Schedule Number: N1-442-91-010

Some items in this schedule are either obsolete or have been superseded by new NARA approved records schedules. This information is accurate as of: 1/7/2022

ACTIVE ITEMS
These items, unless subsequently superseded, may be used by the agency to disposition records. It is the responsibility of the user to verify the items are still active.

All other items remain active

SUPERSEDED AND OBSOLETE ITEMS
The remaining items on this schedule may no longer be used to disposition records. They are superseded, obsolete, filing instructions, non-records, or were lined off and not approved at the time of scheduling. References to more recent schedules are provided below as a courtesy. Some items listed here may have been previously annotated on the schedule itself.

Items 1b and 1c are one-time dispositions. Accession number NN3-442-96-004.

NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

REQUEST FOR RECORDS DISPOSITION AUTHORITY

(See Instructions on reverse)

LEAVE BLANK

JOB NO N1-442-91-10

TO GENERAL SERVICES ADMINISTRATION
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408

DATE RECEIVED 4-18-91

1 FROM *(Agency or establishment)*
Department of Health and Human Services

2 MAJOR SUBDIVISION
Public Health Service

3 MINOR SUBDIVISION
Centers for Disease Control

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U S C 3303a the disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10 If no records are proposed for disposal, the signature of the Archivist is not required

4 NAME OF PERSON WITH WHOM TO CONFER	5 TELEPHONE EXT.	DATE	ARCHIVIST OF THE UNITED STATES
Johanna A. Bonnelycke 4/5/91 PHS Records Management Officer	(301) 443-2055	9/16/92	

6 CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records, that the records proposed for disposal in this Request of 13 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified, and that written concurrence from the General Accounting Office, if required under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies, is attached

A GAO concurrence ☐ is attached, or ☒ is unnecessary

B DATE	C SIGNATURE OF AGENCY REPRESENTATIVE	D TITLE
4/12/91		DHHS Records Management Officer

7 ITEM NO	8 DESCRIPTION OF ITEM *(With Inclusive Dates or Retention Periods)*	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN *(NARS USE ONLY)*
	This comprehensive schedule covers the electronic records systems of the Centers for Disease Control's Center for Chronic Disease Prevention and Health Promotion. (see attached)		

copy sent to Agency 9/17/92 wolfe

Copies sent to NSE, NSX, NCF, NIA 9/24/92

NSN 7540-00-634-4064

STANDARD FORM 115 (REV 8-83)
Prescribed by GSA
FPMR (41 CFR) 101-11 4

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)

Plans, directs, and coordinates a national program for the prevention of premature mortality, morbidity, and disability due to chronic illnesses and conditions and promotes the overall health of the population.

Office on Smoking and Health

(1) Administers a program to inform Americans about the dangers of tobacco use in order to reduce death and disability due to smoking and smokeless tobacco use; (2) promotes and stimulates research on the determinants and health effects of smoking and smokeless tobacco use; (3) coordinates all PHS research and educational programs and other HHS activities related to tobacco and health; (4) establishes and maintains liaison with other Federal agencies, private organizations, State and local governments, and international agencies on matters related to tobacco and health; (5) serves as a clearinghouse for the collection, organization, and dissemination of information on all aspects of tobacco and health; (6) develops materials on tobacco use in relation to health; (7) provides assistance for educational programs on smoking and health; (8) produces Congressionally mandated reports to Congress; (9) conducts surveys, and coordinates and conducts epidemiologic studies related to tobacco behavior and tobacco control; (10) provides staff support for a Congressionally mandated Federal advisory committee on smoking and health; (11) pursuant to Public Laws 98-474 and 99-252, collects, maintains, and analyzes information provided by the tobacco industry on cigarette additives and smokeless tobacco additives and nicotine content; (12) serves as a World Health Organization Collaborating Center on Smoking and Health; (13) serves as the lead HHS organization for the Objectives for the Nation related to smoking and health; (14) provides staff support to the Surgeon General on activities related to smoking and health.

1. Adult Use of Tobacco Survey, 1986, Data Base

   The Adult Use of Tobacco Survey, 1986, was conducted by Westat, Inc., Rockville, Maryland, under contract number 282-84-0062 from the Office on Smoking and Health, to determine tobacco usage rates as well as descriptive information on smoking patterns. Information gathered included history of individual use of tobacco products as well as attitudes on smoking-related issues. Survey results were used to analyze the impact of public reaction to the Surgeon General's reports dealing with health consequences of smoking and to influence research directions and guide public education program. There are no current plans to conduct additional adult tobacco surveys.

a. INPUT DATA

The data collection mode was telephone survey using random digit dialing. Separate computer-assisted telephone interviewing questionnaires to assess socio-demographics of tobacco use in the US were developed for current smokers, former smokers, and never smokers.

