

Improving Young Adult Health: *State & Local Strategies for Success*

By the Adolescent and Young Adult Health
National Resource Center



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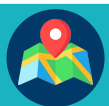
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Table of Contents

<u>Acronyms.....</u>	<u>4</u>
<u>Introduction.....</u>	<u>5</u>
<u>Strategies to Improve Young Adult Health.....</u>	<u>8</u>
<u>Strategy 1: Collect Data & Adopt a Measure.....</u>	<u>9</u>
<u>Strategy 2: Build Collaborative Networks.....</u>	<u>13</u>
<u>Strategy 3: Provide Training on YA Health.....</u>	<u>19</u>
<u>Strategy 4: Create YA Targeted Programs.....</u>	<u>21</u>
<u>Strategy 5: Use Innovative Outreach.....</u>	<u>24</u>
<u>Lessons Learned.....</u>	<u>28</u>
<u>Resources.....</u>	<u>32</u>
<u>Methods.....</u>	<u>34</u>
<u>References.....</u>	<u>36</u>

Acronyms

ACA	Patient Protection and Affordable Care Act, 2010
ACHA	American College Health Association
ANSA-T	Child/Adult Needs and Strengths Assessment, Transition to Adulthood Version
AYA/AYAH	Adolescent and Young Adult/Adolescent and Young Adult Health
AYAH-NRC	Adolescent and Young Adult Health National Resource Center
BRFSS	Behavioral Risk Factors Surveillance System
CDC	Center for Disease Control and Prevention
IAA	Interagency Agreement
LGBTQI	Lesbian, Gay, Bisexual, Transsexual, Queer or Questioning, and Intersex
MCH/MCHB	Maternal and Child Health/Maternal and Child Health Bureau
NCHA	National College Health Assessment
SOM	State Outcome Measure
SPM	State Performance Measure
STI	Sexually Transmitted Infection
WISQARS	Web-based Injury Statistics Query and Reporting System
WONDER	Wide-ranging OnLine Data for Epidemiologic Research
YA	Young Adult
YI	Young Invincibles
YSHCN	Youth with Special Healthcare Needs



Introduction

Purpose

This document offers concrete strategies Title V agencies and others can use to advance young adult health. Along with these strategies, we share real-world examples, resources and an overview of relevant activities throughout the US. Examples have been identified as part of interviews with a sample of state Title V agencies and a review of state-level policies and programs. While we place a particular focus on Title V, many of these strategies are applicable to any organization interested in helping young adults achieve better health and well-being.

Who are Young Adults?

Young adults (YAs) are defined in this document as individuals between the ages of 18-25 years old.

How does this Life Stage Differ?

Young adulthood represents a life stage when many individuals are gaining greater independence and developing lifelong health habits. Compared to adolescents, the young adult population also tends to be more dispersed. In 2018, of recent high school graduates ages 16-24¹:

- 26% were in 2-year colleges
- 44% were in 4-year colleges
- 19% were employed & not in college
- 12% were neither employed nor in college

Although 18-24 year olds make up only 10% of the US population, they represent 21% of incarcerated adults.² Additionally, more than 17,000 young adults age out of foster care each year.³ These marginalized populations have less access to health resources and are at higher risk of poor outcomes.

Young adults also interact with healthcare differently than adolescents. At age 18, young adults become legally responsible for their own care and must navigate a complex system of insurance and financing. The Patient Protection and Affordable Care Act of 2010 (ACA) extended health insurance coverage on parents' insurance policies up to age 26. Although this extension of dependent health insurance has led to improved rates, young adults were the most uninsured age group in 2018, at 14.3% uninsured.⁴ It's no surprise then that young adults also have the lowest healthcare utilization of any age group.⁵



Introduction *(cont.)*

Outside of healthcare, societal and economic trends have contributed to changes in traditional patterns of achieving developmental milestones. Relative to previous generations, young people today are less likely to have moved out of their family home, gotten married or become parents.⁶ Rising inequality, student debt and technological advances have also impacted this population in intertwining ways. With 74% of 18-25 year olds earning less than \$25,000/year,⁷ many young adults face economic challenges that can impact their long-term health.



While social media and the internet serve as a major source of information for all ages, this is especially true for young people: 18-29 year olds make up the largest percent of news consumers on social media sites such as Instagram and Reddit.⁸ The rapid pace of change in technology means that youth engagement is especially important when designing social media outreach, among other efforts.

Why Focus on Young Adults?

In many respects, young adults have a worse health profile than both adolescents and adults in their late twenties and early thirties. For example, young adults have the highest rate of death and injury from motor vehicles, mental health problems, sexually transmitted infections (STIs), and substance use.⁵

Young adulthood is frequently the age of onset for health problems including reproductive/sexual health issues and mental illness. Women aged 18-24 have the highest rate of unintended pregnancy among all age groups,⁹ and the median age of onset of mental disorders ranges from late teens to early 20s.¹⁰

Young adults have the highest rate of morbidity and mortality from preventable causes such as motor vehicle accidents, STIs and substance use.



Introduction *(cont.)*

At the same time, many of the adverse outcomes prevalent in young adults may be mitigated through education and prevention strategies. Young adulthood is thus a key turning point where public health professionals can impact a wide range of health issues.

Public health programs today most often include young adults with the general adult population or adolescents. In a number of states there are few to no tailored activities aimed at young adults. This is in spite of the fact that Title V agencies report that young adults represent a major portion of their target population in family planning and other areas.

Given the unique shifts in context - legal, health and financial - that occur in young adulthood, and YAs' surprisingly poor but often preventable health outcomes, targeted programming for young adults can yield significant improvements on state and national performance measures. Yet, in spite of the variety of major health issues that impact young adults, thus far, they have received little focused policy attention at the federal and state level.

What can Title V Programs Do to Improve YA Health?

State Maternal and Child Health (MCH)/Title V programs are well-positioned to make a difference in young adults' well-being. Often the skills required to effectively promote young adult health have already been cultivated in these organizations, but need to be further adapted to fit the young adult population.

Thus, by leveraging existing expertise and building relationships with local partners, Title V agencies can play a key role in educating young adults about their health and improving access to and quality of young adult health services. Ultimately, through increased awareness and prevention in the young adult years, the goal is to improve health outcomes across the life course.





Strategies to Improve Young Adult Health

Overview

As Title V agencies and others consider how to improve young adult health, strategies used by several “early adopters” can serve as a guide. These early adopters – state programs, nonprofits and others – have implemented young adult initiatives that address various health issues. While one state may be concerned about high rates of unintended pregnancy, another might focus on improving receipt of preventive services. The unique strengths and challenges of each state underscore the need to use diverse means to improve young adult health.

