



Center for Advanced Studies in Nutrition and Social Marketing

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Annotated Bibliography of Data Sources to Assist in Formative Research on Diet and Physical Activity

Prepared by
Sallie Yoshida, MPH, RD

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CALIFORNIA RESOURCES

Cancer Prevention and Nutrition Section, California Department of Health Services

Contact: Request copies of the report from CPNS, P.O. Box 942732, MS-662, Sacramento, CA 94234-7320.

Website: <http://www.ca5aday.com>

1. 1998 California Teen Eating, Exercise, and Nutrition Survey (CalTEENS)

Target Audience: California adolescents aged 12 – 17 years old

This report represents results from the only comprehensive diet and physical activity survey conducted among California adolescents. In addition to diet, CalTEENS investigated other modifiable lifestyle characteristics including tobacco use, body weight, knowledge, attitudes, beliefs, environmental factors, and school performance.

CalTEENS was conducted as a telephone survey of 1,213 randomly selected 12 to 17 year-olds in California. The survey was adapted from the California Dietary Practices Survey, Behavioral Risk Factor Surveillance System, and the California Youth Tobacco Survey.

2. California Children's Eating and Exercise Practices Survey (CalCHEEPS)

Target Audience: California children aged 9 – 11 years old

(Full report available Fall 2001)

This survey uses a market research method, combining a mail survey with telephone follow-up to identify dietary and physical activity practices, knowledge, attitudes, beliefs, and exposure to nutrition messages for children aged 9 – 11 years old.

3. California Dietary Practices Survey: Overall Trends in Healthy Eating Among Adults 1989-1997, September 1999

Target Audience: California adults

This report is the first systematic assessment of progress toward achieving targets of the California Daily Food Guide, the State's official dietary guidance policy. The survey was conducted using telephone surveys every other year since 1989. Sample sizes totaled 1,000 adults each year, and increased to 1,700 persons in 1997. Trends on overweight and physical activity were obtained from California's Behavioral Risk Factor Surveillance Surveys.

The report found that poor diet and physical inactivity were the dominant norms in California, secular trends showed few signs of improvement, and early signs of public health decline were evidenced by sharp increases in the state's rates of overweight and obesity. The trends affect virtually all population segments.

More positively, this report shows that the potential for large-scale behavioral improvements is excellent. The great majority of Californians want to eat healthier and be fit, and many organizations are standing by to help.

4. California Dietary Practices Survey: Focus on Fruits & Vegetables Trends Among Adults, 1989 – 1997, September 1998

Target Audience: California adults

This report provides information about fruit and vegetable consumption in California, and analyzes trends since the first state survey conducted in 1989. The survey was conducted by telephone in the summer and early fall of 1997 and included 1,700 randomly selected adults.

The report summarizes findings and recommendations regarding fruit and vegetable consumption and physical activity behavior; reactions to fruit and vegetable promotion concepts; reactions to physical activity promotion concepts; reactions to television and print advertisements; and, reactions to potential incentive materials.

5. 1995 California Dietary Practices Survey: Focus on Lower Income Consumers Special Report for the Nutrition Network for Healthy Active Families, April 1998

Target Audience: Low income Caucasian, African American, and Latino Households with Children in California

This report profiles the differences in healthy eating and physical activity between the general adult population and the segments targeted by the Nutrition Network, which are low income Caucasian, African American, and Latino households with children. The 1995 survey compared how adults ate against the recommendations of the 1990 California Food Guide. Focus groups conducted in 1997 also were used to provide consumer insights into the survey findings.

The survey was conducted by telephone in the summer of 1995 with over 1,000 randomly selected adults. The results are representative of how the state population eats and exercises on a typical summer day. The focus groups included nearly 200 lower income women with school-aged children.

