



## HHS Sources for Adolescent Health Data

Data on adolescent health status, diseases, and related conditions are collected across HHS agencies through three approaches: vital records, surveillance systems and nationally representative surveys.

**Vital Registration: the system by which the government records the essential life events of its citizens and residents.**

### ■ Births (Natality)

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics, Division of Vital Statistics collects and reports information on all live births in the U.S. including births to adolescent mothers. State laws require birth certificates to be completed for all births, and federal law mandates national collection and publication of births and other vital statistics data. The compilation of birth data by the National Vital Statistics System is the result of the cooperation between the National Center for Health Statistics and the states to provide access to statistical information from birth certificates.

For more information on births among adolescents, please see:

<http://www.cdc.gov/nchs/births.htm>

[http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf)

<http://www.cdc.gov/nchs/data/databriefs/db89.htm>

### ■ Deaths (Mortality)

CDC's National Center for Health Statistics, Division of Vital Statistics collects mortality data. Mortality data from the National Vital Statistics System (NVSS) are a fundamental source of demographic, geographic, and cause-of-death information. For deaths among adolescents, the leading causes of death, racial disparities, and trends by age and gender are particularly informative. NVSS is one of the few sources of health-related data that are comparable for small geographic areas and are available for a long time period in the U.S. The data are also used to present the characteristics of those dying in the U.S., to determine life expectancy, and to compare mortality trends with other countries.

For more information, please see:

<http://www.cdc.gov/nchs/deaths.htm>

[http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf)

[http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_04.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf)

### ■ **Fetal Deaths**

CDC's National Center for Health Statistics, Division of Vital Statistics collects and reports information on fetal death (the spontaneous intrauterine death of a fetus at any time during pregnancy) in the U.S. Fetal deaths later in pregnancy (at 20 weeks of gestation or more), are sometimes referred to as stillbirths. In the U.S., state laws require the reporting of fetal deaths, and federal law mandates national collection and publication of fetal death data.

For more information on fetal deaths among adolescents, please see:

[http://www.cdc.gov/nchs/fetal\\_death.htm](http://www.cdc.gov/nchs/fetal_death.htm)

[http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60\\_08.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_08.pdf)

**Surveillance: the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event, disease, or condition.**

### ■ **Abortion Surveillance**

CDC's National Center for Chronic Disease Prevention and Health Promotion's abortion surveillance program documents the number and characteristics of women obtaining legal induced abortions, and it compiles abortion data by state or area of occurrence. During 1973-1997, data were received or estimated for 52 reporting areas (50 states, the District of Columbia and New York City). From 1998 – 2008, the number of reporting areas has fluctuated between, 45 and 49.

For more information, please see:

[http://www.cdc.gov/reproductivehealth/Data\\_Stats/Abortion.htm](http://www.cdc.gov/reproductivehealth/Data_Stats/Abortion.htm)

[http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm?s\\_cid=ss6208a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm?s_cid=ss6208a1_w)

### ■ **HIV/AIDS Surveillance**

HIV/AIDS surveillance is conducted by health departments in each state or territory and the District of Columbia. Using a standard confidential case report form, the health departments collect information that is then transmitted electronically without personal identifying information to CDC's Division of HIV/AIDS Prevention (DHAP), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. DHAP has developed a comprehensive program of HIV surveillance to collect, analyze, and disseminate data on HIV infection and AIDS. Through HIV surveillance, DHAP monitors many facets of the trends in HIV in the U.S., including HIV case surveillance, HIV incidence surveillance, Variant, Atypical, and Resistant HIV.

For more information on HIV/AIDS among adolescents, please see:

<http://www.cdc.gov/hiv/topics/surveillance/index.htm>

<http://www.cdc.gov/hiv/library/reports/surveillance/index.html>



### ■ **National Electronic Injury Surveillance System – All Injury Program (NEISS-AIP)**

The NEISS-AIP is a collaborative effort by CDC’s National Center for Injury Prevention and Control and the U.S. Consumer Product Safety Commission that collects data on all nonfatal injuries (including sexual assault) and poisonings treated in U.S. hospital emergency departments. NEISS-AIP uses a subsample of injury data from the NEISS nationally representative sample of U.S. hospital emergency departments.

