

Data Resources

This resource list is divided into three sections. The first section includes information on the government agencies that collect, analyze, and report on most of the food, nutrition, physical activity, and related health data. The second section, entitled Data Sources, includes information on the surveys that describe the food, physical activity, and health habits of the U.S. population. By going to the websites listed you can generally find national, state, and, sometimes, local data. And the third section, entitled Databases, includes a brief list of databases and/or reports that allow users to find data for their state and possibly a local community. Local-level data are not always available. The list of databases and reports is not complete but does provide you with some idea of what is available.

The existence of national survey data and interactive databases is subject to funding and political interests, so the information in this resource list can change at any time. Sometimes new surveys are started which help our understanding of nutrition and physical activity behaviors and related health status. For example, starting in 2005, the Agriculture Research Service in the U.S. Department of Agriculture received permission and funding to help collect and analyze dietary data for the Healthy Aging in Neighborhoods of Diversity Across the Life Span Study (HANDLS). This new diet data may help us understand the diet-related factors behind black-white health disparities in overall longevity, cardiovascular disease, and cerebrovascular disease. Sometimes political influence or a lack of funding can stop an existing survey, which can hinder our understanding of a population's nutrition, physical activity, and health status.

Government Agencies

The U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) are the two primary federal agencies that collect data on America's food, nutrition and physical activity behaviors, and health status. Simply described, USDA collects, analyzes, and reports on food data, and HHS collects, analyzes, and reports on health data.

Much of USDA's food and nutrition data are only available at the national level, but the reports it generates are important for people planning programs at the state and local level. USDA program data, such as from the WIC program, are available at the national, state and local level.

Much of the data from HHS are available at the national and state level and sometimes its surveys generate data for local communities. Agencies in HHS generate reports on the nation's health status that are useful when developing state and local nutrition and physical activity plans.

The **U.S. Department of Agriculture, Agricultural Research Service (ARS)** conducts two types of surveys: surveys of foods eaten by individuals both at home

and away from home and surveys of attitudes and knowledge about healthy eating, about diet and health relationships, and about dietary guidance. A third type of survey which measured food used by households and the costs of those foods has been discontinued, but the results are still used to analyze food behaviors of Americans. The Food Surveys Research Group at ARS conducts the What We Eat in America survey, which is part of the National Health and Nutrition Examination Survey (NHANES). The What We Eat in America survey is conducted yearly. This food intake data can be linked to health status data from other NHANES components, allowing researchers to explore relationships between dietary intakes and health status.

The **U.S. Department of Agriculture, Economic Research Service (ERS)** collects, analyzes, and reports on U.S. food-related data. The ERS examines what Americans eat, where we eat it, why we eat it, what the health consequences might be, and what effect these choices have for American farmers. Although most of the ERS data is only available at the national level, the ERS reports are extremely valuable to state and local practitioners planning nutrition programs. Many of the reports from ERS provide evaluation data on a Federal program, or the reports identify patterns or characteristics of American behavior that impact food choice. These reports can provide you with a research-based justification for your nutrition and physical activity plan. For example, suppose you are planning a program to encourage school-age children to eat more fruits and vegetables, and you want funding to buy fruits and vegetables for students to eat while at school. Citing evaluation results from the Fruit and Vegetable Pilot Program (FVPP) would strengthen your funding request. The FVPP provided fresh fruits, dried fruits, and fresh vegetables to children in 100 schools in four states for the 2002-2003 school year. The FVPP was well received by students and school staff, and nearly everyone recognized some health benefit (Buzby, Guthrie and Kantor 2003). The FVPP evaluation report was written by ERS staff and is available on the ERS website. There are probably several ERS reports that could help you in planning a nutrition and physical activity program. To find the reports go to www.ers.usda.gov. You can search the website, or you can look and see what's available by reviewing their lists under "research emphases," "key topics," or "briefing rooms."

The **U.S. Department of Agriculture, Food and Nutrition Service (FNS)** evaluates the programs it administers including the Food Stamp Program, Child Nutrition Programs, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), food distribution programs, nutrition education programs, and food security programs. For example, the School Nutrition Dietary Assessment Study provides up-to-date information on the nutritional quality of meals served in public schools that participate in the National School Lunch Program and the School Breakfast Program. The FNS also provides what it calls program data which includes things like participation data and food costs for the programs previously listed. These evaluation reports and the program data can be found in the Data & Statistics portion of the USDA, FNS website at

www.fns.usda.gov/fns/data.htm. More extensive local-level data may be available from the local agencies that administer these programs in your community. For example the local WIC program could share its participation and health-related data with the community assessment team.

