

# Substance abuse treatment duration for Medicaid versus commercial clients in an HMO

Presentation to  
the Oregon Health Research & Evaluation Collaborative  
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Center for  
Health  
Research

# Research Team

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Oregon DHS – Department of Substance Abuse Services and OMAP.*

# Background

- Systems such as HMOs that combine substance abuse treatment (SA) and primary care may provide clinical, economic, and social benefits
- Duration of SA treatment is closely linked to positive treatment outcomes
- Risk for premature termination of SA treatment may be particularly high for Medicaid clients

# Previous Studies

- 3 studies of treatment outcomes for Medicaid compared to privately insured clients in managed care organizations:
- Green et al. (2002)
  - Medicaid status negatively associated with treatment completion for men
- Ettner et al. (2003)
  - Medicaid clients had similar or better outcomes
- Walters et al. (2002)
  - Medicaid clients ended treatment sooner
  - Health plan enrollment not significantly related to retention in treatment

# Research Questions

- What is the relationship between Medicaid enrollment and SA treatment initiation and duration of SA treatment in an HMO?
- Does length of enrollment in the HMO affect SA treatment initiation and duration?

# Context

- Many Medicaid clients enrolled in private managed care organizations (MCOs)
- Some experts concerned that private MCOs may not meet the needs of Medicaid clients with SA problems

# Oregon Medicaid Program

- During study period, most Oregon Medicaid clients enrolled in private commercial MCOs
- State pays MCO single capitated rate for physical health and substance abuse services (excluding residential treatment)
- In 1994, OHP expanded eligibility to include the working poor

# Study Design

- Observational study uses secondary data on public and privately enrolled members of Kaiser Permanente Northwest (KPNW)
- Parent study included all Medicaid KPNW members who received care in the specialty SA program between 1/1/96 and 1/31/97 (N=1304)
- Study matched (age, gender) Medicaid members with privately insured comparison group
- All subjects followed for up to 3 years after initial contact with SA treatment program

# Sample

- Subsample included all adult study subjects assessed and recommended for SA treatment
  - Ages 19–64
- Medicaid Group: N=641
- Commercial Group: N=474

# Data

- HMO addiction medicine assessment interviews
  - Clinical characteristics
  - Demographics and social characteristics
- KPNW administrative databases
  - Treatment initiation and duration of treatment
  - Length of HMO enrollment
  - Insurance coverage information
- State data on Medicaid eligibility for all KPNW Medicaid clients who had received SA treatment

# Variables

- Dependent variables
  - SA treatment initiation
    - 1 or more SA treatment visits within 14 days of treatment recommendation
  - Duration of SA treatment
    - Days in tx after initiation until subject ended tx, disenrolled from HMO, died, or reached end of study period
- Other key variables
  - Medicaid vs. commercial indicator
  - Treatment completion
    - 90 days in treatment with no more than 30 days between visits

# Propensity Scores

- Used a non-equivalent group design
  - Groups have significant differences on covariates that can bias estimates of group effects
- Created propensity scores using methods from D'Agostino (1998) and Rosenbaum & Rubin (1985)
- Calculated individual propensity scores using logistic regression with demographic, social, and clinical variables
- Compared differences in Medicaid and commercial groups on covariates before and after propensity score adjustment

# Overview of Analyses

- Treatment initiation
  - Logistic regression
    - Adjusted for propensity score
    - Covariates included Medicaid status, HMO enrollment
- Treatment duration
  - Competing risks framework with Cox proportional hazards models stratified on propensity score
- Reasons for loss of Medicaid eligibility
  - Descriptive statistics on most common reasons for loss of Medicaid eligibility in HMO members treated for SA
- SAS Proc MI for missing data on covariates

# Analysis of Treatment Duration

- Competing risks framework with Cox proportional hazards models stratified on propensity score
- Examination of multiple mechanisms that might influence length of time in SA treatment
  - Drop out of treatment, remain eligible for HMO
  - Lost HMO eligibility, ended SA treatment prematurely

(These two risks may depend on Medicaid status.)

The background is a dark blue gradient with several overlapping, wavy, semi-transparent bands of lighter blue. A small, bright cyan rectangle is positioned on the right edge, partially cut off.

