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Adolescent Health and Wellbeing Measures and Estimates from the 2021/2022 National Survey of Children's Health

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Background

This adolescent data brief using the 2021/2022 National Survey of Children's Health (NSCH) is part of an environmental scan to inform the overall approach for monitoring adolescent and young adult (AYA) health and wellbeing at national and state levels. This data brief includes four tables that outline key findings related to AYA health and wellbeing. These NSCH data reveal important areas for needed improvements in adolescent health and wellbeing and in their health, school, and community support systems. This is intended for use by state Maternal and Child Health (MCH) and Children and Youth with Special Health Care Needs (CYSHCN) programs as they conduct their Title V Maternal and Child Health Block Grant needs assessment and work with key stakeholders to implement cross-sector strategies to support improvements in AYA health and wellbeing. States can use these tables and this data source to produce their own adolescent health and wellbeing profile, with comparison to national estimates.

Methods

These parent-reported NSCH estimates are presented for all youth, which includes youth with and without special health care needs. Data was accessed through the Data Resource Center for Child and Adolescent Health (DRC) website.¹ Tables 1 and 2 used combined data from the 2021/2022 NSCH. This combined data was used to obtain a larger sample size. Tables 3 and 4 only used data from the 2022 NSCH to reflect the most recent survey results.

This data brief includes four tables to show how the NSCH can be used to examine adolescent health and wellbeing, national performance and outcome measures, and systems of services performance measures:

- **Table 1** looks at five interconnected domains of factors affecting adolescent health and wellbeing. They were proposed by The United Nations Secretary General's Global Strategy for Women's, Children's and Adolescents' Health.² We identified relevant NSCH questions that fit within each domain and present prevalence estimates for youth ages 12-17 years. Source: NSCH 2021/22.
- **Table 2** takes a deeper look at factors affecting adolescent health and wellbeing that are measured specifically for the 12–17-year-old population. Each indicator includes results on race, income, household education, and other subgroups. Source: NSCH 2021/22.
- **Table 3** includes prevalence estimates for MCHB's adolescent-focused national performance and national outcome measures (NPMs and NOMs). Source: NSCH 2022.
- **Table 4** looks at six indicators that have been used by MCHB to measure well-functioning systems of services for youth with special health care needs (YSHCN). Source: NSCH 2022.

Key Findings

Factors Affecting Adolescent Health and Wellbeing

According to the United Nations, there are five interconnected domains for adolescent wellbeing: good health and optimum nutrition; connectedness, positive values, and contributions to society; safety and supportive environment; learning, competencies, education, skills, and employability; and agency and resilience.² We customized this framework to align with factors affecting adolescent health and wellbeing from the NSCH questions, as shown in Table 1. Table 1 uses data from the combined 2021/2022 NSCH and presents results for the 12-17yearold population, which is inclusive of those with and without special health care needs.

For the **first domain**, 20 NSCH indicators of adolescent health, health and dental care, and insurance were identified. The indicators of greatest need for all youth were not receiving health care transition preparation from their health care providers (82.2%), not having a medical home (55.5%), not sleeping the recommended amounts (33.2%), and not having a preventive medical care visit in the past 12 months (30.3%).

For the **second domain**, 4 NSCH indicators of connectedness, positive values, and contributions to society were available. The indicator with the lowest performance was lack of participation in community service or volunteer activities – with 59.9% without such a connection. Following that, 39.3% spend 4+ hours each day watching TV, electronic devices (not school-related).

For the **third domain**, 11 NSCH indicators of safety and supportive environments were available. The indicator with the lowest performance was not living in a supportive environment (44.3% among 12–17-year-olds). This indicator is based on whether respondents agree that 1) people in the neighborhood help each other out, 2) people watch out for each other's children in the neighborhood, and 3) during difficulties, people know where to go for help in the community. The indicator with the second lowest performance is having two or more ACES, with 25.3%.

For the **fourth domain**, 4 NSCH indicators of learning, competence, education, skills, and employability were available. The lowest performing indicator was the proportion of all youth sometimes or never engaged in school (22.0%).