This report describes promising strategies from these early adopters. Strategies were identified from interviews with state Title V programs that have selected a YA state measure and a review of state-level YA policies/programs. The following five strategies can help states gain traction on young adult health:

- 1. Collect data & adopt a YA measure:** Use data to determine the highest need areas for young adults in your state. Adopt a state performance or outcome measure to help quantify your goals, implement strategies and track progress over time.
- 2. Build collaborative networks:** Partner with groups and individuals that have experience working with young adults and/or expertise in the subject area you’ve chosen. Form ongoing relationships with key stakeholders, especially youth-driven organizations.
- 3. Provide training on YA health:** Educate youth-serving professionals, including Title V staff, on strategies to engage young adults and tools to help professionals in their daily work.
- 4. Create targeted programs:** Develop programming that is adapted to the needs and risk factors relevant to young adults.
- 5. Use innovative outreach:** Leverage creative marketing to improve young adults’ uptake of services. Involve young people in the creation of promotional materials and use social media to reach a wider youth audience.



Strategy 1: Collect Data & Adopt a Measure

Why Measurement Counts

As a starting point to better understand the needs of young adults in one's state, some national datasets, such as the Behavioral Risk Factor Surveillance System ([BRFSS](#)) and the National College Health Assessment ([NCHA](#)), provide state-level health data on young adults. Additionally, by fielding one's own surveys or adapting existing survey tools, such as the Child/Adult Needs and Strengths Assessment, Transition to Adulthood Version ([ANSA-T](#)), Title V agencies can gather the information that is most useful to them and build relationships with local stakeholders.



After identifying the young adult health issue that is most important in one's context, Title V programs can commit to action by adopting a young adult health state measure. Doing so benefits states by facilitating the identification of strategies and tracking of progress over time. Through this data-driven approach, agencies can maximize their positive impact over the life course.



Use YA Health Measures from Public Use Datasets

Online Resources from the Center for Disease Control and Prevention: [WONDER](#), [WISQARS](#), [STD Annual Reports](#)

The Center for Disease Control and Prevention ([CDC](#)) offers a number of online, state-level health data sources that can be broken down for the young adult age group. One resource is the Wide-ranging OnLine Data for Epidemiologic Research ([WONDER](#)), which has statistics on mortality from all causes (e.g. suicide, transport accidents, childbirth), and STD morbidity (wonder.cdc.gov). Additionally, the Web-based Injury Statistics Query and Reporting System ([WISQARS](#)) provides user-friendly data visualizations of fatal and non-fatal injury statistics by age group (wisqars-viz.cdc.gov). State STD rates for 15-24 year olds are [reported annually](#) by the CDC Division of Sexually Transmitted Disease Prevention.

Behavioral Risk Factor Surveillance System ([BRFSS](#))

The CDC also administers the BRFSS, a national survey that collects state-level data about U.S. adult residents' risk behaviors, chronic health conditions and use of preventive services. Data can be analyzed by age group, and some information is collected on conditions that are particularly relevant to young adults. These measures include healthcare, mental/behavioral health and sexual health.



Strategy 1: Collect Data & Adopt a Measure (cont.)

Listed below are metrics, publicly available and based on the 2018 BRFSS survey, that were determined to be highly relevant for assessing young adult health in one's state. Data on the following measures can be downloaded from the [CDC website](https://www.cdc.gov/brfss/). Some rates can also be analyzed online at www.cdc.gov/brfss/data_tools.htm.

1. C03.01: Healthcare Coverage
2. C03.02: One Person as Healthcare Provider
3. C03.03: Foregone Care due to Cost
4. C06.10: Depressive Disorder
5. C09: Tobacco Use
6. C10: Alcohol Consumption
7. C13: Seat Belt Use & Drinking and Driving
8. C17.03: HIV/AIDS risk

BRFSS offers Optional Data Modules for states to have additional questions fielded by the CDC for a fee. States interested in collecting more detailed young adult health information may consider choosing modules on Health Care Access, E-Cigarettes, Marijuana Use, Depression and Anxiety and/or Sexual Orientation and Gender Identity among others.

Analyzing metrics from public datasets can provide valuable information on where to focus young adult health initiatives.

National College Health Assessment ([NCHA](https://www.ncha.edu/))

Besides the BRFSS, state-level YA data are also available to members of the American College Health Association ([ACHA](https://www.acha.org/)) through the National College Health Assessment. The ACHA partners with colleges nationally to field this survey. The NCHA provides varied information on college students, many of whom are young adults. In addition to information on more common topics such as Substance Use (including Marijuana and E-Cigarettes), Sexual Behavior and Mental Health, the NCHA also collects data on Relationships and Violence, Sleep and the Academic Impacts of negative physical and mental health events.

Results from the NCHA's national sample are [published online](https://www.acha.org/ncha/) as both an Executive Summary and Data Report. This information can offer a helpful comparison for states to see where their rates fall relative to the country.



Strategy 1: Collect Data & Adopt a Measure (cont.)

Additionally, the ACHA provides individual results to member colleges. Title V programs may wish to partner with colleges in their state to utilize these data for needs assessment. Some NCHA results are also available for public use through a proposal submission process if organizations wish to access state-level data through other means.

✓ Field a Young Adult Health Survey

Multiple state Title V agencies have partnered with external organizations to develop and publish the results of state-level surveys on young adult health. These external partners include local universities and private research firms. By adapting publicly available surveys to collect data in one's state, programs can close gaps in knowledge that would not otherwise be addressed. Ideas for collaborations are explored further in the next chapter, *Strategy 2: Build Collaborative Networks*.

Child/Adult Needs and Strengths Assessment, Transition to Adulthood ([ANSA-T](#))

The Adult Needs and Strengths Assessment is a free survey tool that organizations can use to gain an in-depth understanding of young adult health in their state. The [Transition to Adulthood version \(ANSA-T\)](#) is modified with significant contributions from young adult stakeholders. This survey uses a 4-point scale to assess the needs and strengths of transitioning individuals and family. Questions are grouped as follows:



- Functioning
- Mental Health
- Acculturation
- Educational/Vocational
- Risk Behaviors
- Substance Abuse
- Strengths (of the transitioning young adult)
- Caregiver Needs and Strengths

The ANSA-T is available for use with permission from the Praed Foundation (847-501-5113 / melanie405@sbcglobal.net). General information can be viewed on the [Praed Foundation website](#).



