

**University of Florida College of Public Health and Health Professions**  
**PHC 6011: Epidemiology Methods II**  
**VERSION May 7<sup>th</sup>, 2008**

**LOCATION:** HPNP Room G210 (meets 1PM to 5PM Mondays and Wednesdays, Summer A, 2008)

**Instructors:**

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**OFFICE HPNP 3107**

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**E-Learning**

E-Learning is accessible at [lss.at.ufl.edu](http://lss.at.ufl.edu) or through [my.ufl.edu](http://my.ufl.edu). You must have a valid Gatorlink ID and password. For assistance, call the UF Help Desk at 392-HELP. Readings and data sets will be available on this site.

**Description:** This course extends the concepts and methods of epidemiology from PHC 6000 (Epidemiology Methods I). Hands on analytic methods in epidemiology are the primary emphasis of the class. Students will learn to form a sound epidemiologic research question; thoroughly review and understand the research on the question, to date; and propose, analyze, and interpret the findings from a population-based dataset. The goal of this class is to provide a foundation in applied epidemiological analysis and experience in peer-review productivity based on secondary data analysis.

**Prerequisites:** PHC 6000, STA 6166, and a graduate level regression course or the equivalent. Admission may be restricted to epidemiology concentration students and others admitted on as space is available. Students are required to have applied SAS in their regression course, preferably in PHC 6153. Students must have access to a laptop with SAS for in-class use. Other general requirements for the public health program for computing requirements are found at <http://www.mph.ufl.edu/students/onlinecomputer.htm>. This class assumes an advanced competency with epidemiology principles and vocabulary.

**Course Objectives:** Students will be able to:

- Compose a researchable scientific hypothesis based on surveillance data.
- Conduct a literature search and provide the rationale and existing science for a scientific analysis of data.
- Submit an IRB application for secondary data analysis.
- Apply and interpret the principles of multivariate analytic epidemiology.
- Critically appraise published research studies for their strengths and weaknesses.
- Interpret, apply, and analyze data regarding measures and measurements, error, confounding and effect modification, sampling, and research generalizability.
- Communicate epidemiology research in writing and orally.

**Text/Readings:**

We require Kleinbaum to augment the material in this class. Texts 2 and 3 are also useful references that are not required, but recommended.

1. Kleinbaum DG. *Logistic Regression: A self-learning text* (2<sup>nd</sup> Ed). Springer-Verlag, Inc., 2003.
2. Selvin S. *Statistical analysis of epidemiologic data*. New York, Oxford University Press, 1996.
3. Koepsell TD, Weiss NS. *Epidemiologic methods. Studying the occurrence of illness*. New York: Oxford University Press, 2003.

Readings also will be assigned from historical or current scientific research literature. Students will receive paper copies or be asked to read the posted web-site .pdf file of these articles. Readings will be posted when assigned, e.g., the week before they are due (or earlier). Class notes will be distributed at the beginning of each session, and will not be posted on the web. Students will need to acquire the analysis software program SAS. You should plan to bring your laptop for all sessions.

**Course Format:** We will combine different learning techniques in this class. There will be didactic lectures on research and analysis techniques, for which you may be assigned readings. Several specific written products are required during the semester, progressing through formation of a research question, literature review and methods proposals, and draft and final research papers. Students are expected to work with the content mentor(s) of the topics (*list distributed in class*), and feedback from the mentor will form part of the final evaluation for the class.

**Course project:** using cross-sectional data from the 2007 Behavioral Risk Factor Surveillance System (BRFSS), students will a) select a testable hypothesis, b) review the literature for this area, c) analyze the data, d) present the results in-class, and e) write-up the results in the format of a scientific journal article. All research projects are subject to IRB approval if they continue outside the course exercise and are submitted as research presentations or for publication. The course has been granted IRB exempt status (see the IRB review and authorization on the course web site) because the datasets are anonymous and in the public domain. However, each student team should consider providing a separate IRB exemption for their research question (to IRB 2) for maximum flexibility of the use of the data, data set, and future products.