6. Nutrition Network for Healthy Active Families: Focus Group Research with Low Income White, African American, and Latina Women with School-aged Children Who Do and Do Not Use Food Stamps, Research Volume II, 1997

Target Audience: Low income White, African American, and Latina Women with school-aged children

7. California Nutrition Network Concept Development and Testing for Fruit & Vegetable Consumption & Physical Activity: Results from Focus Groups. Regino Chavez, December 1999

Target Audience: Low income (<\$20,000) African American, Caucasian, and Latina women with children aged 5 – 18 years old, living in California

Twenty-four focus groups were conducted for the California Nutrition Network for Healthy, Active Families during September, October, and November 1999 in San Diego, Los Angeles, and Berkeley, California. The groups were carried out with African American, Caucasian, and Latina women who have children between 5 and 18, and who reside in families earning less than \$20,000 annually.

The groups were conducted in two phases with twelve groups in each phase. Each phase consisted of three groups each with African American women; three with Spanish-dominant Latinas; and six with mixed groups of African American, Caucasian and English-dominant Latinas.

Phase I focused on developing concepts for promoting fruit and vegetable consumption as well as physical activity. The purpose of the research was:

- 1) To examine factors that would facilitate and serve as barriers to the consumption of fruits and vegetables and to engaging in physical activity;
- 2) To explore the development of new message concepts for a Y2K campaign; and
- 3) To identify appropriate places and activities for message dissemination.

Phase II emphasized concept testing of potential advertisement for these two aspects of behavior among limited income women in California. The purpose was:

- 1) To test new concept developed as a result of the research in Phase I; and
- 2) To explore reactions to the Network's 1998 and 1999 advertising ads, print materials, and other promotional materials developed for the campaign.

The report summarizes findings and recommendations regarding: Fruit and vegetable consumption; Physical activity behavior; Concept development: Fruits and vegetables; Reactions to Fruit and Vegetable Concepts; Concept development: Physical activity; Reactions to physical activity concepts; Reactions to television advertisement; Reactions to print materials; and Reactions to potential incentive materials.

California Project LEAN, California Department of Health Services

Contact: P.O. Box 942732 MS-675, Sacramento, CA 94234-7320, (916) 323-4742, fax (916) 445-7571.

Website: <http://www.dhs.ca.gov.lean>

Download PDF of the following reports at <http://www.dhs.ca.gov.lean> under "Consumer Materials" and under "Consumer Research Reports."

1. [A Literature Review of Adolescent Eating and Physical Activity Patterns](#)
Target Audience: Multiethnic California adolescents aged 14 – 18 years old

In December 1997, a literature review was conducted to identify:

- 1) Lessons from programs and research addressing the nutritional and physical activity patterns of adolescents aged 14 - 18, with an emphasis on lower-income teens;
- 2) Adolescent barriers, attitudes, perceptions and motivation regarding healthy behaviors and effective social marketing intervention strategies;
- 3) Appropriate channels and social marketing strategies that may result in positive behavior change;
- 4) Programs requiring further investigation; and
- 5) Experts and other key informants.

The research showed that most teenagers' eating habits do not meet national recommendations, consumption of nutritious foods is low and consumption of foods with little nutritional value is increasing. Adolescents from all ethnic groups have some dietary deficiencies, but minority groups, females and teens from low socioeconomic backgrounds are at a higher risk for chronic disease. Some of the significant factors determining teenagers' eating behaviors are appearance, independence, preferences and lifestyle.

The literature revealed that as high school students near graduation, participation in physical activity decreases. Males are generally more active than females. Adolescents from minority or lower socioeconomic groups also have a tendency to be less physically active than teens from higher socioeconomic groups. Some of the more significant factors determining teenage physical activity are appearance, social/peer support and attitudes/motivators.

2. Key Informant Interviews with Students, Experts and LEAN Regional Coordinators about Healthy Eating, Physical Activity and Multicultural Youth, April 1998

Target Audience: California high school students aged 14 – 18 years old

This report summarizes the major findings from interviews that were conducted with three key informant groups, namely:

- 1) 32 high school students (aged 14-18 years old) attending California high schools funded to implement the Food on the Run Campaign;
- 2) 20 experts from diverse professional backgrounds that, in some way, involve delivering and influencing food and physical activity choices among youth; and
- 3) 20 Project LEAN regional Food on the Run coordinators.

The primary purpose of these interviews was to gain insight into high school student's knowledge, attitudes, practices, beliefs, benefits, and barriers to eating health and being physically active.

