Access and Utilization of Health Care by Young Adults

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Institute of Medicine
Workshop on Improving the Health, Safety, and Well-Being of Young Adults
May 8, 2013
Overview of Presentation

• Why do young adults need health care services?
• How do young adults use health care services?
• How much does it cost them?
• What don’t they get?
• What are the system(s) that serve young adults?
• How do we make things better?
• **Why** do young adults need health care services?
• **How** do young adults use health care services?
• **How much** does it cost them?
• **What** don’t they get?
• **What are** the system(s) that serve young adults?
• **How do** we make things better?
Health Issues of Young Adulthood

• The major health problems of early adulthood are largely preventable.

• Many problems are linked to behaviors and conditions with related outcomes.

• Few young adults have serious impairment that interferes with daily functioning, BUT

• Those with chronic conditions, including mental health disorders, must learn to manage these conditions with increasing interdependence.
Young Adult Health

Prevention - early intervention - clinical care

Accidents & injury
Mental health & well being
Sexual health
Substance use
Chronic illness
Obesity & eating disorders
# Global burden of disease in young people aged 10-24 years: a systematic analysis

Gore et al, Lancet 2011

<table>
<thead>
<tr>
<th></th>
<th>10-14 years</th>
<th>15-19 years</th>
<th>20-24 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Depressive disorder</td>
<td>Depressive disorder</td>
<td>Depressive disorder</td>
</tr>
<tr>
<td>2</td>
<td>Lower RTI</td>
<td>Schizophrenia</td>
<td>Road Traffic Accidents</td>
</tr>
<tr>
<td>3</td>
<td>Road Traffic Accidents</td>
<td>Road Traffic Accidents</td>
<td>Violence</td>
</tr>
<tr>
<td>4</td>
<td>Asthma</td>
<td>Bipolar disorder</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>5</td>
<td>Refractive errors</td>
<td>Alcohol use</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>6</td>
<td>Iron deficiency anaemia</td>
<td>Violence</td>
<td>Bipolar disorder</td>
</tr>
<tr>
<td>7</td>
<td>Falls</td>
<td>Self-inflicted injuries</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>8</td>
<td>Migraine</td>
<td>Panic disorder</td>
<td>Self-inflicted injury</td>
</tr>
<tr>
<td>9</td>
<td>Drowning</td>
<td>Asthma</td>
<td>Alcohol use</td>
</tr>
<tr>
<td>10</td>
<td>Diarrhoeal diseases</td>
<td>HIV/AIDS</td>
<td>Abortion</td>
</tr>
</tbody>
</table>
Specific Behaviors & Negative Health Outcomes

- Substance Use: Habituation, Trauma, Violence
- Sexual Activity: STI’s & Pregnancy
- Injury Related Behavior: Trauma & Disability
- Eating Behaviors: Eating Disorders, Obesity & Chronic Physical & Mental Health Disorders
- Mental Health Disorders: Disability
How Can Services Help?

• As they transition through young adulthood - they are beginning to:
  • Assume responsibility for their care,
  • Learn to navigate the health care system.

• Developmentally-based health care may help:
  • Reduce mortality and morbidity -- including incidence of chronic illnesses -- by decreasing health-damaging behaviors, enable recognition of emerging conditions & promoting healthy behavior
  • Improve management of chronic conditions/special needs.
# Health Care Services Needed by Young Adults

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Sexual Health Services</th>
<th>Care for Chronic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Oral Health Care</td>
<td>• Screening and counseling</td>
<td>• Mental health issues are critical at this age</td>
</tr>
<tr>
<td>• Substance Use</td>
<td>• Birth control</td>
<td>• Those that occur prior to or with peak onset during early adulthood</td>
</tr>
<tr>
<td>• Nutrition/Exercise</td>
<td>• STI treatment and management</td>
<td></td>
</tr>
<tr>
<td>• Safety and Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Immunizations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Preventive Services for Young Adults