# Results

# Key Features of the Study Sample

- Treatment recommendations similar for both groups
- Medicaid clients had more:
  - Prior SA treatment
  - Lifetime Suicide Attempts
  - Domestic Violence
  - Forced Sex
  - Arrests
  - Illicit Drug Use
- Demographic differences were significant
  - Gender, age, ethnicity, education, marital status

# Unadjusted Differences in Outcomes

Medicaid SA clients were:

- Less likely to initiate SA treatment (*significant*)
- Less likely to complete treatment (*not significant*)
- Have fewer days in treatment (*not significant*)

# Propensity Score Results

Post propensity score adjustment comparisons indicate:

- Few remaining differences
- Level of education, and history of suicide attempt remained significantly different
- Later variables included in multivariate analyses

*(Detailed results in handout)*

# Treatment Initiation

Logistic regression indicated:

- Medicaid status not significantly related to initiation
- Longer HMO eligibility **significantly increased** odds of initiation

*(Detailed results in handout)*

# Treatment Duration

Results from competing risks proportional hazard models showed:

- Chances of terminating treatment were not significantly related to Medicaid status
- Lifetime enrollment in HMO was not significantly related to termination
- Education level was not significantly related to termination
- History of suicide attempt was significantly related to termination

*(Detailed results in handout)*

# Reasons for HMO Disenrollment

- Loss of Medicaid eligibility (58%)
- Switched to fee for service (21%)
- Switched to other HMO (4%)
- Other (18%)

# Conclusions

- After adjustment for confounding factors, Medicaid status not significantly related to measures of treatment initiation or duration
- Primary reason for health plan disenrollment was loss of Medicaid coverage
- State policies that encourage continuity of health system affiliation and reduce barriers to continuous Medicaid eligibility should help to maximize the chances that Medicaid enrollees with SA obtain needed SA services

# Limitations

- Observational study
- Follow-up data on subjects leaving Oregon Medicaid program not available
- Generalizability to other states may be limited due to Oregon-specific expansion groups
- Some persons who lost HMO eligibility possibly continued treatment with alternative community providers

# References

Green CA, Polen MR, Dickinson DM, Lynch FL, Bennett MD. Gender differences in predictors of initiation, retention, and completion in an HMO-based substance abuse treatment program. *J Subst Abuse Treat* 2002;23:285-295.

Ettner SL, Denmead G, Dilonardo J, Cao H, Belanger AJ. The impact of managed care on the substance abuse treatment patterns and outcomes of Medicaid beneficiaries: Maryland's HealthChoice program. *J Behav Health Serv Res* 2003;30(1):41-62.

Walter LJ, Parthasarathy S, Allen S, et al. Medicaid patients in a private health maintenance organization: Patterns of chemical dependency treatment. *J Behav Health Serv Res* 2002;29(1):1-14.

D'Agostino RB Jr. Propensity score methods for bias reduction in the comparison of a treatment to a non-randomized control group. *Stat Med* 1998;17(19):2265-81

Rosenbaum PR, Rubin DB. Constructing a control using multivariate matched sampling methods that incorporate the propensity score. *American Statistician* 1985;39:33-38.

# Related Research

- Understanding cost-shifting from private to public sector
- Improving capitation payment for persons with SA problems

# Center for Health Research

- Created in 1964, Kaiser Permanente's Center for Health Research/Northwest and Hawaii (CHR) is a professionally independent, non-profit research institute whose mission is to improve individual health and inform health policy.
- Currently, over 300 employees provide administrative, analytical, computer, recruitment, publication, and other support services to CHR's more than 32 investigators
- Our annual budget was \$30 million in 2003, with nearly 81 percent of the CHR's budget coming from federal grants and contracts (primarily NIH investigator initiated awards). Another 9 percent came from grants from private foundations and from contracts with pharmaceutical companies. The remaining 10 percent came from an annual support grant from Kaiser Foundation Hospitals' program of Direct Community Benefit Investment.

# Maximizing the Use of National Survey Data on Child Health



[www.childhealthdata.org](http://www.childhealthdata.org)

Presented by:

**Christina Bethell, PhD, MPH**

**Your Data....Your Story!**  
**What did you learn about child health today?**





# Data Resource Center for Child & Adolescent Health

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The Data Resource Center (DRC) on Child and Adolescent Health website puts national, state and regional survey findings right at your fingertips!

## Start **HERE!** -click on a survey to begin

### National Survey of Children's Health (NSCH), 2003



- Search and compare results on over 60 indicators of child health and well-being.
- View state and regional profiles on key measures.
- Explore survey content relevant to Healthy People 2010 objectives.
- Compare findings at every level for children from different age, race, income, or health status groups.

### National Survey of Children with Special Health Care Needs (NS-CSHCN), 2001



- Search and compare national, state and regional prevalence estimates of children and youth with special health care needs (CYSHCN).
- Find national, state and regional results on key indicators of health and system performance and MCHB outcomes for CYSHCN.
- Compare findings for CYSHCN from different age, race, income, or health status groups.

