SSR)

The Supplemental Security Record (SSR) is the principal Social Security Administration (SSA) administrative file for the Supplemental Security Income (SSI) program. It contains information on payments, name and address, program computation factors, and demographic data. A separate record is maintained for each recipient.

The SSR includes recipients currently receiving SSI payments, recipients with payments in conditional or *nonpay* status, recipients whose payments have been terminated, as well as denied and pending applicants.

The race/ethnic categories in the SSR are the same as in the Numerical Identification File (NUMIDENT) file.

Race/Ethnicity Categories for new SS-5 form-1981 and later:

RACE/ETHNICITY: North American Indian or Alaskan Native; Asian; Asian American or Pacific Islander; Black (Not Hispanic); White (Not Hispanic); Hispanic

Race/Ethnicity Categories for old SS-5 form--prior to 1981:

RACE: White; Negro; Other

DATA LIMITATIONS: Enumeration at Birth (EAB): Race data are not available when a Social Security card is issued under the Enumeration at Birth (EAB) process. Under EAB when a parent gives information to hospital personnel for birth registration purposes, he or she may also request a Social Security card for the newborn child.

Spanish origin: The approximate identifier for Spanish origin (see pages regarding NUMIDENT) cannot be used because State of country of birth is not available in the SSR.

OTHER DATA: Functional/Health Status; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Other (program eligibility factors)

PROGRAM: The SSR is the principal administrative file for the SSI program. It contains information on payments, name and address, program digibility factors, and demographic data.

PURPOSE: Application for and payment of benefits

STATUS: This continuous data collection is active.

START DATE: January 1974

AVAILABILITY: Restricted access

CONSTRAINTS: Access is restricted under the Federal Privacy Act of 1974. This database contains identifiable information for specific individuals.

CONTACT PERSON

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SOCIAL SECURITY ADMINISTRATION

TITLE: New Beneficiary Data System (NBDS)

OFFICE/CENTER: Office of Deputy Commissioner for Policy and External Affairs,
Office of Research and Statistics

The New Beneficiary Data System (NBDS), developed over the past decade, contains extensive information on the changing circumstances of the aged and disabled beneficiaries. Based initially on a national cross-sectional survey of new Social Security Administration aged and disabled beneficiaries in 1982, the original database has been expanded with information from administrative records and a second round of interviews in 1981. The NBDS is a representative sample with a response rate of approximately 85% in 1982 and 85% reinterviewed in 1991. The 1982 and 1981 interviews were primarily personal household interviews. The NBDS also contains objective measures from administrative files of yearly covered earnings from 1951 to 1982, Medicare expenditures from 1984 to 1981, whether an application for Supplemental Security Income (SSI) has ever been made and payment status at four points in time, and dates of death up through Spring 1984. The record unit in the database is the beneficiary and his/her spouse.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander (Asian, Pacific Islander); Black; White; Other

ETHNICITY: Hispanic (Mexican, Puerto Rican, Cuban, Central/South American, Chicano, Other); Not of Hispanic Origin

DATA LIMITATIONS: Among the 18,599 beneficiaries in the database, 101 are American Indian or Alaskan Natives, and 78 are Asian or Pacific Islanders.

OTHER DATA: Functional/Health Status; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Other (employment and earning histories, assets, pensions, program benefit history)

PROGRAM: Social Security

PURPOSE: Research

STATUS: This intermittent data collection is inactive.

START DATE: October 1982

AVAILABILITY: Public use files, usable without restrictions

DISTRIBUTOR OF PUBLIC USE FILES
Jeff Shapiro,
Division of Program Analysis,
Social Security Administration,
4301 Connecticut Ave., N.W., Ste. 207,
Washington, DC 20008
(202) 282-7113/fax: (202) 282-7219
jashapiro@ssa.gov

CONTACT PERSON
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Social Security Administration,
4301 Connecticut Ave., N.W., Ste. 207,
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(202) 282-7092/fax: (202) 282-7219
hmiams@ssa.gov

AVAILABLE DATA PRODUCTS'

Magnetic tape reel or cartridge

		Price
1982 New Beneficiary Survey	6	150.00
1991 New Beneficiary Survey		150.00

Internet

1991 New Beneficiary Survey www.ssa.gov/statistics/ors_home.html
or
[ftp.ssa.gov/pub/statistics/nbf](ftp://ftp.ssa.gov/pub/statistics/nbf)

The file for the 1982 New Beneficiary Survey is available also from the Interuniversity Consortium for Political and Social Research at the University of Michigan, with the availability of the file for the 1991 New Beneficiary Survey forthcoming.

PUBLIC HEALTH SERVICE

AGENCY FOR HEALTH CARE POLICY AND RESEARCH

AGENCY FOR HEALTH CARE POLICY AND RESEARCH

TITLE: 1987 National Medical Expenditure Survey (NMES 2)

OFFICE/CENTER: Center for General Health Services intramural Research

The 1987 National Medical Expenditure Survey (NMES) included three components: a longitudinal Household Survey that sampled the U.S. noninstitutionalized civilian population and oversampled policy-relevant groups including blacks and Hispanics; a longitudinal Survey of American Indians and Alaskan Natives that sampled the population eligible for care through the Indian Health Service and living on or near reservations; and a longitudinal Institutional Population Component survey based on a sample of persons resident in or admitted to nursing homes and facilities for the mentally retarded at any time in 1987. Together, the Household and Institutional components of NMES provide measures of health status and estimates of insurance coverage and the use of health services, expenditures, and sources of payment for the period from January 1 to December 31, 1987, for the civilian population of the United States.

RACE: American Indian/Alaskan Native; Asiin or Pacific Islander; Black; White; other

ETHNICITY: Hispanic (Puerto Rican, Cuban, Mexican, Mexican-American, Other Latin American, Other Spanish); Not of Hispanic Origin

DATA LIMITATIONS: It is unlikely that there will be enough data cases to draw valid estimates for any Hispanic subpopulation except the Mexican-American subgroup.

OTHER DATA: Functional/Health Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic /Sociocultural; Behavioral; Other

PROGRAM: Health Services Research

PURPOSE: Research

STATUS: This single-time data collection is completed.

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: There are no restrictions on the data available on public use files. To prepare public use files, all confidential data that identifies persons, providers, or establishments are removed.

DISTRIBUTOR OF PUBLIC USE FILES
National Technical Information Service,
U.S. Dept. of Commerce, 5285 Port Royal Rd.,
Springfield, VA 22181
(703) 487-4650/fax: (703) 321-8547
orders@ntis.fedworld.gov

CONTACT PERSON
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2101 East Jefferson St., Ste. 500,
Rockville, MD 20867
(301) 594-1400/fax: (301) 694-2188
dwalden@cghsir.ahcpr.gov

Also available from the Inter-university Consortium for Political and Social Research-call (313)763-5010 for User Support.

AVAILABLE DATA PRODUCTS

1987 National Medical Expenditure Survey, Public Use Tapes

Magnetic tape

	Product Number	Price
Institutional Population Component, Phase 1 (EBCDIC File)	PB89-178461	\$ 360.00
Institutional Population Component, Phase 1 (SAS Files)	PB89-178487	360.00
Household Survey, Health Status Questionnaires and Access to Care Supplement Data (Tape 91)	PBS1 -507633	360.00
Household Survey/Long-Term Care Data (Tape 101)	PBS1 -509828	360.00
Sway of American Indians and Alaska Natives - Round 1 Person-Level File (Tape 11)	PBS1 -609885	360.00
Household Sway Population Characteristics and Utilization Data (Tape 131)	PB92-500057	360.00
Household Survey, Prescribed Medicine Data (Tape 14.1)	PB92-501287	460.00
Household Survey on Home Health Care and Medical Equipment Purchases and Rental Data (Tape 14.2)	PB93-500213	480.00
Household Survey, Dental Visit Data (Tape 14.3)	PB92-501865	590.60
Household Survey, Hospital Stays (Tape 14.4)	PB92-503150	360.00
Household Survey, Ambulatory Medical Visit Data (Tape 14.5)	PB92-504307	480.00
Policyholders of Private Health Insurance: Premiums, Payment Sources, and Type and Source of Coverage (Tape 115)	PB92-504349	480.00
Health Insurance Plans Survey Data: Private Insurance Benefi Database and Linkages to Household Survey Policyholders (Tape 16)	PB93-506400	360.00
Institutional Population Component - Facility Use and Expenditure Data for Nursing and Personal Care Home Residents (Tape 17)	PB93-506046	360.00
Household Sway, Expenditures, Sources of Payment, and Population Data (Tape 18)	PB94-500071	360.00
Survey of American Indians and Alaska Natives, Preliminary Population Characteristics (Tape 20P)	PB94-500139	360.00
Survey of American Indians and Alaska Natives - Health Status Questionnaires and Access to Care Supplement Data (Tape 21P)	PB93-506228	360.00
Survey of American Indians and Alaska Natives - Preliminary Prescribed Medicine Data (Tape 23.1)	PB93-506871	360.00
Survey of American Indians and Alaska Natives - Preliminary Home Health Care, Medical Equipment Purchases and Rentals, and Traditional Medicine Data (Tape 23.2P)	PB93-507036	380.00
Survey of American Indians and Alaska Natives - Preliminary Dental Visit Data (Tape 23.3P)	PB93-506897	360.00
Survey of American Indians and Alaska Natives - Preliminary Hospital Inpatient Stay Data File (Tape 23.4P)	PB93-506962	360.00
Survey of American Indians and Alaska Natives - Preliminary Ambulatory Medical Visit Data (Tape 23.5P)	PB93-506970	360.00
Private Health Insurance of Household Sway Policyholders and Dependents as Reported in the Health Insurance Sway (Tape 241)	PB94-501830	360.00

AGENCY FOR HEALTH CARE POLICY AND RESEARCH

TITLE: AIDS Cost and Service Utilization Survey (ACSUS)

The AIDS Cost and Service Utilization Survey (ACSUS) was conducted from March 1, 1991, through August 31, 1992. The survey was designed to provide information on the use and costs of health and social services provided to people with human immunodeficiency virus (HIV) infection. ACSUS obtained data from 2,090 people with HIV infection in 10 cities across the United States. Patients were recruited from providers of HIV-related care; the sample thus reflects only people receiving treatment for HIV. Cities and providers within each city were selected purposely, and the sample thus is not random.

Patients were interviewed at 3-month intervals for 18 months. Interviews focused on service utilization and source of payment for services. In addition, clinical data were abstracted from medical records, and billing data were obtained from providers of inpatient, outpatient, home health, and pharmaceutical services. Medical record and billing data pertain to the same 1 (1-month period covered by the interviews. The study collected information on more than 1,900 HIV-infected adults and adolescents, including approximately 350 women and 140 children under 13 years of age.

The record unit in the database is the patient/provider pair for each of the six interviews. There are separate records for different provider types, inpatient hospital stays, ambulatory clinic visits, prescription medications, etc.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not Hispanic; White, Not Hispanic; Hispanic (Cuban, Puerto Rican, Mexican-American, Other); Other

OTHER DATA: Functional/Health Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic /Sociocultural

PROGRAM: Health Services Research

PURPOSE: Research

STATUS: This periodic (3 months) data collection is inactive.

START/END DATES: March 1991 /August 1992

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: User must sign confidentiality agreement.

DISTRIBUTOR OF PUBLIC USE FILES
National Technical Information Service,
U.S. Dept. of Commerce, 5285 Port Royal Rd.,
Springfield, VA 22161
(703) 487-4650/fax: (703) 321-8547
orders@ntis.fedworld.gov

CONTACT PERSON
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2101 Esst Jefferson St.,
Rockville, MD 20852
(301) 594-1354/fax: (301) 594-2155

AVAILABLE DATA PRODUCTS

Magnetic tape

	Product Number	Price
AIDS Cost and Services Utilization Survey (Tape 4) (Complete Adult Patient Questionnaires, Adult Provider Billing Questionnaires, and Adult Medical Record Abstracts)	PB94- 5 0 4 2 1 4 6 0 †	240.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

Also available from the Inter-university
 Consortium for Political and Social Research-call
 (313) 763-5010 for User Support.

AVAILABLE DATA PRODUCTS

1987 National Medical Expenditure Survey, Public Use Tapes

Magnetic tape

	Product Number	Price
Institutional Population Component, Phase 1 (EBCDIC File)	PB89-178461	\$ 360.00
Institutional Population Component, Phase 1 (SAS Files)	PB89-178487	360.00
Household Survey, Health Status Questionnaires and Access to Care Supplement Data (Tape 9)	PB91-507533	360.00
Household Survey/Long-Term Care Data (Tape 10)	PB91-509828	360.00
Survey of American Indians and Alaska Natives - Bound 1 Person-level File (Tape 11)	PB91-509885	360.00
Household Survey Population Characteristics and Utilization Data (Tape 13)	PB92-500057	360.00
Household Survey, Prescribed Medicine Data (Tape 14.1)	PB92-501287	460.00
Household Survey on Home Health Care and Medical Equipment Purchases and Rental Data (Tape 14.2)	PB93-5002 13	460.00
Household Survey, Dental Visit Data (Tape 14.3)	PB92-501865	690.60
Household Survey, Hospital Stays (Tape 14.4)	PB92-503 1 SO	360.00
Household Survey, Ambulatory Medical Visit Data (Tape 14.5)	PB92-504307	460.00
Policyholders of Private Health Insurance: Premiums, Payment Sources, and Type and Source of Coverage (Tape 15)	PB92-504349	460.00
Health Insurance Plans Survey Data: Private Insurance Benefit Database and Linkages to Household Survey Policyholders (Tape 16)	PB93-506400	360.00
Institutional Population Component - Facility Use and Expenditure Data for Nursing and Personal Care Home Residents (Tape 17)	PB93-506046	360.00
Household Survey, Expenditures, Sources of Payment, and Population Data (Tape 18)	PB94-50007 1	360.00
Survey of American Indians and Alaska Natives, Preliminary Population Characteristics (Tape 20P)	PB94-500139	360.00
Survey of American Indians and Alaska Natives - Health Status Questionnaires and Access to Care Supplement Data (Tape 21P)	PB93-506228	360.00
Survey of American Indians and Alaska Natives - Preliminary Prescribed Medicine Data (Tape 23.1)	PB93-50687 1	360.00
Survey of American Indians and Alaska Natives - Preliminary Home Health Care, Medical Equipment Purchases and Rentals, and Traditional Medicine Data (Tape 23.2P)	PB93-507036	360.00
Survey of American Indians and Alaska Natives - Preliminary Dental Visit Data (Tape 23.3P)	PB93-506897	360.00
Survey of American Indians and Alaska Natives - Hospital Inpatient Stay Data File (Tape 23.4P)	PB93-506962	360.00
Survey of American Indians and Alaska Natives - Preliminary Ambulatory Medical Visit Data (Tape 23.5P)	PB93-506970	360.00
Private Health Insurance of Household Survey Policyholders and Dependents as Reported in the Health Insurance Plans Survey (Tape 24)	PB94-501830	360.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Adult Spectrum of Disease (ASD)

OFFICE/CENTER: Center for Human Immunodeficiency Virus (HIV)/Acquired immune Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STD) and Tuberculosis Prevention

The objectives of the Adult Spectrum of Disease (ASD) project are to enumerate and characterize persons with human immunodeficiency virus (HIV) infection at various stages of immunologic function who received medical care at selected inpatient and outpatient facilities. The study universe is all persons with HIV infection who access selected hospitals, outpatient facilities, and HIV treatment facilities in the 10 selected project areas. Data are collected continuously at 6-month intervals through abstraction of patient medical records.

All HIV-infected women accessing the target facilities, as well as persons of racial and ethnic minority groups, are included in the survey. However, some sites are overrepresented by white males. These sites do sample white males at a one to four ratio. The source of ASD data is the individual patient medical record, which is abstracted onto the CDC form 50.99A.

The database record unit is the CDC form 50.99A, which is updated every 6 months over a 42-month period.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

DATA LIMITATIONS: Race/ethnicity is abstracted from medical records without direct contact with the patient. The description is subject to the accuracy of the person posting the information to the record.

OTHER DATA: Functional/Health Status; Services Utilization; Age/Gender; Other Demographic/Sociocultural; Behavioral; Other (treatment, laboratory results, infections, etc.)

PROGRAM: HIV/AIDS Surveillance Cooperative Agreement 1302

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE: January 1990

AVAILABILITY: CDC internal use only

CONSTRAINTS: The Centers for Disease Control and Prevention (CDC) does not receive patient names or other personal identifiers that could reveal the patient's identity. Local project staff are well-versed in confidentiality procedures and must sign statements agreeing to adhere to specified confidentiality procedures. These data are for CDC internal use.

The software used to manage and analyze ASD data is extremely complex and requires an understanding of the software and the interpretation of the myriad of variables. ASD data are not available in public use data sets.

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Atlanta, GA 30329
(404) 639-2095/fax: (404) 639-2029

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Congenital Syphilis (CS) Cases Investigation and Report (Form CDC-73.126) (126)

OFFICE/CENTER: Center for Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STD) and Tuberculosis Prevention

The database derived from the Congenital Syphilis (CS) Cases Investigation and Report (Form CDC-73.126) provides detailed line-listed data on congenital syphilis cases, including mother's age and race/ethnicity, prenatal care status, infant's vital status, birth date, birthweight, clinical signs/symptoms, syphilis laboratory test results, and treatment status. Cases are reported to the Division of Sexually Transmitted Disease (STD) Prevention, Centers for Disease Control and Prevention (CDC), by the STD control programs and health departments in the 50 States, the District of Columbia, selected cities, and U.S. dependencies and possessions. Data are available for 1983 through the present.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; white; Other

ETHNICITY: Hispanic; Not of Hispanic Origin

DATA LIMITATIONS: The average percent unknown race is 20%, and unknown ethnicity, 13%.

OTHER DATA: Age/Gender; Other Demographic/Sociocultural

PROGRAM: The Division of STD Prevention supports health departments and nongovernmental organizations and collaborates with other departmental entities in the prevention of STDs, including HIV infection, and their complications by developing, coordinating, and providing timely and scientifically based information, technical assistance, and direction.

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1983

AVAILABILITY: Tabulations provided

CONSTRAINTS: Because of limitations and problems with missing race/ethnicity data by State and year, misleading results could be generated if a data set were provided. Tabulations by race/ethnicity are published in the annual STD Surveillance Report produced by the Division of STD Prevention, Centers for Disease Control and Prevention.

CONTACT PERSON

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Div. of **STD** Prevention, Centers for Disease
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1600 Clifton Rd., Atlanta, GA 30333
(404) 639-8356/fax: (404) 639-8611

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Gonococcal Isolate Surveillance Project (GISP):
Demographic/Clinical Data and Antimicrobial Susceptibility
Testing (Form CDC-73.60A,B) (GISP)

OFFICE/CENTER: Center for Human Immunodeficiency Virus (HIV)/Acquired
Immune Deficiency Syndrome (AIDS), Sexually Transmitted
Disease (STD) and Tuberculosis Prevention

The Gonococcal Isolate Surveillance Project (GISP) database is a sentinel surveillance system of 26 clinics for sexually transmitted diseases (STDs) and 5 regional laboratories. The database consists of line-listed data on the first 20 male cases per clinic per month with gonorrhea and antimicrobial test results. The 26 STD clinics and 5 regional laboratories are located in geographically diverse cities in the United States. Data are available for 1987 through the present. Data are sent on a monthly basis (laboratories send data quarterly).

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; white;
Other

ETHNICITY: Hispanic; Not of Hispanic Origin

DATA LIMITATIONS: The content and quality of demographic data vary across regions and from site to site. Data on race may not be collected at each site.

OTHER DATA: Age/Gender; Other Demographic/Sociocultural

PROGRAM: The Division of STD Prevention supports health departments and nongovernmental organizations and collaborates with other departmental entities in the prevention of STDs, including HIV infection, and their complications by developing, coordinating, and providing timely and scientifically based information, technical assistance, and direction.

PURPOSE: General Purpose Statistics

STATUS: This monthly (laboratories send data quarterly) data collection is active.

START DATE: 1987

AVAILABILITY: Tabulations provided

CONSTRAINTS: Because of limitations and problems with missing race/ethnicity data by State and year, misleading results could be generated if a data set were provided. Tabulations are published in the annual STD Surveillance Report produced by the Division of STD Prevention, Centers for Disease Control and Prevention.

CONTACT PERSON

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1600 Clifton Rd., Atlanta, GA 30333
(404) 639-8356/fax: (404) 639-8611

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: HIV/AIDS Reporting System (HARS)

OFFICE/CENTER: Center for Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STD) and Tuberculosis Prevention

The human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) surveillance system is conducted in all 50 States, 6 major cities, and the territories and possessions of the United States. It is a multipurpose surveillance system designed to monitor the total number of reported cases from public, private, and government reporting facilities. This ongoing surveillance system monitors the total number of AIDS cases reported from the areas noted above, adult/adolescent HIV cases in 25 States that require named HIV reporting, and in 2 States that require reporting of pediatric HIV cases only. Data are used to assess trends by reporting areas, **race/ethnicity**, risk, age, and sex.

The universe to which the data apply are all reported AIDS cases in the 50 States, territories, and possessions and HIV cases in States that require reporting of persons with HIV (not AIDS). The database is cumulative, containing all case reports since 1981.

All AIDS and HIV cases, where authorized by state law, are reported under legal mandates and are not sampled. The source of data collection is the CDC form 50.42A for adults and form 50.428 for pediatric cases. Case reports are received from providers who voluntarily complete the CDC form and who report to the local surveillance program by phone with a surveillance representative completing the case report form and from surveillance representatives who abstract medical records in hospitals and private physicians offices to complete the case report form.

The record unit in the database is the individual HIV/AIDS case report form.

RACE/ETHNICITY: American Indian/Alaska Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

DATA LIMITATIONS: In most instances, **race/ethnicity** data are abstracted directly from the patient's medical record. The surveillance representative seldom has the opportunity to confirm this information with the patient.

OTHER DATA: **Functional/Health Status**; Services Utilization; Services Expenditure and Financing; Age/Gender; Other **Demographic/Sociocultural**; Behavioral; Other

PROGRAM: HIV/AIDS Surveillance Cooperative Agreement #302

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE: 1981

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: The Centers for Disease Control and Prevention **does** not receive patient **names** of information that could identify the individual patient, Local data displays with five **cases** or fewer are not included in the tabular distributions. National data **releases** aggregate **key** variables to preclude **indirect** identification of individuals **reported** with HIV/AIDS. Additionally, recipients of HIV/AIDS surveillance cooperative agreements are **required** to maintain **secure** and **confidential** case registries.

DISTRIBUTOR OF PUBLIC USE FILES
National AIDS Clearinghouse, Centers for
Disease Control and Prevention, P.O. Box 6003,
Rockville, MD 20850
(800) 468-623 1

CONTACT PERSON
Patricia Fleming, Ph.D.
Ctr. HIV/AIDS, **STD &** TB Prevention, Div. of
HIV/AIDS Prevention, **Centers** for Disease
Control and **Prevention, Mailstop** E-47, Executive
Park, Bldg. 16, Atlanta, GA 30329
(404) 639-2050/fax: (404) 639-2029

AVAILABLE DATA PRODUCTS

Diskette

AIDS Public Information Dataaet (no charge)

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Supplement to HIV/AIDS Surveillance (SHAS)

OFFICE/CENTER: Center for Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STD) and Tuberculosis Prevention

The purpose of the Supplement to HIV/AIDS Surveillance (SHAS) project is to obtain increased descriptive information on persons reported with human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) infection. SHAS is conducted in 12 States. The target population is reported HIV/AIDS patients.

SHAS is an ongoing project which began in June of 1990. The sample varies with the availability of patients in the project area. Some of the smaller areas include as many reported patients as possible, whereas the larger projects interview a sample of reported patients. Availability depends on mortality status of the patient, permission from the patient to be interviewed, and the ability of the patient to respond to the comprehensive interview.

The AIDS or HIV case report is the source for identifying potential interviewees. The data instrument is a questionnaire divided into six modules. The record unit in the database is the questionnaire.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander (Asian: Chinese, Filipino, Japanese, Korean, Asian Indian, Vietnamese, Laotian, Thai, Cambodian, Pakistani, Indonesian, Hmong, Burmese Bangladesh, Sri Lankan, Malayan, Okinawan, Other Asian (specify), Unspecified / Pacific Islander: Hawaiian, Samoan, Tongan, Tahitian, Guamanian Islander, Northern Mariana, Palauan, Fijian, Other Pacific Islander (specify), Unspecified); Black; White; Other

ETHNICITY: Hispanic (Mexican, Puerto Rican, Cuban, Central American, South American, Dominican Republic, Spain, and Portugal); Not of Hispanic Origin

DATA LIMITATIONS: Race is based on self-identification.

OTHER DATA: Functional/He&h Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic /Sociocultural; Behavioral; Other (women's reproductive health)

PROGRAM: HIV/AIDS Surveillance Cooperative Agreement 1302

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE: June 1990

AVAILABILITY: Tabulations/information provided upon request. Participating projects have access to their local data.

CONSTRAINTS: The Centers for Disease Control and Prevention does not receive names or personal identifiers which could reveal the identity of study participants. Data specific to geographic areas such as towns or counties must be aggregated if five or fewer cases were reported for the area.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: HIV Epidemiology Research (HER) Study

OFFICE/CENTER: Center for Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STD) and Tuberculosis Prevention

The HIV Epidemiology Research (HER) Study is **designed** to learn about the effects of human immunodeficiency virus (HIV) infection on the physical, emotional, and social health of American women in order to assist the development and delivery of interventions that may improve the quality and duration of their lives. The study follows 920 HIV-infected women and 460 uninfected women reporting HIV risk behaviors in four cities with semi-annual interviews, physical examinations, and laboratory **assessments**. In addition, data are obtained from abstraction of hospital and outpatient medical records and from death certificates. The data collected from these visits and from nested substudies will allow investigators to assess the effects of HIV infection on the medical, mental health, behavioral, psychosocial, and life circumstances of women over time.

Enrollment began in April **1993**. Eligibility requirements are to be ages 16-54, speak English or Spanish, be willing and able to give consent to participate, have no prior diagnosis of acquired immune deficiency syndrome (AIDS)-**defining** condition, and be HIV + or HIV- by EIA + **WB** at entry.

RACE/ETHNICITY: Native American; Asian; Black/African American; White; **Hispanic/Latina**; Other

OTHER DATA: **Functional/Health Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic /Sociocultural; Behavioral; Other (laboratory data)**

PROGRAM: Epidemiologic Research Studies of AIDS and HIV Infection Cooperative Agreement #1 15. Mission: to address issues of HIV **disease manifestations specific** to women.

PURPOSE: Research

STATUS: **This** periodic (every 6 months) data collection is active.

START DATE PERIOD: April 1993 to June 1996

AVAILABILITY: Specific analysis requests may be made to investigators.

CONSTRAINTS: All data access is controlled by an executive committee of investigators and **funders**. Release of defined data sets for nonpublication uses (**e.g.**, estimating service needs for program design) are usually approved. Analysis for presentation or publication is usually through collaboration with study investigators.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: HIV Seroprevalence Survey of Childbearing Women (**SCBW**)

OFFICE/CENTER: Center for Human Immunodeficiency Virus (**HIV**)/Acquired Immune Deficiency Syndrome (**AIDS**), Sexually Transmitted Disease (**STD**) and Tuberculosis Prevention

The objective of this system is to determine the prevalence of human immunodeficiency virus (**HIV**) infection among women delivering live infants in the United States and provide information about the demographics, location, and seroprevalence trends of this population over time. The survey is based on HIV testing of leftover blood specimens collected on filter paper for routine newborn metabolic screening and on existing public health programs in all areas conducting the survey.

A sample of all live births in each State and territory participating in the Survey of Childbearing Women constitutes the study population. Forty-five States, the District of Columbia, Puerto Rico, and the Virgin Islands participate in the study. States not included are Idaho, North Dakota, South Dakota, Nebraska, and Vermont. Between January 1988 and December 1993, over 11 million unlinked specimens, representing nearly one-half of all live births during that period, were tested for maternal HIV antibody in state public health laboratories. Data collection and analysis are ongoing.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; White; Other

ETHNICITY: Hispanic (Mexican-American, Puerto Rican, Cuban); Not of Hispanic Origin

OTHER DATA: Age/Gender; Other (reason for visit/risk exposure)

PROGRAM: HIV/AIDS Surveillance Cooperative Agreement X302, Centers for Disease Control and Prevention (**CDC**). Mission: to better define the extent and outcome of HIV/acquired immune deficiency syndrome (**AIDS**) disease; characterize persons infected with HIV/AIDS; and measure and evaluate the extent of HIV/AIDS incidence and prevalence.

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE: 1988

AVAILABILITY: Tabulations provided

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AVAILABLE DATA PRODUCTS

Hard copy _____

National **Serosurveillance** Summary (vol. **3**) (no charge)

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: HIV Seroprevalence Among Intravenous Drug Users Entering Drug Treatment Programs, United States

OFFICE/CENTER: Center for Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STD) and Tuberculosis Prevention

The objective of this study is to monitor human immunodeficiency virus (HIV) seroprevalence in intravenous drug users entering treatment. Information is obtained about approximately 14,000 individuals per year entering treatment at 53 sentinel drug treatment centers located in 22 U.S. cities. Data collection for this ongoing activity began in 1988.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; White; Other

ETHNICITY: Hispanic (Mexican-American, Puerto Rican, Cuban); Not of Hispanic Origin

OTHER DATA: Age/Gender; Other (reason for visit/risk exposure)

PROGRAM: HIV/AIDS Surveillance Cooperative Agreement #302, Centers for Disease Control and Prevention (CDC). Mission: to better define the extent and outcome of HIV/acquired immune deficiency syndrome (AIDS) disease; characterize persons infected with HIV/AIDS; and measure and evaluate the extent of HIV/AIDS incidence and prevalence.

PURPOSE: Research

STATUS: This Intermittent data collection is active.

START DATE: 1988

AVAILABILITY: Tabulations provided

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AVAILABLE DATA PRODUCTS

Hard copy

National Serosurveillance Summary (Vol. 3) (no charge)

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: HIV Seroprevalence in Sexually Transmitted Disease Clinics

OFFICE/CENTER: Center for Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STD) and Tuberculosis Prevention

The purpose of this activity, being conducted in 121 sentinel sites in 46 cities in the United States, is to describe baseline human immunodeficiency virus (HIV) seroprevalence, monitor trends over time, and determine risk factors for HIV infection. Data collection began in 1988. Information is obtained on persons attending sexually transmitted disease clinics. Approximately 34% of the individuals are women.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; **Black**; White; Other

ETHNICITY: Hispanic (Mexican-American, Puerto Rican, Cuban); Not of Hispanic Origin

OTHER DATA: Age/Gender; Other (reason for visit/risk exposure)

PROGRAM: HIV/AIDS Surveillance Cooperative Agreement 1302, Centers for Disease Control and Prevention (CDC). Mission: to better define the extent and outcome of HIV/acquired immune deficiency syndrome (AIDS); characterize persons infected with HIV/AIDS; and measure and evaluate the extent of HIV/AIDS incidence and prevalence.

PURPOSE: Research

STATUS: This intermittent data collection is active.

START DATE: 1988

AVAILABILITY: Tabulations provided

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AVAILABLE DATA PRODUCTS

Hard copy

National Serosurveillance Summary (Vol. 3) (no charge)

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Pediatric Spectrum of HIV Disease (PSD)

OFFICE/CENTER: Center for Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STD) and Tuberculosis

The Pediatric Spectrum of HIV Disease was **designed** to characterize and follow trends in the pediatric human immunodeficiency virus (HIV) epidemic. It is an active surveillance project that enrolls children known to be HIV infected or born to infected mothers in eight **geographic locations**. The project **began** in 1988, and more than **6,000** children have been enrolled and followed to date. Information is collected every 8 months on each enrolled child by review of all (inpatient and outpatient) medical records. In some study sites, the project enrolls all children identified as HIV-exposed (population-based sample). In other sites, a convenience sample of children under care at specific clinics is used. Data collected include HIV **risk** information, birth history, demographic information, acquired immune deficiency syndrome (**AIDS-defining** conditions, nonspecific conditions that may be HIV-related, primary caretaker, laboratory data, HIV-related medications, selected immunizations, hospitalization information, and causes of death.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; **White**; Other

ETHNICITY: Hispanic (country of birth recorded); Not of Hispanic Origin

DATA LIMITATIONS: Data is obtained from the medical record.

OTHER DATA: Functional/Health Status; Services Utilization; Age/Gender; Other **Demographic/Sociocultural**; Other (AIDS-defining conditions, laboratory, HIV-specific medications)

PROGRAM: AIDS **Epidemiological** Studies Cooperative Agreement

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE: September 1988

AVAILABILITY: Published in peer-reviewed journals

CONSTRAINTS: No identifiers are received at the Centers for Disease Control and Prevention (CDC). Data covered by Section **308(d)** of Public Health Service Act (42 USC **242m**)

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Report of Civilian Cases of Primary and Secondary Syphilis and Gonorrhea by Reporting Source, Sex, Race/Ethnicity and Age Group (Form CDC-9.2638) (2638)

OFFICE/CENTER: Center for Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STD) and Tuberculosis Prevention

The database derived from the Report of Civilian Cases of Primary and Secondary Syphilis and Gonorrhea (Form CDCg.2638) provides aggregate data on cases of gonorrhea and primary and secondary syphilis by sex, race/ethnicity, age group, and source (public, private). These cases are reported annually to the Division of Sexually Transmitted Disease (STD) Prevention by the STD control programs and health departments in the 50 States, District of Columbia, 6 major cities (Baltimore, Chicago, New York City, Los Angeles, Philadelphia, San Francisco), and U.S. dependencies and possessions.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic; Other

DATA LIMITATIONS: The percentage of cases for which race/ethnicity and age were unknown or unspecified differed considerably, depending on year and area.

OTHER DATA: Age/Gender

PROGRAM: The Division of STD Prevention supports health departments and nongovernmental organizations and collaborates with other departmental entities in the prevention of STDs, including HIV infection, and their complications by developing, coordinating, and providing timely and scientifically based information, technical assistance, and direction.

PURPOSE: General Purpose Statistics

STATUS: This periodic (annual) data collection is active.