• No single source of guidelines for young adults – not developmentally based
  • Bright Futures, 3rd ed.** is widely recognized as the professional standard for care for adolescents and younger children:
    • Includes specific recommendations for ages 11-14, 15-17 & 18-21
    • Professional guidelines are generally specific to disease/condition (e.g., diabetes, asthma) or specialty (e.g., Ob-gyn)

** Bright Futures in published by the American Academy of Pediatrics, which collaborated with professional organizations from multiple disciplines to create the 3rd Edition.
# Preventive Services for Young Adults

<table>
<thead>
<tr>
<th>USPSTF</th>
<th>Consensus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health/Depression</td>
<td>Safety</td>
</tr>
<tr>
<td>Nutrition/Exercise/Obesity</td>
<td>Illicit drug Use</td>
</tr>
<tr>
<td>Alcohol/Tobacco</td>
<td></td>
</tr>
<tr>
<td>Reproductive Health</td>
<td></td>
</tr>
<tr>
<td>Infectious Disease/Immunizations</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td></td>
</tr>
</tbody>
</table>

*Ozer et al., 2012*
SEXUAL HEALTH
## Chlamydia—Rates by Age and Sex, United States, 2011

<table>
<thead>
<tr>
<th>Age</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate (per 100,000 population)</td>
<td>Rate (per 100,000 population)</td>
</tr>
<tr>
<td>0</td>
<td>16.5</td>
<td>134.6</td>
</tr>
<tr>
<td>10-14</td>
<td>803.0</td>
<td>3416.5</td>
</tr>
<tr>
<td>15-19</td>
<td>1343.3</td>
<td>3722.5</td>
</tr>
<tr>
<td>20-24</td>
<td>689.7</td>
<td></td>
</tr>
<tr>
<td>25-29</td>
<td>349.8</td>
<td></td>
</tr>
<tr>
<td>30-34</td>
<td>168.4</td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td>100.6</td>
<td></td>
</tr>
<tr>
<td>40-44</td>
<td>44.8</td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td>13.1</td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>256.9</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>134.6</td>
<td>648.9</td>
</tr>
</tbody>
</table>
Diagnoses of HIV Infection by Age, 2011

Rate per 100,000

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;13</td>
<td>0.4</td>
</tr>
<tr>
<td>13-14</td>
<td>0.6</td>
</tr>
<tr>
<td>15-19</td>
<td>10.4</td>
</tr>
<tr>
<td>20-24</td>
<td>36.4</td>
</tr>
<tr>
<td>25-29</td>
<td>35.2</td>
</tr>
<tr>
<td>30-34</td>
<td>30.3</td>
</tr>
<tr>
<td>35-39</td>
<td>27</td>
</tr>
<tr>
<td>40-44</td>
<td>27.4</td>
</tr>
<tr>
<td>45-49</td>
<td>25.1</td>
</tr>
<tr>
<td>50-54</td>
<td>17.5</td>
</tr>
<tr>
<td>55-59</td>
<td>11.4</td>
</tr>
<tr>
<td>60-64</td>
<td>6.9</td>
</tr>
</tbody>
</table>

CDC HIV Surveillance
CHRONIC CONDITIONS
Young Adults (18-25) reporting any Functional Limitation from any Condition, by Gender, 2011

National Health Interview Survey, 2011
Prevalence of Chronic Conditions among Young Adults (18-25), 2011

National Health Interview Survey, 2011
Past-Year Mental Health and Substance Use Disorders Young Adults (18-25) by Gender, 2010

- **Serious Psychological Distress %**: 14% (Male), 22% (Female)
- **Major Depressive Episode %**: 5% (Male), 12% (Female)
- **Alcohol Abuse/Dependence %**: 20% (Male), 12% (Female)
- **Drug Abuse/Dependence %**: 9% (Male), 6% (Female)
Transitions from Pediatric to Young Adult Care

- Professional Recommendations from the American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians
  - Developmentally appropriate
  - Coordination of responsibilities
  - Planned transition
  - Consistent and uninterrupted chronic care management

