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Social Context, the Life Course, and Genetic Transcription in Add Health	Kathleen Mullan Harris, University of North Carolina at Chapel Hill	Social genomics is a rapidly emerging area of research that interrelates social experiences with gene expression and, in turn, morbidity and mortality. This field has focused on mRNA transcription profiles of leukocytes (white blood cells) and their implications for the immune system. Such research (including experimental human studies) has revealed that social experiences (e.g., social status and stressors) have the capacity to up-regulate genes associated with pro-inflammatory immune response and down-regulate genes associated with antiviral immune response. This gene expression profile is highly significant for population health because leading causes of morbidity and mortality-cardiovascular diseases (including hypertension and diabetes), autoimmune disorders, some neoplasties, and depression-are inflammatory in their origins. Thus, social genomics examines a major mechanism by which social experiences get under the skin. However, social genomic studies are limited by small, unrepresentative samples; cross-sectional designs; and a paucity of social measures. The proposed research addresses these limitations by leveraging an existing venous blood draw in Wave V of the National Longitudinal Study of Adolescent to Adult Health (Add Health) to: Aim 1: Collect an additional 2.5 ml of blood from ~14,000 Add Health respondents at Wave V for gene expression profiling and biobanking of these specimens for follow-up analyses; Aim 2: Extract and quality check mRNA and conduct genome-wide transcriptional profiling on the specimens from a large representative subsample of 5,000 respondents; Aim 3: Prepare quality-curated transcriptome data and technical documentation of the 5,000 respondents for dissemination and deposit into the NIH Gene Expression Omnibus online repository (GEO) for public use; Aim 4: Conduct analysis of basic attributes of the transcriptome profiling data on the 5,000 subsample of Add Health respondents, including how leukocyte gene expression profiles are distributed in the population according to sex, race/ethnicity, and socioeconomic background. The resulting data-when merged with fives waves of rich, multilevel, longitudinal, national data spanning 20 years beginning in early adolescence and including birth records-will provide an unprecedented opportunity to study how multilevel, longitudinal experiences (including circumstances of birth and exposure to toxicants) are associated with disparities in gene expression (and concurrent biomarkers and morbidities) across the US population. These new data could inform therapeutic interventions; target diverse interventions in the population; and identify new mechanistic modes of social circumstance and health, new G candidates in GxE research, and new molecular precipitants (biomarkers) of disease risk before onset of frank illness. Banked specimens will also allow for cutting-edge extensions that include follow-up studies of gene regulation with epigenomic and proteomic studies.
Contextual Despair and Risk Behaviors in Midlife: Extending Innovative Measures to Add Health	Lauren Gaydosh, University of Texas Austin; Iliya Gutin, University of Texas at Austin; Tse-Chaun Yang, University of Texas Medical Branch	Using the longitudinal and nationally representative National Longitudinal Study of Adolescent to Adult Health (Add Health), this project will conduct analyses to obtain a more comprehensive understanding of deaths of despair from a life-course perspective by achieving the following three aims: Aim 1: Construct social and built environment measures of despair (i.e., contextual despair) at census tract and county level. While Add Health already has many social environment covariates, they are not designed for research on deaths of despair. This project will create contextual despair measures that are substantively relevant to deaths of drug overdose, alcoholism, and suicide, such as density of firearm shops. Aim 2: Investigate whether the contextual despair measures are associated with individual risk behaviors that are precursors to deaths of despair. We hypothesize that individuals exposed to high levels of contextual despair measures tend to engage in risk behaviors that may lead to deaths of despair, such as illicit drug use and excessive alcohol consumption, prior to their middle adulthood. Aim 3: Investigate whether the contextual despair measures moderate the relationships between an individual's educational attainment and risk behaviors. We hypothesize that net of other individual differences, the relationships between individual educational attainment and risk behaviors are more profound among people exposed to high levels of contextual despair than their counterparts living in areas with low levels of contextual despair.