3. A Summary Report on Adolescent Behaviors, Perceptions, Values and Attitudes on Health, Nutrition and Physical Activity - A Qualitative Exploration, August 1998

Target Audience: Multiethnic low income adolescents aged 12 – 17 years old

Focus groups were conducted to explore practices and perceptions about healthy eating and physical activity among multiethnic adolescents aged 12-17 years old from low income households. The objectives of the research were to:

- 1) Explore adolescents' attitudes, perceptions and motivations to healthy eating and physical activity;
- 2) Identify barriers, benefits and/or opportunities to healthy eating and physical activity among adolescents;
- 3) Test adolescents' reactions to and perceptions of 1% milk slogans and healthy living message concepts; and
- 4) Explore potential opportunities for reaching adolescents through various spokespeople and communication channels including school, media, retail and community-based organizations.

The results of this research was intended to help enhance knowledge within this area to define and identify channels and strategies for developing social marketing campaigns targeting lower income adolescents.

4. Creating an Adolescent Nutrition and Physical Activity Policy Agenda: A Report on a Public Policy Needs Assessment

This report summarizes the findings of a policy needs assessment conducted to support the development of a youth nutrition and physical activity policy agenda for California Project LEAN's Food on the Run program. Components of the report include:

- 1) A review of currently available nutrition, physical activity and youth policy materials;
- 2) A survey of key individuals knowledgeable about nutrition, physical activity, and/or youth policy issues; and
- 3) Recommendations for policy objectives and action strategies based on report findings.

5. California High School Fast Food Survey: Findings and Recommendations, February 2000

Target Audience: District-level public school food service directors

Concerned about the record level of youth obesity, the Public Health Institute commissioned the first study in the state to research the prevalence of fast foods on California high school campuses and student access to healthy foods at school. The study, conducted by Samuels and Associates, describes the:

- 1) Types of fast foods being sold on California high school campuses;
- 2) Factors that influence fast food sales; and
- 3) The economic and policy issues associated with them.

The study used a mixed-method approach: a literature review to identify priorities, a self-administered survey, and a follow-up phone interview with a limited sample of food service directors who responded to the survey. The self-administered survey was distributed to all (323) district-level public school food service directors who have a high school in their district.

6. A Literature Review for The California Bone Health Campaign for Low-Income Latino Mothers, April 2000
Target Audience: Food Stamp eligible African American, Caucasian, and Latino mothers

The purpose of the literature review was to identify the following information for food-stamp eligible women – primarily African American, Caucasian, and Latino mothers:

- 1) Prevalence and risk factors of osteoporosis;
- 2) Dietary factors, physical activity behaviors, as well as food preparation and shopping habits;
- 3) Barriers and motivators to dietary and physical activity behaviors that promote bone health;
- 4) Knowledge, attitudes, and perceptions of osteoporosis in addition to dietary and physical activity behaviors that promote bone health;
- 5) Appropriate channels and strategies that may result in a positive behavior change;
- 6) Lessons learned from available research on intervention strategies; and
- 7) Recommendations for intervention approaches.

This literature review was conducted to contribute to the development of a social marketing plan by guiding efforts to narrow the target audience, and to identify the target behavior and behavioral objective.

Approximately 45 articles, studies and reports on the key topics surrounding bone health were reviewed. With a few exceptions, the research articles reviewed were comprised of or included females 20 – 40 years of age from many racial/ethnic groups, and were published in or after 1995 in academic and popular journals with subjects limited to osteoporosis, bone health, calcium, milk/dairy consumption, and physical activity or exercise. Unpublished reports from focus groups conducted by the National Osteoporosis Foundation, California Nutrition Network and California Project LEAN were also reviewed.