Strategy 1: Collect Data & Adopt a Measure (cont.)

Understanding Young Adult Substance Use & Suicide in North Dakota

In 2018, North Dakota's Department of Human Services partnered with the University of Wyoming to conduct a survey of young adults' attitudes towards and use of substances. These organizations also collected data on suicide and gambling, and demographic factors such as race, living situation and sexual orientation. Thanks to the previous iteration of this survey conducted in 2016, North Dakota was able to analyze changes in rates over time. [Learn more](#)

✓ Select a YA State Performance/Outcome Measure

As data provide a clearer picture of where states should focus their efforts, Title V programs can translate findings into actionable goals through a state performance or outcome measure. Selecting and tracking a young adult measure over time enables states to:

- 1) establish concrete objectives and strategies,
- 2) quantify improvements, and
- 3) adapt strategies based on rate changes

As of 2018, 5 Title V agencies have selected state measures with a young adult health focus. These measures are:

- ☐ **Illinois:** Rate of chlamydia infections in women ages 15-24
- ☐ **Iowa:** % of adults 18-24 years old who report being physically active
- ☐ **Maine:** % of new mothers ages 18-24 years whose most recent pregnancy was unintended
- ☐ **Rhode Island:** Youth suicide rate ages 10-24
- ☐ **Texas:** % of young adults ages 18-24 who visited a doctor for a routine checkup in the past year



Evident from the diverse topic areas chosen by each state, young adult health spans a wide range of issues. Title V agencies are encouraged to align their YA measure with the most pressing issues and/or existing efforts in their state, in order to maximize resources and impact.



Strategy 2: Build Collaborative Networks

How Do Collaborations Help?

By bringing stakeholders with diverse expertise together, collaborations enable more effective use of resources to address young adult health. These synergies in turn benefit Title V programs, partners and people served by Title V. There are near-endless possibilities to how Title V programs can collaborate to improve YA health. Below are some benefits of collaboration to stakeholders:

Benefits to Title V agencies:

- Engagement with broader and harder-to-reach young adult populations
- Ability to combine resources with partners to tackle challenges
- Enhanced programming, catalyzing improvement on performance measures

Benefits to Partners:

- Outcomes that synergize with Title V goals, e.g., colleges may see improved grades and businesses can increase productivity when YAs are healthier
- Title V expertise and data that can inform processes, reports and publications

Benefits to Individuals:

- Improvements in young adults' health throughout the life course
- Intergenerational benefits to children of young adults from activities such as parenting education

Factors for selecting partners include their capacity to commit to the project, connection to the target population and shared goals. To help states identify partners that are most appropriate for their selected YA initiative, this section is arranged by topic area: Youth & Communities, Higher Education & Workplace and Health Insurers & Healthcare Organizations. We then discuss opportunities for statewide, interdisciplinary AYA health networks to facilitate lasting partnerships.

✓ Engage Youth & Communities

Directly hearing from communities is a prerequisite to effectively serving them. Title V and other organizations can be more responsive to young adults' health needs by collaborating with them throughout the development of YA health services. States can identify youth partners by engaging YA community groups and organizations that work with underserved young adult populations.





Strategy 2: Build Collaborative Networks (cont.)

Youth Advocacy & Community Groups

Organizations that engage a large number of young adults include:

- [YMCA](#) and [YWCA](#): run varied wellness and social programs
- [Youth MOVE](#): focuses on positive youth development
- [Advocates for Youth](#): dedicated to sexual/reproductive health
- [Young Invincibles](#): key issues include healthcare, workforce and education
- [Partnership for Male Youth](#): promotes health of young men

States may also wish to collaborate with LGBTQI and cultural organizations, including the [Gay-Straight Alliance](#) and ethnic cultural identity groups in colleges.

Underserved Young Adults & Youth with Special Healthcare Needs ([YSHCN](#))

Youth with special healthcare needs, foster care alumni, incarcerated young adults and other underserved YAs have unique circumstances that affect their health and ability to seek care. Additionally, they may not have many opportunities to have their voices heard. Title V programs should take extra care to reach out to these populations and incorporate their perspectives into YA health strategies.

Preparing Foster Youth for Success

North Carolina's Forsyth County Department of Social Services has partnered with nonprofit, [Youth in Transition](#), to support transition age foster youth ([TAFY](#)) and foster care alumni up to their 26th birthday. Youth in Transition offers programming around seven core transition goals, one of which is to improve the physical and mental health of TAFY in their region.

[Learn more](#)

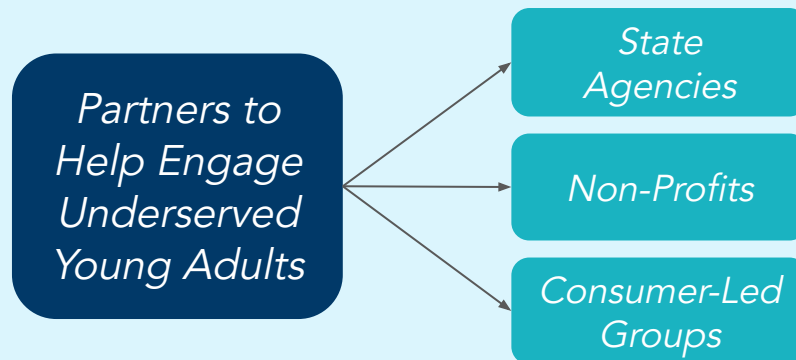
As Title V programs already have programs geared toward YSHCN, they can use this infrastructure to identify young adults with special healthcare needs to share input on proposed strategies. Potential external organizations to partner with include the [AAP's National Resource Center for Patient/Family-Centered Medical Home](#), [Family Voices](#) and [Partners for Youth with Disabilities](#).

Title V can utilize multiple avenues to engage underserved young adults. For example, by collaborating with one's state Department of Justice, Housing and/or Department of Social Services, Title V can reach young adults served by these agencies. Besides government partners, Title V can work with nonprofits such as



Strategy 2: Build Collaborative Networks (cont.)

[First Place for Youth](#), [Root & Rebound](#) and local homeless shelters, or consumer-led groups such as [Foster Care Alumni of America](#). These organizations offer avenues to reach young adults who might otherwise not engage with Title V. Such partnerships may also be used to expand access to health services.



To promote lasting collaboration with communities, states may consider establishing a youth advisory council including young adults from all walks of life. One example of a youth advisory council is [Vermont RAYS](#), a group of young people that works with the [Youth Health Improvement Initiative](#) to coach primary care practices on improving AYA health services.

