

NPM 19: TRANSITION

GOAL

To increase the percent of adolescents with and without special health care needs who have received services to prepare for the transitions to adult health care.

SIGNIFICANCE

The transition of youth to adulthood, including the movement from a child to an adult model of healthcare, has become a priority issue nationwide as evidenced by the 2011 clinical report and algorithm developed jointly by the AAP, American Academy of Family Physicians and American College of Physicians to improve healthcare transitions for all youth and families. Poor health has the potential to negatively impact the youth and young adults' academic and vocational outcomes. Over 90 percent of children with special health care needs now live to adulthood but are less likely than their non-disabled peers to complete high school, attend college or to be employed. Health and health care are cited as two of the major barriers to making successful transitions.^{1,2}

DEFINITION

Numerator: Number of adolescents with and without special health care needs, ages 12 through 17, who are reported by a parent to have received services to prepare for the transition to adult health care (time alone with a health care provider, active work to gain skills to manage health/health care or understand changes in health care at age 18, discussed shift to adult providers if needed).

Denominator: Number of adolescents, ages 12 through 17.

HEALTHY PEOPLE 2030 OBJECTIVE

- Related to Adolescent Health (AH) Objective R01: Increase the proportion of adolescents (aged 12 to 17 years) with and without special health care needs who receive services to support their transition to adult health care.
- Related to AH Objective 02: Increase the proportion of adolescents who speak privately with a physician or other health care provider during a preventive medical visit. (Baseline: 38.4 percent in 2016-17, Target: 43.3 percent).

STATUS

As shown in Figure A1, in Delaware, the percentages of Hispanic and Black non-Hispanic adolescents who reportedly have a transition plan to adult health care was higher than that of White non-Hispanic adolescents. In all categories where data was available, the percentages reported among CYSHCN adolescents were slightly higher than among non-CYSHCN adolescents (i.e., Figure B1 compared to Figure A1, Figure B2 compared to Figure A2).

¹ White PH, Cooley WC; Transitions Clinical Report Authoring Group; American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians. Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home. *Pediatrics*. 2018;142(5):e20182587. *Pediatrics*. 2019;143(2):e20183610. doi:10.1542/peds.2018-3610.

² American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians-American Society of Internal Medicine. A consensus statement on health care transitions for young adults with special health care needs. *Pediatrics*. 2002;110(6 Pt 2):1304-1306.

Figure A1. Percentage of Adolescents Who Received Services to Prepare for Transition to Adult Health Care, by Selected Race/Ethnicities, NSCH 2021-2022.

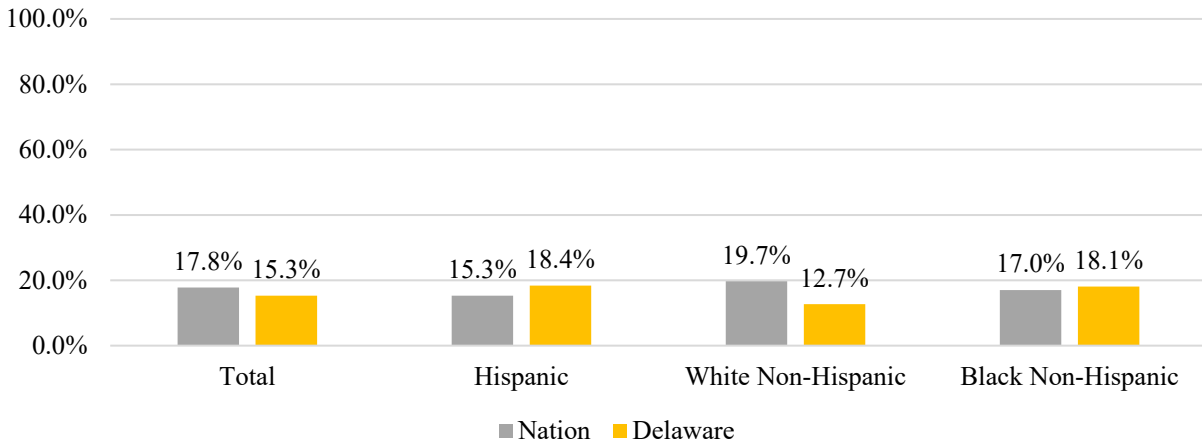


Figure A2. Percentage of Adolescents Who Received Services to Prepare for Transition to Adult Health Care, by Health Care Coverage, NSCH 2021-2022.

