

Health Care Data for Adolescents and Young Adults

An Overview of Major Data Sources

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This document provides an overview of large publicly available data sets that periodically examine health status and health care access, utilization, and quality among adolescents and young adults. It is intended primarily for audiences who are interested in these issues and have the capacity to conduct secondary data analyses of large data sets.

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ADOLESCENT Health Care Measures: National and State Survey Data Available for Monitoring

Survey Title (Linked to survey website)	National	State level	Years available	Respondent	Ages	Health status	Health insurance*	Health care access	Unmet need/ delay of care*	Preventive health care visit*	Content of care*
National Health Interview Survey (NHIS)	X	X	Annual	Parent/ caregiver	0-17	1-5 rating; chronic conditions	X	Usual care source	X	X	
Medical Expenditure Panel Survey (MEPS)	X	X	Annual	Parent/ caregiver	0-17	CSHCN screener	X	Usual care source	X	X	X
National Survey of Children's Health (NSCH)	X	X	2007; 2011; 2017	Parent/ caregiver	0-17	1-5 rating; Chronic conditions; CSHCN screener	X	Usual care source; Medical Home	X	X	
National Survey of Children with Special Health Care Needs (NS-CSHCN)	X	X	2005-06; 2009-10;*** 2017	Parent/ caregiver	0-17	Chronic conditions; CSHCN screener	X	Usual care source; Medical home; MCHB Core Outcomes	X	X	
National Ambulatory Medical Care Survey (NAMCS)	X	X	Annual	Provider	0-17	Chronic conditions	X			X	X
Centers for Medicare and Medicaid Services (CMS)										X**12-21	
California Health Interview Survey (CHIS)		Calif.	Annual	Adolescent	12-17 years	1-5 rating	X	Usual care source	X	X	X

*Note: X=yes, present in survey; *= see page of descriptions; ** ages 12-21 reported in published reports; would need to do private analyses to get 12-17 results; ***NS-CSHCN will be combined into a single survey with NSCH and released in Spring 2017.*

ADOLESCENT Survey Details, Descriptions, Definitions

Survey Title	Insurance	Unmet Need / Delay in Care	Preventive Care Visit	Content of Care	State-Level Analysis
National Health Interview Survey (NHIS)	Insurance type and past year duration	DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...: a) prescription medications; b) dental care; c) mental health care; d) eyeglasses? Delay in care: There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?	Past 12 months: did [fill1: alias] receive a well-child check-up, that is a general check-up, when [fill2: he/she] was not sick or injured? About how long has it been since [fill: alias] last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.		National-level data is available for public use. State codes are considered restricted data. State-level analysis of NHIS data is possible through a permission process with the National Center for Health Statistics. State-level analysis of adolescent well visits/ physical exams would likely be possible for approximately the 25 states with the largest populations, using one or two years' pooled data. See the NCHS website for details on accessing approval to analyze state-level data: http://www.cdc.gov/rdc/ The 2013 NHIS public use datasets were released in July 2014. As of April 2015, 2013 is the most recent publically available data.
Medical Expenditure Panel Survey (MEPS)	Insurance type and past year duration	In the last 12 months, was anyone in the family unable to obtain medical care, tests, or treatments they or a doctor believed necessary? (Dental care; prescription medications) In the last 12 months, was anyone in the family delayed in getting medical care, tests, or treatments they or a doctor believed necessary? (Dental care; prescription medications)	Assessment through visit type reported by parent/caregiver	Has provider ever checked/measured height, weight, blood pressure, vision? Has provider given (Parent or Child) advice about dental visit, and all other ones. Adolescent had time alone with provider at last health care visit?	National-level data is available for public use. State codes are considered restricted data. State-level analysis of MEPS data is possible through a permission process with the AHRQ Data Center (DC). Analyses must be done through the DC, which allows analysis of the top 29 states with the largest populations. See the AHRQ website for details on accessing approval to analyze state-level data: http://meps.ahrq.gov/mepsweb/data_stats/onsite_datacenter.jsp It is anticipated that the 2013 public use datasets will be released throughout 2015 and that the Full Consolidated File will be released in September 2015.
National Survey of Children's Health (NSCH)	Type (not complete) and past year duration	Delayed or went without care. See survey for details.	During the past 12 months/Since [his/her] birth), how many times did [sample child] see a doctor, nurse, or other health care provider for preventive medical care such as a physical exam or well-child checkup? [During the past 12 months/Since [his/her] birth), did [S.C.] see a dentist for any kind of dental care, including check-ups, dental cleanings, x-rays, or filling cavities?		NSCH data can be analyzed by state through two mechanisms: 1) online analysis tool available on NSCH website; 2) downloading public use data sets. The data sets include a State variable that can be stratified by state and analyzed. The Ns for each state range from around 1800 to 2000 cases for all children. Adolescents ages 10-17 make up 47% of the 2011-12 data set. Previously, the NSCH and NS-CSHCN were conducted every two years in alternating years, providing data about health and well-being at the state and national levels. These surveys are being redesigned and will become a single survey, the National Survey of Children's Health (NSCH), that will be conducted annually. Both the content and methodology of this combined survey will be refined through 2016 to ensure that it meets the needs of data users. The first public release of data is scheduled for Spring 2017.
National Survey of Children with Special Health Care Needs (NS-CSHCN)	Insurance type and past year duration	During past 12 months, did you have any difficulties or delays getting services for [CHILD'S NAME] because [he/she] was not: a) eligible for the services; b) Costs; c) Services not available; d) Backlogs?	During the past 12 months, how many times did [CHILD'S NAME] see a dentist for preventive dental care, such as check-ups and dental cleanings?		