7. A Focus Group Summary Report on Behaviors, Perceptions, Values and Attitudes of Latino Mothers on Bone Health, Nutrition and Physical Activity, November 2000
Target Audience: Low income women (\$25,000 or less) of Mexican decent with children between the ages of 5 and 17, with less than four-year college education

This qualitative research study was conducted to guide Project LEAN's campaign to promote calcium consumption among low-income Latinas and their families. Nine focus groups were conducted in California; three each in Fresno, Pacoima, and Riverside. All participants were women of Mexican decent with children between the ages of 5 and 17. To be selected, participants needed to have lived in the United States for at least three years and speak mostly Spanish in the home. They also needed to have an annual household income of \$25,000 or less and to have obtained less than a four-year college degree.

Six of these group discussions were conducted with low-income Mexican mothers with children in their homes (two at each location). For the remaining three groups (one in each location), participants were further screened for 1) an interest in health issues; and 2) participation in community groups and activities. These women were identified as possible opinion leaders to promote calcium consumption in their communities and were asked additional questions about how they could contribute to improving calcium consumption in their communities.

California Project LEAN Geographic Information System

Contact: Visit <http://www.dhs.ca.gov.lean> under "About us."

This interactive Internet-based Geographic Information System (GIS), funded by the United States Department of Agriculture through the California Nutrition Network, allows users to view maps by overlaying and analyzing the dataset categories to create a visual, geographic representation of existing data.

The categories include: geographic boundaries: school districts, political districts, Project LEAN regions, Tobacco Control regions, Breast Cancer Early Detection regions, California counties; major California cities; streets and highways; supermarkets and convenience stores, including Women, Infants and Children (WIC) Supplemental Nutrition Program vendors; fast food outlets; certified farmer's markets; schools; school-based health, food and nutrition programs; racial/ethnic population breakdowns; and primary languages spoken.

The GIS contains a rich set of nutrition and other health-related data, including:

- 1) Nutrition and school health programs;
- 2) WIC grocery stores and other local nutrition resources;
- 3) Demographics (race and spoken language) of general and at-risk populations;
- 4) Various Department of Health Services regions; and
- 5) Political (senate and assembly) districts.

Cardiovascular Disease Outreach, Resources, and Epidemiology (CORE) Program, California Department of Health Services

Contact: Visit <http://www.dhs.ca.gov/CORE/html/COREReports.htm> to download PDF reports. (916) 324-1329, fax (916) 324-7764

CORE's mission is to prevent and control CVD among all Californians. Core profiles are a series of epidemiological reports on the local burden of cardiovascular disease morbidity, mortality, and risk factors in California.

In addition, they offer detailed information on regions of the state with high rates of cardiovascular disease.

Reports include:

- 1) Californian's Attitudes Towards and Knowledge of Cardiovascular Disease
- 2) Deaths from Heart Disease and Stroke in California Cities (1996)
- 3) Deaths from Heart Disease and Stroke in California Counties (1997)
- 4) Hospitalizations for Heart Disease and Stroke in California Counties (1998)
- 5) Cardiovascular Disease Risk Factors among California Adults, 1984-1996 (1998)

You can also access one page handouts which show the prevalence of diabetes, hypertension, overweight, physical inactivity, and cigarette smoking for ten regions of the state: San Diego County, Orange County, Los Angeles County, San Bernardino and Riverside Counties, Sacramento Region, Central Valley Region, Central Coast Region, Bay Area Region, North Bay Area Region, Northern and Central Mountain Region.

Overweight Kids: Why Should We Care? Joel Cohen. December 2000. California Research Bureau, 900 N. Street, Suite 300, P.O. Box 94237-0001, (916) 653-7843, Fax (916) 654-5829. Contact: Visit <http://www.library.ca.gov/crb/00/08/00-008.pdf> to download PDF report.

Target Audience: Ethnically and geographically diverse children and their parents

This report describes the underlying factors that contribute to weight problems among children and adolescents, and examines the effects that being overweight and obese have on child and adolescent health, and on healthcare costs. The research was conducted at the request of Senators Martha Escutia and Cathie Wright. The report features the findings from 19 focus groups. Children and their parents in ethnically and geographically diverse communities throughout California were asked what problems and barriers prevent children from living a healthy lifestyle.

The report identifies policy options, based on research and finding from the focus groups, that suggest actions that the Legislature might consider, and that schools, communities, and families might take to enhance healthy lifestyles for their children. Finally, the report presents an extensive bibliography for those desiring additional information.

