HRSA Maternal & Child Health

National Survey of Children's Health

Adolescent and Young Adult Health Care Services – Findings from the Longitudinal Cohort, 2018/2019 and 2024

Data Brief | September 2026

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ABOUT THE NSCH-LC

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) funds and directs the **National Survey of Children's Health (NSCH)**, which the U.S. Census Bureau conducts.

The NSCH is the largest national- and state-level survey on the health and health care needs of children ages 0 – 17, their families, and their communities.

It is conducted annually and completed by a parent or guardian, either by web or paper/pencil.

The **NSCH – Longitudinal Cohort (LC)** followed families of children who participated in the 2018 or 2019 NSCH. In 2024, these families were contacted again to collect follow-up data. The cohort includes children and young adults who were ages 0 – 17 in 2018/2019 and ages 4 – 23 in 2024.

NSCH-LC CONTENT

Changes over time in:

- Physical and mental health
- Social and emotional well-being
- Health care access and use
- School environment and engagement
- Parent/caregiver mental health
- Income, hardship, and food insufficiency

Young adult follow-up:

- Transfer to adult health care
- Post-secondary schooling and employment
- Substance use

DATA RELEASE

Access the most recent **data and supporting materials**.

This brief presents findings from the **National Survey of Children's Health – Longitudinal Cohort (NSCH-LC)** on health care services for adolescents and young adults. The NSCH-LC is a follow-up survey of children who previously took part in the National Survey of Children's Health (NSCH). Parents or caregivers completed surveys at two data collection points: 2018/2019 baseline, when the children were ages 0 – 17, and a 2024 follow-up of these same children and young adults at ages 4 – 23. This brief focuses on adolescents who were ages 12 – 17 in 2018/2019 and ages 18 – 23 in 2024.

The survey collected information about overall health status, health conditions, health services, and the transition from pediatric to adult health care. By following these youth over time, the NSCH-LC provides nationally representative data on how youth and their families use health care services and experience the transition from pediatric to adult health care.

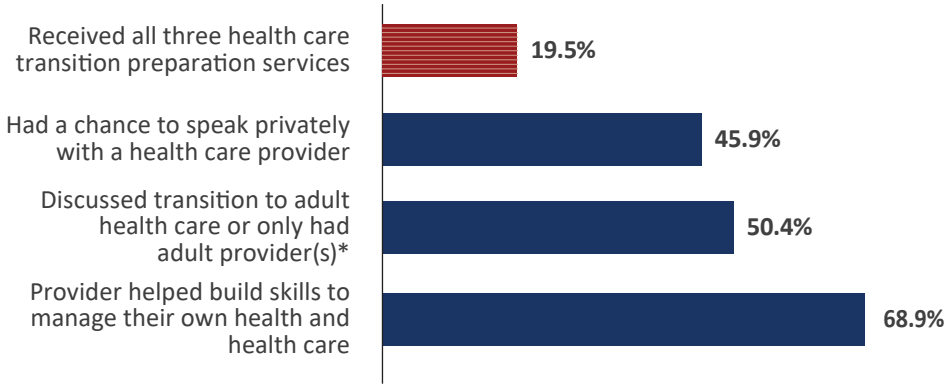
Preparing for Health Care Transition from Adolescence to Adulthood

Health care transition is the shift from family-centered pediatric care to adult-oriented health care with a provider who treats adults. The NSCH measures how well adolescents ages 12 – 17 are prepared for this transition based on three components:

1. A health care provider talked with the youth's parent or caregiver about transferring to adult health care, or the youth already had a provider who treats adults.
2. The youth had a chance to speak privately with a health care provider.
3. The health care provider helped the youth build skills to manage their own health care or understand changes in health care that happen at age 18.

- Overall, among adolescents who were ages 12 – 17 in 2018/2019 and ages 18 – 23 in 2024, 19.5% were reported by a parent or caregiver as having received all three services that support the transition to adult health care.
- Of the three components, 45.9% of youth had an opportunity to speak privately with their health care provider at their last visit, 50.4% had a health care provider who discussed the transition to adult care or only had providers who treat adults, and 68.9% received support building skills to manage their own health and health care.