START DATE: 1981

AVAILABILITY: Tabulations provided

CONSTRAINTS: Because of limitations and problems with missing race/ethnicity data by State and year, misleading results could be generated if a data set were provided. Tabulations by race/ethnicity are published in the annual STD Surveillance Report produced by the Division of STD Prevention, Centers for Disease Control and Prevention.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: HIV Serosurvey in Selected Tuberculosis Clinics

OFFICE/CENTER: Center for Prevention Services

Selected tuberculosis clinics in seven cities conduct blinded human immunodeficiency virus (HIV) testing on clinic patients to determine the prevalence of HIV infection among tuberculosis (TB) patients. These surveys have been ongoing for several years.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

DATA LIMITATIONS: There are no limitations in the use of some **race/ethnicity categories**.

OTHER DATA: Functional/Health Status; Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Behavioral; Other (clinical history of tuberculosis)

PROGRAM: Program requirement of funds authorized and awarded in support of the Public Health Service Act, Section 317

PURPOSE: Program planning or management

STATUS: This continuous data collection is active.

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: The database does not contain any personal identifiers. No data will be released for an area with fewer than five cases per cell.

DATA MEDIA: Diskette; hard copy

DISTRIBUTOR OF PUBLIC USE FILES

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Tuberculosis National Surveillance System (SURVS-TB)

OFFICE/CENTER: Center for Prevention Services

The tuberculosis national surveillance system (SURVS-TB) collects tuberculosis case reports from 53 reporting areas around the country (50 States, District of Columbia, New York Ci, Puerto Rico). The areas report newly diagnosed tuberculosis cases electronically to the Centers for Disease Control and Prevention (CDC) on a monthly basis. The reopening system is a software **package** for data **entry**, analysis, and transmission to CDC.

RACE/ETHNICITY: American **Indian/Alaskan** Native; **Asian** or Pacific Islander; **Black**, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

OTHER DATA: Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Behavioral; Other (clinical history of tuberculosis)

PROGRAM: Program requirement of funds authorized and awarded in support of the Public Health Service Act, Section 317

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: The database does not contain any personal Identifiers. No data will be **released** for an **area** with fewer than five cases per cell.

DATA MEDIA: Diskette; herd copy

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Morbidity and Mortality Weekly Report

OFFICE/CENTER: Epidemiology Program Office

The purpose of the weekly morbidity report is the collection of notifiable disease reports for publication of national summaries by week, the detection of outbreaks, and program planning. The universe includes the United States and five U.S. territories. Respondents include the 50 state health departments; health departments in New York City and Washington, DC.; and health departments in Guam, Puerto Rico, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands. Staff of local health departments, hospitals, laboratories, and physicians report to state health departments. Case and aggregate data for diseases notifiable on a national basis are reported weekly to the Centers for Disease Control and Prevention (CDC) using the National Electronic Telecommunications System for Surveillance (NETSS). Reports are summarized for the United States and each State, Census Region, and territory. These data are published in Figure 1 and Tables 1 and 2 of the Morbidity and Mortality Weekly Report (MMWR). Final data for 1950-93 are available in publications found in most medical or public health school libraries. Aggregate data by week, disease, and location are available on tape for the years 1975-93.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; White; Other

ETHNICITY: Hispanic; Not of Hispanic Origin

OTHER DATA: Age/Gender

PROGRAM: Supports CDC mission to provide public health information to public health officials

PURPOSE: General Purpose Statistics

STATUS: This periodic (weekly) data collection is active.

START DATE: Approximately 1950

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Data cell sizes that are small enough to identify particular individuals will be excluded from the data request. In addition, any case identification information will be omitted from the request. These data are collected by direction of the Council of State and Territorial Epidemiologists, and thus all rights of privacy and confidentiality will be observed.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Morbidity and Mortality Weekly Report Annual Summary

OFFICE/CENTER: Epidemiology Program Office

The purpose of the Morbidity and Mortality Weekly Report Annual Summary (MMWR Annual Summary) is the publication of collected notifiable disease reports in final form. The universe includes the 50 States and 5 U.S. territories. Respondents include 50 state health departments; health departments in New York City and Washington, DC.; and health departments in Guam, Puerto Rico, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands. Case and aggregate data transmitted to the Centers for Disease Control and Prevention (CDC) via the National Electronic Telecommunications System for Surveillance (NETSS) on a weekly basis are used to publish annual data by month and age group for each State, Census Region, and U.S. territory in the *Summary of Notifiable Diseases, United States*. Data for 1920 through 1993 are available in publications found in most medical or public health school libraries. Aggregate annual data for 1965-93 are available on tape by month or by county. Race/ethnicity data for most States and diseases are available for the years 1990-93.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; White; Other

ETHNICITY: Hispanic; Not of Hispanic Origin

OTHER DATA: Age/Gender

PROGRAM: Supports CDC mission to provide public health information in a rapid and timely manner to public health officials in government, academia, and private sectors.

PURPOSE: General Purpose Statistics

STATUS: This periodic (annual) data collection is active.

START DATE: Approximately 1920

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Data cell sizes that are small enough to identify particular individuals will be excluded from the data request. In addition, any case identification information will be omitted from the request. These data are collected by direction of the Council of State and Territorial Epidemiologists, and thus all rights of privacy and confidentiality will be observed.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Behavioral Risk Factor Surveillance System (BRFSS)

OFFICE/CENTER: National Center for Chronic Disease Prevention and Health Promotion

The system provides official state health agencies with the funding, training, and consultation necessary to permit them to routinely collect behavioral risk factor information. Data items are included such as cigarette smoking, alcohol abuse, seat belt usage, sedentary lifestyle, obesity, hypertension treatment compliance, and routine demographic information (age, race, sex, education). The behavioral risk factors are chosen based on their strong relationship with many of the leading causes of premature death and disability. States design the instrument that is used to collect these data. Technical and financial assistance is provided by the Centers for Disease Control and Prevention (CDC) to all States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Each participant will conduct surveys of its noninstitutionalized adult populations during the course of the year with 1,200-4,000 respondents interviewed annually in each State. Cluster sampling will be employed. Interviews will be conducted monthly (100-350 per month) to provide temporal information. Telephone interviewing is employed for cost and efficiency. Each of the funded projects will use the information to track progress in reducing behavioral risk factors over time. These selected behavioral risk factors are closely associated with accidents, chronic diseases, and premature death. They will provide early indications of chronic disease trends in minority populations.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; White; Other; Refused Specification; Don't Know/Not Sure

ETHNICITY: Hispanic Origin; Not Hispanic Origin; Don't Know; Refused Specification

OTHER DATA: Functional/Health Status; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral; Other (personal behavioral data related to the leading causes of premature death)

PROGRAM: To monitor health and to promote healthy behaviors.

PURPOSE: General Purpose Statistics

STATUS: This periodic (monthly) data collection is active.

START DATE: 1984

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: All users must agree to submit, at least 4 weeks prior to any publication of BRFSS data: (1) the title, abstract, expected date of publication and journal name of publications that result from analysis of the data; and (2) name and phone number of a contact person for any questions from state BRFSS coordinators regarding the analysis of associated recommendations.

Data that are over 1-year-old are available from CDC.

All users must also agree to not release the data to other persons, not to use the data for any purpose other than statistical reporting, and to acknowledge the CDC as the original source of the data.

DATA MEDIA: Magnetic tape reel; magnetic tape cartridge; hard copy

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Program of Cancer Registries (NPCR)

OFFICE/CENTER: National Center for Chronic Disease Prevention and Health Promotion

The Centers for Disease Control and Prevention (CDC) was authorized by Congress in 1992 to implement the Cancer Registries Amendment Act, Public Law 102-515. The National Program of Cancer Registries (NPCR) was established to make grants available to States to **enhance** statewide population-based cancer registries that will **meet** minimum standards of completeness, timeliness, and quality end to establish statewide cancer registries where none exist.

The national goals of this program **are** to rapidly establish and standardize the reporting of cancer among the States **in** order to provide: (1) timely feedback for evaluating progress toward achieving cancer-control objectives that include the 'Healthy People 2000' objectives; (2) data to monitor the incidence and mortality trends in patterns by age, ethnic, and **geographic** regions within the State, between States, and **between** regions; (3) guidance **for health** resource **allocation**; (4) data to evaluate **stat8** cancer-control **activities**; and (5) information to improve planning for future health care needs.

At the close of 1994, CDC provided funding to 28 States for enhancement of their existing **state** cancer registries and to 9 States for planning and implementation of state registries. The NPCR collects incidence data on 100% of the population in the States it covers. Data collection started in January 1995 for enhancement States and is **expected** to start in January 1998 for the planning and implementation phases. The project period is up to 5 years.

The NPCR requires **each** funded State to implement the standards for data quality and format as **described** by the North American Association of Central Cancer Registries (NAACCR) and endorsed by CDC.

The NPCR requires each funded **State** to **collect** race and **ethnicity** data according to format described by the NAACCR.

RACE: White; Black; American Indian/Alutian/Eskimo; Chinese; Japanese; Filipino; Hawaiian; Korean; Asian Indian/Pakistani; Vietnamese; Laotian; Htnong; **Kampuchean**; Thai; **Micronesian**; Chamorran; Guamanian; Polynesian; Tahitian; Samoan; **Tongan**; **Melanesian**; Fiji Islander; New **Guinean**; Other Asian (including Asian, NOS and Oriental); Pacific **Islander**, NOS; **Other**; Unknown

ETHNICITY: Non-Spanish/Non-Hispanic; Mexican (includes **Chicano**); Puerto Rican; Cuban; South or Central American (except Brazil); Other **Spanish** (includes **European**); Spanish, NOS; Hispanic, NOS (i.e., **there** is evidence other than surname or maiden name that the person is Hispanic, but he/she cannot **be** assigned to any of the preceding **categories**); Spanish (surname **only**) (only evidence of person's Hispanic origin is surname or **maiden** name); Unknown Whether Spanish or Not

DATA LIMITATIONS: The NPCR requires each funded State to implement the standards of data quality and format as described by the NAACCR and endorsed by CDC. In regard to the use of race and ethnicity, NAACCR provides the following guidance: 'Cancer rates vary by ethnic and racial group. For this reason, it is useful to calculate incidence separately for ethnic and racial groups within the registry's area of coverage. Of primary concern when calculating ethnic- and race-specific rates is the comparability of definitions between the numerator (i.e., cancer cases) and the denominator (i.e., population estimates). Specifically, the methods that are used to define a person's race or ethnicity in the numerator of the rate SHOULD be comparable to those used in the denominator. Unfortunately, it is sometimes difficult to obtain appropriate estimates of the size of the population by ethnicity and race. When calculating rates by ethnicity and race, the registry MUST carefully document the methods by which race and ethnicity were assigned, both in the numerator and the denominator.'

OTHER DATA: Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Other (see below)

PROGRAM: To prevent premature death and disability from cancers.

PURPOSE: Program planning or management

STATUS: This continuous data collection is active.

START DATE PERIOD: January 1995 to June 2000

AVAILABILITY: Data are owned by and reside in the State of origin. There are NO data collected at CDC.

CONSTRAINTS: Data are owned by and reside in the State of origin. Any restrictions on the use of data are stipulated by the individual State.

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ADDITIONAL INFORMATION

Data to be collected for invasive and in situ cancers include:

1. Demographic information about each case of cancer including at a minimum:
 - (a) Last name, first name, middle initial.
 - (b) Address at diagnosis, including city, county, State, and zip code for zip + 4 where available).
 - (c) Census tract.
 - (d) Race and Spanish/Hispanic origin.
 - (e) Sex.
 - (f) Birth date.
 - (g) Social security number.
2. Information on the industrial or occupational history of the individual with the cancers, to the extent such information is available from the same record.
3. Administrative information, including at a minimum:
 - (a) Date of diagnosis.
 - (b) Date of admission.
 - (c) Source of information.
4. Pathologic data characterizing the cancer, including at a minimum:
 - (a) Primary site.
 - (b) Morphology type, behavior, and grade.
 - (c) Sequence number.
 - (d) Laterality.
 - (a) Diagnostic confirmation.
 - (f) Stage of disease (pursuant to Summary Staging Guide).
 - (g) Date and type of first course of definitive treatment when available in the medical record.
 - (h) Date of death.
 - (i) Underlying cause of death.

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Pediatric Nutrition Surveillance System (**PedNSS**)

OFFICE/CENTER: National Center for Chronic Disease Prevention and Health Promotion

The Pediatric Nutrition Surveillance System (**PedNSS**) is a state-based surveillance system designed to monitor trends in physical growth, occurrence of anemia, and occurrence of breastfeeding in children. **PedNSS** is program-based surveillance, and the data represent low-income children, in 49 participating States, territories, and reservations, who are served by publicly funded health and nutrition programs such as Women, Infants, and Children, EPSDT, and Head Start. Technical assistance is provided by the Centers for Disease Control and Prevention (**CDC**).

Data are collected during clinic visits. Summary reports are generated semi-annually and annually at the state, county, and clinic level.

RACE/ETHNICITY: American Indian; Asiin or Pacific Islander; Southeast Asian Refugee; Black, Not Hispanic; White, Not Hispanic; Hispanic; Other

OTHER DATA: **Functional/Health Status; Age/Gender; Other (hematology, breastfeeding)**

PROGRAM: To promote maternal, infant, and **adolescent health**

PURPOSE: General Purpose **Statistics**

STATUS: This continuous data collection is active.

START DATE: 1973

AVAILABILITY: The data are owned by participating States, territories, and reservations and may be released upon permission from the participants.

CONSTRAINTS: Data are owned by the State of origin. Any restrictions on the use of the data are stipulated by the individual State, territory, or reservation.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Pregnancy Nutrition Surveillance System (PNSS)
OFFICE/CENTER: National Center for Chronic Disease Prevention and Health Promotion

The **Pregnancy Nutrition Surveillance System (PNSS)** is designed to provide useful and timely data that will allow States to monitor trends in the prevalence of prenatal risk factors, which are major predictors of infant mortality and low birthweight, as well as to monitor infant feeding practices.

PNSS is a program-based surveillance system. The data represent low-income pregnant and postpartum women, in 32 participating States, territories, and reservations, who are served by publicly funded health and nutrition programs such as Women, Infants, and Children. Technical and financial assistance is provided by the Centers for Disease Control and Prevention (CDC).

Data are collected during clinic visits. Summary reports are generated annually at the state and county level,

RACE/ETHNICITY: American Indian; Asian or Pacific Islander; Southeast Asian Refugee; Black, Not Hispanic; White, Not Hispanic; Hispanic; Other

OTHER DATA: Functional/Health Status; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral; Other (hematology, breastfeeding)

PROGRAM: To promote maternal, infant, and child health.

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1979

AVAILABILITY: The data are owned by the participating States, territories, and reservations and may be released upon permission from the participants.

CONSTRAINTS: Data are owned in the State of origin. Any restrictions on the use of the data are stipulated by the individual State.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Pregnancy Risk Assessment Monitoring System (PRAMS)

OFFICE/CENTER: National Center for Chronic Disease Prevention and Health Promotion

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a program to reduce infant mortality and low birthweight. The surveillance system is funded through the Infant Health Initiative. The overall goal of PRAMS is to provide a basis for improved policies and programs that reduce infant mortality and morbidity by changing women's high-risk behaviors during the periconception and perinatal periods. Using PRAMS findings, States will be better equipped to determine how to allocate resources and target subpopulations at increased risk of poor birth outcome. PRAMS is being implemented in collaboration with 13 States and the District of Columbia.

PRAMS is an ongoing state-specific population-based surveillance of selected maternal behaviors that occur before and during pregnancy and the child's early infancy. States collect data from a sample of state resident women who have recently had a live birth. State sampling plans are tailored to meet the individual needs of the State. Average annual sample sizes range from 1,200 to 3,600 women per State. Samples are stratified to obtain larger numbers of high-risk deliveries.

Women are asked about their prepregnant and prenatal behaviors, their experiences of complications during pregnancy, and their use of health care during pregnancy and the first months of the infant's life. Questionnaire data are linked to information available from infant birth certificates.

The data may be used to assess trends in behavioral risk factors, to identify gaps in health care to be targeted for intervention, and to assess the impact of behavioral risk factors and health care problems on pregnancy outcome, including birthweight and infant mortality. PRAMS questions are designed to permit States to track relevant Year 2000 Health Objectives for the Nation and provide information needed for Federal grant programs, e.g., the Title V Maternal and Child Health (MCH) block grant and the Title X Family Planning grant.

RACE/ETHNICITY: American Indian; Chinese; Japanese; Hawaiian; Other Asian or Pacific Islander; Black; Other Nonwhite; White; Unknown

DATA LIMITATIONS: Maternal race is taken from the birth certificate. Several States stratify by race, but stratification is not consistent and varies from State to State. Florida, California, New York, and Washington State have their own nonstandardized identifiers for Hispanic ethnicity; those data remain with the respective State.

OTHER DATA: Functional/Health Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic /Sociocultural; Behavioral; Other (data are specific to state residents who have delivered a live infant within 2-B months of receiving the questionnaire)

PROGRAM: To promote maternal, infant, and child health

PURPOSE: Program planning or management

STATUS: This periodic (monthly) data collection is active.

START DATE: Fall of 1988 (varies from State to **State**)

AVAILABILITY: The data **are** state-owned.

CONSTRAINTS: Data are state-specific and state-owned. Questionnaire data cannot stand alone but must be linked with birth certificate data. Individual States must be contacted regarding the data.

CONTACT PERSON

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Youth Risk Behavior Surveillance System (YRBSS)
OFFICE/CENTER: National Center for Chronic Disease Prevention and Health Promotion

The Youth Risk Behavior Surveillance System (YRBSS) was developed to monitor priority health-risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth and adults in the United States. The YRBSS monitors six categories of behaviors: (1) behaviors that contribute to unintentional and intentional injuries; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, including human immunodeficiency virus (HIV) infection; (5) dietary behaviors; and (6) physical activity.

The YRBSS consists of national, state, and local school-based surveys of representative samples of 9th through 12th grade students and a national household-based survey of 12- through 21 -year-olds. The national surveys are conducted by the Centers for Disease Control and Prevention (CDC). The state and local surveys are conducted by state and focal education agencies which receive technical assistance from the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. The school-based surveys are conducted biennially with a self-administered questionnaire. The household-based survey was conducted as a supplement to the 1992 National Health Interview Survey with an audiotape mode of administration and a similar questionnaire.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic; Other

DATA LIMITATIONS: Most state and local surveys do not gather enough data from some minority populations in their jurisdictions to allow for accurate separate analyses of these subgroups. The specific categories vary by jurisdiction.

For the national survey, black, not Hispanic, and Hispanic students are oversampled to allow for accurate separate analyses of these subgroups. Separate analyses also may be conducted for Asian or Pacific Islanders but with less precision.

OTHER DATA: Age/Gender; Behavioral; Other (grade in school)
PROGRAM: Promote healthy personal behaviors and address the prevention of priority health risks among adolescents and youth.
PURPOSE: Program planning or management
STATUS: This periodic (biennial, odd-numbered years) data collection is active.
START DATE: February 1990
AVAILABILITY: Public use files of national data sets, usable without restrictions

CONSTRAINTS: State, district, school, end classroom identifiers are not provided. Also, no personal identifiers are collected--the data are anonymous. Permission to use data from state end local surveys must be obtained from state end local education agencies conducting such surveys.

DISTRIBUTOR OF PUBLIC USE FILES

National Technical Information Services,
U.S. Dept. of Commerce, 5286 Pon Royal Rd.,
Springfield, VA 22161
(703) 487-4650/fax: (703) 321-8547
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AVAILABLE DATA PRODUCTS

Youth Risk Behavior Surveillance System. 1990-91

Diskette

	Product Number	Price
1990-National	PB92-2503283 †	90.00
1991 -National	PB94-4500121	90.00
1993-National	PB95-503363	90.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Childhood Blood Lead Surveillance

OFFICE/CENTER: National Center for Environmental Health

The purpose of the national childhood blood lead surveillance program is to build state capacity to conduct surveillance; to establish a national surveillance system based on state systems; and to use data to direct prevention activities at the local, state, and national levels. The database includes children s age 16 years but is more complete for children < age 6 years. The national database collects data from participating States but excludes personal identifiers. In 1995, collection of national data will begin with data expected from eight States (**California**, Colorado, Connecticut, Georgia, Iowa, New Mexico, Oregon, and Rhode Island). Additional States are expected to participate in the future as their surveillance systems are developed.

State surveillance is based on laboratory reporting. In many States, all blood lead levels are collected. State databases are organized by child identifier and include basic demographic data, e.g., birth date, on all children. For children with elevated blood lead levels, additional data, e.g., results of environmental investigations, are also collected. However, the completeness of reporting of the fields is variable.

RACE: Native ~~American~~/Alaskan Native; Asian/Pacific Islander (Asian Indiin, Chinese, Filipino, Hawaiian, Korean, Vietnamese, Japanese, Samoan, Hmong, ~~Guamian~~, Other, Unknown); Black; White; Multiracial; Other; Unknown

ETHNICITY: Hispanic, Non-Hispanic; Unknown

DATA LIMITATIONS: Among States participating in the system, the completeness of reporting of fields on race/ethnicity is likely to be variable. The primary source of these data is bboratory slips, which often contain incomplete data on race/ethnicity. in addition, definitions of race/ethnicity categories may differ from State to State. For example, a person with parents of different racial backgrounds may be described as "multiracial" in one State, whereas in another State that person may be described by the category of his/her mother. Finally, a category for specific ethnicity was devloped in response to a request from several States to collect this information. Not all States will use this field.

OTHER DATA: **Services** Utilization; Age/Gender; Other (blood lead levels and demographic data on children tested for **leading** poisoning; for children with elevated levels, medical treatment and possible sources of lead exposure¹

PROGRAM: In many states, the Sate and Community-Based Childhood Lead Poisoning **Prevention** Grant Program

PURPOSE: Program pbnning or management

STATUS: This periodic (quarterly) data collection is active, with reports expected to be generated **annually**.

START DATE: 1995

AVAILABILITY: Data collection begins in 1995 and the first report of data is expected in bte 1995. Procedures for making data available are being developed.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Medical Examiner/Coroner Information Sharing Program
(MECISP)

OFFICE/CENTER: National Center for Environmental Health

The objectives of this surveillance project are to: (1) improve the uniformity and quality of information obtained during the investigation of deaths by medical examiners and coroners; (2) develop a national system to collect and analyze information on these deaths; and (3) develop better ways of sharing information among medical examiners, coroners, and other interested groups. These data may be used by the Centers for Disease Control and Prevention (CDC) and the Public Health Service to (1) obtain more timely, accurate, and complete information on sudden, unexpected deaths; (2) better understand the causes of these deaths; and (3) reduce the mortality from those causes that are amenable to public health intervention.

The data files, although not uniform in format, contain cases coded by race. A significant number of cases represent minorities.

The project includes all deaths investigated by selected state and county medical examiners or coroners (ME/Cs) as recorded in the ME/C offices. The time period varies by State and county. The database contains all ME/C deaths for each State or county. The record unit is that of individual deaths.

RACE/ETHNICITY: Categories used depend on those used by state or county ME/C office. We take the data as supplied by each office. We do not impose any categories on state or local offices.

OTHER DATA: Functional/Health Status; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral; Other (cause and circumstances of death; information concerning postmortem exam)

PROGRAM: Public Health Service Act, Sections 301 and 306

PURPOSE: Research

STATUS: This periodic (annual) data collection is active.

START DATE: January 1988 (Varies by county and State, and some data collected predates 1988.)

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Data are not released from CDC without permission of ME/C office that supplied the data.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Metropolitan Atlanta Congenital Defects Program (MACDP)

OFFICE/CENTER: National Center for Environmental Health

The Metropolitan Atlanta Congenital Defects Program (MACDP) was created to meet two primary objectives: (1) to monitor, regularly and systematically, the births of malformed infants for changes in incidence or other unusual patterns suggesting environmental influences; and (2) to develop a case registry for use in epidemiologic and genetic studies. Since late 1967, the Birth Defects and Genetic Diseases Branch, Division of Birth Defects and Developmental Disabilities, National Center for Environmental Health, Centers for Disease Control and Prevention, has worked with Emory University and the Georgia Mental Health Institute to conduct surveillance of infants with congenital malformations and certain genetic diseases. These epidemiologic studies are needed because adverse reproductive outcomes are responsible for most infant morbidity and mortality and because most of these problems have unknown causes.

The metropolitan Atlanta area consists of five counties, Clayton, Cobb, DeKalb, Fulton, and Gwinnett, and covers 1,724 square miles. It has an estimated population of 1.8 million and an estimated 38,000 total annual births. Approximately 2%-3% of these babies will have serious birth defects.

Cases are determined through the systematic review of hospital records for all births in, or infant referrals to, the area's 22 hospitals and 2 pediatric hospitals and through vital records maintained by the State of Georgia. The surveillance system maintains a computerized record of every infant born with a birth defect in the MACDP since 1967. The record includes both demographic and diagnostic information on over 26,000 infants with major congenital anomalies from among nearly 775,000 live births in the catchment area.

RACE/ETHNICITY: American Indian/Alaskan Native; As&n or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

OTHER DATA: Functional/Health Status; Services Utilization; Age/Gender; Other Demographic/Sociocultural; Other (pregnancy outcome data, all birth defects, birth anthropometric measures, some prenatal diagnosis information, pregnancy and medical history)

PROGRAM: Public Health Service Act, Section 317C

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE: October 1967

AVAILABILITY: Tabulations provided

CONSTRAINTS: Data contain very specific **personal** identifiers for data **tracking** and followup. These **identifying** data cannot be shared for confidentiality **and** privacy reasons.

CONTACT PERSON

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Metropolitan Atlanta Development Disabilities Surveillance Project (MADDSP)

OFFICE/CENTER: National Center for Environmental Health

The Centers for Disease Control and Prevention's Metropolitan Atlanta Developmental Disabilities Surveillance Program monitors the occurrence of four developmental disabilities-- mental retardation, cerebral palsy, hearing impairment, and vision impairment-in children ages 3-10 years in the Atlanta area. This active, ongoing surveillance system attempts to ascertain all children that meet the case definition for one of the four disabilities through a review of records from schools and hospitals. Annual reports of the prevalence of each of the developmental disabilities are generated for dissemination to the general public.

RACE/ETHNICITY: American Indian/Alaskan Native; As&n or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

DATA LIMITATIONS: It is difficult to distinguish Hispanic origin from what is in source records.

OTHER DATA: Functional/Health Status

PROGRAM: Public Health Service Act, Section 317C

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE PERIOD: January 199 1 to December 199 1

AVAILABILITY: Tabulations provided

CONTACT PERSON

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Hepatitis B Vaccine Demonstration Project in Alaskan Natives
(Vax Demo)

OFFICE/CENTER: National Center for Infectious Diseases

Hepatitis B (HB) is a serious problem in the Alaskan Native population. Since 1972, the National Center for Infectious Diseases (NCID) and the Alaska Area Native Health Service (AANHS) have conducted epidemiologic surveys showing high rates of the prevalence, incidence, transmission, and sequelae of HB infection in Eskimos living in the Yukon Kuskokwim Delta of southwestern Alaska. In 1981, a hepatitis B vaccine demonstration project was initiated in the Yukon Kuskokwim Delta among 1,600 Alaskan Natives residing in 12 villages. This project showed that 95% of study participants developed antibody (> 10 MIU/ml) to HBsAg following three doses of hepatitis B vaccine. Participants have had antibody levels determined annually from 1981 to 1993. The objectives of this project are to monitor the long-term protection provided by the hepatitis B vaccine in 1,400 Alaskan Native infants children and adults and to evaluate the need for booster immunizations in these sample groups. Based on this success, a statewide hepatitis B control program was instituted in 1983. Information gathered from these activities is of national and international interest. The strategy used in the control program as been integrated into control programs in other countries.

RACE: General Specification/Unknown (Unknown, Unspecified Indian . North American, Unspecified Aleut • North American, Unspecified Eskimo • North American, Unspecified Native • North American, Unspecified Mixed Native • North American, Unspecified Non-Native • North American, Sugpiak or Aleut • North American [this code is not to be used unless more specific race is impossible to determine], Unspecified Siberian • Russian);
Mixed Eskimo/Indian Native • North American (Mixed Eskimo/ Athabascan, Mixed Eskimo/SE Indian, Mixed Eskimo/Unknown Indian, Mixed Aleut/Indian, Mixed Eskimo/Non-AK Native American, Mixed/Indian/Non-AK Native American, Mixed Aleut/Non-AK Native American);
Eskimo/Aleut • North American (Mixed Eskimo, Mixed Aleut/Eskimo, Sugplaq, Central Yupik, Siberian Yupik, Inuplaq, Norton Sound Eskimo, Konlaq);
Western Athabascan • North American (Unspecified Athabascan, Mixed Athabascan/SE Indian, Tanaina, Ingalik, Upper Kuskokwim, Holikachuk, Koyukon);
Eastern Athabascan • North American (Mixed Athabascan, Kutchin, Tanane, Han, Tenacross, Upper Tanana, Ahtna, Eyak);
Southeast Indian • North American (Unspecified Southeast Indian, Mixed Southeast Indian, Tlingit, Haida, Tsimshian);
Not Native Alaskan • Not Russian (Mixed Non-Native, Caucasian, Black, As&n, Non-Alaskan Native American, Other Non-Native);
Other (Unspecified, Animal, Vegetable);
Russian (Unspecified Siberian Native, Russ&n Siberian Yupik)

DATA LIMITATIONS: **Race** of individuals is often self-reported and not verified in any way. In other cases, race is reported by health care providers, and the method of **ascertainment** is unknown. The lack of comparable **race/ethnicity denominators** is a limitation in data analysis.

OTHER DATA: **Functional/Health Status; Age/Gender; Other Demographic/Sociocultural; Other (antibody levels)**

PROGRAM: Infectious disease prevention and control

PURPOSE: **Disease** prevention

STATUS: This periodic (**annually** 1981-93) data collection is active.

START DATE: May 1981

AVAILABILITY: **Tabulations** provided

CONSTRAINTS: Demographic and clinical information is from the medical record. Confidentiality of **medical information** will be maintained.

DATA MEDIA: Diskette; hard copy

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Surveillance of *Streptococcus Pneumoniae* in Alaskan Natives

OFFICE/CENTER: National Center for Infectious Diseases

Critical to the mission of prevention and control of infectious diseases is the establishment and maintenance of infectious disease surveillance capability. Surveillance allows the monitoring of disease trends, pathogen characteristics, and the establishment of baseline rates of disease from which disease reduction can be documented following implementation of an intervention strategy. The statewide surveillance of invasive *Streptococcus pneumoniae* in Alaska was established in 1996 and involves 23/26 hospital or clinic laboratories. Isolates of *S. pneumoniae* collected from normally sterile sites are collected and characterized with respect to serotype and antibiotic susceptibility (MIC). Cultures are banked at -80° C. Basic demographic and clinical information is collected and verified on each case. Review of laboratory records indicate that 65% of all invasive pneumococcal isolates are collected by this system.

This data is essential for: (1) determining prevalent serotypes causing invasive disease in this minority population, important for pneumococcal conjugate vaccine development; and (2) monitoring trends in pneumococcal antibiotic resistance patterns which allows notification of health care providers of developing trends and antibiotics that may not be effective.

RACE: General Specification/Unknown (Unknown, Unspecified Indian - North American, Unspecified Aleut - North American, Unspecified Eskimo - North American, Unspecified Netive - North American, Unspecified Mixed Netive - North American, Unspecified Non-Native - North American, Sugpiek or Aleut - North American [this code is not to be used unless more specific race is impossible to determine], Unspecified Siberbn - Russian);
Mixed Eskimo/Indian Native - North American (Mixed Eskimo/ Athabascan, Mixed Eskimo/SE Indbn, Mixed Eskimo/Unknown Indbn, Mixed Aleut/Indian, Mixed Eskimo/Non-AK Native American, Mixed/Indian/Non-AK Native Ameriwn, Mixed Aleut/Non-AK Native American);
Eskimo/Aleut - North American (Mixed Eskimo, Mixed Aleut/Eskimo, Sugplaq, Central Yupik, Siberian Yupik, Inuplaq, Norton Sound Eskimo, Konlaq);
Western Athebascen - North American (Unspecified Athsbascan, Mixed Athabascan/SE Indian, Tanaina, Ingalik, Upper Kuskokwim, Holikchuk, Koyukon);
Eastern Athabascan - North American (Mixed Athebascan, Kutchin, Tanana, Han, Tanacross, Upper Tanana, Ahtna, Eyak);
Southeast Indian - North American (Unspecified Southeast Indbn, Mixed Southeast Indbn, Tlingk, Haida, Tsimshian);
Not Native Alaskan - Not Russian (Mixed Non-Native, Caucasian, Black, Asian, Non-Alaskan Native American, Other Non-Nstivd);
Other (Unspecified, Animal, Vegetable);
Russian (Unspecified Siberian Netive, Russian Siberbn Yupik)

DATA LIMITATIONS: Race of individuals is often self-declared and not verified in any way. In other cases, race is reported by health care providers, and the method of ascertainment is unknown. The lack of comparable race/ethnicity denominators is a limitation in data analysis.

OTHER DATA: Functional/Health Status; Age/Gender; Other Demographic/Sociocultural; Othw (organism characteristics, serotype MIC)

PROGRAM: Infectious disease prevention and control

PURPOSE: Disease prevention

STATUS: This continuous data collection is active.

START DATE: January 1985

AVAILABILITY: Tabulations provided

CONSTRAINTS: Demographic and clinical information is from the medical record. Confidentiality of medical information will be maintained.

DATA MEDIA: Diskette; hard copy

DISTRIBUTOR OF PUBLIC USE FILES
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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: CDC Firearm injury Surveillance Study

OFFICE/CENTER: National Center for Injury Prevention and Control

The National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC) has launched an effort to understand the magnitude and characteristics of **nonfatal** firearm injuries in the United States. These injuries have a tremendous impact on our **society** in terms of morbidity, cost of medical care, and long term disability, especially associated with head and spinal cord injuries.