California Healthy Kids Survey, California Department of Education

Contact: visit <http://www.wested.org/hks>

Target Audience: California youth

California Healthy Kids Survey (CHKS) is a comprehensive youth health and risk behavior data collection support system for school districts. The CHKS can be used to assess:

- 1) Use of alcohol, tobacco, and other drugs;
- 2) Violence, school safety, gang involvement, and delinquency;
- 3) Nutrition and physical activity;
- 4) Sexual behavior;
- 5) Exposure to prevention and intervention activities; and
- 6) Risk and protective (resiliency) factors.

The CHKS benefits programs, schools, communities, and youth. Collecting data about students is the first step in developing a more effective understanding of their needs, responding to them, and determining the effectiveness of your efforts. Results can be used to:

- 1) Identify and communicate the health problems facing local youth;
- 2) Promote a deeper understanding of youth risk behavior and the importance of health to all aspects of life;
- 3) Determine your course of action and provide meaning and direction to prevention programs;
- 4) Assess risk and protective factors that prevention programs must address to create resilient youth;
- 5) Foster program support and encourage the school-community collaboration necessary to make a difference; and
- 6) Demonstrate the need for program funding and development.

The Center for Weight and Health, College of Natural Resources, University of California at Berkeley, 101 Giannini Hall #3100, Berkeley, CA 94720-3100, (510) 642-1599 Fax: (510) 642-4612. Contact: Gail Woodward-Lopez, gwlopez@nature.berkeley.edu Academic Coordinator or visit <http://www.cnr.berkeley.edu/cwh/index.html> download to PDF of the following fact sheets:

- 1) Guidelines for Collecting Heights and Weights on Children and Adolescents in School Settings
These guidelines were developed to help measure students in a way that is sensitive and supportive, as well as accurate.
- 2) Childhood Overweight, A Fact Sheet for Professionals
This fact sheet includes information on: 1) childhood overweight definitions, 2) consequences of childhood overweight, 3) growing prevalence of childhood overweight nationally, 4) risk factors for childhood overweight which cannot be changed, and 5) risk factors for childhood overweight which can be changed.
- 3) Overweight Among Children in California, A Fact Sheet for Schools and Communities
This fact sheet includes: 1) creating an ideal environment: you can be a part of the solution; 2) childhood overweight increasing; 3) defining childhood overweight; 4) health risks of overweight in childhood; 5) why do children become overweight; and 6) the ideal environment for promoting health.

California Food Policy Advocates. 116 New Montgomery St., Suite 530, San Francisco, California 94105, (415) 777-4422, Fax (415) 777-4466
Contact: Visit <http://www.cfpa.net> to download PDF reports.

California Food Policy Advocates (CFPA) is a private nonprofit organization dedicated to improving the health and well-being of low-income Californians by increasing their access to nutritious and affordable food.

As California's only statewide anti-poverty program with a focus on hunger and malnutrition among low-income people, CFPA employs a variety of strategies to develop and implement public policies that recognize the value of adequate nutrition and its fundamental contribution to good health and development, education and productivity.

CFPA conducts a number of research studies that demonstrates the scope and nature of hunger in California and the efficacy of public and private food programs in mitigating it. Current reports available include:

- 1) Best Practices to Improve the Food Stamp Program in California
- 2) Impact of Legal Immigrant Food Stamp Cuts in Los Angeles and San Francisco
- 3) USDA Hunger Measure
- 4) Collaborative Study of Persons Receiving Emergency Food
- 5) Economic Effects of Denying Food Stamps to Legal Immigrants
- 6) Summary of Nutrition Provisions in the 1996 Welfare Reform Law

NATIONAL RESOURCES

Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, MS/K-24, Atlanta GA 30341-3717, (770) 488-5820, Fax (770) 488-5473, e-mail: ccdinfo@cdc.gov, Website: <http://www.cdc.gov/nccdphp/dnpa>

1. Behavioral Risk Factor Surveillance System (BRFSS)

Contact: visit <http://www.cdc.gov/nccdphp/brfss/index.htm>

The BRFSS is administered and supported by the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. This nationwide telephone survey collects data on actual behaviors, rather than on attitudes or knowledge, to be especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs. It is an on-going data collection program. By 1994, all states, the District of Columbia, and three territories were participating in the BRFSS.