Receipt of Services to Prepare for the Transition to Adult Health Care Among Adolescents Ages 12 – 17 in 2018/2019 and Ages 18 – 23 in 2024



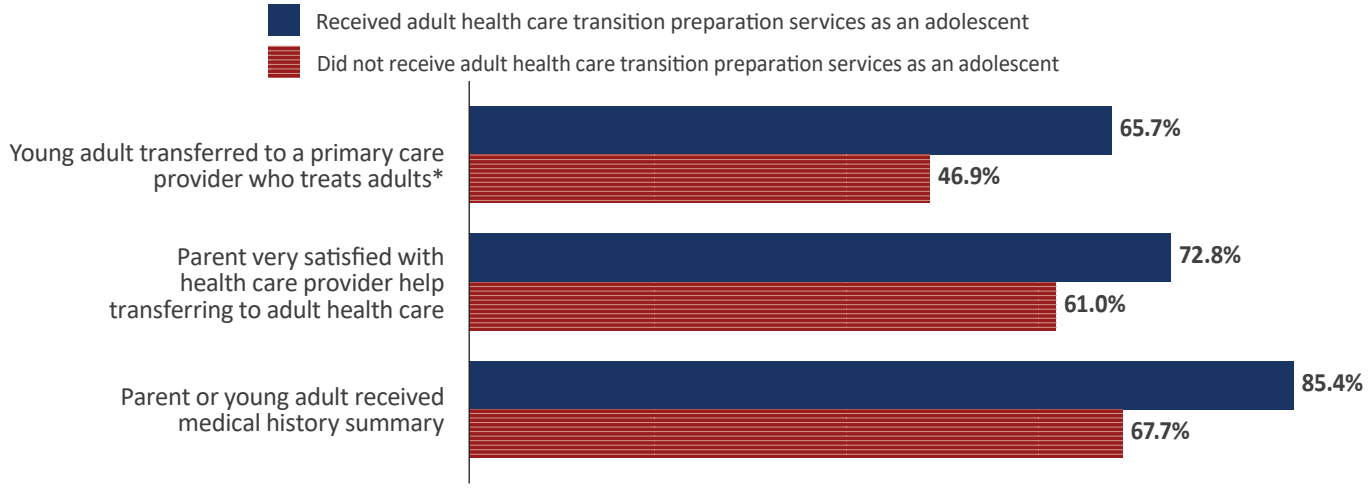
*Includes 35.7% who only saw providers who treat adults

Health Care Transition Preparation and Transfer to Adult Health Care

Adolescents who received all three transition preparation services were more likely to have positive experiences as they transferred to adult health care as young adults.

- Adolescents who received all three services at ages 12 – 17 at 2018/2019 baseline were more likely to have transferred to a primary care provider who treats adults by ages 18 – 23 at the 2024 follow-up than those who did not receive these services (65.7% versus 46.9%).
- Among young adults who transferred to a primary care provider who treats adults, parents and caregivers were more likely to be very satisfied with the health care provider's help during the transfer process if the youth had received transition preparation services (72.8% versus 61.0%).
- Adolescents who received transition preparation services were also more likely to receive a medical history summary upon transferring to adult health care after age 18 (85.4% versus 67.7%).

Transfer to Adult Health Care by 2024 Follow-up (Ages 18 – 23) by Receipt of Health Care Transition Preparation Services at 2018/2019 Baseline (Ages 12 – 17)



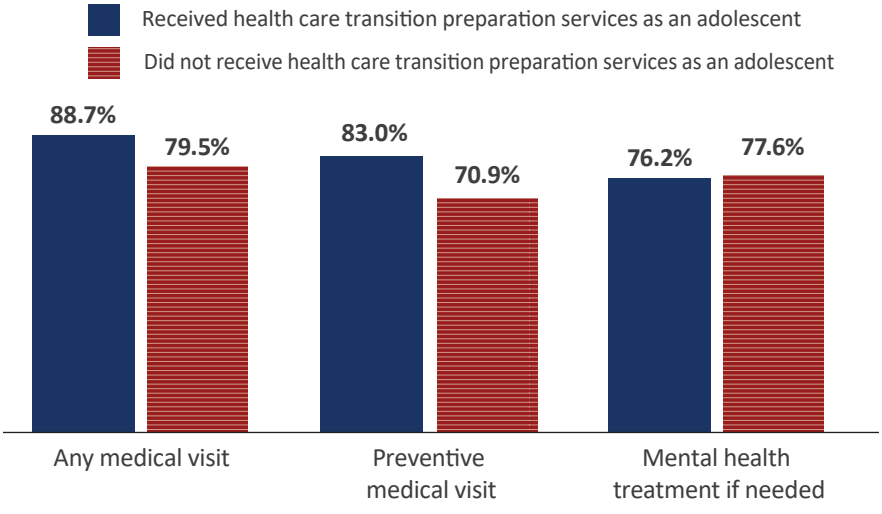
*Excludes those who already saw a primary care provider who treats adults before they turned 18

Health Care Transition Preparation and Health Care Use in Young Adulthood

Adolescents who received transition preparation services were more likely to have a past-year medical visit and a preventive medical visit as young adults.

- Adolescents ages 12 – 17 who received transition preparation services were more likely to have had a medical visit in the past year once they reached young adulthood (ages 18 – 23) compared with those who did not receive preparation services (88.7% versus 79.5%).
- Adolescents who received transition preparation services were also more likely to receive a preventive medical visit in the past year once they reached young adulthood (83.0% versus 70.9%).
- There was no difference between receiving needed mental health treatment as a young adult based on receiving transition preparation services as an adolescent (76.2% versus 77.6%).