Title	Principal Investigators	Abstract
Sexual Orientation/Gender Identity, Socioeconomic Status, and Health across the Life Course	Carolyn T. Halpern, University of North Carolina at Chapel Hill; Kerith Conron, Williams Institute , UCLA School of Law	Socioeconomic status (SES) is a fundamental contributor to health and disease across the life course. Inequalities in health that disfavor sexual and gender minorities have been widely documented in both adolescence and adulthood. Despite the importance of SES to health, knowledge about factors that pattern these resources and strains across sexual and gender minority groups is incomplete, largely because of the absence of appropriate and high quality data, as well as study design limitations for data that do exist. In synchrony with the National Longitudinal Study of Adolescent to Adult Health (Add Health) Wave V program project design and activity, this proposed ancillary project will collect, clean, disseminate, and analyze new data from a subset of the Add Health cohort (sexual minorities, transgendered individuals, and a comparison sample of heterosexuals) via a theory-guided ancillary survey that will add information about formative experiences more specific to sexual orientation and gender development, and enhance existing prospective information about SES and determinants of SES. Based on Wave IV data we plan to recruit approximately 2,200 self-identified sexual/gender minorities and a random comparison sample of 1,500 heterosexuals. The unique data collected via this project will provide an unprecedented opportunity for new and current Add Health users to prospectively study the intersections of sexual orientation, gender identity, socioeconomic factors, and health in a population-based sample across the life course at only marginal cost. Positioned within a life course framework and guided by Minority Stress Theory, we will also address three substantive analytical aims using the released ancillary data: 1) to describe the timing and sequence of theoretical milestones in the development of sexual orientation and gender identity; 2) to examine potential mediators (i.e., parent-child relationship quality and subsequent adolescent educational attainment and housing status) of the association between sexual orientation, gender identity, and young adult SES; and 3) to test a hypothesized pathway that economic strain heightens stress, which in turn elevates depressive symptoms. Findings made possible through these new data, in combination with existing longitudinal information about Add Health sample members, have the potential for critical impact on public health policy and intervention strategies to reduce the prevalence of and disparities in disease burden for the sexual and gender minority population.
Mapping Inequality: Historical Neighborhood Redlining in the United States	Robert A. Hummer, University of North Carolina at Chapel Hill; Reed DeAngelis, University of North Carolina at Chapel Hill	The purpose of this ancillary study is to develop a contextual database that summarizes whether respondents live inside of or within close proximity to historically redlined neighborhoods at the time of their Wave I, III, IV, and V interviews. We propose linking historical redlining geodata with respondents' latitude and longitude coordinates at each wave. This contextual database will allow for innovative research into the long-term consequences of redlining for population health and socioeconomic outcomes. Researchers will be able to determine, first, whether marginalized racial-ethnic and socioeconomic groups are more likely than their advantaged peers to reside within historically redlined neighborhoods across the life course. By merging the redlining contextual database with other contextual, survey, and biomarker data in the Add Health study, researchers will also be able to test mechanisms linking historical redlining to individual health and socioeconomic outcomes over the life course.

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The effect of legal challenges to school desegregation on health disparities among children and young adults	Rita Hamad, University of California San Francisco; Daniel Collin, University of California San Francisco; Akansha Batra, University of California San Francisco	Educational disparities are thought to drive racial disparities in health. One possible explanation is that racial minorities often attend highly segregated low-quality schools. Yet racial segregation is a key school characteristic that is conspicuously absent from the education-health literature. The goal of this study is to contribute new knowledge to inform educational policies and interventions during childhood to reduce health disparities among racial minorities. Our hypothesis is that increased racial segregation leads to worsened health among children and young adults. We will employ correlational models and quasi-experimental techniques such as difference-in-differences analysis to examine the association between school segregation and health. We will take advantage of the geographic and/or temporal variation in the court decisions since 1990 that created a natural experiment resulting in "resegregation" of some school districts in the South. To do so, we will carry out both difference-in-differences as well as generalized synthetic control models. Geographic census block data in Add Health will allow us to link individuals with their assigned school district in order to examine the long-term effects of school segregation on health among children. They will also allow us to link in other Add Health contextual data (e.g., residential segregation measures at the census tract level) which will serve as covariates in our models.