Prevalence data can be accessed on: Activity Limitations; Alcohol Consumption; Cholesterol Awareness; Colorectal Cancer Screening; Demographics; Diabetes; Exercise; Firearms; Health Care Access; Health Care Utilization; Health Status; HIV/AIDS; Hypertension Awareness; Immunization; Injury Control; Nutrition; Oral Health; Risk Factors and Calculated Variables; Smokeless Tobacco; Tobacco Use; Weight Control; and Women's Health.

Trends data can be accessed on: Alcohol Use: Binge Drinking; Alcohol Use: Chronic Drinking; Current Smokers; Diabetes Awareness; No Blood Pressure Check within 2 Years; No Cholesterol Check within 5 years; No Flu Shot within 12 months (Ages 65+); No Health Insurance; No Leisure Time Physical Activity; No Mammography and Breast Exam; No Mammography within 2 Years; No Pap Smear within 3 Years; No Pneumonia Shot (Ages 65+); Not Enough Fruit and Vegetables; Obesity: By Body Mass Index; and Overweight: By Body Mass Index.

2. Youth Behavior Risk Surveillance System (YRBSS)

Contact: Visit <http://www.cdc.gov/nccdphp/dash/yrbs>

To monitor priority health-risk behaviors among youth and young adults, CDC developed the Youth Risk Behavior Surveillance System (YRBSS). The YRBSS includes national, state, territorial, and local school-based surveys of high school students. National surveys were conducted in 1990, 1991, 1993, 1995, 1997, and 1999.

The YRBSS monitors six categories of priority health-risk behaviors among youth and young adults - behaviors that contribute to unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs) (including human immunodeficiency virus [HIV] infection); unhealthy dietary behaviors; and physical inactivity. The YRBSS includes a national school-based survey conducted by CDC as well as state, territorial, and local school-based surveys conducted by education and health agencies.

The purpose of the YRBSS is to:

- 1) Determine the prevalence and age of initiation of health risk behaviors;
- 2) Assess whether health risk behaviors increase, decrease, or remain the same over time;
- 3) Examine the co-occurrence of health risk behaviors among young people;
- 4) Provide comparable national, state, and local data; and
- 5) Monitor progress toward achieving the *Healthy People 2010* objectives, leading health indicators, and the National Education Goals.

3. Pediatric Nutrition Surveillance System (PedNSS)

Contact: Visit <http://www.cdc.gov/nccdphp/dnnpa/pednss.htm> to download PDF reports.

The Pediatric Nutrition Surveillance System (PedNSS) is intended to provide a framework for tabulating and interpreting state-specific information on the nutritional characteristics of low-income children. These data are useful to both health professionals who manage public health programs and those who are involved in the direct care of low-income children. The data can be used to:

- 1) Identify prevalent nutrition-related problems;
- 2) Identify high risk groups;
- 3) Monitor trends;
- 4) Target resources for program planning; and
- 5) Evaluate the effectiveness of interventions.

PedNSS is designed as a program-based surveillance system. It uses already available data collected from health, nutrition, and food assistance programs for infants and children, such as the Women, Infants, and Children Supplemental Food Program (WIC); Early Periodic Screening, Diagnosis and Treatment (EPSDT); and clinics funded by Maternal and Child Health Program (MCH) Block Grants.

Data are collected on socio-demographic variables (ethnicity/race, age, geographic location), birth weight, anthropometric indices (height/length, weight), iron status (hemoglobin and/or hematocrit), and breastfeeding.

4. Surgeon General's Report on Physical Activity and Health

Contact: Visit <http://www.cdc.gov/nccdphp/sgr/intro.htm> to download PDF reports.