✓ Partner with Higher Education & Workplace Organizations

Department of Education & Department of Labor

Engaging the Departments of Education and Labor offers a unique opportunity to address colleges and workplaces across your entire state. In Maine, Title V has worked with its Department of Labor over several years to disseminate substance use prevention materials, hold educational workshops at companies and launch surveys on tobacco use. Given that most young adults are working and/or in higher education, collaboration with these agencies helps maximize reach to YAs.

Educators

University & community college educators interact regularly with YAs, and hear firsthand the stressors this population faces. Additionally, many colleges have peer health educator groups, discussed further in *Strategy 4*, that would be great partners. Recognizing high rates of youth suicide in its state, Rhode Island's Title V program has collaborated with educators for early intervention in youth depression.



Strategy 2: Build Collaborative Networks (cont.)

Training Educators to Prevent Suicide

In Rhode Island, Title V has developed a network of partners to train educators of 15-24 year olds on suicide prevention. The RI Youth Suicide Prevention Project ([RIYSPP](#)) coordinates its trainings with input from education professionals, with the aim of helping teachers identify and address signs of depression and suicidality. Through this approach, Rhode Island expects to train up to 42 public schools by end of 2019. [Learn more](#)

Employers & Colleges

Colleges and workplaces have a large impact on young adults' day-to-day lives through the policies, programs and culture they establish. Additionally, Title V has had a history of success in collaborating with academic institutions to disperse health education materials, facilitate workshops and develop evidence-based programming. Novel ways to leverage this relationship include working with a college's Reserve Officer Training Corps program or Educational Opportunity Program to reach populations of interest.

While collaborations with businesses are not common among state programs, they offer new opportunities to engage young adults - especially those who are not in school. Partnerships may start simple, for example by having pamphlets distributed in offices, but can expand into an ongoing dialogue promoting employee wellness. To reach young adults, it is recommended to work with employers - such as grocery stores, retailers & the military - that tend to hire YAs.



Work with Health Insurers & Healthcare Organizations

Health Insurers

Collaborations with major health insurers in your state can influence reimbursement and receipt of young adult healthcare services. Medicaid is a particularly ideal partner for Title V due to its commitment to low-income populations. Introduced by federal regulation and supported by the Health Resources and Services Administration, Interagency Agreements ([IAA](#)) between Title V and Medicaid formalize the shared responsibilities of each party.



Strategy 2: Build Collaborative Networks (cont.)

The majority of IAAs entail data sharing. Additionally, states can share screening materials and/or train staff in both agencies to coordinate care for patients who may benefit from both Title V and Medicaid services. Other collaborative opportunities include developing educational materials, holding workshops and facilitating webinars on YA health.

In the realm of private health insurance, companies such as Blue Cross & Blue Shield have taken on healthcare quality improvement initiatives that synergize with Title V's goals. For example, Alabama's Blue Cross & Blue Shield has provided financial incentives for adolescent vaccines. Similar initiatives could be expanded to young adults to combat their low healthcare utilization rates. By partnering with private health insurers, Title V can increase its impact on the two-thirds of insured Americans who have private coverage.¹¹

Transforming Preventive Services for Young Adults

The Oregon Health Authority Transformation Center is an institution housed under the state's Medicaid agency that works collaboratively with OR's Title V program. The Transformation Center has produced a series of materials on how to increase well-visits for young adults aged 18-21. These include the promotion of innovative partnerships between coordinated care organizations and community colleges.

[Learn more](#)

Healthcare Systems & Professional Associations

In addition to working with insurers, Title V can work directly with healthcare systems and professional associations on improving access to and quality of care. These collaborations may range from working with rural providers to increase preventive visit rates to partnering with a local American Academy of Family Physicians chapter to promote STI screening for young adults.

Healthcare professional associations relevant to young adult health include:

- [American Academy of Pediatrics](#)
- [American Academy of Family Physicians](#)
- [American Nurses Association](#)
- [American College of Obstetricians & Gynecologists](#)
- [National Association of Social Workers](#)



Strategy 2: Build Collaborative Networks (cont.)

Collaborations with healthcare delivery systems and professional associations may be particularly ideal for capacity building, quality improvement and training initiatives. While Title V programs benefit by directly impacting youth-serving professionals in their state, members of professional associations also benefit from free educational opportunities and improvements in their work/practice.

Successful Healthcare Transition with PEACH-T

The Georgia Partnership for Ensuring Adolescent Comprehensive Healthcare Transition ([GA PEACH-T](#)) is a collaborative effort to successfully transition youth with special healthcare needs from pediatric to adult healthcare. PEACH-T was established as a partnership of the Georgia Department of Public Health, Children's Healthcare of Atlanta, Georgia Regents University, Georgia Academy of Family Physicians and other entities. [Learn more](#)



Develop Interdisciplinary, Statewide AYAH Collaboratives



Statewide collaboratives like the [Youth Health Improvement Initiative](#) - which incorporates Vermont's Title V agency, Children's Health Improvement Program, Medicaid and private insurers - have brought together stakeholders from diverse areas to improve adolescent & young adult health ([AYAH](#)) education and services. Title V agencies can join or develop their own statewide

young adult health collaboratives in order to sync strategies across organizations and share the latest developments.

Title V programs are encouraged to think outside the box when developing partnerships. While the collaborations shared in this section cover a wide range of possibilities, there may be excellent partners in your state not listed here. Some examples of innovative partnerships include working with the military on fitness and nutrition education, or developing a marketing campaign with the Department of Transportation on the dangers of driving under the influence of marijuana. Adolescent [Systems Assessment](#) and [Strategic Planning tools](#) for states may be adapted to guide efforts to form Networks to advance young adult health.



Strategy 3: Provide Training on YA Health

Training to Take Action

Learning how to engage young adults benefits Title V professionals, partners and programs through improved expertise working with a large proportion of Title V participants. This section highlights methods for organizations at any stage of YA engagement to increase their young adult health knowledge, starting with the most accessible and ending with the most comprehensive methods.

✓ Use External Training Materials

External organizations have created a number of training materials that are available for public use. These materials offer a convenient resource for professionals to familiarize themselves with young adult health issues.

