



*THE NATIONAL ALLIANCE
TO ADVANCE ADOLESCENT HEALTH*

Margaret A. McManus, *President*

Secretary's Advisory Committee on National Health Promotion and Disease Prevention
Objectives for Healthy People 2030

Re: Public Comment on Healthy People 2030

January 17, 2019

Dear Advisory Committee:

Thank you for the opportunity to comment on the proposed Healthy People 2030 objectives. Our comments pertain to the adolescent health objectives. By way of background, we operate the Maternal and Child Health Bureau's (MCHB) national resource center on health care transition, called Got Transition™. In this capacity, we work closely with MCHB, state Title V agencies, and other key stakeholders involved in ensuring that adolescents and young adults with and without special health care needs who are between the ages of 12 and 26 receive the recommended transition supports called for by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Physicians (ACP).¹

1. We recommend that the adolescent health research objective (AH-2030-RO6), be revised to read: "Increasing the proportion of youth with and without special health care needs, ages 12-17, who receive services to support their transition to adult health care." All youth are to receive transition services, as called for in MCHB's national performance measure and the AAP/AAFP/ACP Clinical Report on Health Care Transition.² Also, there are available data from the National Survey of Children's Health (NSCH) for both population groups.³ Further, we recommend that HHS use the 2018 NSCH as the baseline year for measuring this objective since the transition measure has changed from the previous 2016 and 2017 NSCH transition measure.
2. We recommend that the transition objective (AH-2030-RO6) be made a core objective instead of a research objective since it meets the criteria for a core objective. That is, there is a reliable data source – the NSCH, which will be conducted annually. Health care transition is a subject of national importance, as evidenced by MCHB selecting it as a top national performance measure. The Six Core Elements of Health Care Transition™ is a nationally recognized evidence-based quality improvement intervention that is available for free at www.gottransition.org. Finally, the NSCH allows analysis of disparities and health equity.

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.

² US Department of Health and Human Services; Health Resources and Services Administration; Maternal and Child Health Bureau. National performance measures. Available at: <https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalPerformanceMeasures>. Accessed January 14, 2019.

³ US Department of Health and Human Services; Health Resources and Services Administration; Maternal and Child Health Bureau. Frequently asked questions: 2016 National Survey of Children's Health. Available at: <https://mchb.hrsa.gov/data/national-surveys/data-user>. Accessed January 14, 2019.

3. We recommend that the adolescent objective (AH-2030-10) be revised to be consistent with how the NSCH asks the time alone question in 2018 and in subsequent years, which will pertain to any medical visit, not limited to preventive care. It should read: “Increase the proportion of adolescents, ages 12-17, who spoke privately with a physician or other health care provider during the last medical visit in the past 12 months.” Again, we recommend that HHS use the 2018 NSCH as the baseline year for measuring this objective because of the changes in the time alone question.
4. We recommend moving the two adolescent core objectives pertaining to 4th grade students (AH-2030-04 and AH-2030-05) into the objectives under maternal, infant, and child health. Fourth graders are not considered adolescents according to the AAP’s Bright Futures guidelines.⁴
5. We recommend that the medical home objective, which is listed only under maternal, infant, and child health, be added to list of core adolescent health objectives. It should read, “Increase the proportion of adolescents, ages 12-17, who have access to a medical home.” The data source to measure this is also the NSCH.

Finally, we would like to suggest that HHS consider adding specific transition questions that can be asked directly to adolescents and young adults in the Youth Risk Behavioral Surveillance Survey, the Behavioral Risk Surveillance Survey, and/or National Health Interview Survey. Currently, the only data source we have on transition performance is the NSCH, which is a parent-completed survey. We would welcome the opportunity to explore this option further.

Thank you for considering our comments. Should you like to discuss our recommendations further, please don’t hesitate to call or email.

Sincerely,

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⁴ Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th edition. Elk Grove, IL: American Academy of Pediatrics, 2017.