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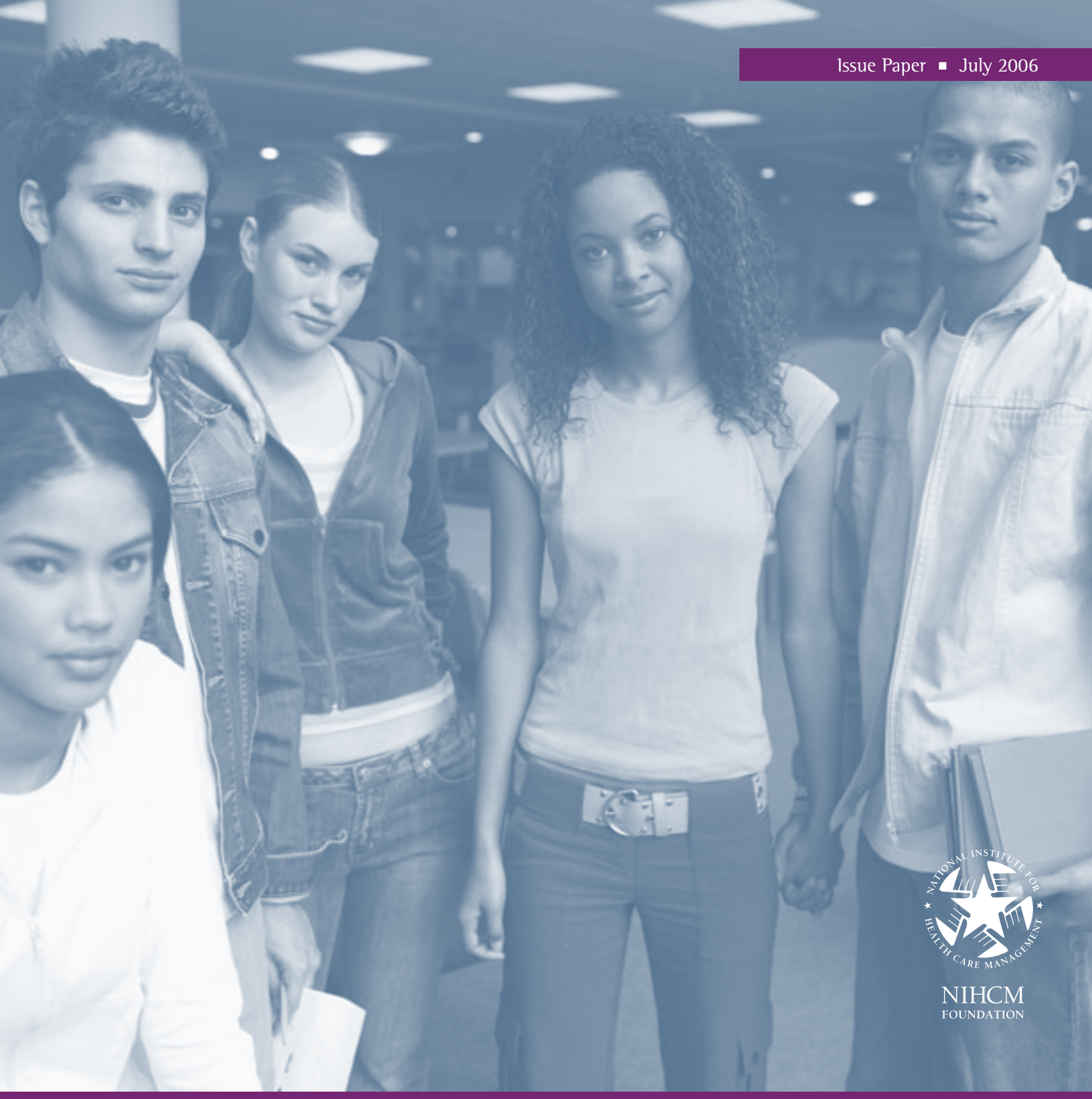

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YOUNG PEOPLE'S HEALTH CARE: A NATIONAL IMPERATIVE

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EXECUTIVE SUMMARY

Young adults ages 19-24 have unique health issues and health care coverage requirements. Efforts to address these issues are critical to assure support for a smooth transition into adulthood. It is important to inform stakeholders, including policy makers, health care professionals, health insurance purchasers, as well as beneficiaries, young adults and their families, about the health status and coverage issues young adults face as they strive to reach self-sufficiency. This paper examines young adult health status, with an emphasis on health care access and utilization. Following a short introduction on why the young adult population merits more attention, the discussion of young adult health issues is divided into four sections.

It is important to inform stakeholders, including policy makers, health care professionals, health insurance purchasers, as well as beneficiaries, young adults and their families, about the health status and coverage issues young adults face as they strive to reach self-sufficiency.

Section One: Overview of Young Adult Health Issues and Social Influences

The profile includes the demographics, health status and health care access and utilization of young adults as they compare to adolescents. Young adults have a higher prevalence of mortality, substance use, sexual experience, and sexually transmitted infections than adolescents. Young adults have the lowest rate of health insurance coverage among all age groups. While there is knowledge on comprehensive approaches to adolescent health issues, there is very little known about how to best address young adult health comprehensively. Young adults can be found in the workforce, in college, in the military, getting married, having children, in combination of these activities, or in transition between them.

Section Two: Implications for the Delivery and Financing of Health Care For Young Adults

Efforts should be made to target young adults in order to improve their health status. Adolescent programs exist in communities, schools, counties, and state health departments; for example, low-income youth ages 18 and under are eligible for health care coverage by Medicaid or the State Children's Health Insurance Program. However, there is yet to be standardized delivery and financing of young adult health care.

Appendix One: Innovative Efforts to Address Health Care Coverage of Young Adults

Several innovative efforts to improve the health care coverage of young people have emerged recently. These efforts are spread throughout the nation and differ in the level of service and requirements of special populations. As the progress of these efforts is tracked, it will be essential to monitor how the health of young adults improves with increased health care coverage.

Appendix Two: Selected Resources on Young Adult Health

This section includes information about federal, professional and other health organizations and resources that are currently involved in young adult health. The resources range from the *National Initiative to Improve Adolescent and Young Adult Health* to the *Research Network on Transitions to Adulthood*. These exemplary resources will help improve awareness of young adult health issues.

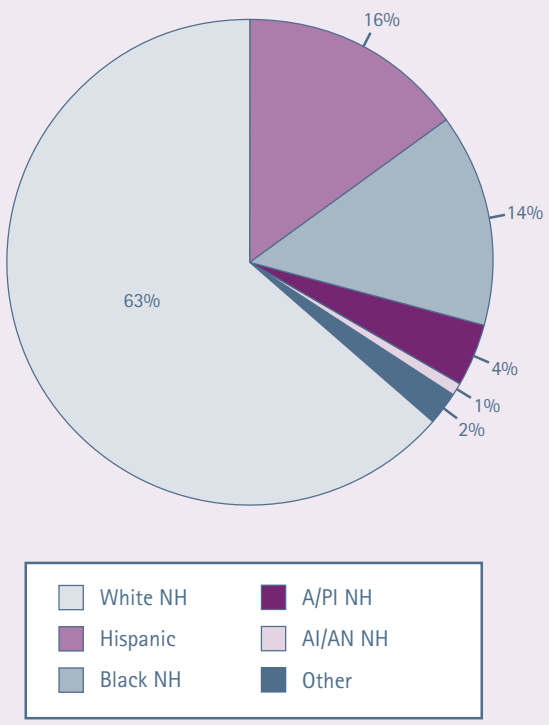
SECTION ONE: OVERVIEW OF YOUNG ADULT HEALTH ISSUES AND SOCIAL INFLUENCES

■ Introduction

"As young people adapt their lives to a more complex world, it becomes more difficult to say at which point they have reached adulthood. There are more paths to be taken through life and few maps to guide youth on the increasingly complex transition to adulthood. "[1]

Young adults have specific health requirements for health care coverage that differ greatly from child, adolescent or adult care. This paper focuses on how to address these requirements by presenting data on the health status and health care access and utilization of young adults. The age groups chosen for this paper are ages 15-18 for adolescents and 19-24 for young adults. Data sources used in this paper are inconsistent about the age groupings: the range falls between 12 and 30 years old. This paper starts with a brief overview of young adult demographics, health status, and health care issues, including comparisons to adolescents. Then, the paper reviews social influences during young adulthood and offers recommendations for addressing this group comprehensively. Following this overview, the authors examine innovative financing and service delivery models that may help shape a broader agenda for young adult health. The paper concludes with resources available to assist programs that are working to continue the original investments made in child and adolescent health so that the health status of young adults can also continue to improve.

Figure 1a: Adolescent Population, Ages 15-18, 2000



Source: U.S. Census Bureau. American FactFinder, Census 2000 Summary File 1 [Detailed Tables Online].

