



Cronfa - Swansea University Open Access Repository This is an author produced version of a paper published in: International Journal for Population Data Science Cronfa URL for this paper: http://cronfa.swan.ac.uk/Record/cronfa39439 Paper: Karen, T., Ashley, A., Amrita, B., Helen, B., Sinead, B., Mario, C., Emla, F., Lucy, G., Melanie, H., et. al. (2017). Using consented health record linkage in a longitudinal cohort study. International Journal for Population Data Science, 1(1) http://dx.doi.org/10.23889/ijpds.v1i1.168 Released under the terms of a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License (CC-BY-NC-ND).

This item is brought to you by Swansea University. Any person downloading material is agreeing to abide by the terms of the repository licence. Copies of full text items may be used or reproduced in any format or medium, without prior permission for personal research or study, educational or non-commercial purposes only. The copyright for any work remains with the original author unless otherwise specified. The full-text must not be sold in any format or medium without the formal permission of the copyright holder.

Permission for multiple reproductions should be obtained from the original author.

Authors are personally responsible for adhering to copyright and publisher restrictions when uploading content to the repository.

http://www.swansea.ac.uk/library/researchsupport/ris-support/

International Journal of Population Data Science





Journal Website: www.ijpds.org

Using consented health record linkage in a longitudinal cohort study

Tingay, Karen¹, Akbari, Ashley¹, Bandyopadhyay, Amrita¹, Bedford, Helen², Brophy, Sinead¹, Cortina Borja, Mario², Fitzsimons, Emla³, Griffiths, Lucy², Healy, Melanie¹, Johnson, Jon³, Setakis, Efrosini³, Walton, Suzanne², Dezateux, Carol², and Lyons, Ronan¹

Objectives

The aim of this project is to address important issues relevant to children's health This will be done by enhancing information collected in the longitudinal, UK-wide Millennium Cohort Study (MCS) by linking participating children to their routine health records. These issues include: health service implications of early life onset of obesity and overweight; timeliness of immunisations; association of infections with asthma and allergic disorders in childhood; and burden of disease due to childhood injuries.

Approach

The MCS comprises information on the social, economic and health-related circumstances of children surveyed at ages 9 months, 3, 5, 7, 11 and 14 years. At the age 7 interview, 12517 (89.1%) of the 14043 adults with parental responsibility consented for information from their child's routine heath records to be released to the MCS (a).

Routine health records have been requested for Wales, England and Scotland to be linked to MCS responses within the Secure Anonymised Information Linkage Databank at Swansea University. Data will be analysed using weights for non-response, non-consent and non-linkage and the linkage reported according to the RECORD guidelines (b).

Results

To date, all 1881 MCS children with valid consent who live or have lived in Wales have been linked by assigning an Anonymous Linking Field (ALF) to each individual which can be mapped across multiple datasets without risk of identification (c). Of these children, 1365 (72.3%) had experienced at least one hos-

*Corresponding Author:

Email Address: k.s.tingay@swansea.ac.uk (K. Tingay)

pital admission by the age of 14 years. Risk of admission by each of the survey ages for boys and girls separately will be calculated adjusting for non-response at different sweeps. These children have also been linked to their immunisation records (n = 1872), Emergency Department attendances (n = 1276), and available GP records (n = 1151) to enable analyses in fulfilment of the project objectives.

Conclusions

Routine health records are a potentially valuable enhancement to longitudinal studies, allowing evaluation of questions of relevance to public health and health services, and the completeness and consistency of records from these different sources to be addressed.

References

- a. Shepherd, P. (2013) Consent to linkage to child health data ISBN 978-1-906929-59-6
- b. Benchimol, E.I. et al (2015) DOI: 10.1371/journal.pmed.1001885
- c. Ford, D.V. et al (2009) DOI: 10.1186/1472-6963-9-157



¹Swansea University Medical School, Swansea University

²Institute of Child Health, University College London

³Centre for Longitudinal Studies, Institute of Education, University College London