Adolescent and Young Adult Health

BACKGROUND

Adolescence, the transition period from childhood to adulthood, is a time of tremendous opportunity and promise as well as unique risks and health concerns. The health and well-being of adolescents are critically affected by their experiences during this developmental milestone. The majority of adolescent health problems are preventable, precipitated by environmental and behavioral factors that can mitigate or exacerbate immediate and long-term health consequences (NASW, 2002). The patterns of behavior adolescents develop during these years often influence their health and well-being throughout life.

Improving adolescent health outcomes will require moving beyond a biological approach, toward a broadened understanding of, and attention to, the multiplicity of factors and complexity of circumstances affecting adolescent health and well-being. Improvements in health status will require the collective effort of individuals and communities, social institutions, and the different disciplines involved with adolescents (NASW, 2002).

Critical Adolescent Health Issues

Adolescents are a relatively healthy population, but many in this age group engage in risky behavior; develop unhealthy habits; and experience physical, mental, and behavioral health conditions that can jeopardize their immediate and long-term health (Institute of Medicine [IOM], 2008). Critical adolescent health issues fall into six broad categories: (1) unintentional injury, primarily related to motor vehicle use; (2) violence, including homicide, assault, bullying and other forms of victimization; (3) substance abuse, including tobacco, alcohol and illicit drug use; (4) mental health, including depression and suicide; (5) reproductive health, including pregnancy and sexually transmitted disease; and (6) overweight/obesity and physical inactivity (Centers for Disease Control and Prevention [CDC], 2009a).

Health disparities are present in almost all adolescent health issues and result from multiple factors, including poverty, educational inequalities, and inadequate access to health care. Other risk factors for poor adolescent health outcomes include community norms that condone risky behavior; neighborhood disorganization; family mobility and homelessness; lack of attachment to peers, family, school, and community; family drug use; early and persistent behavior problems, significant grief and loss, and family violence (CDC, 2010). Certain subgroups are at heightened risk. Lesbian, gay, bisexual, and transgender (LGBT) youths experience higher rates of suicide, victimization, risk behavior for HIV infection, and substance abuse, as compared with their heterosexual peers (Advocates for Youth, 2010). Hispanic teenagers have the lowest rates of health insurance among all. children in the United States, resulting in reduced access to ongoing medical care (Kaiser Family Foundation, Commission on Medicaid and the Uninsured, 2010). Prevention efforts for adolescents, particularly efforts targeting disparities, are critical and are directly in the realm of social work practice.

Injury and Violence

Motor vehicle injury is the leading cause of mortality among adolescents and young adults. Substance use is a significant risk factor

for motor vehicle crashes involving teenagers. Policies such as graduated driver's licenses are becoming more common and seek to have impact on this issue.

High school students have reported decreased levels of violent behavior since the 1990s (Mulye et al., 2009), but troubling trends remain. The adolescent homicide rate decreased throughout the 1990s, but has since leveled off. Black, male non-Hispanics are disproportionately affected by homicide, both as victims and offenders. In addition, dating violence is an emerging issue for adolescents, with one in four adolescents reporting verbal, physical, emotional, or sexual abuse from a dating partner each year (CDC, 2011a). Bullying, both physical and virtual ("cyber-bullying"), has become a pervasive public health problem, with LGBT and special needs teenagers at particular risk. Prevention of violence and bullying among adolescents requires a balanced effort that addresses the complex underlying factors and builds on the assets of youths, families, and communities (CDC, 2011b).

Mental Health

Mental health issues often appear first in this age group. It is estimated that one in five adolescents experience "significant emotional distress" and one in 10 faces "more serious emotional impairment" (Mulye et al., 2009). Recognizing, diagnosing, and treating adolescents with mental health issues is important given that symptoms of nearly half of all lifetime diagnosable problems appear by age 14 (Kessler et al., 2005). Left untreated, depression and other adolescent mental health concerns can lead to negative consequences, including violence and bullying, increased school dropout rates, and suicide (NASW, 2003).

Suicide is the third leading cause of death for adolescents. The rate of suicide decreased throughout the 1990s, but leveled off at 7.0 in 1999. In 2007, the rate was 6.9 per 100,000 teenagers ages 15 to 19 (National Institute of Mental Health, 2010). Recognizing risk and protective factors is essential when developing adolescent suicide prevention and intervention efforts (NASW, 2009).