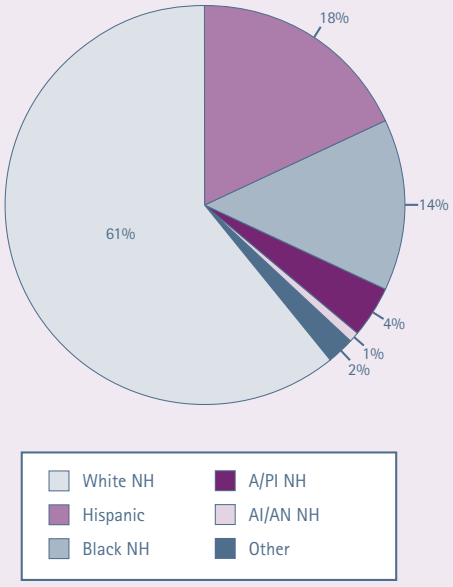
A. HEALTH ISSUES

■ Demographics

The young adult[1] population consists of 23 million men and women, compared to 16 million adolescents ages 15-18. This group is more racially/ethnically diverse than the adolescent or adult populations (See Figures 1a & 1b) [2]. The young adult population will continue to diversify in

[1] Young adult refers to those ages 19-24 unless otherwise specified.

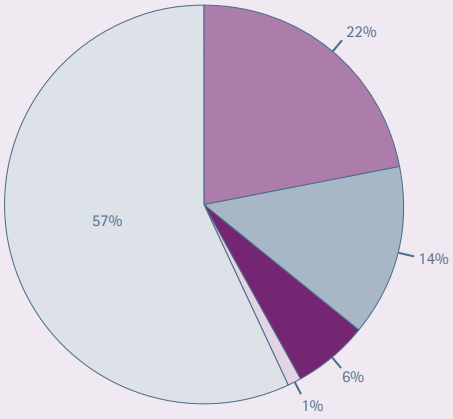
Figure 1b: Young Adult Population, Ages 19-24, 2000



NH = Non-Hispanic

Source: U.S. Census Bureau. American FactFinder, Census 2000 Summary File 1 [Detailed Tables Online].

Figure 1c: Young Adult Population, Ages 19-24, 2020 (Projected)



NH = Non-Hispanic

Source: U.S. Census Bureau. Projections of the Resident Population by Age, Sex, Race, and Hispanic Origin: 1999 to 2100 [NP-D1-A Middle Series] Washington, D.C: U.S. Government Printing Office, 2000.

the next fifteen years (See Figure 1c) [3]. Poverty[2] affects about one in five young adults (18%), an increase from 16% in 1990 (ages 18-24) [4,5]. The prevalence of poverty is lower for adolescents ages 12-17 (15%). Female young adults are affected by poverty more than same-age males, especially Hispanic and Black females [4]. One positive trend is that poverty rates for Hispanic and Black young adult females (ages 18-24) have decreased in the past decade, despite their high representation in the low-income population [4,5].

Health Status

This section briefly reviews the health status and health care access and utilization of young adults as they compare to adolescents. A review by Park et al. reveals that while young adults' health issues mirror those of adolescents for many health issues, young adults fare worse in the areas of injury, homicide and substance use [6]. Additionally, specific groups of young adults, such as those in foster care or with special needs, face even more barriers than adolescents.

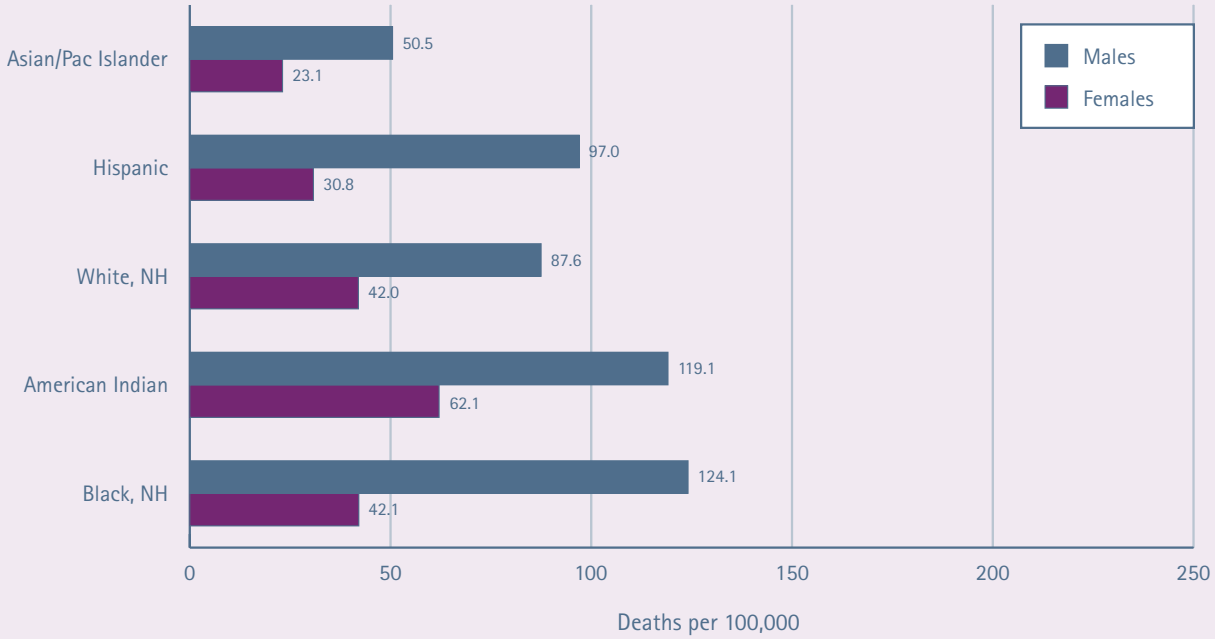
Young adults have higher mortality rates than adolescents. Overall, the mortality rate for young adults ages 20-24 in 2002 was 95/100,000, which is significantly higher than the rate of 68/100,000 for adolescents ages 15-19 .

Mortality

Young adults have higher mortality rates than adolescents. Overall, the mortality rate for young adults ages 20-24 in 2002 was 95/100,000, which is significantly higher than the rate of 68/100,000 for adolescents ages 15-19 [7]. The leading causes of death are motor vehicle accidents, homicide and suicide. There are large differences among racial/ethnic and gender groups for each cause of death in the adolescent and young adult populations (See Figures 2a & 2b). Despite higher mortality rates among young adults, the rates have decreased during the past decade [6,8].

[2] Poverty is defined as being below 100% of the Federal Poverty Threshold, which was $19,484 in 2004 and $13,359 in 1990 for a family of four [4,5].

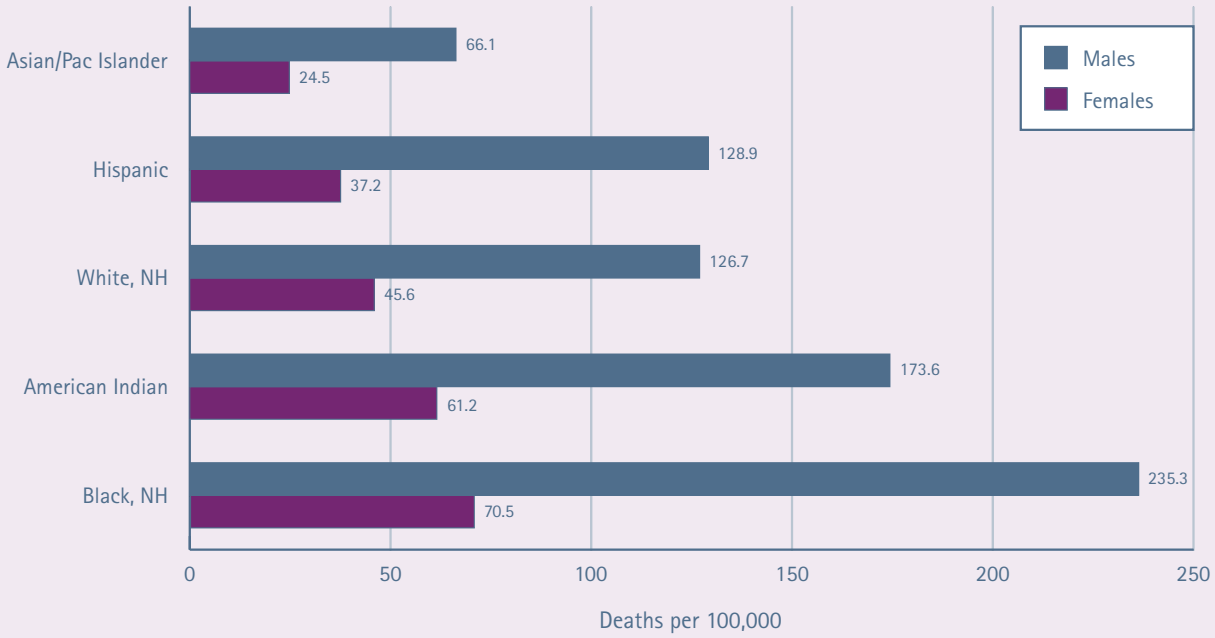
Figure 2a: Mortality Rates by Gender and Race/Ethnicity, Ages 15-19, 2002



NH = Non-Hispanic

Source: Anderson RN and Smith, BL. Deaths: Leading causes for 2002. National Vital Statistics Reports, 2005;53(17):1–90.