**Requirements:** Students are responsible for all course material, including reading all required materials prior to each class. Failure to complete ANY assignment (draft and interim written reports, in-class presentation, final paper) will result in a failing grade. All students must also submit their certificates of HIPAA for researchers and the NCI training for research (see the syllabus). The final paper must be submitted in WORD electronically to both instructors. Students will be required to turn in feedback/assessment (might be via email) of their project from their topic mentor(s) in addition to this final paper.

**Grading:** The grading scale for this course consists of the standard scale below:

90% - 100% = A	70% -74.9%= C
85% -89.9%= B+	65% -69.9%= D+
80% -84.9%= B	60% - 64.9%= D
75% -79.9%= C+	Below 60.9%=E

**Grading Methods:** The assessment will include written and oral progressive products on the research paper that forms the final product of the class, and class participation. Feedback from topic content Mentors will form part of the evaluation of the final research paper.

Literature review = 15%	Oral presentation of study = 15%
Preliminary descriptive results = 15%	Final research paper = 30%
Draft multivariate model = 15%	Class participation = 10%

Class participation assessment will include attendance and participation in discussions.

Communicating epidemiology well is one of the goals of this class. In work, the clarity of language to explain your thoughts will be included in the comments and oral presentation ability and writing will be part of the final grade. Students must use a word processor for all submitted written work, and use Microsoft Power Point for their final presentation. The practice of epidemiology is enhanced by clear communication and because this is a graduate school course, competent writing *is part of the grade*.

**Feedback on Assignments:** Timely feedback on assignments is needed in order to assure that students are aware of their progress. For each interim written product, feedback will be provided on the next weekly scheduled session. Feedback on the oral presentation will be provided as part of the Q&A at that time, and a summary provided within one week after the last class session. Final papers will be returned with comments one week after the end of class.

**Classroom etiquette:** Please come to class on time and be prepared to stay until the time scheduled as the end of class. We think your investment in the degree is worth maximizing your in-class experience, and we expect to provide materials that extend the full, scheduled class times. Pagers and cell phones should not be used in class. The use of cell phones, text messaging, and pagers is one of the most common complaints we have from students in recent years. Please turn them off. Or, if you expect urgent calls, set them to “vibrate.” The second most common complaint we have received is “side” conversations among students. Unless your conversation is a quick one, please consider that your conversation may interrupt the attention of someone seated near you. Some of our time will be spent working on SAS datasets, and will include team discussions - so conversations will be welcome during those “lab” sessions. We welcome in-class questions. If you have trouble getting our attention during a vigorous in-class

discussion, raise your hand and/or use a loud voice. Your question will nearly always be one that other students also have. Your questions will help us in that session, or to assess what kinds of issues and examples we should research and bring to class in the next session (or in future iterations of the class).

**Academic Integrity:** Each student is bound by the academic honesty guidelines of the University and the student conduct code printed in the Student Guide and on the University website. The Honor Code states: “We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.” Cheating or plagiarism in any form is unacceptable and inexcusable behavior.

### **Policy on Style for Citation and Plagiarism:**

The two key purposes of citation are to 1) give appropriate credit to the authors of information, research findings, and/or ideas (and avoid plagiarism) and 2) facilitate access by your readers to the sources you use in your research. In this class, you will be preparing a manuscript that should be of the quality of a draft peer-review paper. It is your responsibility to read the policy and ask questions if you do not understand the policy or have specific concerns or question. For this course, instructors may submit written reports to the on-line program at [www.turnitin.com](http://www.turnitin.com) to assure that your course written work is original. Students are strongly urged to use this on-line resource prior to submitting their final paper.

Quotations: When directly quoting an outside source, the borrowed text, regardless of the amount, must be surrounded by quotation marks or block quoted. Quoted text over two lines in length should be single-spaced and indented beyond the normal margins. Every quote must include a source—the author, title, volume, page numbers, etc.—whether an internal reference, footnote, or endnote is used in conjunction with a bibliography page.

Paraphrasing or Citing an Idea: When summarizing an outside source in your own words or citing another person’s ideas, quotation marks are not necessary, but the source must be included. This includes, but is not confined to, personal communications from other students, faculty members, mentors, experts in the field, summarized ideas from published or unpublished resource, and primary methods derived from published or unpublished sources. Use the general concept of “when in doubt – cite.”