• **Why** do young adults need health care services?
• **How** do young adults use health care services?
  – Where do they go?
  – What do they get?
• **How much** does it cost them?
• **What** don’t they get?
• **What are** the system(s) that serve young adults?
• **How** do we make things better?
Where Young Adults Access Care

- Any Health Care Utilization: 72%
- Office-Based Visits: 55%
- Hospital Outpatient Visits: 7%
- ER Visits: 15%
- Inpatient Hospitalizations: 6%
- Prescription Medications: 48%
- Dental Visits: 34%

National Health Interview Survey, 2011
No Usual Source of Health Care for by Age and Gender, 2011

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents (10-17)</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Young Adults (18-25)</td>
<td>31%</td>
<td>20%</td>
</tr>
</tbody>
</table>

National Health Interview Survey, 2011
Per-Capita Annual Ambulatory Care Utilization 2000-2006, by Gender and Age

Adapted from “Ambulatory Care Among Young Adults in the US”, Fortuna, et al, 2009
Per-Capita Annual Health Care Visits by Gender, 2000-2006

Adapted from “Ambulatory Care Among Young Adults in the US”, Fortuna, et al, 2009
Overall Health Care Service Utilization by Age Group, 2009

Medical Expenditures Survey, 2009
Office-Based Service Utilization by Age Group, 2009

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-11</td>
<td>77%</td>
</tr>
<tr>
<td>Age 12-17</td>
<td>68%</td>
</tr>
<tr>
<td>Age 18-25</td>
<td>55%</td>
</tr>
<tr>
<td>Age 26-44</td>
<td>65%</td>
</tr>
<tr>
<td>Age 45-64</td>
<td>79%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>91%</td>
</tr>
</tbody>
</table>

Medical Expenditures Survey, 2009
ER Utilization by Age Group, 2009

Medical Expenditures Survey, 2009
Utilization Summary

• Young adults receive care from a variety of sources.
• Many young adults lack a usual source of health care.
• Females generally use care more than males.
• Young adults have low utilization rates for most services, but especially high use of ER.
• Why do young adults need health care services?
• How do young adults use health care services?
• How much does it cost them?
• What don’t they get?
• What are the system(s) that serve young adults?
• How do we make things better?
Average Healthcare Expenditures by Age, 2009

- **Children (age 0-11)**: $1,506
- **Adolescents (age 12-17)**: $1,905
- **Young Adults (age 18-25)**: $1,935
- **Adult (age 26-44)**: $2,783
- **Adult (age 45-64)**: $5,667
- **Adult (age 65+)**: $9,966
Average Healthcare Expenditures by Age, 2009

- **Children (0-11)**: 13% Average Healthcare Expenditures, $1,506; 100% Average Out of Pocket Expenditures, $195
- **Adolescents (12-17)**: 20% Average Healthcare Expenditures, $1,905; 100% Average Out of Pocket Expenditures, $384
- **Young Adults (18-25)**: 17% Average Healthcare Expenditures, $1,935; 100% Average Out of Pocket Expenditures, $336
- **Adult (26-44)**: 16% Average Healthcare Expenditures, $2,783; 100% Average Out of Pocket Expenditures, $456

*Medical Expenditures Survey, 2009*
Expenditures Summary

- A large portion of young adults’ expenditures are out of pocket, posing a challenge for those who may not receive financial assistance from family members.
• Why do young adults need health care services?
• How do young adults use health care services?
• How much does it cost them?
• What don’t they get?
• What are the system(s) that serve young adults?
• How do we make things better?
Young Adults (19-29) Experiencing Past-Year Access Problems Due to Cost, 2011

<table>
<thead>
<tr>
<th>Problem</th>
<th>Insured all year</th>
<th>Insured now, time uninsured in past year</th>
<th>Uninsured now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not fill a prescription</td>
<td>16</td>
<td>30</td>
<td>35</td>
</tr>
<tr>
<td>Skipped recommended test, treatment, or follow-up</td>
<td>16</td>
<td>40</td>
<td>48</td>
</tr>
<tr>
<td>Had a medical problem, did not visit doctor or clinic</td>
<td>19</td>
<td>43</td>
<td>50</td>
</tr>
<tr>
<td>Did not get needed specialist care</td>
<td>13</td>
<td>36</td>
<td>40</td>
</tr>
</tbody>
</table>

The Commonwealth Fund, 2011
Unmet Healthcare Need, Young Adults (18-25), by Insurance Status 2011

Full Year Private: 4%
Full Year Public: 6%
Full Year Uninsured: 16%
Part-Year Uninsured: 14%

Prescription Drugs: 16%
Dental Care: 30%
Delay in Care: 10%

National Health Interview Survey, 2011
Unmet Needs: Mental Health

Past Year Treatment for Mental Health and Substance Abuse/Dependence Problems among Those with Problem, by Age, 2010

% who received treatment

<table>
<thead>
<tr>
<th>Problem</th>
<th>18-25</th>
<th>26-34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious Psychological Stress</td>
<td>31</td>
<td>47.2</td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td>49.4</td>
<td>63.8</td>
</tr>
<tr>
<td>Alcohol Abuse/Dependence</td>
<td>6.6</td>
<td>6</td>
</tr>
<tr>
<td>Drug Abuse/Dependence</td>
<td>11</td>
<td>17.3</td>
</tr>
</tbody>
</table>
Past Year Treatment for Mental Health and Substance Abuse/Dependence Problems among Young Adults (18-25) with Problem, by Gender, 2011

% who received treatment

- Drug Abuse/Dependence
  - Male: 8.4%
  - Female: 5.8%
  - Total: 12.6%

- Alcohol Abuse/Dependence
  - Male: 7%
  - Female: 5.8%
  - Total: 12.8%

- Major Depressive Episode
  - Male: 36.4%
  - Female: 55.2%
  - Total: 91.6%

- Serious Psychological Stress
  - Male: 23%
  - Female: 36%
  - Total: 59%

National Survey on Drug Use and Health, 2010
Preventive Services Received by Young Adults (18-25) by Gender, 2011

- % BP Check: Male 60%, Female 81%
- % Fasting Blood Sugar: Male 11%, Female 23%
- Talked about Diet: Male 12%, Female 22%
- Talked about smoking if smoker: Male 31%, Female 51%
- Flu Shot: Male 13%, Female 25%

National Health Interview Survey, 2011
# Percentage of Visits During Which Preventive Counseling was Provided to Young Adults, 1996 to 2006

<table>
<thead>
<tr>
<th>Topic</th>
<th>All Specialties</th>
<th>Primary Care</th>
<th>Ob/Gyn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any</td>
<td>30.6%</td>
<td>32.7%</td>
<td>33.6%</td>
</tr>
<tr>
<td>Injury</td>
<td>2.4%</td>
<td>3.1%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Smoking</td>
<td>3.1%</td>
<td>4.2%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Exercise</td>
<td>8.2%</td>
<td>9.4%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Weight reduction</td>
<td>3.0%</td>
<td>3.8%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Mental health</td>
<td>4.1%</td>
<td>4.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td>STD/HIV</td>
<td>2.7%</td>
<td>2.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Diet</td>
<td>10.0%</td>
<td>12.4%</td>
<td>12.4%</td>
</tr>
</tbody>
</table>

Adapted from “Ambulatory Care Among Young Adults in the US”, Fortuna, et al, 2009
Transitions to Adulthood

• In 2009-2010, 39% of youth (ages 15-17) received services necessary to make appropriate transitions to adult health care, work and independence.
Unmet Needs Summary

• Insurance matters!
• Unmet needs are high, especially in regards to mental health
• Receipt of preventive screening is low
• **Why** do young adults need health care services?
• **How** do young adults use health care services?
• **How much** does it cost them?
• **What** don’t they get?
• **What are** the system(s) that serve young adults?
• **How** do we make things better?
# Differences between Adolescent and Young Adult Health Care