This is the first Surgeon General's report to address physical activity and health. The main message of this report is that Americans can substantially improve their health and quality of life by including moderate amounts of physical activity in their daily lives. In July 1994, the Office of the Surgeon General authorized the CDC to serve as lead agency for preparing the first Surgeon General's report on physical activity and health. The CDC was joined in this effort by the President's Council on Physical Fitness and Sports (PCPFS) as a collaborative partner representing the Office of the Surgeon General.

The information in this report summarizes a diverse literature from the fields of epidemiology, exercise physiology, medicine, and the behavioral sciences. The report highlights what is known about physical activity and health, as well as what is being learned about promoting physical activity among adults and young people.

The major purpose of this report is to summarize the existing literature on the role of physical activity in preventing disease and on the status of interventions to increase physical activity. Any report on a topic this broad must restrict its scope to keep its message clear. This report focuses on disease prevention and therefore does not include the considerable body of evidence on the benefits of physical activity for treatment or rehabilitation after disease has developed.

This report concentrates on endurance-type physical activity (activity involving repeated use of large muscles, such as in walking or bicycling) because the health benefits of this type of activity have been extensively studied. The importance of resistance exercise (to increase muscle strength, such as by lifting weights) is increasingly being recognized as a means to preserve and enhance muscular strength and endurance and to prevent falls and improve mobility in the elderly. Some promising findings on resistance exercise are presented here, but a comprehensive review of resistance training is beyond the scope of this report.

In addition, a review of the special concerns regarding physical activity for pregnant women and for people with disabilities is not undertaken here, although these important topics deserve more research and attention.

5. National Health and Nutrition Examination Survey (NHANES)

Contact: Visit <http://www.cdc.gov/nchs/nhanes.htm> to download PDF reports.

The National Health and Nutrition Examination Survey (NHANES) is a survey conducted by the National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention, U.S. Public Health Service. This survey has been designed to collect information about the health and diet of people in the United States. NHANES is unique in that it combines a home interview with health tests, which are done in a Mobile Examination Center. The goals of NHANES are to:

- 1) Estimate the number and percent of persons in the U.S. population and designated subgroups with selected diseases and risk factors;
- 2) Monitor trends in the prevalence, awareness, treatment, and control of selected diseases;
- 3) Monitor trends in risk behaviors and environmental exposures;
- 4) Analyze risk factors for selected diseases;
- 5) Study the relationship between diet, nutrition, and health;
- 6) Explore emerging public health issues and new technologies; and
- 7) Establish a national probability sample of genetic material for future genetic testing.

6. Morbidity and Mortality Weekly Report

Contact: Visit http://www.cdc.gov/mmwr/mmwr_wk.html to download PDF reports.

The *MMWR* weekly contains data on specific diseases as reported by state and territorial health departments and reports on infectious and chronic diseases, environmental hazards, natural or human-generated disasters, occupational diseases and injuries, and intentional and unintentional injuries. Also included are reports on topics of international interest and notices of events of interest to the public health community.

7. Obesity Trends

Contact: Visit <http://www.cdc.gov/nccdphp/dnpa/surveill.htm> to download PDF reports.

Reports available on:

- 1) U.S. Obesity Trends in Adults, 1991-1998
- 2) Obesity Continues to Climb in 1999 Among American Adults
- 3) Obesity Epidemic Slide Presentation
- 4) Prevalence of Diabetes (U.S. Maps)

Census 2000, United States Department of Commerce, Economics and Statistics Administration. Contact: visit <http://www.census.gov> or call the Customer Services Center at 301-457-4100. Also, visit your local library.

Census 2000 provides information about the 118 million housing units and 275 million people across the United States. A major change in Census 2000 is that people could select more than one race, which improves information on racial and ethnic diversity.

Every person in the U.S. was asked: Household Relationship, Sex, Age, Hispanic or Latino Origin, Race, Tenure, and Vacancy Characteristics. One in six persons were asked additional population questions such as: Marital Status; Place of Birth, Citizenship, and Year of Entry; School Enrollment and Educational Attainment; Ancestry, Migration (residence in 1995); Language Spoken at Home and Ability to speak English; Veteran Status; Disability; Grandparents as Caregivers; Labor Force Status; Place of Work and Journey to Work; Occupation, Industry, and Class of Worker; Work Status in 1999; and Income in 1999. Additional housing questions included: Value of Home or Monthly Rent Paid; Units in Structure; Year Structure Built; Number of Rooms and Number of Bedrooms; Year Moved Into Residence; Plumbing and Kitchen Facilities; Telephone Service; Vehicles Available; Heating Fuel; Farm Residence; and Utilities, Mortgage, Taxes, Insurance, and Fuel Costs.