The **U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)** collects, analyzes and reports on America's health status, health behaviors and health system. Many of the surveys that contribute to our understanding of America's health are managed by the National Center for Health Statistics (NCHS) at CDC. Most of the data are only available at the national level but the reports give you an idea of national trends that you may see playing out in your community. For example, the *NCHS Data on Child Health* report includes trend data since 1963 on the prevalence of overweight among children which could be the research-based support you need to justify your plan to address healthy weight among children in your community.

National-level data are critical to improving America's health. However, states and localities need data to develop programs tailored to their needs. Since the 1980s the CDC has helped states collect, analyze, and report state and local-level health data. Various divisions in CDC either administer health status and health behavior surveys or assist state agencies in doing so. For example, the Division of Reproductive Health at CDC helps states conduct the Pregnancy Risk Assessment Monitoring System (PRAMS). Not all states participate in PRAMS, but for the states that do participate, CDC has developed the standardized data collection method and CDC staff provide technical assistance to participating states. The Division of Adult and Community Health administers and supports the Behavioral Risk Factor Surveillance System (BRFSS) and the Division of Adolescent and School Health administers and supports the Youth Risk Behavior Surveillance System (YRBSS). The data from these and other divisions in CDC will be the source for most of the state and local data called for in the *Moving to the Future* "Nutrition & Physical Activity Profile Worksheets."

Nearly all **state health agencies** have state and local health data available on their website. You can find this information by doing a Google search on "your state health data." For example, searching for "West Virginia health data" or "Nevada health data" using Google would list links to these state health agency websites.

Data Sources

People planning state- and local-level programs are the primary users of this *Moving to the Future* resource. As a result, the data sources described here generate data at the national level and at the state level and sometimes at the local level.

BRFSS (Behavioral Risk Factor Surveillance System)

The BRFSS is a state-based system of health surveys that generate information about health risk behaviors, clinical preventive practices, and health care access and use primarily related to chronic diseases and injury. States ask different questions each year. The SMART BRFSS allows you to analyze the data of selected metropolitan and micropolitan statistical areas. SMART is an acronym for Selected Metropolitan/Micropolitan Area Risk Trends. See the CDC website for more information www.cdc.gov and do a search for BRFSS.

BRFSS Example Data Result: For the 2002-2003 period, 91% of the people in Boulder County, Colorado participated in some leisure time exercise.

Consumer Expenditure Survey (CE)

The Consumer Expenditure Survey is an annual survey of household expenditures. The CE collects information from the Nation's households and families on their buying habits (expenditures), income, and household characteristics. The data set includes information on age, race, sex, household size, income, geographic region, and Food Stamp Program participation. See the U.S. Department of Labor, Bureau of Labor Statistics website for more information www.bls.gov/home.htm and look for an active link on the home page to "Consumer Expenditures" or do a search for Consumer Expenditure Survey.

CE Example Data Result: From 1994 to 2004, people in the West increased their annual spending on fruits and vegetables from \$463/year to \$645/year.

Current Population Survey Food Security Supplement (CPS-FSS)

The CPS-FSS is the source of national and state-level statistics on food insecurity and hunger used in USDA's annual reports on household food security. The CPS is a monthly labor force survey of about 50,000 households conducted by the Census Bureau for the Bureau of Labor Statistics. Once each year, after answering the labor force questions, the same households are asked a series of questions (the Food Security Supplement) about food security, food expenditures, and use of food and nutrition assistance programs. Food security data have been collected by the CPS-FSS each year since 1995. For more information go to the ERS website at www.ers.usda.gov and search for this survey.

CPS-FSS Example Data Result: In the period 2002-04 the prevalence of food insecure households in Texas was 16.4%.

Food and Nutrition Service Program Operations Data

The Food and Nutrition Service Program Operations Data provide statistical information on aspects of all major Food and Nutrition Service (FNS) food and nutrition assistance programs. These programs include the Food Stamp Program; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Child Nutrition Programs (National School Lunch, School Breakfast, Child and Adult Care, Summer Food Service, and

Special Milk); and Food Distribution Programs (Schools, Emergency Food Assistance, Indian Reservations, Commodity Supplemental, Nutrition for the Elderly, and Charitable Institutions). Four types of tables are provided: historical summaries, annual State-level data for selected elements, monthly national-level data for major programs, and State-level participation in major programs for the latest available month. The summaries begin with 1969, the year that FNS was established to administer USDA's food and nutrition assistance programs. For more information go to the FNS website at www.fns.usda.gov and search for program data.