For the **fifth domain** on agency and resilience, there were 2 relevant NSCH indicators. The lowest performing measure among all youth was not having time alone with their health care provider (58.6%).

| Table 1. Factors Affecting Adolescent Health and Wellbeing, NSCH 2021/22 * | | |
|---|----------------------|--------------------|
| Domains** and Factors | Ages 12-17*** | Indicator # |
| Health, Health and Dental Care, and Insurance Coverage | | |
| Fair or poor health status | 1.3% | 1.1 |
| Decayed teeth or cavities | 10.4% | 1.2a |
| Overweight (85th-94th percentile) | 15.2% | 1.4 |
| Obesity | 16.2% | 1.4 |
| No physical activity for at least 60 min/week | 16.0% | 1.5 |
| Uninsured | 7.7% | 3.1 |
| Inadequate insurance coverage | 28.6% | 3.4 |
| Out-of-pocket medical expenses \$1,000-5,000 | 15.0% | 3.6 |
| No medical visit in past 12 months | 25.3% | 4.1 |
| No preventive medical visit in past 12 months | 30.3% | 4.1a |
| Without a medical home | 55.5% | 4.12 |
| Without a usual source of sick care | 25.3% | 4.12b |
| Without family-centered care | 15.2% | 4.12c |
| Without health care transition preparation | 82.2% | 4.15 |
| Foregone health care | 4.4% | 4.18 |
| Always or usually frustrated in efforts to get services | 3.8% | 4.20 |
| No preventive dental visit in past 12 months | 16.4% | 4.2a |
| It was not possible to obtain mental health care | 5.6% | 4.4a |
| Made an ER visit in past 12 months | 10.5% | 4.7 |
| Does not sleep recommended number of hours | 33.2% | 6.25 |
| Connectedness, Positive Values, and Contributions to Society | | |
| A lot of difficulty making and keeping friends | 6.0% | 2.6 |
| No participation in organized activities | 28.2% | 5.5 |
| No participation in community service or volunteer activities | 59.9% | 5.7 |
| 4+ hours/day watching TV, electronic devices (not school-related) | 39.3% | 6.10 |
| Safety and Supportive Environment | | |
| Bullied others 1-2 times in past 12 months | 8.6% | 2.1 |
| Been bullied 1-2 times in past 12 months | 21.2% | 2.2 |
| Without adult mentor | 14.1% | 5.9 |
| Two or more ACEs | 25.3% | 6.13 |
| Food insufficiency - sometimes could not afford to eat | 4.7% | 6.26 |
| Someone in household smokes | 14.4% | 6.4 |
| Does not live in supportive neighborhood | 44.3% | 7.1 |
| Does not live in a safe neighborhood | 4.5% | 7.2 |
| Does not attend a safe school | 4.5% | 7.3 |
| No neighborhood amenities (parks, libraries) | 10.6% | 7.4 |
| Learning, Competence, Education, Skills, and Employability | | |
| A lot of difficulty making and keeping friends | 6.0% | 2.6 |
| Sometimes or never engaged in school | 22.0% | 5.2 |
| Has repeated any grades | 7.3% | 5.3 |
| Missed 11+ days of school | 6.5% | 5.2 |
| Agency and Resilience | | |
| Not flourishing (lack of interest and curiosity in learning) | 21.5% | 2.4 |
| Without time alone with health care provider | 58.6% | 4.15 |
| <i>Limitation: Additional measures and further subgroups could not be accessed through the publicly available NSCH data.</i> | | |
| <i>*The combined 2021/2022 NSCH data was used in order to obtain a larger sample size.</i> | | |
| <i>**The framework for domains were adapted from Ross DA, Hinton R, et al. Adolescent Well-Being: A Definition and Conceptual Framework. J Adolesc Health. 2020;67(4):472-76.</i> | | |
| <i>***All findings in this table are inclusive of youth with and without special health care needs.</i> | | |

Adolescent Measures by Sociodemographic Subgroups

Some indicators in the NSCH solely measure the 12–17-year-old population. For these measures, it is possible to review the data through the DRC website by more granular subgroups such as race, household income, highest household education, medical home status, special health care needs status, having a mental, emotional, developmental or behavioral condition, and having a complex health care need. Ten indicators are included in this table. Please note, some of the indicators are coined as “additional items” which is the NSCH terminology. Table 2 uses data from the combined 2021/2022 NSCH and presents results for the 12–17-year-old population, which is inclusive of those with and without special health care needs, unless otherwise noted.