Plagiarism is a serious violation of the academic honesty policy of the College. If a student plagiarizes others’ material or ideas, he or she may receive an “E” in the course. The faculty member may also recommend further sanctions to the Dean, per College disciplinary action policy. Generally speaking, the three keys of acceptable citation practice are: 1) thoroughness, 2) accuracy, and 3) consistency. In other words, be sure to fully cite all sources used (thoroughness), be accurate in the citation information provided, and be consistent in the citation style you adopt. All references should include the following elements: 1) last names along with first and middle initials; 2) full title of reference; 3) name of journal or book; 4) publication city, publisher, volume, and date; and 5) page numbers referenced. When citing information from the Internet, include the WWW address at the end, with the “access date” (i.e., when you obtained the information), just as you would list the document number and date for all public documents. When citing ideas or words from an individual that are not published, you can write “personal communication” along with the person’s name and date of communication. Typical formats for citing references and books can be found in the *American Journal of Public Health*

<http://www.ajph.org/misc/ifora.shtml> and AMA Style Citations and References at [http://www.ajph.org/misc/ama\\_references.shtml](http://www.ajph.org/misc/ama_references.shtml).

We urge you to review the University site on plagiarism <http://web.uflib.ufl.edu/msl/subjects/Physics/StudentPlagiarism.html> and the site also links to a number of “best” policies at other universities.

**Class Attendance:** Class attendance is mandatory. Excused absences follow the criteria of the UFL Graduate Catalogue (e.g., illness, serious family emergency, military obligations, religious holidays), and should be communicated to the instructor prior to the missed class day when possible. UFL rules require attendance during the first two course sessions and students also must attend all course sessions of student presentations for this class. Missing two scheduled sessions (each session is about 4 hours of instruction) will result in a failure. Two weekly sessions are the equivalent of about 20% of the course contact hours. Regardless of attendance, students are responsible for all material presented in class and meeting the scheduled due dates for class assignments. Finally, students should read the assigned readings prior to the class meetings, and be prepared to discuss the material except for the first class session.

**Policy on Make-Up Work:** Students are allowed to make up work ONLY as the result of illness or other unanticipated circumstances warranting a medical excuse and resulting in the student missing a homework or project deadline, consistent with College policy. Documentation from a health care provider is required. Work missed for any other reason will receive a grade of zero.

**Accommodations for Students with Disabilities:** Students requiring accommodations must first register with the Dean of Students' Office. The Dean of Students' Office will provide documentation to the student who must then provide this documentation to the faculty member when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework. We all learn differently: however, if you have experienced problems in university classes with writing, in-class exams, understanding or concentrating in class; please talk to us or access a learning or education testing resource at the University or in another professional setting. For your assistance, should you need them, please consider either of the following:

University Counseling Services  
<http://www.counsel.ufl.edu/services.asp>  
P301 Peabody Hall – 392-1575  
Student Mental Health Services in the Student Health Care Center  
<http://www.health.ufl.edu/shcc>  
Room 245, Infirmary Bldg.- 392-1171

**Course Outline:** Paper copies of required readings (or electronic versions) will be distributed or posted prior to each session. Course meets for two four-hour sessions on Mondays and Wednesdays 1PM to 5PM from May 12<sup>th</sup> to June 18<sup>th</sup> (except Memorial Day).

**Week 1**

**Monday May 12<sup>th</sup>:**

Course and expectations.

BRFSS overview and selection of projects and teams.

IRB issues

Each student is expected to demonstrate IRB training certifications from web sites. Both certificates are due Wednesday May 21<sup>st</sup>

1. National Institutes of Health

<http://phrp.nihtraining.com/users/login.php>

2. UF HIPAA for Researchers

<http://privacy.health.ufl.edu/training/Research08/online.shtml>

Literature searching, review, and selecting quality referent studies.

Formation of a scientific hypothesis.

Descriptive analysis: constructing “table 1” for your paper.

Preparatory background reading for Week 2: Kleinbaum and Klein chapter 1

**Wednesday May 14<sup>th</sup>:** Elena will be out of town today

SAS and weighed data sets

Building a dataset for analysis – measures, classifications, and parsimony in variable selection.

