

PART C: MAJOR DATA SOURCES

A major data source is defined as a data system responsible for tracking five or more Healthy People 2010 objectives. The 72 Healthy People 2010 objectives related to reproductive health are being tracked by more than a dozen data sources, and there are three data systems that track five or more of the objectives on reproductive health:

- National Survey of Family Growth (NSFG)
- National Vital Statistics System, Mortality (NVSS-M)
- STD Surveillance System (STDSS)

A brief discussion of these three data systems is provided in this section.

Besides the major data sources included in the pages that follow, the list below reflects additional national data sources, systems, and organizations used to determine the outcomes of the Healthy People 2010—Reproductive Health objectives. No detailed information exists in the original Healthy People documents about these sources.

- ✧ Abortion Patient Survey, The Alan Guttmacher Institute (AGI)
 - Abortion Provider Survey, The Alan Guttmacher Institute (AGI)
 - Abortion Surveillance Data, CDC, NCCDPHP
 - Adaptation of the Prevention Self-Assessment Analysis (ATPM)
 - Agency for Healthcare Research Quarterly (AHRQ)
 - American Hospital Association Survey
 - Annual Survey of Chronic Hemodialysis Centers
 - Annual Survey of Correctional Facilities
 - Behavior Risk Factor Surveillance System (BRFSS)
 - Biennial Survey of HIV, STD, and TB Prevention in Correctional Facilities
 - Bureau of Justice Statistics (BJS)
 - CDC:
 - › National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
 - › National Center for HIV, STD, and TB Prevention (NCHSTP)
 - › Epidemiology Program Office (EPO)
 - › National Center for Infectious Diseases (NCID)
 - Department of Defense health clinics for active duty military
 - *Federal Register* notices
 - Grantmakers in Health
 - Health Care Financing Administration (HCFA)
 - HIV Counseling and Testing System (CTS)
 - HIV/AIDS Surveillance System



- Medical Expenditure Panel Survey (MEPS)
- National Association of County and City Health Officials (NACCHO)
- National Coalition of STD Directors (NCSD)
- National College Health Risk Behavior Survey (NCHRBS)
- National Committee for Quality Assurance (NCQA)
- National Crime Victimization Survey (NCVS)
- National Disease and Therapeutic Index (NDTI)
- National Health and Nutrition Examination Survey (NHANES)
- National Health Council
- National Health Interview Survey (NHIS)
- National Hospital Discharge Survey (NHDS)
- National Household Survey on Drug Abuse (NHSDA)
- National Notifiable Disease Surveillance System (NNDSS)
- National Profile of Local Health Departments (NPLHD)
- National Survey of Adolescent Males (NSAM), Urban Institute
- National Center for Health Statistics (NCHS)
- National Institute of Justice (NIJ)
- Office of Applied Science (OAS)
- Office on Population Affairs (OPA) data reported in Family Planning Annual Report
- Periodic Vaccine Coverage Surveys
- Pregnancy Nutrition Surveillance System (PNSS)
- School Health Policies and Program Study (SHPPS)
- Sentinel Counties Study of Viral Hepatitis
- Survey of STD Programs, National Coalition of STD Directors
- The Alan Guttmacher Institute (AGI)
- Treatment Episodes Data System (TEDS)
- Young Men's Survey, National Center for HIV, STD, and TB Prevention
- Youth Risk Behavior Surveillance System (YRBSS)

National Survey of Family Growth (NSFG)	
Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).
Mode of Administration	Computer-assisted personal interview (CAPI) by professional female interviewers. In addition, a self-administered audio section for more sensitive topics (ACASI), in which respondents hear questions on headphones (and read on a computer screen) and enter responses on the computer themselves.
Survey Sample Design	The 1995 Survey was a multistage probability design consisting of households that had been interviewed in 198 PSUs in the the National Health Interview Survey in 1993. Of the 13,795 eligible females in the sample, 10,847 were interviewed. Black and Hispanic females were oversampled.
Response Rates	Response rates have averaged around 80 percent for prior cycles; in the most recent cycle, 1995, the response rate was 79 percent.
Primary Survey Content	The NSFG contains data on factors affecting birth and pregnancy rates, adoption, and maternal and infant health. These factors include sexual activity, marriage, divorce and remarriage, unmarried cohabitation, contraception and sterilization, infertility, breastfeeding, pregnancy loss, low birthweight, and use of medical care for family planning and infertility.
Population Targeted	Civilian noninstitutionalized females aged 15 to 44 years residing in the United States.
Demographic Data	Age, race, Hispanic ethnicity, family income, educational attainment.
Years Collected	1973; 1976; 1982; 1988; and 1995. Future surveys will be conducted in 2001, 2004, and 2007.
Schedule	Periodic.
Geographic Estimates	National; four U.S. Census Bureau regions; metropolitan and nonmetropolitan areas; some of the 10 HHS regions.
Notes	The sample size of future surveys will increase. Beginning in 2001, males will be sampled as well as females. Persons aged 15 to 19 and 20 to 24 years will be oversampled as well as black and Hispanic population groups.
Contact Information	Data system homepage: http://www.cdc.gov/nchs/nsfg.htm Data system phone: 301-458-4222 Agency homepage: http://www.cdc.gov/nchs Agency phone: 301-458-INFO (4636)



National Survey of Family Growth (NSFG)

References

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Waksberg, J., and Northrup, D.R. Integration of sample design for the National Survey of Family Growth, Cycle IV, with the National Health Interview Survey. NCHS. *Vital and Health Statistics 2*(96), 1985.

National Vital Statistics System, Mortality (NVSS-M)

Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).
Mode of Administration	Administrative records (death certificates) completed by physicians, coroners, medical examiners, and funeral directors are filed with State vital statistics offices; selected statistical information is forwarded to NCHS to be merged into a national statistical file. Beginning with 1989, revised standard certificates replaced the 1978 versions; the next scheduled revision is 2003. Demographic information on the death certificate is provided by the funeral director and is based on information supplied by an informant. Medical certification of cause of death is provided by the physician, medical examiner, or coroner.
Survey Sample Design	NVSS mortality files include data for the 50 States, the District of Columbia, and the territories of Puerto Rico, Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Marianas. All deaths occurring in those areas are included (approximately 2.2 to 2.3 million annually). Data for Healthy People 2010 are based only on resident deaths filed in the 50 States and the District of Columbia. Deaths to nonresidents of the United States are not included.
Response Rates	N/A.
Primary Survey Content	Year of death, place of decedent's residence, place death occurred, age at death, day of week and month of death, Hispanic origin, race, marital status (beginning 1n 1979), place of birth, gender, underlying and multiple causes of death for all States, injury at work (beginning in 1993), hospital and patient status, educational attainment (beginning in 1989) for selected States, and occupation and industry (beginning in 1984) for selected States.
Population Targeted	The U.S. population.
Demographic Data	Gender, race, Hispanic origin (beginning in 1984), age at death, place of decedent's residence, educational attainment (beginning in 1989) for selected States, marital status, and industry and occupation for selected States. Race and ethnic origin are separate items on the death certificate. Beginning with 1992 data, California, Hawaii, Illinois, New Jersey, New York, Texas, and Washington reported expanded Asian and Pacific Islander categories of Asian Indian, Korean, Vietnamese, Samoan, and Guamanian. The rest of the States reported a combined Other Asian and Pacific Islander category in addition to the categories of white, black, American Indian, Chinese, Hawaiian, Japanese, and Filipino that all States report. As of 1997, all States report Hispanic origin. The categories reported include Mexican, Puerto Rican, Cuban, Central and South American, and Other Hispanic.



National Vital Statistics System, Mortality (NVSS-M)

Years Collected	The data system began in 1900 but not all States participated before 1933. Coverage for deaths has been complete since 1933.
Schedule	Annual.
Geographic Estimates	National, regional, State, and county. Beginning with 1989 data, some changes were initiated to increase confidentiality protection. Identifying information including date of death and geographic identifiers for counties of less than 100,000 persons are not available for public use.
Contact Information	Data system homepage: http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm Data system phone: 301-458-4555 Agency homepage: http://www.cdc.gov/nchs Agency phone: 301-458-4666
References	Hoyert, D.L.; Kochanek, K.D.; and Murphy, S.L. Deaths: Final Data for 1997. <i>National Vital Statistics Reports</i> 19(Suppl. 47). Hyattsville, MD: National Center for Health Statistics (NCHS), 1999. NCHS. <i>Technical Appendix. Vital Statistics of the United States, 1992</i> . Vol. II, Mortality, Part A. HHS Pub. No. (PHS) 96-1101. Washington, DC: U.S. Government Printing Office, 1996.

STD Surveillance System (STDSS)	
Sponsor	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention (NCHSTP).
Mode of Administration	Reports from health care providers are sent to the local/State/territorial health departments.
Survey Sample Design	All 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and 64 select large cities report STD cases.
Response Rates	Response rates vary by disease and patient population. Estimates of completeness for case reporting for syphilis, gonorrhea, and chlamydia are 65, 50, and 20 percent, respectively.
Primary Survey Content	Summary case count data are submitted monthly, quarterly, and annually using OMB-approved hard copy forms. Hard copy reporting is being replaced by electronic line-listed data. Currently, electronic line-listed data are submitted by more than half of the reporting States. Disease-specific information and demographics are available.
Population Targeted	Health care providers and laboratories providing medical care and laboratory services to persons with STDs.
Demographic Data	Age, gender, race, ethnicity, State and county of residence, country of birth.
Years Collected	CDC first provided reports of persons with STDs in 1941.
Schedule	Annual. STD Surveillance Report is published annually and is supplemented by the Chlamydia Prevalence Monitoring Annual Report, the Gonococcal Isolate Surveillance Project (GISP) Annual Report, and the Syphilis Surveillance Report. Report is available on the Web at http://www.cdc.gov/wonder/STD/Contents.shtml .
Geographic Estimates	National, State, regional, and selected large cities and counties. Data release policies dictate that no data that could be used to identify a person reported to the system may be released; thus, release of data in cell sizes less than or equal to five in a given category is prohibited.
Contact Information	Data system homepage: http://www.cdc.gov/nchstp/dstd/Stats_Trends/Stats_and_Trends.htm Data system phone: 404-639-8356 Agency homepage: http://www.cdc.gov/nchstp/od/nchstp.html Agency phone: 404-639-2070
References	Centers for Disease Control and Prevention (CDC), Division of Sexually Transmitted Disease Prevention. <i>Sexually Transmitted Disease Prevention Surveillance</i> . Atlanta, GA: CDC, 1999. CDC. Case definition for infectious conditions under public health surveillance. <i>Morbidity and Mortality Weekly Report</i> 46(RR10), 1997. CDC. Guidelines for evaluating surveillance systems. <i>Morbidity and Mortality Weekly Report</i> 37(S5), 1988.