

Young Adults and Public Health

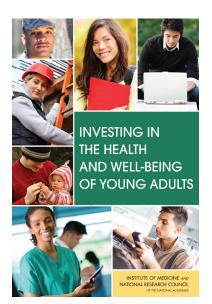
Findings and Recommendations from the Report

INVESTING IN THE HEALTH AND WELL-BEING OF YOUNG ADULTS

Young adulthood—spanning approximately ages 18 to 26—is a critical period of development, with long-lasting implications for a person's economic security, health, and well-being. Young adults are key contributors to the nation's workforce and military services. And many are parents who will play an important role in the healthy development of the next generation.

The Institute of Medicine (IOM) and National Research Council (NRC) report *Investing in the Health and Well-Being of Young Adults* explores the challenges facing young adults today and offers guidance for developing and enhancing policies and programs to improve their health and well-being. The report finds that young adults show a worse health profile than both adolescents and adults in their late twenties and thirties. Because this age represents such an important stage in the life course, it remains an important point in which to make substantial investments that hold promise not only during the young adult years, but through the remaining lifetime.

Young adults are currently at the forefront of the obesity epidemic, and this age is also a time of heightened psychological vulnerability and onset of serious mental health disorders. Rapid technological changes, economic challenges, and a prolonged transition to adulthood appear to be contributing to the health problems of young adults by increasing their stress and sedentary habits while also delaying work and family roles that tend to decrease risk taking. However, the majority of these health problems are preventable, meaning there are opportunities to intervene and promote lifelong health. This brief outlines the report's findings and recommendations that are most relevant to public health policymakers and program leaders.



SURPRISINGLY UNHEALTHY

While conventional wisdom suggests that young adults ought to be in peak physical condition—beyond the pitfalls of adolescence and not yet experiencing health concerns associated with older adults—the report finds that the dominant pattern among young adults is declining health. Young adults are at elevated risk of death and disease in a surprising variety of ways compared with adolescents and older adults, particularly in relation to behavioral health and risk of injury.

As compared with other age groups, young adults have the highest rate of death and injury from motor vehicles, homicides, mental health problems, sexually transmitted infections (STIs), and substance abuse. In addition, 37 percent of young adults are obese, making them more vulnerable than previous generations to obesity-related health consequences such as heart disease and diabetes later in life. The vulnerability of young adults to adverse health conditions often is greater among those of lower socioeconomic status and from racial and ethnic minorities, who may be exposed to greater risks and dangers than their more advantaged peers and who often lack safety nets to protect them.

Some recent reviews of young adult health have pointed to encouraging trends, such as decreases in rates of suicide, gonorrhea, and cigarette use. However, according to the Centers for Disease Control and Prevention, the mortality rate for young adults aged 20–24 is 93.5 per 100,000, compared with 60.8 among those aged 15–19 and 17.4 among those aged 10–14, showing a substantial increase with age.

Moreover, risk-taking behaviors associated with death and injury across the life span tend to emerge or peak during young adulthood, with important immediate and long-term health consequences. For example, use of tobacco and low levels of fitness and poor nutrition increase the probability of developing diseases such as cardiovascular and pulmonary disease and cancer later in life.

Nearly two-thirds of the burden of disability in young adults in the United States is associated with mental health or substance use disorders. Young adulthood marks the peak in substance use; also, it is the typical age of onset of psychotic disorders—the most serious mental health conditions. Compared with those aged 25–34, young adults aged 18–25 have higher rates of serious psychological distress, and they are more likely to think about, plan for, and attempt suicide. And compared with adolescents, young adults are more likely to complete suicide. Yet, only a quarter of young adults experiencing symptoms of a mental disorder receive treatment or services, and they are more likely than older adults and adolescents to drop out of or discontinue treatment.

Many of the negative health outcomes currently experienced by young adults are preventable. The report aims to guide policymakers and program leaders in promoting improved public health for all young adults.

DIFFERENTIATING YOUNG ADULTS

The report recommends that federal, state, and local governments and nongovernmental entities that fund programs serving young adults or research affecting the health, safety, or well-being of this population differentiate young adults from adolescents and older adults whenever permitted by law and programmatically appropriate. This may be implemented through the following specific actions:

• modify reporting of data to identify young adults (aged 18-26) as a distinct age group in all reports,

AS ADOLESCENTS AGE INTO THEIR EARLY AND MID-TWENTIES, THEY ARE <i>LESS LIKELY TO</i>
Eat breakfast
Exercise
Get regular physical and dental check-ups
AND MORE LIKELY TO
Eat fast food
Contract sexually transmitted diseases
Smoke cigarettes, and use marijuana and hard drugs
Binge drink

evaluations, and open data systems in which they are included;