Descriptive analysis: constructing “table 1” for your paper (continued)

Preparatory background reading for Week 2: Kleinbaum and Klein chapters 2 and 3

*Meet with mentor by May 21<sup>st</sup> IRB research certification due by May 21<sup>st</sup>*

**Week 2**

**Monday May 19<sup>th</sup>:** Elena will be out of town today

Reexamine confounding and effect modification – selecting variables.

Logistic regression and modeling strategies.

Constructing the final dataset.

**Due:** Report on descriptive analysis (table 1)

Reading: Kleinbaum and Klein chapters 6, 7, and Appendix (SAS code) pp 441-447

**Wednesday May 21<sup>st</sup>:** Elena will be out of town today

Modeling, effect sizes, tests for model fit.

Weighted data issues.

**Due:** preliminary literature review, IRB and HIPAA certificates

**Week 3**

**Monday May 26<sup>th</sup>: Memorial Day (No Class)**

**Wednesday May 28<sup>th</sup>:**

Selecting a journal & getting used to issues of citation counts, impact factors, etc.

Continuation of modeling

Assessment of effect modification, and model testing.

**Due:** Background and methods sections of report

**Week 4**

**Monday June 2<sup>nd</sup>:**

**1PM – 2PM BRFSS and new methods.**

**Guest Speaker:** Dr. Ali H. Mokdad, Ph.D. Chief, Behavioral Surveillance Branch. Division of Adult and Community Health/ National Center for Chronic Disease Prevention and Health Promotion. Centers for Disease Control and Prevention. Atlanta, Georgia

Presentations of initial models and results.

**Due:** Initial modeling results in tables and text

**Wednesday June 4<sup>th</sup>:** Variables, measurement error, causal inference.

Writing manuscript discussion sections

Understanding limits and strengths of your project.

Methods to succeed in publication (selecting journals, packaging science, writing for success).

**Due:** Final draft of manuscript modeling results table

**Week 5 (final presentations due)**

**Monday June 9<sup>th</sup>:** Tweaking models.

**Wednesday June 11<sup>th</sup>:** Team presentations and feedback (20 minutes each)

**Due:** Send draft to mentors and turn in written response.

**Week 6**

**Monday June 16<sup>th</sup>:**

Team presentations and feedback (20 minutes each).

**Wednesday June 18<sup>th</sup>:**

Discussion of findings (updated presentation).

Review and advice from Mentors.

Class evaluation.