### What you'll find:

- Interactive data search tools
- Personalized technical help by email or phone
- Information and examples to help you use data more effectively



# Data Resource Center Goals

- Provide a high-quality, **publicly accessible and easy to use** web-based resource that allows for **tailored and interactive** state and population subgroup level data searches
- **Eliminate barriers** faced by policy, program, provider, and advocacy audiences in obtaining information in a real time and user-friendly manner
- Advance **evidence-based policy**, program development, and advocacy on behalf of children, youth and families
- Build **data literacy** and the valid use of child health indicators
- **Promote integration in the development** of national surveys and excellence in the construction and interpretation of child health indicators



# Application of the DRC

- **Identifying/documenting needs**
  - How many children in your state have what needs?
  - How do needs vary across states and why?
  - How do needs vary across subgroups of children within and across states and why?
  - How does data support your assumptions or what you're hearing from the field (providers, families, other agencies)?
- **Building partnerships**
  - What partners could use this data: Public Programs, Health plans, Hospitals, Providers, community groups, faith based organizations?
  - How can you share data to support common efforts, improve care?



# Application of the DRC

- **Educating Policymakers**
  - What are key policy issues for your initiative ?
  - What programs or groups need what information?
  - What data could help them learn about child health needs?
- **Advocacy**
  - Are there key pressure points in program budgets or priorities coming up?
  - What methods would be most effective in presenting your case?
  - How could you use data in Fact Sheets, Testimony, the media, along with family stories?
- **Grant Writing**
  - How can you use data to strengthen your proposal?



## Data Resource Center Development / Sponsorship

- Developed and led by CAHMI -- Child and Adolescent Health Measurement Initiative based at the Oregon Health & Science University, Portland OR
- National advisory group provides ongoing guidance and approves of development of standardized indicators
- Sponsored by the federal Maternal and Child Health Bureau



# Data Resource Center Features

- **Learn** about the surveys
- **Search and compare** national, state, and regional survey results and **over 100 child indicators** for subgroups of children (age, race, sex, income, insurance and health status, etc.)
- **Get resources** and ideas on how to report your findings in a valid and effective manner
- **Get expert help** – by e-mailing us your questions, plus get links to other data sets and resources



## What other features are available?

- **Download** cleaned, labeled state-specific national survey datasets with pre-constructed indicators and additional variables (SAS & SPSS)—one state dataset per state free.
- **Sign up** for regular e-updates and “e-facts”
- **Find out** about and access the latest publications, reports & abstracts using the national survey data

[www.childhealthdata.org](http://www.childhealthdata.org)



# Data Resource Center

for Child & Adolescent Health

[www.cshcndata.org](http://www.cshcndata.org)



**N**ational Survey of  
Children with Special Health  
Care Needs, 2001

[www.nschdata.org](http://www.nschdata.org)



**N**ational Survey of  
Children's Health, 2003

# Two Surveys – what do they have in common?

- Sponsored by the **Maternal and Child Health Bureau**
- Use **SLAITS** (State & Local Area Integrated Telephone Survey) sampling mechanism
- **National Center for Health Statistics/CDC** oversees sampling and administration
- **Designed and collected** in a manner that allows valid state-to-state and national comparisons
- **Weighted data** yield prevalence estimates for non-institutionalized child population ages 0-17 in each state, and nationally

# What is SLAITS?

- Uses **National Immunization Survey** sampling frame (which screens for households with children but only samples those w/ children ages 19-35 mos)
- **Random Digit Dial** telephone design
- **Standardized questions** produce **comparative data** across States & for the Nation
- Accommodates **modules of customized questions** and specific domains of interest
- Estimates are **adjusted for non-coverage** of HH's without telephones



# National Survey of CSHCN



372,174 children, 0 - 17 yrs, in  
the 196,888 households  
contacted screened for having  
special health care needs

**NO special health  
care needs**  
(323,484 children/youth)

**YES special health  
care needs**  
(48,690 children/youth)

From this group, **750 CYSHCN**  
selected in EACH state for the  
longer CSHCN interview

