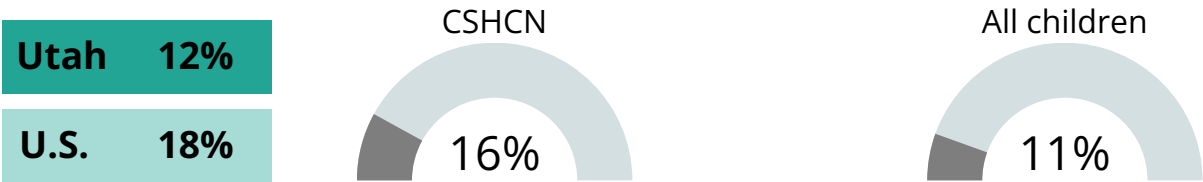


Transition to Adult Health Care

Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

Statistically significant data points are expressed in color and bold. Other data points (those in gray) are presented for comparison and should be interpreted with caution.

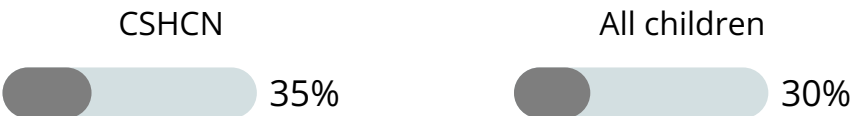
Children in Utah were less likely than other children in the U.S. to receive services to prepare them for adult health care.



Overall, there was no difference in receiving services to prepare for transition to adult health care between CSHCN and all children in Utah.

Components of transition services

Child had a chance to speak privately with a provider at their last medical visit.



Provider actively worked with the child to gain skills to manage their health and health care.



Provider actively worked with the child to understand changes in health care that happen at at age 18.