**Due:** Final paper.

## **EPIDEMIOLOGY READINGS and BRFSS analysis examples.**

- Ainsworth BE, Macera CA, Jones DA, Reis JP, Addy CL, Bowles HR, Kohl HW 3rd. Comparison of the 2001 BRFSS and the IPAQ Physical Activity Questionnaires. *Med Sci Sports Exerc.* 2006 Sep;38(9):1584-92.
- Andresen EM, Catlin T, Wyrwich K, Jackson-Thompson J. Retest reliability of surveillance questions of health related quality of life. *J Epidemiol Comm Health* 2003;57(5):339-343.
- Andresen EM, Diehr P, Luke DA. Public health surveillance of low-frequency populations. *Annu Rev Public Health* 2004:25-52.
- Andresen, E. M., A. Prince-Caldwell, et al. (1999). The Missouri Disability Epidemiology and Health Project. *American Journal of Preventive Medicine* 16(3 Suppl): 63-71.  
INTRODUCTION: Estimates of disability in this country are as high as 20%.
- Anonymous (1994). "Quality of life as a new public health measure--Behavioral Risk Factor Surveillance System, 1993." *MMWR - Morbidity & Mortality Weekly Report* 43(20): 375-80.
- Anonymous (1998). "Self-reported frequent mental distress among adults--United States, 1993-1996." *MMWR - Morbidity & Mortality Weekly Report* 47(16): 326-31.
- Anonymous (2000). "Self-Reported Concern about Food Security--Eight States, 1996-1998." *MMWR- Morbidity and Mortality Weekly Review* 49(41): 933-936.
- Anonymous (2000). "Health-related quality of life among adults with arthritis--Behavioral Risk Factor Surveillance System, 11 states, 1996-1998." *JAMA* 283(21): 2783-2785.
- Bailey RN, Indian RW, Zhang X, Geiss LS, Duenas MR, Saaddine JB; Centers for Disease Control and Prevention. Visual impairment and eye care among older adults - five States, 2005. *MMWR Morb Mortal Wkly Rep.* 2006 Dec 15;55(49):1321-5.
- Boslaugh S, Andresen EM. Correlates of physical activity for adults with disability. *Prev Chronic Dis* 2006; 3(3) 2006.
- Brownson, R. C., A. A. Eyler, et al. (1999). "Reliability of information on physical activity and other chronic disease risk factors among minority women, United States." *Am J Epidemiol*; 149(4): 379-91.
- Brownson, R. C., J. Jackson-Thompson, et al. (1994). "Reliability of information on chronic disease risk factors collected in the Missouri Behavioral Risk Factor Surveillance System." *Epidemiology* 5(5): 545-9.
- Campbell, V. A., J. E. Crews, et al. (1999). "Surveillance for sensory impairment, activity limitation, and health-related quality of life among older adults--United States, 1993-1997." *MMWR. CDC Surveillance Summaries* 48(8): 131-56.
- CDC, (2001). "Health-related quality of life--Los Angeles County, California, 1999." *MMWR* 50(26): 556-559.
- Centers for Disease Control and Prevention (CDC). Self-rated fair or poor health among adults with diabetes--United States, 1996-2005. *MMWR Morb Mortal Wkly Rep.* 2006 Nov 17;55(45):1224-7.
- Centers for Disease Control and Prevention (CDC). State-specific prevalence of current cigarette smoking among adults and secondhand smoke rules and policies in homes and workplaces--United States, 2005. *MMWR Morb Mortal Wkly Rep.* 2006 Oct 27;55(42):1148-51.
- Centers for Disease Control and Prevention (CDC). Prevalence of heart disease--United States, 2005. *MMWR Morb Mortal Wkly Rep.* 2007 Feb 16;56(6):113-8.
- Centers for Disease Control and Prevention (CDC). Use of mammograms among women aged  $\geq$  40 years--United States, 2000-2005. *MMWR Morb Mortal Wkly Rep.* 2007 Jan 26;56(3):49-51.
- Centers for Disease Control and Prevention (CDC). Geographic disparities in diabetes-related amputations--Texas-Mexico border, 2003. *MMWR Morb Mortal Wkly Rep.* 2006 Nov 24;55(46):1251-3.
- Centers for Disease Control and Prevention (CDC). State-specific prevalence of obesity among adults--United States, 2005. *MMWR Morb Mortal Wkly Rep.* 2006 Sep 15;55(36):985-8. Cloutier, S., S. Martin, et al. (2002). "Sexual Assault among North Carolina Women: Prevalence and Health Risk Factors." *Journal of Epidemiology and Community Health* 56: 265-271.
- Centers for Disease Control and Prevention (CDC). Use of colorectal cancer tests--United States, 2002, 2004, and 2006. *MMWR.* 2008 Mar 14;57(10):253-8.

Centers for Disease Control and Prevention (CDC). Self-reported falls and fall-related injuries among persons aged > or =65 years--United States, 2006. *MMWR* . 2008 Mar 7;57(9):225-9.

Centers for Disease Control and Prevention (CDC). Perceived insufficient rest or sleep--four states, 2006. *MMWR*. 2008 Feb 29;57(8):200-3.

Centers for Disease Control and Prevention (CDC). Disparities in adult awareness of heart attack warning signs and symptoms—14 states, 2005. *MMWR* . 2008 Feb 22;57(7):175-9.

Centers for Disease Control and Prevention (CDC). Adverse health conditions and health risk behaviors associated with intimate partner violence--United States, 2005. *MMWR*. 2008 Feb 8;57(5):113-7.

Centers for Disease Control and Prevention (CDC). Receipt of outpatient cardiac rehabilitation among heart attack survivors—United States, 2005. *MMWR*. 2008 Feb 1;57(4):89-94.

Centers for Disease Control and Prevention (CDC). Prevalence of neural tube defects and folic acid knowledge and consumption--Puerto Rico, 1996-2006. *MMWR*. 2008 Jan 11;57(1):10-3.