As a concise introduction to young adults & MCH, the University of Minnesota's [State Adolescent Health Resource Center](#), a partner in the Adolescent & Young Adult Health National Resource Center (AYAH-NRC), has published a series of YouTube videos on young adult health. They can be viewed on the sahrUMN YouTube channel at the following links: 1) youtu.be/MSb225nav4w and 2) youtu.be/QPZDzAIC-ME



The first video, screen-captured on the left, provides a brief overview of how young adults fit into MCH's goals, why to invest in their health and how Title V agencies can get started. The second video, "10 Things MCH Should Know about Young Adults," offers a deeper dive into important data on young adults' public health context. It touches on educational, socioeconomic and technology factors relevant to young adults' health.

On the topic of mental health, a comprehensive resource bank is the [Suicide Prevention Information and Resources for Educators \(SPIRE\)](#), which compiles extensive resources on suicide prevention for educators at various levels. These resources include presentations, publications, and trainings.

Targeted resources are available for the High School, College/Graduate, and Medical School level as well as for Healthcare Professionals. The topics covered by SPIRE are suicide risk factors, screening tools, and treatment and referral.



Strategy 3: Provide Training on YA Health (cont.)



Avail of Technical Assistance

Resource centers, many of which are funded by the Maternal and Child Health Bureau, offer technical assistance to state Title V programs. Resource centers provide more personalized help to states that can be helpful when getting YA activities off the ground. Centers relevant to young adult health include the [National Resource Center for Patient/Family-Centered Medical Home](#), the [National Maternal and Child Health Workforce Development Center](#) and the [Adolescent and Young Adult Health National Resource Center](#), which prepared this resource.

Peer Staff Help Boost College Student SNAP Enrollment

To improve enrollment of eligible students in California's Supplemental Nutrition Assistance Program (SNAP), the University of California, Berkeley has hired college students to assist with SNAP enrollment on its campus. By employing members of the college community, the program benefits from their understanding of YAs' needs. Eligible young adults may also be more easily identified and more likely to apply. [Learn more](#)



Hire Professionals with Young Adult Health Expertise

States can invest in YA health by hiring staff or consultants who have experience working with young adults and/or are young adults themselves. This expertise can help existing staff members learn firsthand about engaging this population. Allocating human resources this way also helps ensure that young adult health activities are fully incorporated into your Title V program.

To maintain YA expertise over time, formalized onboarding/offboarding processes and cloud storage of files are recommended (popular cloud storage services include [Box](#), [Dropbox](#) and [Google Drive](#)). Improved knowledge of YAs will enable improved programming for Title V participants, discussed further in *Strategy 4: Create YA Targeted Programs*.





Strategy 4: Create YA Targeted Programs

Ready to Launch

Through the adoption of a YA state measure, collaboration with stakeholders and training of personnel, Title V agencies can kickstart young adult health programming (defined as organizational services and activities intended to improve YA health). This section provides further guidance on how to launch effective programming by: 1) incorporating incentives and a sense of community into programs, 2) choosing the right time, place and occasion, and 3) soliciting and proactively responding to feedback.

✓ Incorporate Incentives & Foster an Inclusive Community

Providing incentives and building inclusive communities helps draw people of any age. Focusing on the young adult population, organizations such as the Young Invincibles have developed internship programs that train young adults to educate their peers about pressing YA health issues. Such internships offer professional development, cultivating future leaders



in AYA health. Tangible professional incentives include offering academic credit and/or certifications. As a simpler incentive, free food can be a surprisingly effective draw for young adults. Additionally, young adult peer educators are part of the community they're teaching, enabling them to convey information in a relatable manner and form a sense of camaraderie with other YAs.

With 20% of 18-34 year olds identifying as LGBTQI and 44% representing minorities, millennials are the most diverse adult generation in U.S. history.^{12,13} Title V professionals can help foster inclusion by using language that is gender and racially inclusive. Concrete steps such as including space for individuals' preferred pronouns in program intake forms can help the people Title V serves - many of whom are young adults - feel more comfortable using public health services.

Developing Young Advocates for Mental Health

The [Young Invincibles](#) implemented a program in Colorado called the Young Advocates, which aims to destigmatize mental health and increase access to mental health services on college campuses. This program facilitates internships for students to lead mental health advocacy and education activities at their schools. [Learn more](#)



Strategy 4: Create YA Targeted Programs (cont.)



Choose the Right Time, Place & Occasion

YAs today differ from previous generations in a number of ways: for example, they're less likely to own a car and more likely to be in higher education, as well as be tech savvy. These trends have implications for the Time, Place and Occasion (TPO) that are best to reach this population.

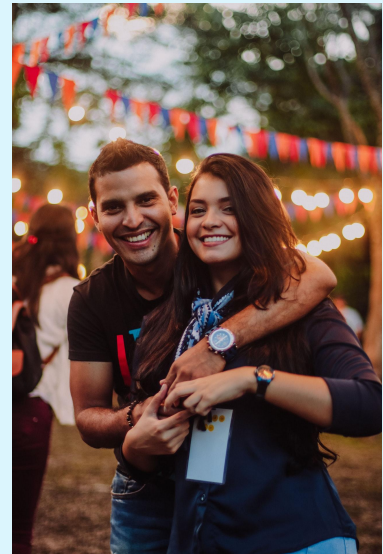
Time: College students - many of whom are young adults - are accustomed to attending extracurricular events or meetings on weekday evenings. These times thus represent good opportunities for Title V to host YA-targeted programming. In order to identify specific times when potential attendees are free, Title V may disseminate online interest forms and use free scheduling tools such as [When2Meet](#), [Doodle](#) and [Calendly](#). Title V staff can also target programs for times of the school year when risk for issues such as driving under the influence, sexual assault or depression/anxiety are greater. These times include the first six weeks of the fall term, home football game weekends, Halloween and finals weeks.

Place: It's no surprise that Title V can reach many YAs through colleges. To increase the accessibility of Title V programming, states may consider partnering with university student health services to provide services on campus. Additionally, academic advisors are great collaborators who can help convey public health information to their students. Workplaces that hire many young adults - such as grocery stores, retailers and restaurants - are other good locations to hold programs.

To reach young adults outside of school or work, agencies can offer services at local shopping/lifestyle centers and community centers near public transportation.

Occasion: While identifying the best occasion for programming can be tricky, states are encouraged to link their programs to other events that attract young adults, when appropriate, in order to increase visibility. For example, by setting up a table at weekly farmer's markets or local festivals, Title V can capitalize on larger crowds. If working with colleges, Title V staff are encouraged to consult with their youth advisory board to minimize conflicts with exam season and school breaks.

TPO applies online as well. For example, 94% of 18-24 year olds say they use YouTube,¹⁴ yet most public health organizations do not have a strong presence on this platform. See guidance for digital and other outreach in *Strategy 5*.