**38,866** CSHCN interviews  
completed

# In-depth CSHCN interview collects information on:

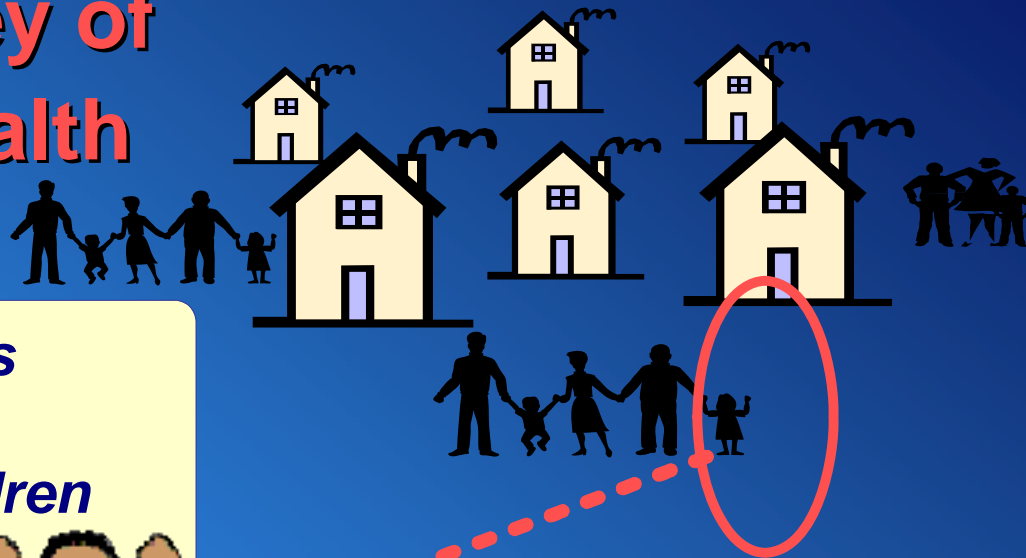
- Child health and functional status
- Child health insurance status and adequacy of coverage
- Access to health care — needed services & unmet needs
- Care coordination
- Impact of child's health on family
- MCHB core outcomes for CYSHCN and
- Key indicators of CSHCN health & system performance



# National Survey of Children's Health

- Conducted for the first time during **2003 – 2004**
- **One child randomly selected in each household** subject of survey for a total of 102,353 interviews
- **Same CSHCN screening method** as NS-CSHCN
- Information on **children's health and well-being** collected in combination with data on child's family/neighborhood context
- First time such a broad range of info collected in manner that allow **state-to-state and national comparisons**