The purpose of this table is to better understand how certain populations are performing on adolescent measures. This table also highlights that there are some indicators with more variation between subgroup categories compared to others. For example, Indicator 4.15 on knowing and discussing the child’s health insurance coverage into adulthood shows that Asian, NH and White, NH are performing better compared to Hispanic and Black, NH populations.

Table 2. Adolescent measures, NSCH 2021/2022

| Indicator | Ages 12-17 | Race | | | | Household income (% FPL) | | | Household education | | Those with... | | | |
|--|------------|----------|-----------|-----------|-----------|--------------------------|---------|---------|---------------------|--------------------|---------------|-------|------------------|----------------------|
| | | Hispanic | White, NH | Black, NH | Asian, NH | 0-99 | 100-199 | 200-399 | < high school | High school or GED | Medic al home | SHCN* | MEDB** condition | Complex health needs |
| 4.15: Without health care transition preparation | 82.2% | 84.7% | 80.3% | 83.0% | 87.6% | 84.1% | 81.8% | 82.6% | 87.3% | 81.9% | 80.5% | 77.9% | 78.5% | 77.7% |
| 4.15 additional item: Doctor did not work with child to make positive choices about their health | 22.0% | 27.4% | 19.1% | 21.6% | 25.4% | 28.5% | 24.8% | 22.7% | 32.0% | 25.0% | n/a | 15.5% | 16.8% | 15.3% |
| 4.15 additional item: Youth did not receive a summary of their medical history | 27.0% | 31.6% | 25.6% | 24.2% | 24.0% | 36.7% | 30.3% | 27.7% | 39.4% | 32.0% | 18.2% | 26.9% | 27.6% | 27.5% |
| 4.15 additional item: Youth currently has no plan of care to meet their health goals and needs | 74.6% | 78.0% | 73.1% | 71.7% | 80.9% | 76.0% | 74.1% | 74.4% | 81.9% | 72.0% | 70.1% | 59.7% | 63.7% | 57.6% |
| 4.15 additional item: Youth has no access to their plan of care | 6.5% | 9.0% | 4.9% | 6.6% | 12.1% | 8.5% | 7.0% | 6.0% | 12.2% | 5.9% | 4.1% | 6.5% | 6.2% | 7.3% |
| 4.15 additional item: Plan of care does not address transition to adult health care provider | 50.8% | 55.4% | 49.2% | 47.2% | 53.7% | 45.3% | 53.2% | 48.5% | 51.7% [†] | 46.0% | 51.0% | 55.8% | 53.2% | 57.0% |
| 4.15 additional item: Does not know and has not discussed child's health insurance coverage into adulthood | 44.4% | 52.9% | 40.8% | 58.5% | 40.6% | 56.8% | 53.1% | 43.8% | 60.0% | 50.3% | 38.5% | 50.7% | 48.9% | 53.5% |
| 4.17: Did not receive care in a well-functioning system | 94.3% | 96.1% | 92.7% | 95.6% | 97.4% | 96.1% | 95.4% | 94.4% | 97.8% | 96.1% | n/a | 94.2% | 94.4% | 94.5% |
| 4.1c: Doctor did not speak with child privately | 44.4% | 46.6% | 42.8% | 47.3% | 47.4% | 47.9% | 45.6% | 45.6% | 52.0% | 47.2% | 43.7% | 40.9% | 39.7% | 40.3% |
| 5.8: Did not work for pay | 64.4% | 72.7% | 55.0% | 72.9% | 84.1% | 74.5% | 70.9% | 61.8% | 76.0% | 71.1% | 61.0% | 64.8% | 63.0% | 67.3% |

Limitation: Additional measures and further subgroups could not be accessed through the publicly available NSCH data.

**Except for this column, all findings in this table are inclusive of youth with and without special health care needs (SHCN).*

***Mental, emotional, developmental or behavioral*

[†]Please interpret with caution: estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

National Performance and Outcome Measures that Relate to Adolescents

Since 2015, MCHB articulated 8 national performance measures (NPMs) and 9 national outcome measures (NOMs) that relate to adolescents, as shown in Table 3. State Title V agencies, in their annual Block Grant Applications, must specify which NPM they will prioritize; states monitor the impact of NPMs by tracking NOMs. The most commonly prioritized NPMs for adolescents among states are Medical Home (39 states and territories), Transition (36 states and territories), and the Adolescent Well-Visit (32 states and territories). Table 3 uses data from the 2022 NSCH and presents results for various age groupings, indicated in parathesis next to each measure.

