transition; and 2) determine whether these mental health factors predict the length of time between the final pediatric and first adult appointments.

**Methods:** Adolescents with T1DM visiting a diabetes transition clinic at a pediatric hospital were invited to participate in this study. During this visit an Adolescent Medicine Specialist and an Adult Endocrinologist interviewed participants separately. Adolescents who agreed to participate also completed a series of questionnaires pertaining to mood, anxiety, and eating disorder symptoms.

**Results:** 163 eligible adolescents participated in the study, of which 72 were lost to follow-up. Patients who associated appropriated diabetes self-care with positive outcome expectations were more likely to successfully transition to adult care within 12 months of being seen by the diabetes transition clinic. Patients who reported feeling general ineffectiveness and affective problems were more likely to take longer to transition to adult care.

**Conclusions:** To our knowledge, this is only the second study observing the effect of mental health difficulties on transition from pediatric to adult diabetes care among adolescents with T1DM. The present study suggests that cognitions regarding diabetes outcome expectancy and personal effectiveness, as well as mood, both contribute to markers of transition. These suggest opportunities for intervention to assist youth in successfully transitioning from pediatric to adult diabetes care.

**Sources of Support:** New Investigator Fund, Hamilton Health Science, Hamilton, Ontario.

**Purpose:** Autonomy, the expression of choice and freedom in one’s actions is a key element of the successful transition to adulthood and adult healthcare. The extant literature suggests that youth are lacking autonomy and are therefore ill-prepared for the transition to adulthood. This lack of preparation can have negative effects of their health. Therefore, in this study we sought to examine the relation between patient-centered communication and autonomy among youth with and without mobility limitations, hypothesizing that relatedness would serve as a mediator in this association.

**Methods:** Data come from the MyPath project, a longitudinal survey study that investigates the transition to adulthood and from pediatric to adult centered healthcare for youth with and without mobility limitations. The community-based sample from the Midwest includes 543 young people (52% female, 92% White) with (n = 286) and without mobility limitations between the ages of 16 and 24. Participants completed an online survey at baseline and at six months following enrollment. The dependent variable, healthcare autonomy, is defined by a 4-item scale (a = .74) measured at 6-months. Predictor variables measured at baseline, include patient-centered communication (PCC) (3 items, a = .81) and relatedness (6 items, a = .76). Covariates included age, sex, geographic location, maternal education level, and assistive equipment use. Multiple regression models tested whether the association between patient-centered communication and autonomy was mediated by relatedness.

**Results:** Bivariate analyses demonstrated that PCC was significantly related to youth’s reports of relatedness and autonomy for youth with and without mobility limitations. We found evidence of partial mediation among youth without mobility limitations. However, for youth with mobility limitations, relatedness was not a significant mediator in the relation between PCC and autonomy, and it was not associated with health-related autonomy independent of PCC.

**Conclusions:** Health care providers who communicate with adolescent and young adult patients in a patient-centered way increase the likelihood that patients will feel connected to providers and want to take charge of their own health care. More frequent patient centered communication was related to both higher levels of relatedness and health-related autonomy for young people with and without mobility limitations. For youth without mobility limitations, the association between how frequently they experienced patient-centered communication from their health care provider and their self-reports of autonomy six months later was partially mediated (explained) by their sense of relatedness to their health care providers, suggesting that a young person’s connection to her healthcare provider contributes to higher levels of autonomy around managing her own health. However, this was not the case for youth with mobility limitations. Independent of feelings of connection to health care providers, having experienced more frequent patient-centered communications resulted in higher levels of health-related autonomy for young people with mobility limitations. These findings suggest that medical education should consider assuring that health care providers know how to communicate in a patient centered manner in order to support all youth, regardless of disability, in the transition to adult healthcare.

**Sources of Support:** HRSA/MCHB, Reiff (PI): Leadership Education in Neurodevelopmental and Related Disorders Training Program.

**Purpose:** Transition is a hot topic in the era of health care reform. In the past few years there has been a great deal of research and new initiatives focusing on the process of transitioning from pediatric to adult health care. The majority of this research has been done with patients with special healthcare needs (SHCN). Review of the literature reveals a paucity of research looking at youth without special healthcare needs, or well youth. We were interested in how well youth navigate this transition, as this is a time when many patients drop out of the health care system. It is our belief that these well youth are equally under prepared for the transition as their peers with SHCN.