# National Survey of Children's Health



**Survey Sections  
1 – 5 and 8 – 11  
are asked for children  
of all ages**



**Early Childhood  
questions (Section 6)  
asked for  
children ages 0-5**

**102,353**  
Children ages 0-17  
randomly selected, 1 per HH

**Middle childhood/Adolescence  
questions (Section 7)  
asked for children ages 6-17**



# NSCH Survey Domains

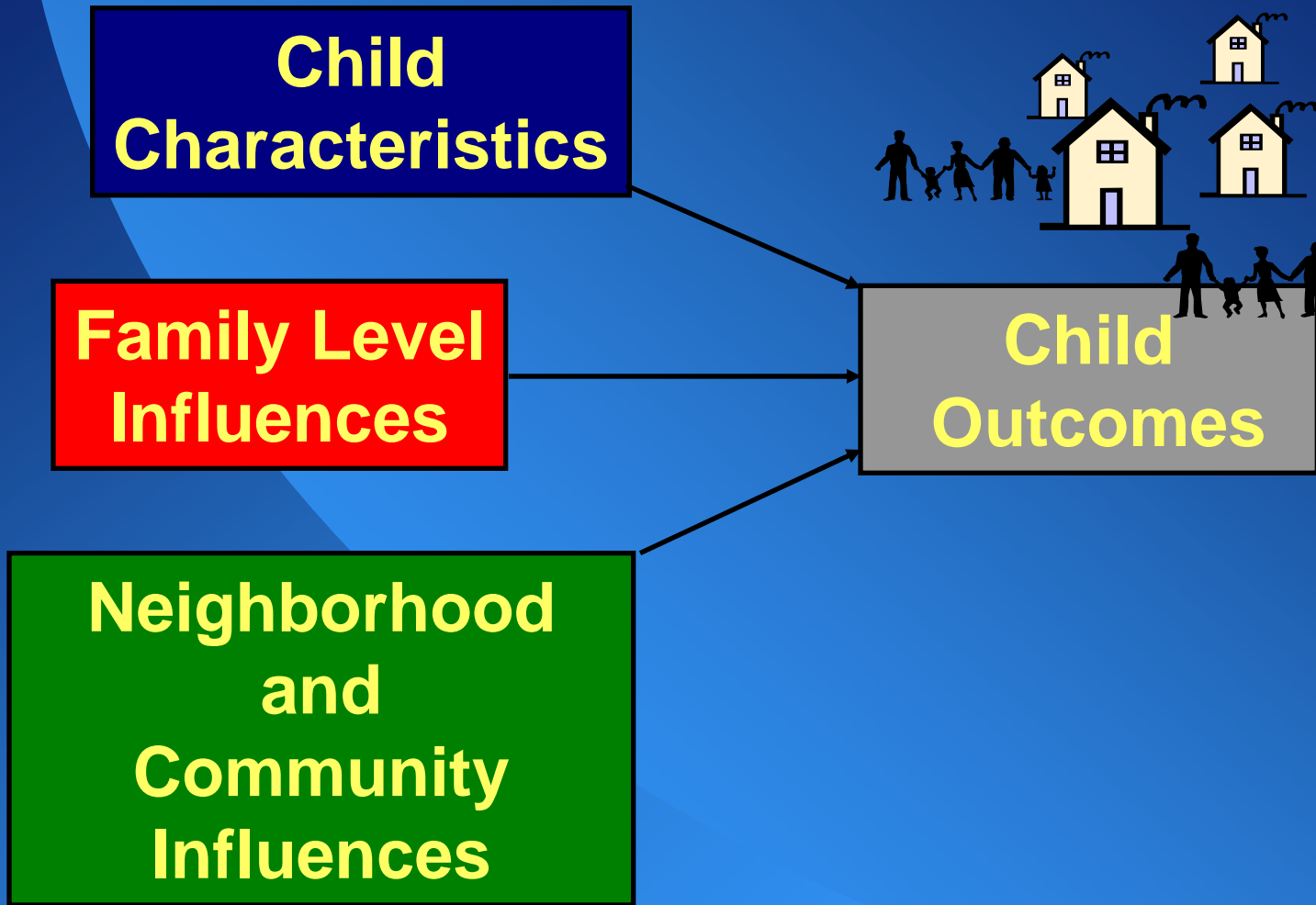
**Child  
Characteristics**

**Family Level  
Influences**

**Neighborhood  
and  
Community  
Influences**



**Child  
Outcomes**





## Survey yields over 100 indicators of child health & well-being in the following areas:

- Child's health status: physical, emotional, dental
- Child's health care – including medical home
- Child's school & activities
- Child's family & neighborhood -- including maternal health status
- Early childhood (ages 0-5)
- School-age (ages 6-17)

# Data Search “RECIPE”

## STEP 1

**SELECT GEOGRAPHIC  
AREA of interest**  
(e.g. State, HRSA region, Nation)

## STEP 2

- A) **SELECT a TOPIC**
- B) **SELECT a QUESTION  
within topic area**
- C) **Click “Next” to view  
RESULTS**

### *OPTIONAL STEP*

Click on “**COMPARE STATES**”  
to compare results w/  
another **STATE** or **REGION**

## STEP 3

Click “**COMPARE  
SUBGROUPS**” to  
compare results for  
selected question

### *OPTIONAL STEP*

Click on “**COMPARE STATES**”  
to compare results w/  
another **STATE** or **REGION**



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NS-CSHCN Chartbook 2001



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## STEP 2: Start data query— Search the data

Select an area below to begin your interactive data search:

- Prevalence and Demographics**  
Child or household level data about children with and without special health care needs
- CYSHCN Health and System Performance Measures**  
Compare MCHB outcomes and key indicators for CYSHCN of various ages, race/ethnicities, etc.
- State Profile**  
Further explore State Profile indicators by comparing results for different groups of CYSHCN
- Survey Sections**  
Compare results from questions asked in each section of the CYSHCN Interview part of the survey


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**Selected Criteria:** **Survey Area:** CYSHCN Health and System Performance Measures  
**State/Region:** Nationwide  
**Year:** 2001  
**Topic:** Key indicators of system performance, CYSHCN health status, and family impact

3. Choose a QUESTION to view results	Select
INDICATOR #1: CYSHCN whose health conditions consistently affect daily activities (derived)	<input type="radio"/>
INDICATOR #2: CYSHCN missing school due to illness (derived)	<input type="radio"/>
INDICATOR #3: CYSHCN uninsured during past year (derived)	<input type="radio"/>
INDICATOR #4: CYSHCN uninsured at the time of the survey (derived)	<input type="radio"/>
INDICATOR #5: CYSHCN whose current insurance is not adequate (derived)	<input type="radio"/>

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**Prevalence Data- Results** [Add to briefcase](#) [Print version](#)

**Selected Criteria:** **Survey Area:** CYSHCN Health and System Performance Measures  
**State/Region:** Nationwide  
**Year:** 2001  
**Topic:** Key indicators of system performance, CYSHCN health status, and family impact  
**Question:** INDICATOR #5: CYSHCN whose current insurance is not adequate

[New Query](#)  
[New Topic](#)  
[New Question](#)  
[Compare States](#)  
[Compare Subgroups](#)

**Question:** INDICATOR #5: % of currently insured CYSHCN with coverage that is not adequate (derived)

	Adequate	Not adequate	Total %
<b>%</b>	<b>66.2</b>	<b>33.8</b>	<b>100.0</b>
<b>CI</b>	(65.3 - 67.1)	(32.9 - 34.7)	
<b>n</b>	24,747	11,862	
<b>Weighted Est.</b>	5,816,304	2,970,244	

**For a detailed explanation of the data MOVE your cursor over the text in the table or the bold text below**  
**CI = 95% Confidence Interval. Percentages are weighted to population characteristics.**  
**n = Cell size. Use caution in interpreting Cell sizes less than 50**

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**Sub Group:** Adequate X Type of insurance

**Question:** INDICATOR #5: % of currently insured CYSHCN with coverage that is not adequate (derived)

Select a Response Category:

		Private insurance only	Public insurance only	Both private & public insurance
<b>Nationwide</b>	<b>%</b>	<b>68.3</b>	<b>62.4</b>	<b>60.7</b>
	<b>CI</b>	(67.2 - 69.3)	(60.2 - 64.5)	(57.6 - 63.9)
	<b>n</b>	17,435	5,222	2,025
	<b>Est.</b>	4,104,811	1,245,281	453,280
<b>Oregon</b>	<b>%</b>	<b>63.5</b>	<b>61.5</b>	<b>73.7</b>
	<b>CI</b>	(58.2 - 68.8)	(49.7 - 73.3)	(59.9 - 87.5)
	<b>n</b>	334	67	46
	<b>Est.</b>	49,065	10,305	7,627

For a detailed explanation of the data **MOVE** your cursor over the text in the table or the bold text below  
**CI = 95% Confidence Interval. Percentages are weighted to population characteristics.**  
**n = Cell size. Use caution in interpreting Cell sizes less than 50.**

**INDICATOR #5: CYSHCN whose current insurance is not adequate**  
**Nationwide vs. Oregon**



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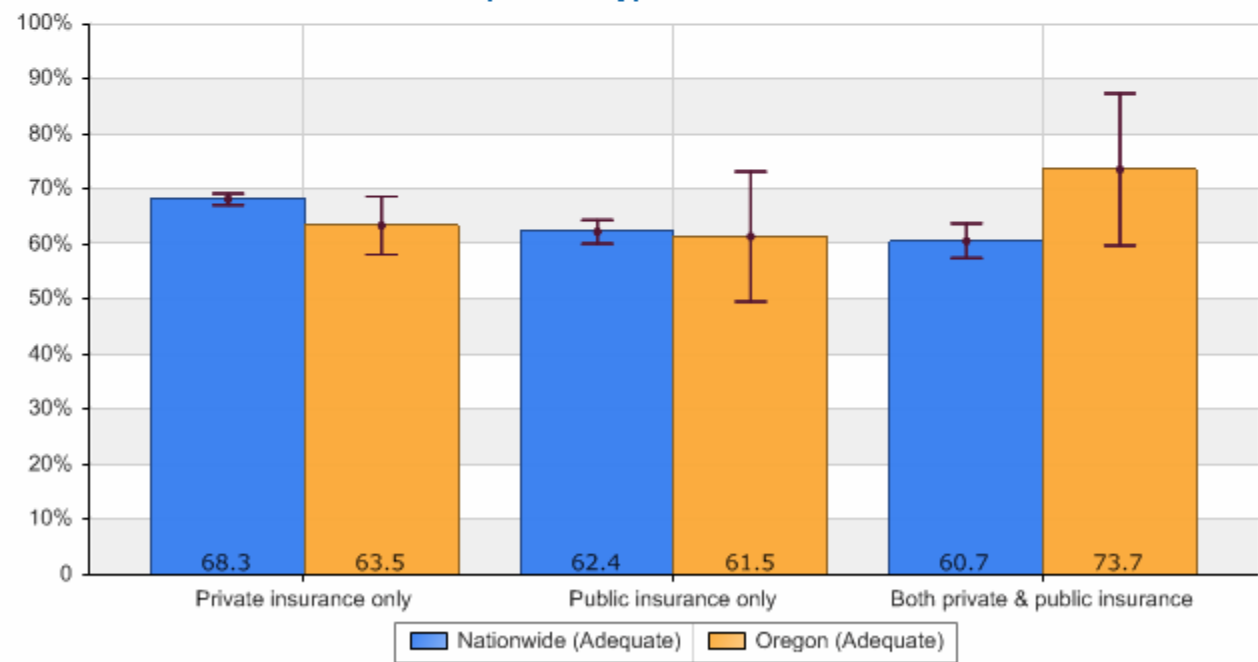
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## INDICATOR #5: CYSHCN whose current insurance is not adequate Nationwide vs. Oregon