ADOLESCENT Survey Details, Descriptions, Definitions continued

Survey Title	Insurance	Unmet Need / Delay in Care	Preventive Care Visit	Content of Care	State-Level Analysis
National Ambulatory Medical Care Survey (NAMCS)	Insurance type		Main reason for visit--preventive care (e.g., routine prenatal, well baby, screening, insurance, general exams)	Health education ordered or given: asthma; diet/nutrition; exercise; family planning; growth/development; injury prevention; stress management; tobacco use/exposure; weight reduction	None of this data is available publicly beyond 2010. Visit this website for information about gaining access to this restricted data: http://www.cdc.gov/nchs/ahcd/ahcd_questionnaires.htm#rdc
Centers for Medicare and Medicaid Services (CMS)			The Adolescent Well-Care Visit (ages 12-21) measure has three components that must be completed: 1) health and developmental history (physical and mental); 2) physical exam; and 3) health education/anticipatory guidance.		CMS several adolescent measures including adolescent well care (AWC) visits (ages 12-21) from up to 43 states. The AWC is collected from 43 states. Rates are drawn from administrative (claims/billing data) and hybrid (administrative and chart reviews data) sources. The ACW measure has three components: 1) health and developmental history (physical and mental); 2) physical exam; and 3) health education/anticipatory guidance. The rates for adolescent well care visits for 43 states for FFY 2013 were released in November 2014. To learn of the process through which one can gain access to CMS databases to analyze data, visit the CMS website: https://data.medicare.gov/
California Health Interview Survey (CHIS)	Insurance type and past year duration	During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you? During the past 12 months, did you delay or not get any medical care you felt you needed?	When was the last time you saw a doctor for a physical exam or check-up? About how long has it been since you last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.	May vary by year. When you had your last routine physical exam, did you and a doctor talk about...: a) exercise or physical activity; b) nutrition or healthy eating?	The CHIS 2011-2012 Adolescent and Child Constructed Variables data set became available on October 2014.

Please note the following:

- 1) Question wording may vary across years.
- 2) Each question may not be included every year the surveys are administered.

For more information, readers may be interested in [Adolescent and Young Adult Preventive Care: Comparing National Survey Rates](#).

YOUNG ADULT Health Care Measures: National and State Survey Data Available for Monitoring

Survey Title (Linked to survey website)	National	State level	Years available	Respondent	Ages available	Health status	Health insurance*	Health care access	Unmet need/ delay in care*	Preventive health care visit*	Content of care*
National Health Interview Survey (NHIS)	X	X	Annual	Self	18+	1-5 rating; Chronic conditions	X	Usual care source	X		X in 2011 and 2012
Medical Expenditure Panel Survey (MEPS)	X	X	Annual	Self	18+	Limitations or difficulties iadl, adl***	X	Usual care source	X	X	X
Behavioral Risk Factors Surveillance System (BRFSS)	X	X	Annual	Self	18+	1-5 rating Chronic conditions	X		X	X	X
National Ambulatory Medical Care Survey (NAMCS)	X	X	Annual	Provider	18+	Chronic conditions	X			X	X
Centers for Medicare and Medicaid Services (CMS)										X** 18-21	
California Health Interview Survey (CHIS)		Calif.	Annual	Self	18+	1-5 rating; Chronic conditions	X	Usual care source	X		X

*Note: X=yes, present in survey; * = see page of descriptions; ** ages 18-21 reported within 12-21 age group in published reports; would need to do private analyses to get 18-21 YA results; ***iadl= independent activities of daily living, adl= activities of daily living*