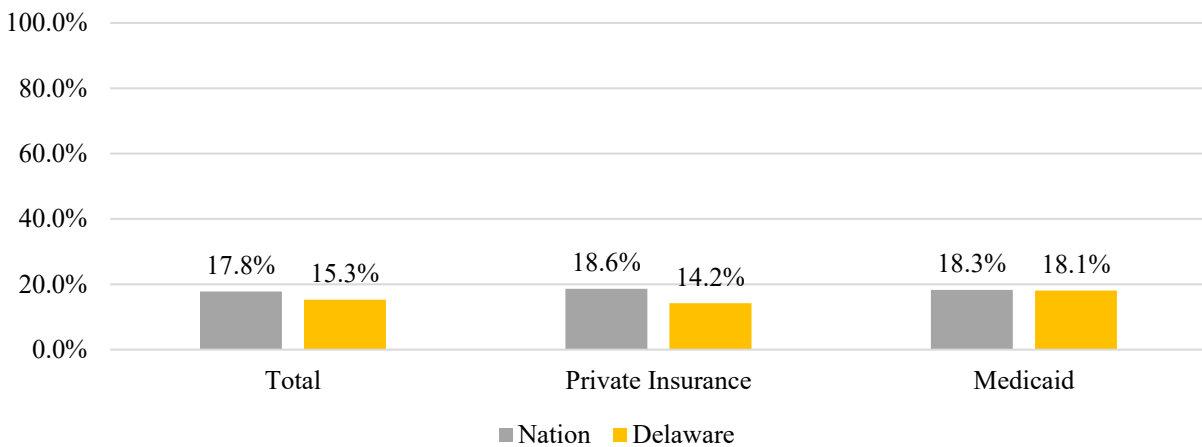


Figure B1. Percentage of CYSHCN Adolescents Who Received Services to Prepare for Transition to Adult Health Care, by Selected Race/Ethnicities, NSCH 2021-2022.

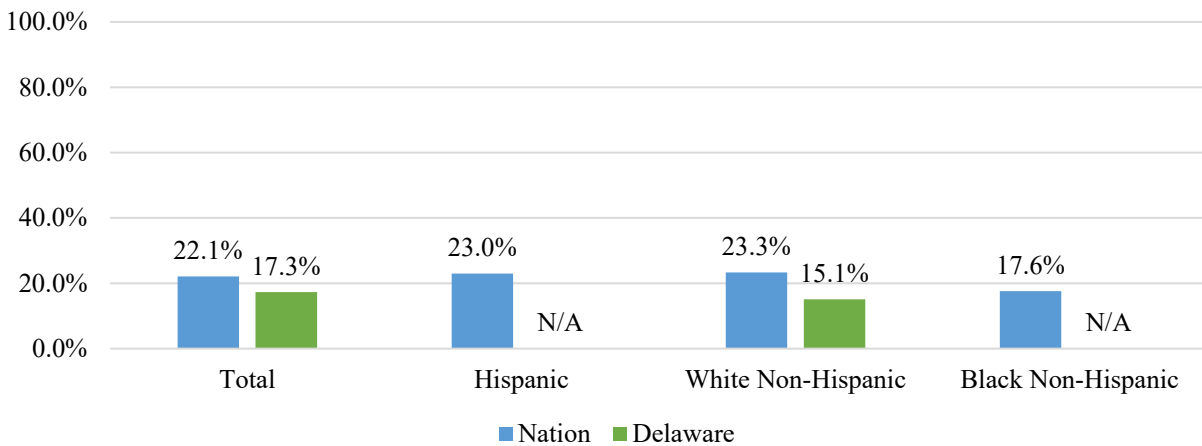


Figure B2. Percentage of CYSHCN Adolescents Who Received Services to Prepare for Transition to Adult Health Care, by Health Care Coverage, NSCH 2021-2022.