Disposition: Destroy when no longer needed for administrative purposes.

b. ADULT USE OF TOBACCO SURVEY, 1986 (MASTER FILE)

The master data set contains a random sample survey on smoking related variables of 13,301 adults in the US.

Disposition: PERMANENT--Transfer immediately a copy of the master data set (one 9-track EBCDIC tape, in accordance with regulations noted in 36 CFR 1228.188, Transfer of machine-readable records to the National Archives) immediately to the Center for Electronic Records, National Archives and Records Administration. (Note: this item only covers the Adult Use of Tobacco Survey, 1986 and does not convey disposal authority on additional tobacco use studies. These must be scheduled individually. Please contact the Records Officer for more information)

c. MASTER FILE DOCUMENTATION

Includes pertinent information regarding tape specifications, variable names, and column layouts for each file, and hard copy version of relevant code book.

Disposition: PERMANENT--Transfer in conjunction with the transfer of electronic records under item 1b above.

d. OUTPUTS

Report, Tobacco Use in 1986, Methods and Basic Tabulations from Adult Use of Tobacco Survey, and scientific manuscripts for publication in professional journals.

Disposition:

(1) Record copy: PERMANENT--Transfer to the Federal Records Center when five (5) years old and offer to the National Archives when twenty (20) years old (disposition authority approved under CDC Records Control Schedule B-321, item 64).

Rate of Accumulation: Negligible.
Volume on Hand: Less than one cubic foot.

(2) Other copies: Destroy when no longer needed for administrative purposes.

Office of Surveillance and Analysis

(1) In coordination with other components of NCCDPHP and state and local agencies, plans, develops, conducts, and maintains national- and state-based surveillance for chronic diseases and conditions, related risk factors, policies, preventive health practices and services for infants, children, adolescents, and adults; (2) in coordination with other components of NCCDPHP, investigates, analyzes, interprets, and disseminates the results of surveillance investigations and studies on trends, patterns, associated behavioral and other risk factors and causes of chronic diseases and conditions; (3) supports, coordinates, facilitates, and conducts analyses; interprets and disseminates the findings of the Behavioral Risk Factor Surveillance System and related surveillance activities; (4) plans and implements strategies and methods to routinely collect, analyze, interpret, and disseminate surveillance information on rates, trends, and patterns of chronic diseases and associated factors; (5) consults and collaborates with professional staff in other NCCDPHP components to plan and implement strategies to collect, analyze, interpret, and disseminate surveillance information on trends, patterns, associated behavioral and other risk factors and causes of chronic diseases and conditions; (6) coordinates, develops, catalogs, manages, and facilitates access to surveillance data bases of broad interest and utility within NCCDPHP and for other CDC programs; (7) serves as a principal liaison for surveillance activities with other CDC programs, especially NCHS, IRMO, and EPO; (8) provides overall coordination for surveillance systems and activities within NCCDPHP; (9) provides technical assistance to Federal, State, and local health agencies, and national and international organizations to develop their capacity to plan and implement strategies and methods for collection, analysis, interpretation, and dissemination of information on rates,

trends, and patterns of chronic diseases and conditions and behavioral and other related risk factors; (10) develops methods to analyze and display information to assist in evaluating trends, setting priorities, and developing investigative and control strategies.

2. BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA BASE

This data base contains information on behaviors that are related to premature death (death before expected average life span). This information is collected to provide state-based (not national) estimates of the prevalence of personal behaviors leading to premature death. This allows each state to plan appropriate action for risk reduction and to measure the progress of their intervention programs. The Behavioral Risk Factor Surveillance system was designed to provide a yardstick for this evaluation. A rapid, low-cost telephone survey, using random-digit dialing is used to collect the survey data. The questionnaire is in three parts, the core which all participating states have agreed to use, standardized modules which states may choose to use, and lastly the states may add questions that are of interest only to their state. This approach allows states the flexibility of studying areas of individual concern while providing annual data on topics of interest to all states and CDC. The states conduct interviews monthly and send raw data to CDC for editing and tabulation. The NCCDPHP staff creates an aggregated data set of monthly surveys for each year as well as a cross tabulation by demographic variables for each state. The sample is not large enough to be used as a national data set. The information gathering is administered by various branches of each state health department. The health promotion and education programs collect the information in 17 states. In other states, similar programs have the data collection responsibility. The data management is conducted in a mainframe environment using SAS applications.

a. INPUT DATA

Personal behaviors (risk factors) monitored in this surveillance system vary from year to year, but may include: hypertension, physical activity, cigarette smoking, alcohol use, cholesterol, weight control, women's health, AIDS, seat belt use, other preventive health practices, and demographic factors. Input is received from state health offices in the following forms:

(1) Floppy diskettes.