Developing long-term air pollution exposure estimates for Add Health	Mercedes Bravo, RTI International; Kathleen Mullan Harris, University of North Carolina at Chapel Hill	Exposure to ambient air pollution has well-documented adverse effects on human health, including cardiovascular and respiratory disease. Increasingly, evidence indicates that long-term, cumulative air pollution exposure is causally associated with elevated risk of mortality. Despite strong evidence of the negative effects of air pollution exposure on health outcomes, the underlying mechanisms are not well understood. The objective of the proposed ancillary study is to develop estimates of annual average air pollution exposure from the Fused Air Quality Surface using Downscaling (FAQSD) datasets, available 2002-2017, and attach these estimates to the Add Health cohort. Attaching multiple years of air pollution exposure data to the Add Health cohort will allow researchers using the Add Health dataset to investigate a new set of questions regarding the effects of cumulative and life stage exposures to ambient air pollution.
Community violence as a social risk factor for cardiometabolic diseases: neighborhood dynamics from structures to self	Elizabeth Tung, University of Chicago; Monica E. Peek, University of Chicago; Stacy T. Lindau, University of Chicago	Community violence is an important social risk factor for cardiometabolic diseases. Community violence can increase risk for cardiometabolic diseases through pathophysiologic processes, such as stress or neuroendocrine responses, or by influencing health behaviors. However, the role of community violence across the life course, and specifically, how built and social environments can mediate or moderate its impact, remains poorly understood. In prior studies, I have shown that frequent and persistent exposure to violence may be a stronger predictor of cardiometabolic disease than isolated, life-threatening events. My central hypothesis is that community violence, when frequent and concentrated over time, can trigger stress-response pathways on both individual and neighborhood levels to augment risk for poor cardiometabolic outcomes. The overall objective of the proposed research is to determine the built and social environment characteristics that influence the relationship between community violence and cardiometabolic diseases across the life course.
The geography of health inequalities	Lauren Gaydosh, University of North Carolina at Chapel Hill; Daniel W. Belsky, Duke University; Taylor Hargrove, University of North Carolina at Chapel Hill	The purpose of this ancillary application is to develop a contextual database that summarizes the socioeconomic, health, and mobility characteristics of the environments in which Add Health participants were living at the time of their Wave I, Wave IV, and Wave V interviews. We propose county-level data linkages to describe (1) levels of and trends in chronic disease (hypertension, type-2 diabetes) and health risk behaviors (obesity, smoking, alcohol use); and (2) economic opportunity and inequality. This contextual database will allow for innovative research that investigates how place influences health, behavior, and social outcomes during the transition from adolescence to adulthood. It will also enhance studies of the determinants and sequelae of socio-geographic mobility. Specifically, we aim to characterize the socio-geographic and health-geographic mobility of Add Health participants from Wave I to Waves IV and V. We then aim to test if socio-geographic and health-geographic mobility predict socioeconomic and health outcomes across the transition to adulthood.

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Understanding the role of subsidized housing on adverse childhood experiences (ACEs) and chronic disease incidence	William Rohe, University of North Carolina at Chapel Hill; Jon Hussey, University of North Carolina at Chapel Hill	This project investigates the relationships among living in HUD-assisted housing as a child, exposure to adverse childhood experiences (ACEs), and chronic disease incidence later in life. Both ACEs and chronic diseases are significant public health concerns, and living in subsidized housing has the potential to reduce household expenditures and foster residential stability, resulting in lower household stress and improved physical health. However, the vast majority of subsidized housing residents live in stressful, chaotic neighborhoods – which could have a deleterious impact on their health. By matching HUD administrative data to the biometric data from Add Health, the project will be able to provide a unique and needed perspective on crucial public health and housing policy questions.