- enhance new or existing surveys or experimental research focused on either adolescents or adults to advance knowledge regarding the health and wellbeing of young adults and healthy transitions into young adulthood;
- ensure that services provided to young adults are developmentally and culturally appropriate, recognizing that while adolescent or general adult services may sometimes be appropriate, modifications to existing services or entirely new approaches may be needed;
- engage diverse young adults in designing and implementing programs and services;
- support workforce training for health and human services providers to develop the skills and knowledge needed to work with young adults and their families;
- seek opportunities for coordinating services and, where possible, integrating them to achieve greater effectiveness and efficiency; and
- develop, implement, and evaluate systematic policy and program experiments to help identify the most effective approaches to improving the prospects of young adults.

STATE AND LOCAL COORDINATION

Under the new Adolescent and Young Adult Health Program funded by the Health Resources and Services Administration and administered by the Maternal and Child Health Bureau, states and localities will be encouraged to expand their reach beyond adolescents. To advance this transformation, the committee recommends that state and local public health departments establish an office to coordinate programs and services bearing on the health, safety, and well-being of young adults. If a separate office is not established for young adults, these responsibilities should be assigned to the state's existing adolescent health coordinator with consideration for the funding and resources they would need to expand the age range and scope of their activities.

In addition, recognizing that many entities have a stake in the health and well-being of young adults and a potential role in improving it, the report recommends that each community establish a multistakeholder private–public coalition on "Healthy Transitions to Adulthood" with the goal of promoting the education, health, safety, and well-being of all young adults.

State or local public health agencies should take the lead in convening these coalitions. The coalitions should include young adults; colleges and universities; providers of career and technical education; employers; youth organizations; nonprofit organizations; medical specialties providing primary care to young adults; and other community organizations serving, supporting, or investing in young adults. These initiatives should mobilize public and private engagement and support; set priorities; formulate strategies for reaching all groups of young adults who need services and support; and design, implement, and evaluate prevention activities and programs. Initiatives also should incorporate the valuable input of young adults in shaping their scope and activities, as this will help ensure that these initiatives gain traction.

PREVENTIVE CARE

As chronic health conditions become the key health challenge for the 21st century, communitybased prevention efforts will increasingly become an important focus for both the public health and health care delivery systems. Most young adult health problems are preventable. However, young adults receive little preventive counseling on important issues for this age group, and there is no tailored set of guidelines for preventive medical, behavioral, and oral health care specifically focused on young adults.

Therefore, the report recommends that the United States Preventive Services Task Force (USPSTF) develop a consolidated set of standardized evidencebased recommendations for clinical preventive services such as screenings, counseling services, and preventive medications specifically for young adults aged 18–26. Behavioral and oral health should be included in these recommendations. The report also recommends mechanisms by which the USPSTF recommendations could be implemented widely throughout health systems and other entities involved in providing care for young adults.



REACHING YOUNG ADULTS

Public health interventions include a broad array of activities, such as informing or educating the targeted population about risks, persuading them to reduce risk, creating incentives or disincentives to encourage them to adopt healthy or safe behaviors, and modifying the environment to reduce exposure to risks or to promote or facilitate safe or healthy behaviors. The committee reviewed the evidence on public health interventions for young adults, including in the areas of tobacco and alcohol use, chronic disease prevention, prevention of STIs and HIV, human papillomavirus vaccination, sexual assault and intimate partner violence, mental health conditions, and motor vehicle safety.

In general, the committee found that single-component interventions focusing on one level have limited, shortterm effects. By contrast, the most successful public health interventions for young adults have been those that were sustained over time and involved comprehensive, multilevel strategies using ecological approaches across multiple channels and venues to influence changes at the individual, organizational, and societal levels. Detailed examples of public health interventions are provided in Chapter 6 of the report.

In addition, there are many opportunities for communities to enhance their focus on young adults in existing initiatives. For example, the report recommends that recipients of Community Transformation Grants—including state and local government agencies, tribes and territories, and nonprofit organizations—incorporate specific targets for young adults in their plans to reach the 5-year measurable performance goals in the areas of reducing death and disability due to tobacco use and reducing the rate of obesity through nutrition and physical activity interventions.

CONCLUSION

Implementing effective public health policy and practice for young adults requires better focus on this age group and integration and coordination of programs that cater to their health concerns. Most health concerns that affect young adults are preventable, and there are many opportunities to design and implement policies and programs that are targeted specifically to this population in a developmentally appropriate way. Evidence-based investments in this age period hold potential promise to improve the health and wellbeing of an increasingly diverse young adult population both during their young adult years and through the rest of their adult lives.

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Learn more about the report at www.iom.edu/youngadults.