<table>
<thead>
<tr>
<th>Adolescents</th>
<th>Young Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identified health care provider - pediatricians.</td>
<td>▪ No identified health care provider.</td>
</tr>
<tr>
<td>• Financial system in place.</td>
<td>▪ No financial system in place.</td>
</tr>
<tr>
<td>• Organizational structure for care exists.</td>
<td>▪ No identified organizational structure for care.</td>
</tr>
<tr>
<td>• Not high users of non-traditional sources of care.</td>
<td>▪ High users of non-traditional sources of care.</td>
</tr>
<tr>
<td>• Minors under age 18; parents play major role.</td>
<td>▪ Rights and responsibilities change after age 18.</td>
</tr>
</tbody>
</table>

Minors under age 18; parents play major role.
Shortcomings of the Health Care System: Financing

- The financing system is difficult to navigate and leaves many out.
- System enables acute care over preventive services and chronic disease management.
September 2010: Affordable Care Act allows children to remain on parents’ plans until age 26

Sommers, 2012
Abrupt change at 18 - Content

• Health care system (and other systems) changes abruptly at age 18, not developmentally based;
  • Change in legal status: can legally consent to own care.
  • Loss of eligibility for public insurance and parents’ insurance (this is getting better).
  • Limited models for transition to adult health care (YSHCN consensus is an important exception).

• Little preparation for change in system, young adults and families not prepared to navigate this change and enable young adults to take charge of their health care.
Limited Understanding of Young Adult Perspective

• Little consensus/focus on health care needs for young adults and what young adults want.

• Young adulthood characterized by varied trajectories/settings/levels of parental involvement/support;
  • Challenging to address needs of young adults in all those different settings/situations.
  • Few populations have organizational structure for care (e.g., military, prison, college health).
Several groups of youth are especially vulnerable in this transition

- Populations include youth who
  - Do not graduate from high school
  - Are homeless
  - Are leaving foster care
  - Are in the justice system
  - Have chronic conditions/special health care needs, including mental health disorders
Challenges in Providing Mental Health Services

• “Carve-out” arrangements – in both public and private insurance – that separate mental health and physical health delivery systems.
  • Impedes referral or care coordination
  • Often precludes reimbursement for primary care clinicians

• Poor coverage of mental health services in private plans
  • Capped number of visits
  • High co-pays

NSCH-2007; NRC/IOM, 2009
Electronic Medical Records

• In 2012, 69% of American primary care providers reported use of EMR.
• Opportunity to improve communication & outcomes for young adults
Internet, Technology and Health Care

• A 2010 study found that 60% of young adults (18-29y) visit a social networking site daily, and relatively the same number (62%) send and receive email daily.
Systemic Issues Summary

• Young adults have traditionally had the lowest rates of insurance. Rates are particularly low for males, the poor and Hispanics.

• Insurance coverage access has been poor, especially for poor and near poor young adults – ACA is helping, many other issues:

• But even if we fix that huge problem, there are other issues affecting access:

• Focus on acute care, rather than prevention and primary care management.

• System is not developmentally based.
Summary

• Several risky behaviors & health conditions peak during young adulthood.
• Low utilization rates with ER & Acute Care being more common
• High out of pocket costs
• Unmet needs high for preventive care, mental health and substance use services & transition care for youth with special health care needs
• Smoothing transitions from pediatric care to young adult care, especially for those who have special health care needs
• No organized system of care
• Why do young adults need health care services?
• How do young adults use health care services?
• How much does it cost them?
• What don’t they get?
• What are the system(s) that serve young adults?
• How do we make things better?
Next steps:

• Understanding what young adults want and their decision-making related to health care

• Advocating for the adoption of developmentally-based services & systems for young adults

• Clinical Training – discipline-specific young adult rotation, how is caring for a 41 year-old different than a 21 year-old?
  • Medical, nursing, psychology, social work

• Improving services for vulnerable young adults, including those with mental health and substance abuse disorders.

• Smoothing transitions from pediatric care to young adult care, especially for those who have special health care needs
Thank You

Sally Adams
Claire Brindis
Josephine Lau
Jane Park
Elizabeth Ozer
Jazmyn Scott

**Funder:** Maternal and Child Health Bureau, Health Services and Resources Administration, USDHHS (cooperative agreements: U45MC 00002 & U45MC 00023)
<table>
<thead>
<tr>
<th>Source</th>
<th>Website</th>
<th>Frequency</th>
<th>Organization</th>
<th>Adolescent/Young Adult Age Group</th>
<th>Location</th>
<th>Recent Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Risk Behavior Surveillance System (YRBSS)</td>
<td><a href="http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/34481">http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/34481</a></td>
<td>Every Other Year</td>
<td>Centers for Disease Control and Prevention (CDC)</td>
<td>High School Students</td>
<td>Schools</td>
<td>2011</td>
</tr>
<tr>
<td>Monitoring the Future (MTF)</td>
<td><a href="http://www.monitoringthefuture.org/">http://www.monitoringthefuture.org/</a></td>
<td>Annual</td>
<td>University of Michigan</td>
<td>8th, 10th, 12th Grade Students &amp; Follow-up sample of graduating seniors</td>
<td>Schools</td>
<td>2012</td>
</tr>
<tr>
<td>National Survey on Drug Use and Health (NSDUH)</td>
<td><a href="https://nsduhweb.riti.org/">https://nsduhweb.riti.org/</a></td>
<td>Annual</td>
<td>Substance Abuse and Mental Health Services Agency (SAMHSA)</td>
<td>Individuals ages 12 and older</td>
<td>Homes</td>
<td>2011</td>
</tr>
<tr>
<td>National Survey of Children with Special Health Care Needs (CSHCN)</td>
<td><a href="http://childhealthdata.org/">http://childhealthdata.org/</a></td>
<td>Every 4 Years</td>
<td>Maternal and Child Health Bureau</td>
<td>Adolescents ages 12-17</td>
<td>Home</td>
<td>2010</td>
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<td>National Health Interview Survey (NHIS)</td>
<td><a href="http://www.cdc.gov/nchs/nhis.htm">http://www.cdc.gov/nchs/nhis.htm</a></td>
<td>Annual</td>
<td>Centers for Disease Control and Prevention (CDC)</td>
<td>18+</td>
<td>Home</td>
<td>2011</td>
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<tr>
<td>Behavioral Risk Factors Surveillance Survey (BRFSS)</td>
<td><a href="http://www.cdc.gov/brfss/">http://www.cdc.gov/brfss/</a></td>
<td>Annual</td>
<td>Centers for Disease Control and Prevention (CDC)</td>
<td>18+</td>
<td>Home</td>
<td>2011</td>
</tr>
<tr>
<td>National Ambulatory Medical Care Survey (NAMCS)</td>
<td><a href="http://www.cdc.gov/nchs/ahcd.htm">http://www.cdc.gov/nchs/ahcd.htm</a></td>
<td>Annual</td>
<td>Centers for Disease Control and Prevention (CDC)</td>
<td>18+</td>
<td>Physician Offices</td>
<td>2010</td>
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<tr>
<td>California Health Interview Survey (CHIS)</td>
<td><a href="http://healthpolicy.ucla.edu/chis/Pages/default.aspx">http://healthpolicy.ucla.edu/chis/Pages/default.aspx</a></td>
<td>Annual</td>
<td>University of California, Los Angeles</td>
<td>18+</td>
<td>Home</td>
<td>2009</td>
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</table>
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- Collins SR, Robertson R, Garber T, Doty MM. Young, Uninsured, and in Debt: Why Young Adults Lack Health Insurance and How the Affordable Care Act Is Helping; Findings from the Commonwealth Fund Health Insurance Tracking Survey of Young Adults, 2011. Washington, DC: The Commonwealth Fund, 2011.
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