Adolescent and adult lives of children of parents returning from prison	John Hagan, American Bar Foundation; Holly Foster, Texas A & M University	Research in the era of mass incarceration is by necessity multi-dimensional: focusing on cross-national, national, state, and individual levels of analysis, while addressing macro- and micro-level issues, attending to both causes and consequences of incarceration, within and across generations. Although different scholars are associated with each of these dimensions of research on mass incarceration, the areas of work are logically interrelated. We build on research on the multi-level influences affecting children of incarcerated parents and the integrated framework we have developed regarding the influences of state punishment regimes along with parental imprisonment on Add Health respondents' life course outcomes. As per our earlier research, we are concerned with explaining the adult outcomes of inequality and exclusion among children of incarcerated parents, including earnings, employment, and financial strain. We will analyze the National Longitudinal Study of Adolescent and Adult Health (Waves 1-5). We propose to build on our work on 1995 state regimes with additional state indicators for 2013 (18 new state indices for 2013) to be used along with the Wave 5 data. Our main study objective is then to develop further the role of state policies and characteristics using a more recent data set for analysis with the Add Health data using hierarchical linear modeling techniques. We will now be addressing the influences of recent regimes for adult outcomes in Wave 5.
Dynamic complementarities in human capital investments and their long-run impacts	Rucker Johnson, University of California - Berkeley; Liam Wren-Lewis, Paris School of Economics	This study analyzes the impacts of public school spending on outcomes during adolescence and adulthood, and examines interactive effects of school spending with childhood health insurance and racial segregation. The analysis will explore the effects of school finance reforms that caused dramatic changes to the structure of K-12 education spending. We will use the timing of the passage of court-mandated reforms and their associated type of funding formula change as exogenous shifters of school spending, and compare the outcomes of cohorts that were differentially exposed to school finance reforms. Previous work has identified large effects of these reforms on education and adult economic outcomes, but little is known about impacts on intermediate outcomes during adolescence and health outcomes, or the potential synergistic effects of public education and childhood health investments. We will analyze interactions between school spending and two public policies that affected Add-Health respondents during childhood: the expansion of Medicaid and the end of court-ordered desegregation. The project will therefore shed new light on how child poverty and concentrated neighborhood disadvantage interact and lead to inequality in economic and health outcomes in adulthood. The analysis builds on earlier work by Johnson using PSID data and by Wren-Lewis using Add-Health.

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Understanding the short and long-term effects of sleep on BMI in adolescents and young adults using an instrumental variables approach	Leslie Lytle, University of North Carolina at Chapel Hill	Background: Nearly one in three children in the U.S. aged 2-19 are overweight or obese. Observational studies suggest that insufficient sleep may increase risk of obesity. However, the causal effect of sleep on weight is difficult to determine because confounding variables can bias results even in longitudinal studies, and ethical concerns preclude randomizing individuals to prolonged sleep curtailment. Objective: To address these methodological limitations, this study will use an instrumental variables approach to estimate the causal impact of sleep on weight. Research Design: Individuals who live further west within a time zone experience a later sunset time. Because human circadian rhythms are influenced heavily by solar cues, these individuals also tend to go to sleep later, but may not be able to compensate by sleeping later the next morning due to school or work schedules, reducing total sleep duration. We will merge geocoded Add Health data with sunset time by location. Using two-stage instrumental variables estimators, we will exploit the exogenous variation in sleep duration to estimate the causal impact of sleep on BMI. Significance: If sleep is indeed causally related to obesity, existing obesity prevention strategies may benefit from expanding their focus to also target sleep.
Creating a sexual minority policy contextual database	Kara Joyner, Bowling Green State University; Wendy Manning, Bowling Green State University	The purpose of this study is to produce and disseminate a contextual data set that includes indicators of the policy context for sexual minorities (a population typically defined on the basis of co-residence with a same-sex partner or self-identification as gay, lesbian, or bisexual) in Wave III & IV of the National Longitudinal Study of Adolescent to Adult Health (Add Health). These data will enable us to demonstrate how state- and county-level policies in young adulthood are associated with a wide range of indicators of well-being among sexual minorities. The long-term plan is to prepare an application to append a suite of indicators to the upcoming (fifth) wave of the Add Health data.