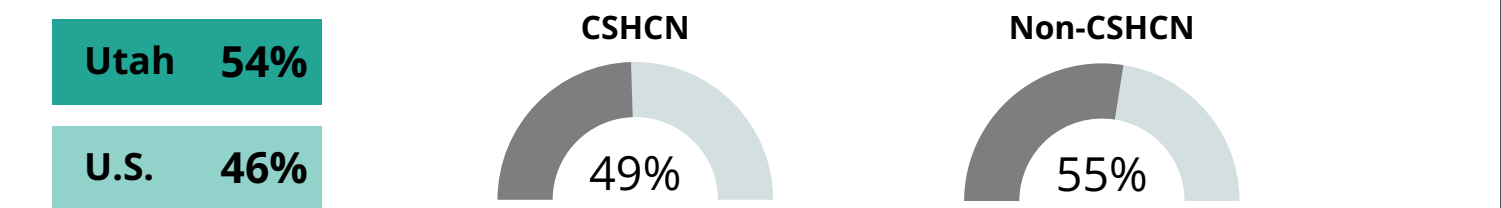


Medical Home

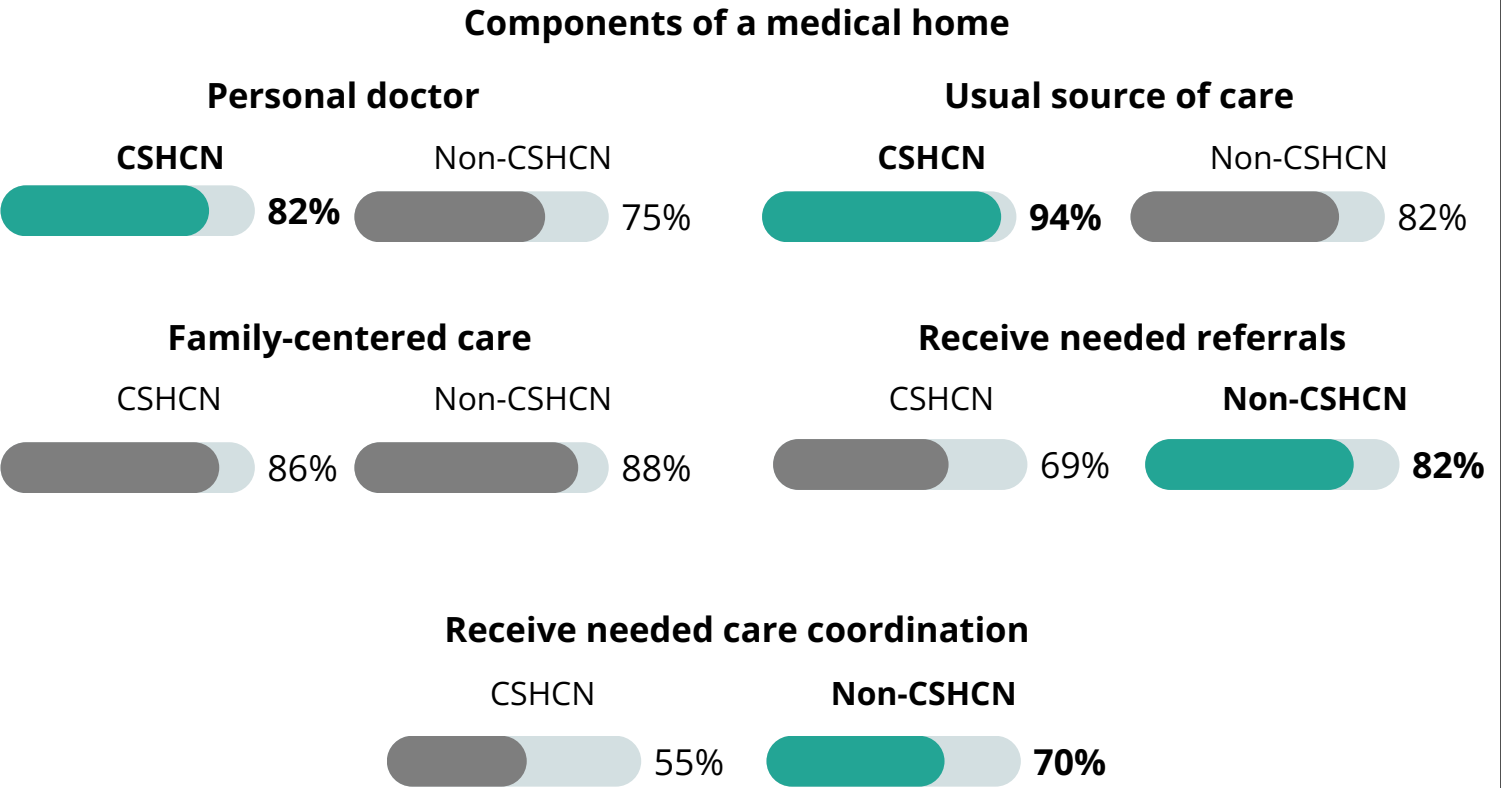
Percent of children with and without special health care needs, ages 0 through 17, who have a medical home, personal doctor, usual source of care, family-centered care, referrals, and care coordination

Statistically significant data points are expressed in color and bold. Other data points (those in gray) are presented for comparison and should be interpreted with caution.

Children in Utah were more likely than other children in the U.S. to meet all of the criteria for having a medical home.



Overall, there was no difference between having a medical home for CSHCN compared to all children in Utah. However, CSHCN were more likely to have a personal doctor and a usual source of care.



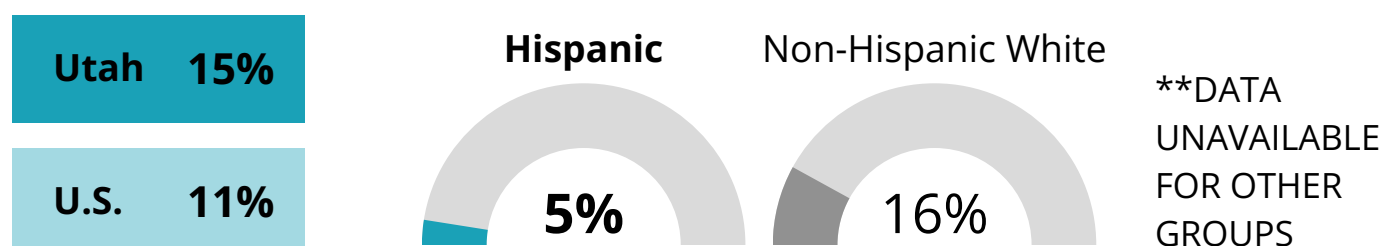


Bullying Perpetrator

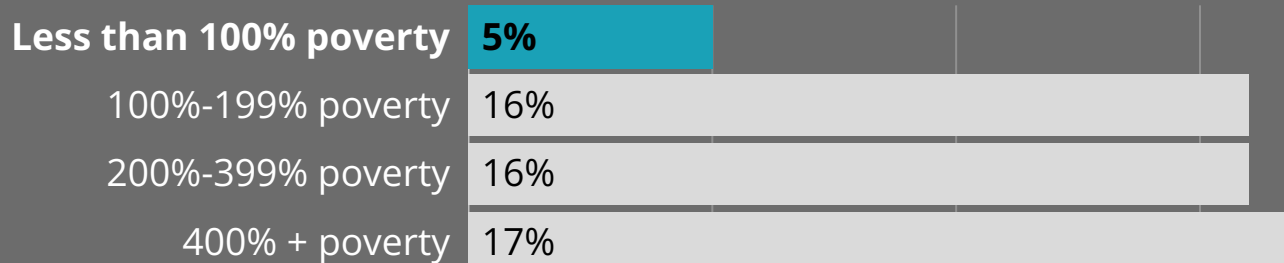
Percent of adolescents with and without special healthcare needs, ages 12 through 17, who bully others

Statistically significant data points are expressed in color and bold. Other data points (those in gray) are presented for comparison and should be interpreted with caution.