YOUNG ADULT Survey Details, Descriptions, Definitions

Survey Title	Insurance	Unmet Need / Delay in Care	Preventive Care Visit	Content of Care	State-Level Analysis
National Health Interview Survey (NHIS)	Insurance type and past year duration	Unmet need: DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it for: a) prescription medications; b) dental care; c) mental health care; d) eyeglasses? Delay in care: There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?		NHIS: 2011: <u>Checked:</u> Blood pressure (BP); cholesterol; fasting blood sugar <u>Advised:</u> Diet; smoking (if smoker) <u>Received:</u> HPV shot; Hepatitis A; Hepatitis B; Flu shot; Females only: Pap	National-level data is available for public use. State codes are considered restricted data. State-level analysis of NHIS data is possible through a permission process with the National Center for Health Statistics. State-level analysis would likely be possible for approximately the 25 states with the largest populations, using one or two years' pooled data. See the NCHS website for details on accessing approval to analyze state-level data: http://www.cdc.gov/rdc/ The 2013 NHIS public use datasets were released in July 2014. As of April 2015, 2013 is the most recent publically available data.
Medical Expenditure Panel Survey (MEPS)	Insurance type and past year duration	Unmet need: In the last 12 months, was anyone in the family unable to obtain medical care, tests, or treatments they or a doctor believed necessary? (Dental care; prescription medications) Delay in care: In the last 12 months, was anyone in the family delayed in getting medical care, tests, or treatments they or a doctor believed necessary? (Dental care; prescription medications)	1) Assessment through visit type reported by participant 2) About how long has it been since (PERSON) had a routine check-up by a doctor or other health professional?	<u>Checked:</u> BP; cholesterol; get flu vaccine; Females only: Pap; breast exam <u>Advised:</u> Eat lower fat/cholesterol foods; exercise more <u>Received:</u> Flu vaccine; Females only: Pap; breast exam	National-level data is available for public use. State codes are considered restricted data. State-level analysis of MEPS data is possible through a permission process with the AHRQ Data Center (DC). Analyses must be done through the DC, which allows analysis of the top 29 states with the largest populations. See the AHRQ website for details on accessing approval to analyze state-level data: http://meps.ahrq.gov/mepsweb/data_stats/onsite_datacenter.jsp It is anticipated that the 2013 public use datasets will be released throughout 2015 and that the Full Consolidated File will be released in September 2015.
Behavioral Risk Factors Surveillance System (BRFSS)	Currently insured	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	<u>Checked:</u> BP; cholesterol; high blood sugar <u>Advised:</u> Preconception <u>Received:</u> Immunizations; eye exam; Females only: pap; breast exam	BRFSS data can be analyzed by state through two mechanisms: 1) online analysis tool available though 2011; 2) downloading public use data sets. State-level data is available in the public use files. The national sample is large enough to allow state-level analyses. As of April 2015, 2013 is the most recent publically available data.
National Ambulatory Medical Care Survey (NAMCS)	Insurance type		Main reason for visit- preventive care (e.g., routine prenatal, well baby, screening, insurance, general exams)	Health education ordered or given: asthma; diet/nutrition; exercise; family planning; growth/development; injury prevention; stress management; tobacco use/exposure; weight reduction	None of this data is available publically beyond 2010. Visit this website for information about gaining access to this restricted data: http://www.cdc.gov/nchs/ahcd/ahcd_questionnaires.htm#rdc
Centers for Medicare and Medicaid Services (CMS)			The Adolescent Well-Care Visit (ages 12-21) measure has three components that must be completed: 1) health and developmental history (physical and mental); 2) physical exam; and 3) health education/anticipatory guidance.		CMS several adolescent measures including adolescent well care (AWC) visits (ages 12-21) from up to 43 states. The AWC is collected from 43 states. Rates are drawn from administrative (claims/billing data) and hybrid (administrative and chart reviews data) sources. The AWC measure has three components: 1) health and developmental history (physical and mental); 2) physical exam; and 3) health education/anticipatory guidance. The rates for adolescent well care visits for 43 states for FFY 2013 were released in November 2014. To learn of the process through which one can gain access to CMS databases to analyze data, visit the CMS website: https://data.medicare.gov/
California Health Interview Survey (CHIS)				May vary by year; Flu vaccine	The CHIS 2011-2012 Adolescent and Child Constructed Variables data set became available on October 2014.

Please note the following:

1) Question wording may vary across years.

2) Each question may not be included every year the surveys are administered.

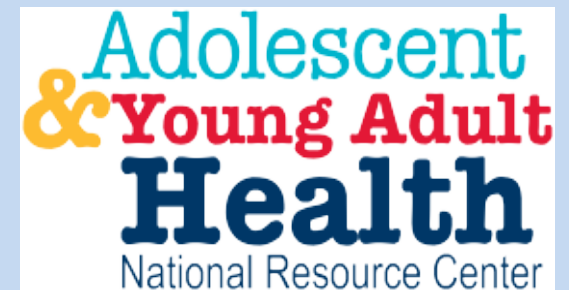
For more information, readers may be interested in [Adolescent and Young Adult Preventive Care: Comparing National Survey Rates](#).

The logo for NAHIC, consisting of the letters "NAHIC" in a bold, white, sans-serif font, centered within a dark blue rectangular background.

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To improve adolescent and young adult health, NAHIC focuses on the intersection of public health, systems of care and clinical practice, through research and synthesis, and dissemination, networking and partnering.

The Resource Center is a new project that aims to promote adolescent and young adult health by strengthening the abilities of State Title V MCH Programs, as well as public health and clinical health professionals, to better serve these populations (ages 10-25).



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