For more information, please see:

<http://www.cdc.gov/ncipc/wisgars/nonfatal/datasources.htm#5.3>

### ■ **Notifiable Disease Surveillance**

Notifiable disease surveillance is conducted by public health practitioners at local, state, and national levels to support disease prevention and control activities. State epidemiologists report cases of notifiable diseases to CDC’s Public Health Surveillance and Informatics Program Office, Office of Surveillance, Epidemiology, and Laboratory Services, which tabulates and publishes these data in *Morbidity and Mortality Weekly Report (MMWR)* and at year-end in the annual *Summary of Notifiable Diseases, U.S.* There is an extensive list of notifiable infectious diseases, which includes sexually transmitted infections (STIs) such as chancroid, chlamydia, gonorrhea, primary and secondary syphilis as well as non-STI infectious conditions such as anthrax, botulism, measles, rabies, tetanus, toxic shock syndrome, and hepatitis.

For more information, please see:

[http://www.cdc.gov/osels/ph\\_surveillance/nndss/nndsshis.htm](http://www.cdc.gov/osels/ph_surveillance/nndss/nndsshis.htm)

### ■ **Sexually Transmitted Disease Surveillance**

CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention conducts sexually transmitted disease (STD) surveillance. STD surveillance information is based on the following sources of data: notifiable disease reporting from state and local STD programs; projects that monitor STD prevalence in various settings, including regional Infertility Prevention Projects, the National Job Training Program, the STD Surveillance Network, and the Gonococcal Isolate Surveillance Project; and other national surveys implemented by federal and private organizations. CDC’s STD surveillance report includes data on the three STDs that physicians are required to report to local or state public health authorities—gonorrhea, chlamydia, and syphilis—which represent only a fraction of the true burden of STDs. Some common STDs, like human papillomavirus (HPV) and genital herpes, are not required to be reported.

For more information, please see:

<http://www.cdc.gov/std/>

<http://www.cdc.gov/std/stats/default.htm>

<http://www.cdc.gov/std/stats12/default.htm>



**Statistical Survey: a method for collecting quantitative information about health-related information in a population; surveys sample individuals or healthcare providers from a population to make statistical inferences about the population based on the sample.**

### ■ **Childhood Agriculture Injury Survey (CAIS)**

Youth who live on, work on, or visit farms in the United States (U.S.) have been identified as a special population at high risk for non-fatal and fatal injuries. Since 1996, NIOSH has conducted the Childhood Agricultural Injury Prevention Initiative to promote the reduction of injuries and fatalities to youth on farms in the U.S. A major component of this initiative is the development of an ongoing surveillance program to track the magnitude of non-fatal injuries occurring to all youth exposed to hazards on farms. An initial step in the development of the surveillance program was the completion of a farm operator survey conducted in 1999, which collected injury and demographic data for the calendar year 1998. NIOSH collaborated with the U.S. Department of Agriculture, National Agricultural Statistics Service (USDA-NASS) to conduct this survey called the Childhood Agricultural Injury Survey (CAIS). The results of this survey were released in 2001, and contained both injury and demographic estimates for youth on farms in the U.S. Since the initial survey, NIOSH has collaborated with USDA-NASS to conduct four additional CAIS for the calendar years 2001, 2004, 2006, and 2009. As with the original CAIS, each survey collected injury and demographic information.

For more information, please see:

<http://www.cdc.gov/niosh/topics/childag/CAIS/default.html>

### ■ **Healthcare Cost and Utilization Project (HCUP)**

The Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup") is a family of health care databases and related software tools and products developed through a Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality. HCUP creates a national information resource of patient-level health care data by bringing together the data collection efforts of state data organizations, hospital associations, private data organizations, and the federal government. HCUP includes the largest collection of longitudinal hospital care data in the U.S., with all-payer, encounter-level information beginning in 1988. These databases enable research on a broad range of health policy issues among adolescents as well as other age groups, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, state, and local market levels.

For more information, please see:

<http://www.hcup-us.ahrq.gov/overview.jsp>



### ■ **Medical Expenditure Panel Survey (MEPS)**

The Medical Expenditure Panel Survey (MEPS) is conducted by the Agency for Healthcare Research and Quality. MEPS is a set of large-scale surveys of families and individuals, their medical providers, and employers across the U.S.. MEPS is the most complete source of data on the cost and use of health care and health insurance coverage. MEPS collects data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers.

