

Supplementary TABLE. Health care use, need, and transition planning among adolescent children without intellectual disability in the autism spectrum disorder and general population control groups — Study to Explore Early Development, four U.S. sites, 2018–2020*

Health care use and need	Autism, % (n = 106)	Control, % (n = 247)	Autism vs. control aPR [†] (95% CI) [§]
Health care services received in past 12 months			
Preventive check-ups [¶]	89.6	96.0	0.9 (0.9–1.0)
Medical care of any type ^{**}	92.5	98.0	0.9 (0.9–1.0)
Mental health ^{††}	34.9	22.3	1.6 (1.1–2.5)
Needed health care services at any time in past 12 months but did not receive			
Health care of any type ^{§§}	7.5	3.2	1.5 (0.5–4.5)
Medical care of any type ^{¶¶}	3.8	2.0	—***
Mental health ^{†††, §§§}	8.5	3.2	2.5 (0.8–7.9)
Health care transition components^{†††}			
Actively worked with doctor or health care provider ^{****}	26.4	28.3	1.0 (0.6–1.5)
Parents know how child will be insured as an adult	48.1	64.0	0.8 (0.7–1.1)
Child sees doctor or health care provider privately	48.1	66.4	0.8 (0.6–1.0)
Health care transition components met^{†††}			
Met all 3 components	10.4	14.2	0.9 (0.4–1.9)
Met ≥ 2 components	36.8	57.5	0.7 (0.5–1.0)
Met ≤1 component	63.2	42.5	1.4 (1.2–1.7)

Abbreviations: aPR = adjusted prevalence ratio; CI = confidence interval.

* Survey data were collected from four sites in Georgia, Maryland, North Carolina, and Pennsylvania as part of a preliminary follow-up study of parents/guardians of adolescents aged 12–15 years who were enrolled in the Study to Explore Early Development at ages 2–5 years and initially identified as having autism (autism group) or as general population controls (control group).

[†] aPRs were estimated using a modified Poisson regression with robust standard error (<https://doi.org/10.1093/aje/kwh090>) and study group (autism or control) as the predictor, adjusted for maternal education, maternal country of birth (born inside vs. outside USA), adolescent sex (male or female), adolescent race/ethnicity (non-Hispanic White, non-Hispanic Black, non-Hispanic other, or Hispanic), household income as a percentage of federal poverty level, and insurance type (private, public, both, or neither); data on maternal and paternal race/ethnicity, collected during the original Study to Explore Early Development, were used in combination to assign adolescent race/ethnicity.

[§] aPRs were considered significant when the 95% CI did not include the null value of 1.

[¶] One or more preventative check-ups in the previous 12 months.

^{**} Includes any visit to a doctor, nurse or other health care provider for sick-child care, preventive check-ups, physical exams, hospitalizations, or any other medical care.

^{††} Includes adolescents whose parents affirmed that they received treatment or counseling from a mental health professional in the past 12 months.

^{§§} Includes adolescents whose parents reported that they needed health care of any type in the past 12 months but did not receive it. Health care of any type includes medical, dental, vision, hearing, and mental health care.

^{¶¶} Includes adolescents whose parent affirmed the types of care that they specifically needed (i.e., medical, dental, vision, or hearing care) in the past 12 months but did not receive it.

^{***} aPR suppressed because of small cell size (n<10) and low estimated stability.

^{†††} Includes adolescents whose parent indicated they needed treatment or counseling from a mental health professional but did not receive it.

^{§§§} Data missing from one participant in the autism group.

^{††††} The three components of health care transition include 1) actively working with doctor, 2) knowing how child will be insured as adult, and 3) child seeing the doctor privately without parent present. Adolescents who met all three elements met the health care transition criteria: <https://www.cdc.gov/childrensmentalhealth/features/health-care-transition-gaps-easy-read.html>.

^{****} The four indicators of the ‘actively worked with doctor or health care provider’ component asked parents whether their child’s doctors or primary care providers actively worked with child to 1) think about and plan for his/her future, 2) make positive choices about his/her health, 3) gain skills to manage his/her health & health care, and 4) understand the changes in health care that happen at age 18. To meet criteria for the active work component the adolescent’s parent had to endorse at least three of these four indicators: <https://www.cdc.gov/childrensmentalhealth/features/health-care-transition-gaps-easy-read.htm>.