



# Short Introduction to Health Transition and Got Transition?



Diabetes in School Health (DiSH)  
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Initiative (YHTI)



# What is Health Care Transition?

Health care transition, or HCT, is the process of moving from a child/family-centered model of health care to an adult/patient-centered model of health care, with or without transferring to a new clinician. It involves planning, transfer, and integration into adult-centered health care.

# What are the goals of HCT?

1) To improve the ability of youth and young adults with and without special health care needs to manage their own health care and effectively use health services

2) To ensure an organized process in pediatric and adult health care practices to facilitate transition preparation, transfer of care, and integration into adult-centered health care.

# HCT is Foundational to:

- Employment
- Education
- Community living
- Mental and physical health
- Recreation
- Rights and Decision Making



Can any of these topics be impacted while a student is still in high school?

# Transition Readiness Assessment (TRA) for Students

*This health care transition readiness assessment is intended for students and their family/caregivers to compete.*

<https://www.gottransition.org/resource/?tra-iep-english>

<https://www.gottransition.org/resource/?tra-iep-spanish>

## Pediatric to Adult Health Care Transition Tool | Health Care Transition Readiness Assessment for Students

*This health care transition readiness assessment is intended for students and their family/caregivers to compete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.*

**Directions:** Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_  
Completed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Personal Care (related to dressing, eating, bathing, and moving)	Use of Communication Supports
<input type="checkbox"/> I am able to care for all my needs	<input type="checkbox"/> Text-to-speech technology
<input type="checkbox"/> I need a little bit of help to care for my needs	<input type="checkbox"/> Assistive Listening Systems
<input type="checkbox"/> I need a lot of help to care for my needs	<input type="checkbox"/> ASL/Interpretation technology
<input type="checkbox"/> I need help to care for all my needs	<input type="checkbox"/> Other technology:
	<input type="checkbox"/> I do not use communication supports

**Transition Importance & Confidence** On a scale of 0 to 10, please circle the number that best describes how you feel right now.  
\*The transition to a doctor who cares for adults usually occurs between ages 18-22.

How important is it to you to move to a doctor who cares for adults by age 22\*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
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How confident do you feel about your ability move to a doctor who cares for adults by age 22\*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)
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My Health	Please check the box that applies to you right now.		
	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can name 2-3 people who can help me with my learning differences, disability, medical, or mental health needs in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a doctor's visit, I prepare questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to ask the doctor's office for accommodations, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the name(s) of my doctor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to make my doctor's appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my food allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Medicines	Please check the box that applies to you right now.		
	Yes	I want to learn	No
I know the name of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the amount of the medicines I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when I need to take my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to read and follow the direction labels on my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do when I run out of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my medicine allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Healthcare Transition for Students

Directions: Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

## **Personal Care** (*related to dressing, eating, bathing, and moving*)

I am able to care for all my needs

I need a little bit of help to care for my needs

I need a lot of help to care for my needs

I need help to care for all my needs

## **Use of Communication Supports**

Text-to-speech technology

Assistive Listening Systems

ASL/Interpretation technology

Other technology:

I do not use communication supports

**On a scale of 0 to 10, please circle the number that best describes how you feel right now.**

How important is it to you to move to a doctor who cares for adults by age 22\*?

How confident do you feel about your ability move to a doctor who cares for adults by age 22\*?

*\*The transition to a doctor who cares for adults usually occurs between ages 18-22.*

# Healthcare Transition for Students

Yes

I want to learn

No

- 
- . I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).
  - . I can name 2-3 people who can help me in an emergency.
  - . Before a doctor's visit, I prepare questions to ask.
  - . I know to ask the doctor's office for accommodations, if needed.
  - . I have a way to get to my doctor's office.
  - . I know the name(s) of my doctor(s).
  - . I know or I can find my doctor's phone number.
  - . I know how to make my doctor's appointments.
  - . I carry my health information with me every day (e.g. insurance card, emergency phone numbers).
  - . I know my food allergies.

# Healthcare Transition for Students

Yes

I want to learn

No

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- . I know the name of the medicines I take.
- . I know the amount of the medicines I take.
- . I know when I need to take my medicines.
- . I know how to read and follow the direction labels on my medicines.
- . I know what to do when I run out of my medicines.
- . I know my medicine allergies.