Strategy 4: Create YA Targeted Programs (cont.)

Young Adults and the 5-2-1-0 Initiative

Based on needs assessment findings, Iowa's Title V program has expanded its child-focused obesity prevention initiative, 5-2-1-0, to young adults aged 18-24. YA-targeted activities include screening for young adult physical activity across all its programs, as well as building on existing relationships with Iowa's Department of Education and inter-agency state Adolescent Health Collaborative. [Learn more](#)



Proactively Seek & Respond to Feedback

States can continuously improve young adult health programming by proactively seeking and responding to feedback from young adult Title V participants. Feedback can be collected online, on paper or through both methods. A combination of Likert scale questions followed by free response text boxes for individuals to elaborate their answers further can provide both numerical and qualitative data to guide changes in programming. Additionally, to enable Title V participants to give honest input, it is recommended that states make entering contact information optional. Free survey software for soliciting feedback include [Typeform](#) and [Google Forms](#).

Title V managers should establish regular times to go over feedback from participants. Potentially on a quarterly or semiannual basis, Title V teams can review feedback together and brainstorm ideas for improvement based on findings. Such meetings also provide opportunities to reaffirm what is working well and have Title V staff share their own thoughts on what can be improved.



Making a habit of continuous improvement will help Title V agencies respond effectively to a social, political and fiscal environment that is constantly changing. It will keep Title V in tune with what its young adult audience really

needs, and - along with the right incentives and TPO - can contribute to greater utilization of public health services.



Strategy 5: Use Innovative Outreach

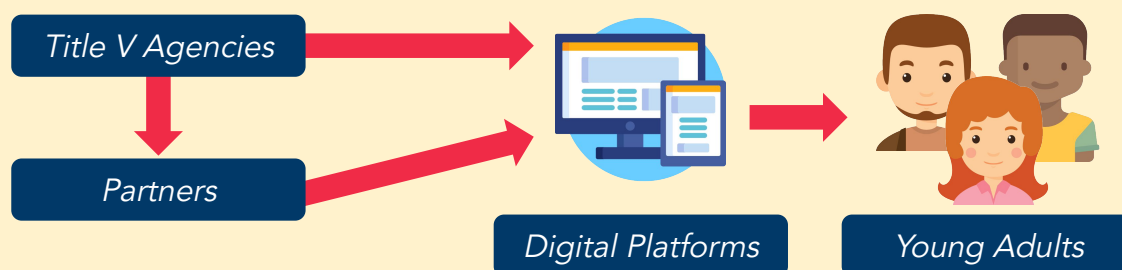
Finding Effective Outreach Channels

Even the best programming won't reach people without the right outreach, and companies have spent inordinate amounts of time learning what appeals to the young adult demographic. Title V can learn from what other organizations have already done to get this population's attention.

With the prevalence of social media, effectively reaching many groups of young adults requires an online presence. At the same time, organizations may have limited digital marketing expertise or bandwidth. Thus, Title V programs are encouraged to work with partners on outreach. For example, a local university may vastly expand your state program's reach online by posting Title V content to its Instagram account.

To promote Title V work, states can: 1) take a behind-the-scenes role by providing content that partners publicize using the strategies below, and/or 2) conduct outreach themselves through Title V channels. Whichever route your organization takes, this section offers guidance for reaching YAs. It places an emphasis on digital platforms, with principles that are also relevant for traditional media.

Title V Agencies can Distribute Online Content through Partners or Post Directly



Aim to Amuse

Highly successful outreach to young adults often uses playful, interactive messaging. For example, Rhode Island's health insurance exchange, HealthSourceRI, launched a "[Nag Tool Kit](#)" teaching parents of young adults to use social media and dating apps like Snapchat and Tinder to encourage their children to sign up for insurance. This campaign reached many entities, even gaining positive promotion through local news outlets, due to its novel approach. To gain young adults' attention, organizations can apply principles similar to those used by HealthSourceRI, outlined on the next page.



Strategy 5: Use Innovative Outreach (cont.)



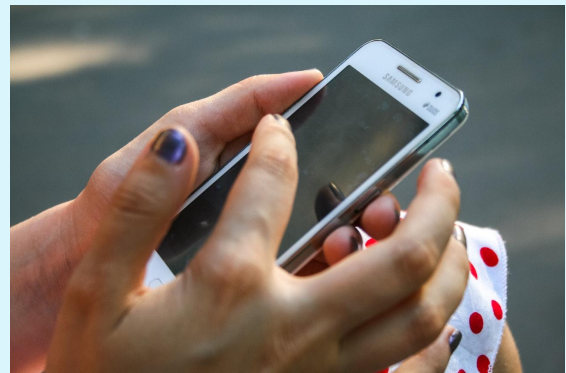
1. **Design Outreach to be Interactive:** By having YAs' parents be the ones to share the importance of getting insured, HealthSourceRI started a dialogue between young adults and their loved ones. Other tactics for interactive outreach include inviting YAs to share content with friends and promoting content submitted by Title V participants.
2. **Use Culturally Relevant Humor:** Part of the success behind the Nag Tool Kit was the humor of seeing your parents on a dating app. Through community partners, states can consider using culturally appropriate humor to increase YA engagement. Consulting with a youth advisory board or focus group of young adults can help partners ensure culturally relevant content.

✓ Develop a Digital Audience

Organizations have both free and paid options to reach young adults digitally. In order to build an audience organically - meaning without paying to promote your content - it's helpful to keep up with changes in [algorithms](#) for social media platforms like YouTube, Instagram and Twitter. Algorithms are the rules used by platforms to decide which posts get seen by users, and in what order. They impact what content gets shown to the most people, and criteria change regularly.

[Posting frequency](#) is one metric that has increased in importance over time, with social media marketers suggesting that people post at least once per day for best results.¹⁵ While community partners or Title V programs will likely choose to post less frequently than this, they can still benefit from a regular posting schedule.

[Timing](#) also plays a role in getting content seen: the best times to post on Facebook, for example, are Mondays-Wednesdays at around 12pm ET.¹⁶ Posting at this time can be a simple way to increase the number of people you reach. And [interacting with other users](#) by following their social media accounts, or liking, commenting on or sharing their posts can all increase the likelihood that one's own posts will be shown to those users or to others in their network.





Strategy 5: Use Innovative Outreach (cont.)

Thus, to increase the number of young adults and YA serving professionals that see your content, some of the first steps Title V partners and/or programs can take are to:

- 1) Post regularly
- 2) Post at peak times
- 3) Interact with other accounts that have shared interests

For Title V programs looking for further strategies to increase one's digital audience, one method is to partner with [social media influencers](#), who are individuals with large followings on digital platforms. Title V programs can narrow down potential partners by choosing social media influencers who have an audience that your state wants to reach (ex.: partnering with a female health & wellness Instagram influencer in your state to promote preconception care).

Dr. Michael Varshavski, known as [Doctor Mike](#) on social media, is a family medicine doctor who shares content about health and nutrition. He has tackled topics such as mental health, vaping and marijuana. His YouTube videos regularly get millions of views.



Working with social media influencers enables Title V programs to expand their reach to an audience that someone has already built, and convey important public health information through a voice that young adults trust.

✓ Take Ads for a Test Drive

Paid advertising, whether through traditional media or online sources, ensures that one's message is put in front of people. But ads can feel like a questionable investment without evidence of their effectiveness. How do you know



how many people you've reached and if you're reaching your intended audience? Are people taking action based on your ads? Thankfully, there are multiple ways to get answers to these questions. Title V partners and/or agencies may want to consider the following opportunities, listed on the next page, to test drive advertising and ensure their resources are put to good use.



Strategy 5: Use Innovative Outreach (cont.)

1. **Brainstorm with stakeholders:** Young adults should be involved in the creation of outreach materials, which can start with brainstorming initial ideas or sharing drafts with YAs for feedback. Where relevant, healthcare providers can also provide important input on messaging for Title V services.
2. **Promote multiple versions of ads to a small audience:** After vetting a couple variants of ads with stakeholders, test them on a small scale. This can be done by posting paper fliers with tear-off tabs in select locations or adding links to print advertising and seeing which links get the most hits.

On social media, similar tests can be done by restricting an ad's target market to adults aged 18-24 in a small geographic area. All major social media platforms provide statistics on the number of people who have clicked one's ad, which can then be used to measure the ad's effectiveness in reaching the target audience.

After determining the ads that are most effective at engaging young adults, organizations can roll out the most popular advertisements on a larger scale. A combination of engaging content, digital marketing best practices and test piloting will help increase young adults' awareness of health services and information they can use to live a healthier life.





Lessons Learned

Tying it All Together



Based on a review of US state policies and programs, and interviews with Title V leadership in states that chose a young adult state measure, the Adolescent and Young Adult Health National Resource Center (AYAH-NRC) has outlined five strategies that states can adopt to advance young adult health. These strategies build on one another: states first need data to decide what issues are most

pressing, then can collaborate to find the best ways to address these issues, equip staff with training to engage YAs, and so on.

The AYAH-NRC also found other lessons for Title V agencies looking to expand their work with young adults, described in this section. The following items - including facilitating factors, barriers and advice from interviewed states - enable Title V agencies to learn from what other states have found in their journeys to improve young adult health.

1. Factors Facilitating Expansion into YA Health

One of the clearest factors enabling greater focus on young adults was the establishment of strong partnerships with other state agencies, external partnerships with colleges and participation in statewide collaboratives. Through these partners, states were able to conduct outreach and provide services to young adults in schools or at work. Agencies also leveraged partnerships to conduct statewide surveys and gather actionable information, such as young adults' perceptions and rates of substance use.

Additional facilitating factors included the development of supportive reimbursement systems (such as improved billing for family planning) and expansion of telehealth services. By operating in a context that makes services commonly used by young adults more accessible, states were able to advance their goals around young adult health more easily.

Robust reimbursement and telehealth infrastructure make services more accessible to young adults



Lessons Learned (cont.)

Overlap with existing Title V initiatives was another important factor, leading many YA activities to be connected to topics that were already of concern for states. Among state-level young adult health policies and programs, five topics rose to the top as areas where most YA health efforts are concentrated.

Most Common Types of Young Adult Health Activities

1. Healthcare Transition
2. Mental/Behavioral Health
3. Health Insurance Coverage/Access to Healthcare
4. Reproductive/Sexual Health
5. General Health & Wellness

Healthcare Transition refers to young people moving on from the pediatric to adult healthcare system, and acquiring the skills and knowledge to navigate the adult healthcare system - including insurance and financing - successfully. Within Healthcare Transition, activities focused on transition to adult mental health services (e.g. counseling and residential mental health facilities) were common. Initiatives to improve young adult healthcare literacy and support former foster youth were also emphasized in the policies and programs reviewed.

Mental/Behavioral Health largely involved suicide prevention campaigns, reflecting suicide's status as a major cause of mortality for young adults. However, among the activities found in the review, many only partially targeted YAs. For example, the review found that many pregnancy prevention programs have extended their age range to include younger YAs, but still mostly work with adolescents.

The major topics identified by this report serve as starting points for organizations to connect their work with efforts that are already taking place around the country. Both by expanding adolescent health activities to include young adults and pioneering initiatives adapted to YAs' life context, institutions can make progress on health outcomes for this age group.





Lessons Learned (cont.)

2. Biggest Roadblocks

The challenges faced by Title V agencies include limitations in expertise, staffing and funding. Interviewees expressed that gaps in knowledge regarding how to engage young adults and address their needs posed a barrier to implementing their strategies. Closing these gaps in knowledge would require training for employees and local partners.

Additionally, staff capacity constraints meant that Title V personnel sometimes had difficulty integrating a young adult focus into their existing work. With most departments and local partners honed in on early childhood, little funding is allocated to the young adult population. This further hindered agencies' ability to branch out into tailored programming for young adults.

Given that Title V agencies' priorities are tied to the goals of the Maternal & Child Health Bureau, highlighting young adults through the creation of a national performance measure would encourage greater attention toward this population.



3. States' Motivations for Adopting a YA Measure

Of the state Title V agencies interviewed for this report, most cited trends in young adult health data; a shift to a life course approach to health; or young adults' connection to a pressing initiative as catalysts for adopting a young adult measure.

The importance of making connections to existing work is reflected in the diverse subject matter covered by each state's young adult state performance or outcome measure. Ranging from preventive services to mental health to sexually transmitted infections, it is evident that advancing young adult health often means extending or adapting existing priorities to this age group.

Further, data trends have a major impact on if and how young adults are addressed by public health agencies. This underscores the key importance of measurement as the basis for championing the young adult population.



Lessons Learned (cont.)

4. Advice for Other States

As part of each interview with states that selected a YA measure, Title V agency leaders shared their advice for other programs interested in advancing young adult health. Some of this advice was also resonant in other parts of the interview, such as the importance of highlighting young adults in the Title V Block Grant and collecting actionable data on YAs' health status.

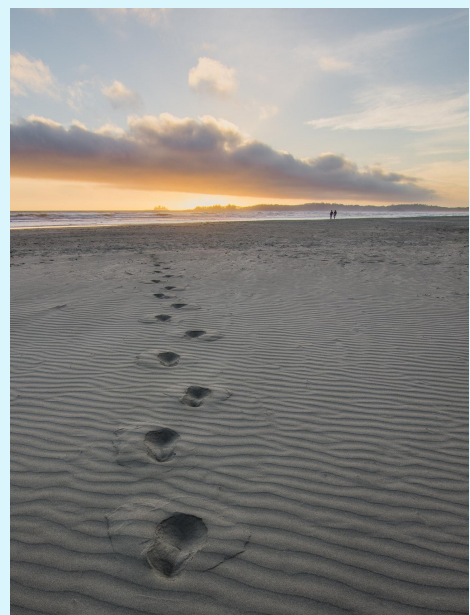
Beyond these factors, all interviewees stressed the importance of forming relationships with key players in young adult health in one's state. By leveraging such relationships, states were able to gain insight into best practices for engaging young adults as well as reach groups of young adults who may not otherwise seek out public health services.

All interviewees stressed the importance of forming relationships with key players in young adult health in one's state

Where Do We Go from Here?

Though the field of young adult health is new, more and more entities are beginning to recognize the need to address the young adult population differently. Nationally, heightened concern over health issues that tend to worsen in young adulthood - such as substance use, mental health issues and unintended pregnancy - have drawn needed attention to this demographic. Further, public health organizations' shift toward a life course approach requires greater consideration for the changes in legal, social and financial context that impact young adults' health.

The Maternal and Child Health Bureau has sought to catalyze further investment in young adults through the funding of this report, technical assistance and other activities designed to help states develop YA health initiatives. With help from the strategies and resources in this document, the goal is for state Title V agencies to take action to increase their focus on young adult health.





Resources

General YA Health

- [Philadelphia Network of Care YA Health Articles](#)
- [SAHRC YouTube Video: "Young Adults & MCH"](#)
- [SAHRC YouTube Video: "10 Things MCH Should Know about Young Adults"](#)
- [Young Invincibles](#)

Health Insurance

- ["Got Insurance?" Social Media Campaign](#)
- [Enroll DC Mobile App](#)
- [HealthSource RI Nag Tool Kit](#)
- [Sasquatch! Music Festival Marketing for Health Insurance Enrollment](#)

Incarcerated YA & Foster Youth

- [First Place for Youth](#)
- [Foster Care Alumni of America](#)
- [Improving Approaches to Serving Young Adults in the Justice System](#)
- [Root & Rebound](#)

Mental Health

- [1 Word 1 Voice 1 Life](#)
- [Garrett Lee Smith Youth Suicide Prevention Grant Program](#)
- [National Alliance on Mental Illness \(NAMI\)](#)
- [Suicide Prevention Information and Resources for Educators \(SPIRE\)](#)
- [Utah Youth Suicide Prevention Crisis Toolkit](#)

Reproductive/Sexual Health

- [Advocates for Youth Sexual Health Tools](#)
- [Guttmacher Institute](#)
- [Office of Adolescent Health: Evidence-Based Teen Pregnancy Prevention Programs at a Glance](#)

Substance Use

- [AddictionResource.com](#)
- [Maine LGBTQ Young Adult Substance Use/Cultural Needs Assessment](#)
- [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Initiative](#)
- [Tobacco Center of Regulatory Science \(TCORS\) on Youth and Young Adults](#)



Resources

Youth Advocacy

- [Advocates for Youth](#)
- [Partnership for Male Youth](#)
- [Vermont RAYS](#)
- [Young Invincibles](#)
- [Youth MOVE](#)

YSHCN & Transition

- [AAP Transition Resources](#)
- [AAP National Resource Center for Patient/Family-Centered Medical Home](#)
- [Got Transition](#)
- [Los Angeles County Transition Age Youth \(16-25\) Services](#)
- [Partners for Youth with Disabilities](#)
- [Ready by 21](#)



Methods

Where did the Strategies from this Report come from?

This section discusses in greater detail the sources used to develop the five strategies in this report and to identify the resources used as examples.

Review of State-Level Policies & Programs

With input from young adult health experts, policies and programs were searched through: 1) keyword search of publicly available information on Google's search engine, 2) snowball sampling of activities found online, and 3) keyword search on state/territory health agency websites with accessible search function. Queries such as "[state/territory] young adult health" were repeated for all 59 US states and territories to ensure adequate coverage of all regions.

Policies and programs were organized by state, activity type and up to two focus areas each. Activity types included Education, Partnerships and Legislation, while focus areas included topics such as Mental Health, Sexual Health, Transition and Health Insurance.

Additionally, policies and programs were given a categorical rating from 1-3, with 1 indicating lower focus on the young adult population, 2 indicating moderate focus and 3 indicating an activity that is highly targeted to young adults. These ratings were then validated by a young adult health professional through independent rating of a simple random sample of activities.



Title V Agency Interviews

Using information from 2018 MCH block grant reports, the AYAH-NRC identified states and territories that have explicitly highlighted the young adult population in a state performance or outcome measure (SPM/SOM). The selection of these young adult measures was used as a proxy to identify agencies with a demonstrated interest, and potentially innovative programming, in young adult health.



Methods (cont.)

The following five states selected a young adult SPM or SOM:

- ❑ **Illinois:** Rate of chlamydia infections in women ages 15-24
- ❑ **Iowa:** % of adults 18-24 years old who report being physically active
- ❑ **Maine:** % of new mothers ages 18-24 years whose most recent pregnancy was unintended
- ❑ **Rhode Island:** Youth suicide rate ages 10-24
- ❑ **Texas:** % of young adults ages 18-24 who visited a doctor for a routine checkup in the past year

A standardized interview tool was used to understand factors and activities that influenced each state's focus on young adults, discuss barriers to the implementation of programming for young adults and garner advice for other states interested in YA health. Additional questions were then adapted for each state in order to learn more about specific initiatives found through the programs and policies review.



To better identify overarching changes that influenced adoption of a young adult measure, state Title V leadership were prioritized as potential interviewees. In total, the AYAH-NRC held 7 interviews with Maternal and Child Health directors, state adolescent health coordinators, family planning managers and mental/behavioral health officers. All interviewees were verbally consented and the project was deemed exempt by University of California, San Francisco's Institutional Review Board.

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