Since 1990, we have been testing the use of the National Electronic Injury Surveillance System (NEISS) to monitor national estimates of the incidence of nonfatal firearm-related (FA) injuries treated in hospital emergency departments (EDs). (The NEISS consists of a stratified probability sample of all hospitals with EDs in the United States. The U.S. Consumer Product Safety Commission (CPSC) operates NEISS and uses the system to identify hazards and track product-related injuries. Currently 91 NEISS hospitals participate.) This study is being conducted through an interagency **agreement** and in collaboration with the CPSC. We have demonstrated that NEISS can provide valid national estimates of nonfatal FA injuries treated in hospital EDs.

In June 1992, we established ongoing national surveillance of nonfatal FA injuries using NEISS. We are currently collecting information on method of transport to the ED, **demographic** characteristics of the injured person, type of injury, primary body part **affected**, hospitalization, intent of injury, victim-offender relationship, type of firearm used, and other circumstances about the injury incident.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; White; Other

ETHNICITY: Hispanic; Not of Hispanic Origin

DATA LIMITATIONS: Data on **race/ethnicity** are obtained as specified on hospital emergency department records. If a person is reported as Hispanic, race is usually recorded as 'other.'

OTHER DATA: Functional/Health Status; Age/Gender; Other **Demographic/Sociocultural; Other** (circumstances/nature/intent of injury)

PROGRAM: Provide Information on nonfatal firearm injuries for use in surveillance, research and injury prevention activities

PURPOSE: **Research**

STATUS: This continuous data collection is active.

START DATE: June 1992

AVAILABILITY: Data are available in scientific journals and written reports.

CONSTRAINTS: Public **use** files are not available yet. Data are available in statistical reports for the first **year** of the study.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: State and Local Area Immunization Coverage and Health Survey (SLICHS)

OFFICE/CENTER: National Immunization Program

The National Immunization program continues to work throughout the 50 States, the District of Columbia, and the U.S. territories and commonwealths in ongoing efforts to raise early childhood vaccination coverage levels. To provide current baseline estimates of vaccination levels for children 19 through 35 months of age and to monitor change in these levels, the State and Local Area Immunization Coverage and Health Survey (SLICHS) is being conducted in 78 of these Immunization Action Plan (IAP) areas, consisting of the 50 States, the District of Columbia, and 27 metropolitan areas. Beginning with the second quarter of 1994 and continuing through the fourth quarter of 1997, the SLICHS data collection effort will conduct independent quarterly surveys in each of the 78 IAP areas. This will make it possible to combine four consecutive quarters of survey data with a degree of precision sufficient for analytic purposes to provide annualized estimates of the coverage rates for five antigens (DTP, Polio, MMR, Hib, and Hep B) within each of the 78 IAP areas. For 1994, the first year of data collection, the estimates will be based on data collected over three calendar quarters, since the initial data collection activities did not begin until April of 1994.

The data collection methodology and sample design use list-assisted random digit dialing methods to sample households and conduct computer-assisted telephone interviews. Screening for households with children 19 through 35 months of age is conducted through brief interviews. When an eligible household is identified, data on five types of vaccinations, including dates and/or numbers of immunization events, are obtained for each child in the target age range living in the household.

RACE: White; Black; American Indian; As&n; Other; Don't Know; Refused Specification

ETHNICITY: Not Spanish/Hispanic; Mexican; Mexican-American; Chicano; Puerto Rican; Cuban; Other Spanish; Don't Know; Refused Specification

OTHER DATA: Functional/Health Status; Socioeconomic; Age/Gender

PROGRAM: National Immunization Program: to identify immunization coverage rates in all States and 28 major urban areas

PURPOSE: Program evaluation

STATUS: This continuous data collection is active.

START DATE PERIOD: April 1994

AVAILABILITY: Not Known at this time

CONTACT PERSON

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Occupational Mortality Surveillance System (NOMS)

OFFICE/CENTER: National Institute for Occupational Safety and Health

The purpose of the data system is to provide a resource for surveillance and research in occupational health. The data apply to all decedents in the States providing data to the system. The States in the system are not consistent from year to year. Data collection was instituted in 1979. Presently the system contains data from 1979 through 1992, with yearly additions of data. The database is a nonrandom sample of the United States. For 1992, the database contains about 30% of the U.S. deaths, with a sample size of about 643,000 deaths. For most States, the death certificate information is collected and coded by state health departments and provided to the National Center for Health Statistics (NCHS). NCHS edits the data and provides it to the National Institute for Occupational Safety and Health (NIOSH) and the National Cancer Institute. A few States have provided the data directly to NIOSH. The record unit is the decedent.

RACE/ETHNICITY: The race/ethnicity coding scheme varies across the project years. For all years, the following race/ethnicity categories exist: White; Black; American Indian (includes Aleuts and Eskimos); Chinese; Japanese; Hawaiian; Filipino; Other Asian or Pacific Islander.

For 1979-88 the category, All Other Races, was used. Additional codes added after 1988 are: Asian Indian; Korean; Samoan; Vietnamese; Guamanian.

In addition, there is an Hispanic Origin and an Hispanic Origin/Race recode in the database after 1988.

Hispanic Origin coding after 1988: Non-Hispanic; Mexican; Puerto Rican; Cuban; Central or South American; Other and Unknown Hispanic; Unknown.

Hispanic Origin/Race recode after 1988: Mexican; Puerto Rican; Cuban; Central or South American; Other and Unknown Hispanic; Non-Hispanic White; Non-Hispanic Black; Non-Hispanic Other Races; Hispanic Origin Unknown.

DATA LIMITATIONS: The Hispanic data (1989 on) are not satisfactory for all States.

OTHER DATA: Functional/Health Status; Socioeconomic; Age/Gender; Other Demographic/Sociocultural

PROGRAM: Surveillance of occupationally related mortality

PURPOSE: Research

STATUS: This continuous data collection is active.

START DATE PERIOD: January 1979 to December 1979

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: There is no case identification information available.

DISTRIBUTOR OF PUBLIC USE FILES
National Technical Information Service,
U.S. Dept. of Commerce, **5285** Port Royal Rd.,
Springfield, VA 22 16 1
(703) 487-4650/f ax: (703) 321-8547
orders@ntis.fedworld.gov

CONTACT PERSON
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cab9@nioshe2.em.cdc.gov

AVAILABLE DATA PRODUCTS

The NOMS database is based on the multiple cause of death database from NCHS, with the addition of coded occupation and industry data for selected States. The multiple cause of death public use tapes contain records for all U.S. deaths and are not restricted to **the** States in the NOMS system. **Currently**, magnetic tapes from **1985-92** are available. A separate version of the database, containing records for 1979-92, is available only through special arrangement with NIOSH.

Also, **analysis** results from a subset of **the** data for white males, black males, white females, and **black** females will be **available** on the Centers for Disease Control and Prevention (**CDC**) WONDER **system** by the summer of 1995.

Finally, the data tapes are also available on the CDC mainframe computer and are supplied free of charge to U.S. schools of **public** health.

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Traumatic Occupational Fatalities Surveillance System (NTOF)

OFFICE/CENTER: National Institute for Occupational Safety and Health

The National Traumatic Occupational Fatalities (NTOF) surveillance system is a death certificate-based census of occupational injury deaths. Death certificates are obtained from the 50 States, New York City, and the District of Columbia for decedents ages 16 years or older with an external cause of death (ICD-9, E800-E999) and for whom the certifier noted a positive response to the 'Injury at Work?' item. Data are currently available for the period 1980 through 1991. Data for 1992 and 1993 are currently in the process of being automated and coded. Data for 1994 will be requested in June 1995. The data in the NTOF surveillance system allow description of the nature and magnitude of traumatic occupational fatalities and are used to set research and prevention priorities. These data also generate hypotheses for further research and support the analysis of narrative data.

RACE: White; Black/Negro; Native American; Asian, Pacific Islander; Other

ETHNICITY: Mexican; Puerto Rican; Central/South American; Other Hispanic; Non-Hispanic; Unknown

DATA LIMITATIONS: The race/ethnicity coding scheme applies only to NTOF data for the year 1990 and forward.

OTHER DATA: Functional/Health Status; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Other (narrative data on occupation; industry cause of death; circumstances of injury)

PROGRAM: Reduce traumatic occupational fatalities

PURPOSE: Research

STATUS: This periodic (annual) data collection is active.

START DATE: January 1980

AVAILABILITY: Tabulations provided

CONSTRAINTS: In obtaining data from state vital records offices, the National Institute for Occupational Safety and Health has agreed to refer any requests for case-specific information back to the States. Data are not published/released in any format that would allow identification of an individual.

CONTACT PERSON

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: Hispanic Health and Nutrition Examination Survey, 1982-84
(HHANES)

OFFICE/CENTER: National Center for Health Statistics

The Hispanic Health and Nutrition Examination Survey (HHANES) is a survey of three subgroups of the Hispanic population in selected areas, comprising about 76% of the 1980 Hispanicsrigin population of the United States. A stratified multistage probability sample was used. The survey was designed to produce estimates of the health and nutritional status of noninstitutionalized civilians, ages 6 months through 74 years, in families containing at least one member who belonged to the targeted Hispanic subgroup.

Samples:

<u>Survey Area and Hispanic Origin</u>	<u>Sample</u>	<u>Interviewed</u>	<u>Examined</u>
Southwest area <u>Mexican</u>	9,455	8,222	7,197
Dade Cty. (Miami) FL <u>Cuban</u>	2,125	1,677	1,291
NYC area <u>Puerto Rican</u>	3,525	3,137	2,645

RACE: White; Black; Other; Not observed

ETHNICITY: Boricuan; Puerto Rican; Cuban; Cuban-American; Mexican/Mexicano; Chicano; Mexican-American; Hispano; Latin American (if for parents, country specified); Other Spanish or Hispanic (if for parents, country specified); Anglo-American

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral; Other (physical examination, biochemical tests)

PURPOSE: General Purpose Statistics, Research

STATUS: This single-time data collection is completed.

START DATE: June 1982

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: Since individual identifiers have been removed, there are no restrictions on public use data tapes

DISTRIBUTOR OF PUBUC USE FILES
 National Technical Information Service,
 U.S. Dept. of Commerce, **5285** Port Royal Rd.,
 Springfield, VA 22 16 1
 (703) 487-4650/fax: (703) 321-8547
 orders@ntis.fedworld.gov

CONTACT PERSON
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 Hyattsville, MD 20782
 (301) 436-7068 ext. 174/fax: (301) 438-5431
 cljl @nch09a.em.cdc.gov

AVAILABLE DATA PRODUCTS

Hispanic Health and Nutrition Examination Survey (HHANES), 1982-84

Magnetic tape ref

	Product Number	RICO
WANES Body Measurements, Ages 6 months - 74 years	PB87-152757/HAI	\$ 240.00
HHANES Dietary Practices, Food Frequency, etc.	PB87-1527 16/HAI	240.00
HHANES Physician's Examination	PB87-182416/HAI	240.00
HHANES Child History Questionnaire, Ages 8 months - 11 years	PB87-182424/HAI	240.00
HHANES Adolescent and Adult History Questionnaire	PB87-182440/HAI	240.00
HHANES Drug Abuse	PB87-231288/HAI	240.00
HHANES Alcohol Consumption Data	PB87-23 1304/HAI	240.00
HHANES Measures of Depression, Ages 20 - 74 years	PB88-100391/HAI	240.00
HHANES Dental Health, Ages 6 months - 74 years	PB88-103643/HAI	240.00
HHANES Vision, Ages 6 months - 74 years	PB89-121628/HAI	240.00
HHANES Diabetes and OGTT , Ages 20 - 74 years	PB89-121644/HAI	240.00
HHANES Hearing, Ages 6 months - 74 years	PB89-121669/HAI	240.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Health Interview Survey (NHIS)

OFFICE/CENTER: National Center for Health Statistics

The National Health Interview Survey (NHIS) is a household interview survey conducted continuously throughout the year. Each week's sample is a national probability sample of the civilian, noninstitutionalized population of the 50 States and the District of Columbia. Data have been collected continuously since 1957 and are generally released on a calendar year basis. Face-to-face interviews are conducted in sampled households. The purpose of the survey is to provide general health statistics on the Nation's population. Units for analysis are the household, person, doctor visits, hospitalizations, and health conditions.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander (Chinese, Filipino, Hawaiian, Korean, Vietnamese, Japanese, Asian Indian, Samoan, Guamanian, Other Asian/Pacific Islander); Black; White; Other

ETHNICITY: Hispanic (Puerto Rican, Cuban, Mexican/Mexicano, Mexican-American, Chicano, Other Latin American, Other Spanish); Not of Hispanic Origin

DATA LIMITATIONS: Large sampling errors of estimates for small populations.

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral

PURPOSE: General Purpose Health Statistics

STATUS: This continuous data collection is active.

START DATE: July 1957

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: Data are to be used for statistical purposes only. Personal identifiers are suppressed in public use data sets. By special agreement, suppressed items can be used to match to other data sets for statistical purposes.

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National Technical Information Service,
U.S. Dept. of Commerce, 5285 Port Royal Rd.,
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AVAILABLE DATA PRODUCTS

National Health Interview Survey, 1969-92

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
Data Year	Product Number	Price	Data Year	Product Number	Price
1969	PB-235543	⌘ 820.00	1981	PB84-111657	⌘ 820.00
1970	PB-237322	820.00	1962	PB85-236 172	7 10.00
1971	PB-238524	820.00	1983	PB86-138856	820.00
1972	PB-266460	940.00	1964	PB87-121647	820.00
1973	PB-285611	820.00	1965	PB87-148144	820.00
1974	PB-265517	820.00	1986	PB88-146139	710.00
1975	PB-28 1126	820.00	1987	PB89-140651	820.00
1976	PB-300423	820.00	1986	PB90-501180	820.00
1977	PB80-203953	620.00	1989	PB91-506279	620.00
1978	PB81-179285	820.00	1990	PB92-501170	820.00
1979	PB82-157173	820.00	1991	PB93-500700	7 10.00
1980	PB83-248922	820.00	1992	PB94-500915	710.00

National Health Interview Survey, 1987-91

<u>CD-ROM*</u>		
Data Year	Product Number	Price
1987 (re-issue)	PB93-505931	⌘ 30.00
1986	PB94-503259	30.00
1989	PB94-501244	30.00
1990	PB93-501228	30.00
1991	PB93-501236	30.00

*CD-ROM products also available from Government Printing Office (GPO). Inquire for GPO order number and price.

National Health Interview Survey, Multiple Cause-of-Death Data, 1986-91 . . .

<u>Diskette</u>		
Data Year	Product Number	Price
1986-91	PB94-502 119	⌘ 90.00
1987-91	PB94-502127	90.00
1988-91	PB94-502 135	90.00
1989-91	PB94-502 143	90.00
1990-91	PB94-502 1 SO	90.00

**Diskettes with multiple reuse-of-death data are not stand-alone products but are intended to be used (linked) to date tapes and CD-ROM products from the National Health Interview Survey.

National Health Interview Survey: Current Health Topics, 1973-91 . . .

<u>Magnetic tape reel or cartridge</u>	
1973	Prescribed Medicine
1974	Currently Employed Hypertension Medical Care
1975	Accident Family Medical Expenses

<u>Magnetic tape reel or cartridge</u>	
1986	Longitudinal Study of Aging Dental Health Functional Limitations Health Insurance Longest Job Vitamin and Mineral Intake
1987	Adoption AIDS Knowledge and Attitudes

1975 (continued)

HMO - All Persons

HMO - Sample Persons
Physical Fitness

1977

Disability
H-I (Health Habits) Supplement
Hearing

1979

Insurance
Smoking

1979

Eye Care
Home Care - Person Supplement
Residential Mobility
Smoking

1990

Health Insurance
Home Care - Person Supplement
Residential Mobility
Smoking

1991

Child Health Supplement

1992

Health Insurance
Preventive Care

1983

Alcohol/Health Ractices
Bed Days and Dental Care
Doctor Service Supplement
Health Insurance (Quarters 3 & 4)

1984

Health Insurance
Supplement on Aging

1993

Health Promotion & Disease Promotion
Smoking History During **Pregnancy**
Child Safety and Infant Feeding

1987 (continued)

Cancer -

Cancer Control File
Epidemiology Study File
Both Cancer and Epidemiology File

Poliomyelitis

1999

Longitudinal Study of **Aging**, Version 2
AIDS Knowledge and Attitudes
Alcohol
Child Health Supplement
Medical Device Implants (MDI) -
MDI Device File
MDI Extended Person File
Both Device & Extended Person
Occupational Health

1999

AIDS Knowledge and Attitudes
Dental Care
Diabetes
Digestive Disorders
Health Insurance
Immunization
Mental Health
Orofacial Pain
Teenage Attitudes & Ractices (**TAPS**)

1990

Longitudinal Study of **Aging**, Version 3
AIDS Knowledge and Attitudes
Assistive Devices
Family Resources
Health Promotion & Disease Prevention
Hearing
Injury Control & Child Safety & Health
Podiatry
Pregnancy and Smoking

1991

Longitudinal Study of **Aging**, Version 4
AIDS Knowledge and Attitudes
Child Health
Drug and Alcohol Use
Environmental Health
Family Resources
Health Promotion and Disease Prevention
Hearing
Pregnancy and Smoking
Unintentional Injuries

"Public use data tapes from the Current Health Topics Questionnaire can be purchased directly from the Division of Health Interview Statistics, National Center for Health Statistics. Inquire at the Division of Health Interview Statistics for price.

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Health Examination Survey I (1960-62) (NHES I);
National Health Examination Survey II (1963-65) (NHES II);
National Health Examination Survey III (1966-70) (NHES III)

OFFICE/CENTER: National Center for Health Statistics

The first National Health Examination Survey (NHES I), 1960-62, focused mainly on selected chronic disease of adults ages 16-79. The sample for NHES I, II, and III was selected to represent **civilian** noninstitutionalized adults residing in the coterminous United States. The three survey cycles used a stratified multistage probability sample design.

The second cycle of the National Health and Nutrition Examination Survey (NHES II) focused primarily on the growth and development of children, ages 6-11 years.

The third cycle of the National Health Examination Survey (NHES III) focused on the growth and development of children ages 12-17 years. Some of these children had been examined in NHES II, allowing for analysis of longitudinal data.

	<u>Sample Size</u>	<u>Interviewed/Examined</u>	<u>Response Rate</u>
NHES I	7,710	6,706	87%
NHES II	7,417	7,119	96%
NHES III	7,514	6,763	90%

RACE: White; Black/Other Nonwhite

DATA LIMITATIONS: In NHES I, II, III, information on race was based on the observation of the interviewer. The interviewer categorized the race of the respondents as **white**, Negro, or other. **Race** category 'other' is combined with 'Negro' for a 'nonwhite' category regardless of **ethnicity**.

No information on **ethnicity** was collected.

OTHER DATA: Functional/Health Status; Services Utilization; Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Behavioral; Other (physical examination)

PURPOSE: General Purpose Statistics; Research

STATUS: This intermittent data collection is active.

START DATE: February 1960

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: No restraints. All personal identifiers are removed before release on public use data files.

DISTRIBUTOR OF **PUBLIC USE FILES**
 National Technical Information Service,
 U.S. Dept. of Commerce, 5285 Port Royal Rd.,
 Springfield, VA 22161
 (703) 487-4650/fax: (703) 3216547
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AVAILABLE DATA PRODUCTS

National Health Examination Surveys (NHES) I, II and III

Magnetic tape reel

	Product Number	Price
NHES I Demographic Data Tape	PB-293 132/HAI ‡	240.00
NHES I Summary of Psychological Distress	PB-293126MAI	240.00
NHES I Dental Findings	PB-293126MAI	240.00
NHES I Diabetes	PB-293132MAI	240.00
NHES I Vision	PB-293136MAI	240.00
NHES I Physical Measurement	PB-293 122/HAI	240.00
NHES I Cardiovascular	PB-293136MAI	240.00
NHES I Osteoarthritis and Rheumatoid Arthritis	PB-293 130/HAI	240.00
NHES II Integrated Data Tape (2IDT)	PB-293 124/HAI	240.00
NHES III Extended Health Examination Survey (3EDT)	PB-296025MAI	240.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: The First National Health and Nutrition Examination Survey, 1971-74 (NHANES I) and the National Health and Nutrition Augmentation Survey of Adults 25-74 Years of Age, 1974-75 (NHANES I Augmentation)

OFFICE/CENTER: National Center for Health Statistics

The First National Health and Nutrition Examination Survey (NHANES I), 1971-74 and 1974-75, is a cross-sectional study of the U.S. population developed for the collection and dissemination of health and nutrition information. A stratified multistage probability sample design was used. Obtained by interview and by direct physical examination, the data permit the estimation of the prevalence of specific diseases and the distribution of a wide variety of health related measures for analyses.

Another important purpose of NHANES I was to measure and monitor indicators of nutritional status of the population. This was accomplished through the collection of dietary intake data, a general physical examination, body measurements, biochemical tests, and clinical assessments for evidence of nutritional deficiency.

Although the survey targeted civilian, noninstitutionalized persons ages 1-74, the sample was more heavily weighted on 'high-risk' groups such as: low-income, older age, preschool children, and women of childbearing age.

Samples:

	<u>Sample Size</u>	<u>Interviewed</u>	Examined
NHANES I (1971-74)	28,043	27,753	20,749
NHANES I (1974-75) (Augmentation)	4,288	4,220	3,059

Race/ethnicity categories for NHANES I 1971-74

RACE: White; Negro
ORIGIN OR DESCENT: German; Irish; Italian; French; Polish; Russian; English; Spanish; Mexican; Chinese; Japanese; American Indian; Another group not listed

Race/ethnicity categories for NHANES I Augmentation 197475

RACE: White; Negro
ORIGIN OR DESCENT: German; Irish; Italian; French; Polish; Russian; English; Welsh; Mexican; Mexican-American; Chicano; Mexicano; Puerto Rican; Cuban; Central or South American; Other Spanish; Negro; Black

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral; Other (physical examination, biochemical tests)

PURPOSE: General Purpose Statistics, Research

STATUS: This Intermittent data collection is active.

START DATE: February 1971

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: There are no constraints on the use of public use data tapes. All personal identifiers have been removed by law.

DISTRIBUTOR OF PUBLIC USE FILES
 National Technical Information Service,
 U.S. Dept. of Commerce, 5285 Port Royal Rd.,
 Springfield, VA 22161
 (703) 487-4650/fax: (703) 32 1-8547
 orders@ntis.fedworld.gov

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AVAILABLE DATA PRODUCTS

The First National Health and Nutrition Examination Survey (NHANES I), 1971-74, 1974-75

Magnetic tape reel

	Product Number	Price
NHANES I Detailed Medical History, etc.	PB-296029/HAI	\$ 240.00
NHANES I Anthropometry, Bone Density, etc.	PB-295908/HAI	240.00
NHANES I Arthritis	PB-296018/HAI	240.00
NHANES I Ophthalmology	PB-296033/HAI	240.00
NHANES I Near and Distance Vision	PB-295910/HAI	240.00
NHANES I General Well-Being	PB-296020/HAI	240.08
NHANES I Medical Examination, Ages 1-74	PB-298035MAI	240.08
NHANES I Dental	PB-296023/HAI	240.00
NHANES I Audiometric Test	PB-297337/HAI	240.00
NHANES I Model Gram and Nutrient Composition	PB-298027MAI	380.00
NHANES I Dietary Frequency and Adequacy	PB-295906/HAI	240.00
NHANES I 24-Hour Food Consumption	PB-297339/HAI	590.00
NHANES I Biochemistry, Serology, etc.	PB-297334/HAI	240.00
INHANES I Electrocardiograms	PB80-168222/HAI	240.00
INHANES I Spirometry	PB80-145931/HAI	240.00
INHANES I Dermatology	PB80-130255/HAI	240.00
INHANES I Chest X-Ray, Pulmonary, TB Test	PB87-126009/HAI	240.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: The Second National Health and Nutrition Examination Survey, 1976-80 (NHANES II)

OFFICE/CENTER: National Center for Health Statistics

The Second National Health and Nutrition Examination Survey (NHANES II), 1976-80, continued the responsibility begun in NHANES I to monitor the U.S. population's health and nutritional status. Repeated procedures and content items from NHANES I permitted comparison and measurements of changes over time. The sample for NHANES II was civilian noninstitutionalized persons ages 6 months through 74 years. A stratified multistage probability sample design was used.

Nutritional assessment in NHANES II used essentially the same format as NHANES I, with some modifications. Information was collected in NHANES II on participation in food stamp programs and home delivery meals, allowing comparison with those of similar socioeconomic status who do not participate. In addition to the specific illness or "target conditions" data collected in NHANES I, several new conditions were "targeted" in NHANES II. These included diabetes, kidney pathology, liver function, allergy, and blood tests for environmental pollution.

<u>Sample Size</u>	<u>Interviewed</u>	<u>Examined</u>
27,801	25,288	20,322

RACE: White; Black; Other
NATIONAL ORIGIN OR ANCESTRY: Countries of Central or South American; Chicano; Cuban; Mexican; **Mexicano**; Mexican-American; Puerto Rican; Other Spanish; Other European (such as German, Irish, English, or French); **Black/Negro/African-American**; American Indian or Alaska Native; Asian or Pacific Islander (such as Chinese, Japanese, Korean, **Philippino**, Samoan); Other

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; **Services** Expenditure and Financing; Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Behavioral; Other (physical examination)

PURPOSE: General Purpose Statistics, Research

STATUS: This intermittent data collection is active.

START DATE: February 1976

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: No constraints on public use data tapes from NHANES II as all personal identifiers have been removed.

DISTRIBUTOR OF PUBLIC USE FILES
 National Technical Information Service,
 U.S. Dept. of Commerce, 6285 Port Royal Rd.,
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 (703) 487-4650/fax: (703) 321-8547
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 (301) 436-7068 ext. 174/fax: (301) 436-5431
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AVAILABLE DATA PRODUCTS

Second National Health and Nutrition Examination Survey (NHANES II), 1976-80

Magnetic tape reel

	<i>Product Number</i>	<i>Price</i>
NHANES II 24-Hour Recall/Specific Food Item	PB82-142639/HAI	\$ 590.00
NHPNES II Total Nutrient Intake/Food Frequency	PB82-168261/HAI	240.00
NHANES II Model Gram and Nutrient Composition	PB82-142613/HAI	360.00
NHAIUES II Anthropometric Data	PB82-191917/HAI	240.00
NHPNES II Biochemistry and Hematology	PB82-253162/HAI	240.00
NHAIUES II Medical History, Ages 12-74 years	PB83-154815/HAI	240.00
NHAIUES II Medical History, Ages 6 months - 11 years	PB83-215616/HAI	240.00
NHAIUES II Health History Supplement, Ages 12 - 74 years	PB83-256537/HAI	240.00
NHAIUES II Audiometric Air Conduction Test, Ages 4 - 10 years	PB85-153609/HAI	240.00
NHAIUES II Allergy Skin Testing	PB86-121613/HAI	240.00
NHAIUES II Physicians Examination	PB86-242930/HAI	240.00
NHAIUES II Chest X-Ray	PB89-136667/HAI	240.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: The Third National Health and Nutrition Examination Survey, 1988-94 (NHANES III)

OFFICE/CENTER: National Center for Health Statistics

The Third National Health and Nutrition Examination Survey (NHANES III), 1988-94, is the seventh in a series of studies developed to collect health and nutrition information on the U.S. civilian noninstitutionalized population. A stratified multistage probability design was used. Participants were interviewed and given a direct physical examination.

The need for descriptive data on the health status of selected population groups (children ages 2 months to 5 years and persons over 60 years) led to these groups being sampled in large proportions. Previous surveys showed that some minority groups can have a very different health status and characteristics. Oversampling of black Americans and Mexican-Americans (30% each of the total sample population) will allow investigation of the risk factors that may explain racial and ethnic differences.

Approximate sample size:

	<u>Sample</u>	<u>Interviewed</u>	<u>Examined</u>
Phase 1	20,300	17,500	15,600
Phase 2	19,400	16,500	15,200

RACE: Aleut/Eskimo/American Indian; Asian of Pacific Islander; Black; White; Other

ETHNICITY: Mexican/Mexican American; Other Latin American or Other Spanish; Not of Hispanic Origin

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral; Other (physical examination and biochemical tests)

PURPOSE: General Purpose Statistics, Research

STATUS: This intermittent data collection is active.

START DATE: October 1988

AVAILABILITY: Data are still being edited for release on public use data tapes.

CONSTRAINTS: No constraints. All personal identifiers are removed before public use data tapes are released.

DISTRIBUTOR OF PUBLIC USE FILES
National Technical Information Service,
U.S. Dept. of Commerce, 6285 Port Royal Rd.,
Springfield, VA 22 16 1
(703) 487-4650/fax: (703) 321-8547
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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: NHANES I Epidemiologic Followup Study (NHEFS)

OFFICE/CENTER: National Center for Health Statistics

The NHANES I Epidemiologic Followup Study (NHEFS) was designed to investigate the relationships between clinical, nutritional, and behavioral factors assessed in the first National Health and Nutrition Examination Survey (NHANES) and subsequent morbidity, mortality, and hospital utilization, as well as changes in risk factors, functional limitation, and institutionalization. The NHEFS cohort includes all persons between 25 and 74 years of age who completed a medical examination at NHANES I (1971-74; N = 14,407). It comprises a series of followup studies, three of which have been conducted to date. The first wave of data collection was conducted for all members of the cohort from 1982 to 1994. It included 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.

Continued followups of the cohort were conducted in 1986, 1987, and 1992 using the same design and data collection procedures developed in the 1982-84 NHEFS, with the exception that a W-minute computer-assisted telephone interview was administered rather than a personal interview and no physical measurements were taken. The 1986 cohort includes subjects who were 55-74 years of age at their baseline examination and not known to be deceased at the 1982-84 interview (N = 3,980). The 1987 NHEFS was conducted for the entire nondeceased cohort (N = 11,750). The fourth wave of data collection, the 1992 survey includes the entire nondeceased cohort (N = 11,195). The 1992 public use files are projected for release through the National Technical Information Service in mid-year 1996. Public use files are available for each of the prior contacts with the cohort. Each set of four tapes contains information on vital and tracing status, subject and proxy interviews, health care facility stays in hospitals and nursing homes, and mortality data from death certificates.

RACE: Abut/Eskimo/American Indian; Asian/Pacific Islander (Chinese, Japanese, Pacific Islander [Polynesian]); Black; White; Other

ETHNICITY: English/Welsh; Irish; Scottish; Canadian; German; French; Italian; Dutch; Greek; Portuguese; Russian; Czechoslovakian; Other Eastern European (Polish/Hungarian); Scandinavian (Norwegian/Swedish/Finnish/Danish); African; Middle Eastern; Indian/Pakistani; Chinese; Japanese; Pacific Islands/Polynesian; Aleut/Eskimo/American Indian; Mexican; Puerto Rican; Cuban; Spain; All Other Spanish [Central or South American]; Black; Other; Other Western European (Austrian/Swiss/Belgian); American

DATA LIMITATIONS: Analysis by race can be conducted to a limited degree. Analysis of the NHEFS data by ethnic categories is usually not attempted because of the small sample sizes.

OTHER DATA: Functional/Health Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender

PURPOSE: Research

STATUS: This intermittent data collection is inactive.

START/END DATES: 1982-84/1992

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: Stendsrd data use restrictions agreement for the National Center for Health Statistics (NCHS) public use data tapes under PHS Act Section 308(d).

DISTRIBUTOR OF PUBLIC USE FILES
 National Technical Information Service,
 U.S. Dept. of Commerce, 5285 Port Royal Rd.,
 Springfield, VA 22161
 (703) 487-4650/fax: (703) 32 1-8547
 orders@ntis.fedworld.gov

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 csc3@nchs7a.em.cdc.gov

AVAILABLE DATA PRODUCTS

NHANES I Epidemiology Followup Study, 1982-84, 1986, 1987

Magnetic tape reel or cartridge

	Product Number
1982-84	
'Vital and Tracing	PB88-102264
Interview	PB88-121298
Revised Health Care Facility Stay	PB90-504077
Mortality Data	PB88-102306
1986	
'Vital and Tracing	PB90-501644
Interview	PB90-501677
Health Care Facility Stay	PB90-501669
Mortality Data	PB90-50165 1
'1987	
Vital and Tracing	PB92-501162
Interview	PB92-501154
Health Care Facility Stay	PB92-501147
Mortality Data	PB92-501063

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Ambulatory Medical Care Survey (NAMCS)

OFFICE/CENTER: National Center for Health Statistics

The National Ambulatory Medical Care Survey provides information annually on the use of medical care services provided by office-based physicians in the United States. Data are collected on patients' symptoms and demographic characteristics, physicians' diagnoses, services provided, drugs prescribed, and referral status from a national sample of approximately 3,000 non-Federal physicians in an office-based practice or approximately 1% of the universe. Each participating physician provides information on a sample of about 25 visits during a 1-week reporting period using an encounter form. Annually, about 40,000 visits are sampled. The record unit in the database is a visit.

RACE: American Indian/Eskimo/Aleut; Asian or Pacific Islander; Black; White

ETHNICITY: Hispanic Origin; Non-Hispanic

DATA LIMITATIONS: The information on race and ethnicity is based on the physician's knowledge of the patient or by observation. The physician is not directed or expected to ask the patient for this information.

OTHER DATA: Functional/Health Status; Services Resources: Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: National Health Care Survey

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1973

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: No information which would identify a physician or patient is released.

DISTRIBUTOR OF PUBLIC USE FILES

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AVAILABLE DATA PRODUCTS

*National Ambulatory Medical Care Survey, patient data,
1373, 1975-81, 1385, and 1383-32*

Magnetic tape reel or cartridge

Data Year	Product Number	Price
1973	PB-293900	\$ 200.00
1975	PB-290478	200.00
1976	PB-291162	200.00
1077	PQB0-130230	200.00
1978	PB80-204092	200.00
1979	PB82-122029	200.00
1980	PB82-191941	200.00

Magnetic tape reel or cartridge

Data Year	Product Number	Price
1981	PB84-188960	\$ 200.00
1985	PB88-103676	200.00
1989	PB91-509745	240.00
1990	PB92-501683	240.00
1991	PB93-505949	240.00
1992'	PB95-501730	360.00

'Includes drug mention data. Separate products are no longer produced for NAMCS drug data.