Disposition: Floppy diskettes are collected for the survey year and retained as a final backup for two years. At the end of this time, the diskettes are erased and returned to states requesting diskettes.

(2) Magnetic tapes.

Disposition: Magnetic tapes are returned after the data has been loaded on the CDC mainframe and a backup copy has been made.

(3) Hard Copy questionnaires.

Disposition: The states that collect information in hard copy are responsible for maintenance of their hard copy questionnaires, maintaining them until the aggregate data for the survey years is verified for accuracy. Questionnaires received by CDC are keyed into the system and the forms are returned to the state after verification.

b. BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA BASE (MASTER FILE)

A separate master file is created for each survey year containing all data received for that year.

Disposition: PERMANENT--Transfer one copy of each final annual data set (in accordance with regulations noted in 36 CFR 1228.188, Transfer of machine-readable records to the National Archives) to the Center for Electronic Records, National Archives and Records Administration in five (5) year intervals (i.e., 1990-1994 in 1995). The first transfer will include all previous data sets and take place upon approval of this schedule.

c. MASTER FILE DOCUMENTATION

Includes pertinent information regarding tape specifications, variable names, and column layouts for each file, and hard copy version of relevant code book.

Disposition: Transfer in conjunction with the transfer of electronic records under item b above.

d. OUTPUTS

Tabulations of the aggregate data for the entire surveillance year are produced in the Surveillance Summary report in the Morbidity Mortality Weekly Report and scientific manuscripts are published in professional journals.

Disposition:

(1) Record copy: PERMANENT--Transfer to the Federal Records Center when five (5) years old and offer to the National Archives when twenty (20) years old (disposition authority approved under CDC Records Control Schedule B-321, item 64).

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

(2) Other copies: Destroy when no longer needed for administrative purposes.

Division of Diabetes Translation

(1) Plans, directs, and coordinates a program to reduce morbidity, mortality, disability, and costs associated with diabetes and its complications; (2) identifies, evaluates, and implements programs to prevent and control diabetes through the translation of state-of-the-art health care and self-care practices into widespread community practice; (3) in coordination with the Office of Surveillance and Analysis, conducts surveillance of diabetes, its complications, and the utilization of health care and prevention resources to monitor trends and evaluate program impact on morbidity, mortality, disability, and cost; (4) conducts epidemiologic studies and disseminates findings to identify and evaluate the feasibility and effectiveness of potential prevention and control strategies at the community level; (5) develops clinical and public health guidelines and strategies to form the basis for community interventions; (6) provides technical consultation and assistance to State and local health agencies to implement and evaluate cost effective interventions to reduce morbidity, mortality, and disability; (7) maintains liaison and collaborative relationships with official, private, voluntary agencies, educational institutions, or foreign countries and groups involved in diabetes-related activities; (8) provides technical assistance and consultation to other nations and to the World Health Organization (WHO) as a WHO Collaborating Center.

3. DIABETES OUTPATIENT EDUCATION REIMBURSEMENT DATA BASE

The data base contains information about programs that report reimbursement for diabetes outpatient education. The purpose of the reimbursement data base is to track national reimbursement trends and to support proposals by health care professionals in obtaining third-party reimbursement for services. The information is compiled on a micro computer using Professional File software.

a. INPUT DATA

Information is collected from contact persons in each state through informal letters, records of phone conversations, and personal consultation, and through surveys, government publications, the American Association for Diabetes Educators, and the American Diabetes Association. The database is organized into 51 files (50 states and the District of Columbia). Each file contains: a contact for the state, address, and phone number; a list of insurance carriers that reimburse for outpatient diabetes education; a catalog of specific programs that have reported reimbursement; state legislation that impacts diabetics; information about state risk-sharing health insurance pools; details about the government agency dealing with any state standards; and a roster of CDC Diabetes Control Projects for the respective state.