Monitoring the Future, Survey Research Center, Institute for Social Research, University of Michigan. Contact: e-mail MTFinfo@isr.umich.edu; visit <http://www.monitoringthefuture.org> to download PDF reports.

Target Audience: 8th, 10th and 12th grade students in the United States

The Monitoring the Future project, begun in 1975, has many purposes. Among them is to study changes in the beliefs, attitudes, and behavior of young people in the United States. In recent years the U.S. has experienced tremendous changes in public opinion toward such diverse issues as government and politics, alcohol and other drug use, gender roles, protection of the environment, etc. Much of our current upheaval in attitudes is especially concentrated, and often first seen, in today's youth. This study focuses on youth because of their significant involvement in today's social changes and, most important, because youth in a very literal sense will constitute our future society.

Each year, a total of some 50,000 8th, 10th and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1991). In addition, annual follow-up questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation.

The results of the study are useful to policy makers at all levels of government, for example, to monitor progress toward Goal 7 (safe, disciplined, and alcohol and drug-free schools) of the 2000 National Education Goals, as well as toward national health goals. Study results are also used to monitor trends in substance use and abuse among adolescents and young adults, and are used routinely in the White House Strategy on Drug Abuse.

USDA Economic Research Service

Contact: Visit <http://www.ers.usda.gov/Publications/> to download PDF reports.

The Economic Research Service (ERS) is the main source of economic information and research from the U.S. Department of Agriculture. Located in Washington, DC, with approximately 500 employees, the mission of ERS is to inform and enhance public and private decision-making on economic and policy issues related to agriculture, food, natural resources, and rural development. To accomplish this mission, highly trained economists and social scientists develop and distribute a broad range of economic and other social science information and analysis.

ERS's timely research and analysis provide public and private decision makers the information they need to conduct business, formulate policy, or learn about the farm, rural, and food sectors. ERS materials are used by the press and other news media, and both print and electronic publications are available to the public. You can choose numerous categories of topics. Topics of interest include:

- 1) Diet, Consumption and Health
 - Diet Quality and Nutrition
 - Food Consumption
 - Food Expenditures
 - Food Loss, Recovery and Gleaning
 - Health Outcomes
 - Nutrition Information and Education
 - Obesity in America

- 2) Food and Nutrition Assistance Programs:
 - Child Nutrition Programs
 - Food Assistance & Nutrition Research Program (FANRP)
 - Food Security
 - Food Stamp Program
 - Macroeconomics & Food/Nutrition Assistance
 - Program Operations & Integrity
 - Program Outcomes
 - Research Funding Opportunities
 - Vulnerable Populations
 - Welfare Reform
 - WIC Program

- 3) Food Market Structures:
 - Agribusiness/Industry Concentration
 - Food Price Spreads
 - Industrial Organization of Food Markets

- 4) Food Prices, Spread, and Margins:
 - CPI for Food
 - Food Expenditures
 - Food Price Spread

- 5) Food Safety:
 - Consumer Food Safety Behavior
 - Economics of Foodborne Disease
 - Food Irradiation
 - Foodborne Pathogens
 - Government Food Safety Policies
 - HACCP
 - Industry Food Safety Actions
 - Residues in Food
 - Risk Assessment for Foodborne Hazards
 - Safe Food Handling

University Of California, Davis

CENTER FOR ADVANCED STUDIES IN NUTRITION AND SOCIAL MARKETING

One Shields Avenue, Epidemiology and Preventive Medicine, TB 168

Davis, CA 95616

(530) 754-5821 • (530) 752-3239 fax

casnsm@epm.ucdavis.edu

<http://socialmarketing-nutrition.ucdavis.edu>

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