Figure 2b: Mortality Rates by Gender and Race/Ethnicity, Ages 20-24, 2002



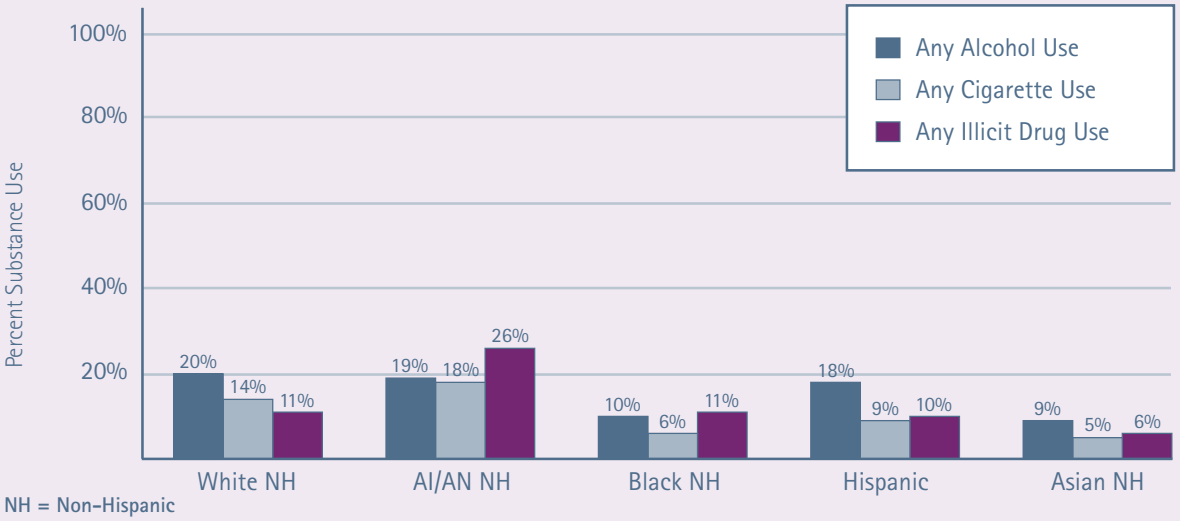
NH = Non-Hispanic

Source: Anderson RN and Smith, BL. Deaths: Leading causes for 2002. National Vital Statistics Reports, 2005;53(17):1–90.

Substance Use

Young adult use of substances is generally higher than use among adolescents and adults, with alcohol being used more than cigarettes or illicit drugs. According to 2004 data, alcohol use among young adults (ages 18-25) was higher than their cigarette or illicit drug use (61% vs. 40% and 19%). Substance use rates are higher among males than females. There are also large racial/ethnic differences in adolescent and young adult substance use (See Figures 3a & 3b). There is a high dependence/abuse of alcohol among young people, with 6% of adolescents (ages 12-17) and 17% of young adults (ages 18-25) reporting this behavior during the past year [6,9]. Overall, trends in substance use among 12th graders and young adults indicate a decline during the past decade [10,11].

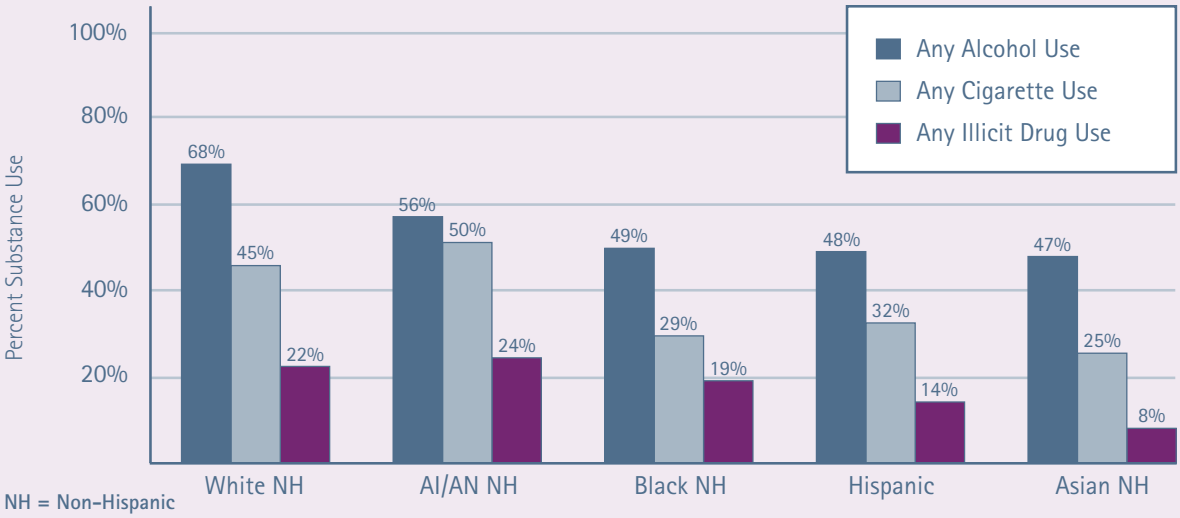
Figure 3a: Past Month Substance Use by Type and Race/Ethnicity, Ages 12-17, 2004



NH = Non-Hispanic

Source: Substance Abuse and Mental Health Services Administration. Results from the 2004 National Survey on Drug Use and Health: National Findings (DHHS Publication No. SMA 05-4062).

Figure 3b: Past Month Substance Use by Type and Race/Ethnicity, Ages 18-25, 2004



NH = Non-Hispanic

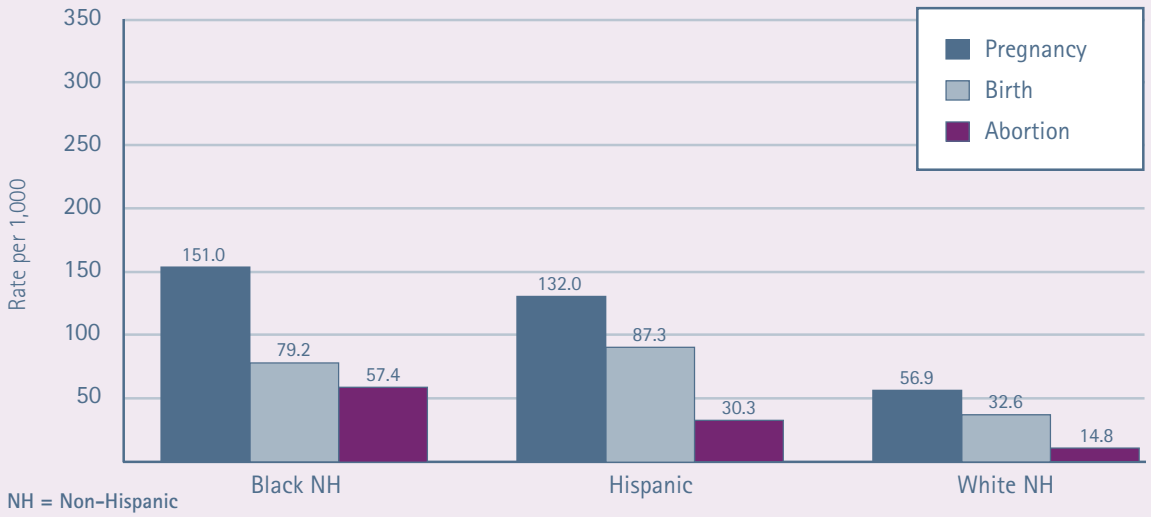
Source: Substance Abuse and Mental Health Services Administration. Results from the 2004 National Survey on Drug Use and Health: National Findings (DHHS Publication No. SMA 05-4062).

Reproductive Health

Young adults (ages 20-24) report a higher prevalence of sexual experience and lower prevalence of condom use than adolescents. Males are slightly more likely to report sexual experience and much more likely to use condoms than females [12,13]. Racial/ethnic groups of young adults ages 20-24 report almost similar levels of sexual experiences. Even though sexually active young people are very likely to use contraception, there is room for improvement. Data indicate that many young adults continue to place themselves at risk for pregnancy and sexually transmitted infections, including HIV/AIDS [14,15].