Disposition: Destroy after the information has been converted to an electronic medium and verified, or when no longer needed to support the reconstruction of, or serve as the backup to, the master file, whichever is later (GRS 20, item 2a).

b. DATA CONTAINED ON THE DIABETES OUTPATIENT EDUCATION REIMBURSEMENT DATA BASE (MASTER FILE)

The 51 file, 7 field, master file is updated twice each year.

Disposition: Destroy when no longer needed for administrative purposes.

c. OUTPUTS

The Reimbursement Data base is printed annually and distributed to diabetes educators working in private clinics and hospitals, free of charge, on request.

Disposition: Destroy when no longer needed for administrative purposes.

Division of Nutrition

(1) Identifies and develops priorities for nutrition-related health problems of national and state significance; develops goals and objectives, and plans, implements, and evaluates appropriate activities that contribute to the reduction of preventable morbidity and mortality and promote enhancement of the quality of life as related to nutrition, nutritional problems, and related risk factors; (2) plans, directs, and conducts epidemiologic investigations, demonstration projects, and programs to better describe and resolve nutrition-related health problems and risk factors and other factors affecting growth and development, especially in high-risk populations; (3) plans and conducts applied investigations to develop or improve nutrition assessment methods and reference criteria for monitoring infant and child growth and determining adult nutrition status, especially among women during the prenatal and post partum periods; (4) directs and coordinates nutrition status surveillance and survey activities, especially among high-risk, low income populations within the United States, including infants, children, and pregnant women; (5) provides technical and consultative services to State, local, and Federal agencies in the development and management of nutrition status monitoring systems and in the planning and implementation of appropriate intervention strategies to improve nutritional status; (6) collaborates with other divisions of NCCDPHP in the nutritional components of their programs, as appropriate, and provides technical assistance and training to state, local, and Federal agencies in the planning and implementation of programs intended to promote optimal nutritional status and reduce nutrition-related risk factors associated with chronic disease; (7) provides technical assistance in the evaluation of surveillance of nutritional status, nutrition-related diseases, and nutrition-related relief efforts in developing countries in collaboration with international agencies such as the Agency for International Development (AID) and the World Health Organization; (8) designs and conducts epidemiologic and other investigations to clarify the relationship between nutritional status and related preventable health problems in collaboration with the Department of State, AID, and other international

agencies; (10) participates in the Department's Nutrition Policy Board and coordinates Division activities with other PHS agencies and the OASH, other Federal agencies, and appropriate nutrition-related organizations.

4. PEDIATRIC NUTRITION SURVEILLANCE SYSTEM DATA BASE

The Pediatric Nutrition Surveillance System Data Base was created in 1973 and provides ongoing assessment of nutritional status of low-income populations (children) in the United States, yielding state-specific trends of health problems. This system uses data that are routinely collected by state health departments administering public, clinic-based programs, such as the US Department of Agriculture's WIC program (special supplemental feeding program). States voluntarily share these data with CDC as participants in the surveillance system. The system is designed as a program-based surveillance system using information on socio-demographics and child growth status. The emphasis of the system is help states monitor the nutritional status of the pediatric population being served by public programs. This system benefits state health departments by increasing their capacity in nutrition surveillance by giving these agencies an instrument to evaluate the success of existing clinic programs targeted at low-income children. CDC is the focal point for technical assistance to states for the analysis, interpretation, and application of the system data. Information in the system is used to track the Nation's Year 2000 Health Objectives; for national monitoring of nutritional status in low-income children; and for epidemiological analysis, program evaluation, and linkage with vital statistical data. The system, written in COBOL, resides in a mainframe environment.

a. INPUT DATA

Data fields include demographic data (e.g., state, sub-state, county, clinic, date of birth, sex, etc.) and data relating to the nutritional status of the child (e.g., reason for attending clinic, date of visit, breast feeding status, height, weight, and hemoglobin and hematocrit).

(1) Data received from states on magnetic media (6250 BPI 9-track tape and floppy diskette).

Disposition: All data are returned to the states on original media after being copied at CDC.

(2) Data copied by CDC.

Disposition: Destroy when no longer needed for administrative purposes.

b. PEDIATRIC NUTRITION SURVEILLANCE SYSTEM DATA BASE (MASTER FILE)

The master file is cumulative.

Disposition: PERMANENT--Transfer one copy of each final annual data set (in accordance with regulations noted in 36 CFR 1228.188, Transfer of machine-readable records to the National Archives) to the Center for Electronic Records, National Archives and Records Administration in five (5) year intervals (i.e., 1990-1994 in 1995). The first transfer will include all previous data sets and take place upon approval of this schedule.

c. MASTER FILE DOCUMENTATION

Includes pertinent information regarding tape specifications, variable names, and column layouts for each file, and hard copy version of relevant code book.