# Sample Goals for the HCT RA for Students

I know the name(s) of my doctor(s).

Student will input their doctor's contact information on their phone and name and identify their doctor in their phone when asked, with \_\_% accuracy.

I know when I need to take my medicines.

Student will identify at what time to take their medicines, with \_\_ % accuracy

# Key Got Transition Resources

Focus on Youth and Youth Adults – Quiz and FAQs:

<https://www.gottransition.org/youth-and-young-adults/>

Quiz comes with resource links for what may need help.

Resources and Research:

<https://www.gottransition.org/resources-and-research/>

Non-Health Transition -- Special Education

Special Populations – School Health

Clinician Education and Resources --

<https://www.gottransition.org/resources-and-research/clinician-education-resources.cfm>

# Where can we use these tools?

IHP – Individual Health Plan

IEP – Individualized Education Plan

PTP – Post-secondary Transition Plan

Health Curriculum

ILT – Individual Learning Times

# Health & the IEP

- Are there health related goals that would help this student achieve academically?
- Are there health related goals that would help this student achieve a greater level of independence?
- Accommodations:
  - More frequent visits to bathroom or see nurse
  - Access to water
  - Snack to keep blood sugar up
  - Alarm on phone/watch
  - Extra time (fatigue)
  - Vision/hearing

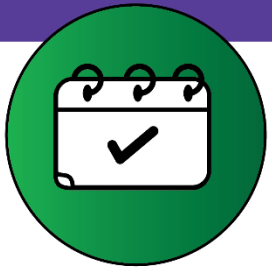
# Health and the PTP

Post secondary Transition Plan in addition to the IEP

- Transition Improvement Grant (TIG): [www.witig.org/](http://www.witig.org/)
- Yes, there is an app for that: [www.witig.org/transition-app.html](http://www.witig.org/transition-app.html)
- PTP Demo Site:  
<https://uasped.dpi.wi.gov/ptpdemo/Pages/DistrictMenu.aspx>

# Preparing for Transition School Nurses

1. Start conversations early - Youth and Nurse involved in IEPs
2. You might be the best resource on learning about and explaining a condition/disability--disclosure
3. Complete Transition Readiness Assessment
4. Talk about individual goals
5. Take part in training events to learn about the changes that happen when a child transitions to adult life—join the Southern Regional Center listserv! Parent and community trainings on Health Transition, series' on Transition, conferences, etc.



# Transition Resources



– National Resource

[www.gottransition.org](http://www.gottransition.org)



**HEALTH TRANSITION WISCONSIN**

SUPPORTING YOUTH TO ADULT HEALTHCARE



[www.healthtransitionwi.org](http://www.healthtransitionwi.org)

# Contact information

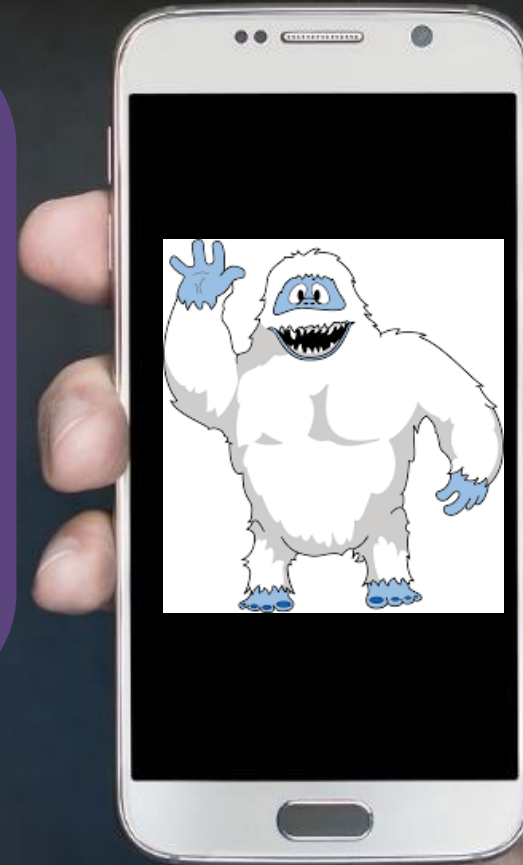
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**Thank you!**  
**Now go and do amazing things!**