Examining the role of incarceration on food insecurity and access to healthful foods - MRFEI	Andres Villarreal, University of Maryland; Alexander Testa, University of Maryland;	The current study examines the impact of prior incarceration on food insecurity and access to healthful foods among former inmates and their households. This research uses data from two sources. First, information on prior incarceration and survey responses indicating food insecurity are obtained from Add Health to estimate the influence of incarceration on food insecurity. Second, geocoded data on census tract of residence from wave IV of Add Health is merged with the Center for Disease Control's Modified Food Retail Environment Index (mRFEI). The mRFEI provides census tract level data on both food deserts and the ratio of healthy to unhealthy food retailers in the 0.5 mile radius from the census tract boundary. This merged data is used to examine whether prior incarceration impacts access to healthful foods for former inmates and their households. Analysis is performed using multivariate regression and propensity score matching, both of which strategically compare former inmates to respondents who have been convicted of a crime but not incarcerated. This study will add to burgeoning literature investigating the consequences of incarceration for the health and well-being of former inmates.
Study of social studies coursetaking and civic engagement, using the National Longitudinal Study of Adolescent Health	Krista Perreira, University of North Carolina at Chapel Hill; Kristina M. Patterson, University of North Carolina at Chapel Hill	The study uses the Classification of Secondary School Courses (CSSC) course codes, which are included in the Add Health transcript data collected at Wave III, to classify social science and humanities courses based on course content and instructional strategies that are expected to facilitate civic engagement. This study creates several variables for the Add Health database that will allow the empirical study of the relationship between social studies courses taken in high school and adult civic engagement, as well as the study of the individual and school characteristics that are related to high school social studies coursetaking patterns. Course categories will include: experiential learning; service learning; political skills development; social and political issues/problems of society; historically marginalized groups; American History; international studies; and government/political science/public policy. Course categories are broad enough to be meaningful to policy makers and curriculum specialists, as well as to protect the identity of Add Health respondents.

Title	Principal Investigators	Abstract
Ambient air pollutant exposures and cardiovascular health effects among the National Longitudinal Study for Adolescent Health cohort	Jennifer Richmond-Bryant, U.S. Environmental Protection Agency National Center for Environmental Assessment; Qingyu Meng, Environmental Protection Agency National Center for Environmental Assessment	The long-term goal of this research is to develop a method for explaining population-level health effects with the physico-chemical properties of ambient air pollutants, including particulate matter species and gases. The novel aspect of this work is that toxicological evidence of the mechanisms underlying adverse health effects of air pollutants will be accounted for in the epidemiological model. The specific aims of this project are (1) develop a database linking air pollution data from the National Longitudinal Study of Adolescent Health (Add Health) with the U.S. Environmental Protection Agency's Air Quality System, (2) construct toxicologically-based air pollutant groups, and (3) associate cardiovascular health effects with oxidative properties of air pollutants using epidemiological modeling. The Add Health cohort has been chosen for the analyses because it contains biometric parameters of cardiovascular health; it comprises young adults, an age group that has not been studied extensively and exhibits high rates of obesity (36%), hypertension (19%), and diabetes (5-15%); and, it has a progressive data-sharing policy. This project is highly policy-relevant; a recent review of 36 studies showed that exposure to air pollution has a population attributable risk fraction of 5-7% for myocardial infarction, on par with regular alcohol use and physical exertion.
Racial inequalities in marriage outcomes	Michael Rosenfeld, Stanford University;	This study will adjudicate between the Sex Ratio Hypothesis and Standard of Marriage Hypothesis, by evaluating interest in marriage and transition to marriage for never married men and women in a longitudinal cohort study. Preliminary results that motivate this study show that black men and women's interest in marriage is comparable to their white peers, yet outcomes in marriage diverge. While equal numbers of blacks and whites wanted to be married at Wave 3, 57% of white men and 60% of white women who wanted to be married at Wave 3 married by Wave 4 whereas, only 30% of black men and 26% of black women who wanted to be married, did. The proposed study will test contextual sex ratios and personal and contextual disadvantages as explanations for lower transition to marriage among blacks. Using the proposed ancillary measures, as well as those already available in the Add Health data, this study will evaluate whether the Sex Ratio Hypothesis or Standard of Marriage Hypothesis are sufficient to explain racial inequalities in marriage and will consider other possible explanations.
Exploration of SNPs associated with BMI	Matthew McQueen, University of Colorado - Boulder; Andrew Smolen, University of Colorado - Boulder; Marissa A. Ehringer, University of Colorado - Boulder	Reports of variants underlying body-mass index (BMI) have started to emerge. The goal of the study is to genotype SNPs previously found to be associated with BMI to further characterize the age-dependent role of the variants.