CD-ROM*

Data Year	Product Number	Price
1990	PB94-501962	\$ 30.00
1991	PB95-503447	30.00

*CD-ROM products also available from Government Printing Office (GPO). Inquire for GPO order number and price.

*National Ambulatory Medical Care Survey, Drug Mentions,
1980-81, 1385, and 1989-91*

Magnetic tape reel or cartridge

Data Year	Product Number	Price
1960	PB83-154799	\$ 200.00
1981	PB83-199570	200.00
1986	PB88-146113	200.00

Magnetic tape reel or cartridge

Data Year	Product Number	Price
1989	PB92-500834	\$ 240.00
1990	PB92-501840	240.00
1991	PB94-500832	240.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Hospital Ambulatory Medical Care Survey (NHAMCS)

OFFICE/CENTER: National Center for Health Statistics

The National Hospital Ambulatory Medical Care Survey provides information annually on the use of ambulatory medical care services provided by hospitals in the United States. Data are collected on patients' symptoms and demographic characteristics, diagnoses, services provided, drugs prescribed, and referral status from a national sample of 524 non-Federal, short-stay or general hospitals, or approximately 8% of the universe. Each participating hospital provides information on a target sample of 50 emergency department visits and 150 outpatient department visits during a 4-week reporting period using an encounter form. Annually, about 71,000 visits are sampled. The record unit in the database is a visit.

RACE: American Indian/Eskimo/Alutian; Asian or Pacific Islander; Black; White

ETHNICITY: Hispanic Origin; Non-Hispanic

DATA LIMITATIONS: About 8% of the encounter forms do not have race reported and 15% do not have ethnicity.

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services: Expenditure and Financing; Age/Gender

PROGRAM: National Health Care Survey

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: December 1991

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: No information which would identify a hospital or patient is released.

DISTRIBUTOR OF PUBLIC USE FEES
National Technical Information Service,
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AVAILABLE DATA PRODUCTS

Magnetic tape or cartridge

	Product Number	Price
National Hospital Ambulatory Medical Care Survey, 1992	PB94-504479	\$ 240.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Survey of Ambulatory Surgery (**NSAS**)

OFFICE/CENTER: National Center for Health Statistics

The National Survey of Ambulatory Surgery provides information annually on the use of hospitals and surgicenters for ambulatory surgery in the United States. Data are collected on diagnoses, surgical procedures, and patient characteristics from a national sample of 418 non-Federal, short-stay hospitals and 333 free-standing surgicenters or approximately 10% of the universe of facilities performing ambulatory surgery. The information is abstracted from a sample of medical records from each sample facility for a total sample of about 150,000 records each year. The record unit in the database is an ambulatory surgery visit.

RACE: American Indian/Eskimo/Aleut; Asian or Pacific islander; Black; White; Other; Not Stated

ETHNICITY: Hispanic Origin; Non-Hispanic; Not Stated

OTHER DATA: Services Utilization; Services Expenditure and Financing; Age/Gender; Other Demographic /Sociocultural

PROGRAM: National Health Care Survey

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1994

AVAILABILITY: Data are not yet available; February 1996 is projected date.

CONSTRAINTS: No information which would identify a facility or patient will be released.

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CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Health Provider Inventory (previously called National Master Facility Inventory) (NHPI)

OFFICE/CENTER: National Center for Health Statistics

The National Health Provider Inventory provides data on services, location, staff, capacity, and other characteristics of selected health care providers in the United States. Information is collected via mail questionnaire with telephone followup to all providers (100% census) of selected types. In 1991 (the last time the inventory was conducted), the inventory included nursing and personal care homes, licensed board and care homes, home health agencies, and hospices. The source of the information is the financial and administrative records of the provider. The individual provider is the record unit in the inventory database.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; White; Unknown

ETHNICITY: Hispanic in Origin; Non-Hispanic; Unknown

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Age/Gender

PROGRAM: National Health Care Survey

PURPOSE: Sampling frames

STATUS: This intermittent data collection is active.

START DATE: 1967

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: Information on **race/ethnicity**, services involving activities of daily living, and staffing is collected as confidential data and can be released only to other Public Health Service agencies under confidentiality agreements. All other information is available to the public and is on public-use tapes.

DISTRIBUTOR OF PUBLIC USE FILES
National Technical Information Service,
U.S. Dept. of Commerce, 5285 Port Royal Rd.,
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(703) 487-4650/fax: (703) 321-8547
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AVAILABLE DATA PRODUCTS

*National Master Facility Inventory,
Hospitals, 1971-76*

Magnetic tape reel or cartridge

Data Year	Product Number	Price
1971	PB-284912	\$ 240.00
1972	PB-284914	240.00
1973	PB-2849 18	240.00
1974	PB-2849 18	240.00
1976	PB-284920	240.00
1978	PB-284922	240.00

*Inventory of Long-Term Care
Places, 1986*

Magnetic tape reel or cartridge

Data Year	Product Number	Price
1986	PB88-110806	\$ 240.00

*National Master Facility Inventory, Nursing
Homes and Other Health Facilities,
1971, 1973, 1976, 1980, and 1982*

Magnetic tape reel or cartridge

Data Year	Product Number	Price
1971	PB-287270	\$ 240.00
1973	PB-287268	240.00
1978	PB-287230	240.00
1980	PB83-178459	240.00
1982	PB86-237872	240.00

National Health Provider Inventory, 1991

Magnetic tape reel or cartridge

Data Year	Product Number	Price
Home Health Agencies and Hospices	PB93-502953	\$ 240.00
Nursing Homes and Board and Care Homes	PB93-507101	240.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Home and Hospice Care Survey (NHHCS)

OFFICE/CENTER: National Center for Health Statistics

The National Home and Hospice Care Survey provides information annually on the use of home health and hospice care services provided by home health agencies and hospice programs in the United States. Data are collected through personal interviews with administrators and staff. Agency staff use financial and medical records to provide information. Data are obtained on the agencies about their services and on patients about their health status and demographic characteristics, diagnoses, services received, number of home visits, and charges from a national sample of 1,500 agencies or approximately 17% of the universe. Each participating agency provides information on a sample of six current patients and six discharges. Annually, about 7,000 current patients and 7,000 discharges are sampled. The record unit in the database is an agency for the agency file, an individual patient for the current patient file, and a discharge for the discharge file.

RACE: American Indian/Eskimo/Abut; Asbn or Pacific Islander; Black; White; Other; Don't Know

ETHNICITY: Hispanic Origin; Non-Hispanic; Don't know

DATA LIMITATIONS: Race is unknown for about 20% of the sampled records, and ethnicity is unknown for about 30% of the records.

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: National Health Care Survey

PURPOSE: General Purpose Statistics

STATUS: This continuous (except for 19951 data collection is active.

START DATE: September 1992

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: No Information which would identify an agency or patient is released.

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AVAILABLE DATA PRODUCTS

Magnetic tape or cartridge

	Product Number	Price
National Home and Hospice Care Survey, 1992 (3 files)	PB94-501426	\$ 240.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Hospital Discharge Survey (NHDS)

OFFICE/CENTER: National Center for Health Statistics

The National Hospital Discharge Survey provides information annually on the inpatient use of hospitals in the United States. Data are collected on diagnoses, surgical and nonsurgical procedures, and patient characteristics from a national sample of approximately 500 non-Federal, short-stay hospitals or approximately 8% of the universe. The information is abstracted from a sample of medical records from each sample hospital for a total sample of about 270,000 records each year. The record unit in the database is a hospital **discharge**. Medical information is coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification*.

RACE: American Indian/Eskimo/Aleut; Asian or Pacific Islander; Black; White; Other; Not Stated

ETHNICITY: Hispanic Origin; Non-Hispanic; Not Stated

DATA LIMITATIONS: Race is not stated in approximately 20% of the records; ethnicity is not stated in 75% of the records and is not on public use tapes.

OTHER DATA: Services Utilization; Age/Gender; Other Demographic/Sociocultural; Other (discharge status)

PROGRAM: National Health Care Survey

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1985

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: No information which would identify a facility or discharged patient is released.

DISTRIBUTOR OF PUBLIC USE FILES
National Technical Information Service,
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AVAILABLE DATA PRODUCTS

National Hospital Discharge Survey, 1970-93

Magnetic tape reel or cartridge

Data Year	Product Number	Price
1970	PB-270763	\$ 240.00
1971	PB-270765	240.00
1972	PB-270767	240.00
1973	PB-270789	240.00
1974	PB-270771	240.00
1976	PB-270773	240.00
1978	PB82-179227	240.00
1977	PB82-179326	240.00
1978	PB82-179342	240.00
1979	PB82-179334	240.00
1980	PB83-126318	240.00
1981	PB85-152338	380.00

Magnetic tape reel or cartridge

Data Year	Product Number	Price
1982	PB85-153858	\$ 240.00
1983	PB85-152304	240.00
1984	PB86-107737	240.00
1985	PB87-126813	240.00
1988	PB88-129440	240.00
1987	PB89-121537	240.00
1988	PB90-502329	240.00
1989	PB91-507368	240.00
1990	PB92-500818	240.00
1991	PB93-500726	360.00
1992	PB94-501103	380.00
1993	PB95-503389	380.00

Diskette (5 ¼-inch version)

Data Year	Product Number	Price
1985	PB93-504652	\$ 90.00
1988	PB93-504694	90.00
1987	PB93-504710	90.00
1988	PB93-504736	90.00
1989	PB93-504761	90.00
1990	PB93-504827	90.00
1991	PB93-505865	90.00
1992	PB94-504529	90.00

Diskette (3 ½-inch version)

Data Year	Product Number	Price
1985	PB93-504645	\$ 90.00
1988	PB93-504660	90.00
1987	PB93-504702	90.00
1988	PB93-504728	90.00
1989	PB93-504744	90.00
1990	PB93-504819	90.00
1991	PB93-505857	90.00
1992	PB94-504537	90.00
1993	PB95-503512	90.00

CD-ROM*

Data Year	Product Number	Price
1990	PB94-501251	\$ 30.00

Magnetic tape or cartridge

Data Year	Product Number	Price
1979-92	Multi-year data PB95-501789	\$ 480.00

* CDROM products also available from Government Printing Office (GPO). Inquire for GPO order number and price.

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Nursing Home Survey (NNHS)

OFFICE/CENTER: National Center for Health Statistics

The National Nursing Home Survey provides information on the use of health care services provided by nursing and related care homes in the United States. Data are collected through personal interviews with administrators and staff. Nursing home staff use facility records to provide information. Data are obtained on the homes about their services, staff, revenues, end expenses and on patients about their health and functional status, demographic characteristics, diagnoses, services received, sources of payment, and charges. In 1985, the national sample consisted of 1,220 homes or approximately 8% of the universe, and each participating home provided patient information on a sample of up to five current residents and up to six discharges and staff information on a sample of up to four registered nurses. About 5,200 current residents, 8,000 discharges, and 2,800 registered nurses were sampled. The record unit in the database is a nursing home, an individual patient, a discharge, or an individual nurse depending on the file.

RACE: American Indian/Alaska Native; Asian or Pacific Islander; Black; White; Other; Don't Know

ETHNICITY: Hispanic Origin; Non-Hispanic; Don't know

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Other (facility expense, revenue data)

PROGRAM: National Health Care Survey

PURPOSE: General Purpose Statistics

STATUS: This continuous (except for 1995) data collection is active.

START DATE: August 1973

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: No information which would identify a nursing home or patient is released.

DISTRIBUTOR OF PUBLIC USE FILES
National Technical Information Service,
U.S. Dept. of Commerce, 5285 Port Royal Rd.,
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AVAILABLE DATA PRODUCTS

National Nursing Home Survey, 1969, 1973-74, 1977, and 1985

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
Data Year	Product Number	Price	Data Year	Product Number	Price
1969	Inquire at NCHS ‡	—	1977, 6-state	PB80-188717 ‡	690.00
1973-74	PB89-159420	590.00	1985	PB89-159503	240.00
1977	PB80-188030	590.00			

National Nursing Home Survey: Next-of-Kin Component and Followup

<u>Magnetic tape or cartridge</u>	Product Number	Price
Next-of-Kin Component, 1986	PB92-500826	8 240.00
Followup: Wave I, 1987	PB92-501857	240.00
Followup: Wave II, 1988	PB92-501923	240.00
Followup: Wave III, 1990	PB93-500189	240.00
Followup: Mortality, 1984-90	PB95-500161	240.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: 1988 National Maternal and Infant Health Survey (1988 NMIHS)

OFFICE/CENTER: National Center for Health Statistics

The National Maternal and Infant Health Survey (NMIHS) provides data on maternal and infant health, including prenatal care, birthweight, fetal loss, and infant mortality. The 1988 survey was based on three national samples of vital records: 9,935 birth certificates, 5,332 infant death certificates, and 3,309 fetal death certificates. **Black** mothers were oversampled in the natality component; data are weighted for production of national estimates.

Information was obtained by mailed questionnaires from mothers on: barriers to prenatal care; source of payment; Women, Infants, and Children use patterns; smoking, drinking, and marijuana use; work patterns before and after delivery; infant feeding practices; infant health and medical care up to 6 months; and **sociodemographic** characteristics. Information was obtained similarly from hospitals on: maternal hospitalizations-prenatal and up to 6 months postpartum; maternal *and* infant diagnoses and procedures (in ICD-9); charges for care and Diagnosis-Related Groups; **cesarean** delivery and trial of labor; fetal monitoring; medical devices, apnea monitors, and respirators; infant resuscitation and neonatal intensive care; and infant hospitalizations up to 6 months. In addition, the following information was obtained from prenatal care providers: at each prenatal visit-weight, blood pressure, hematocrit, urine glucose, urine protein, hemoglobin, patient education, advice and referral, AIDS and sexually transmitted disease testing, sonograms and X-rays, prescribed medications and vitamins, amniocentesis and chorionic villus sampling, and charges for care. A 1991 **followup** survey was conducted for those mothers who had a live birth and participated in the 1988 survey to obtain information on the health and development of the child. Information was obtained from the mother about her **race/ethnicity** and that of the baby's father.

Race/ethnicity categories used in the survey data collection:

RACE: American **Indian/Alaskan**; Asian/ or Pacific Islander; **Black**; White
ETHNICITY: Hispanic (Puerto Rican, Cuban, **Mexicano**, Chicano, Mexican American, Central or South American, Other Spanish [**Spain/Hispano**]); Not of Hispanic Origin

Race/ethnicity categories used for data from vital records:

RACE: American Indian (includes **Aleut**, Eskimo); Asian or Pacific Islander (Chinese, Japanese, Filipino, Hawaiian [includes part Hawaiian], Other Asian or Pacific **Islander**); **Black**; White; Other
ETHNICITY: Non-Spanish; Puerto Rican; Cuban; Mexican; Central or South American; Other and Unknown Spanish; Not identifiable

OTHER DATA: **Functional/Health** Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Behavioral; Other (medical records information)

PURPOSE: Research, General Purpose Health Statistics

AVAILABILITY: Public use files, **usable** without restrictions

CONSTRAINTS: Identifying information for survey respondent, hospital, and medical providers has been removed.

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msd0@nch08a.em.cdc.gov

AVARIABLE DATA PRODUCTS

Magnetic tape or cartridge

	Product Number	Price
1988 National Maternal and Infant Health Survey	PB92-500081	‡ 590.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: 1991 Longitudinal Followup to the National Maternal and Infant Health Survey

OFFICE/CENTER: National Center for Health Statistics

The 1991 Longitudinal **Followup** creates a representative national longitudinal database for studying the respondents in the 1988 National Maternal and Infant Health Survey (NMIHS) by interviewing the women from the nationally representative NMIHS 2 years later. Child development, effects of low birthweight, use of Women, Infants, and Children foods, child nutrition, child care, child neglect, barriers to pediatric care, environmental hazard exposures, and injury reduction are some of the national health issues affecting children. The 1991 Longitudinal **Followup** provides the comprehensive data needed by Federal, state, and private researchers to study factors related to early childhood morbidity and health.

The 1991 Longitudinal **Followup** includes the following important design features:

- o Reinterviews with the 1988 NMIHS respondents:
 - 10,000 mothers of live births (5,000 black; 3,000 low **birthweight**)
 - Questionnaires to pediatricians
 - Questionnaires to hospitals
 - 1,000 respondents who had infant deaths in 1988
 - 1,000 respondents who had stillbirths in 1988
- o Linkage of Longitudinal **Followup** and NMIHS data

Race/ethnicity categories used in the survey data collection:

RACE: American Indian/Alaskan; **Asian/** or Pacific Islander; Black; White
ETHNICITY: **Hispanic** (Puerto Rican, Cuban, **Mexicano, Chicano,** Mexican American, Central or South American, Other Spanish [**Spain/Hispano**]); Not of Hispanic Origin

Race/ethnicity categories used for data from vital records:

RACE: American Indian (includes Aleut, Eskimo); Asiin or Pacific Islander (Chinese, Japanese, Filipino, **Hawaiian** [includes part **Hawaiian**], Other As&n or Pacific Islander); **Black; White;** Other
ETHNICITY: Non-Spanish; Puerto Rican; Cuban; **Mexican;** Central or South American; Other end Unknown Spanish; Not **Classifiable**

DATA LIMITATIONS: No specificity for Asian or Pacific Islander; no tribe specificity for Native American; race/ethnic@ obtained by birth certificate and reported by mother (**the** two cbsifications may differ).

OTHER DATA: Functional/Health Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic
/Sociocultural; Behavioral; Other (**day** care use, use of Federal programs)

PURPOSE: Research, General Purpose Statistics

STATUS: This **single-time** data collection is completed.

AVAILABILITY: Public use files, **usable** without restrictions

CONSTRAINTS: Individual identifiers have been removed from the public use data.
Standard **confidentiality** agreements apply.

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mdkl@nch08a.em.cdc.gov

AVAILABLE DATA PRODUCTS

Magnetic tape or cartridge

	Product Number	Price
1881 Longitudinal Followup to the 1888 National Maternal and Infant Health Survey	PB92-500081	\$ 480.00

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Survey of Family Growth (NSFG)

OFFICE/CENTER: National Center for Health Statistics

The National Survey of Family Growth (NSFG) provides current information on childbearing, contraception, and closely related aspects of maternal and child health from a sample of women in the United States (including Alaska and Hawaii). Data are based on interviews with women ages 15-44 in each survey year or cycle for 1973, 1978, 1982, and 1988. In cycles I and II (1973 and 1976), the survey was limited to women who had ever been married or had their own children living with them. In cycles III and IV (1982 and 1988), all women ages 15-44 were included. Using a preprinted questionnaire, data are collected from a probability sample of women in their own households. Sample sizes were 9,797 in cycle I, 8,811 in cycle II, 7,989 in cycle III, and 8,450 in cycle IV. All cycles included oversamples of black women. Cycle V, being conducted in 1995, will contain about 10,000 interviews, including oversamples of black and Hispanic women; in 1995, Hispanic women can be subdivided into Mexican, Puerto Rican, Cuban, and other Hispanic.

The survey is similar in design and purpose to the Growth of American Families studies conducted by the Scripps Foundation and the University of Michigan in 1955 and 1980 and to the National Fertility Surveys conducted by the Office of Population Research, Princeton University, in 1985 and 1970. These surveys provide comparable data on trends in some of the factors affecting the birth rate and reproductive health from 1955 through the 1980s.

Topics covered in the interview include month and year of first intercourse (1982 and 1988 only), pregnancy, contraception, cohabitation, marriage, and divorce; employment; occupation; child care; fecundity, infertility, and sterility; prenatal medical care; use of family planning services; birth expectations; ethnic and racial background; education; religion; and income. Information on contraception was obtained for each pregnancy interval, and more detailed contraceptive information was obtained for each month in the 3 years before the interview. A series of questions was also asked to establish whether each pregnancy was planned by the women and her partner.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

DATA LIMITATIONS: Sample size is not adequate for reliable analysis of Asians and American Indians.

OTHER DATA: Functional/Health Status; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral; Other (see abstract above)

PROGRAM: General purpose statistics and data for the National Institute of Child Health and Human Development, and the Office of Population Affairs

PURPOSE: General Purpose Statistics

STATUS: This periodic (about every 5-6 years) data collection is active.

STARTDATE PERIOD: July 1973 to February 1974

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: Geographic detail is omitted; no state data are available. Name, exact birth date, and other identifying information are also omitted to protect confidentiality.

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AVAILABLE DATA PRODUCTS

National Survey of Family Growth, 1973, 1976, 1982, 1988, 1990

Magnetic tape cartridge

Data Year	Product Number	Price
1973	PB-277054	\$ 240.00
1976	PB-294460	240.00
1976 couple	PB80-168206	240.00
1876 combined	PB80-2 19702	240.00
1982 combined and interval file	PB85-100022	240.00

Magnetic tape cartridge

Data Year	Product Number	Price
1988	PB90-501248	\$ 240.00
1990, Cycle IV Telephone Reinterview	PB95-503058	240.00

CD-ROM

1990 Telephone Reinterview Contact NCHS
for ordering
information

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Vital Statistics System - Fetal Death Statistics

OFFICE/CENTER: National Center for Health Statistics

Fetal death data are one component of the national vital statistics program and directly provide national, state, and local demographic and health data on fetal deaths based on the reports of fetal deaths occurring annually in the United States. Fetal death data are also used in combination with other vital records to provide information on perinatal mortality and pregnancy outcomes. Most areas require reporting all fetal deaths of gestations of 20 weeks or more; some require reporting of all periods of gestation. The detailed data files include unit record data for each fetal death reported. Fetal death data have been collected since 1918, have been published nearly as long, and have been available on electronic media since 1982. Race and ethnicity categories are the same as those for national mortality statistics. Beginning in 1992, the file separately identifies Asian Indian, Korean, Samoan, Vietnamese, and Guamanian for eight registration areas.

RACE: American Indian/Alaskan Native; Asbn or Pacific Islander [for selected States beginning in 1992: Chinese, Japanese, Hawaiian (includes part-Hawaiian), Filipino, Asbn Indbn, Korean, Samoan, Vietnamese, Guamanbn; for most States, the first four subpopubtions plus 'Other Asbn or Pacific Islander*']; Black; White

ETHNICITY: Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, Other and Unknown Hispanic); Not of Hispanic Origin

DATA LIMITATIONS: The major limitation is that only eight States are presently providing data for all Asbn and Pacific Islander categories. Likewise, not quite all areas provide data for Hispanic origin. There may be reporting problems for smaller population subgroups in cases when observation rather than mother's self-report is used.

OTHER DATA: Functional/Health Status; Services Utilization; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral; Other (places of residence and occurrence of death)

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1918

AVAILABILITY: Public use file, with restrictions

CONSTRAINTS: Data use and purchase agreement to ensure use solely for statistical analysis or reporting purposes. Identifying information such as names and fetal death report numbers is not in the database.

DISTRIBUTOR OF **PUBLIC** UBE FILES
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 Hyattsville, MD 20782
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AVAILABLE DATA PRODUCTS

Fetal Death Data, 1982-92

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
Data	Product		Data	Product	
Year	Number	Price	V W	Number	Price
1882	PB89-164453	⌘ 240.00	1988	PB92-501378	⌘ 240.00
1963	PB89-164479	240.00	1989	PB95-500161	240.00
1984	PB89-164438	240.00	1990	PB95-501722	240.00
1985	PB89-159487	240.00	1991	PB95-502647	240.00
1986	PB89-164495	240.00	1992	PB95-502654	240.00
1987	PB90-501883	240.00			

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Vital Statistics System - Linked Birth-Infant Data Set

OFFICE/CENTER: National Center for Health Statistics

The linked birth/infant death data set was created to facilitate more detailed research on infant **mortality**. In this data set, the information from the birth certificate is linked to the information from the death certificate for each of the entire population of infants who die in the **United States** each year. The purpose of the linkage is to utilize the many additional variables available from the birth certificate in infant mortality analysis. The linked data set contains two separate data files: a numerator file containing linked birth and death certificate information for all of infant deaths to babies born in the United States in a particular year, and a denominator file containing information on all births in the United States in the same year. The linked data set is currently available for the 1983-91 birth cohorts on data tape and for the 1985-88 birth cohorts on CD-ROM. CD-ROMs for the 1989-91 birth cohorts should be available by December 1995.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander (Chinese, Japanese, Filipino, Hawaiian, Other Asian or Pacific Islander); Black; White; Other

ETHNICITY: Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, Other or Unknown Hispanic); Not of Hispanic origin

OTHER DATA: Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Behavioral; Other (cause of death, **place** of occurrence and residence, **maternal/infant** health, **e.g., birthweight, gestation**, medical risk factors, Apgar score)

PURPOSE: General Purpose Statistics, Research

STATUS: This continuous data collection is active.

START DATE: January 1983

AVAILABILITY: Public use file, with restrictions

CONSTRAINTS: The data file contains no personal identifiers. The data are to be used for statistical purposes only. Any effort to determine the identify of any individual is prohibited. The identity of any individual discovered inadvertently may not be used for any purpose. The data file may not be linked with individually identifiable data from other National Center for Health Statistics (**NCHS**) or non-NCHS data sets. Public use data tapes exclude date of birth and of death.

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AVAILABLE DATA PRODUCTS

Linked Birth and Infant Death Data. 198388

Magnetic tape reel or cartridge			CD-ROM		
Data Year	Product Number	Price	Data Year	Product Number	Price
1983	PB89-158836	\$1,050.00	1985	PB95-502456	30.00
1984	PB90-500174	1,050.00	1986	PB95-502464	30.00
1986	PB90-502048	1,270.00	1987	PB95-502373	30.00
1988	PB9 1-607442	1,270.00	1988	PB95-502472	30.00
1987	PB92-504604	1,270.00			
1988	PB95-500039	1,270.00			
1989	PB95-503728	1,300.00			
1990	PB95-503702	1,300.00			
1991	PB95-503736	1,300.00			

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Vital Statistics System • Marriage

OFFICE/CENTER: National Center for Health Statistics

Marriage statistics include counts of marriages performed each year in all States and so&demographic data based on a sample of marriages performed in States meeting criteria for a marriage-registration area (42 States and the District of Columbia in 1993).

Sociodemographic data are available for both the bride and the groom as reported on **certificates** of marriage. There are five systematic sampling rates applied so as to ensure at least 2,500 sample cases for each State.

RACE: White; Black; Other

DATA LIMITATIONS: Race of bride and groom is available only from 34 of the 42 States in the marriage-registration area.

OTHER DATA: Socioeconomic; Age/Gender; **Other Demographic/Sociocultural**

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1957

AVAILABILITY: Public use files, with restrictions

CONSTRAINTS: The data file contains no personal identifiers. The data are to be used for statistical purposes only. Any effort to determine the identity of any individual is prohibited. The identity of any individual discovered inadvertently may not be used for any purpose. The data file may not be linked with individually identifiable data from other National Center for Health Statistics (NCHS) or non-NCHS data sets.

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Hyattsville, MD 20782
1301) **436-8954/fax: (301) 436-7066**

AVAILABLE DATA PRODUCTS

Vital Statistics. Marriage Data, 196888

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
Data Year	Product Number	Price	Data Y w	Product Number	Price
1968	W-235645	\$ 240.00	1979	PB81-238743	\$ 460.00
1969	PB-235646	240.00	1980	PB83-261610	480.00
1970	PB80-186331	240.00	1981	PB84-164201	460.00
1971	PB80-186356	240.00	1962	PB85-221646	480.00
1972	PB80-185887	360.00	1983	PB86-185923	460.00
1973	PBBO-186273	360.00	1984	PB87-197109	460.00
1974	PB80-185846	360.00	1965	PB88-181987	480.00
1975	PB80-185903	480.00	1966	PB89-221709	460.00
1976	PB80-185861	480.00	1987	PB90-501842	480.00
1977	PB80-185804	480.00	1988	PB92-500743	480.00
1978	PB81-164733	460.00			

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Vital Statistics System - Divorce

OFFICE/CENTER: National Center for Health Statistics

Divorce **statistics** include counts of divorces granted each year in **all** States and w&demographic data based on a sample of divorces granted in States meeting criteria for a divorce-registration area (**31** States and the District of Columbia in **1993**).

Sociodemographic data are available for both the husband and wife as reported on certificates of divorce. There are five systematic sampling rates applied so as to ensure at least 2,500 sample cases for each State.

RACE: **White; Black; Other**

DATA LIMITATIONS: Race of husband and wife is available only from 27 States and the District of Columbia.

OTHER DATA: Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1958

AVAILABILITY: Public use files, with restrictions

CONSTRAINTS: The data file contains no personal identifiers. The data are to be used for statistical purposes only. Any effort to determine the identity of any individual is prohibited. The identity of any individual discovered inadvertently may not be used for any purpose. The data file **may** not be linked with individually **identifiable** data from other National Center for Health Statistics (**NCHS**) or non-NCHS data sets.

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AVAILABLE DATA PRODUCTS

Vital Statistics, Divorce Data, 196888

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
Data Year	Product Number	Price	Data Year	Product Number	Price
1988	PB-238824	⌘ 240.00	1979	PB81 -238800	⌘ 240.00
1989	PB-238825	240.00	1880	PB83-242644	240.00
1970	PB80-186745	240.00	1981	PB84-164185	240.00
1971	PB80-187164	240.00	1982	PB85-179430	240.00
1972	PB80-187 180	240.00	1983	PB86-165248	240.00
1973	PB80-187 149	240.00	1984	PB87-125506	240.00
1974	PB80-187123	240.00	1985	PB88-127865	240.00
1978	PB80-186786	240.00	1988	PB89-209415	240.00
1978	PB80-186760	240.00	1987	PB90-501891	240.00
1977	PB80-186729	240.00	1988	PB91-507731	240.00
1978	PB81-100216	240.00			

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Vital Statistics System - **Nativity**

OFFICE/CENTER: National Center for Health Statistics

Nativity statistics are based on information reported on birth certificates for the more than 4 million live births which occur in the United States each year. The data file is based on 100% of the births and includes national, state, and local demographic and health data for the mother and the infant.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander (Chinese, Japanese, Filipino, Hawaiian, Other Asian or Pacific Islander); Black; White; Other

ETHNICITY: Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, Other or Unknown Hispanic); Not of Hispanic Origin

DATA LIMITATIONS: The birth certificate includes race of the mother and the father, but not race of the child. The data file includes 'race of child' as determined for statistical purposes based on an algorithm using the reported race of mother and father. Hispanic origin is available only for the parents; no algorithm has been used to assign an ethnic origin to the child.

OTHER DATA: Services Utilization; Socioeconomic; Age/Gender; Other Demographic /Sociocultural; Behavioral; Other (maternal/infant health, e.g., birthweight, gestation, medical risk factors, Apgar score)

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1915

AVAILABILITY: Public use files, with restrictions

CONSTRAINTS: The data file contains no personal identifiers. The data are to be used for statistical purposes only. Any effort to determine the identity of any individual is prohibited. The identity of any individual discovered inadvertently may not be used for any purpose. The data file may not be linked with individually identifiable data from other the National Center for Health Statistics (NCHS) or non-NCHS data sets.

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AVAILABLE DATA PRODUCTS

Vital Statistics. Natality, Detail, 1968-92

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
Data Year	Product Number	Price	Data Year	Product Number	Price
1988	PB- 238700	\$ 820. 00	1981	PB84-136159	1,620.00
1989	PB- 238898	1,500.00	1982	PB85-153633	1,620.00
1970	PB80-107006	1,390.00	1983	PB86-106275	1,620.00
1971	PB80-107741	1,390.00	1984	PB86-233129	2,190.00
1972	PB80-107766	1,390.00	1985	PB87-230694	2,190.00
1973	PB80-107642	1,390.00	1988	PB88-241302	2,190.00
1974	PB80-107683	1,500.00	1987	PB89-213524	2,190.00
1976	PB80-107808	1,740.00	1988	PB90-504168	2,190.00
1978	PB80-117153	1,850.00	1989	PB93-500171	1,620.00
1977	PB-301360	2,080.00	1990	PB93-504926	1,620.00
1978	PB80-188618	1,850.00	1991	PB93-507119	1,620.00
1979	PB82-132325	1,620.00	1992	PB95-500401	1,620.00
1980	PB83-154831	1,620.00			

Vital Statistics, Natality, Local Area Summary, 196888

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
Data Year	Product Number	Price	Data Year	Product Number	Price
1988	PB- 238701	6 240. 00	1979	PB82-132283	\$ 480. 00
1989	PB80-186299	240. 00	1980	PB83-154872	480. 00
1970	PB80-107550	380. 00	1981	PB84-136118	480. 00
1971	PB80-107709	380. 00	1982	PB85-153625	480. 00
1972	PB80-107576	380. 00	1983	PB86-105897	480. 00
1973	PB80-107519	380. 00	1984	PB86-233087	480. 00
1974	PB80-107535	380. 00	1985	PB88-102322	480. 00
1975	PB80-107725	480. 00	1988	PB88-241286	480. 00
1978	PB80-107667	480. 00	1987	PB89-213508	480. 00
1977	PB80-107782	480. 00	1988	PB90-504150	480. 00
1978	PB80-186372	380. 00			

Vital Statistics, Natality, State Summary, 196888

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
Data	Product	Price	Data	Product	Price
Year	Number		Year	Number	
1866	PB-235643	‡ 240.00	1878	PB82-132309	‡ 240.00
1868	PB-235644	240.00	1860	PB83-154856	240.00
1870	PB-300426	240.00	1861	PB84-136 134	240.00
1871	PB-300428	240.00	1862	PB85-153591	240.00
1872	PB-300430	240.00	1863	PB86-105608	240.00
1873	PB-300584	240.00	1864	PB86-233103	240.00
1874	PB-300588	240.00	1865	PB88-100433	240.00
1875	PB-300586	240.00	1866	PB88-241260	240.00
1876	PB-300590	240.00	1867	PB89-213482	240.00
1877	PB-300592	240.00	1866	PB90-504176	240.00
1876	PB80-186315	240.00			

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Vital Statistics System - Mortality

OFFICE/ CENTER: National Center for Health Statistics

Mortality statistics provide national, state, and local data on the cause of death and the **characteristics** of the decedent for the approximately 2 million deaths that occur in the United States each year, including infant and maternal deaths. Race categories are: White, Black, Asian or Pacific Islander (Chinese, Japanese, Hawaiian, Filipino, Other Asian or Pacific Islander), American Indian, Other Racer. **Ethnicity** categories are: Hispanic (Mexican, Puerto Rican, Cuban, Central and South American, Other, and Unknown **Hispanic**), Non-Hispanic (**White, Black, Not Stated**). Beginning in 1992, the file separately **identifies** Asian Indian, Korean, Samoan, Vietnamese, and Guamanian for eight registration areas. The data are from death certificates filed in the States. Data are available on a record-unit basis.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or **Pacific** Islander (Chinese, Japanese, Filipino, Other Asian or Pacific Islander; **beginning** in 1992, separately identifies Asian Indian, Korean, **Samoan, Vietnamese, and Guamanian** for eight registration **areas**); Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic (Mexican, Puerto Rican, Cuban, Center or South American, Other or Unknown Hispanic); Other

DATA LIMITATIONS: Limitations are discussed in detail in tape documentation end printed reports.