Disposition: PERMANENT--Transfer in conjunction with the transfer of electronic records under item b above.

d. OUTPUTS

Monthly hard copy reports and microfiche reports are sent to participating states as are quarterly and annual reports. The reports are provided to participating states in clinic-, county-, and region-specific forms as well. Summaries are published by CDC and distributed to the health community. Manuscripts are published in the Morbidity Mortality Weekly Report and in professional journals.

Disposition:

(1) Record copy: PERMANENT--Transfer to the Federal Records Center when five (5) years old and offer to the National Archives when twenty (20) years old (disposition authority approved under CDC Records Control Schedule B-321, item 64).

Rate of Accumulation: Negligible.

Volume on Hand: Less than one cubic foot.

(2) Other copies: Destroy when no longer needed for administrative purposes.

5. PREGNANCY NUTRITION SURVEILLANCE SYSTEM DATA BASE

The Pregnancy Nutrition Surveillance System Data Base was created in 1979 and provides ongoing assessment of nutritional status of low-income pregnant women in the United States, yielding state-specific trends of health problems and relating risks to birth outcomes. This system uses data that are routinely collected by state health departments administering public, clinic-based programs such as the US Department of Agriculture's WIC program (special supplemental feeding program). States voluntarily share these data with CDC as participants in the surveillance system. The system is designed as a program-based surveillance system using information on socio-demographics, prenatal risk factors, infant feeding practices, and birth outcomes. The emphasis of the system is to better quantify preventable risk behaviors such as smoking and alcohol consumption and to examine the relationship of nutritional and behavioral status during pregnancy to birth outcomes. Information in the system is used to track the Nation's Year 2000 Health Objectives; for national monitoring of prenatal health status in low-income women; and for epidemiological analysis, program evaluation, and linkage with vital statistical data, such as data for infant mortality. The system, written in SAS with some supportive COBOL utilities, resides in a mainframe environment.

a. INPUT DATA

Data fields include demographic data (e.g., state, sub-state, county, clinic, household size, marital status, participation in other public programs, etc.), and data relating to the pregnancy and its outcome,(e.g., reason for attending, initial date of visit, infant sequence number, date of LMP, expected due date, date enrolled in WIC, previous pregnancies, previous live births, year/month last pregnancy ended, pre-pregnancy weight, positive or negative weight gain total weight gain, height of woman, information on cigarette and alcohol consumption, infant birth information, funding information, and woman's hemoglobin and hematocrit).

(1) Data received from states on magnetic media (6250 BPI 9-track tape and floppy diskette).

Disposition: All data are returned to the states on original media after being copied at CDC.

(2) Data copied by CDC.

Disposition: Delete when data have been entered into the master file or data base and verified, or when no longer needed to support reconstruction of, or serve as back up to, the master file or data base, whichever is later (GRS 20, item 2b).

b. PREGNANCY NUTRITION SURVEILLANCE SYSTEM DATA BASE (MASTER FILE)

The master file is cumulative.

Disposition: PERMANENT--Transfer one copy of each final annual data set (in accordance with regulations noted in 36 CFR 1228.188, Transfer of machine-readable records to the National Archives) to the Center for Electronic Records, National Archives and Records Administration in five (5) year intervals (i.e., 1990-1994 in 1995). The first transfer will include all previous data sets and take place upon approval of this schedule.

c. MASTER FILE DOCUMENTATION
Includes pertinent information regarding tape specifications, variable names, and column layouts for each file, and hard copy version of relevant code book.

Disposition: PERMANENT--Transfer in conjunction with the transfer of electronic records under item b above.

d. OUTPUTS

Annual summaries of surveillance data are published by CDC and distributed to the health community. Manuscripts are published in the Morbidity Mortality Weekly Report and in professional journals.

Disposition:

(1) Record copy: PERMANENT--Transfer to the Federal Records Center when five (5) years old and offer to the National Archives when twenty (20) years old (disposition authority approved under CDC Records Control Schedule B-321, item 64).

Rate of Accumulation: Negligible.
Volume on Hand: Less than one cubic foot.

(2) Other copies: Destroy when no longer needed for administrative purposes.

Concurrences:

Gordon E. Robbins — 6/18/92
Date
Assistant Director for Program Operations
National Center for Chronic Disease Prevention
and Health Promotion

Jimmy A. Harrison — 6/10/92
Date
CDC Records Officer