For more information, please see:

[http://meps.ahrq.gov/mepsweb/about\\_meps/survey\\_back.jsp](http://meps.ahrq.gov/mepsweb/about_meps/survey_back.jsp)

### ■ **Monitoring the Future (MTF)**

Since 1975 the MTF survey has measured drug, alcohol, and cigarette use and related attitudes among adolescent students nationwide. Survey participants report their drug use behaviors across three time periods: lifetime, past year, and past month. Overall, almost 47,000 students from 400 public and private schools in the 8th, 10th, and 12th grades participate in the survey each year. The survey is funded by the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health (NIH), and conducted by the University of Michigan.

For more information, please see:

<http://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future>

<http://www.drugabuse.gov/monitoring-future-survey-overview-findings-2013>

### ■ **National Ambulatory Medical Care Survey (NAMCS)**

The National Ambulatory Medical Care Survey (NAMCS) is conducted by CDC's National Center for Health Statistics, Division of Health care Statistics. NAMCS is a national survey designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the U.S.. Findings are based on a sample of visits to non-federal employed office-based physicians who are primarily engaged in direct patient care.

For more information, please see:

<http://www.cdc.gov/nchs/ahcd.htm>



### ■ **National Health Interview Survey (NHIS)**

The National Health Interview Survey (NHIS) is the principal source of information on the health of the civilian noninstitutionalized population of the U.S. Conducted by CDC's National Center for Health Statistics, Division of Health Interview Statistics, the NHIS is a continuing survey with special studies to secure accurate and current statistical information on the amount, distribution, and effects of illness and disability in the U.S. and the services rendered for or because of such conditions. The Core questionnaire contains four major components: Household, Family, Sample Adult, and Sample Child.

For more information, please see:

[http://www.cdc.gov/nchs/nhis/about\\_nhis.htm](http://www.cdc.gov/nchs/nhis/about_nhis.htm)

[http://www.cdc.gov/nchs/nhis/new\\_nhis.htm](http://www.cdc.gov/nchs/nhis/new_nhis.htm)

### ■ **National Health and Nutrition Examination Survey (NHANES)**

The National Health and Nutrition Examination Survey is conducted by CDC's National Center for Health Statistics, Division of Health and Nutrition Examination Surveys. NHANES is a program of studies designed to assess the health and nutritional status of adults and children in the U.S. The survey is unique in that it combines interviews and physical examinations. The NHANES interview includes demographic, socioeconomic, dietary, and health-related questions. The examination component consists of medical, dental, and physiological measurements, as well as laboratory tests administered by highly trained medical personnel. Data for adolescents include measures of overweight and obesity, and untreated dental caries.

For more information, please see:

<http://www.cdc.gov/nchs/nhanes.htm>

<http://www.cdc.gov/nchs/data/databriefs/db87.htm>

<http://www.cdc.gov/nchs/data/databriefs/db113.htm>

<http://www.cdc.gov/nchs/data/databriefs/db141.htm>

- The NHANES National Youth Fitness Survey (NNYFS) was conducted in 2012 to collect data on physical activity and fitness levels in order to provide an evaluation of the health and fitness of children in the U.S. ages 3 to 15. The NNYFS collected data on physical activity and fitness levels of our youth through interviews and fitness tests. For more information, please see: <http://www.cdc.gov/nchs/nyyfs.htm>



### ■ **National Hospital Care Survey (NHCS)**

The National Hospital Care Survey is a new survey conducted by CDC's National Center for Health Statistics, Division of Health Care Statistics, that integrates inpatient data formerly collected by the National Hospital Discharge Survey with the emergency department (ED), outpatient department (OPD), and ambulatory surgery center (ASC) data collected by the National Hospital Ambulatory Medical Care Survey (NHAMCS). The integration of these two surveys along with the collection of personal identifiers (protected health information) will allow the linking of care provided to the same patient in the ED, OPD, ASC, and inpatient departments. It will also be possible to link the survey data to the National Death Index and Medicaid and Medicare data to obtain a more complete picture of patient care.

For more information, please see:

<http://www.cdc.gov/nchs/nhcs.htm>

### ■ **National Immunization Survey-Teen (NIS-Teen)**

The NIS-Teen is conducted by CDC's National Center for Health Statistics. NIS-Teen collects data by telephone interview of households in all 50 states and the District of Columbia. The survey asks questions about immunizations for adolescents 13-17 years of age and requests parental permission for contacting adolescents' vaccination providers (pediatricians, family physicians, and other health care providers) to assure the accuracy and precision of the vaccination coverage estimates and immunization data for surveyed adolescents.