Adequate X Type of insurance



National Survey of  
Children with Special  
Health Care Needs

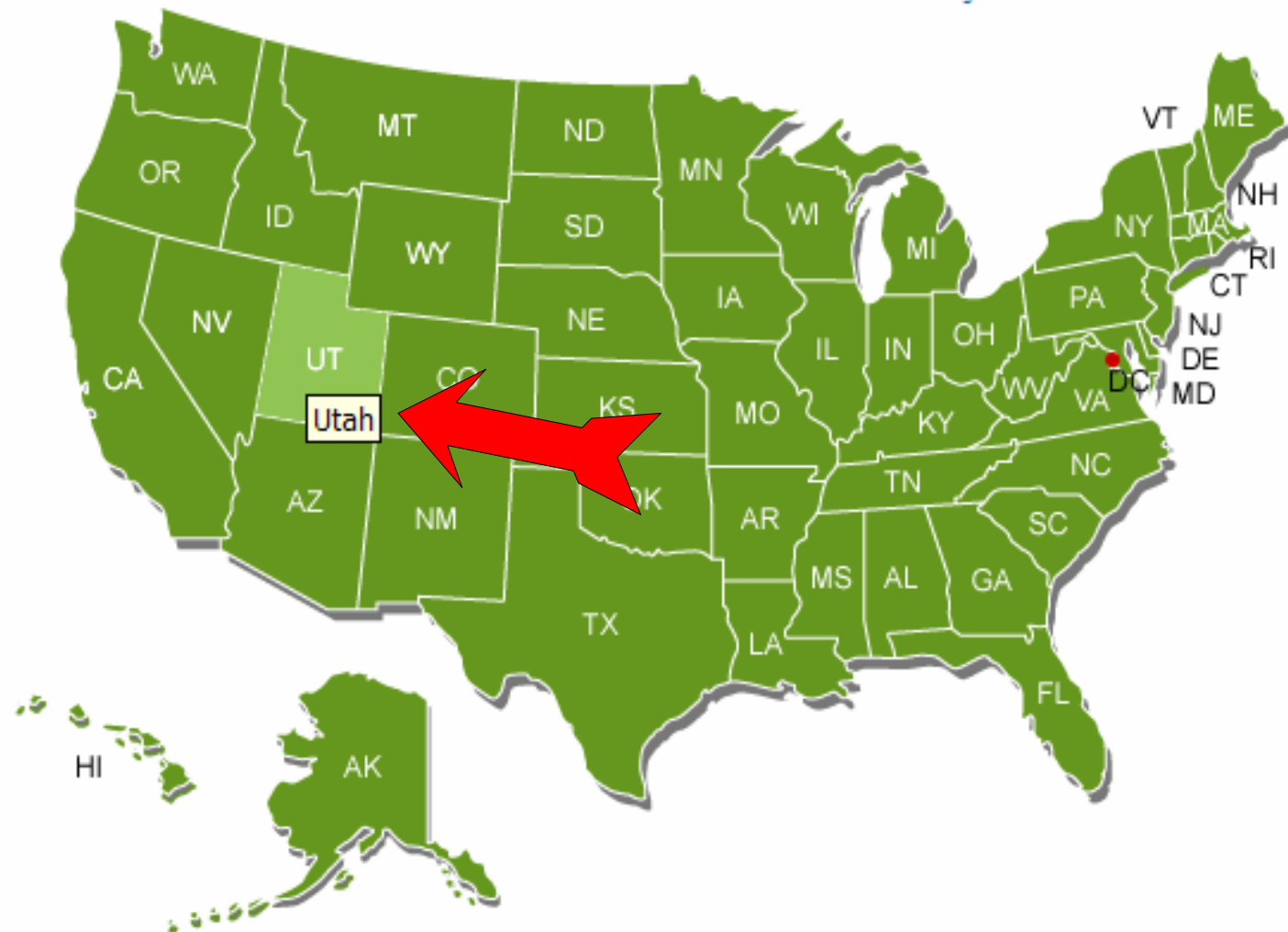
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Briefcase

## National Survey of Children with Special Health Care Needs

Select a state for a data summary:



# Utah

## Total Child Population, 0-17 years old

 [Print version](#)

### Prevalence Statistics

#### Child-Level Prevalence: State % Nation %

Indicator	State %	Nation %
Percentage of Children & Youth with Special Health Care Needs, 0 - 17 yrs old	11.0	12.8

#### Household-Level Prevalence:

Indicator	State %	Nation %
Percentage of Households with Children that have one or more CYSHCN, 0 - 17 yrs old	19.9	20.0

#### Prevalence by Age:

Age Group	State %	Nation %
Children 0-5 years of age	5.2	7.8
Children 6-11 years of age	11.9	14.6
Children 12-17 years of age	16.2	15.8

#### Prevalence by Sex:

Sex	State %	Nation %
Female	9.9	10.5
Male	12.0	15.0

#### Prevalence by Poverty Level:

Poverty Level	State %	Nation %
0% - 99% FPL	12.4	13.6
100% - 199% FPL	11.7	13.6
200% - 399% FPL	10.5	12.8
400% FPL or greater	11.5	13.6

#### Prevalence by Race/Ethnicity:

Race/Ethnicity	State %	Nation %
Hispanic	7.5	8.5
White (non-Hispanic)	11.5	14.2
Black (non-Hispanic)	12.4	13.0
Multi-racial (non-Hispanic)	14.4	15.1
Asian (non-Hispanic)	....	4.4
Native American/Alaskan Native (non-Hispanic)	....	16.6
Native Hawaiian/Pacific Islander (non-Hispanic)	....	9.6