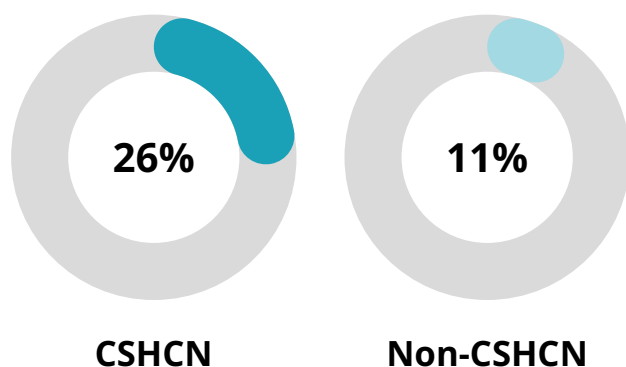
Adolescents in Utah were more likely to bully others than other adolescents in the U.S. overall. Hispanic adolescents in Utah were less likely to bully others than other adolescents in Utah overall.



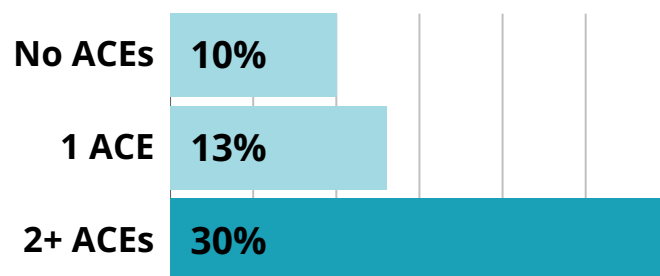
Adolescents living below 100% of the federal poverty level were less likely than other adolescents to bully others.



Adolescents with special healthcare needs were more likely to bully others than other adolescents.



Adolescents who had experienced two or more Adverse Childhood Experiences (ACEs), were more likely to bully others than adolescents who had 1 or no ACEs.



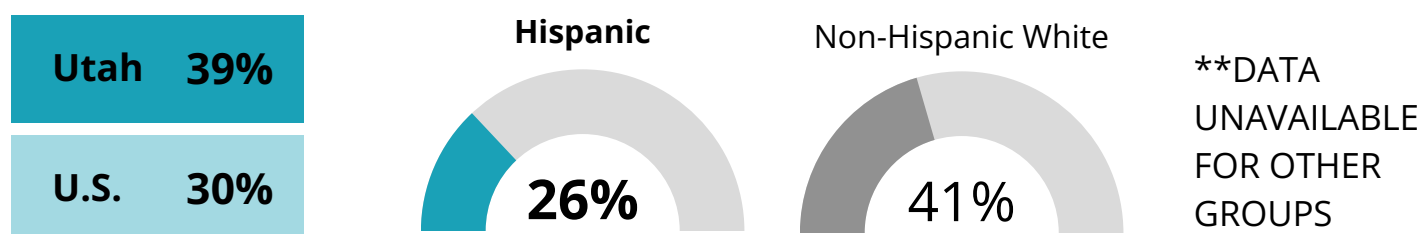


Bullying Victim

Percent of adolescents with and without special healthcare needs, ages 12 through 17, who are bullied

Statistically significant data points are expressed in color and bold. Other data points (those in gray) are presented for comparison and should be interpreted with caution.

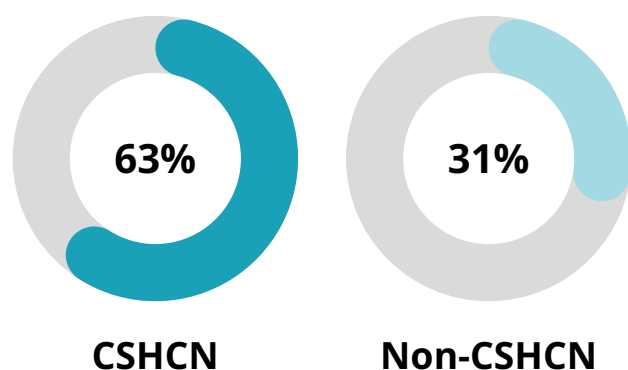
Adolescents in Utah are more likely to be victims of bullying than other adolescents in the U.S. overall. Hispanic adolescents in Utah are less likely to be bullied than other adolescents in Utah overall.



Adolescents who have experienced Adverse Childhood Experiences (ACEs), are more likely to be victims of bullying than adolescents who have not.



Adolescents with special healthcare needs are more likely to be bullied than other adolescents.



Adolescents whose primary household language was English were more likely to be bullied than those who primarily spoke another language at home.