**Methods:** For this study, children with special health care needs were defined in accordance with the definition from the Maternal and Children’s Health Bureau, as " those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” Well patients were those patients identified as having
no chronic medical needs beyond the typical adolescent. The patient population included patients ages 14–21 from the Georgetown Adolescent Clinic. Patients were identified as Well or SHCN. Patients in both groups were identified through medical records and from an internal registry of patients with SHCN. To assess patients’ readiness for transition a readiness assessment containing 19 questions was used. This assessment is a modified version of the checklist used in The Got Transition Program, a national effort to support the transition process in patients with SHCN. The answers for each question were assigned a score of one to four. The mean score was calculated in each category and for the readiness ruler among both the well and SHCN groups. The means of the two groups were then compared for each category using a two sample T-test.

Results: The well group scored lower in readiness on thirteen of the questions while the SHCN group scored lower on five questions. For the questions where the SHCN had lower scores, none were significant while for the well group, five were significant. The data showed that the adolescents without SHCN were slightly less prepared in the transition process than those with SHCN. Specifically, well adolescents need more support in understanding how and when to make appointments and in understanding their insurance status.

Conclusions: A smooth and effective transition from pediatric to adult care is essential. Currently well youth and those with SHCN are under prepared for this transition. Research and transition initiatives are needed for all youth.

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CHRONIC ILLNESS

CONCORDANCE BETWEEN YOUTH AND PARENTS’ SCORES AND RESPONSES ON THE AM I ON TRAC FOR ADULT CARE QUESTIONNAIRE
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Purpose: The Am I ON TRAC for Adult Care questionnaire, a measure of readiness for transition from paediatric to adult care for youth with special health care needs, has both youth and parent versions. The purpose of this study was to examine the concordance between youth and parent ON TRAC questionnaire scores and responses.

Methods: During clinic appointments 200 adolescents ages 12–19 and their parents/guardian (n = 191) were recruited from waiting rooms of four outpatient clinics (diabetes, neurology, gastrointestinal, cardiology) at BC Children’s Hospital, Vancouver for a study of transition measures. Participants completed a study package, which included demographic information and the Am I ON TRAC for Adult Care questionnaire. The ON TRAC questionnaires consist of a knowledge scale and behaviour index. The youth and parent questionnaires ask youth and parents respectively to report on the youth’s health and self-care related knowledge and behaviour. Each youth–parent dyad was treated as a matched pair and dependent t-Tests were performed to examine the concordance between youth and parent ON TRAC scores and item responses.

Results: Of the 162 youth–parent dyads that were examined most accompanying parents were female (77%), 54.5% were accompanying sons, and the parent reported mean youth age was 15.2 (SD = 1.9). Participants were distributed across the clinics, with 37% from diabetes, 27% cardiology, 27% gastroenterology, and 9% neurology. Results from dependent t-Tests of ON TRAC knowledge and behaviour scores found on average, youth scores were significantly higher than parent scores, i.e., youth reported they possessed more health and self-care knowledge (t(152) = 3.32, p = .001, r = .26) and consistently engaged in health care behaviours more frequently (t(161) = 4.66, p < .001, r = .34) than their parents reported. Dependent t-tests were also performed for each individual item. Of the 22 ON TRAC items, 17 had higher youth mean scores and 5 had higher parent mean scores, but only 8 items had significantly different mean scores; for 7 of these, youth had the higher mean scores reporting greater knowledge about their medications and consistently taking medications on their own, getting to appointments as well as contacting clinics when symptoms worsen, asking health care providers health related questions more frequently, and thinking beyond high school. Only one item, “I talk to friend(s) about my problems or worries,” was rated higher by parents. There was a wide range in youth-parent difference scores, and extreme differences between youth and parent scores (> 2 SD) were identified for 5.2%, 5.5%, and 3.1% of the knowledge, behaviour, and cut-off scores respectively.

Conclusions: Youth with chronic conditions and their parents appear to have different assessments of adolescents’ health-related knowledge, self-management skills and consistency of self-care behaviours. Using both youth and parent versions of the ON TRAC questionnaire could help clinicians initiate important conversations between adolescents and their parents about the youth’s level of health-related knowledge, self-management skills and behaviours, and where large discrepancies in assessment exist between them, clarify potential differences in perspective. Such conversations could be pertinent to preparing adolescents and their families for the transition to adult medical care.

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DO PARENTS OF ADOLESCENTS WITH CANCER KNOW WHAT THEIR TEENS WANT?
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Purpose: To examine the congruence between adolescents with cancer’s needs for end-of-life care and their families’ perception of those needs.

Methods: We surveyed adolescent/parent dyads recruited from an urban hospital-based adolescent outpatient and inpatient settings, using the Lyon Advance Care Planning Survey. Thirty-four participants (n = 17 adolescent/parent dyads) randomized to the intervention study arm of a randomized clinical trial were surveyed. The survey was administered separately to adolescents and