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Whole Genome Association of Alcohol, Tobacco, and BMI	Matthew McQueen, University of Colorado - Boulder; Jason D. Boardman, University of Colorado - Boulder	There is mounting evidence from family, twin and adoption studies that a shared genetic component underlies the complex correlated alcohol-tobacco relationship. Highly ascertained studies, while in principle more powerful to detect genetic effects, may not be adequately positioned to (1) map genes underlying the aggregate alcohol-tobacco phenotype or (2) evaluate the role of environmental constructs in its genetic etiology. We proposed a family-based, whole-genome association study of the Add Health pairs sample, using measures of alcohol, tobacco and body-mass index as evaluated longitudinally. The well-characterized Add Health pairs sample is ideally positioned to address important substantive and methodological issues facing large-scale behavioral genetic studies in the post-genome era.
Healthy people and healthy neighborhoods: an empirical model of weight status for young adults in the U.S.	Penny Gordon-Larsen, University of North Carolina at Chapel Hill;	In our study we aim to measure the impact that built environment and other neighborhood characteristics have on the probability to become obese. In order to estimate an unbiased effect of neighborhood characteristics on weight, a behavioral model of weight status determination is enhanced by including a residential location decision model. The individual's residential decision is modeled as a discrete dynamic choice that individuals make subject to a set of restrictions. By include the residential location decision as part of a dynamic model of weight determination we will be able to correct the endogeneity bias that is a result of the fact that individuals can chose the neighborhood in which they want to live based on unobserved preferences about their health. In order to do this we need to collect contextual data describing neighborhood characteristics, and merge this new information with each one of the waves in the Add Health. Wave 1 and Wave 3 have unique contextual data already available; it is in Wave 4, where this contextual data is really needed. Nevertheless, given that the most reliable information that this study can use is census track level data, we would need to merge this information with all waves in order to make it consistent throughout all the collections of the Add Health. The data management procedure is simple since that we are planning to use secondary data source; these sources are described in numeral 7 below; at the final of the process the Add Health waves would be enhanced with reliable contextual information, at census track level.
Molecular genetics and behavior: alcohol and tobacco use	Marissa Ehringer, University of Colorado - Boulder	This project seeks to examine the genes for the alpha4-6, beta2-3 nAChR subunits for their possible role in contributing to the development of alcohol and tobacco problem use. The candidate will examine these genes in a sample of sibling pairs for which DMA and phenotypic data have already been collected as a part of the National Longitudinal Study of Adolescent Health (Add Health). The candidate will utilize computational bioinformatics methods to identify potential functional single nucleotide polymorphisms (SNPs) within these genes in order to optimally select the SNPs and determine the genotypes of these in the subjects. Several statistical methods will be used to test for association and/or linkage with individual SNPs or haplotypes and alcohol or tobacco problem use. The skills to perform bioinformatics and statistical genetics will be developed through coursework, symposia, workshops, conferences, and consultations with mentors. Training will take place at the Institute for Behavioral Genetics, a unique environment where the candidate will have regular interactions with experts in behavior genetics and substance use disorders. This project will allow the candidate to achieve her short-term goals of learning computational bioinformatics methods, as well as advanced statistical genetics methods to analyze the data, while accumulating evidence that these genes may contribute to alcohol and tobacco problem use. It will also promote her long-term career goals of establishing an independent research career in behavior genetics of alcohol and tobacco use and provide a foundation for future studies.

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Creating and utilizing a wave IV contextual database	Raymond Swisher, Bowling Green State University	The purpose of this study is to produce, disseminate, and utilize a contextual data set that includes a wide range of indicators of respondents' broader social contexts at Wave IV of the National Longitudinal Study of Adolescent Health (Add Health). When used in conjunction with the existing Add Health contextual data sets, a wave four contextual data set will enable Add Health researchers to examine, more dynamically, how a variety of contexts during adolescence, the transition to adulthood, and young adulthood are associated with health, well-being and socioeconomic attainments. We are also seeking funding to support our own research into how changing social contexts in the early life course (from adolescence to early adulthood) are associated with the successful achievement of adulthood (i.e., as indicated by markers such as stable family formation, stable employment, desistance from risk behaviors).