### Indicator

#### Child Health: State % Nation %

Indicator	State %	Nation %
1) % of CYSHCN whose health conditions consistently and often greatly affect their daily activities.	26.5	23.2
2) % of CYSHCN with 11 or more days of school absences due to illness.	19.3	15.8

#### Health Insurance Coverage:

Indicator	State %	Nation %
3) % of CYSHCN without insurance at some point during the past year.	11.8	11.6
4) % of CYSHCN currently uninsured.	5.2	5.2
5) % of currently insured CYSHCN with coverage that is not adequate.	36.3	33.8

#### Access to Care:

Indicator	State %	Nation %
6) % of CYSHCN with 1 or more unmet needs for specific health care services.	19.1	17.7
7b) % of CYSHCN whose families needed but did not get all respite care, genetic counseling and/or mental health services.	29.3	23.1
8) % of CYSHCN needing specialty care who had problems getting a referral.	23.2	21.9
9) % of CYSHCN without a usual source of care (or who rely on the emergency room).	10.1	9.3
10) % of CYSHCN without a personal doctor or nurse.	7.0	11.0

#### Family-Centered Care:

Indicator	State %	Nation %
11) % of CYSHCN without family-centered care.	28.7	33.2

#### Impact on Family:

Indicator	State %	Nation %
12) % of CYSHCN whose families pay \$1,000 or more in medical expenses per year.	15.5	11.2
13) % of CYSHCN whose families experienced financial problems due to child's health needs.	22.3	20.9



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1. Learn about the survey   2. Start data query— Search the data   3. Report your results

## STEP 2: Start data query— Search the data

Select an area below to begin your interactive data search:

- Child Health Measures**  
Over 60 measures of child health and well-being derived from the survey
- State Profile**  
Compare results from the State Profile page [Click a Row to select](#) different ages, race/ethnicity groups, etc.
- Healthy People 2010**  
Search and compare progress on Healthy People 2010 objectives assessed in survey
- Survey Sections**  
Query and compare results for the questions asked in each section of the survey

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**Selected Criteria:**      **Survey Area:** Child Health Measures

**1. Choose a geographic area**

**State/Region:** Nationwide      **Year:** 2003

<b>2. Select a Topic</b>		Select
<b>Physical and Dental Health</b>	Nationwide	<input checked="" type="radio"/>
<b>Emotional and Mental Health</b>	All States & Regions	<input type="radio"/>
	Alabama	<input type="radio"/>
	Alaska	<input type="radio"/>
	Arizona	<input type="radio"/>
	Arkansas	<input type="radio"/>
	California	<input type="radio"/>
	Colorado	<input type="radio"/>
	Connecticut	<input type="radio"/>
	Delaware	<input type="radio"/>
	District of Columbia	<input type="radio"/>
<b>Health Insurance Coverage</b>		<input type="radio"/>
<b>Health Care Access and Quality</b>		<input type="radio"/>
<b>Community and School Activities</b>		<input type="radio"/>

     *If scroll bar is visible, scroll down for more selections*     

Scroll



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**RESULTS**

[Add to briefcase](#)
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**Selected Criteria:**

- Survey Area:** Child Health Measures
- State/Region:** Nationwide
- Year:** 2003
- Topic:** Physical and Dental Health
- Question:** Number of days during past week children/youth (ages 6-17) engaged in vigorous physical activity

- [New Query](#)
- [New Topic](#)
- [New Question](#)
- [Compare States](#)
- [Compare Subgroups](#)

---

**Question:** During the past week, on how many days did (child's name) exercise or participate in physical activity for at least 20 minutes that made him/her sweat and breathe hard? (S7Q21 -- ages 6-17)

	0 days	1 - 3 days	4 - 6 days	Everyday	Total %
<b>%</b>	<b>11.4</b>	<b>29.6</b>	<b>33.0</b>	<b>26.0</b>	<b>100.0</b>
<b>CI</b>	(11.0 - 11.9)	(29.0 - 30.2)	(32.4 - 33.6)	(25.4 - 26.6)	
<b>n</b>	7,705	20,695	23,332	16,617	
<b>Weighted Est.</b>	5,526,849	14,289,755	15,949,710	12,561,056	

**For a detailed explanation of the data MOVE your cursor over the text in the table or the bold text below**



# To Get Help or More Information:

**Go to "Ask a Question" at**

[www.childhealthdata.org](http://www.childhealthdata.org), [www.cshcnodata.org](http://www.cshcnodata.org) or  
[www.nschdata.org](http://www.nschdata.org)

**Download raw datasets and methods reports at: [www.cdc.gov/nchs](http://www.cdc.gov/nchs)**



**CAHMI**

The Child and Adolescent  
Health Measurement Initiative