

Health Care for Young Adults

Findings and Recommendations from the Report

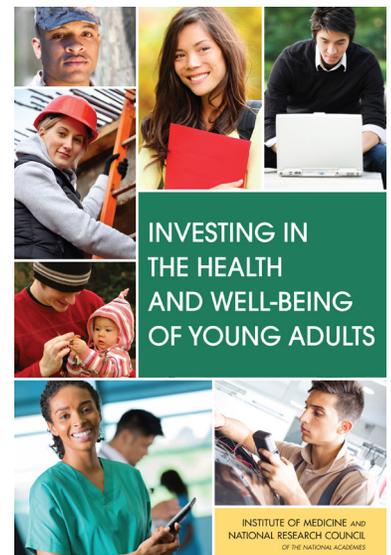
INVESTING IN THE HEALTH AND WELL-BEING OF YOUNG ADULTS

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 also 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 2015 Institute of Medicine (IOM) and National Research Council (NRC) report *Investing in the Health and Well-Being of Young Adults* explores today’s landscape for young adults and offers guidance in developing and enhancing policies and programs to improve this population’s 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. Yet the majority of these health problems are preventable, meaning that there are opportunities to intervene and promote lifelong health. The report also finds that while the Patient Protection and Affordable Care Act (ACA) and similar state initiatives have improved health insurance coverage rates for young adults, there is still much to be done to improve the care they receive once they have access to the health care system.

This brief outlines the report’s findings and recommendations that are most relevant to physical and behavioral health care providers; entities involved with young adults’ health care, including health care delivery systems and provider organizations serving young adults; federal agencies that develop health care policy and fund innovations; organizations that support health care quality and improvement; and health insurers and purchasing entities such as employer coalitions.



DIFFERENTIATING YOUNG ADULTS

Young adulthood marks a critical point in development, where key tasks in the transition to independent adulthood need to be accomplished, including taking responsibility for one’s own health. Furthermore, young adults face greater demands than recent generations have faced. Global economic restructuring; advances in information and communication technologies, data generation, and dissemination; urbanization; and adjustments in the labor market have all radically altered the landscape of risk and opportunity. These changes provide less latitude for failure.

Despite often being a distinct target audience for marketing products and services, young adults are infrequently treated as a unique population in health policy, program design, and research and are often grouped either with all adults or with adolescents. The report says that due to their particular needs, health risk profiles, and transitions from pediatric to adult care environments, young adults should be viewed as a distinct subpopulation in health policy, planning, programming, and research.

SURPRISINGLY UNHEALTHY

Young adults are at a surprisingly elevated risk of death and disease in a variety of ways compared with adolescents and older adults. 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, young adults are at the forefront of the obesity epidemic and, therefore, are more vulnerable than previous generations to obesity-

related health consequences such as heart disease and diabetes later in life.

Behaviors associated with morbidity and mortality 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. However, some recent reviews of young adult health have pointed to encouraging trends, such as decreases in rates of suicide, gonorrhea, and cigarette use.

Behavioral health—including mental health and substance use—is a critical concern for this age group. 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; it is also 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 with these experiences receive treatment or services, and they are more likely than older adults and adolescents to discontinue treatment.

The vulnerability of young adults to adverse health conditions is often greater among those of lower socioeconomic position and from racial and ethnic minorities, who may be exposed to greater risks and dangers than their more advantaged peers and lack safety nets to protect them.

TABLE

Past-Year Health Care Utilization Rates by Age Group: 2009 Medical Expenditure Panel Survey (rates adjusted for pregnancy)

	Children (ages 0-11)	Adolescents (aged 12-17)	Young Adults (aged 18-25)	Adult (aged 26-44)	Adult (aged 45-64)	Adult (aged 65+)
Utilization						
% had any health care utilization	88%***	83%***	72%	78%***	89%***	97%***
Emergency room visits						
% had visit(s)	15%	12%**	15%	12%**	12%***	17%

***p<0.001, **p<0.01, *p<0.05.

SOURCE: Adapted from Lau et al., 2014.

IMPROVING ACCESS TO CARE

Young adults have significantly lower rates of health care system utilization but significantly higher emergency room visit rates compared with those immediately younger and older than them (see table). The ACA and other state-led efforts are notably increasing rates in health insurance coverage for many young adults, but the report says that too little attention has been paid to the specific health needs faced by young adults once they are in the health care delivery system. Expanding coverage is essential for young adults, but it is not enough to improve their health and well-being. The report therefore calls for additional actions to improve transitions from pediatric to adult medical and behavioral health care, preventive care, and evidenced-based interventions.