Among all age groups in 2000, young adult females (ages 20-24) had the highest pregnancy rate (178/1,000), especially Black females (See Figures 4a & 4b) [16]. Same-

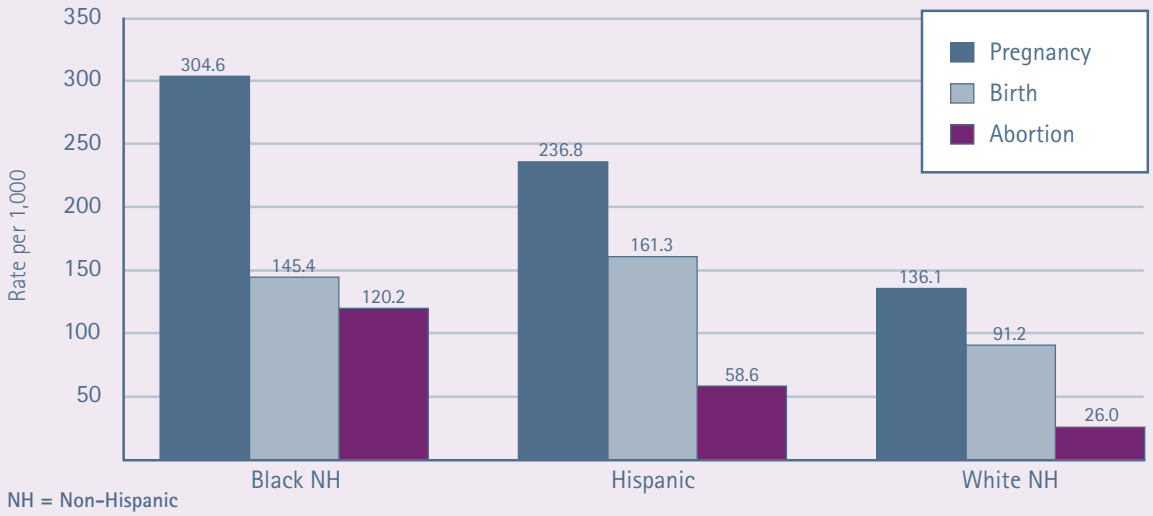
Figure 4a: Pregnancy, Birth and Abortion Rates by Race/Ethnicity, Females Ages 15-19, 2000



NH = Non-Hispanic

Source: Ventura SJ, Abma JC, Mosher WD and Hensha

Figure 4b: Pregnancy, Birth and Abortion Rates by Race/Ethnicity, Females Ages 20-24, 2000



NH = Non-Hispanic

Source: Ventura SJ, Abma JC, Mosher WD and Hensha

age female young adults also had the second highest birth rate (103/1,000) of all age groups in 2003; only 25-29 year-olds had a higher rate (116). The birth rate was highest for Hispanic females (163). There are also data on male young adults fathering a child: the rate of births was 74 and was highest among Black males (112) [17]. Abortion rates are higher for young adult females than any other age group, especially for Black females (120) (See Figure 4b). Overall, pregnancy, birth and abortion rates have decreased during the past decade [16]. Young adults have a higher prevalence of sexually transmitted infections (STIs), including chlamydia, gonorrhea, syphilis and HIV/AIDS, than adolescents. Rates are generally highest for Black females. Trends show an increase in chlamydia, but a decrease in gonorrhea and syphilis [6,18,19,20,21].

Weight

The Body Mass Index (BMI) in young adults (ages 20-29) has increased substantially over the past four decades, with BMIs of 25-29 classified as overweight. During this time, the average BMI increased, indicating that more young adults are overweight today [22]. The overweight prevalence for adolescents (ages 12-19) also increased from 5% to 16% in the same time span [23].

Special Populations

An increasing proportion of young people who have a disability or chronic condition is living longer and transitioning to young adulthood, requiring assurance of adequate health care and opportunities that prepare them for greater independence [24,25]. It is estimated that half a million children with special health care needs turn age 18 annually. Special needs include disability, defined as being limited in activities due to physical, mental, or emotional problems, which affects about 5% of young adults ages 24-26 [26]. Disability also affected one out of every fifteen (7%) young adults (ages 16-20) in 2003, and was higher among males than females (8% vs. 6%). About three out of ten (29%) disabled young adults are employed and one in four (25%) lives below the poverty level [27]. As a result of lower employment rates and higher poverty, one out of five disabled young adults (ages 19-29) is uninsured [28]. An important challenge in the transition from adolescence to young adulthood for this population is the maintenance of adequate health insurance coverage. When adolescents who have been covered by Medicaid insurance reach age 19, they need to be screened to assess if they still meet eligibility requirements for health coverage as adults [29]. The same process applies to adolescents who were covered by Supplemental Security Income (SSI) at age 18 [30]. Currently, there is no national health coverage plan, either private or public, that fully addresses young adults with special health care needs; this issue will continue to need focused attention from policy makers.

A recent brief by English et al. reviews health issues for another special population of young adults, those in or exiting foster care. In 2003, 61,900 young people ages 16 and older left foster care systems. In that same year, 21,720 young people exited foster care to emancipation. Most young people "age out" of foster care between the ages of 18 and 21, depending on state policies. While they were likely to have had health insurance coverage as foster care wards, they no longer can expect that the state will provide them with health insurance coverage, and they are likely to lose the ability to access their previous health care provider. Young people who have been in foster care often experience a number of social and psychological problems that may result in substance use, suicide ideation, depression and other mental health problems. This can be especially challenging as those in foster care are more likely to face barriers accessing health care once they exit care, especially if they do not get transition/supportive services from a foster care worker or child welfare agency. Some young people exiting foster care may be able to get coverage from Medicaid/SCHIP since these programs provide coverage up to age 19 in most states, and up to age 20 or 21 for extremely low-income young people in some other states. The Foster Care Independence Act (FCIA), Medicaid Expansion Option, allows states the option of covering young adults ages 18-21; however, only 10 states had implemented this expansion option as of July 2005 [31]. These special populations face additional barriers that young adults already encounter for health care access, utilization and coverage.

■ Health Care Coverage, Access & Utilization

Among all age groups, young adults (ages 19-29) have become the most likely to not have health insurance [29]. The prevalence of the uninsured among young adults (ages 18-24) rose from 23% in 1987 to 31% in 2004 [32]. Among 19-24 year-olds in 2004, Hispanic males were the most likely to report not having coverage (60%) [33]. Young adults (ages 19-23) have the lowest per capita health expenditures ($1,634) among all age groups, and the highest rate of being uninsured. Almost half (48%) of young adults in 2002 report being uninsured for either all or some part of the past year, far higher than the percentage for either children 18 and under (12%) or adults ages 30-64 (22%) [29]. Young adults made up 9% of the non-elderly

population (under age 65), but 18% of the uninsured in 2004. The high rate of being uninsured (34%) is linked to being single and having lower incomes than older adults, as well as not having family coverage (which children under 18 traditionally have under their parents' insurance plans). Poverty is also linked to insurance status: 17% of young adults with incomes 200% above the poverty level are uninsured, while 45% of young adults who are 200% below poverty are uninsured. Among young adults who are insured, 11% are covered by an individual private plan; 12% are covered by Medicaid/Other Public plans; and 45% are covered by employer private plans. Employer coverage for young adults is the lowest among all adult age groups [34]. Lack of employer coverage is due in part to lower-paying entry-level jobs or part-time jobs that do not offer health coverage, which is discussed more in Section Two. College students tend to be the most likely among young adults to have insurance, with full-time students insured through parents' insurance (49%), college/other plans (25%), or through their own employers (7%). Most private and some public colleges require health insurance for students as an enrollment stipulation and many employer-sponsored insurance programs extend policies to employees' children ages 18-23, if they attend college full-time [29].

Middle and upper income young adults also have more options for private insurance coverage, whether or not they attend college. Nearly all health plans have developed individual insurance products, many specifically targeted to this demographic age group, often at relatively affordable prices. The average annual premium for an individual insurance policy for young adults (ages 18-24) is $1,170 [35]. For example, WellPoint, Inc. has developed TONIK, a health coverage plan now available in five states that has been designed for and marketed to young adults (ages 19-29). TONIK's premiums run from about $64 to $123 a month and carry relatively high initial deductibles ($1,500, $3,000 or $5,000 depending on the plan), and there is very high catastrophic coverage. It also includes vision and dental coverage, which may provide additional levels of access to care for young adults. This type of low-premium plan is starting to get buy-in from young adults. Since the launch of TONIK in November 2005 in California, more than 40,000 applications have been received, 50% from young adults [36]. As of January 2006, Blue Cross Blue Shield of North Carolina (BCBSNC) has extended individual and family plan coverage for dependents to age 25, regardless of whether or not the dependent is enrolled in college full-time. This is a departure from the coverage offered to most young adults through their parents' insurance, which for the most part only covers a dependent while they are enrolled in school full-time or until age 23. BCBSNC has also developed health savings account (HSA) products for those enrolled in both group and individual insurance plans. HSAs offer young adults an alternative insurance option. Incremental reforms may help support more affordable (or even subsidized) private products targeted towards young adults [37].

A broad strategy is needed to insure young adults as many in this age group do not perceive themselves as needing insurance, and often choose not to buy their own insurance plans [35]. Among young adults (ages 18-24) in 2004, 91% report their health status as "excellent," "very good," or "good" [38]. Overall, those who are uninsured are more likely to use the emergency room as a source of routine care, are less likely to receive preventive care, and are less likely to have access to health care due to cost [39]. Young adults are more likely to visit the emergency room for injuries than children or adults [23]. Data from 2003 show that young adults (ages 19-24) often utilize the emergency department when they need to be seen for trauma related disorders, mental disorders, or pregnancies/live births [40]. There are little or no data on regular/preventive visits to a doctor or other health care professional for young adults. In 2004, 72% of young adults (ages 18-24) reported visiting a dentist or dental clinic for any reason in the past year [38]. Among young adult females (ages 20-24) in 2002, 63% report receiving at least one family planning service (birth control method/counseling/checkup or sterilization) and 76% report receiving at least one reproductive health medical service (pregnancy test, pap smear/pelvic exam, STI treatment/counseling) in the past year [14]. However, health care visits are only a part of achieving good health and well-being; there are many other health problems among young adults that can be prevented or treated. One large area with health coverage gaps is mental

Overall, those who are uninsured are more likely to use the emergency room as a source of routine care, are less likely to receive preventive care, and are less likely to have access to health care due to cost.

health; there are few or no plans that provide coverage for mental health visits for young adults. Also, a growing number of young adults live with HIV, diabetes, and congenital heart disease and need coverage to provide them with routine care [29].

