Health in Young Adulthood

Sabrina Oesterle, PhD

Presented at the UW Leadership Education in Adolescent Health Seminar
Seattle Children’s Hospital, October 17, 2014
What is Young Adulthood?
When does it start and end?

Age 18
High School Graduation

Age 26

Age 30
Why is Young Adulthood important?

• Risks AND Opportunities
  
  – Freedom to explore and experiment
    → “emerging adulthood”
  
  – Lack of strong transition norms provide little structure and direction
    → Stress and developmental risks
Developmental Continuity

Adolescence  Continuity  Adulthood
Opportunity for Change

Adolescence

Turning Point

Adulthood
Different Pathways
Points of Intervention

Adolescence

Young Adulthood

Adulthood

Intervention

Intervention ???
THE NEW ADOLESCENTS: AN ANALYSIS OF HEALTH CONDITIONS, BEHAVIORS, RISKS, AND ACCESS TO SERVICES AMONG EMERGING YOUNG ADULTS

“Emerging young adults are adrift in a perfect storm of health risks”

Lawrence S. Neinstein, MD
2013
Top 3 Causes of Mortality (per 100,000), U.S., 2009

Binge Drinking and Heavy Alcohol Use by Age

Source: Substance Abuse and Mental Health Services Administration, Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings

SCHOOL OF SOCIAL WORK
UNIVERSITY OF WASHINGTON
Serious Psychological Distress

Chlamydia Rates (per 100,000) by Age and Gender

Number of Diagnoses of HIV Infection by Age

Prevalence of Overweight or Obese by Age and Gender

Percent of Uninsured Individuals by Gender and Age, 2012

Percent of Adults Age 19-25 with and without health insurance, US

“Young adults have the highest rates of behavioral problems but the lowest perception of risk and least access to preventive care and treatment.”

(Neinstein 2013)
The Perfect Storm in Emerging Young Adults

Binge Drinking, Perceptions of Risk, and Access to Care by Age Group, U.S. and California 2008-2009

[Bar chart showing data on binge alcohol use, perceptions of great risk, and needing but not receiving treatment for alcohol use in past year by age group and location.]
Health Disparities in Young Adulthood

- Many disparities by gender, race/ethnicity, and socioeconomic status
- Vulnerable groups:
  - Youth transitioning out of foster care
  - Juvenile justice-involved youth
  - Homeless young adults
  - Youth with mental health problems and physical disabilities
  - LBGQTQ youth
  - Rural young adults
  - Immigrant youth (undocumented)
- Few preventive services
- No consistent professional medical guidelines for young adults
Healthy Life
NEXT EXIT
Key Transitions

Completion of Schooling

Moving into Full-Time Employment

Marriage

Parenthood
~30% married parents by mid-20s
Education Pathway with Postponed Family Formation

~40-45% young adult men and women
Education Pathway with Postponed Family Formation
Early Parenthood/Work Pathway

~25% Unmarried early mothers

~25% Unmarried working men
Certain pathways are associated with substance misuse

**MEN**

“Unmarried men”
Certain pathways are associated with substance misuse

**WOMEN**

“Early mothers”

“Women without Children”
Daily Smoking in the Past Month

WOMEN

Predicted Prevalence

- Early Mothers (36%)
- Young Adult Mothers (23%)
- Women Without Children (41%)

Δ 9%  p < .01
Δ 9%  p < .05

0% 10% 20% 30% 40% 50% 60%

Age 21 Age 24 Age 27 Age 30
Points of Intervention

Adolescence

Young Adulthood

Adulthood

Intervention

Intervention ???
IMPROVING THE HEALTH, SAFETY, AND WELL-BEING OF YOUNG ADULTS
Workshop Summary

• Reviewed 8 inventories
• Goal: identify tested-effective programs targeting young adults (ages 18-30).
• Not included: programs targeting adults generally
<table>
<thead>
<tr>
<th>Inventory Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Blueprints for Healthy Youth Development (U of Colorado)</td>
</tr>
<tr>
<td>2.</td>
<td>National Registry of Evidence-Based Programs and Policies - NREPP (SAHMSA)</td>
</tr>
<tr>
<td>3.</td>
<td>Guide to Community Preventive Services (CDC)</td>
</tr>
<tr>
<td>4.</td>
<td>CrimeSolutions.gov (OJP)</td>
</tr>
<tr>
<td>5.</td>
<td>OJJDP Model Programs Guide (DOJ)</td>
</tr>
<tr>
<td>6.</td>
<td>OAH Evidence-Based Programs (DHHS)</td>
</tr>
<tr>
<td>7.</td>
<td>Social Programs That Work (Coalition for Evidence-Based Policy)</td>
</tr>
<tr>
<td>8.</td>
<td>Communities That Care Prevention Strategies Guide (U of Washington/SAHMSA)</td>
</tr>
</tbody>
</table>
Identified 26 programs in 5 topic areas:

1. Substance use (14)
2. STI/HIV prevention, risky sexual behavior (5)
3. Educational and vocational skills (3)
4. Suicide prevention and mental health (2)
5. Crime and antisocial behavior (2)
Parenting Programs

• 17 parenting programs for parents of pre-school aged children

• Most inventories find strong evidence for:

  • Nurse-Family Partnership
  • Triple P (Positive Parenting Program)
  • Incredible Years
  • Parent-Child Interaction Therapy
Conclusions

• Only a limited number of programs targeting young adults

• Many focus on college students
  – Don’t forget the non-college population!

• Few programs to build young adult life skills (e.g., relationship skills, finances)
Recommendations

- More research on understanding turning points and the potential to intervene in young adulthood.
- Universal preventive programming
- Match programs more closely to young adult health risks and subpopulations.
Contact Information

Sabrina Oesterle, Ph.D.
Social Development Research Group
School of Social Work
University of Washington
9725 3rd Ave NE, Suite 401
Seattle, WA 98115
soe@u.washington.edu