TRANSITIONING TO ADULT CARE

Maturity is not suddenly completed when someone turns 18; cognitive, emotional, and psychosocial maturation continues through one's 20s. The transition from child to adult medical and behavioral health care often is associated with poor outcomes among young adults. Challenges include discontinuities in care, differences between the child/adolescent and adult health systems, a lack of available adult providers, difficulties in breaking the bond with pediatric providers, lack of payment for transition support, a lack of training in childhood-onset conditions among adult providers, the failure of pediatric providers to prepare adolescents for an adult model of care, and a lack of communication between pediatric and adult providers and systems of care.

The report recommends that health care delivery systems and provider organizations serving young adults—such as medical homes and accountable care organizations—with input from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) improve the transition process for young adults moving from pediatric to adult medical and behavioral health care. Specifically, the committee recommends that

- AHRQ develop quality performance metrics on the transition-of-care process to ensure continuity of care for young adults making this transition;
- CMS encourage greater attention to this transition within the innovation models that it solicits and funds, such as those from the Center for Medicare and Medicaid Innovation;

- health care delivery systems and provider organizations serving young adults develop a coordinated pediatric-to-adult transition-of-care process within their organizations;
- pediatric-to-adult transition-of-care performance metrics be incorporated into quality measurement and reporting frameworks by the National Committee for Quality Assurance, the National Quality Forum, and other quality measurement entities for all health care delivery models serving young adults, such as medical homes, accountable care organizations, and integrated delivery systems;
- the Office of the National Coordinator for Health Information Technology ensure that meaningful use criteria enable the capture of relevant data elements for this reporting;
- CMS, health insurers, and purchasing entities such as employer coalitions incorporate young adult transition-of-care metrics into pay-for-performance initiatives, contracting, and other provider assessments; and
- the Maternal and Child Health Bureau in the Health Resources and Services Administration expand its work on transition-of-care metrics for youth with special health care needs to include all youth and young adults, incorporate such metrics in Title V program requirements, and support related capacity development and training in states.

PREVENTING ADVERSE HEALTH OUTCOMES

Young adulthood provides an important opportunity for prevention. Serious illnesses and disorders can be avoided or managed better if young adults are engaged in wellness practices and screened for early signs of illness or evidence of untreated illness, and the risk taking that is common during these years can impact lifelong functioning. Yet young adults rarely receive preventive counseling on important issues for this age group, such as smoking and mental health, and there is no consolidated package of preventive medical,



behavioral, and oral health guidelines specifically focused on the young adult population.

The report therefore recommends that the U.S. Preventive Services Task Force develop a consolidated set of standardized evidence-based 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.

In addition, federal, state, and local governments; commercial insurers; employer-sponsored health plans; and medical and behavioral health systems should adopt the clinical preventive services recommended by the U.S. Preventive Services Task Force, include the delivery of those services in quality performance metrics used for pay-for-performance and other health care provider assessments, and require public reporting of compliance.

DEVELOPING EVIDENCE-BASED INTERVENTIONS

Although there are effective behavioral health treatments and strategies for adults, the value of these treatments specifically for young adults is largely undemonstrated because typical clinical trials and research studies—such as studies of adults aged 18–55—are insufficient to establish effectiveness in young adults.

The report therefore recommends that the National Institutes of Health support research aimed at developing a set of evidence-based practices for medical and behavioral health care, including prevention, for young adults. This research should build on the existing and established evidence-based practices for general adult and adolescent populations to identify evidence-based practices that hold promise for being effective in this age group.

CONCLUSION

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 making them less likely to participate in work and family roles that tend to decrease risk taking. Poor health at this phase in life can have important consequences for future health, employment success, health care costs, and national security. Fortunately, the majority of health problems faced by young adults are preventable. The IOM/NRC report offers recommendations and guidance to improve health outcomes for all young adults.

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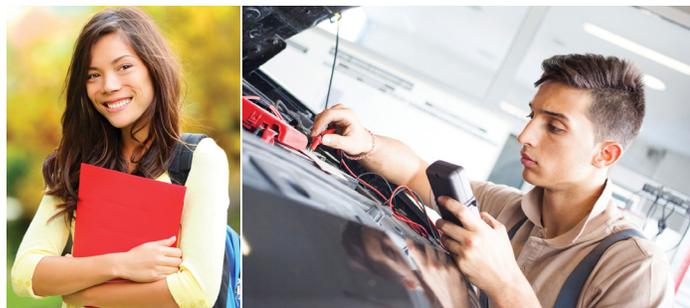
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Learn more about the report at
www.iom.edu/youngadults.