NYC HANES Methodology

The NYC Health and Nutrition Examination Survey (NYC HANES), modeled on the National Health and Nutrition Examination Survey, was a population-based, cross-sectional study with data collected from a physical examination, clinical and laboratory tests, as well as a face-to-face interview and an audio computer-assisted self-interview (ACASI). The survey used a probability sample of the non-institutionalized adult population (age 20 years or older) living in NYC to provide representative citywide estimates. Survey data were collected between June 2 and December 19, 2004.

A three-stage cluster sampling plan was used to obtain the survey sample. In the first stage of the sample design, 144 segments were randomly selected as primary sampling units from a sampling frame of approximately 20,000 possible segments across the city. The segments were based on counts of households from the 2000 U.S. census and consist of a block or a group of proximal blocks within a given census tract; each segment had a required minimum total number of households. The sample of segments was chosen with a probability proportional to a measure of size. For example, segments with a higher number of households were more likely to be chosen than those with fewer households. In the second stage of the sample design, a sampling frame of households was generated and a sample of 4,026 households was randomly selected from the 144 segments. The third stage of the sample design consisted of a random sample of adults within each selected household. Eligible adults aged 20 and older were randomly selected based on an a priori computer-generated sampling flag. The sampling procedure was designed to select zero, one, or two adults from each selected household, depending on the total number of adults residing in that unit.

Survey field staff approached a total of 4,026 households. Eligibility screening questionnaires were completed for 3,388 (84%) households. Of the 638 (16%) households for which individuals did not complete questionnaires, refusals accounted for 12%; other questionnaires were not completed because of an inability to enter the home, the illness of a resident, language barriers, or an inability to reach residents. Of the 3,388 households with completed eligibility questionnaires, 3,047 study participants were identified. Of these study participants, 2,306 (76%) made an appointment, and 1,999 (66%) completed the survey, thus, the overall response rate was 55%. A participant was considered to have completed the survey if they had non-missing data on age and gender, and if they had valid data for at least one body measurement, blood pressure measurement or lab value.

For a detailed discussion of the survey design, methodology, and participation rates, please see the NYC HANES methods paper: