A Workshop on Improving the Health Safety and Well-Being of Young Adults
Physical Health Issues
Young Adults Facing Particular Challenges

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Disclosures

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Outline

• Importance of focusing on young adults

• Diversity of Young Adults
  – Health Disparities
  – Social Determinants of Health

• Select health conditions by diverse young adult populations

• Select resources to improve young adult health
Why focus on Young Adulthood?

• Moving into adulthood is characterized by the adoption of new roles
  – Completing high school
  – Getting a job and/or going to college
  – Leaving parents' home
  – Having a serious relationship, getting married
  – Having children

• Timing and sequencing of transitions into adult roles can be prolonged or altered

• Trying to discover their place in world with conflicting messages

• Transitioning at a time with guidance and support
Healthy People 2020

• Adolescence and young adulthood are generally healthy times of life
• Important public health and social problems that peak or start during these years include:
  – Homicide
  – Suicide
  – Motor vehicle crashes, including those caused by drinking and driving
  – Substance use and abuse
  – Smoking
  – Sexually transmitted infections, including HIV
  – Teen and unplanned pregnancies
  – Homelessness

www.healthypeople.gov/2020/topicsobjectives2020
Data Challenges

• Most young adults are not in college
  – Not captured in college surveys

• Many have limited health care access
  – Parents may not have insurance
    • No medical records for data abstraction

• Some of the most available data is mortality, STI and pregnancy data
Data Challenge Given to My Young Adult Research Assistant

“Still looking for information. I am trying, 18-26 seems to be an understudied age group and there does not seem to be as much information on this group.”
Young Adults Facing Particular Challenges

- Juvenile Justice
- Immigrants
- Military
- Special Health Care Needs
- Foster Care
- LGBTQ
- Homeless
- Chronic Disease
- Unemployed
- Poverty
- Young adults of color
Young Adults Facing Particular Challenges

- Special Health Care Needs
- Juvenile Justice
- Poverty
- Homeless
- Young adults of color
- Chronic Disease
- LGBTQ
- Foster Care
- Unemployed
- Military
- Immigrants
The Social Determinants of Health

- Conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

- The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

World Health Organization
How do Health Disparities Arise?

• Lack of sufficient attention to social determinants of health
• Differential access to care

• Differences in the quality of care received within the health care system

• Differences in life opportunities and exposures, racism, discrimination and stress that result in differences in underlying health status
Social Determinants of Health

Race
Poverty
Employment
Race

- Probably the most frequently measured of all the social determinants of health

- Race is considered a "marker" for certain health problems.

- Race or ethnicity per se does not cause a particular health problem or status.
  
  - It is likely that factors such as income, education, access to health care, stress, and racism are among the major causes of the poorer health of minorities on many health measures, compared to whites.

NC Center for State Health Statistics
The adolescent and young adult population is more diverse than the adult population.

U.S. Population by Age Group & Race/Ethnicity*, 2006

Ages 10-24

- AI/AN*: 0.9%
- A/PI*: 3.9%
- Black: 13.6%
- Hispanic: 16.5%
- White-NH*: 55.2%

Ages 25+

- AI/AN*: 0.7%
- A/PI*: 4.4%
- Black: 10.6%
- Hispanic: 11.6%
- White-NH*: 66.5%

2008 Fact Sheet: Adolescent and Young Adult Demographics, National Adolescent Health Information Center
Poverty Estimates

In 2003, one in six (16.5%) young adults aged 18–24 lived in poverty.

Rates were higher for young females, especially Blacks (33.1%) and Hispanics (25.3%).

In 2011, more than 1 in 4 (26%) young adults aged 18-24 lived in poverty.

Park et al., The health status of young adults in the United States. 2006 & National Kids Count Program, 2013
Health Disparities and Poverty

• Poverty is a major factor associated with poor health outcomes

• Youth of color are more likely to be economically deprived

  – About 26% of American Indians live in poverty
  – About 24% of African Americans live in poverty
  – About 23% of Hispanics live in poverty
  – About 11% of Asian Americans and Pacific Islanders live in poverty

• About 8 percent of white people live in poverty

Employment

• One study “Health Indicators Among Unemployed and Employed Young Adults” examined the health indicators of unemployed and employed young adults 18-24

• The survey found that unemployed young adults reported higher levels of risky drinking and non-engagement in leisure-time

• Employed young adults reported higher levels of smoking, French fries consumption and low fruit/vegetable consumption

## Employment

<table>
<thead>
<tr>
<th>13-Level Major Occupational Groups</th>
<th>Population Estimate</th>
<th>Sample N²</th>
<th>% Non-Engagement in Leisure-Time Physical Activity</th>
<th>% Smokers</th>
<th>% Risky Drinkers</th>
<th>% not eating ≥ 2 Servings of Fruit/Day²</th>
<th>% &gt;3 Servings of French Fries per week²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unemployed Youth</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>9,749,452</td>
<td>10,102</td>
<td>61.2</td>
<td>24.2</td>
<td>9.1</td>
<td>88.6</td>
<td>36.1</td>
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<tr>
<td>Female</td>
<td>4,454,261</td>
<td>4,029</td>
<td>52.3</td>
<td>26.6</td>
<td>11.8</td>
<td>90.2</td>
<td>46.3</td>
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<tr>
<td>White</td>
<td>5,295,191</td>
<td>6,073</td>
<td>68.8</td>
<td>22.1</td>
<td>6.1</td>
<td>87.2</td>
<td>26.6</td>
</tr>
<tr>
<td>Black</td>
<td>6,948,230</td>
<td>7,054</td>
<td>59.1</td>
<td>26.9</td>
<td>10.0</td>
<td>88.0</td>
<td>34.8</td>
</tr>
<tr>
<td>Other</td>
<td>1,845,480</td>
<td>1,945</td>
<td>65.9</td>
<td>16.8</td>
<td>4.9</td>
<td>90.1</td>
<td>43.9</td>
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<tr>
<td>Non-Hispanic</td>
<td>8,096,765</td>
<td>7,451</td>
<td>59.2</td>
<td>26.2</td>
<td>9.5</td>
<td>89.2</td>
<td>37.7</td>
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<tr>
<td>Hispanic</td>
<td>1,652,688</td>
<td>2,651</td>
<td>71.2</td>
<td>14.2</td>
<td>6.0</td>
<td>85.5</td>
<td>27.3</td>
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<tr>
<td><strong>Total for all employed Youth</strong></td>
<td>16,899,677</td>
<td>16,908</td>
<td>60.3</td>
<td>28.2</td>
<td>8.2</td>
<td>90.1</td>
<td>39.1</td>
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<tr>
<td>Male</td>
<td>8,877,300</td>
<td>8,221</td>
<td>55.5</td>
<td>30.8</td>
<td>10.2</td>
<td>91.3</td>
<td>48.4</td>
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<tr>
<td>Female</td>
<td>8,022,377</td>
<td>8,687</td>
<td>65.7</td>
<td>25.3</td>
<td>5.7</td>
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<td>29.8</td>
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<td>White</td>
<td>13,774,880</td>
<td>13,313</td>
<td>58.9</td>
<td>30.3</td>
<td>8.8</td>
<td>90.2</td>
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<tr>
<td>Black</td>
<td>1,966,631</td>
<td>2,235</td>
<td>67.5</td>
<td>16.9</td>
<td>3.0</td>
<td>89.1</td>
<td>45.6</td>
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<tr>
<td>Other</td>
<td>1,158,166</td>
<td>1,360</td>
<td>65.2</td>
<td>22.7</td>
<td>7.7</td>
<td>89.1</td>
<td>43.9</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>14,343,081</td>
<td>13,002</td>
<td>58.4</td>
<td>29.8</td>
<td>8.4</td>
<td>89.9</td>
<td>39.2</td>
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<tr>
<td>Hispanic</td>
<td>2,556,596</td>
<td>3,906</td>
<td>71.1</td>
<td>19.4</td>
<td>7.1</td>
<td>91.2</td>
<td>38.4</td>
</tr>
</tbody>
</table>
Racial Disparities in Selected Health Conditions

- Mortality
- Risk Behaviors
- Reproductive and Sexual Health
- Chronic Disease and Precursor
  - Obesity
  - Nutrition
- Cancer
Young adult health indicators by gender and race/ethnicity, with comparison to adolescents

<table>
<thead>
<tr>
<th>Name of indicator</th>
<th>Adolescents overall</th>
<th>Young adults overall</th>
<th>Male</th>
<th>Female</th>
<th>White NH</th>
<th>Black NH</th>
<th>Hispanic</th>
<th>AI/AN NH</th>
<th>Asian or A/PI NH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality(^{a}) (adolescents aged 12–17 years; young adults aged 18–24 years; 2003); rates per 100,000</td>
<td>Overall: 35.9</td>
<td>Male: 94.4</td>
<td>137.0</td>
<td>Female: 49.3</td>
<td>87.1</td>
<td>142.6</td>
<td>87.5</td>
<td>168.7</td>
<td>48.7</td>
</tr>
<tr>
<td></td>
<td>Motor vehicle accidents: 12.8</td>
<td>Male: 29.3</td>
<td>42.0</td>
<td>Female: 15.9</td>
<td>31.4</td>
<td>22.6</td>
<td>28.4</td>
<td>63.5</td>
<td>15.6</td>
</tr>
<tr>
<td></td>
<td>Homicide: 3.5</td>
<td>Male: 16.1</td>
<td>27.0</td>
<td>Female: 4.6</td>
<td>4.3</td>
<td>62.1</td>
<td>22.0</td>
<td>20.3</td>
<td>7.0</td>
</tr>
<tr>
<td></td>
<td>Suicide: 3.5</td>
<td>Male: 11.5</td>
<td>19.2</td>
<td>Female: 3.3</td>
<td>12.9</td>
<td>9.3</td>
<td>8.2</td>
<td>24.7</td>
<td>7.4</td>
</tr>
<tr>
<td>Substance use and mental health(^{b}) (adolescents aged 12–17 years; young adults aged 18–25 years; 2003); percentages</td>
<td>Cigarette use: 12.2%</td>
<td>Male: 40.2%</td>
<td>44.2%</td>
<td>Female: 36.2%</td>
<td>45.4%</td>
<td>28.5%</td>
<td>33.9%</td>
<td>58.1%</td>
<td>26.9%</td>
</tr>
<tr>
<td></td>
<td>Binge drinking: 10.7%</td>
<td>Male: 41.9%</td>
<td>51.3%</td>
<td>Female: 31.8%</td>
<td>47.8%</td>
<td>24.2%</td>
<td>36.5%</td>
<td>41.6%</td>
<td>27.8%</td>
</tr>
<tr>
<td></td>
<td>Heavy alcohol use: 2.6%</td>
<td>Male: 14.9%</td>
<td>21.2%</td>
<td>Female: 9.0%</td>
<td>19.0%</td>
<td>5.4%</td>
<td>10.8%</td>
<td>13.0%</td>
<td>7.8%</td>
</tr>
<tr>
<td></td>
<td>Illicit drug use: 11.2%</td>
<td>Male: 20.3%</td>
<td>24.0%</td>
<td>Female: 16.5%</td>
<td>22.5%</td>
<td>18.2%</td>
<td>15.6%</td>
<td>31.0%</td>
<td>11.8%</td>
</tr>
<tr>
<td></td>
<td>Dependence/abuse: 8.9%</td>
<td>Male: 21.0%</td>
<td>26.3%</td>
<td>Female: 15.7%</td>
<td>11.8%</td>
<td>8.0%</td>
<td>9.4%</td>
<td>14.5%</td>
<td>5.7%</td>
</tr>
<tr>
<td></td>
<td>Serious mental illness: Not Available</td>
<td>Male: 13.7%</td>
<td>10.3%</td>
<td>Female: 17.0%</td>
<td>14.5%</td>
<td>12.5%</td>
<td>11.4%</td>
<td>13.0%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Sexually transmitted infections (adolescents aged 15–19 years; young adults aged 20–24 years; 2004); rates per 100,000</td>
<td>Chlamydia: 1578.5</td>
<td>Male: 1660.4</td>
<td>744.7</td>
<td>Female: 2630.7</td>
<td>886.4</td>
<td>5301.3</td>
<td>1685.4</td>
<td>2881.9</td>
<td>603.9</td>
</tr>
<tr>
<td></td>
<td>Gonorrhea: 427.1</td>
<td>Male: 497.8</td>
<td>430.6</td>
<td>Female: 569.1</td>
<td>149.0</td>
<td>2487.2</td>
<td>237.3</td>
<td>456.1</td>
<td>87.6</td>
</tr>
</tbody>
</table>

Unintended Pregnancy Young Adults

- 70% of pregnancies to single women in their 20s are unplanned

- 73% of pregnancies for black 20-29 women are unintended compared to 70% of white and 59% of Hispanic


Contraception Use Among Young Adults

Unintended Pregnancy Young Adults

Chart 4: Unmarried Young Adults Age 18–29 Who Agree that Birth Control is Morally Wrong, by Gender

Based on respondents who answered "strongly agree" or "somewhat agree" to the question: "Using birth control is morally wrong. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?"

Unintended Pregnancy Young Adults

CHART 26  Unmarried Young Adults Age 18–29 Who Somewhat or Strongly Agree With the Following Statements

- The government and public health institutions use poor and minority people as guinea pigs to try out new birth control methods.
- The government is trying to limit blacks and other minority populations by encouraging the use of birth control.
- Drug companies don’t care if birth control is safe—they just want people to use it so they can make money.
Reported Chronic Conditions Among 18-29 year olds
N=6,898 Men; 8,532 women
Chronic Disease Precursors
Tobacco Use

• Tobacco use is the leading actual cause of death for all ages, because of its link to cancer, cardiovascular disease and respiratory disease

• Cigarette smoking peaks in young adulthood

• Young adults (ages 18 – 25 years) report a rate of recent (i.e., past month) smoking \(^1\)
  – 3.3 times the rate for adolescents (ages 12 – 17)
  – 1.6 times the rate for adults ages 26 and older

\(^1\)2003 National Survey on Drug Use and Health (NSDUH)
Chronic Disease Precursors
Tobacco Use

• Young adults’ cigarette use is higher among males than females and among American Indian/Alaskan Native followed by Hispanics and whites

• Among all young adults, college graduates have a lower prevalence of cigarette use than those with less than a high school degree (28.7% vs. 49.2%)
Chronic Disease Precursors

Obesity

• Overweight/obesity is the 2nd leading actual cause of death for all ages.

