1. **Medicaid-Vital Statistics Data**

The Medicaid and Medicare Administration in the State of Delaware (DMMA) examines medical usage and health outcomes of their clients on a regular basis. A report came out in 2014 that stated that individuals with mental illness were twice as likely to die and that they die at a much earlier age (almost 20 years earlier) compared to those without mental illness in the United States. DMMA wanted to know if this was true of their Medicaid population. The DSAMH\_Medicaid dataset is a subset of about 6000 individuals who have Medicaid as their primary insurance and have at least one instance of mental illness. These data were then linked to vital statistics to determine mortality. There were approximately 200 deaths. The dataset and codebook are provided.

QUESTIONS:

DSAMH\_Medicaid Dataset

1. What cause of death codes are most commonly reported in the DSAMH\_Medicaid dataset?
2. Do the cause of death codes cluster into groups by gender? Or by disability status?
3. Are there differences in the patterns of medical care (i.e., time spent in Medicaid, number of medical claims, number of hospital claims, number of emergency department claims, total billed amounts) reported by those that die versus those that didn’t die?

NHANES Dataset

1. What do the nutrient intake profiles of individuals look like? For example, do people who consume more saturated fats consume less fiber?
2. Do nutrient intake profile patterns differ by gender, age, race, education, or poverty level?
3. What do time trends in nutrient patterns look like?
4. How consistent are individuals in their consumption over two days? For example f they are consuming high amounts of fiber on day one, are they also consuming high amounts on day 2?