Young adults are clearly at high risk for a wide variety of health conditions, but are the least likely to have insurance than any other age group. These problems point to a need for health care systems to adapt programs and provide coverage to ensure greater access to care for young adults, especially for injuries, suicide prevention, STI prevention, overweight/obesity prevention and special health care needs. Given the health problems and coverage issues in young adulthood, it is important to understand the social and environmental factors that shape the health profile for young adults in the 21st century.

B. SOCIAL INFLUENCES

This section begins with a description of the development of the adolescent health field. As we consider strategies to respond to the myriad of needs faced by young adults, it is helpful to review and build upon the lessons learned in developing approaches to adolescent health. This description is followed by a review of social influences in young adulthood. By understanding the particular social and environmental factors influencing young adult health, we can strive to assure a more effective and tailored response from the health care system.

■ Development of the Adolescent Health Field

Young adulthood requires tailored programs and policies to promote the health and well-being of its population. Understanding advances in the adolescent health field can serve as a starting point for considering how to best address young adults' needs. Efforts to address young adults must also be grounded in understanding that this population has distinctive health problems in the transition from adolescence to adulthood. In the past thirty years, there has been an increasing focus on the health of adolescents ages 10-19. The creation of organizations, such as the Society of Adolescent Medicine in 1968 and the Division of Adolescent and School Health at the Centers for Disease Control and Prevention in 1988, clearly suggest the potential for a significant focus on adolescent health at the national level. Medical care providers, researchers, program developers, and other stakeholders have advocated for the recognition of the special health care needs of adolescents and the importance of responding in a comprehensive approach. This approach includes increased health care financing and assuring the availability of confidential care and programs that respond to both the antecedents and consequences of adolescent risk-taking behavior.

There have also been considerable advances in many areas of adolescent health research. Studies have shed light on the inter-relationship of many of the health risks of adolescents, the importance of social context in the lives of adolescents, and the protective nature of resiliency and the value of an integrated youth development approach. A number of innovative health programs have been developed to respond to the needs of adolescents, including school-based health centers, special teen clinics, other community-based services, as well as clinical screening tools to help practitioners provide more comprehensive services. Federal and state financing of health insurance for adolescents has also increased in the past fifteen years, primarily through Medicaid and the State Children's Health Insurance Program. In spite of significant progress in meeting the health care needs of adolescents, however, approximately 15% of adolescents remain without health insurance. Others are underinsured and not receiving access to the mental and physical health care that may be necessary. In many cases, their concerns about whether or not care is confidential, the complexity of gaining access to health care resources, as well as the lack of trained providers, contribute to their unmet needs for health care [41]. The unmet health care needs in adolescence become more pronounced during the transition to young adulthood, due in part to gaps in young adult health research.

The health of young adults can improve by outlining a framework for their development that includes risky and protective behaviors. There are emerging national efforts to engage organizations from multiple sectors in order to achieve the goal of addressing and improving the health of young adults, one such initiative being the National Initiative to Improve Adolescent and Young Adult Health by the Year 2010. Organizations such as Child Trends and the MacArthur Foundation's Research Network on Transitions to Adulthood have also begun to include young adults in their population studies.

■ Young Adulthood

Changing Perspective

This review of social influences is drawn largely from the work of the Research Network on Transitions to Adulthood. Social, economic, and cultural factors have contributed to significant changes in the transition to independence in young adulthood. The social norms and expectations that previously guided the transition into adulthood have undergone dramatic changes. According to Fussell and Furstenberg, men traditionally secure stable employment prior to family formation so that they may support a family. The industrial economy allowed most men to begin forming families by age 20. The shift to a more technical and information-based economy in the second half of 20th century required greater education and skills for young men, and increasingly young women [1]. As Brown et al. noted, this shift "has meant that greater numbers of young adults are spending longer periods in post-secondary education, delaying their entry into full time work to their mid-twenties or later. Since 1971, the percentage of young adults ages 25-29 who have attended college at some level increased from 34% to 58%" [26]. Young people, their families, and other stakeholders are beginning to recognize that in order to achieve the 21st Century markers of adulthood, different steps are necessary to establish autonomy [42].

As Furstenberg et al. note, young adults pursue a number of diverse pathways in establishing their autonomy; these pathways tend to effect not only their careers, but also shape other personal domains, such as the establishment of families, leisure, social relations, and even residences. For some, the 20s are a period of exploration or "early sabbatical," that may include travel and community service [43]. Many young adults today move back and forth between school and the labor force, do both at once, or neither for a time, while others stay with their families in order to help support them economically. Traditionally, the family has been the primary institution absorbing the costs associated with the period of young adult exploration. Young adults without financial and other familial support are at far greater risk and have the most difficulties in making a successful transition to adulthood [44]. For young adults, the following social and environmental factors, including education, employment, household formation, marriage and childbearing, and citizenship and disengagement, play important roles in shaping their health.

Education

Educational attainment is linked to employment, financial independence, the formation of a household, marriage, and childbearing. About one out of ten young adults (ages 24-26) in 2000 did not graduate from high school, while about a third had some college/associate in arts degree and about another third had a bachelor's degree or higher. Native-born young adults are more likely to pursue a higher education than those who are foreign born. For example, 30% of all immigrants and 51% of Hispanic immigrants lack a high school degree in this age group. Over one half of all Asian/Pacific Islander young adults have a bachelor's degree or higher, followed by Whites (33%). However, only one in five Blacks and one in ten Hispanics have a bachelor's degree or higher. Young adults with a higher education are less likely to receive public assistance or food stamps [26].

Social, economic, and cultural factors have contributed to significant changes in the transition to independence in young adulthood. The social norms and expectations that previously guided the transition into adulthood have undergone dramatic changes.

Employment

Changes in the labor market, the types of jobs that are available, and the level of technical education and training required have increased dramatically over the past four decades. Today's young adults face a more transitory job market, moving from one job to another more often than before [43]. As noted above, more young adults are pursuing college degrees. Fewer well-paying jobs exist for young adults without any college education. Furthermore, many less-educated employees hold service sector jobs that do not provide health insurance benefits [44]. Brown et al. provide an overview of gender differences in employment for young adults. Single young adult females (ages 24-26 in 2001) are more likely to be employed than married women (85% vs. 75%), and this varies by race/ethnicity (74% for Hispanics to 90% for Whites). Married young adult males are slightly higher in employment rates than their single counterparts [26].

Household

While many young adults establish their own residences, a sizable number do not. In 2001, almost four million young adults were still living with their parents [45]. Male young adults (ages 23-27 in 2002) tend to live with a parent more than females (27% vs. 19%). Overall, Black young adults are the most likely to live with a parent (28%) [26]. Factors that contribute to living with parents include delays in earning an undergraduate degree, a greater proportion attending graduate school, delays in settling on a career, a greater proportion delaying marriage, and the reliance on economic support from parents [43].

Marriage and Childbearing

The lives of young women have also undergone dramatic changes, as they pursue additional educational training and delay marriage and childbearing [1]. Over half of young adult females (ages 24-26 in 2002) have never been married, while four out of ten are married, and one in fifteen has already been divorced, separated, or widowed. Among all young adults, Blacks are most likely to be never married (74%). Those with a bachelor's degree are most likely to be never married than those with less education. Increasingly, young adults choose to cohabitate as an alternative to marriage. This behavior is more likely for American Indians/Alaskan Natives and Whites than other racial/ethnic groups [26].

By age 30, both men and women tend to be married, employed, and household heads with children. However, more women in their 20s are becoming single mothers than in previous decades. In 2000, 6% of 30 year-old White, foreign-born females were single mothers, an increase from 1- 2% in 1980. For Black women, over a quarter were single mothers in 2000, an increase from 7% in 1970 [1]. In 2000, half of all children born to young adult females ages 20-24 were born to single women, a steep increase from 9% in 1970 [44]. According to Brown et al., childbearing is strongly related to income level and educational attainment. Poor young adult females ages 23-27 (below 100% of the poverty level) are over twice as likely to have had a child than females at 300% or more above the poverty level (73% vs. 30%). Among young adult females, 67% of high school graduates have had a child and only 16% with a bachelor's degree or higher have had a child. This childbearing pattern is similar for male young adults [26].

Citizenship and Disengagement

Immigration has been and will continue to be a powerful force affecting outcomes for young adults, though in different ways for different groups. New immigrants, particularly Hispanic young people, are expected to account for over 60% of the population growth among young adults between 2000-2025. With over 40% foreign born, the challenges facing Hispanic young adults are shaped by the characteristics of most Hispanic immigrants: low levels of education, early childbearing, difficulties with the language, and a lack of civic engagement. For example, in 2000, immigrants comprised over 40% of all high school dropouts in the U.S.; the vast majority were Hispanic immigrants [26].