• Poor diet and physical inactivity contribute to overweight/obesity and are associated with cancer, cardiovascular disease and diabetes

• Prevalence of overweight/obesity among young adults has increased significantly in the past four decades
Obesity Trends* Among U.S. Adults
BRFSS, 1985
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1990
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2000
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2010

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Prevalence of Self-Reported Obesity Among U.S. Adults
BRFSS, 2011
CHRONIC DISEASE- Obesity

Rates of Physical Activity

- **White**
  - Males: 88%
  - Females: 84%

- **Black**
  - Males: 82%
  - Females: 66%

- **Hispanic**
  - Males: 69%
  - Females: 60%
Other Diverse Young Adults and Their Particular Challenges and Health Disparities
Health Disparities- Foster Care

• Youth in the foster care system are more likely to suffer poor health and have a greater likelihood of chronic conditions and mental health disorders (Clayton et al., 2000)

• Children of color make up a majority of youths represented in the foster care population—approximately 42 percent are African American and 36 percent are Hispanic (Child Welfare League of America, 2001)

• Adolescents in foster care are at the highest risk of abuse of alcohol or drugs, contracting and transmitting HIV, or becoming teenage parents (Child Welfare League of America, 2001)
Young Adults Leaving Foster Care

- Approximately 25% of these young adults suffer from PTSD

- Most foster youth receive Medicaid and are at high risk of loosing coverage when they age out

- The current health reforms that allow young adults to stay on their parents’ health insurance until they are 26 may not apply to foster young adults

Health Disparities among LGBTQ Youth

• Less than 50% of LGBT youth report having at least one adult family member to turn to for help

• LGBT youth are disproportionately represented among homeless populations
  – Nationally, 44% of homeless LGB youth are Black, and 26 percent are Hispanic. This disparity is even greater among transgender homeless youth (62% Black, 20% Hispanic)
Health Disparities of LGBTQ

• LGBTQ young adults ages 21-25 who report family rejection were:
  – 8.4 times more likely to report having attempted suicide
  – 5.9 times more likely to report high levels of depression
  – 3.4 times more likely to use illegal drugs
  – 3.4 times more likely to report having engaged in unprotected sexual intercourse

Health Disparities among LGBTQ Youth

• Results from the National Transgender Discrimination Survey found that while nearly 30% transgender individuals reported smoking daily
  
  – these percentages increased among trans individuals who had been victims of physical assault (40%) and sexual assault (45%)

• 88 percent of MSM reported never having had an anal cancer screening or HPV screening
Homeless Youth and Young Adults

• They are more likely to engage in high-risk behaviors such as unprotected sex with multiple partners, drug use, and exposure to and participation in violence

• Barriers in accessing health care
  – Lack of insurance
  – Need for parental consent
  – Difficulty navigating the health system
  – No address or means of contact
  – Attitude of health staff
  – Meeting basic needs of food, clothing and shelter

Understanding the Health Care Needs of Homeless Youth. Program Assistance Letter 2001-10. HRSA
Improving the Health, Safety and Well-Being of Young Adults
Prevention

• Assessing psychosocial needs and social supports
  – Improving young adults’ connectedness to a trusted adult and/or community

• Assisting with tobacco cessation, obesity prevention

• Improving access to health care
  – Screening for diseases and mental health issues
  – Screening for risk behaviors
  – Providing necessary services
  – Vaccination
    • Opportunity to reduce health disparities
    • Opportunity to eradicate diseases including cancers
    • Disparities in vaccination uptake occur
Select Resources to Improve Young Adult Health Including Diverse Populations

• A culturally competent health care system that provides access to at least annual visits and medical homes for all young adults
  – Transition care with all young adults to help them navigate, not just those with chronic health issues
  – Engage more multidisciplinary providers, family and community members and young adults in prevention

• Need more research with young adults
  – Engaged research with young adult communities (CBPR)
  – Life-course research
  – Further examination of resiliency and protective factors
Select Resources to Improve Young Adult Health Including Diverse Populations

• Need to further develop evidence and policy based interventions and systems to address social determinants of health

  – Including dismantling racism, sexism, classism and other “isms”
Our diversity in all of its different and divine dimensions shouldn’t divide us and make us sick
Acknowledgements

Chassidy Hanley

Mae-Lyn Leonard