Centers for Disease Control and Prevention (CDC). Prevalence of regular physical activity among adults--United States, 2001 and 2005. *MMWR*. 2007 Nov 23;56(46):1209-12.

Centers for Disease Control and Prevention (CDC). Self-monitoring of blood glucose among adults with diabetes--United States, 1997-2006. *MMWR*. 2007 Nov 2;56(43):1133-7.

Centers for Disease Control and Prevention (CDC). State-specific prevalence of arthritis-attributable work limitation—United States, 2003. *MMWR*. 2007 Oct 12;56(40):1045-9.

Centers for Disease Control and Prevention (CDC). Physical activity among adults with a disability--United States, 2005. *MMWR*. 2007 Oct 5;56(39):1021-4.

Centers for Disease Control and Prevention (CDC). State-specific prevalence of cigarette smoking among adults and quitting among persons aged 18-35 years--United States, 2006. *MMWR* 2007 Sep 28;56(38):993-6.

Centers for Disease Control and Prevention (CDC). State-specific influenza vaccination coverage among adults aged > or =18 years--United States, 2003-04 and 2005-06 influenza seasons. *MMWR*. 2007 Sep 21;56(37):953-9.

Centers for Disease Control and Prevention (CDC). Sunburn prevalence among adults--United States, 1999, 2003, and 2004. *MMWR*. 2007 Jun 1;56(21):524-8.

Centers for Disease Control and Prevention (CDC). Outpatient rehabilitation among stroke survivors--21 States and the District of Columbia, 2005. *MMWR*. 2007 May 25;56(20):504-7.

Centers for Disease Control and Prevention (CDC). Prevalence of stroke--United States, 2005. *MMWR*. 2007 May 18;56(19):469-74.

Centers for Disease Control and Prevention (CDC). Prevalence of actions to control high blood pressure--20 states, 2005. *MMWR*. 2007 May 4;56(17):420-3.

Chowdhury PP, Balluz L, Murphy W, et al. Surveillance of certain health behaviors among states and selected local areas--United States, 2005. *MMWR* 2007 May 11;56(4):1-160.

Coker, A. L., R. E. McKeown, et al. (2000). "Severe Dating Violence and Quality of Life Among South Carolina High School Students." *Am J Prev Med* 19(7): 220-227.

Faulkner, L. A. and H. H. Schauffler (1997). "The effect of health insurance coverage on the appropriate use of recommended clinical preventive services." *American Journal of Preventive Medicine* 13(6): 453-458.

Ford, E., D. Moriarty, et al. (2001). "Self-Reported Body Mass Index and Health-Related Quality of Life: Findings from the Behavioral Risk Factor Surveillance System." *Obesity Research* 9(1): 21-31.

Freedman, D., L. Khan, et al. (2002). "Trends and Correlates of Class 3 Obesity in the United States from 1990 through 2000." *Journal of the American Medical Association* 288(14): 1758-1761.

Gentry, E. M., W. D. Kalsbeek, et al. (1985). "The behavioral risk factor surveys: II. Design, methods, and estimates from combined state data." *American Journal of Preventive Medicine* 1(6): 9-14.

Gilliland, F. D., R. Mahler, et al. (1999). "Preventive health care among rural American Indians in New Mexico." *Preventive Medicine* 28(2): 194-202.

Greenlund, K. J., W. H. Giles, et al. (1998). "Prevalence of multiple cardiovascular disease risk factors among women in the United States, 1992 and 1995: the Behavioral Risk Factor Surveillance System." *Journal of Womens Health* 7(9): 1125-33.