Health Care Use at 2024 Follow-up (Ages 18 – 23) by Receipt of Health Care Transition Preparation Services at 2018/2019 Baseline (Ages 12 – 17)

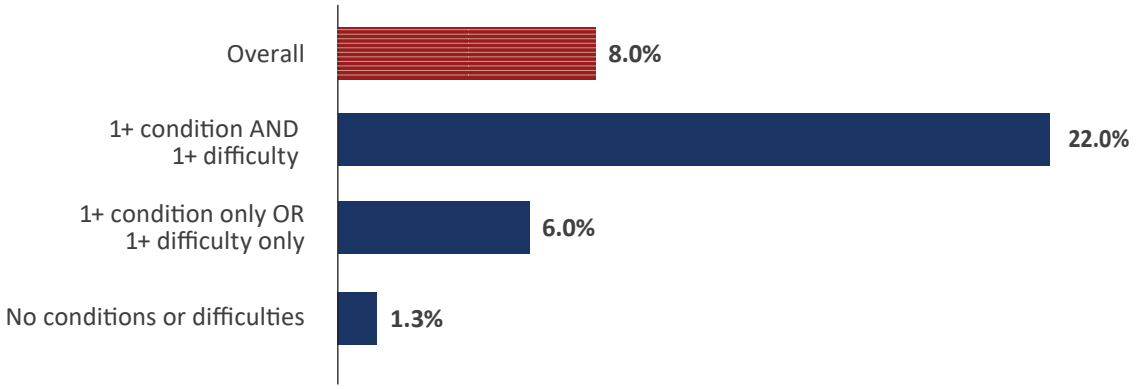


Continued Parent Involvement in Young Adult Health Care

About 1 in 12 young adults required continued parent or caregiver involvement in managing their health care due to disabilities or special health care needs. This rose to 1 in 5 among those who had health conditions (for example, asthma, autism, learning disabilities) and functional difficulties (for example, breathing, digesting food, concentrating; see **Data Notes**) as adolescents.

- Overall, 8% of young adults ages 18 – 23 at 2024 follow-up had parents or caregivers who continued to be involved in their health care due to disabilities or special health care needs. This varied by the presence of conditions and difficulties at baseline.
- About 1 in 5 young adults (22%) who had one or more health conditions and one or more functional difficulties as adolescents had parents or caregivers who were still involved in their health care after turning 18.
- Among young adults with one or more condition (no difficulty) or one or more difficulty (no condition) at baseline, 6% had parents or caregivers who continued to be involved in their health care at follow-up.
- Parent involvement in health care among young adults with no conditions or difficulties at baseline, 6% was about 1.3%.

Continued Parent Involvement in Health Care Among Young Adults Ages 18 – 23 at 2024 Follow-up, Overall and by Health Conditions and Functional Difficulties at 2018/2019 Baseline



DATA NOTES

The NSCH-LC began with approximately 60,000 households that participated in the 2018 or 2019 NSCH. Two years of the NSCH were included to optimize sample size for subgroup analysis given anticipated loss-to-follow-up. Of those, 21,768 topical questionnaires were completed by a parent or caregiver for the same selected child or young adult in 2024, including 7,412 young adults ages 18 – 23 who were ages 12 – 17 in 2018/2019. The time between data collection depended on when a parent or caregiver responded to the initial and follow-up survey, ranging from 4 to 6 years. Estimates are weighted to account for nonresponse and represent the U.S. population of children ages 12 – 17 in 2018/2019 who were ages 18 – 23 in 2024. All estimates meet established reliability standards with 95% confidence interval widths ≤20 percentage points and ≤1.2 times the estimate.

Unless otherwise noted, described differences between estimates are statistically significant using two-sided tests ($p<0.05$). Conditions included 24 diagnosed conditions: allergies, anxiety, arthritis, asthma, attention deficit disorder or attention deficit/hyperactivity disorder, autism or autism spectrum disorder, autoimmune disease, behavioral/conduct problem, blood disorders, cerebral palsy, cystic fibrosis, depression, developmental delay, diabetes, Down Syndrome, epilepsy, fetal alcohol syndrome, genetic disorder, headaches (frequent or severe including migraines), heart condition, intellectual disability, learning disability, speech disorder, and Tourette syndrome. Difficulties included 12 frequent, chronic, or serious difficulties related to: breathing; coordinating or moving around; concentrating, remembering, or making decisions; doing errands alone; dressing or bathing; hearing problems; physical pain; digesting food; eating or swallowing; using hands; vision problems; and walking or climbing stairs. For further information on the design, operation, and analysis of the NSCH-LC, please see available **Technical Documentation**.