Gene-environment interactions with the political context	James Fowler, University of California - San Diego	Our previous research with the Add Health data indicates that genes do help explain political behaviors such as voting, political participation, and strength of political ideology. This finding challenges the conventional wisdom in political science that the environment can entirely explain a person's political behavior. There are strong indications, however, that it is the interaction of genes and the environment that have the greatest impact on attitudes and behavior. The next critical step in evaluating the role of genes in political behavior is synthesizing the knowledge that genes matter with the rich literature on which components of the environment matter. In our proposed Ancillary Study, we seek to analyze the ways in which genes and the environment interact to contribute to political behavior. In order to complement the existing information in the Add Health study, we will collect data from publicly-available sources on the political and social environment to the census tract, county, or congressional district level in order to test for interactions between a respondent's genetic profile and the political context in which he or she lives.
Alcohol outlet density, alcohol use, and intimate partner violence	Martha Waller, Pacific Institute for Research and Evaluation - PIRE	This Add Health data file measures the prevalence of alcohol outlets in respondent communities by reporting the tract-level density of establishments possessing on- and/or off-premise alcohol licenses. Alcohol outlet licensing data was gathered from individual states from September 2006 through June 2007. The physical address and the alcohol license category for each outlet were obtained when available. Data were successfully acquired from 43 states and the District of Columbia; 34 of these provided both on- and off-premise licensing data; eight provided aggregate outlet data; two states provided only aggregate data for select counties, while no data was obtained from seven states.

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Waves I, II, and III contextual and built environment data	Penny Gordon-Larsen, University of North Carolina at Chapel Hill	The Obesity and Environment database is a unique large scale Geographic Information System (GIS) that links community-level data to individual Add Health respondent residential locations in both space and time. Community-level data include density and proximity to recreational facilities, land use pattern, population, economic, climate, and crime statistics, which are linked spatially and temporally to individual-level Add Health behavior and health outcome data. The database provides physical, social, and economic environment measures corresponding with Add Health respondent locations in Wave I and Wave III for each Add Health respondent. These environment variables can be compared to individual-level characteristics and behaviors collected in Add Health interviews and surveys. The Obesity and Environment database was created in response to greater focus on environmental factors which may influence obesity and related behaviors such as physical activity and diet. While the data can be used for research questions involving economic, social, psychological, or other topics, the primary objective of the Obesity and Environment database was to provide environment measures well suited for obesity-related research, thus data relate primarily to obesity and obesity-related outcomes.
Wave III Contextual Data	Raymond Swisher, Cornell University	This dataset provides information about the geographic contexts in which Add Health respondents were living at the third wave of data collection in 2001. It is not a comprehensive update of the Wave I and II contextual databases, but rather a replication of a large number of selected variables thought to be of use to social science and policy researchers. It includes hundreds of variables, drawn from a variety of sources, linking Add Health respondent residences at Wave III to the block groups, census tracts, counties, and states in which they were living. When used in conjunction with Waves I and II, the Wave III contextual database will enable a wide range of contextual analyses. Beyond cross-section analysis of contemporaneous associations of contextual characteristics with respondent outcomes, these data enable more longitudinal and dynamic analyses of contextual influences. For example, one might examine change in census tract characteristics between Waves II and III, either as a result of residential moves between census tracts or of changes in the census tract itself.
Wave III education data - design and implementation of the adolescent health and academic achievement study	Chandra Muller, University of Texas Austin	The Adolescent Health and Academic Achievement (AHAA) study provides an opportunity to examine the effects of education on adolescent behavior, academic achievement, and cognitive and psychosocial development in the 1990s. The AHAA study expands the National Longitudinal Study of Adolescent Health (Add Health) - one of the decades most important studies of adolescents - to include detailed measures of academic progress and high school curriculum.
Additional genotypes - Wave III full sibs and twins	Brett Haberstick, Institute for Behavioral Genetics	

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