New immigrants, particularly Hispanic young people, are expected to account for over 60% of the population growth among young adults between 2000-2025.

One in five Black young adult males (ages 18-24) is in prison or disengaged from school or employment. These factors make the successful transition into adulthood a greater challenge. Native American young adults also face a number of challenges, with this group having the lowest rates of high school completion. There should also be special considerations for populations, such as those young people leaving foster care and incarceration, who may require additional job training, education, and social support. Lack of institutional engagement among young adults is a problem, resulting in delayed or sub-optimal transitions to independence, as well as increased problem behaviors for a large proportion of young adults [44].

In summary, a number of socioeconomic, cultural, and demographic factors influence the health of young adults. While it is difficult to ascertain the interactions between the health care system and individual behavior, there is a clear call for health care providers, researchers, and policy makers to develop responses that take all these factors into consideration.

SECTION TWO: IMPLICATIONS FOR THE DELIVERY AND FINANCING OF HEALTH CARE FOR YOUNG ADULTS

Based on the demographic, health status, and health coverage profile of young adults, as well as the cultural and social factors that are shaping the experience of young adults, what are the future implications?

1. **INCREASING ACCESS TO HEALTH CARE.** The profile of young adult health clearly points to the importance of continued investment in the health of this group as they transition out of adolescence into adulthood. The array of health needs requires a combination of services aimed at the primary and secondary prevention of chronic diseases, as well as counseling and educational services aimed at preventing or ameliorating the effects of risk-taking behaviors. While health providers can play an important role, the social, economic, and cultural context of young people's lives clearly impact their health, as well as the ability of health interventions to play a significant role.

2. **TAILORING HEALTH CARE TO SPECIFIC GROUPS OF YOUNG ADULTS.** While many adolescents benefit from their families' ability to help them navigate a complex health care system and/or they obtain services through community-based organizations, reproductive health services, and school-linked services, young adults often lack similar resources and rely heavily on emergency room care. At a time when they are expected to become more responsible for their own health care, the loss of ties to a primary physician as they age out of their families' insurance coverage, as well as the lack of a formal system for transferring their health information to their next provider, are critical issues. Developing and/or extending adolescent systems of care to the young adult population is one way to address this issue. In addition, specific groups of young people, for example, young people transitioning from foster care or incarceration, young people with special needs, immigrants, and low-income young people, should have specially tailored interventions. The likelihood of being lost in the transition process, particularly for young people with chronic conditions or other special needs, increases as they lack the ability to navigate the health care system successfully. The patterns of employment, both in terms of limited coverage and rapid turnover, also increases their vulnerability.

3. **HEALTH INSURANCE COVERAGE FOR ADOLESCENTS AND YOUNG ADULTS SHOULD BE PROVIDED TO ASSURE INCREASED ACCESS TO HEALTH CARE RESOURCES.** The experience of adolescents, wherein 1 in 8 continues to lack health insurance coverage, as compared to 1 in 3 young adults who lack such coverage, points to the importance of tailoring outreach and insurance coverage packages aimed at both of these age groups. Young adults are particularly challenging to enroll for a variety of factors, ranging from the lack of health insurance benefits as part of their employment, to the limitations placed upon extending family coverage to young adults, especially those who are not enrolled in college, to their perception that they don't need coverage.

4. **EVALUATION AND DOCUMENTATION OF STRATEGIES TO PROVIDE HEALTH CARE COVERAGE TO YOUNG ADULTS ARE NEEDED.** A number of insurance companies, as well as state and county governments are beginning to recognize the cost-effectiveness of enrolling this population (see Appendix 1). These emerging efforts address the challenges of making coverage affordable, whether paid for out-of-pocket or through government subsidies. As shown in these examples, marketing strategies to enroll substantial numbers of eligible young people are needed, as well as culturally sensitive services, both in terms of ethnic/racial profiles and services tailored to the 'culture' of young adulthood. Evaluation findings from these efforts are likely to have implications for future endeavors, particularly as there is a dearth of information on what services are most beneficial for this population.

5. **DATA SPECIFIC TO THE YOUNG ADULT POPULATION: WHAT WE KNOW AND WHAT WE WOULD LIKE TO KNOW.** While data that focus on adolescents may include data on young adults, there are few surveys specifically focused on young adults. Instead, researchers and program evaluators often use data including adolescents and young adults from ages 10 to 24, despite the great differences that exist within that age range. One exception is the 1995 CDC National College Youth Risk Behavior Survey, a survey that has not been repeated since 1995 due to a lack of funding. A well-known study, the 1994 National Longitudinal Study of Adolescent Health (Add Health), followed up with participants at ages 18-26 (in 2001/2002) to see the outcomes of their health and risk behaviors in adolescence at young adulthood. A recent analysis of Add Health data found that health declines markedly in the transition from adolescence to young adulthood, which is due to young adults putting themselves at higher risk for adverse health outcomes [46]. Still, the measures are not consistent and the survey should be revisited to explore adolescent and young adult behavior in this century, since behavior in these populations has greatly changed during the past decade. Another longitudinal study, the 1979 and 1997 National Longitudinal Survey of Youth, funded by the Bureau of Labor Statistics, provides data on the social and economic indicators in the transition between adolescence and adulthood. It expanded data collection on young adults through age 29 in its 2000 and 2002 collection years, and it will be interesting to analyze data in the upcoming years as it will be the first consistent trend data on this age group. Areas in which young adult data are scant or non-existent include mental health, oral health, physical activity, and nutrition. It is necessary to have more focus on data in the areas where there are gaps, as well as standardization of data in other areas, to give our nation a more thorough and accurate health profile of young adults. In order to improve health care access and services for young adults, it is vital that funding is prioritized and made available for new and better data collection going forward.

6. **YOUNG ADULT INVOLVEMENT.** The most important part of improving young adults' health and access to care is to involve young adults in the process. One route that has already been explored is interviewing young adults on their social and economic behavior through phone, computer and in-household surveys. However, it would also be useful for young adults to be involved in the development of strategies or programs to educate peers, health professionals, insurance companies, and others on their health care needs. We can start by reaching out to young adults at all the settings in which they are engaged: two- and four-year colleges, employment agencies and organizations, faith organizations, community organizations, and local businesses around college areas.

The health profile of young adults and the period of transition from adolescence to adulthood points to the importance of providing a comprehensive array of services:

A recent analysis of Add Health data found that health declines markedly in the transition from adolescence to young adulthood, which is due to young adults putting themselves at higher risk for adverse health outcomes .

from primary care to substance abuse prevention and from chronic disease treatment to sexually transmitted infection prevention. In this regard, health insurance companies, government and private sector consumers, providers, and young people themselves need to play an integral role in developing best practices for improving the health care and health status of this generation.

APPENDIX ONE: INNOVATIVE EFFORTS TO ADDRESS HEALTH CARE COVERAGE OF YOUNG ADULTS

Several efforts to address young adult health have emerged in both the public and private sectors. The following recognize the importance of health insurance coverage and service delivery during the period of transition from adolescence to adulthood. These state, county, and local level programs illustrate the importance of targeting the needs of the young adult population, including those in foster care and those with special needs.

■ Innovations in Insurance Coverage for Young Adults

The Wayne County HealthChoice Program and Blue Care Network of Michigan

Sponsor and Background: The Wayne County HealthChoice Program and Blue Care Network of Michigan have partnered to provide low-cost health care coverage for up to 1,000 young adults and to up to 500 part-time and temporary workers living in Wayne County. Blue Care Network of Michigan (the HMO affiliate of Blue Cross/Blue Shield of Michigan) has more than 462,000 members and is the largest HMO network of physicians and hospitals in the state, with more than 3,100 primary care physicians, 7,600 specialists, and 110 hospitals. Wayne County HealthChoice is a managed care-type program that provides limited health care benefits to Wayne County residents, small businesses, their employees and families.

Benefits: The Wayne County HealthChoice Tempro program offers coverage to persons ages 18 to 30 years old who are either full or part-time workers and/or a full or part-time student at a college, university, or other institution, and who live in the county. Program participants have a $250 deductible. For part-time and temporary workers, the deductible is $500. Enrollment began on October 1, 2005. To qualify for either program, a person must earn $30,000 or less a year and be ineligible for any other health care coverage. The monthly premium of $85 is matched by Wayne County HealthChoice. Additional co-payments and deductibles apply for certain services.

Benefits and services include:

- Preventive care
- Routine care (non life-threatening) and follow up care
- Urgent and emergency care, and ambulance services
- Hospital services
- Diagnostic services
- Pharmacy services
- Dental and vision screenings
- Both programs feature a $15 co-payment for office visits, $100 co-pay for emergency room visits, 50% co-pay for prescription drugs, and a maximum of $1,500 in out-of-pocket costs.

Contact: HealthChoice; (866) 896-3450

New Mexico State Coverage Insurance for Low-income, Uninsured Adults

Sponsor and Background: New Mexico has created a public/private partnership that uses unspent Children's Health Insurance Program (CHIP) funds to subsidize premiums for low-income, uninsured adults. Through the New Mexico State Coverage Insurance (NMSCI) program, three commercial managed care organizations are offering a low-cost insurance product that provides coverage for adults ages 19 to 64. The health plans are available to uninsured people <200% of poverty who have not voluntarily dropped insurance within the last six months and to employers who have not voluntarily dropped insurance within the last 12 months. Begun in July 2005, the program offers premium assistance with the employer and employee each paying a share of the premium and state and federal funds paying the remainder.