OTHER DATA: Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Other (county, city, state of residence and occurrence, month of occurrence, cause of **death**)

PROGRAM: Health end demographic statistics

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1933

AVAILABILITY: Public use file, with restrictions

CONSTRAINTS: The data file contains no personal identifiers. The data are to be used for statistical purposes only. Any effort to determine the identity of any individual is prohibited. The identity of any individual discovered inadvertently may not be used for any purpose. The data file may not be linked with individually **identifiable** data from other National Center for Health Statistics (NCHS) or non-NCHS data sets. Public use data tapes exclude date of birth and date of death, and places with a population of fewer than 100,000.

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AVAILABLE DATA PRODUCTS

Vital Statistics, Mortality, Detail, 1968-92

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
Data Year	Product Number	Price	Data Year	Product Number	Price
1988	PB-300800	\$1,270.00	1981	PB84-213016	\$1,050.00
1989	PB-299878	1,160.00	1982	PB85-163897	1,050.00
1970	PB-299879	1,160.00	1983	PB86-120441	1,050.00
1971	PB-300802	1,160.00	1984	PB87-129706	1,050.00
1972	PB-300885	710.00	1985	PB88-101316	1,050.00
1973	PB-300805	1,270.00	1988	PB89-121180	1,050.00
1974	PB-300807	1,270.00	1987	PB90-500133	1,050.00
1975	PB-300809	1,270.00	1988	PB91-506626	1,050.00
1978	PB-3008 11	1,270.00	1989	PB92-504554	590.00
1977	PB-300798	1,160.00	1980	PB93-504777	590.00
1978	PB81-125106	1,050.00	1991	PB93-506889	590.00
1979	PB83-132357	1,050.00	1992	PB95-502332	590.00
1980	PB83-261552	1,050.00			

Vital Statistics, Mortality, Local Area Summary, 1968-88

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
Data Year	Product Number	Price	Data Year	Product Number	Price
1988	PB-238827	\$ 240.00	1979	PB83-143230	\$ 480.00
1989	PB80-126618	240.00	1980	PB83-261636	480.00
1970	PBBO-108748	240.00	1981	PB84-212992	480.00
1971	PB80-126642	240.00	1982	PB85-163913	480.00
1972	PB80-126667	240.00	1983	PB86-120482	480.00
1973	PB80-133374	240.00	1984	PB87-125639	480.00
1974	PB80-126683	240.00	1985	PB88-101357	480.00
1975	PB80-134158	240.00	1988	PB89-121586	480.00
1978	PB80-134117	240.00	1987	PB90-500158	480.00
1977	PB80-131675	240.00	1988	PB91-506642	480.00
1878	PB81-100232	240.00			

Vital Statistics, Mortality, Cause-of-Death Summary, 196888

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
<u>Data</u>	<u>Product</u>		<u>Data</u>	<u>Product</u>	
<u>Year</u>	<u>Number</u>	<u>Price</u>	<u>Year</u>	<u>Number</u>	<u>Price</u>
1968	PB80-126550	\$ 360.00	1979	PB83-132373	\$ 480.00
1969	PB80-133358	360.00	1980	PB83-261578	590.00
1970	PB80-133333	360.00	1981	PB84-213032	590.00
1971	PB80-133317	360.00	1982	PB85-163764	590.00
1972	PB80-133275	360.00	1983	PB86-120466	710.00
1973	PB80-126576	360.00	1984	PB87-129680	710.00
1974	PB80-133291	360.00	1985	PB88-101332	710.00
1975	PB80-134133	360.00	1986	PB89-121602	590.00
1976	PB80-134091	380.00	1987	PB90-500141	590.00
1977	PB80-126592	360.00	1988	PB91-506634	590.00
1978	PB81-100257	360.00			

Vital Statistics, Mortality, Multiple Cause-of-Death, Detail, 1968-92

<u>Magnetic tape reel or cartridge</u>			<u>Magnetic tape reel or cartridge</u>		
<u>Data</u>	<u>Product</u>		<u>Data</u>	<u>Product</u>	
<u>Year</u>	<u>Number</u>	<u>Price</u>	<u>Year</u>	<u>Number</u>	<u>Price</u>
1968	PB82-191800	\$1,270.00	1981	PB85-153617	\$1,960.00
1969	PB82-155011	1,270.00	1982	PB85-224202	1,960.00
1970	PB82-121716	1,270.00	1983	PB86-138831	1,960.00
1971	PB82-142654	1,270.00	1984	PB87-161030	1,960.00
1972	PB82-191966	940.00	1985	PB87-235057	1,960.00
1973	PB82-191644	1,270.00	1986	PB89-121461	1,960.00
1974	PB82-186164	1,270.00	1987	PB90-500448	Contact NTIS
1875	PB82-157322	1,270.00	1988	PB91-507343	2,190.00
1976	PB81-186827	1,620.00	1989	PB92-504596	1,200.00
1977	PB81-217382	1,620.00	1990	PB93-504785	1,200.00
1978	PB82-105743	1,620.00	1991	PB93-506269	1,200.00
1979	PB83-153031	1,960.00	1992	PB95-502209	1,200.00
1980	PB84-112200	1,960.00			

Hard copy

Vital Statistics of the United States (Reports available from the Government Printing Office)

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Vital Statistics System - Current Mortality Sample (CMS)

OFFICE/CENTER: National Center for Health Statistics

The purpose of this system is to provide in published form current national provisional data on the number of deaths and selected demographic characteristics of the decedent and underlying causes of death reported on the death certificates filed in the United States. The provisional data, which are generally available about 4-6 months after the month of event occurrence, are derived from the Current Mortality Sample (CMS), a 10% sample of all death certificates in the United States.

Demographic information of the decedent is coded from information reported on the death certificate, including age, race, and sex. Also coded are underlying causes of death reported in the cause of death section of the death certificate. Data are collected from death certificates filed in state vital statistics officer and coded by either the State or the National Center for Health Statistics (NCHS).

RACE: White, Black, Other

ETHNICITY: Hispanic Origin (Mexican, Puerto Rican, Cuban, Central and South American, Other and Unknown Hispanic); Non-Hispanic

DATA LIMITATIONS: There are too few deaths (frequencies¹ in the sample to allow for meaningful analysis and estimation of monthly and annual mortality for ethnic/minority subgroups.

OTHER DATA: Age/Gender; Other (cause of death, State of residence, month of occurrence)

PROGRAM: Health and demographic statistics

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1942

AVAILABILITY: Tabulations provided

CONTACT PERSON

Gopal K. Singh, Ph.D.
Mortality Statistics Branch, Div. of Vital
Statistics, National Ctr. for Health Statistics,
6525 Belcrest Rd., Rm. 840,
Hyattsville, MD 20782
(301) 436-8884/fax: (301) 4367066
gkso@nchso8a.em.cdc.gov

AVAILABLE DATA PRODUCTS

Hard copy

Monthly Vital **Statistics** Report (**no** charge)

CENTERS FOR DISEASE CONTROL AND PREVENTION

TITLE: National Mortality Followback Survey (1993) (NMFS)

OFFICE/CENTER: National Center for Health Statistics

The 1993 National Mortality Followback Survey (NMFS) is the latest in a series of periodic surveys designed to supplement information routinely collected on the death certificate for a sample of 22,977 persons ages 15 years and over who died in 1993. Supplemental information is obtained from interviews with the decedent's next-of-kin, identified as having provided information on the death certificate and from medical examiner/coroner records if the death was referred to medical examiner/coroner for certification of death. The survey focuses on five broad subject areas: socioeconomic differentials in mortality, associations between risk factors and cause of death, access and utilization of health care services in the last year of life, disability, and reliability of certain items reported on the death certificate.

RACE: White; Black; **Indian** (American); Eskimo; Aleut; Chinese; Filipino; Hawaiian; Korean; Vietnamese; Japanese; **Asian** Indian; Samoan; Guamanian; Other **Asian/Pacific** Islander; Other **Race**

ETHNICITY: Puerto Rican; Cuban; **Mexican/Mexicano**; Mexican-American; Chicano; Other **Latin** American; Other Spanish

DATA LIMITATIONS: Although poststratified to national mortality totals, deaths in certain race categories (Eskimo, Aleut, specific Asian and Pacific Islanders¹ and ethnic categories (Cuban, Chicano, Other Latin **American**) are so few it will be necessary to combine into broader categories. A record is provided.

OTHER DATA: Functional/Health **Status**; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic **/Sociocultural**; Behavioral; Other (medical examiner/coroner data, i.e., events surrounding death, autopsy, toxicology)

PURPOSE: **Research**

STATUS: This intermittent data collection is active.

START DATE PERIOD: January 1961 to December 1961

AVAILABILITY: Public use files, **usable** without restrictions

CONSTRAINTS: All **personal** identifiers **are** deleted, including **substate** geographic codes. All facility identities are also deleted. Special tapes **may** be made **available** to Federal agencies subject to written signed agreements outlining adherence to Section 308(d) of the Public Health Service Act (Title 42, USC, Section 242m) and the National Center for Health **Statistics/Centers** for **Disease** Control and Prevention staff manual on confidentiality nondisclosure statement. A public use data file is anticipated in December 1998.

CONTACT PERSON

James F. Spitzer

Div. of Vital Statistics, National Ctr. for Health

Statistics, 8525 Belcrest Rd., Rm. 840,

Hyattsville, MD 20782

(301) 438-7484 ext. 160/fax: (301) 436-7066

AVAILABLE DATA PRODUCTS

National Mortality Followback Survey, 1966-68, 1986, 1993

Magnetic tape reel

Data Year	Product Number	Price
1966-68	PB80-117138	380.00
1988	PB90-501 BOO	240.00

CD-ROM

Data Year	Product Number
1993	To be available

FOOD AND DRUG ADMINISTRATION

FOOD AND DRUG ADMINISTRATION

TITLE: 1992 and 1994 National Surveys of Prescription Drug Information Provided to Patients

OFFICE/CENTER: Center for Drug Evaluation and Research

In 1992, the Food and Drug Administration (FDA) conducted a national telephone survey of adults over 18 who had received a prescription for themselves or a household member within the previous 4 weeks in order to assess the amount and type of prescription drug information being received by consumers from physicians and pharmacists as well as from other sources. In 1994, the Health Care Financing Administration cooperated with FDA in conducting the survey to assess the impact of the patient counseling mandate of the Omnibus Budget Reconciliation Act on levels of patient drug information provided.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic; Other

OTHER DATA: Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic/Social and Cultural

PURPOSE: Program planning or management

STATUS: This intermittent data collection is active.

START DATE: December 1992

AVAILABILITY: Upon request, with special agreement with the user

DISTRIBUTOR OF PUBLIC USE FILES
FOI Office, Food and Drug Administration,
HFD-019, 6600 Fishers Lane,
Rockville, MD 20857
(301) 443-8491

CONTACT PERSON
Ellen Tabak
Drug Marketing, Food and Drug Administration,
HFD-246, 6600 Fishers Lane,
Rockville, MD 20857
(301) 594-6818/fax: (301) 594-6771

AVAILABLE DATA PRODUCTS

Diskette

1992 National Survey of Prescription Drug Information Provided to Patients
1994 National Survey of Prescription Drug Information Provided to Patients

FOOD AND DRUG ADMINISTRATION

TITLE: Consumer Survey of Cosmetic Usage Patterns

OFFICE/CENTER: Center for Food Safety and Applied Nutrition

This study was conducted among a national probability sample of households with working telephones. Random digit dialing was used to select the sample. Within each household, one member age 14 or older was randomly selected using the 'last birthday' method of respondent selection. Information was obtained on the consumer usage by general type of product (e.g., shampoo, conditioner, hair dye and color, toothpaste, mouthwash, hand and body lotion, underarm deodorant), the frequency of use, and the incidence of use among various consumer segments (e.g., age, race and sex groups).

Cosmetic products are articles intended to be applied to the human body for cleansing, beautifying, promoting attractiveness, or altering the appearance. The Food and Drug Administration (FDA) will use information from the survey together with data available in the literature on inherent toxicity, penetration, and experimental testing to conduct scientific risk assessment before human injury has occurred.

RACE: Native American; Asian or Pacific Islander; Black; White; Other

ETHNICITY: Hispanic; Not of Hispanic Origin; Refused Specification, Don't Know

DATA LIMITATIONS: Limitations include the fact that no health-related questions were asked. Only other questions include education level, sex, marital status.

OTHER DATA: Age/Gender; Other Demographic/Sociocultural; Behavioral

PROGRAM: Cosmetics and Colors Program

PURPOSE: Regulatory or compliance

STATUS: This single-time data collection is completed.

AVAILABILITY: Tabulations available. Report from raw data being prepared for public release.

CONTACT PERSON

Office of Cosmetics & Colors, Food and Drug
Administration, HFS-100, 200 C St., S.W.,
Washington, DC 20204
(202) 205-4530/fax: (202) 205-5098

FOOD AND DRUG ADMINISTRATION

TITLE: Food Label Use and Nutrition Education Survey (FLUNES)

OFFICE/CENTER: Center for Food Safety and Applied Nutrition

This study, conducted in March-April 1994, established baseline information on consumer uses of food labels in order to provide an understanding of label use in the broader context of dietary management and to provide information necessary to evaluate the impact of the new food labels mandated under the Nutrition Labeling and Education Act of 1990. The survey was conducted by telephone among a national probability sample of persons age 18 and over in households with telephones in the continental United States. Random digit dialing was used to select telephone numbers.

RACE: American Indian/Alaskan Native; Asian or Pacific islander; Black; White; Other

ETHNICITY: Hispanic; Not of Hispanic Origin

DATA LIMITATIONS: Sample sizes for American Indian/Alaskan Native, Asian or Pacific Islander, and Hispanic are too small for analysis.

OTHER DATA: Functional/Health Status; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral

PROGRAM: Food Labeling, Dietary Guidelines

IPURPOSE: Surveillance and Tracking

STATUS: This intermittent data collection is active.

START DATE: March 1994

AVAILABILITY: Upon request, with special agreement with the user

CONTACT PERSON

Brenda Derby
Food and Drug Administration, HFS-727,
200 C St., S.W., Washington, DC 20204
(202) 205-5363/fax: (202) 260-0794
bnd@fdacf.ssw.dhhs.gov

AVAILABLE DATA PRODUCTS

Diskette

Food label Use and Nutrition Education Survey

FOOD AND DRUG ADMINISTRATION

TITLE: Health and Diet Survey (HDS)

OFFICE/CENTER: Center for Food Safety and Applied Nutrition

These periodic telephone surveys are conducted to monitor public awareness, knowledge, attitudes, and reported behavior related to food and nutrition, particularly as they relate to health problems such as **hypertension**, hypercholesterolemia, coronary **heart** disease, and cancer. Data are used to evaluate the National Cholesterol Education Program in conjunction with a physician's survey conducted for the National **Heart, Lung, and Blood** Institute). National probability samples of households **with** telephones in the continental United States are interviewed. The sample is selected using random digit dialing. In 1990, a black oversample was selected from census tracts with 30 + % black population; the households were screened for a black adult.

Sample sizes have been as follows: 1982, 3,997; 1983-84, 4,007; 1988, 4,004; 1988, 3,202; 1990, general sample 3,700, black oversample, 635.

1982-88 Surveys Race/Ethnicity Categories:

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic; Other

1990 Survey Race/Ethnicity Categories:

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; White
ETHNICITY: Hispanic; Not of Hispanic Origin

OTHER DATA: **Functional/Health Status; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral**

PROGRAM: Food Labeling, Food Safety, National Institutes of Health Education Activities

PURPOSE: Surveillance and Tracking

STATUS: This **intermittent** data collection is active.

START DATE: October 1982

AVAILABILITY: Upon request, with special agreement with the user

CONTACT PERSON

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Food and Drug Administration, HFS-727,
200 C St., S.W., Washington, DC 20204
(202) 205-5363/fax: (202) 260-0794
bnd@fdacf.ssw.dhhs.gov

AVAILABLE DATA PRODUCTS

Diskette _____

Health and Diet Survey (specify year or years)

FOOD AND DRUG ADMINISTRATION

TITLE: Weight Loss Practices Survey (WLPS)

OFFICE/CENTER: Center for Food Safety and Applied Nutrition

This telephone survey was conducted in 1991 to provide detailed information about types and combinations of weight loss practices being used by individuals trying to lose weight, estimate prevalence of specific practices (both appropriate and inappropriate) in the general population, and evaluate progress toward achieving national health objectives related to healthy weight. Study respondents were adults age 18 and over who were trying to lose weight at the time of the survey. A national probability sample of households with telephones was obtained through random digit dialing methods. The study comprised a general sample of 1,228 individuals, a black oversample of 203 individuals, and a sample of 218 controls.

RACE: American Indian/Alaskan Native; Asian or Pacific islander; Black; White; Other

ETHNICITY: Hispanic; Not of Hispanic Origin

DATA LIMITATIONS: Sample sizes for American Indian/Alaskan Native, Asian or Pacific Islander, and Hispanic are too small for analysis.

OTHER DATA: Functional/Health Status; Socioeconomic; Age/Gender; Behavioral; Other (Body Mass Index)

PROGRAM: Labeling, Dietary Guidelines, National Institutes of Health Education Activities

PURPOSE: Surveillance and Tracking

START DATE: October 1991

AVAILABILITY: Upon request, with special agreement with the user

CONTACT PERSON

Alan Heaton
Food and Drug Administration, HFS-727,
200 C St., S.W., Washington, DC 20204
(202) 205-5394/fax: (202) 260-0794

AVAILABLE DATA PRODUCTS

Diskette

Weight Loss Practices Survey

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES ADMINISTRATION

TITLE: Area Resource File System (**ARF**)

OFFICE/CENTER: Bureau of Health Professions

The Area Resource File (**ARF**) System is a computerized health resources information system maintained by the Bureau of Health Professions. It is designed to be used by health analysts and other researchers seeking consistent, current, and compatible information on the Nation's health care delivery system. The ARF contains more than 7,000 variables at the county level, including: information on health facilities, health professions, measures of revenue, health status, mortality and **natality**, economic activity, health training programs, and socioeconomic and environmental characteristics. Update and maintenance of the ARF is performed on a continuing basis.

DATA LIMITATIONS: Because the ARF is a collection of databases, there is no one scheme for reporting race and **ethnicity**. Most of the race and ethnicity data in the ARF are collected from the U.S. Census and the National Center for Health Statistics and follows reporting conventions for those organizations. Not all categories for race and ethnicity in the original data source are retained in aggregated form. However, users may purchase special reports and downloaded files.

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**

PROGRAM: Bureau of Health Professions

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1970

AVAILABILITY: Public use files, usable without restrictions

DATA MEDIA: Magnetic tape reel; diskette; CD-ROM

DISTRIBUTOR OF PUBLIC USE FILES
Quality Resource Systems, Inc.,
11360 Random Hills Rd., Ste. 100,
Fairfax, VA 22030
(703) 352-7393/fax: (703) 352-9024
arfqrs@aol.com

CONTACT PERSON
Inga Franklin & B. Jerald McClendon,
Bureau of Health Professions, Health Resources
and Services Administration, Parklawn Bldg.,
6600 Fishers Lane, Rockville, MD 20867
(301) 443-6936

HEALTH RESOURCES AND SERVICES ADMINISTRATION

TITLE: National Sample Survey of Registered Nurses

OFFICE/CENTER: Bureau of Health Professions

Five sample surveys of registered nurses have been conducted, the first in 1977. Other survey years include 1980, 1984, 1988, and 1992. These surveys are the only source of national data on the total registered nurse population, both employed and unemployed, and the factors affecting employment status. The survey includes questions on demographic characteristics, employment status, practice setting, compensation, basic nursing education and levels of advanced education, area of specialty practice, whether employed full- or part-time, geographic distribution, and factors affecting employment status.

The **data** are collected through a mail questionnaire sent to a sample of registered nurses holding licenses to practice in each of the 50 States and the District of Columbia. Initial sample sizes for the last four studies have been about **45,000**. Unduplicated final response rates are 80%.

RACE/ETHNICITY: American Indian/Alaskan Native; **Asian** or Pacific Islander; Black, Not of Hispanic Origin; **White**, Not of Hispanic Origin; Hispanic

DATA LIMITATIONS: County-level data tapes contain aggregated information by white, nonwhite.

OTHER DATA: Services Resources; Socioeconomic; Age/Gender; Other Demographic /**Sociocultural**

PROGRAM: Title VIII of the Public Health Service Act

PURPOSE: Program Evaluation

STATUS: This intermittent data collection is active.

START DATE: 1977

AVAILABILITY: Public use files, usable without restrictions

DISTRIBUTOR OF PUBLIC USE FILES
National Technical Information Service,
U.S. Dept. of Commerce, 6285 **Port Royal** Rd.,
Springfield, VA 22181
(703) 487-4650/fax: (703) 321-8547
orders@ntis.fedworld.gov

CONTACT PERSON
Evelyn B. Moses
Bureau of Health Professions, Div. of Nursing,
Health Resources and Services Administration,
Parklawn Bldg., 5800 Fishers Lane, Rm. 8-21
Rockville, MD 20867
(301) 443-8315

AVAILABLE DATA PRODUCTS

Magnetic tape reel

	Product Number
1977 National Sample Survey of Registered Nurses	PB81-172363
1977 Special County Tape	PB84-151752
1990 National Sample Survey of Registered Nurses II	PB82-253410
1980 Special County Tape	PB83-254086
1984 National Sample Survey of Registered Nurses	PB86-224623
1988 National Sample Survey of Registered Nurses	PB89-231492
1988 Special County Tape	PB92-500305
1992 National Sample Survey of Registered Nurses	PB94-501814
1992 Special County Tape	PB94-501889

HEALTH RESOURCES AND SERVICES ADMINISTRATION

TITLE: Organ Procurement and Transplantation Network (OPTN) and Scientific Registry of Information on Transplant Recipients (SRTR)

OFFICE/CENTER: Bureau of Health Resources Development

The Organ Procurement and Transplantation Network (OPTN) operates and maintains a national computer list of patients waiting for kidney, heart/lung, lung/liver, and pancreas transplants. Data pertain to patients waiting for transplants, donors and recipients of donated organs, donor/recipient matching and organ allocation, and donor/recipient histocompatibility. The Scientific Registry of Information on Transplant Recipients (SRTR) collects data on all transplants recipients and all transplant programs. It includes data about recipient status at the time of transplant and at the time of posttransplant hospital discharge. The Registry also collects followup data on transplant recipients until 2 years following graft failure or until the patient dies. From 1988 to 1993, data have been collected on 26,510 cadaveric donors. Organs recovered from these donors were used to transplant 92,673 recipients. In 1993, approximately 22% of the recipients were from minority populations.

RACE: American Indian/Alaskan Native; Asian; Pacific Islander; Mid-East/Arabian; Indian Subcontinent; Black; White

ETHNICITY: Hispanic Origin; Not of Hispanic Origin

DATA LIMITATIONS: Data mostly provided in following categories: White, Black, Hispanic, Asian, Other, Not Reported

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Other (laboratory data)

PROGRAM: Organ Transplantation Program

PURPOSE: Program planning or management

STATUS: This continuous data collection is active.

START DATE: October 1987

AVAILABILITY: Upon request, with special agreement with the user

DISTRIBUTOR OF PUBLIC USE FILES
United Network for Organ Sharing (UNOS),
OPTN Registry, P.O. Box 13770,
Richmond, VA 23225-8770
(804) 330-8576/fax: (804) 330-8593

CONTACT PERSON
Remy Aronoff
Bureau of Health Resources Development,
Health Resources and Services Administration,
Parklawn Bldg., 5800 Fisher Lane,
Rockville, MD 20857
(301) 443-7577/fax: (301) 594-5095

HEALTH RESOURCES AND SERVICES ADMINISTRATION

TITLE: Ryan White Title I/II Annual Administrative Reports

OFFICE/CENTER: Bureau of Health Resources Development

The purpose of the Ryan White Care Act (Title I&II) is to provide emergency assistance to localities that are disproportionately affected by the human immunodeficiency virus (HIV) epidemic and to make financial assistance available to provide for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential services to persons with HIV disease. It also provides grants to States for the delivery of services to individuals and families with HIV infection. The primary purposes of the Annual Administrative Reports (AAR) are to document the use of Title I and Title II funds and the providers who received them, to assess the impact of these funds on the number and diversity of individuals served, to evaluate the quantity and quality of services received, and to help examine the effectiveness of coordinated systems of care in meeting the needs of individuals living with HIV. In addition, the AAR supports efforts by the Health Resources and Services Administration (HRSA), state and local grantees, and providers to assess the status of existing HIV-related service delivery systems. Approximately 2,000 responding service providers report aggregate program data.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

OTHER DATA: Services Utilization; Services Expenditure and Financing; Age/Gender; Other (selected characteristics of service-providing organizations)

PROGRAM: Ryan White Comprehensive AIDS Resources Emergency Act of 1990, Title I and Title II

PURPOSE: Program Monitoring and Evaluation

STATUS: This periodic (annual) data collection is active.

START DATE: 1994

AVAILABILITY: Tabulations provided

CONTACT PERSON

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Bureau of Health Resources Development,
Health Resources and Services Administration,
Parklawn Bldg., Rm. 7A-39, 5600 Fisher Lane,
Rockville, MD 20857
(301) 443-0652/fax: (301) 443-5271

HEALTH RESOURCES AND SERVICES ADMINISTRATION

TITLE: Community Health Center User and Visit Survey

OFFICE/CENTER: Bureau of Primary Health Care

Currently, approximately 500 Community Health Center (CHC) grantees provide medical **services** to roughly 6 million people. In this survey, two types of data will be collected from this universe. From **personal** interviews with a **sample** of 2,000 CHC users seen during 1994, information will be collected about their health **status**, use of sources of **health care**, access **barriers**, risk factors, pregnancy history, and demographics. The **questionnaire** in this survey is primarily a subset of the National Health Interview Survey (NHIS) core questionnaire and supplements.

For a probability sample of 6,000 visits to **CHCs** in 1994, data will be abstracted from the patient's medical record. The patient visit items include demographic data, reasons for visit, diagnoses, tests and procedures performed, medications prescribed, referral, and disposition decisions. This form, instructions, and procedures are nearly identical to those used in the 1994 **National Hospital Ambulatory Medical Care Survey**.

The survey will be conducted in 1995.

RACE: **White, Black, American Indian, Eskimo, Aleut, Chinese, Filipino, Hawaiian, Korean, Vietnamese, Japanese, Asian Indian, Samoan, Guamanian, Other Asian/Pacific Islander**

NATIONAL ORIGIN /ANCESTRY: Puerto Rican, Cuban, **Mexican/Mexicano**, Mexican-American, Chicano, Other Latin, Other Spanish

DATA LIMITATIONS: National origin or ancestry and race are asked separately. Respondents are asked to indicate **all** ethnic and race groupings that apply. A subsequent questionnaire item asks the respondents to indicate the race category that best represents their race.

OTHER DATA: Functional/Health Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other **Demographic/Sociocultural; Behavioral**

PROGRAM: Community Health Center Program

PURPOSE: Program Evaluation

STATUS: This single-time data collection is planned.

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Data tapes will not include **personal** identifiers. Other conditions on use of data are to be established.

CONTACT PERSON

Jerrilyn Regan

Bureau of Primary Health Care/DEAR, Health
Resources and Services Administration,
4350 East West Hwy., Rm. 7-3A1,
Bethesda, MD 20857
(301) 594-4280/fax: (301) 594-4985

HEALTH RESOURCES AND SERVICES ADMINISTRATION

TITLE: Ryan White Comprehensive AIDS Resources and Emergency (CARE) Act Title IIIb Discretionary Grant Program

OFFICE/CENTER: Bureau of Primary Health Care

Grants are made to migrant and community health centers, clinics serving primarily homeless populations, gay and lesbian community service organizations, family planning agencies, comprehensive hemophilia diagnostic and treatment centers, federally qualified health centers under section 1905 (1)(2)(B) of the Social Security Act, and other nonprofit community-based programs that provide comprehensive primary health care services to populations with or at risk for human immunodeficiency virus (HIV) disease. IN FY 1994, 134 primary care grantees were funded in 31 States, plus Puerto Rico and the District of Columbia.

Grantees report on early intervention services aimed at preventing and/or reducing HIV-related morbidity as a part of the program of comprehensive care. Early intervention consists of the medical, educational, and psychosocial services designed to prevent the further spread of HIV, forestall the onset of illness, facilitate access to services, and provide psychosocial support to HIV-infected individuals and their families.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian/Pacific Islander; Black, Not Hispanic; Caucasian, Not Hispanic; Hispanic (Cuban, Mexican, Puerto Rican, Central or South American, Other Spanish Culture or Origin)

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Other (laboratory date)

PROGRAM: Ryan White Comprehensive AIDS Resources and Emergency (CARE) Act of 1990, Title IIIb

PURPOSE: Program Evaluation

STATUS: This periodic (annual) data collection is active.

START DATE: 1993 (first full year of data collection)

AVAILABILITY: Tabulations provided

CONSTRAINTS: Data will not be released that can identify individuals.

CONTACT PERSON

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HIV and Substance Abuse Services Branch,
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HEALTH RESOURCES AND SERVICES ADMINISTRATION

TITLE: Annual Report for the Maternal and Child Health Services Block Grant Program

OFFICE/CENTER: Maternal and Child Health Bureau

The purpose of the Maternal and Child Health (MCH) Stats Annual Reporting System is to assess the health status of mothers, infants, children, adolescents, and children with special health care needs in America. This information collection is mandated by Title V of the Social Security Act as amended to determine the number of individuals, services utilized, and cost of such services provided and to estimate progress made towards achieving Stats and National Year 2000 MCH objectives.

The target population includes all pregnant women, infants, adolescents, and children with special health needs. The sample includes all women and children receiving services under the Title V Block Grant. Each State and territory is required to submit the information, including more than 100 variables by geographic area, race, and ethnicity. The data are based on vital statistics, surveys, and other primary data collection efforts. Data are collected on maternal and child health status and services provided, e.g., client counts, funds expended, and progress towards Year 2000 MCH goals. Data are submitted annually; the most recent year for which data are available is 1994.

RACE: American Indian; Asian or Pacific Islander; Black; White; Other; Unknown

ETHNICITY: Hispanic (Mexican, Cuban, Puerto Rican, Central or South American, Other, Unknown); Non-Hispanic

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other (Health Screening Tests)

PROGRAM: Maternal and Child Health Services Block Grant

PURPOSE: Program Evaluation

STATUS: This periodic (annual) data collection is active.

START DATE: 1994

AVAILABILITY: Tabulations provided

CONSTRAINTS: Data tapes will not include personal identifiers. Other conditions on use of data are to be established.

CONTACT PERSON

Michele Kiely, Ph.D., Russ Scarato, & Woodie Kessel, M.D.

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INDIAN HEALTH SERVICE

INDIAN HEALTH SERVICE

TITLE: Indian Health Service Dental Services Reporting System

OFFICE/CENTER: Office of Health Programs

The purpose of this activity is to collect dental services information on American Indians and Alaskan Natives (AI/ANs) receiving dental care provided/funded by the Indian Health Service (IHS). All AI/ANs who have a dental care visit to IHS and tribal direct and contract facilities have dental abstract records completed regarding their visit. Individual records are maintained for each visit with demographic and diagnostic information. Patient records are available for the latest 5 years.

RACE/ETHNICITY: American Indian/Alaskan Native records only.

OTHER DATA: Functional/Health Status; Services Utilization; Age/Gender; Other Demographic/Sociocultural; Other (IHS area, service unit, facility codes)

PROGRAM: Oral Health

PURPOSE: Program planning or management

STATUS: This continuous data collection is active.

START DATE: 1971

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: IHS agreement form must be completed and submitted to IHS for approval.

CONTACT PERSON

Bill Niendorff

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INDIAN HEALTH SERVICE

TITLE: Indian Health Service Patient Registration System

OFFICE/CENTER: Office of Health Programs

The purpose of this activity is to collect demographic data on American Indians and Alaskan Natives (AI/ANs) receiving health care provided/funded by the Indian Health Service (IHS). All AI/ANs who access the IHS system are registered at the facility when they present themselves for service. Individual records are maintained for each patient with demographic and third-party eligibility information. This IHS-developed system was first implemented in FY 1984; however, the database contains only the latest data for each registrant and only current registrants. A patient's record is updated when he/she reports changes, and patient records are periodically purged because of death or long periods of inactivity.

RACE/ETHNICITY: American Indian/Alaskan Native records only. The Patient Registration System uses the Bureau of Indian Affairs (BIA) list of Federally Recognized Indian Tribes, which is published in the *Federal Register*, as categories of subpopulations of American Indian/Alaskan Native. (See list below.)

OTHER DATA: Services Expenditure and Financing; Age/Gender; Other Demographic /Sociocultural; Other (IHS areas, service unit, facility codes)

PROGRAM: Third-party billing

PURPOSE: Program planning or management

STATUS: This continuous data collection is active.

START DATE: 1984

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: IHS agreement form must be completed and submitted to IHS for approval.