For more information, please see:

[http://www.cdc.gov/nchs/nis/about\\_nis.htm](http://www.cdc.gov/nchs/nis/about_nis.htm)

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6234a1.htm>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6229a4.htm>

### ■ **National Survey of Children's Health**

This survey is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration and is conducted by the National Center for Health Statistics' State and Local Area Integrated Telephone Survey (SLAITS). The National Survey of Children's Health examines the physical and emotional health of children through 17 years of age. Special emphasis is placed on factors that may relate to the well-being of children and adolescents, including medical homes, family interactions, parental health, school and after-school experiences, and safe neighborhoods. In 2011, questions were also asked about uninsured children from some households, to assess their parents' awareness of, experience with, and interest in enrolling in Medicaid and the State Children's Health Insurance Program (CHIP).

For more information, please see:

<http://www.childhealthdata.org/learn/NSCH>

<http://www.cdc.gov/nchs/slait/nsch.htm>



### ■ **National Survey of Children with Special Health Care Needs (NS-CSHCN)**

The National Survey of Children with Special Health Care Needs is conducted by CDC's National Center for Health Statistics' State and Local Area Integrated Telephone Survey (SLAITS). The primary goals of this survey are to assess the prevalence and impact of special health care needs among children in the U.S., and to evaluate change since its inception in 2001. This survey explores the extent to which children with special health care needs (CSHCN) have medical homes, adequate health insurance, access to needed services, adequate care coordination, and that parents are satisfied with their child's care. Other topics include functional difficulties, transition services, and questions pertaining to specific sub-populations. Interviews are conducted with parents or guardians who know about the child's health. More than 190,000 households with children throughout the U.S. are screened to identify approximately 750 CSHCN in each state and the District of Columbia.

For more information, please see:

<http://cshcndata.org/learn/NS-CSHCN>

<http://www.cdc.gov/nchs/slait/cshcn.htm>

<http://mchb.hrsa.gov/cshcn0910/>

### ■ **National Survey of Family Growth (NSFG)**

CDC's National Center for Health Statistics, Division of Vital Statistics collects data on factors affecting family formation, growth, and dissolution—including marriage, divorce, and cohabitation; contraception, sterilization, and infertility; pregnancy outcomes; and births through in-person interviews of the household population of males and females aged 15–44 in the U.S.

For more information, please see:

[http://www.cdc.gov/nchs/nsfg/about\\_nsfg.htm](http://www.cdc.gov/nchs/nsfg/about_nsfg.htm)

[http://www.cdc.gov/nchs/nsfg/nsfg\\_products.htm](http://www.cdc.gov/nchs/nsfg/nsfg_products.htm)

### ■ **National Survey on Drug Use and Health (NSDUH)**

National Survey on Drug Use and Health is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey is the primary source of information on the use of illicit drugs, alcohol, and tobacco use and mental health in the civilian, noninstitutionalized population of the U.S. aged 12 years old and older. Participants are interviewed in the privacy of their own home.

For more information, please see:

<http://www.samhsa.gov/data/NSDUH.aspx>

[https://nsduhweb.rti.org/RespWeb/project\\_description.html](https://nsduhweb.rti.org/RespWeb/project_description.html)



### ■ **State and Local Area Integrated Telephone Survey (SLAITS)**

The State and Local Area Integrated Telephone Survey (SLAITS) collects important health care data at state and local levels. This data collection mechanism was developed by CDC's National Center for Health Statistics. It supplements current national data collection strategies by providing in-depth state and local area data to meet various program and policy needs in an ever-changing health care system.

For more information, please see:

<http://www.cdc.gov/nchs/slaits.htm>

### ■ **Youth Risk Behavior Surveillance System (YRBSS)**

The YRBSS is a national school-based survey of students in middle school (grades 6 through 8) and high school (grades 9 through 12) conducted by CDC's Division of Adolescent and School Health among adolescents at the national, state, territorial, tribal, and local levels. The YRBSS monitors six categories of priority health-risk behaviors (behaviors that contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual risk behaviors, unhealthy dietary behaviors, physical inactivity) plus obesity and asthma.

For more information, please see:

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

<http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>

