

DATA SOURCES (Listed Alphabetically)

Automated Regional Justice Information System (ARJIS): The Automated Regional Justice Information System (ARJIS) is a complex criminal justice enterprise network utilized by 38 local, state, and federal agencies in the San Diego region. ARJIS is chartered to support a regional web-based enterprise network that utilizes technical and operational standards to build interfaces to all criminal justice systems in the region. The ARJISNet secure intranet contains data on the region's crime cases, arrests, citations, field interviews, traffic accidents, fraudulent documents, photographs, gang information, and stolen property.

Behavioral Risk Factor Surveillance (BRFSS): The California Behavioral Risk Factor Survey is an ongoing telephone survey conducted by the California Department of Health Services to assess the prevalence of and trends in health-related behaviors in the adult California population. Prevalence estimates for selected risk factors are presented by year of survey. Where available, 1999 national prevalence estimates and *Healthy People 2010* objectives were presented for comparison. Of note, 95% confidence intervals (CI) were used to determine differences between prevalence estimates during 1991 to 1999; differences were considered statistically significant at the 0.05 alpha level if the 95% CI did not overlap. For more information, refer to: <http://www.cdc.gov/nccphp/brfss>.

California Data: California rates were based on data from the Department of Health Services: Death Statistical Master Files, 1995-1999, and the Department of Finance: 1995-1998 Race/Ethnic Population by County with Age and Sex Detail. Race-specific infant mortality data were obtained from the Department of Health Services: Birth Cohort-Perinatal Outcome Files, 1994-1996. Child abuse/neglect data were obtained from the Department of Health Services, Children's Medical Services Branch.

California Office of Statewide Health Planning & Development (OSHPD) Discharge Data: The OSHPD discharge data are derived from records of patients discharged from California hospitals. The purpose is to provide a reporting system that will collect the mandatory discharge data for use in policy, planning, and research. Federal and Department of Mental Health hospitals are excluded from reporting to OSHPD.

California Tobacco Surveys (CTS): The CTS surveys included between 8,224 and 30,716 adult participants. The surveys consisted of behavioral, attitudinal, and demographical questions regarding tobacco use and policy in California. These surveys were funded by the Tobacco Control Section of the California Department of Health Services (CDHS) and conducted by the Cancer Prevention and Control Program of the University of California, San Diego.

Healthy People 2000 Objectives: U.S. Department of Health and Human Services. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives for the Nation*. Washington, D.C.: Public Health Services, DHHS Pub. No. (PHS) 91-50212, 1991.

Healthy People 2010 (Conference Edition): *National Health Promotion and Disease Prevention Objectives for the Nation*. Washington, DC: U.S. Department of Health and Human Services. Public Health Service, 2000.

Pediatric Nutrition Surveillance System (PedNSS): The CDC Pediatric Nutrition Surveillance System (PedNSS) is designed to monitor the nutritional status of low-income children served by various publicly funded health and nutrition programs. The PedNSS uses

anthropometrical and hematological measurements to assess the three most common nutrition-related problems among U.S. children—linear growth retardation, overweight, and iron deficiency anemia—as well as birth weight and breastfeeding practices.

Regional and San Diego County Vital Statistic Data: Data on causes of death were obtained from the California Department of Health Services, Center for Health Statistics, Office of Vital Records; Birth Statistical Master Files, and Death Statistical Master Files. Regional and county population data used in the calculation of population-based rates were obtained from January 1, 1995-1999 estimates from the San Diego Association of Governments (SANDAG). Estimates of the population by demographic and economic characteristics were based on SANDAG estimates when possible.

United Way Data: The Outcomes and Community Impact Measurement Program has been designed to be a comprehensive measurement and outcomes reporting system related to the health and well-being of residents of San Diego County. The focus is on the residents' perceptions of needs and capabilities and how responsive current systems are, or are not, to their goals and visions. A random sample of 3,600+ households is annually surveyed by phone and asked a series of questions on 40+ health and human care services areas (both needs and behaviors). Information is collected not only on whether respondents had needs in these areas but also on how well their needs were met (i.e., all, some, none). For more information, refer to <http://www.unitedway-sd.org>.

Youth Risk Behavior Surveillance System (YRBSS): The Youth Risk Behavior Survey (YRBS) is a national school-based survey conducted biennially to assess the prevalence of and trends in health risk behaviors among high school students, grades 9 through 12. The priority health-risk behaviors fall into the following six categories: (1) behaviors that result in unintentional and intentional injuries; (2) tobacco use; (3) alcohol and drug use; (4) sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies; (5) dietary behaviors; and (6) physical activity. Local data were acquired from surveys conducted at San Diego City Schools, 1991 to 1999.

For selected risk behaviors, local data are presented by age, gender, race/ethnicity, and year of survey; where available, 1999 national estimates and *Healthy People 2010* objectives are presented for comparison. Of note, 95% confidence intervals (CI) were used to determine differences between prevalence estimates during 1993 to 1999; differences were considered statistically significant at the 0.05 alpha level if the 95% CI did not overlap. For more information, refer to: *MMWR* 2000 June 9; 49(SS05):1-96.