- Harwell, T. and M. Spence (2000). "Population Surveillance for Physical Violence Among Adult Men and Women, Montana 1998." *Am J Prev Med* 19(4): 321-324.
- Hathaway, J. E., L. A. Mucci, et al. (2000). "Health status and health care use of Massachusetts women reporting partner abuse." *Am J Prev Med* 19(4): 302-307.
- Jamoom EW, Horner-Johnson W, Suzuki R, Andresen EM, Campbell VA; RRTC Expert Panel on Health Status Measurement. Age at disability onset and self-reported health status. *BMC Public Health*. 2008 Jan 9;8:10.
- Jamoom EW, Andresen EM, Neugaard B, McKune SL. The effect of caregiving on preventive care for people with disabilities. *Disability Health J* 2008;1(1):51-57.
- Jia H, Link M, Holt J, Mokdad AH, Li L, Levy PS. Monitoring county-level vaccination coverage during the 2004-2005 influenza season. *Am J Prev Med*. 2006 Oct;31(4):275-280.
- Kieffer EC, Sinco BR, Rafferty A, Spencer MS, Palmisano G, Watt EE, Heisler M. Chronic disease - related behaviors and health among African Americans and Hispanics in the REACH Detroit 2010 communities, Michigan, and the United States. *Health Promot Pract*. 2006 Jul;7(3 Suppl):256S-64S.
- Kinne S, P. D., Doyle DL (2004). "Prevalence of Secondary Conditions among People with Disabilities." *Am J Public Health* 94(3): 443-445.
- Lindquist, C., W. C. Cockerham, et al. (1999). "Drinking patterns in the American Deep South." *J Studies Alcohol* 60(5): 663-6.
- Link MW, Battaglia MP, Frankel MR, Osborn L, Mokdad AH. Address-based versus random-digit-dial surveys: comparison of key health and risk indicators. *Am J Epidemiol*. 2006 Nov 15;164(10):1019-25.
- Lucan SC, Katz DL. Factors associated with smoking cessation counseling at clinical encounters: the Behavioral Risk Factor Surveillance System (BRFSS) 2000. *Am J Health Promot*. 2006 Sep-Oct;21(1):16-23.
- Mainous Iii AG, Diaz VA, Koopman RJ, Everett CJ. Quality of care for Hispanic adults with diabetes. *Fam Med*. 2007 May;39(5):351-6.
- McGuire LC, Strine TW, Okoro CA, Ahluwalia IB, Ford ES. Healthy lifestyle behaviors among older U.S. adults with and without disabilities, Behavioral Risk Factor Surveillance System, 2003. *Prev Chronic Dis*. 2007 Jan;4(1):A09.
- Mokdad, A., E. Ford, et al. (2003). "Prevalence of Obesity, Diabetes, and Obesity-Related Health Risk Factors, 2001." *Journal of the American Medical Association* 289(1): 76-79.
- Nelson KM. The burden of obesity among a national probability sample of veterans. *J Gen Intern Med*. 2006 Sep;21(9):915-9.
- Neugaard B, Andresen EM, DeFries EL, Talley RC, Crews JE. The characteristics of caregivers & care recipients: North Carolina, 2005. *MMWR* 2007; 56(21):529-532.
- Neugaard BI, Andresen EM, McKune SL, Jamoom EW. Health-related quality of life in a national sample of caregivers: Findings from the Behavioral Risk Factor Surveillance system. *J Happiness Studies* 2008
- Oladele CR, Barnett E. Racial/Ethnic and social class differences in preventive care practices among persons with diabetes. *BMC Public Health*. 2006 Oct 19;6:259.
- Phillips B, Y. T., Finn L, Asher K, Hening WA, Purvis C (2000). "Epidemiology of Restless Legs Symptoms in Adults." *Archives of Internal Medicine* 160: 2137-2141.
- Randolph DB, Andresen EM. Disability, gender, & unemployment relationships in the US from the Behavioral Risk Factor Surveillance System. *Dis Society* 2004;19(4):419-430.
- Remington PL, Smith MY, Williamson DF, Anda RF, Gentry EM, Hogelin GC. Design, characteristics, and usefulness of the state-based BRFSS: 1981-1987. *Public Health Rep* 1988;103:366-375.
- Scharpf TP, Rimm AA. Mammography utilization rates among young white and black women in the USA. *Public Health*. 2006 Oct;120(10):937-41.
- Siegel, P. Z., R. M. Brackbill, et al. (1991). "Behavioral risk factor surveillance, 1986-1990." *Morbidity & Mortality Weekly Report. CDC Surveillance Summaries* 40(4): 1-23.
- Yu, E., E. Chen, et al. (2002). "Smoking among Chinese Americans: Behavior, Knowledge, and Beliefs." *Am J Public Health* 92(6): 1007-1012.