Example Data Result: The total food cost for The Emergency Food Assistance Program (TEFAP) in Texas decreased from \$34.8 million in 2002 to \$31.6 million in 2004.

National Survey of America's Families (NSAF)

The NSAF, conducted by The Urban Institute, provides a comprehensive look at the well-being of adults and children. The survey provides quantitative quality-of-life measures and pays particular attention to low-income families. The survey is representative of the noninstitutionalized, civilian population of persons under age 65 in the Nation as a whole and in 13 States: Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin. Together, these 13 States are home to more than half the Nation's population and represent a broad range of fiscal capacities, child well-being, and approaches to government programs. For more information, see the NSAF section of the Urban Institute's website at www.urban.org/center/anf/nsaf.cfm

PedNSS (Pediatric Nutrition Surveillance System)

This is a child-based public health surveillance system that describes the nutritional status of low-income U.S. children who attend federally-funded maternal and child health and nutrition programs including WIC; Title V Maternal and Child Health; Early and Periodic Screening, Diagnosis, and Treatment; and others. PedNSS provides data on the prevalence and trends of nutrition-related indicators. Data on birthweight, breastfeeding, anemia, short stature, underweight, and overweight are collected for children who attend public health clinics. See the CDC website for more information www.cdc.gov and do a search for PedNSS.

PedNSS Example Data Result: In 2004 the proportion of infants from the Detroit, MI WIC agency who had ever been breastfed was 37.7%.

PNSS (Pregnancy Nutrition Surveillance System)

PNSS is a program-based public health surveillance system that monitors risk factors associated with infant mortality and poor birth outcomes among low-income pregnant women who participate in federally funded public health programs including WIC and Title V Maternal and Child Health. The PNSS collects data for demographic, maternal health and behavioral,

smoking/drinking, and infant health indicators from women during prenatal and postpartum clinic visits in public health programs. Some of the specific indicators include prepregnancy BMI, diabetes during pregnancy, smoking, birthweight, etc. See the CDC website for more information www.cdc.gov and do a search for PNSS.

PNSS Example Data Result: In 2004, the proportion of pregnant women from the Detroit, MI WIC agency who gained less than the recommended amount of weight during pregnancy was 36.9%.

PRAMS (Pregnancy Risk Assessment Monitoring System)

This is an ongoing state- and population-based surveillance system designed to monitor selected self-reported maternal behaviors and experiences that occur before, during, and after pregnancy among women who deliver live-born infants. Not all states participate. See the CDC website for more information www.cdc.gov and do a search for PRAMS.

PRAMS Example Data Result: In 2003, about 64% of mothers in Alabama did not take a multivitamin at all before their pregnancies.

School Health Profiles

The School Health Profiles is a biennial survey conducted by state and local education and health agencies among middle/junior and senior high school principals and lead health education teachers. The Profiles survey monitors the current status of school health education requirements and content, physical education requirements, asthma management activities, food service, competitive foods practices and policies, family and community involvement in school health programs, and school health policies on HIV and AIDS prevention, tobacco-use prevention, violence prevention, and physical activity. See the CDC website for more information www.cdc.gov and do a search for School Health Profiles.

School Health Profile Example Data Result: In 2004, 61.6% of schools in North Carolina offered students intramural activities or physical activity clubs.

SLAITS (State and Local Area Integrated Telephone Survey)

The SLAITS collects important health care data at State and local levels. It supplements current national data collection strategies by providing in-depth state and local area data to meet various program and policy needs in an ever-changing health care system. SLAITS provides a mechanism to collect data quickly on a broad range of topics at the national, State, and local levels. A partial list of examples of research areas include health insurance coverage, access to care, perceived health status, utilization of services, and measurement of child well-being. You can access SLAITS information from the National Center for Health Statistics website. Or, go to the CDC website www.cdc.gov and do a search for SLAITS.

SLAITS Example Data Result: In 2001, the prevalence of children with special health care needs (CSHCN) in Vermont was 15.5% compared to a

national prevalence of 12.8%. The prevalence of CSHCN in Vermont families living below the Federal Poverty Level was 25.8%.

YRBSS (Youth Risk Behavior Surveillance System)

The YRBSS monitors priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. Data are collected on unintentional injuries and violence, alcohol and other drug use, sexual behaviors, tobacco use, dietary behaviors, physical activity, and overweight. See the CDC website for more information www.cdc.gov and do a search for YRBSS.

YRBSS Example Data Result: In 2003, 19.4% of 10th graders in Missouri ate 1 or more fruits per day during a 7 day period.