In 2022, the NSCH found that among the 8 NPMs:

- The lowest performing NPMs for all youth, ages 12 through 17, are doing physical activity everyday (12.9%) and receipt of transition preparation from health care providers (18.4%).

With respect to NOMs related to adolescents:

- The NOM that showed the lowest performance for all youth were receipt of care in a well-functioning system (5.9%), followed by receipt of mental health care (52.8%).

| Table 3. NPMs and NOMs that relate to adolescents, NSCH 2022 | |
|---|------------------|
| National Performance Measures (NPMs) | All Youth |
| 8.2 Physical activity everyday (12-17) | 12.9% |
| 9: Been bullied (12-17) | 32.5% |
| 9: Bullied others (12-17) | 11.9% |
| 10: Preventive medical visit (12-17) | 71.4% |
| 11: Medical home (0-17) | 45.2% |
| 12: Transition to adult care (12-17) | 18.4% |
| 13.2: Preventive dental visit (1-17) | 78.6% |
| 14.2: Someone in household smokes (0-17) | 12.1% |
| 15: Adequate and continuous insurance (0-17) | 66.8% |
| National Outcome Measures (NOMs) | All Youth |
| 14: Tooth decay/cavities (1-17) | 12.3% |
| 17.1: Children with special health care needs (0-17) | 20.8% |
| 17.2: Receipt of care in well-functioning system (12-17) | 5.9% |
| 17.3: Currently has autism/ASD (3-17) | 3.6% |
| 17.4: Currently has ADD/ADHD (3-17) | 10.5% |
| 18: Receipt of mental health treatment or counseling (3-17) | 52.8% |
| 19: Excellent or very good health status (0-17) | 89.9% |
| 20: Obesity (10-17) | 16.6% |
| 25: Received needed health care (0-17) | 96.8% |

Measures of a Well-Functioning System of Care for Youth

MCHB’s Division of Services for Children with Special Needs specified six core indicators that together represent a well-functioning system of care. Receipt of all six indicators comprise the composite score. The six indicators are 1) the family feels like a partner in their child’s care, 2) the child has a medical home, 3) the child receives medical and dental preventive care, 4) the child has adequate insurance, 5) the child has no unmet need or barriers to access services, and 6) the child receives preparation for transition to adult health care. Table 4 uses data from the 2022 NSCH and presents results for various age groupings, indicated in parathesis next to each measure.

Among all children and youth, most (82.8%) are not receiving care in a well-functioning system of care, as reported by their parents. For all youth, the component with the lowest performance compared to all other components of the overall measure is transition to adult health care (18.4%). The next lowest performing component is medical home, with fewer than half of all children and youth (45.2%) reporting receipt of care in a medical home.

| Table 4. Measures of a well-functioning system of care for youth, NSCH 2022 | |
|--|------------------|
| Well-functioning system of care components | All youth |
| Indicator 4.17 Overall Receipt of care in well-functioning system (0-17) | 17.2% |
| Indicator 4.12c: Family-centered care (0-17) | 84.0% |
| Indicator 4.12: Medical Home (0-17) | 45.2% |
| Indicator 4.3: Early and Continuous Screening (0-17) | 64.7% |
| Indicator 3.4a: Adequate and Continuous Insurance (0-17) | 66.8% |
| Access to Community-Based Services: | |
| Indicator 4.18: Needed health care but it was not received (0-17) | 3.2% |
| Indicator 4.20: Never frustrated in efforts to get services (0-17) | 78.5% |
| Indicator 4.15: Transition to adult health care (12-17) | 18.4% |

References

1. Child and Adolescent Health Measurement Initiative. 2022 National Survey of Children's Health (NSCH) data query. Retrieved Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [02/20/24] from [www.childhealthdata.org]. 2009.
2. Ross DA, Hinton R, et al. Adolescent Well-Being: A Definition and Conceptual Framework. *J Adolesc Health*. 2020;67(4):472-76.