CONTACT PERSON

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**BIA List of Federally Recognized Indian Tribes Used
in IHS Patient Registration System**

CODE NAME

141 **Absentee-Shawnee** Tribe of Indians of Oklahoma
710 **Afognak**
263 **Agua-Caliente Band** of Cahuill Indians of the **Agua-Caliente** Indbn Res, Palm Springs, CA
711 **Ahkiok-Kaguyak** Native Corporation
500 Ahtna, Inc.
360 Ak Chin Indiin Comm. of **Papago** Indians of **Maricopa**, Ak Chin Res, Arizona
501 Akhiok, Native Village of Akhiok
502 Akbchak, Native Village of **Akiachak**
503 Akbk **Native** Community
712 Akbkchak, Limited
713 Akbkchak Native Community
714 Akutan Corporation
504 Akutan, Native Vilbge of Akutan
223 **Alabama** and **Coushatta** Tribes of Texas
266 **Alabama-Quassarte** Tribal Town of the Creek Nation of Indbns of Okbhoms
715 Abkanuk Native Corporation
505 Abbnuk, Vilbge of Abkanuk
716 Absk Peninsub Corporation
506 **Alatna** Vilbge
717 Abknagik Natives Limited
507 Abgnagik, Vilbge of Abgnagik
509 Abut Corporation
718 **Alexander** Creek, Inc.
509 **Allakaket** Vilbge
385 **Alturas** Indbn **Rancheria** of Pit River Indians of California
510 Ambler, Vilbge of Ambler
511 Anaktuvuk Pass, Vilbge of Anaktuvuk **Pass**
719 Andreefsky
512 **Angoon** Community Assocbtion
513 Anbk, Vilbge of Anbk
720 Anton-Larsen, Inc.
514 Anvik Vilbge
231 Apache Tribe of **Oklahoma**
011 **Arapahoe** Tribe of the Wind River Reservation, Wyoming
515 Arctic Slope Regional Corporation
516 Arctic Vilbge
225 Aroostook **Band** of **Micmac** Indbns, Maine
721 **ARVIQ, Inc. (Platinum)**
722 Askinuk Corporation (**Scammon Bay**)
235 **Assiniboine** and Sioux Tribes of the Fort Peck Ind Res., **MT - Assiniboine**
276 Assiniboine and Sioux Tribes of the Fort Peck Indian Res., Montana • Sioux
517 Atka, Native Vilbge of Atka
'723 **Atkasook** Corporation
518 **Atkasook** Vilbge
519 Atmauthluak, Vilbge of **Atmauthluak**
'724 **Atmauthluak**, Limited
'725 **Atxam** Corporation (**Atka**)

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE	NAME
255	Augustine Band of Cahuilla Mission Indbns of the Augustine Res, CA
726	Ayakulik , Inc.
727	Azachorok , Inc. (Mountain Village)
728	Baan-o-yee! Kom Corporation (Rampart)
243	Bad River Band of the Lake Superior Tribe of Chippewa Indians of the Bad River Res, WI
330	Barona Group of the Barona Reservation, California - Main Group
412	Barona Group of the Barona Reservation, Californb - Splinter Group
520	Barrow Native Village (Point Barrow)
244	Bay Mills Ind Comm of the Sault Ste. Marie Band of Chippewa Ind, Bay Mills Res of WI
729	Bay View, Inc. (Ivanof Bay)
730	Bean Ridge Corporation (Manley Hot Springs)
731	Beaver Kwit'chin Corporation
521	Beaver Vilbge
732	Becharof Corporation (Egegik)
522	Belkofsky, Native Vilbge of Belkofsky
733	Bell Flats Natives, Inc.
523	Bering Straits Native Corporation
312	Berry Creek Rancherb of Maidu Indians of Californb
734	Bethel (aka Orutsaramuit)
524	Bethel Native Village
525	Bettles Field/Evansville Village
380	Big Bend Rancherb of Pit River Indian Tribe of CA
415	Big Lagoon Rancherb of Smith River Indians of Californb
363	Big Pine Band of Owens Valley Paiute Shoshone Ind. of the Big Pine Res, CA
417	Big Sandy Rancherb of Mono Indbns of California
420	Big Valley Rancherb of Pomo & Pit River Indians of Californb
735	Bill Moore's (Bill Moore's Slough)
526	Birch Creek Vilbge
015	Bbckfeet Tribe of the Bbckfeet Indian Reservation Montana
421	Blue Lake Rancherb of California
736	Brevig Mission Native Corporation
527	Brevig Mission Village
345	Bridgeport Paiute Indbn Colony of California
528	Bristol Bay Native Corporation
529	Buckbnd, Native Village of Buckland
320	Buena Vista Rancherb of MeWuk Indbns of California
351	Burns Paiute Indbn Colony, Oregon
256	Cabazon Band of Cahuilb Mission Indbns of the Cabazon Res., California
406	Cachil De He Band of Wintun Ind of the Colusa Ind Comm of the Colusa Rancheria, CA
016	Caddo Tribe Indbn of Oklahoma
433	Cahto Indbn Tribe of the Laytonville Rancheria , Californb
257	Cahuilb Band of Mbsion Indians of the Cahuilb Reservation, Californb
741	California Indian on Rancheria/Reservation asset distribution list
740	Californb Indbn with public domain/Indian allotment trust interest
530	Calista Corporation
331	Campo Band of Diegueno Mission Indbns of the Campo Indbn Reservation, CA
737	Candle
531	Cantwell, Native Vilbge of Cantwell
738	Canyon Vilbge
739	Cape Fox Corporation (Saxman)

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE NAME

332 Capitan **Grande** Band of Diegueno Mission Indians of California - **Landless**
751 **Caswell**
750 **Caswell** Native Association
462 **Catawba** Tribe of South Carolina
018 **Cayuga** Nation of New York
348 **Cedarville Rancheria** of Northern Paiute Indians of California
752 **Chalkyitsik** Netive Corporation
532 **Chalkyitsik** Village
753 **Chaluka** Corporetion (**Nikolski**)
533 Chenega (**Chenega**), **Native** Village of Chenega
534 **Chefornak**, **Village** of **Chefornak**
021 Chemehuevi Tribe of the Chemehuevi Reservation, **California**
422 **Cher-Ae** Hdghts Indian Community of the Trinidad Rancher& of California
022 Cherokee **Nation** of Oklahoma
535 Chevak Netive Village
012 Cheyenne-kepaho Tribes of **Oklahoma**
277 Cheyenne River Sioux Tribe of the Cheyenne River Reservation, SD
754 **Chickaloon** Moose Creek Native **Assn.**
536 Chickloon Village
027 **Chickasaw** Nation of Oklahoma
321 Chicken Ranch **Rancheria** of **MeWuk** Indians of California
539 Chignik **Lake Village**
538 Chignik **Lagoon**, Native Village of Chignik Lagoon
537 Chignik, Native **Village** of Chignik
755 Chignik River Limited (Chignik Lake)
540 **Chilkat** Indian Village of Klukwrn
541 **Chilkoot** Indian Association of Haines
042 Chippewa-Cree Indians of the Rocky Boy Reservation, Montana
642 Chistochina, Native Village of Chistochina
180 **Chitimacha** Tribe of **Louisiana**
758 **Chitina** Native Corporation
543 **Chitina**, Netive Village of Chiiina
031 **Choctaw** Nation of **Oklahoma**
'757 **Choglung** Limited
544 **Chuathbaluk**, **Village** of Chwthbtrluk
'768 **Chugach** **Alaska** Corporation
545 Chugach **Natives**, Inc.
759 Chuloonewik Corporation
548 Circle **Village**
104 Citizen Band of Potawatomi Indian Tribe of Oklahoma
547 **Clark's** Point, village of **Clark's** Point
390 Cloverdale **Rancheria** of Porno Indians of California
289 CO River Ind. Tribes of the CO River Ind. Res., AZ and CA
408 Coast Indiin Community of Yurok Indians of the **Resighini Rancheria**, CA
036 Cocopah Tribe of Arizona
037 Coeur **D'Alene** Tribe of the Coeur **D'Alene** Reservation, Idaho
418 Cold Springs **Rancheria** of Mono Indians of California
039 **Comanche** Indian Tribe of Oklahoma
049 Confederated Salish & Kootenai Tribes of the Flathead Reservation, MT
174 **Confederated** Tribes and Bands of the **Yakima** Ind Nation of **Yakima** Res, WA

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE NAME

212 Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians of Oregon
 020 Confederated Tribes of the Chehalis Reservation, Washington
 038 Confederated Tribes of the **Colville** Reservation, Washington
 200 Confederated Tribes of the Goshute Reservation, Nevada and Utah
 208 Confederated Tribes of the Grand Ronde Community of Oregon
 183 Confederated Tribes of the **Siletz** Reservation, Oregon
 184 Confederated Tribes of the **Umatilla** Reservation, **Oregon**
 168 Confederated Tribes of the Warm Springs Reservation, Oregon
 548 Cook Inlet Region, Inc.
 549 Copper Center Vilbge
 224 **Coquille** Tribe of Oregon
 407 Cortina Rancherb of Wintun Indbns of California
 760 Council Native Corporation
 181 Coushatta Tribe of **Louisiana**
 423 **Covelo** Indbn Community of the Round Valley Reservation, Californb
 198 Cow Creek **Band** of Umpqua Indbns of Oregon
 391 Coyote Volley Rand of **Pomo** Indbns Valley Reservation, Californb
 550 Craig Community Assocbtion
 043 Creek Nation of Oklahoma
 551 Crooked Creek, **Village** of Crooked Creek
 278 Crow Creek Sioux Tribe of the Crow Creek Reservation, South Dakota
 044 Crow Tribe of Montana
 781 **Cully** Corporation (Point **Lay**)
 333 Cuyapaibe Community Diegueno Mission Indbns of the Cuyapaibe Res, CA
 782 Dantit Hanbii Corporation (Circle)
 370 **Death Valley Timbe-Sha** Shoshone Rand of California
 742 Descendants of CA Indbns with Ind ancestors residing in CA on June 1, 1852
 552 **Deering**, Native Vilbge of **Deering**
 048 **Delaware** Tribe of Western Oklahoma
 783 Deloychut, Inc. (Holy Cross)
 272 Devils **Lake** Sioux Tribe of the Devils Lake Sioux Reservation, ND
 553 Dillingham, Native Village of Dillingham
 784 Dineega Corporation (**Ruby**)
 785 Dinyee Corporation (**Stevens**)
 554 Diomede, Native Vilbge of Diomede (**aka Inalik**)
 555 Dot Lake, Vilbge of Dot Lake
 556 Dougbs Indbn Assocbtion
 557 Doyen, Limited
 392 Dry Creek Rancherb of **Pomo** Indbns of Californb
 389 Duckwater Shoshone Tribe of the Duckwater Reservation, Nevada
 558 Eagle, Vilbge of Eagle
 023 Eastern Rand of Cherokee Indbns of North Carolina
 142 Eastern Shawnee Tribe of Okbhotna
 559 Eek, Native Vilbge of Eek
 580 **Egegik** Vilbge
 788 Eklutna, Inc.
 561 **Eklutna** Native Vilbge
 582 Ekuk, Native Vilbge of Ekuk
 767 Ekwok Natives, Limited
 583 Ekwok Vilbge

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE NAME

393 Ebn Indian Colony of Pomo Indians of the Sulphur Bank Rancheria, CA
 768 Elim Native Corporation
 564 Elim, Native Vilbge of Elim
 448 Elk Valley Rancherb of Smith River, Tolowa Indians of California
 374 Ely Indbn Colony of Nevada
 585 Emmonak Village
 789 English Bay Corporation
 313 Enterprise Rancher& of Maidu Indbns of Californb
 770 Evanville, Inc.
 771 Eyak Corporation
 586 Eyak Native Vilbge
 567 False Pass, Native Vilbge of False Pass
 772 Far West, Inc. (Chignik)
 279 Fbndrwu Santee Sioux Tribe of South Dakota
 376 Forest County Potawatomi Community of Wisconsin Potawatomi Indbns, WI
 236 Fort Belknap Indbn Community of the Fort Belknap Res. of MT - Assinboine
 290 Fort Belknap Indbn Community of the Fort Belknap Res. of MT • Gros Ventre
 347 Fort Bidwell Indbn Comm of Paiute Indbns of the Fort Bidwell Res, CA
 348 Fort Independence Ind Comm of Paiute Ind of the Fort Independence Res, CA
 364 Fort McDermitt Paiute and Shoshone Tribes, Fort McDermitt Indian Ret, NV
 234 Ft. McDowell Mohave-Apache Ind Comm, Ft McDowell Band of Mohave Apache Ind of the Ft. McDowell Indian Reservation, Arizona
 081 Fort Mojave Indbn Tribe of Arizona
 005 Fort Sill Apache Tribe of Oklahoma
 668 Fort Yukon, Native Vilbge of Fort Yukon
 569 Gakona, Native Vilbge of Gakona
 570 Galena Vilbge (aka Louden Vilbge)
 571 Gambell, Native Vilbge of Gambell
 773 Gana-Yoo Limited (Galena, Kaltag et al)
 202 Gay Head Wampanoag Indians of Massachusetts
 774 Georgetown
 293 Gib River Pima Maricopa Indian Community of the Gib River Ind Res of AZ
 775 Gold Creek-Susitna, Inc.
 776 Goldbelt, Inc (Juneau)
 777 Golovin Native Corporation
 672 Golovin, Vilbge of Golovin
 573 Goodnews Bay, Native Vilbge of Goodnews Bay
 196 Grand Traverse Band of Ottawa and Chippewa Indians of Michigan
 574 Grayling, Organized Vilbge of Grayling (aka Holikachuk)
 ,314 Greenville Rancherb of Maidu Indbns of California
 435 Grindstone Indbn Rancherb of Wintun-Waitaki Indbns of Californb
 388 Guidiville Band of Porno Indians
 675 Gulkana Vilbge
 '778 Gwitchyaa Zhee Corporation (Fort Yukon)
 '779 Haida Corporation (Hydaburg)
 '780 Hamilton
 379 Hannahville Indbn Community of Wisconsin Potawatomie Indbns of Michigan
 051 Havasupai Tribe of the Havasupai Reservation, Arizona
 '576 Healy Lake Vilbge
 '791 Hce Yea Lindge Corporation (Grayling)

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE NAME

295 Ho-Chunk Nation - Wisconsin
052 Hoh Indian Tribe of the Hoh Indian Reservation, Washington
577 Holy Cross Village
578 Hoonah Indian Association
053 Hoopa Valley Tribe of the Hoopa Valley Reservation, California
579 Hooper Bay, Native Village of I-looper Bay
054 Hopi Tribe of Arizona
404 Hopland Band of Pomo Indians of the Hopland Rancheria, California
204 Houlton Band of Maliseet Indians of Maine
055 Huahpui Tribe of the Hualapai Indian Reservation, Arizona
580 Hughes Village
782 Huna Totem (Hoonah)
783 Hungwitschin Corporation (Eagle)
581 Huslia Village
582 Hydaburg Cooperative Association
784 Igiugig Native Corporation
583 Igiugig Village
785 Iliamna Natives, Limited
584 Iliamna, Village of Iliamna
434 Inaja Band of Cosmit Mission Indians of the Inaja and Cosmit Res, CA
786 Inalik (aka Diomedea)
997 Indian - Non-Tribal Member
999 Indian - Tribe Unspecified
787 Ingallik Corporation (Anvik)
585 Inupiat Community of the Arctic Slope
057 Iowa Tribe of Kansas and Nebraska
056 Iowa Tribe of Oklahoma
788 Iqfijouaq Company (Eek)
789 Isenorteki Corporation (False Pass)
586 Ivanoff Bay Village
322 Jackson Rancheria of MeWuk Indians of California
034 Jamestown Klamath Tribe of Washington
424 Jamul Indian Village of California
006 Jicarilla Apache Tribe of the Jicarilla Apache Indian Reservation, NM
790 K'oyit'ota'ina, Limited (Aiatna, et al)
791 Kaguyak
352 Kaibab Band of Paiute Indians, Kaibab Indian Reservation, Arizona
587 Kake, Organized Village of Kake
792 Kake Tribal Corporation
793 Kektovik Inupiat Corporation
588 Kaktovik Village of Barter Island (aka Barter Island)
179 Kalispel Indian Community of the Kalispel Indian Reservation, Washington
589 Kalskag, Village of Kalskag
794 Kaltag
590 Kanatak, Native Village Of Kanatak
591 Karluk, Native Village of Karluk
216 Karuk Tribe of California
592 Kasaan, Native Village of Kasaan
394 Kashia Band of Pomo Indians of the Stewart's Points Rancheria, California
795 Kasigluk, Inc.

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued1

CODE NAME

593 Kasigluk, Netive Vilbge of **Kasigluk**
796 Kavalco, Inc. (**Kasaan**)
058 Kaw Indbn Tribe of Okbhome
787 Kenai Native Assocbtion, Inc.
694 Kenatize Indbn Tribe
595 Ketchikan Indbn Corporation
240 Keweenaw **Bay Ind Comm** of the **L'Anse** and Ontonagon **Bands** of Chippewa Ind of the **L'Anse** Reservation, Michigan
267 Kiabgee Tribal Town of the Creek Indbn Nation of Okbhoma
798 **Kbn T'ree (Canyon Village)**
688 **Kbne Village**
060 Kickapoo Tribe of Indbns of the Kickapoo Reservation in Kansas
059 Kickapoo Tribe of Oklahoma
189 Kickapoo Tribe of Texas
799 Kijik Corporation (**nondalton**)
800 Kikiktagruk Inupbt Corporation (**Kotzebue**)
602 King Cove Corporation
697 King Cove Vilbge
598 King Isbnd Native Community
601 King Isbnd Native Corporation
062 Kiowa Indbn Tribe of Okbhoma
599 Kipnuk, Native Vilbge of Kipnuk
600 **Kivalina**, Native Vilbge of Kivalina
221 Kbmth Indbn Tribe of Oregon
601 Kbwock Cooperetive Assocbtion
804 Kbwock, Heenyr
S05 Klukwan, Inc.
803 **Klutsarak**, Incorporated (**Goodnews Bay**)
602 Knik Vilbge
806 Knikatnu, Inc. (**Knik**)
603 Kobuk Vilbge
S07 Kokarmiut Corporation (**Akiak**)
604 Kokhanok Vilbge
808 **Koliganek** Natives, Limited
605 Kongigenak Native Vilbge
S09 Kongnlkilmomiut Yuita Corporation (**Bill Moore's**)
606 Konbg, Inc.
063 Kootenai Tribe of Idaho
810 Kootznoowoo, Inc. (**Angoon**)
607 Kotlik, Vilbge of Kotlik
811 Kotlik Yuplk Corporation
608 **Kotzebue**, Native Vilbge of **Kotzebue**
609 Koyuk, Native Vilbge of Koyuk
610 Koyukuk Native Vilbge
812 Kugkktlik, **Limited** (**Kipnuk**)
613 Kuskokwim Native Corporation (**Aniak et al**)
014 Kuugplk Corporation (**Nooksut**)
1315 Kwethluk, Inc.
611 Kwethluk, **Organized** Village of Kwethluk
612 Kwigillingok, **Native** Vilbge of **Kwigillingok**

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE	NAME
816	Kwik, Inc. (Kwigillingok)
613	Kwinhagrk, Native Village of Kwinhagsk (aka Quinhagak)
303	La Jolla Band of Luiseno Mission Indians of the La Jolla Reservation, CA
334	La Postw Band of Diegueno Mission Indians of the La Postea Ind Res, CA
241	Lac Courte Oreilles Band of Lake Superior Chippewa Indians of the Lac Courte Oreilles Reservation of Wisconsin
246	Lac du Flambeau Band of Lake Superior Chippewa Ind of the Lac du Flambeau Res of WI
u 7	Lac Vieux Desert Band of Lake Superior Chippewa Indians of Michigan
614	Larsen Bay, Native Village of Larsen Bay
353	Las Vegas Tribe of Paiute Indians of the Las Vegas Indian Colony, Nevada
817	Leisnoi, Inc. (Woody Island)
818	Levdock Natives, Inc.
615	Levdock Village
616	Lime Village
454	Little River Band of Ottawa Indians
453	Little Traverse Bay Band of Odawa Indians
819	Litnik, Inc.
381	Lookout Rancheria of Pit River Indian Tribe of CA
258	Los Coyotes Band of Cahuiia Mission Indians of the Los Coyotes Ret, CA
354	Lovelock Paiute Tribe of the Loveiack Indian Colony, Nevada
280	Lower Bruie Sioux Tribe of the Lower Bruie Reservation, South Dakota
213	Lower Eiwha Tribal Community of the Lower Eiwha Reservation, WA
617	Lower Kaiskag, Village of Lower Kaiskag
281	Lower Sioux Ind Comm of the MN Mdewakanton Sioux Ind of Lwr Sioux Res, MN
069	Lummi Tribe of the Lummi Reservation, Washington
450	Lytton Indian Community of California
071	Makah Indian Tribe of the Makah Indian Reservation, Washington
627	Maknek Native Village
395	Manchester Band of Porno Indians of the Manchester-Pt Arena Rancheria, CA
618	Manley Hot Springs Village
820	Manokotak Natives, Limited
619	Manokotak Village
335	Manzanita Band of Diegueno Mission Indians of the Manzanita Res, CA
620	Marshall, Native Village of Marshall (aka Fortuna Ledge)
821	Mary's igloo Native Corporation
822	Maserculiq, Inc. (Marshall)
206	Mashantucket Peguot Tribe of Connecticut
621	McGrath , Native Village of McGrath
451	Mechoopda Indian Tribe of Chico Rancheria , Chico, California
622	Mekoryuk, Native Village of Mekoryuk, Island of Nunivak
823	Mendas Chaaq Native Corporation (Healy Lake)
074	Menominee Indian Tribe of Wisconsin Menominee Indian Reservation, WI
623	Mentasta Village (aka Mentasta Lake)
336	Mesa Grande Band of Diegueno Mission Indians of the Mesa Grande Res, CA
008	Mescalero Apache Tribe of the Mescalero Reservation, New Mexico
624	Metlakatla Indian Community, Annette island Reserve, Alaska
076	Miami Tribe of Oklahoma
077	Miccosukee Tribe of Indians of Florida
396	Middletown Rancheria of Pomo Indians of California
441	Minnesota Chippewa Tribe, MN - Bois Forte Band (Nett Lake)

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE NAME

u 2 Minnesota Chippewa Tribe, MN • Fond du Lac Band
 443 Minnesota Chippewa Tribe, MN • Grand Portage Band
444 Minnesota Chippewa Tribe, MN • Leech Lake Band
 445 Minnesota Chippewa Tribe, MN • Mille Lacs Band
 U 8 Minnesota Chippewa Tribe, MN • White Earth Band
 825 Minto, Native Village of Minto
 032 Mississippi Band of Choctaw Indians, Mississippi
 355 **Moapa Band** of Paiute Indians of the **Moapa River Indian Reservation, Nevada**
080 Modoc Tribe of Oklahoma
 228 Mohegan Tribe of Connecticut
 824 **Montana Creek Native Association**
 382 Montgomery Creek **Rancheria** of Pit River Indian Tribe of CA
 319 Mooretown **Rancheria** of Maidu Indians of California
259 **Morongo Band** of Cahuilla Mission Indians of the Morong Reservation, CA
 828 Mountain **Village, Native Village** of Mountain Village
 829 MTNT, **Limited (McGrath et al)**
 082 Muckleshoot Indian Tribe of the Muckleshoot Reservation, Washington
 828 **Nagamut**
 828 NANA Regional Corporation
 827 **Napaimute**
 828 **Napaklak Corporation**
 829 **Napaklak, Native Village** of **Napaklak**
 830 **Napaklak Traditional Village**
 191 **Narragansett Indian Tribe** of Rhode Island
830 **Natives of Afognak, Inc.**
829 **Natives of Kodiak**
084 Navajo Tribe of **Arizona, New Mexico and Utah**
 831 **Neets'ai Corporation (Arctic Village)**
 832 Nelson **Lagoon Corporation**
 831 Nelson **Lagoon, Native Village** of Nelson **Lagoon**
 832 **Nenana Native Association**
 833 **Nerlikumute Native Corporation (Andreafski)**
 634 **New Stuyahok Village**
 633 **Newhalen Village**
 834 **Newtok Corporation**
 835 **Newtok Village**
085 **Nez Perce Tribe** of Idaho, **Nez Perce Reservation, Idaho**
 835 NGTA, Inc. (Nightmute)
 838 Nightmute, **Native Village** of Nightmute
 837 **Nikobi Village**
 838 **Nikolski, Native Village** of **Nikolski**
 838 **Nima Corporation (Mekoryuk)**
 837 **Ninlichik Native Association**
 088 **Nisqually Indian Community** of the **Nisqually Reservation, WA**
 839 **Noatak, Native Village** of **Noatak**
840 **Nome Eskimo Community**
000 Non-Indian (and non-federally recognized Indians)
 970 Non-Indian Member of Indian Household
 841 Nondrilton Village
 838 **Nooqsut (aka Nuiqsut)**

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE	NAME
088	Nooksack Indian Tribe of Washington
842	Noorvik Native Community
028	Northern Cheyenne Tribe of the Northern Cheyenne Indbn Res, MT
419	Northfork Rancheria of Mono Indbns of California
039	Northway Natives, Inc.
943	Northway Vilbge
220	Northwestern Band of Shoshone Indians of Utah (Washakie)
644	Nulato Vilbge
840	Nunakauk Yupik Corporation (Toksook Bay)
841	Nunamiut Corporation (Anaktuvuk Pass)
842	Nunapiglluraq Corporation (Hamilton)
843	Nunapitchuk, Limited
645	Nunepitchuk, Native Vilbge of Nunapitchuk
844	Oceanside Corporation (Perryville)
282	Ogbb Sioux Tribe of the Pine Ridge Reservation, South Dakota
845	OHOG, Inc. (Ohogamiut)
046	Ohogamiut
847	Old Harbor Native Corporation
646	Old Harbor, Vilbge of Old Harbor
848	Olgoonik Corporation (Wainwright)
849	Olsonville
689	Omaha Tribe of Nebraska
294	Oneida Tribe of Indbns of WI, Oneida Reservation, Wbconsin
090	Oneida Nation of New York
217	Onondaga Nation of New York
091	Osage Tribe of Oklahoma
850	Oscarvilb Native Corporation
647	Oscarvilb, Oscarville Traditional Vilbge
079	Otoe-Missouria Tribe of Okbhome
093	Ottawa Tribe of Oklahoma
851	Ounalashka Corporation (unalaska)
852	Ouzinkie Native Corporation
948	Ouzinkie , Native Village of Outinkie
as3	Paimuit
194	Paiute Indbn Tribe of Utah
365	Paiute-Shoshone Indbns of the Bishop Comm. of the Bishop Colony, CA
366	Paiute-Shoshone Indbns of the Fallon Reservation and Colony, Nevada
367	Paiute-Shoshone Indbns of the Lone Pine Comm. of the Lone Pine Res, CA
304	Pab 8and of Luiseno Mission Indbns of the Pab Reservation, Californb
187	Pascua Yaqui Tribe of Arizona
189	Passamequoddy Tribe of Maine • Indbn Township
188	Passamaquoddy Tribe of Maine • Pleasant Point
854	Paug-vik , Inc., Limited (Naknek)
855	Pauloff Harbor
305	Pauma 8and of Luiseno Mission Indbns of the Pauma and Tuima Res, CA
097	Pawnee Indbn Tribe of Okbhoma
306	Pechanga Bend of Luiseno Mission Indians of the Pechanga Reservation, CA
856	Pedro Bay Native Corporation
949	Pedro Bay Vilbge
190	Penobscot Tribe of Maine

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE	NAME
184	Peoria Tribe of Oklahoma
650	Perryville , Native Village of Perryville
861	Petersburg Indian Association
425	Picayune Rancher& of Chukchansi Indians of California
857	Pilot Point Native Corporation
852	Pilot Point, Native Village of Pilot Point
858	Pilot Station, Incorporated
853	Pilot Station Traditional Village
397	Pinoleville Rancheria of Pomo Indians of California
383	Pit River Indian Tribe of California, X-L Ranch
859	Pitka's Point Native Corporation
854	Pitka's Point, Native Village of Pitka's Point
855	Platinum Traditional Village
207	Poarch Band of Creek Indians of Alabama
857	Point Lay, Native Village of Point Lay
858	Point Hope, Native Village of Point Hope
860	Point Possession, Inc.
465	Pokagon Band of Potawatomi Indiins (IN and MI)
102	Ponca Tribe of Indians of Oklahoma
449	Ponca Tribe of Nebraska
881	Port Alsworth
214	Port Gamble Indian Community of the Port Gamble Reservation, WA
882	Port Graham Corporation
869	Port Graham Village
880	Port Heiden, Native Vilbge of Port Heiden
881	Port Llons, Native Village of Port Lions
863	Port Williams (Shuyak)
884	Portage Creek (Ohgsenakale)
858	Portage Creek Village
403	Potter Valley Rancher& of Pomo Indians of California
105	Prairie Band of Potawatomi Indians of Kansas
273	Prairie Island ind Comm of MN Mdewakanton Sioux Ind of Prairie Is Res, MN
882	Prlbilof Islands, Aleut Communities of St. Paul & St. George Island
107	Pueblo of Acoma , New Mexico
108	Pueblo of Cochlti, New Mexico
109	Pueblo of Isleta , New Mexico
110	Pueblo of Jemez , New Mexico
111	Pueblo of Laguna , New Mexico
112	Pueblo of Nambe , New Mexico
113	Pueblo of Picuris, New Mexico
100	Pueblo of Pojoaque, New Mexico
115	Pueblo of San Felipe, New Mexico
116	Pueblo of San lidefonso, New Mexico
117	Pueblo of San Juan, New Mexico
114	Pueblo of Sandia , New Mexico
118	Pueblo of Santa AM, New Mexico
119	Pueblo of Santa Clara , New Mexico
120	Pueblo of Santo Domingo, New Mexico
121	Pueblo of Taos, New Mexico
122	Pueblo of Tesuque, New Mexico

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE NAME

123 Pueblo of **Zia**, New Mexico
 106 **Puyallup** Tribe of the Puyallup Reservation, Washington
 366 Pyramid Lake Paiute Tribe of the Pyramid Lake Reservation, Nevada
 865 Qanirtuug, Inc. (**Quinhagak** aka Kwinhagak)
 666 **Qemirtalek** Coast Corporation (**Kongiganak**)
 125 **Quapaw** Tribe of **Oklahoma**
 219 **Quartz Valley** Rancherb of Karok, Shasta and Upper Kbmth Indians of CA
 126 Quechan Tribe of the Fort Yuma Indbn Reservation, Californb
 127 **Quileute** Tribe of the **Quileute** Reservation, Washington
 129 Quinault Tribe of the **Quinault** Reservation, Washington
 260 Ramona Band of Vilbge of Cahuilb Mission Indians of Californb
 663 Rampart Vilbge
 247 Red Cliff Band of Lake Superior Chippewa Indbns of WI, Red Cliff Ret, WI
 664 **Red Devil, Village** of Red Devil
 240 **Red Lake** Band of Chippewa Indbns of the Red Lake Reservation, MN
 398 **Redding** Rancherb of Pomo Indbns of California
 399 **Redwood Valley** Rancherb of Pomo Indbns of California
 349 **Reno-Sparks** Indbn Colony, Nevada - Paiute
 371 Reno-Sparks Indbn Colony, Nevada - Shoshone
 307 Rincon Band of Luiseno Mission Indbns of the **Rinco.** Reservation, CA
 384 Roaring Creek Rancherb of Pit River **Indian** Tribe of CA
 400 Robinson Rancherb of Pomo Indbns of Californb
 426 Rohnerville Rancherb of Bear River of **Mattole** Indians of Californb
 283 Rosebud Sioux Tribe of the Rosebud indbn Reservation, South Dakota
 665 Ruby, Natlve Vilbge of Ruby
 172 **Rumsey** Indbn Rancherb of Wintun Indbns of Californb
 666 Russbn Mission, Native Vilbge of Russ&n Mission (Yukon)
 867 Russbn Mission or Chuathbubk (**Kuskokwim**)
 130 Sac and Fox Tribe of Indbns of Oklahoma
 131 Sac and Fox Tribe of Missouri in Kansas and Nebreska
 129 Sac and Fox Tribe of the Mississippi in Iowa
 245 Saginaw Chippewa Indbn Tribe of Michigan, Isabella Reservation, Michigan
 868 Saguyak, Incorporated (**Clark's Point**)
 869 Sabmatof Native Assocbtion, Inc.
 377 Salt River **Pima-Maricopa** Indbn Community, of the Salt River Res, Arizona
 232 **San Carlos** Apache Tribe of the **San Carlos** Reservation of Arizona
 344 San Juan Southern **Paiute** Indbns of Arizona
 139 San Manuel Band of Serrano Mission Indbns of the San Manual Res, CA
 337 San **Pasqual** Bend of Diegueno Indbns, San Pasqual Reservation, Californb
 a70 **Sanak** Corporation (**Pauloff Harbor**)
 669 Sand Point Vilbge
 427 Santa Rosa Band of Cahuilb Mission Indians of the Santa Rosa Res, CA
 261 Santa Rosa Indbn Community of the Santa Rosa Rancherb of Californb
 033 Santa **Ynez** Band of **Chumash** Mission **Indians** of the Santa **Ynez** Res, CA
 338 Santa **Ysabel** Band of Diegueno Mission Indbns of the Santa **Ysabel** Res, CA
 284 Santee **Sioux** Tribe of the Santee Reservation of Nebraska
 134 Sauk-Subttb Indbn Tribe
 249 Sault Ste. Marie Chippewa Tribe of Chippewa Indbns of Michigan
 871 Savoonga Native Corporation
 670 Savoonga, Native Vilbge of Savoonga