Employers pay $75 per employee member, per month and the employee pays between $0 and $35 per month, depending upon income level. For example, an individual with a household net income of $29,000 per year and a family of four has premiums of $20 per month and co-payments of $5 per doctor visit and $25 per admission for inpatient hospital service. Individuals applying without their employer's participation pay the employer share of $75 per month, as well as the employee share. Medical services require co-payments on a sliding scale based on family income.

Financial Support: The program required a $4 million appropriation from the state legislature for state FY06, which will be matched by approximately $16 million in federal CHIP dollars. In addition, a few counties are planning to contribute a portion of their uncompensated care funds toward the premiums of qualifying residents. The state expects that about 10,000 state residents will obtain insurance through the plan during the first year, eventually covering 40,000 state residents over five years. The arrangement was approved as a five-year demonstration through a Health Insurance Flexibility and Accountability Demonstration waiver from the Centers for Medicare and Medicaid Services in 2002.

Contact: Mari Spaulding-Bynon, J.D.;
Mari.Spaulding-Bynon@state.nm.us

San Francisco's Healthy Young Adults Program

Sponsor and Background: In 2005, the San Francisco's Department of Public Health (DPH) and the San Francisco Health Plan (SFHP) launched the Healthy Young Adults program, the expansion of SF's Healthy Kids program to cover young adults ages 19-24. This program represents the first county-sponsored effort of its kind nationwide. DPH provides funding and oversight, while SFHP provides outreach, enrollment and coverage. The entire local program was renamed Healthy Kids & Young Adults. The launch required a 15-month planning phase, as well as an application to the State's Department of Managed Health Care for a modification to its license to begin offering this coverage to a new population. Healthy Kids and Young Adults fills in the insurance coverage gaps that result from the different eligibility requirements between Medi-Cal (California's Medicaid program) and Healthy Families program (California's State Children's Health Insurance Program). The Medi-Cal program serves U.S. citizens or documented immigrants with incomes up to 100% percent of poverty for families with children ages 7 to 21, while the Healthy Families program covers documented and U.S. citizen children above the Medi-Cal family income limits. Healthy Kids & Young Adults covers undocumented and U.S. citizens/documented immigrant children age 0 to 19 in families with low incomes. It also covers young adults age 19 to 24 who have low incomes and have aged out of one of the three publicly funded programs, or are the parent of a child in one of those three programs serving families with low incomes.

Funding: City General Funds (approximately $1.9 million) are the only available revenue source for the program; no state, federal, or foundation funds currently support premium costs. The program is targeted to those most at need: individuals aging out of Healthy Kids or Healthy Families at age 19, or Medi-Cal at age 21, and to parents of children enrolled in one of those same three programs. Beginning in July 1, 2005, the program is enrolling adolescents before they face their age-out deadline in order to continue coverage into young adulthood, promoting family coverage for families below 300% FPL, facilitating continuity of care for a vulnerable segment of young San Franciscans, and encouraging young adults and families to stay in the city.

Benefits: Healthy Young Adults provides the same comprehensive medical, dental, and vision coverage as Healthy Kids. The member paid portion is the same as for Healthy Kids ($4 per member per month), although the actual cost of the program is higher for young adults than it is for children ($136.37 vs. $98.50) due to the higher cost of care for older individuals.

Initial results: Within the first 6 months, over 1,600 young adults had been enrolled in the program, representing 65% of the population DPH believes to be eligible for the program during the first year. The Health Plan Employer Data and Information Set (HEDIS) scores for young adults continue to run very high, indicating that young adults have good access to and utilization of primary care and preventive services; adult member satisfaction continues to be excellent with member families reporting very high degrees of satisfaction (90% plus) with enrollment, providers, and customer service available through San Francisco Health Plan.

The SFHP has worked with the Adolescent Health Working Group (AHWG) to identify best practices for reaching young adults through a system of teen clinics around the city. This allows SFHP to inform teens of the basic eligibility guidelines of the Healthy Young Adults program, as well as ways to refer eligible youth to SFHP. SFHP has been working with teen outreach programs around the city that

utilize peer education models, encouraging these programs to incorporate health education into their curricula. For example, a yearly community event, "Healthy Kids & Young Adults Day," helps to keep the program in the minds of SF residents, and has a significant annual impact on program enrollment. A Healthy Kids & Young Adults Appreciation Night aimed at providers, application assistants, and the community at large occurs every fall. This also provides an opportunity for acknowledging outstanding providers, certified application assistants, community leaders, and media outlets. The event helps with program "branding" and has contributed to increased enrollment both by the medical community and the application assistants' network. SFHP also plans to offer foster care youth fair opportunities to enroll in the program by eliminating the 90 day age-out eligibility rule since this group is more difficult to track and notify. SFHP will be working closely with DHS and other key organizations, such as the Independent Living Skills Resource Center, Healthy Adolescent Working Group, and other teen clinics around SF to help strengthen the referral process.

Contact: San Francisco Health Plan
201 Third Street, 7th Floor
San Francisco, CA 94103
(415) 777-9992 or (800) 558-5858

■ Innovations in Service Delivery

VOICES (Voice our Independent Choices for Emancipation Support)

Background: While the state of California has a mandate to provide services to transitioning youth, programs vary widely from county to county, leaving many foster care youth in a vulnerable position. Begun in November 2005, VOICES, in Napa, California, is the first youth-led center for emancipated youth established in the state of California. Initially begun by eight foster-care youth (ages 15-21), they have been successful in bringing various services, including health care, housing, education, and financial aid under one umbrella organization in one centralized setting. While county officials had met regarding how to create a cohesive, streamlined system of support efforts for this population, it was not until the foster care youth became involved that the program was established. Funding for the planning effort was generated through the Gasser Foundation and the Napa Valley Wine Auction (an annual fund raiser that supports a wide range of social services in the community). A non-profit organization, On the Move, that brings youth and community leaders together, helped to facilitate the planning process.

The foster youth, motivated by their own approaching needs as they faced "aging out" of the foster care system, conducted a series of interviews and focus groups throughout the county of Napa to determine which services were most needed and approached agencies that could deliver them. They successfully convinced agency directors to "loan out" an employee to the center on a part-time basis, for example, welfare staff to help with independent living skills. Thus, transitioning youth can go to the center to find services related to health, job training, education, housing, transportation, social development, and family support. The youth who were responsible for helping to start the center are continuing to work in the center.

Contact: Leslie Medine at (510) 599-7785 or lmedine@comcast.net

Youth with Special Health Care Needs – The Caring Program: Care Coordination for Children with Special Health Care Needs and Their Families

Background: The Caring Program is a program of the Highmark Caring Foundation, an affiliate of Highmark Blue Cross and Blue Shield, representing the largest health insurer in Pennsylvania. Their special focus on Children with Special Health Care Needs emerged as they recognized the significant unmet needs among this population, including the lack of coordination among providers, their lack of knowledge regarding services offered by other providers, the lack of communication regarding care plans among providers and the families being served, and the marginalization of parents by physicians in the care of their children. Additionally, providers felt that they did not have enough information about the specific conditions of the children they were serving, the community support services available, the lack of time to serve the population, and the lack of adequate reimbursement.

Program Components: In 2005, the Highmark Caring Foundation implemented the Caring Program: Care Coordination for Children with Special Health Care Needs and Their Families, designed to provide community-based care coordination for children enrolled in the Children's Health Insurance Program (CHIP), administered by Highmark Inc. Children with Special Health Care Needs who reside within the Highmark 49-county service region are provided with two types of support:

- Level 1: information, education and referrals to provide assistance for families who need these resources via telephone, e-mail, or written correspondence, and

- Level 2: community-based care coordination, which is designed for families who need the more tailored and personal assistance of a Care Coordinator due to the complexity of the child's condition and/or family circumstances.

Eligibility for enrollment in either level is dependent on the child's place of residence, diagnosis, claims and utilization frequencies provided by: Highmark Medical Infomatics, information received on the CHIP application, and the Child and Adolescent Health Measurement Initiative (CAHMI), as well as information obtained through phone interviews with the family.

Initial Results: Initial information and letters have been sent to over 2,500 members in the 49-county region with Care Coordinators providing individual telephone support and information to almost 1,300 families. The most prevalent diagnoses of those requiring Level 1 care coordination include asthma, epilepsy, diabetes, cerebral palsy, autism, cardiac conditions, Down's syndrome, kidney transplant, and ADD/ADHD. These families have needed a variety of services and resources, including educational resources, recreation programs, pharmaceutical assistance, financial support, information regarding CHIP benefits, and transition information. For Level 2, a Care Coordinator works directly with the family as a result of the complexities of the child's condition and/or family circumstances. They develop goal plans with the children and their families, provide support through medical appointments, and conduct annual home visits and monthly phone calls. Approximately 85 families have been enrolled; the average age of children with special health care needs is 12, although 44% are 14 years and older. Transition planning is a key focus area for these older children. Of the families enrolled, a number have been discharged to Medicaid, or have obtained private health insurance. Among the 85 children, 510 unmet needs have been identified (an average of 6 per family) and an average of 11 information, education, and/or referrals have been made per family. Service needs include information on Medicaid/SSI, social service agencies, medical follow up, behavioral health information, medical specialist/follow up, legal resources related to education, and pharmaceutical information.