Online Health Planning Resources

This list of three state-sponsored, online health planning resources is not complete. These resources should give you an idea of what is available. Check the website of your state health agency to see what is available to you regarding local health planning. State agencies regularly update what they have available online, so check your state's website often.

Iowa Community Health Needs Assessment & Health Improvement Plan

The Iowa Department of Public Health (IDPH) has developed a resource to help Iowa communities develop a comprehensive report on leading health indicators, health priorities and health improvement plans. The IDPH developed an interactive website with tools and information to help local practitioners identify their community's health needs. The website is one component of the Community Health Needs Assessment and Health Improvement Planning (CHNA & HIP) initiative. See the website at www.idph.state.ia.us/chnahip/default.asp for more information. Their information and guidance is useful to any community across the United States. This tool focuses almost exclusively on health data, whereas *Moving to the Future* encourages practitioners to consider community opinion and other aspects of the environment when determining health needs.

New York's Community Health Assessment Clearinghouse

The Community Health Assessment Clearinghouse is a "one-stop" resource for community health planners, practitioners, and policy developers. It is an online tool that includes access to state and local data, a how-to guide, examples, and training. The Clearinghouse is managed and supported by the New York State Department of Health. See this resource at www.health.state.ny.us/nysdoh/chac/index.htm

Washington's AssessNow

AssessNow is an online product from the Washington State Department of Health. It provides public health staff with information, tools, and resources

to improve the practice of community health assessment. AssessNow is part of Washington's comprehensive effort to improve community health assessment practice in Washington State. For more information on AssessNow go to www.assessnow.info/

Databases

This list of online, interactive databases and reports is not complete. It should, however, give you an idea of what is available. Check the website of your state health agency to see what is available to you regarding state and local health data. State agencies regularly update what they have available online, so check your state's website often.

Colorado Health Information Dataset (CoHID)

The CoHID allows access to local-level health data compiled by the Colorado Department of Public Health and Environment to help users determine the health status of a neighborhood, community, county, or region in Colorado. For more information go to its website at www.cdphe.state.co.us/cohid/

DATA2010

This is an interactive database system that contains the most recent monitoring data for the objectives and sub-objectives of Healthy People 2010: Objectives for Improving Health. Data are reported by gender, age, economic status, or race. See the Healthy People website for more information www.healthypeople.gov.

Health Data For All Ages

Health Data for All Ages is an electronic data warehouse managed by the National Center for Health Statistics. This site contains data tables, on a wide variety of topics including pregnancy and birth, health conditions and risk factors, health care access and use, mortality, and selected Healthy People 2010 objectives. See this website for more information www.cdc.gov/nchs/health_data_for_all_ages.htm

healthfinder®

This website is your U.S. government gateway to reliable health information resources that have been carefully selected by the U.S. Department of Health and Human Services from over 1,700 government agencies and nonprofit organizations. Every resource listed includes a brief description and contact information for the organization that produces it. healthfinder® provides information on many topics related to the 28 focus areas of Healthy People 2010. See the healthfinder® website for more information www.healthfinder.gov.

KIDS COUNT

KIDS COUNT is a national and state-by-state effort to track the status of children in the U.S. The data reported varies from state to state. You will find data measures on the educational, social, economic, and physical well-being of children state by state. State KIDS COUNT reports generally include county level data. This is a project of the Annie E. Casey Foundation. See the KIDS COUNT website for more information www.kidscount.org.

Measuring the Health Effects of Sprawl

This report includes the results of a national study on the association between the type of place people live and their physical activity levels, weight, and health. The study compared the county sprawl index using data from the U.S. Census Bureau to the health data from BRFSS. For a copy of the report go to www.smartgrowthamerica.org/report/HealthSprawl8.03.pdf

National Women's Health Indicators Database

The National Women's Health Indicators Database contains extensive health data from the year 2000 for the entire United States, and it is updated on a yearly basis. National, regional, state and county data are available and the data can be stratified by gender, race/ethnicity, and age concurrently. The database includes statistics on demographics, mortality, access to care, infections and chronic disease, reproductive health, maternal health, mental health, prevention, violence and abuse. The database can be accessed at www.4women.gov/statedata or through the National Women's Health Information Center.

Statehealthfacts.org

Statehealthfacts.org includes free, up-to-date, and easy-to-use health data on all 50 states. Statehealthfacts.org provides data on more than 450 health topics such as teen birth rate, prevalence of diabetes, attempts to quit smoking, Medicaid spending by service, or primary care physicians. This is a project of the Henry J. Kaiser Family Foundation. See www.statehealthfacts.org for more information.