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE NAME

871 **Saxman**, Organized Vilbge of **Saxman**
 872 Scammon Bay, Native Vilbge of Scammon Bay
 389 **Scotts Valley** Band of Pomo Indbns
 972 See Lion Corporation (**Hooper Bay**)
 873 **Sealaska** Corporation
 874 Sebwik, Native Vilbge of **Selawik**
 073 Seldovb Native Assocbtion
 137 **Seminole** Nation of Okbhoms
 136 Seminole Tribe of Florida, Danb, Big Cypress and Brighton **Res**, Florida
 019 **Seneca-Cayuga** Tribe of Oklahoma
 138 Seneca Nation of New York
 874 **Seth-dy-ya-ah** Corporation (**Minto**)
 875 **Shaan-seet**, Inc. (**Craig**)
 875 Shaguluk Native **Village**
 274 **Shakopee** Mdewaknton Sioux Community of Minnesota (**Prior Lake**)
 878 Shaktookik Native Corporation
 878 Shaktoolik, Native Vilbge of Shaktoolik
 877 Shee Atika, Inc. (**Sitka**)
 323 Sheep Ranch Rancherb of **MeWuk** Indians of California
 877 Sheldon's Point, Native Vilbge of Sheldon's Point
 401 Sherwood Valley Rancherb of Pomo Indbnr of California
 428 Shingle Springs Band of Miwok Indbns Shingle Springs Fbncherb (**Verona** Tract), CA
 878 Shishmeref, Native Vilbge of Shishmeref
 878 Shismaref Native Corporation
 185 Shoalwater Bay Tribe of the Shoalwater Bay Indbn Reservation, WA
 209 Shoshone-Bannock Tribes of the Fort Hall Reservation of Idaho
 388 Shoshone-Paiute Tribe of the Duck Valley Reservation, Nevada
 372 Shoshone Tribe of the Wind River Reservation, Wyoming
 879 Shumigan Corporation (**Sand Point**)
 879 Shungnak, Native Village of Shunghak
 880 **Shuyak** Inc. (**Port Williams**)
 285 **Sisseton-Wahpeton** Sioux Tribe of the Lake Traverse Reservation, SD
 880 Sitka Community Asrocbtion
 881 **Sitnasuak** Native Corporation (**Nome**)
 148 Skokomirh Indbn Tribe of the Skokomirh Reservation, Washington
 378 Skull Valley Band of **Goshute** Indbns of Utah
 881 Sbetmute, Vilbge of Sbetmute
 429 Smith River Rancherb of California
 308 Soboba Band of **Luiseno** Mission Indbns of the Soboba Reservation, CA
 250 Sokoagon Chippewa Comm. of the Mole **Lake** Band of Chippewa **Indians**, WI
 882 Solomon Native Corporation
 832 South Naknek Vilbge
 151 Southern Ute Tribe of the Southern Ute Reservation, Colorado
 152 Spokane Tribe of the Spokane Reservation, Washington
 153 **Squaxin Island** Tribe of the Squaxin **Island** Reservation, Washington
 ,251 St. Croix Chippewa Indbns of Wisconsin, St. Croix Reservation, Wisconsin
 883 St. George **Tanaq** Corporation
 384 St. Mary's Native Corporation
 887 St. **Mary's** Village (**aka Algaaciq**)
 985 St. **Michael's** Native Corporation

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE	NAME
668	St. Michael, Native Viibge of St. Michael
886	St. Paul
182	St. Regis Band of Mohawk Indbns of New York
288	Standing Rock Sioux Tribe of the Standing Rock Reservations, ND and SD
883	Stebbins Community Association
887	Steven's Viibge
684	Stevens, Native Vilbge of Stevens
155	Stilbguambh Tribe of Washington
158	Stockbridge-Munsea Community of Mohican Indians of Wisconsin
685	Stony River, Vilbge of Stony River
888	Stuyahok, Limited (New Stuyahok)
357	Summit Lake Paiute Tribe of the Summit Lake Reservation, Nevada
157	Suquambh Indbn Tribe of Port Madison Reservation, Washington
430	Susanvilb Ind. Rancherb of Paiute, Maidu , Pit River and Washoe ind of CA
889	Swan Lake Corporation (Sheldon's Point)
158	Swinomish Indbn of the Swinomish Reservation, Washington
339	Sycuan Band of Diegueno Mission Indbns of the Sycuan Reservation, CA
431	Table Bluff Rancherb of Wiyot Indians of Californb
432	Table Mountain Rancherb of Californb
688	Takotna Vilbge
890	Tanacross, Inc.
687	Tanacross , Native Vilbge of Tanacross
891	Tanadgusix Corporation (St. Paul)
892	Tanalian , Inc. (Port Alsworth)
688	Tanana , Native Vilbge of Tanana
893	Tatitbk Corporation
889	Tatitbk, Native Vilbge of Tatilek
890	Tazlina , Native Vilbge of Tazlina
160	Te-Moak Bands of Western Shoshone Indians of Nevada
891	Telida Vilbge
894	Teller Native Corporation
892	Teller Native Vilbge
895	Tetlin Native Corporation
693	Tetlin, Native Vilbge of Tetlin
694	Thirteenth Regional Corporation
268	Thlopthlocco Tribal Town of the Creek Indian Nation of Okbhoma
010	Three Affiliited Tribes of the Fon Berthold Reservation, ND • Arikara
291	Three Affilbted Tribes of the Fort Berthold Reservation, ND • Hidatsa
072	Three Affilbted Tribes of the Fort Berthold Reservation, ND • Mandan
896	Tigara Corporation (Point Hope)
897	Tihteet Aii, Incorporated (Birch Creek)
695	Tlingit & Haida Indians of Abska
898	Toghottele Corporation (Nenana)
899	Togiak Natives, Limited
696	Togbk, Traditional Vilbge of Togbk
096	Tohono O'odham Nation of Arizona (formerly known as the Papago Tribe of the Sells, Gib Bend and San Xavier Reservation, Arizona)
192	Tonawanda Band of Seneca Indbns of New York
181	Tonkawa Tribe of Indbns of Oklahoma
230	Tonto Apache Tribe of Arizona

Federally Recognized Indian Tribes Used in IHS Patient Registration System (Continued)

CODE NAME

697 Tooksook Bay, Native Vilbge of Toksook Bay
 262 Tones-Martinez Band of ~~Cahuilla~~ Mission Indbns, Tones-Martinez Res, CA
900 Tozitna, Limited (Tanana)
 163 ~~Tulalip~~ Tribes of the ~~Tulalip~~ Reservation, Washington
162 Tub River Indian Tribe of the Tule River Indbn Reservation, Californb
 901 **Tulkisarmute, Inc. (Tuluksak)**
 698 **Tuluksak** Native Community
 203 ~~Tunica-Biloxi~~ Indbn Tribe of Louisbne
 902 Tuntutulbk Land, Limited
 699 Tuntutulbk, Native Vilbgr of Tuntutulik
700 Tununak, Native Vilbge of Tununak
324 Tuolumne Band of ~~Me-Wuk Indians~~ of the Tuolumne ~~Rancheria~~ of Californb
 252 Turtle Mountain Band of Chippewa Indbns, Turtle Mountain Indbn Res, ND
 195 ~~Tuscarora~~ Nation of New York
 309 Twenty-Nine Palms Band of Luiseno Mission Indbns of the 29 Palms Res, CA
 903 Twin Hills Native Corporation
 701 Twin Hills Vilbge
904 Tyonek Native Corporation
 702 Tyonek, Native Vilbge of Tyonek
 905 Uganik Natives, Inc.
 703 Ugashik Vilbge
 906 ~~Ukpeagvik~~ Inupbt Corporation (Barrow)
 907 umkumiut, Limited
908 Unalakleet Native Corporation
 704 ~~Unalakleet~~, Native Vilbge of ~~Unalakleet~~
 908 ~~Unalaska~~
 910 Unga Corporation
 238 United Kwtoowrh Band of Cherokee Indbns, ~~Oklahoma~~
 911 upper ~~Kalskag~~
402 Upper Lake Band of Pono Indbns of Upper Lake ~~Rancheria~~ of Californb
 287 Upper Sioux Indbn Community of the Upper Sioux Reservation, Minnesota
 145 Uppw Skgit Indbn Tribe of Washington
 165 Ute Indbn Tribe of the Uintah and ~~Ouray~~ Reservation, Utah
 '166 Ute Mountain Tribe of the Ute Mountain Reservation, Colorado, NM and Utah
350 Utu Utu Gwalti Paiute Tribe of the ~~Benton~~ Paiute Reservation, Californb
 912 ~~Uyak Natives, Inc.~~
705 Venetie, Native Vilbge of Venetb
 340 ~~Viejas~~ Group of the ~~Viejas~~ Reservation, California
 706 ~~Wainwright~~ Vilbge
 913 Wales Native Corporation
 707 ~~Wales~~, Native Vilbge of Wales
358 Walker River Paiute Tribe of the Walker River Reservation, Nevada
 '1 69 ~~Washoe~~ Tribe of NV & CA (Carson Colony, ~~Dresslerville~~, and ~~Washoe~~ Ranches)
 233 White Mountain Apache Tribe of the Fort Apache Indbn Reservation, AZ
 914 White Mountain Native Corporation
 Y08 White Mountain, Native Vilbge of White Mountain
170 Wichita Indbn ~~Tribe~~ of Oklahoma
 171 Winnebago Tribe of the Winnebago Reservation of Nebraska
 375 Winnemucce Indbn Colony of Nevada
 915 Woody Isbnd

Federally **Recognized Indian** Tribes Used in IHS Patient Registration System (Continued)

CODE NAME

709 **Wrangell** Cooperative Association
173 **Wyandotte** Tribe of Oklahoma
916 **Yak-tat Kwaan, Inc. (Yakutat)**
275 **Yankton** Sioux Tribe of South Dakota
009 **Yavapai-Apache** Indian Community of the Camp Verde Reservation, Arizona
175 **Yavapai-Prescott** Tribe of the **Yavapai** Reservation, **Arizona**
359 **Yerington** Paiute Tribe of the Yerington Colony and Campbell Ranch, NV
373 **Yomba** Shoshone Tribe of the Yomba Reservation, Nevada
222 **Ysleta** Del-Sur Pueblo of Texas
410 **Yurok** Tribe of the **Hoopa** Valley Reservation, California
917 **Zho-tse, Inc. (Shageluk)**
124 **Zuni** Tribe of the Zuni Reservation, New Mexico

INDIAN HEALTH SERVICE

TITLE: American Indian and Alaskan Native Mortality Database

OFFICE/CENTER: Office of Planning, Evaluation, and Legislation

The purpose of this database is to provide a data source for the analysis of American Indian and Alaskan Native (AI/AN) deaths. The database includes all deaths records for AI/ANs (as coded on the death certificate) residing in the United States. Data are available for years 1972 to the present. These are death records (one record per decedent) submitted by the States to the National Center for Health Statistics (NCHS). The Indian Health Service (IHS) obtains the files from NCHS.

RACE/ETHNICITY: American Indian/Alaskan Native records only.

OTHER DATA: Functional/Health Status; Age/Gender; Other Demographic/Sociocultural; Other (IHS area, service unit codes)

PROGRAM: Program planning and evaluation; budget formulation and justification; resource allocation; epidemiology

PURPOSE: Program planning or management

STATUS: This periodic (annual) data collection is active. (Data obtained annually from NCHS.)

START DATE: 1972 (first file obtained from NCHS)

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: NCHS agreement form must be completed and submitted to NCHS for approval.

CONTACT PERSON

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INDIAN HEALTH SERVICE

TITLE: American Indian and Alaskan Native Natality Database

OFFICE/CENTER: Office of Planning, Evaluation, and Legislation

The purpose of this database is to provide a data source for the analysis of American Indian and Alaskan Native (AI/AN) births. The database includes all birth records for AI/ANs (i.e., where either the mother or father or both are recorded as AI/AN on the birth certificate) residing in the United States. Data are available for years 1972 to the present. These are birth records (one record per birth) submitted by the States to the National Center for Health Statistics (NCHS). The Indian Health Service (IHS) obtains the files from NCHS.

RACE/ETHNICITY: American Indian/Alaskan Native records only.

OTHER DATA: Functional/Health Status; Services Utilization; Socioeconomic; Age/Gander; Other Demographic/Sociocultural; Behavioral; Other (IHS area, service unit codes)

PROGRAM: Program planning and evaluation; budget formulation and justification; resource allocation; epidemiology

PURPOSE: Program planning or management

STATUS: This periodic (annual) data collection is active. (Data obtained annually from NCHS.)

START DATE: 1972 (first file obtained from NCHS)

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: NCHS agreement form must be completed and submitted to NCHS for approval.

CONTACT PERSON

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INDIAN HEALTH SERVICE

TITLE: Indian Health Service Ambulatory Patient Care System

OFFICE/CENTER: Office of Planning, Evaluation, and Legislation

The purpose of this activity is to collect diagnostic data on American Indians and Alaskan Natives (AI/ANs) receiving ambulatory medical care provided/funded by the Indian Health Service (IHS). All AI/ANs who make an ambulatory visit to IHS and tribal direct and contract facilities have medical abstract records completed regarding their visit. Individual records are maintained for each visit with demographic and diagnostic information. This IHS system was first developed in the early 1970s and has undergone major improvements since then. Patient records are available for FY 1974 to the present.

RACE/ETHNICITY: American Indian/Alaskan Native records only.

OTHER DATA: Functional/Health Status; Services Utilization; Age/Gender; Other Demographic/Sociocultural; Other (IHS area, service unit, facility codes)

PROGRAM: Third-party billing

PURPOSE: Program planning or management

STATUS: This continuous data collection is active.

START DATE: 1971

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: IHS agreement form must be completed and submitted to IHS for approval.

CONTACT PERSON

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INDIAN HEALTH SERVICE

TITLE: Indian Health Service inpatient Care System

OFFICE/CENTER: Office of Planning, Evaluation, and Legislation

The purpose of this activity is to collect diagnostic data on American Indians and Alaskan Natives (AI/ANs) receiving inpatient care provided/funded by the Indian Health Service (IHS). All AI/ANs who are discharged from IHS and tribal direct and contract facilities have medical abstract records completed regarding their stay. Individual records are maintained for each discharge with demographic and diagnostic information. This IHS system was first developed in the early 1970s and has undergone major improvements since then. Patient records are available for FY 1977 to the present.

RACE/ETHNICITY: American Indian/Alaskan Native records only.

OTHER DATA: Functional/Health Status; Services Utilization; Age/Gender; Other Demographic/Sociocultural; Other (IHS area, service unit, facility codes)

PROGRAM: Third-party billing

PURPOSE: Program planning or management

STATUS: This continuous data collection is active.

START DATE: 1971

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: IHS agreement form must be completed and submitted to IHS for approval.

CONTACT PERSON

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INDIAN HEALTH SERVICE

TITLE: Indian Health Service Services Population Estimates and Projections

OFFICE/CENTER: Office of Planning, Evaluation, and Legislation

The **purpose** of this activity is to estimate and project counts of the American Indian and Alaskan Native (AI/AN) population eligible for Indian Health Service (IHS) services. Census enumeration counts for AI/ANs by county are adjusted by AI/AN births and deaths to calculate (10-year linear regression) the natural change in projecting AI/AN counts beyond the last census and for 1 O-1 5 years in the future. AI/AN counts between census years are calculated by smoothing the county-specific counts between the two census enumerations. Currently, AI/AN counts are available for 1970-2005. From 1970 to 1979, the counts are available only for the counties that make up the IHS service area (i.e., "on or near" Federal Indian reservations). From 1980 on, counts are available for all U.S. counties. Census enumeration counts are obtained from the Bureau of the Census, and birth and death records are obtained from the National Center for Health Statistics (NCHS).

RACE/ETHNICITY: American Indian/Alaskan Native records only.

OTHER DATA: Age/Gender; Other Demographic/Sociocultural; Other (IHS area, service unit codes)

PROGRAM: Program planning and evaluation; budget formulation and justification; resource allocation; epidemiology

PURPOSE: Program planning or management

STATUS: This periodic (annual) data collection is active. (Estimates/projections are updated annually after receipt of birth and death files from NCHS.)

START DATE: 1970 (first census used)

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: IHS agreement form must be completed and submitted to IHS for approval.

CONTACT PERSON

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NATIONAL INSTITUTES OF HEALTH



NATIONAL INSTITUTES OF HEALTH

TITLE: Atherosclerosis Risk in Communities (ARIC)

OFFICE/CENTER: National Heart, Lung, and Blood Institute

The Atherosclerosis Risk in Communities (ARIC) is a large-scale, long-term, epidemiologic study that measures associations of established and suspected coronary heart disease (CHD) factors with both atherosclerosis and new CHD events in men and women from four diverse communities. The project includes surveillance of about 80,000 men and women in each community and repeated examinations of representative cohorts of about 4,000 persons in each community. The racial composition of one cohort is black, while the other three cohorts reflect the ethnic and racial composition of the communities from which they are drawn.

All cohort participants receive 3 yearly clinical examinations and provide an annual update on their medical histories. Atherosclerosis is measured by ultrasonography. Risk factors studied include blood lipids, lipoprotein cholesterols, and apolipoproteins; plasma hemostatic factors; blood pressure and pulse rate; height, weight, weight change, and distribution of adiposity; fasting blood glucose and insulin levels; electrocardiographic findings; cigarette and alcohol use; physical activity levels; dietary aspects; and family history. Investigators also monitor hospital records and death certificates in an attempt to determine cause of death.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

DATA LIMITATIONS: No Hispanics in databases; small numbers of American Indians/Alaskan Natives and Asian/Pacific Islanders; limited geographic distribution of blacks for analysis

OTHER DATA: Functional/Health Status; Socioeconomic; Age/Gender; Other Demographic/Soc&ultural; Behavioral; Other (see abstract above)

PURPOSE: Research

STATUS: This periodic (every 3 years) data collection is active.

START DATE: January 1987

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Collaborative arrangements with principal investigators.

CONTACT PERSON

Richey Sharrett

National Heart, Lung, and Blood Institute,
National Institutes of Health

NATIONAL INSTITUTES OF HEALTH

TITLE: Coronary Artery Risk Development in Young Adults Study
(CARDIA)

OFFICE/CENTER: National Heart, Lung, and Blood Institute

The Coronary Artery (Disease) Risk Development in (Young) Adults (CARDIA) was designed to study the distribution and evolution of risk factors for cardiovascular disease (CVD) in a young adult black and white men and women who had a broad range of attained education. At the baseline examination during 1985-86, 5,115 participants aged 18 to 30 years were recruited, representing a 50 percent participation rate among eligible persons approached. Three subsequent examinations have been completed during 1987-88, 1990-91 and 1992-93. Retention at the fourth examination was 81 percent. The fifth (Year 10) examination will be conducted during 1995-96. Examinations have generally consisted of measurements of blood pressure, lipids, anthropometry, smoking status, physical activity, and sociodemographic and other psychosocial characteristics. Other measurements made at various examinations in the full cohort or subsamples have included echocardiography, 24 hour ambulatory blood pressure measurement, 72-hour urine collections for sodium, potassium, creatinine and magnesium, quantitative dietary assessment, and graded exercise treadmill testing.

RACE: Black; White

OTHER DATA: Functional/Health Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic /Sociocultural; Behavioral; Other (see abstract above)

PROGRAM: Division of Epidemiology and Clinical Applications

PURPOSE: Research

STATUS: This intermittent data collection is active.

START DATE PERIOD: JUN 1985 to August 1986

AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Use of CARDIA data is subject to the National Heart, Lung, and Blood Institute (NHLBI) policy on release of data from large-scale NHLBI-sponsored studies, the Freedom of Information Act, and the Privacy Act. It is the policy of NHLBI to make available detailed data from collaborative studies with adequate protection of the confidentiality and privacy of the research subjects. Data are generally released at periodic intervals. For epidemiology studies, the precise timing is not specified, although three years after the end of a contract period has been used as a guideline.

Data are also generally available through collaboration with CARDIA investigators and the CARDIA Steering Committee. The mechanism for

acquiring data is worked on a case-by-case basis. Currently, public use data files are not ready for distribution.

DISTRIBUTOR OF PUBLIC USE FILES

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NATIONAL INSTITUTES OF HEALTH

TITLE: National Heart, Lung, and Blood Institute Growth and Health Study (NGHS)

OFFICE/CENTER: National Heart, Lung, and Blood Institute

The observed higher rates of obesity in black women, which may contribute to their higher cardiovascular disease morbidity and mortality, led to the National Heart, Lung, and Blood Institute Growth and Health Study (NGHS), a longitudinal study that investigates the factors associated with the development of obesity and cardiovascular risk factors in black and white girls. A total of 2379 girls, 51% black and 49% white, were recruited at three field centers. The girls were age 9 and 10 years, an age in which differences in weight between black and white girls were expected to be minimal. The goals were to determine whether differences between black and white girls in diet, physical activity, socioeconomic status, and psychosocial and familial influences are associated with the development of obesity. Investigators are also assessing the relationship of obesity with other cardiovascular disease risk factors such as blood pressure and blood lipids. The first year of data collection began in 1987-88. Measurements taken on the individual participant and questionnaires completed by the participant are the data sources. The record unit in the data base is the individual participant, per visit.

RACE: American Indian/Alaskan Native; Asian or Pacific islander; Black; White [only blacks and whites were eligible for inclusion in the study.]

ETHNICITY: Hispanic; Not of Hispanic Origin

OTHER DATA: Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral; Other (anthropometric [height, weight, skinfolds], blood pressure, blood lipids)

PROGRAM: Clinical Applications and Prevention Program

PURPOSE: Research

STATUS: This periodic (annual) data collection is active.

START DATE PERIOD: 1987-88

AVAILABILITY: Tabulations provided in published papers

CONSTRAINTS: All personal identifiers have been removed from the database.

The database is currently unavailable for public use. The first year (baseline) of the data will be available by 1996. The measurement variables that will be available are: race, age, household income, maximal attained parental education, home ownership, sexual maturation stage, weight, height, body mass index, skinfolds (triceps, subscapula, suprailiac, and sum of the three), systolic blood pressure,

diastolic (K4 and K5) blood pressure, total cholesterol, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, triglycerides, apo-A1, apo-B.

DISTRIBUTOR OF PUBLIC USE FILES

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AVAILABLE DATA PRODUCTS*

Magnetic tape reel

Price

National Heart, Lung, and Blood Institute Growth and Health Study Baseline 1 Tape (available 19961)	\$ 60.00
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NATIONAL INSTITUTES OF HEALTH

TITLE: National Cooperative Inner City Asthma Study (NCICAS),
Phase I

OFFICE/CENTER: National Institute of Allergy and Infectious Disease

The National Cooperative Inner City Asthma Study (NCICAS), Phase I, was a cross sectional 8-site multi-center study of 1628 inner city asthmatic children aged 4-9 years. Recruitment, which occurred in inner city emergency rooms (ERs) and clinics, began in November 1992. Final data collection was completed in June 1994. The protocol included an eligibility assessment, baseline interview, and telephone follow-up calls at intervals of 3, 8, and 9 months after the baseline data collection. At each of these intervals, participants reported frequency of asthma symptoms over 2 weeks and utilization of hospitals, ERs and clinics over the past 3 months. Because this was not a random sample of inner city children, the findings only apply to those who meet the eligibility criteria and are frequent users of these types of health care facilities. All data were collected by self-report; there was no confirmation of utilization by reviewing ER/clinic records.

RACE/ETHNICITY: Puerto Rican; Dominican; Mexican; South American; Central/Latin American; Other Hispanic; African American; West Indian; Caribbean Black; White (ethnic group specified); Asian (ethnic group specified); Mixed; Native American; Other

DATA LIMITATIONS: Some participants were unclear on the categories, for example, would report only 'black.'

OTHER DATA: Functional/Health Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic /Sociocultural; Behavioral

PURPOSE: Research

STATUS: This periodic (every 3 months over a one-year period) data collection is inactive.

START/END DATES: November 1992/June 1994

AVAILABILITY: Data are in process of being published and unavailable to public at this time

CONSTRAINTS: Data will not be available for public use until 1997.

CONTACT PERSON

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NATIONAL INSTITUTES OF HEALTH

TITLE: National Cooperative Inner City Asthma Study (NCICAS),
Phase II

OFFICE/CENTER: National Institute of Allergy and Infectious Disease

The National Cooperative Inner City Asthma Study (NCICAS), Phase II is an intervention study aimed at reducing the asthma morbidity of inner city children aged 5-11 years. There are a total of 540 intervention end 540 control group children across 8 Asthma Study Units in 8 centers. The intervention consists of a specially trained social worker celled en "Asthma Counselor" (AC) who runs group end individual sessions with the intervention families. The baseline assessments were completed August - October 1994. The core intervention ran from Nov 1994 - December 1994, and a year follow up (including more intervention) continues through December 1995. Process evaluation data are collected by the AC, including attendance et sessions end topics end problems discussed. Evaluation phone calls are being conducted et 2 month intervals to measure the success of the intervention. These cells include questions about health care utilization end morbidity.

RACE/ETHNICITY: Puerto Rican; Dominican; Mexican; South American; Central/Latin American; Other Hispanic; African American; West Indian; Caribbean Black; White (ethnic group specified); Asian (ethnic group specified); Mixed; Native American; Other

DATA LIMITATIONS: Some participants were unclear on the categories, for example, would report only 'black.'

OTHER DATA: Functional/He&h Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic /Sociocultural; Behavioral

PURPOSE: Research

STATUS: This periodic (every 2 months over a one-year period) data collection active through December 1995.

START/END DATES: August 1994/December 1995

AVAILABILITY: Date are still being collected

CONSTRAINTS: Data will not be available for public use until at least 1997.

CONTACT PERSON

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NATIONAL INSTITUTES OF HEALTH

TITLE: Family Data Archive

OFFICE/CENTER: National Institute of Child Health and Human Development

The Family Data Archive is an archive of data sets which deal with various aspects of family life in America. The data sets include:

1. National Survey of Families and Households
2. **1976-87** National Survey of Children
3. National Child Care Survey 1990
4. Profile of Child Care Settings, Home-based programs 1990
5. Profile of Child Care Settings, Center-based Programs, 1990
6. National Commission on Children: 1990 Survey of Parents and Children
7. National Child Care Survey 1990: Low-income **Substudy**
8. Marital Instability Over the Life Course: 1981-88
9. Stanford Child Custody Study: 1984-90
10. 1875 National Family **Violence** Survey
11. 1885 National Family Violence Survey
12. National Health Interview Survey on Child Health, 1888
13. Gerald Patterson's study of supervision, 1988

This archive will be enlarged to include 1 O-I 2 additional data sets in 1996. This addition will include the Detroit Area Study **1965-95** and the 1992-93 follow-up of the National **Survey** of Familiar and Households.

PURPOSE: Research

STATUS: This intermittent data collection is active.

DATA MEDIA: Magnetic tape cartridge; diskette; CD-ROM

DISTRIBUTOR OF PUBLIC USE FILES
Sociometrics, Inc.
170 State St., Ste. 260
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NATIONAL INSTITUTES OF HEALTH

TITLE: National Longitudinal Survey of Youth (NLSY): Child Assessments

OFFICE/CENTER: National Institute for Child Health and Human Development and the Bureau of Labor Statistics

The National Longitudinal Survey (NLSY) is a national sample of approximately 12,000 men and women who were aged 14-21 in 1979. The sample is oversampled for the black and Hispanic population. Data have been collected annually through 1994 and every other year beginning in 1996 on topics which include employment, fertility, marriage, divorce, child care, and infant health. In 1988, and biannually since then, data were collected from and about the children of the female respondents. Data are distributed by Ohio State University.

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral; Other (behavioral assessments of children)

PURPOSE: Research

STATUS: This periodic (biannual) data collection is active.

START DATE: 1979

AVAILABILITY: Public use files, usable without restrictions.

DATA MEDIA: CD-ROM

CONTACT PERSON

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NATIONAL INSTITUTES OF HEALTH

TITLE: National Survey of Families and Households (NSFH)

OFFICE/CENTER: National Institute for Child Health and Human Development

The National Survey of Families and Households (NSFH) is a national sample of the adult population taken in 1987-88 and followed up in 1992-93. It has 13,017 respondents and covers a **wide** range of demographic information about family dynamics. The questionnaire was administered to random adults in non-institutionalized households using a face-to-face interview. Also probed were the relationship and interaction with other members of the household. The sample was oversampled for blacks.

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Behavioral; Other (family process and attitudes)

PURPOSE: Research

STATUS: This intermittent data collection is Inactive.

START DATE PERIOD: 1987-88

AVAILABILITY: Public use files, usable without restrictions.

DATA MEDIA: Magnetic tape reel or cartridge; diskette; CD-ROM; Internet

DISTRIBUTOR OF PUBLIC USE FILES

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NATIONAL INSTITUTES OF HEALTH

TITLE: United States Renal Data System (USRDS)
OFFICE/CENTER: National Institute of Diabetes and Digestive and Kidney Diseases

The United States Renal Data System (USRDS) is a database funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) in collaboration with the Health Care Financing Administration (HCFA). The purpose of the database is to describe the demographics, morbidity and mortality of end stage renal disease (ESRD) patients in the United States, and to design special data collection studies on timely subjects of interest to the NIDDK with respect to ESRD patients. Data are available on ESRD patients whose treatment is funded by the U.S. Medicare ESRD program which covers about 93% of all treated ESRD patients in the United States. Currently, data on age, race, gender, date of onset of ESRD, treatment modality, dates and causes of hospitalization and death are available for 581,000 patients treated between 1977 and 1995. Data come primarily from administrative billing records compiled in the HCFA Program Management Medical Information System file; these data are supplemented by data from the Social Security Administration, the Veterans Administration Hospitals, the Department of the Census, and other sources. In addition, detailed clinical data based on medical records review are available on a subset of these patients. Patient specific data is compiled, as well as data on medical providers and treatment facilities. These data are protected by the Privacy Act. The data are available to authorized biomedical and economic researchers with approved projects that conform to the data release policies established by the USRDS.

RACE: Black; White; Asian/Pacific Islander; Native American; Other
ETHNICITY: Hispanic (available since April 1995)
DATA LIMITATIONS: The race/ethnicity codes were expanded around 1982 from Black/White/Other to the Black/White/Asian-Pacific Islander/Native American codes that are still in use. In addition, there is now the opportunity to designate Hispanic ethnicity as a separate code.
OTHER DATA: Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic /Sociocultural; Behavioral; Other (clinical data from the special data collection studies)
PROGRAM: Facilitate research in the area of kidney diseases
PURPOSE: Research
STATUS: This continuous data collection is active.
START DATE: 1977
AVAILABILITY: Upon request, with special agreement with the user

CONSTRAINTS: Data are subject to the provisions of the Privacy Act, with the research exemption. Data are supplied with encrypted identification numbers **after** the investigators have signed an agreement to abide by the specified **terms** of the **USRDS DATA RELEASE AGREEMENT**, including agreeing not to publish data which would allow identification of an individual or facility.

DATA MEDIA: Magnetic tape reel; diskette; CDROM; Internet

DISTRIBUTOR OF PUBLIC USE FILES

Lawrence Agodoa, M.D.
United States ~~Renal~~ Data System (**USRDS**),
National Institute of Diabetes and Digestive and
Kidney Diseases, National **Institutes** of Health,
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CONTACT PERSON

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**SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION**

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: CMHS Client/Patient Sample Survey (CPSS)

OFFICE/CENTER: Center for Mental Health Services

The purpose of the Client/Patient Sample Surveys (conducted in 1970, 1975, 1980, 1986, and 1990) has been the collection of general purpose statistics on the sociodemographic, clinical, and service use characteristics of clients served in the inpatient, outpatient, and partial care programs of specialty mental health organizations in the United States (not all program types in all survey years). For each survey, a probability sample of programs was selected by type of organization and by size. Within sampled programs, a probability sample was selected of clients/patients admitted during a 1-month period fall survey years and clients/patients under care on a single day (1986-90 surveys, only). The sample data collected were weighted to generate national estimates of the total number of persons admitted during 1 year to all specialty mental health organizations in the Nation. (The organizations include: state and county mental hospitals, private psychiatric hospitals, multiservice mental health organizations, Veterans Administration medical centers, the separate psychiatric services of non-Federal general hospitals, residential treatment centers for emotionally disturbed children, freestanding outpatient clinics, and freestanding partial care programs. Not all organization types are surveyed in all years.) Each data collection involved the mailout of survey forms to sample programs for completion on the sample of clients/patient%.

Race/Ethnicity Categories for 1970 Survey:

RACE: White; Negro; Other

Race/Ethnicity Categories for 1975 Survey:

RACE: White; Black; Other

ETHNICITY: Hispanic; Non-Hispanic

Race/Ethnicity Categories for 1980 • d 1986 Surveys:

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; White; Unknown

ETHNICITY: Hispanic; Non-Hispanic; Unknown

Race/Ethnicity Categories for 1990 Survey:

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; White; Unknown

ETHNICITY: Hispanic (Mexican/Mexican-American, Puerto Rican, Cuban, Other Hispanic, Hispanic But Type Unknown); Non-Hispanic; Unknown

OTHER DATA: Functional/Health Status; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic /Sociocultural

PROGRAM: Center for Mental Health Services National Reporting Program

PURPOSE: General Purpose Statistics

STATUS: This intermittent data collection is active.

START DATE: 1970

AVAILABILITY: Upon request, with special agreement with the user

DATA MEDIA: Magnetic tape cartridge

CONTACT PERSON

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: Inventory of Mental Health Organizations and General Hospital
Mental Health Services (IMHO/GHMHS)

OFFICE/CENTER: Center for Mental Health Services

The Inventory of Mental Health Organizations and General Hospital Mental Health Services (IMHO/GHMHS) is a biennial, complete enumeration of all specialty mental health organizations and separate psychiatric services of non-Federal general hospitals in the United States conducted by the Center for Mental Health Services (CMHS). Aggregate Information is collected on patients served, capacity, funding by source, expenditures, staffing, etc., either at the organizational level or at the program element level (e.g., Inpatient, residential, outpatient, partial care) depending on the item. Data on **race/ethnicity** are available for number of persons on the rolls of each of the program elements and **type** of organization for the United States and each State.

The CMHS requires the information to update longitudinal databases; to provide a universe for sample surveys; to study trends in utilization, staffing, and financial characteristics of mental health organizations; to support evaluation activities; and to provide basic information for state and national health care reform.

RACE: Native American; Asian or Pacific Islander; **Black**; **White**; **Unknown**

ETHNICITY: Hispanic; Non-Hispanic; **Unknown**

OTHER DATA: **Services Resources**; **Services Utilization**; **Services Expenditure and Financing**; **Age/Gender**

PROGRAM: Center for Mental Health Services National Reporting Program

PURPOSE: General Purpose **Statistics**

STATUS: This periodic (**biennial**) data collection is active.