As a result of the care coordination, children have received the care that they need, as well as have been provided with the information they need to successfully transition off CHIP and onto Medicaid and/or other appropriate insurance, often without any lapse in coverage and medical care. A formal evaluation of the data collected will be analyzed by the University of Pittsburgh's Graduate School of Public Health.

Contact: Highmark Caring Foundation
P.O. Box CARING
Pittsburgh, PA 15230-9779
Phone: (866) 823-0892
Fax: (412) 544-1657
caringfoundation@highmark.com

Transitions for Adolescents into Young Adult Health Services

Throughout Kaiser Permanente in Northern California, many Pediatric Departments are sending a "Graduation Letter" to 18 year-olds on their birthdays, which congratulates them on their birthdays and hopefully on the completion of high school. The letter also is a transition letter, which guides them on how to make an appointment as an adult in Adult Medicine. For young women, Kaiser also provides a referral to Gynecology, with the phone numbers and locations of these departments. Kaiser Permanente in Oakland also established an innovative program, The Young Adult Clinic, for health plan members 18 to 24 years of age, representing the first clinic of its type in the region. The Clinic is spearheaded by two family practice physicians.

Contact: Charles J. Wibbelsman, M.D.
Chief, Teenage Clinic at Kaiser Permanente
2200 O'Farrell Street
San Francisco, CA 94115-3394
Phone: (415) 833-3445
Fax: (415) 833-2665
Charles.Wibbelsman@kp.org

APPENDIX TWO: SELECTED RESOURCES ON YOUNG ADULT HEALTH

PROFESSIONAL ORGANIZATIONS

Organization	Web Site	Description
Research Network on Transitions to Adulthood, MacArthur Foundation	http://www.transad.pop.upenn.edu/	The Research Network on the Transitions to Adulthood examines the changing nature of early adulthood, and the policies, programs, and institutions that support young people as they move into adulthood.
American College Health Association	http://www.acha.org/	The American College Health Association is dedicated to the health needs of students at colleges and universities. It is the principal leadership organization for the field of college health and provides services, communications, and advocacy that help its members to advance the health of their campus communities.
Association of Maternal and Child Health Programs	http://www.amchp.org/	AMCHP is the national organization representing state public health leaders in maternal and child health and other interested individuals and organizations working to improve the health and well being of women in their reproductive years, children and youth, including those with special health needs, and families.
Chapin Hall, Center for Children at the University of Chicago	http://www.about.chapinhall.org/conferences/conferences.html	Chapin Hall is a research and development center. The organization held a conference in November 2004 with professionals interested in young adult health issues, *Adolescence and the Transition to Adulthood: Rethinking Public Policy for a New Century*. There will be another conference with a similar theme in October 2006.

HEALTH CARE PLANS

Name of Plan	Web Site	Description
Blue Cross Blue Shield of North Carolina	http://www.bcbsnc.com/	BCBSNC offers coverage (as of 1/06) through age 25 for individual and family plans.
Healthy Kids & Young Adults, San Francisco Health Plan, City & County of San Francisco, California	http://www.sfhp.org/visitors/programs/healthy_kids_young_adults/	This program provides health coverage to young people ages 0-24 within a certain income bracket at a very low annual cost ($48).
New Mexico State Coverage Insurance	http://nmsci.state.nm.us/nmscihome.aspx	Through the New Mexico State Coverage Insurance (NMSCI) program, three commercial managed care organizations are offering a low-cost insurance product that provides coverage for adults ages 19-64. The health plans are available to uninsured people <200% of poverty.

TONIK, WellPoint, Inc.	http://www.tonikplans.com/	WellPoint, Inc. recently came out with plans named TONIK, which are specifically for active, healthy young people who need health insurance (ages 19-29). The plans are easy to understand and very affordable (range in $64-$123 per month). TONIK is offered in California, Colorado, Texas, Illinois and Nevada.
Wayne County HealthChoice Program and Blue Care Network of Michigan	http://www.waynecounty.com/news/healthChoice_101504.htm	The Wayne County HealthChoice Program and Blue Care Network of Michigan have partnered to provide low-cost health care coverage for up to 1,000 young adults and for up to 500 part-time and temporary workers living in Wayne County. The targeted persons are those ages 18-30 who are either full or part-time workers and/or a full or part-time student at a college, university, or other institution, and who live in the county.

OTHER ORGANIZATIONS AND RESOURCES

Organization/ Resource	Web Site	Description
Adolescent Health Transition Project	http://depts.washington.edu/healthtr/	The Adolescent Health Transition Project is designed to help smooth the transition from pediatric to adult health care for adolescents with special health care needs. The site is a resource for information, materials, and links to other people with an interest in health transition issues.
Alliance for Excellent Education, College Preparation	http://www.all4ed.org/college_prep/index.html	The Alliance for Excellent Education promotes high school transformation to make it possible for every child to graduate prepared for postsecondary education and success in life.
American Youth Policy Forum	http://www.aypf.org/	The American Youth Policy Forum aims to bridge youth policy, practice and research by providing learning experiences for national, state and local policymakers and practitioners. The web site provides access to briefs and publications, as well as links to other youth-related organizations.
Center for Adolescent Health & the Law	http://www.cahl.org/	The Center for Adolescent Health & the Law works to promote the health of adolescents and their access to comprehensive health care. The Center's work includes a focus on vulnerable young adults such as those leaving state custody and homeless youth.
Centers for Disease Control and Prevention	http://www.cdc.gov/	The CDC has various resources on young people's health, including the Youth Risk Behavior Survey, the Behavior Risk Factor Survey, and Vital Statistics, including birth, death and hospital discharge data.
Child Trends	http://www.childtrends.org/	Child Trends is a nonprofit, nonpartisan research organization dedicated to improving the lives of children by conducting research and providing science-based information to improve the decisions, programs, and policies that affect children and their families. The site houses a databank that synthesizes national trends and research for over 70 key indicators of young people's health (http://www.childtrendsdatabank.org/).
Health Insurance Data, U.S. Census Bureau	http://www.census.gov/hhes/www/hlthins/hlthins.html	Annual health insurance data is collected from two surveys conducted by the U.S. Census Bureau. The data reported for young adults is usually for ages 18-24.

Healthy and Ready to Work, Health Care	http://www.hrtw.org/healthcare/	This section of the Healthy and Ready to Work site provides information and resources on health care for youth with special health care needs and their insurance coverage.
Kaiser Family Foundation	http://www.kff.org/	Kaiser Family Foundation is an independent philanthropic foundation focusing on national health care issues, including health care coverage and access for low-income young people.
Kids Count	http://www.aecf.org/kidscount/	Kids Count, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the U.S. The 2004 report has a focus on young adults.
Knowledge Path: Child and Adolescent Health Insurance and Access to Care, Maternal and Child Health Library	http://www.mchlibrary.info/KnowledgePaths/kp_insurance.html	The Maternal and Child Health Library compiled lists of resources aimed at health professionals, researchers and policy makers who are interested in the health of young people. This Knowledge Path offers many resources focused on health insurance and access for children and adolescents.
National Initiative to Improve the Health of Adolescents and Young Adults by the Year 2010	http://nahic.ucsf.edu/nationalinitiative *and* http://www.cdc.gov/HealthyYouth/AdolescentHealth/NationalInitiative/index.htm	The National Initiative grew out of the efforts of *Healthy People 2010*, and is uniquely positioned to elevate national and state focus on the health, safety, and well-being of adolescents and young adults (aged 10–24 years) and foster cooperation among different partners, including states, for attaining all 21 Critical Health Objectives for adolescents and young adults. The CDC site has information on the background and partner organizations of the National Initiative, while the NAHIC site houses publications and other information.
National Institute for Health Care Management (NIHCM) Foundation	http://www.nihcm.org/	NIHCM Foundation has conducted research and educational initiatives on maternal and child health for over ten years. Specific topics of focus have included strengthening health supervision for adolescents, access to care, and most recently, closing the gaps in health care for adolescents and young adults.
Surgeon General's Reports and Calls to Action on Public Health Issues	http://www.surgeongeneral.gov/	The Surgeon General's site includes publications on issues such as mental health, smoking, violence, oral health, sexual health and overweight/obesity.
Transitions to Adolescence & Young Adulthood, Center for Culture & Research, UCLA's Neuropsychiatric Institute	http://www.npi.ucla.edu/center/culture/rs_transitions.html	This center does research on adolescents and young adults with disabilities in two projects. Projects CHILD and REACH are longitudinal studies of children with disabilities and their families. Children in REACH are now 24 and in CHILD are 17, and have been followed since early childhood.

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1225 19th Street NW
Suite 710
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202.296.4426
202.296.4319 (fax)

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