START DATE: December 1986

AVAILABILITY: Upon request, with special agreement with the user

DATA MEDIA: Magnetic tape cartridge

CONTACT PERSON

Michael **Witkin**

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: 1988 Inventory of Mental Health Services in State Adult Correctional Facilities

OFFICE/CENTER: Center for Mental Health Services

The Inventory of Mental Health Services in State Adult Correctional Facilities was conducted on a onetime basis in September 1988. Each of the approximately 760 state adult correctional facilities in the United States and territories received a form, and approximately 99% responded. Forms were sent to the universe of prisons; therefore a sample was not drawn. Each warden or person designated by the warden filled in the survey instrument and returned it, in almost each case, to a contact person in their respective state departments of corrections, who then returned forms to the National Institute of Mental Health (NIMH). (The Center for Mental Health Services (CMHS) was part of NIMH when the survey was conducted.)

Data were collected on certain organizational characteristics of the prisons, financing, and staffing variables and focused on collecting data on the availability and accessibility of mental health services to the inmates in the prisons. Characteristics of inmates receiving services were also collected.

Comparative state data and national totals, in tabular form, are available.

Data were collected for race (American Indian/Alaskan Native, Asian/Pacific Islander, Black, White, Race Unknown) and for ethnic group (Hispanic, Non-Hispanic, Ethnicity Unknown). These demographic variables were collected for each prison as a whole and to describe inmates receiving each of the mental health services in each prison surveyed.

RACE: American Indian/Alaskan Native; Asian or Pacific Islander; Black; White; Race Unknown

ETHNICITY: Hispanic; Not of Hispanic Origin; Ethnicity Unknown

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Age/Gender

PROGRAM: Center for Mental Health Services National Reporting Program

PURPOSE: General Purpose Statistics

STATUS: This ~~single-time~~ data collection is completed.

START DATE: September 1988

AVAILABILITY: Upon request, with special agreement with the user

DATA MEDIA: Magnetic tape cartridge

CONTACT PERSON

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: National Prevention Database (NPD)

OFFICE/CENTER: Center for Substance Abuse Prevention

The National Prevention Database (NPD) is a Center for Substance Abuse Prevention (CSAP)-sponsored computer-based system for making available existing, primarily quantitative data, models, and tools for substance abuse prevention planning, analysis, and reporting at the local, state, and Federal levels using a visual, geographic mapping technique for the easy presentation of complex data patterns.

It is likely the NPD will describe prevention programs targeted to diverse age and racial/ethnic groups in urban, suburban, and rural environments. Some variables and data sets may be at the individual level whereas others may refer to aggregates of individuals and of communities. Some data will be drawn from large-scale surveys such as the High School Senior Survey or the Drug Abuse Warning Network (DAWN) survey of emergency room admissions for abuse. Specific data requirements for initial users have not yet been determined.

The time periods of the data cannot be specified at this time.

Some data sets and databases will refer to universes of subjects such as all those targeted for a prevention program's interventions in a discrete time period. Other data sets may be samples such as the Center for Disease Control and Prevention's Youth Risk Behavior Survey.

Data sources will be determined by the requirements of initial users' sites now planned to be selected Single State Agencies (SSAs) responsible for alcohol and drug program leadership.

It is anticipated that most of the data sets handled by the NPD will be aggregate in nature describing program activities, program outcomes, and setting characteristics for those programs.

RACE/ETHNICITY: The NPD has not established a protocol for classifying race/ethnicity information. It is expected that data sets from diverse agencies engaged in prevention programming will be exchanging information by way of the NPD and that those data sets will use diverse approaches for coding and defining race/ethnicity.

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral

PROGRAM: This project is designed to strengthen CSAP's ability to provide Federal leadership in prevention, enhance capacity of local and state programs in alcohol, tobacco, and other drugs (ATOD) to plan and report their activities for reducing and preventing ATOD.

PURPOSE: Program planning or management

STATUS: The NPD will draw upon existing prevention data. No new data collections are planned.

CONSTRAINTS: The NPD project is still in the development stage. At this time there is no operating system or defined data sets of information. The NPD is **intended** to provide data without constraint **regarding rights** to data. The data sets will consist of public use data and **local area** data at the state and **substate** levels describing substance abuse **prevention** programs, evaluations of these programs, and related risk **and** protective factor information by geographic area such as county, census tract, or state.

CONTACT PERSON

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: Substance Abuse Prevention and Treatment Block Grant Application

OFFICE/CENTER: Center for Substance Abuse Treatment

States are required to submit a uniform application as a condition of receipt of their annual **Substance Abuse Prevention and Treatment (SAPT) Block Grant** allocation. The application collects **standardized** data on the following:

- The need for treatment and prevention services at the state and **substate** level and for **targeted** population subgroups (e.g., intravenous drug users, women).
- **Treatment** and prevention service capacity by type of service (e.g., inpatient, methadone maintenance, drug-free outpatient).
- Treatment and prevention service utilization by type of service.
- Public expenditures (Federal, State, and **local**) for treatment and prevention services
 - aggregated at the **state** level and broken down by provider.

Race/Ethnicity Categories on Form for Population with Treatment Needs:

RACE/ETHNICITY: White, Not of Hispanic Origin; Black, Not of Hispanic Origin; Hispanic; Other Specified; All Other or Unknown

Race/Ethnicity Categories on Form for Prevention Needs (Population Groups at Risk):

RACE/ETHNICITY: White, Not of Hispanic Origin; Black, Not of Hispanic Origin; Hispanic; Asian/Pacific Island; Native American/Alaskan Native; Other/Unknown

OTHER DATA: Services Utilization; Services Expenditure and Financing; Age/Gender; Behaviors; Other (need for substance abuse **treatment** services)

PROGRAM: Administration of the SAPT Block Grant, **monitoring** block grant expenditures and ensuring state **compliance** with statutory requirements.

PURPOSE: **Application** for benefits

STATUS: This periodic (annual) data collection is active.

START DATE: August 1993

AVAILABILITY: **Data** will be provided upon request and will also be made public through **special** reports.

CONSTRAINTS: No assurance of confidentiality is provided to respondents. The SAPT Block Grant statute requires **that** the block grant application be **made available** for public comment prior to submission and data on expenditures be made available to the public upon request.

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: Alcohol and Drug Services Survey (**ADSS**)

OFFICE/CENTER: Office of Applied Studies

The Alcohol and Drug Services Survey (**ADSS**) is a national survey that will obtain information on substance abuse treatment facilities and clients to supplement our current information and to analyze the outcomes of treatment. **ADSS**, continuing the series of surveys begun by the 1990 Drug Services Research Survey, will study a national sample of approximately 2,200 treatment programs to obtain information on treatment providers and the organization of treatment. Site visits will be made to 180 programs to obtain client-level information on the characteristics of and services provided to a sample of 3,600 clients, who will be followed up over several years.

In the first phase, a sample of about 2,200 facilities (about 12%) will be surveyed from a universe of over 12,000 treatment providers. In the second phase, a subsample of 180 facilities (8%) will be visited to abstract patient-level information on clients discharged during the prior 12-month period. The client-level sample of 3,600 is approximately 0.2% of the estimated 2,000,000 client discharges annually.

Race/Ethnicity Categories for Aggregate Facility-Level Data:

RACE/ETHNICITY: American Indian or Alaskan Native; Asian or Pacific Islander; Black, Not Hispanic; White, Not Hispanic; Hispanic; Other

Race/Ethnicity Categories for Client-Level Data:

RACE: American Indian; Alaskan Native; Asian or Pacific Islander; Black; White
ETHNICITY: Hispanic; Not of Hispanic Origin; Unknown

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other Demographic/Sociocultural; Behavioral

PROGRAM: To support the Substance Abuse and Mental Health Services Administration (**SAMHSA**) mission to generate and synthesize knowledge for improving treatment services and policies.

PURPOSE: Research

STATUS: This periodic data collection is planned. (The data collection on facilities will have two cycles, 2 years apart. The data collection on clients will entail two followup interviews, 1 year apart.)

START DATE: Planned for October 1995

AVAILABILITY: Data collection planned

CONTACT PERSON

Anita Gadzuk

Office of Applied Studies, Substance Abuse and
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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: Drug Abuse Warning Network (DAWN)

OFFICE/CENTER: Office of Applied Studies

The Drug Abuse Warning Network (DAWN) is a large-scale, ongoing drug abuse data collection system sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The major objectives of the system are: to identify substances associated with drug-related episodes and deaths that are reported by emergency departments and medical examiners, to monitor trends in drug use consequences and to detect new drugs of abuse, and to assess health hazards associated with drug use. The universe for the emergency department component of DAWN is drug-related visits to emergency departments of acute care hospitals in the United States, and the universe for the medical examiner component of DAWN is drug-related deaths reported by 145 medical examiner jurisdictions in 43 metropolitan areas. DAWN is a continuous survey. Since 1988, the DAWN emergency department data have been collected from a representative sample of 685 hospitals in the United States, including 21 oversampled metropolitan areas. The DAWN medical examiner data are not nationally representative. The data are abstracted from emergency department and medical examiner records. The record unit for the emergency department and medical examiners components of DAWN are visits and deaths, respectively.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic; Other; Unknown

DATA LIMITATIONS: Population-based rates of emergency department drug episodes for white non-Hispanics, black non-Hispanics, and Hispanics cannot be calculated prior to 1990 because the denominator for these racial/ethnic breakdowns is not available from the census.

Estimates for emergency department drug-related episodes for American Indians or Alaskan Natives and Asian or Pacific Islanders are generally too small to be reported.

OTHER DATA: Functional/Health Status; Services Utilization; Age/Gender; Other (data on drug use)

PROGRAM: To meet the requirements of Section 505 of the Public Health Service Act

PURPOSE: General Purpose Statistics

STATUS: This continuous data collection is active.

START DATE: 1973

AVAILABILITY: Tabulations only from data are provided and published reports

CONSTRAINTS: Participating hospitals are not identified. Patient names are not collected.

CONTACT PERSON

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lmccaig@aoa2.ssw.dhhs.gov

AVAILABLE DATA PRODUCTS

Hard copy _____

Emergency Department or Medical Examiner Data Annual Report or Advance Report (specify survey year)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: Drug and Alcohol Services information System (**DASIS**)

OFFICE/CENTER: Office of Applied Studies

The **Drug and Alcohol Services Information System (DASIS)** results from the staged integration of three Substance Abuse and Mental Health Services Administration (**SAMHSA**) data systems: The National Facility Register (**NFR**), the Treatment Episode Data Set (**TEDS**) (previously, the Client Data System [**CDS**]), and the Uniform Facility Data Set (**UFDS**) (previously, the National Drug and Alcoholism Treatment Unit Survey [**NDATUS**]). The **NFR** is **SAMHSA's** master list of all organized substance abuse treatment and prevention programs. The **TEDS** comprises States' minimum data sets on admissions to publicly funded treatment **facilities**. The **UFDS** has been a **periodic** point-prevalence survey of all known public and private substance abuse treatment facilities. The **DASIS** will establish a statistical data set on treatment facilities and services in the United States. Three interrelated data sets (**the NFR, the TEDS, and the UFDS**) will be **linkable**, permitting integrated analysis. The **DASIS** will provide both national- and state-level data on the numbers and types of patients treated for substance abuse and the characteristics of facilities providing services.

The **DASIS** will promote the implementation of common data standards to enhance the quality, uniformity, and availability of core data items and definitions within state alcohol and drug abuse programs.

Race/Ethnicity Categories for Uniform Facilities Data Set (formerly NDATUS):

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Black, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic; Other; Unknown

Race/Ethnicity Categories for Treatment Episode Data Set (formerly CDS):

RACE: Alaskan Native (**Aleut, Eskimo, Indian**); American Indian (Other than Alaskan Native); Asian or Pacific Islander; Black; White; Other

ETHNICITY: Hispanic (Puerto Rican, Mexican, Cuban, Other Hispanic); Not of Hispanic Origin

OTHER DATA: Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other **Demographic /Sociocultural**; Behavioral; Other (characteristics of substance abuse treatment facilities, persons admitted for treatment)

PROGRAM: To meet the requirements of Section 505 of the Public Health Act.

PURPOSE: General Purpose Statistics

STATUS: This data collection is active. (**Data** on client admissions are collected continuously, and census of facilities is conducted annually with some **gaps**.)

START DATE: September 1974 (**UFDS**); 1990 (**TEDS**)

AVAILABILITY: Public use files, usable without restrictions

DISTRIBUTOR OF PUBLIC USE FILES

Rick Albright
Office of Applied Studies, Substance Abuse and
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Parklawn Bldg., Rm. 16-95, 5600 Fishers Lane,
Rockville, MD 20857
(301) 443-8338/fax: (301) 443-9847
ralbrigh@aoa2.ssw.dhhs.gov

CONTACT PERSON

Pat Roth
Office of Applied Studies, Substance Abuse and
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Rockville, MD 20857
(301) 443-5196/fax: (301) 443-9847
proth@aoa2.ssw.dhhs.gov

AVAILABLE DATA PRODUCTS

Magnetic tape reel

1987 National Drug and Alcoholism Treatment
Unit Survey (NDATUS)
1989 NDATUS
1990 NDATUS
1991 NDATUS
1992 NDATUS

Hard copy

Advance Report #9
NDATUS Highlights
NDATUS Main Findings Report

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: Drug Services Research Survey (DSRS)

OFFICE/CENTER: Office of Applied Studies

The Drug Services Research Survey (DSRS) is a national survey that obtained information on drug abuse treatment provider and client characteristics to supplement information from the National Drug and Alcoholism Treatment Unit Survey (NDATUS) and was used in the formulation of policy on treatment services and resource requirements. The survey consisted of two components, a facility-based telephone interview with a representative sample of drug treatment providers followed by a survey based on records of clients discharged from treatment.

In the first phase, a sample of about 1,200 facilities (about 12%) was drawn from the universe of over 10,000 treatment providers used for the NDATUS census. Facility-level data were collected. In the second phase, a subsample of 120 facilities (10%) was selected for site visit to abstract patient-level information on clients discharged during the 11-month period from September 1, 1989, through August 31, 1990. The client-level sample of 2,222 represents a sample of approximately 0.15% of the estimated 1,500,000 client discharges in that period.

Race/Ethnicity Categories for Aggregate Facility-Level Data:

RACE/ETHNICITY: American Indian or Alaskan Native; Asian or Pacific Islander; Black, Not Hispanic; White, Not Hispanic; Hispanic; Other

Race/Ethnicity Categories for Client-Level Data:

RACE: American Indian; Alaskan Native; Asian or Pacific Islander; Black; White; Other

ETHNICITY: Hispanic; Not of Hispanic Origin; Other (specify); Unknown

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Behavioral

PROGRAM: To support the Substance Abuse and Mental Health Services Administration (SAMHSA) mission to generate and synthesize knowledge for improving treatment services and policies.

PURPOSE: Research

STATUS: This single-time data collection is completed.

AVAILABILITY: Upon request, with special agreement with the user

DISTRIBUTOR OF PUBLIC USE FILES

Anita **Gadzuk**
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CONTACT PERSON

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Mental Health Services Administration,
Parklawn Bldg., Rm. 16-105, 5600 Fishers Lane,
Rockville, MD 20857
(301) 443-6239/fax: (301) 443-9847

AVAILABLE DATA PRODUCTS

**Magnetic tape reel, diskette,
or electronic transfer**

Drug Services Research Survey Phase I Data File
Drug Services Research Survey Phase II Data
File

Hard copy

Drug Services Research Survey Phase I Report
Drug Services Research Survey Phase II Report

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: National Household Survey on Drug Abuse (NHSDA)

OFFICE/CENTER: Office of Applied Studies

The National Household Survey on Drug Abuse (NHSDA) is conducted to provide accurate **estimates** of the prevalence, consequences, and patterns of substance use in the United States. The respondent universe for the 1995 NHSDA survey is the civilian noninstitutionalized population, 12 years old and older, within the United States. The sample frame includes the residents of noninstitutional group quarters (e.g., shelters, **rooming** houses, dormitories) as well as residents of civilian housing on **military** bases. The survey is conducted annually, with continuous data collection throughout the calendar year.

The NHSDA uses an area sampling frame based on block-level geographic units defined by the decennial Census. The first stage of sampling is the selection of 121 nonoverlapping geographic primary sampling units (PSUs). Within each PSU, area segments (constructed from census block groups or enumeration districts) are selected with unequal probability proportional to a composite size measure designed to overrepresent concentrated Hispanic and black neighborhoods.

The survey interview is performed person-to-person in the respondent's place of residence using **both an** interviewer-administered and self-administered format. Current sample size is 18,000 respondents.

RACE: White; Black; Indian (American)/Aleut, Eskimo; Asian or Pacific Islander (including Asian Indian)

ETHNICITY: Hispanic or Spanish Origin or Descent; Not of Hispanic or Spanish Origin or **Descent**

OTHER DATA: Functional/Health Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Behavioral; Other (prevalence of substance **use**)

PROGRAM: To meet requirements of Section 505 of the Public Health Service Act.

PURPOSE: General Purpose Statistics

STATUS: This data collection is active (periodic collection between 1971-89 and continuous collection since 1990).

START DATE: 1971

AVAILABILITY: Public use files, usable without restrictions

CONSTRAINTS: NHSDA Public Use Tapes have no personal identifiers associated with **cases** (geographic location of interview is also **suppressed**). No constraints on the use of the data is imposed.

DISTRIBUTOR OF PUBLIC USE FILES

Office of Applied Studies, Substance Abuse and
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(301) 443-9847/fax: (301) 443-9847
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CONTACT PERSON

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(301) 443-0021/fax: (301) 443-9847
jgustin@aoa2.ssw.dhhs.gov

AVAILABLE DATA PRODUCTS**Magnetic tape reel**

National Household Survey on Drug Abuse:
SAS files for years 1986, 1988, 1990-93
ASCII files for 1990-91
Check for availability of 1979 and 1982
(Usually no charge; please inquire)

Hard copy

All available National Household Survey on Drug
Abuse publications - Advance Report X7 (by
year), and other miscellaneous reports
(inquire) are available without charge.

Diskette

National Household Survey on Drug Abuse
Advance Report #7- 1993 (and future reports)
(no charge)

Computer Network

Advance Reports on CEASAR, PREVLIN, and
COMPUSERVE'S PUBLIC HEALTH FORUM
Bulletin Boards

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: National Treatment Study (NTS)

OFFICE/CENTER: Office of Applied Studies

The National Treatment Study (NTS) is directed toward understanding the content of substance abuse treatment. This sample survey will collect information through interviews at about 200 drug and alcohol treatment facilities. Information will be collected on the types of therapy typically provided by treatment programs and on the content and the process of treatment. The survey will also conduct face-to-face interviews with a sample of about 3,000 clients to provide profiles of patients in treatment. This information on treatment content will improve our knowledge of how substance abuse funds are being spent and the richness of the services being provided.

In the facility portion of NTS, a sample of 200 facilities (about 2%) will be surveyed from a universe of about 12,000 treatment providers. In the client portion, 3,000 clients (about 0.15% of all admissions in 1 year) will be sampled from all admissions during a 2-week period at the sample facilities. Intake interviews and followup interviews will be conducted with clients.

PROGRAM: To support the Substance Abuse and Mental Health Services Administration (SAMHSA) mission to generate and synthesize knowledge for improving treatment services and policies.

PURPOSE: Reswrch

STATUS: This single-time data collection is planned.

AVAILABILITY: Data collection planned

CONTACT PERSON

Anita Gadzuk

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: Services Research Outcome Study (SROS)

OFFICE/CENTER: Office of Applied Studies

The Services Research Outcomes Study (SROS) is a client **followup** of persons admitted to drug treatment in 1989-90. The overall purpose of the survey is to obtain a nationally representative picture of client status 5 years following the 1989-90 **drug** treatment episode, without assuming that the earlier drug treatment is the only event influencing current status. The SROS will interview a representative sample of 3,000 clients from 120 treatment facilities first identified in 1989 as part of the **Drug** Services Research Survey (DSRS). The clients **will** be contacted in a manner that ensures no one will become aware of their drug treatment history and asked for their consent to be interviewed once the purposes and methods of the survey have been explained. Client records from the 1989-90 treatment episode will be located and abstracted wherever possible and analyzed once all personal identifiers have been removed to protect client confidentiality.

RACE/ETHNICITY: Hispanic (**Mexican/Mexican-American/Chicano**, Puerto Rican, Cuban, Other Spanish or Hispanic); American Indian; Alaskan Native; Asian or Pacific Islander; Black or African-American; White; Other

OTHER DATA: **Functional/Health** Status; Services Resources; Services Utilization; Services Expenditure and Financing; Socioeconomic; Age/Gender; Other **Demographic/Sociocultural**; Behavioral; Other (drug use, criminal justice)

PROGRAM: Treatment Outcomes: Drug Abuse

PURPOSE: Research

STATUS: This single-time data collection is in process.

AVAILABILITY: Version will be available on request when data collected

CONSTRAINTS: Because of the sensitive nature of the data-history of drug treatment-data will be made available only on request in order to monitor the purposes of the request.

CONTACT PERSON

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bray@aoa2.ssw.dhhs.gov

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

TITLE: SAMHSA Grants Information Management System (SGIMS)

The SAMHSA Grants Information Management System (SGIMS) holds information pertaining to Substance Abuse and Mental Health Services Administration (SAMHSA) discretionary grant applications and awards. The record unit is the grant application or grant award. Applications and awards from March 1990 to the present are included. Race/ethnicity and other demographic data on project participants are coded selectively; program staff can be consulted for information about whether a specific program is coded for race/ethnicity.

RACE/ETHNICITY: American Indian/Alaskan Native; Asian or Pacific Islander; Slack, Not of Hispanic Origin; White, Not of Hispanic Origin; Hispanic

OTHER DATA: Age/Gender; Other (data related to grant application/award process)

PROGRAM: Discretionary SAMHSA extramural grants programs

PURPOSE: Grant program management or planning

STATUS: This continuous data collection is active. (The system is still in development.)

START DATE: March 1990

AVAILABILITY: Tabulations available upon request

CONSTRAINTS: Data are by the grant, not by participant/client. Evaluative data, such as peer review scores, are confidential. Data can be disclosed only for funded applications.

CONTACT PERSON

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OEP, Substance Abuse and Mental Health
Services Administration,
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(301) 443-4266/fax: (301) 443-1587
goc@cu.nih.gov

APPENDIX A:

Representatives from Departmental Agencies

REPRESENTATIVES FROM DEPARTMENTAL AGENCIES

Stanley Phillips, Co-Project Officer, Agency for Health Care Policy and Research,
Public Health Service

Joan Turek, Ph.D., Co-Project Officer, Office of the Assistant Secretary for Planning
and Evaluation

A Prentice Barnes, Office of the Assistant Secretary for Management and Budget

David Bunowski, Administration on Aging

Olivia Carter-Pokras, Ph.D., Office of Minority Health

Augustine Driggins, Office of the Assistant Secretary for Personnel Administration

Kithanatha A. Jagannathan, Ph.D., Administration for Children and Families

Steven Melov, Office of Civil Right::

Nancy Pearce, Office of the Assistant Secretary for Health

Robert Polson, Office of the Assistant Secretary for Management and Budget

James Scanlon, Office of the Assistant Secretary for Health

Jack Schmulowitz, Social Security Administration

John Van Walker, Health Care Financing Administration

Jenny Wheeler, Office of Inspector General

Contractor

Jack Moshman, Ph.D., Moshman Associates, Inc.

Frederic H. Decker, Ph.D., Moshman Associates, Inc.

APPENDIX B:
Reporting Form



REPORTING FORM FOR THE DEVELOPMENT OF THE
DIRECTORY OF MINORITY HEALTH AND HUMAN SERVICES DATA RESOURCES

Reporting form for the data project/system entitled:

Sent to: _____

PURPOSE AND INSTRUCTIONS

The Department of Health and Human Services (**DHHS**) has initiated a project to produce a directory of minority health and human services data resources maintained or sponsored by DHHS. The directory will serve as a single reference on data sources within DHHS programs to support civil rights enforcement, health reform evaluation, and general research and policymaking. Moshman Associates, Inc. is the contractor assisting DHHS in the development of this directory.

The data resource named above has been identified for inclusion in the directory. You have been identified as the most knowledgeable person to provide information on this data resource.

This reporting form is intended to obtain basic information about the database named above. Please complete the form fully.

The edited description from the reporting form will be printed and sent to you for your review and any revisions you deem warranted. After your review, the description for the directory will be incorporated into the published document.

On the last page, space is provided for you to provide any additional information you believe should be included about your data project/system in the directory. If you have any questions, please contact the representative from Moshman Associates noted below.

Please return your completed reporting form by (date) to:

(Name and address for returning the form was noted here, along with a phone number for any questions.)

**REPORTING FORM FOR
THE DIRECTORY OF MINORITY HEALTH AND HUMAN SERVICES DATA RESOURCES**

Reporting form for the data project/system entitled:

If you believe this form should be directed to another individual, please provide that person's name, address, telephone number, and fax number below, and then return the uncompleted reporting form.

Name: _____

Address: _____

Phone: () _____

fax: () _____

1. **AGENCY** [Organization maintaining or sponsoring data project/system identified to the office/center level (e.g., Public Health Service, Centers for Disease Control and Prevention, National Center for Health **Statistics**)]:

2. **TITLE OF DATA PROJECT/SYSTEM:**

[Formal name or a functionally descriptive title as it should appear in the directory]:

3. **ACRONYM, IF ANY, OF DATA PROJECT/SYSTEM:** _____

4. AGENCY PROGRAM SUPPORTED BY THE DATA PROJECT/SYSTEM, IF APPLICABLE:

[Please provide the name of the specific agency program or mission supported by the data project/system.]:

5. ABSTRACT:

[Please provide/attach a written abstract of no more than 150 words which summarizes at least the following: (a) the purpose/objective of the data project/system; (b) the universe to which the data apply (e.g. discharges from all acute care hospitals in the United States, all children with a learning disability, etc.); (c) the time period or periods to which the data apply; (d) whether the database is a sample, and if so, the appropriate percent of the universe represented and sample size; (e) the sources of the data/data collection method; and (f) the record unit in the database (e.g. client/patient visit, admission, claim, individual client/patient, clinician, day care center, hospital, payment, etc.).]:

6. GENERAL PURPOSE:

[Please check the one item below which best describes the general purpose of the data project/system.]:

- | | |
|---|---|
| <input type="checkbox"/> Application for benefits | <input type="checkbox"/> Program planning or management |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Research |
| <input type="checkbox"/> General Purpose Statistics | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Regulatory or compliance | _____ |

7. FREQUENCY OF DATA COLLECTION [Check one]:

- 1___ Single Time
- 2___ Periodic (i.e., fixed interval) (Please specify the fixed interval of the periodic collection:
_____)
- 3___ Intermittent (i.e., non-fixed intervals of data collection)
- 4___ Continuous
- 5___ Other (specify): _____

8. IF SINGLE-TIME DATA COLLECTION, STATUS OF DATA COLLECTION (Check one):

- 1___ Planned
- 2___ In process
- 3___ Completed
- 4___ Other (specify): _____

9. IF REPETITIVE DATA COLLECTION (Periodic, Intermittent, Continuous), DATE OF **INITIAL** DATA COLLECTION. [Please give the date of the **first** data collection for the project/system.]

Single Date: _____
Month Day Year

OR

Date Range: _____ to _____
Month Day Year Month Day Year

10. IF REPETITIVE DATA COLLECTION, STATUS OF PROJECT/SYSTEM. (Please check the response **that** best indicates the present status of data collection.)

- 1___ Project/System is Active (i.e., data collection is continuous or planned for future period.)
- 2___ Inactive project/system (i.e., data collection has stopped and none is planned.)
(Please specify the time period to which the last data collection applies:
Single Date: _____ **OR Date Range:** _____ to _____)
- 3___ Other status (specify): _____

11. CATEGORIES FOR CLASSIFYING RACE/ETHNICITY INFORMATION:

Below are two similar, but slightly different, classification schemes which may be used for recording **race/ethnicity** data in a database. The categories listed represent the root categories of the scheme. Details on subpopulations (e.g. under Asian or Pacific Islander) may be included but any recording of subpopulations can be collapsed into the root categories of the scheme used.

<p style="text-align: center;">SCHEME A</p> <p>(Separate categories for race and ethnicity. Categories of race are coded in one field in the database, and categories of ethnicity are coded in another field.)</p>	<p style="text-align: center;">SCHEME B</p> <p>(Categories of race and ethnicity are combined and coded in one field in the database.)</p>
<p>Race: American Indian/Alaskan Native Asian or Pacific Islander Black White</p> <p>Ethnicity: Hispanic Not of Hispanic origin</p>	<p>Race and Ethnicity: American Indian/Alaskan Native Asian or Pacific Islander Black, Not of Hispanic origin White, Not of Hispanic origin Hispanic</p>

1 IA. Does either of the above classification schemes fit exactly, and exclusively, the **race/ethnicity** categories (and terminology) used for the database (excepting subpopulations, e.g., for Asian or Pacific Islander and Hispanic, which also might be used and can be collapsed into the root categories)?

[NOTE: If, for example, the data collection uses "Native American," rather than "American Indian," than neither Scheme A or Scheme B fit the scheme used in the database. Also, if a category, "Other," is used and coded separately as 'other,' than neither scheme above fits. (However, if during the data collection a category of 'Other' is used in which "other" is specified AND then redistributed/coded into the database as one of the categories in a scheme above, then that scheme fits.)]

Check one:

- 1. Scheme A fits the scheme used in the database exactly (GO TO 11 B).
- 2. Scheme B fits the scheme used in the database exactly (GO TO 11 B).
- 3. Neither scheme above fits exactly the scheme used in the database (GO TO 11 C and list all the exact categories used).

(Item 11 continued on next page with 11B.)

116. If either Scheme A or Scheme B above is used, please specify any subpopulation categories used for Asian or Pacific islander and/or Hispanic (Then continue with Item 11 D).

(1) Asian or Pacific Islander subpopulation categories used:

(2) Hispanic subpopulation categories used:

11C. If NEITHER Scheme A or Scheme B fit exactly the categories used, please list below (or attach a copy of) the exact categories and scheme used. (Please be very specific, listing all categories including categories of subpopulations, even if some are similar to terms used in either Scheme A or Scheme B. Information on the exact total scheme is needed.) (Then continue with 11 D):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11D. USE OF ANY 'OTHER' CATEGORY IN DATA COLLECTION AND CODING.

Check one:

- 1. An 'other' category is used in data collection and is coded as 'other' in the database.
- 2. 'Other' is used in the data collection, but it is specified **AND** then redistributed/coded into the database as one of the defined **race/ethnicity** categories. So, there is no 'other' code in the database.
- 3. No "other" category is used in the initial collection of **race/ethnicity** data.

12. LIMITATIONS IN THE USE OF RACE/ETHNICITY INFORMATION IN ANALYSIS:

[Describe in the space below any limitations in the use of some **race/ethnicity** categories in the database (specifying those categories) for analysis in **race/ethnicity comparisons**.]:

13. OTHER PRINCIPAL VARIABLES IN THE DATA PROJECT/SYSTEM:

[Listed below are categories of data. For each category, please indicate whether the database has one or more variables in that category.]:

- Yes** **No** Functional/Health Status (e.g. developmental assessment, disabilities, specific illness, injuries, activities of daily living, immunization history, nutritional status)
- Yes** **No** Human/Health Services Resources (e.g. physicians per capita, **specialty** of human services professionals, geographic location or availability of services, graduations from professional schools)
- Yes** **No** Human/Health Services Utilization (e.g. foster care placements, admissions, outpatient visits, surgical procedures performed, job training attendance, preschool education enrollment)
- Yes** **No** Human/Health **Services** Expenditure and Financing (e.g. benefit payment, hospitalization charges, foster care costs, job training expenditures, **payor**, insurance coverage)
- Yes** **No** Socioeconomic data (e.g. occupation, education, income level, employment status)
- Yes** **No** Age/Gender
- Yes** **No** Other **demographic/sociocultural** data (e.g. living arrangement, marital status, **recency** of immigration, country of birth)
- Yes** **No** Behavioral data (e.g. coping skills, health-related attitudes, cigarette *smoking*, eating habits, exercise, alcohol consumption, stress experience)
- Yes** **No** Other type of data (please specify type: _____)

14. DATA AVAILABILITY [Check one]:

1. A version of the data is in public use files, usable without restrictions.
2. A version of the data can be made available upon request, with the use subject to special agreement with the user.
3. Tabulations only from data are provided.
4. Other (specify): _____

16. CONSTRAINTS ON DATA ACCESS AND USE:

[Describe in the space below any constraints on data access and use applied to assure rights of privacy or intellectual property and any other special restrictions or limitations on using the database. Include in the description the nature of any special agreements required to use the data, and any omission of case identification information in available data]:

16. DISTRIBUTOR OF PUBLIC USE FILES:

[Please provide the name, mailing address, telephone number, fax number, and Internet address of the DISTRIBUTOR from whom an individual can order public use files.]:

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Address: _____

Phone: () _____

fax: () _____

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- magnetic tape reel
- magnetic tape cartridge
- diskette
- CD-ROM
- hard copy
- Internet

17A. For each available data medium checked above, please list (or attach a copy of) the product **name(s)** and number(s) an individual would need to *use* when ordering the public use **file(s)** and any **fee(s)** involved.

	<u>Product Name & Number</u>	<u>Fee</u>
Magnetic tape reel(s)	_____	\$ _____
	_____	8 _____
Magnetic tape cartridge(s)	_____	8 _____
	_____	8 _____
Diskette(s)	_____	\$ _____
	_____	\$ _____
CD-ROM(S)	_____	\$ _____
	_____	\$ _____
Hard copy(s)	_____	\$ _____
	_____	\$ _____
		<u>Internet/WWW URL Address</u>
Internet	_____	_____
	_____	_____

18. CONTACT PERSON FOR FURTHER INFORMATION:

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Address: _____

Phone: (_____) _____
fax: _____
Internet address: _____

19. Are you the contact person listed above under item 18? YES NO

If you are NOT the contact person, please provide your name, telephone number, fax number and Internet address so that we can follow up if there is any question about the information you provided here.

Name: _____ Phone: } _____
fax: _____ (_____) Internet address: _____

THANK YOU FOR COMPLETING THIS REPORTING FORM

Please return the completed form to:

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was returned was noted here.)

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DESCRIPTION FOR THE DIRECTORY:**

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