Substance Use

In the United States in 2008, almost one-third of adolescents ages 12 to 17 drank alcohol in the past year, around one-fifth used an illicit drug, and almost one-sixth smoked cigarettes (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2009). Tobacco use, including cigarette smoking, cigar smoking, and smokeless tobacco use, remains the leading preventable cause of death in the United States. Nearly 90 percent of all adult smokers begin while in their teens, or earlier, and two-thirds become regular, daily smokers before they reach the age of 19 (Campaign for Tobacco-Free Kids, 2011). Alcohol use and binge drinking among adolescents remain major public health concerns. Illicit drug use, as well as prescription and over-the-counter drug abuse, is also a continued threat to adolescent health and well-being.

Pregnancy and Reproductive Health

Since the early 1990s, the teenage pregnancy and birth rates have declined by approximately one-third. The teenage birth rate is now at a record low, as is the national teenage pregnancy rate. However, three in 10 girls in the United States still become pregnant at least once by age 20, resulting in well over 400,000 births to teenage mothers each year. Rates of teenage pregnancy and parenthood in the United States remain far higher than those in other fully developed countries. As in other adolescent health indicators, disparities exist: At least 50 percent of Hispanic and African American teenage girls will become pregnant before the age of 20. Only 19 percent of non-Hispanic white teenage girls under 20 will become pregnant. Research has demonstrated that lowering the rate of teenage pregnancy helps reduce poverty and improve educational achievement, workforce competitiveness, child welfare, and other critical social issues for both parents and children (National Campaign to Prevent Teen and Unplanned Pregnancy, 2011).

Many young people in the United States engage in sexual risk behaviors that, in addition to pregnancy, can result in HIV/AIDS or other sexually transmitted diseases (STDs). In 2009, 46 percent of high school students had

ever had sexual intercourse, and 14 percent of high school students had had four or more sex partners during their life (CDC, 2009b). Use of alcohol and other drugs increases the likelihood of risky behaviors, such as unprotected sex (CDC, 2011a).

Chronic Disease

Adolescents are engaging in more behaviors that put them at risk for chronic health conditions. Rates of adolescent obesity are rising, caused in large part by the poor nutritional choices young people often make as they become increasingly autonomous. Another significant cause of obesity is lack of physical exercise, related to sedentary activities, such as video and computer games, and fewer physical education options in schools. Heart disease and diabetes are among the most common consequences of these lifestyle choices. Education for wellness and other preventive strategies would go a long way in lowering the incidence of preventable cases of these diseases, while at the same time improving quality of life and saving on health care costs.

Health Insurance Coverage

Insurance coverage is also an area of concern for this population. Medicaid and the Children's Health Insurance Program (CHIP) have been important sources of health insurance coverage for adolescents. States are required to provide income-eligible adolescents with Medicaid and CHIP coverage until they turn 19. States have the option to extend Medicaid coverage to age 21. However, once children age out of Medicaid or CHIP eligibility, they are typically subject to the much more limited Medicaid eligibility criteria for adults. Young adults who lose Medicaid or CHIP coverage are in danger of becoming uninsured and losing access to their health providers and the medical treatments they may need. High unemployment among older teenagers leaves many particularly vulnerable to becoming uninsured (Kaiser Family Foundation, 2010).

Immigrant teenagers (both documented and undocumented) are the group of children least-likely to have insurance coverage. Undocumented teenagers in almost all cases are ineligible for Medicaid and CHIP (with the exception of pregnant teenagers). Legal immigrant teenagers and their families face stiff enrollment barriers to these programs. The result is a perpetuation of heath disparities between immigrant teenagers and their nonimmigrant peers.

ISSUE STATEMENT

Health indicators have shown promising trends for adolescents. Rates of risky behaviors overall have dropped since the early 1990s. However, over the past five years, there has been a leveling off of these developments. In addition, adolescents in different ethnic, racial, and other population groups are disproportionately represented in some of the most troubling adolescent health statistics. Unfortunately, research and policy initiatives to address adolescent health issues continue to rely on a "deficit model," with minimal or no grounding in prevention, youth development, or self-efficacy or responsibility.

Addressing the aspects of disease and public health challenges that are preventable can provide substantial quality of life and economic benefits. The challenge, however, is that for many adolescents, health services are not accessible, acceptable, appropriate, effective, or equitable (IOM, 2008).

Adolescent health issues are largely preventable and can be addressed through behavior modification or through the social environment. Adolescents are strongly influenced by family, schools, peers, and the community. Preventive measures should be developed that enhance family and community involvement, age-appropriate education, and school and peer support, to improve adolescent health.

POLICY STATEMENT

NASW seeks to make adolescent health a national, state, and local policy priority by strengthening adolescent health service delivery systems, with an emphasis on developing programs that

- include a continuum of evidence-based prevention, early intervention, and treatment approaches to meet the unique physical and behavioral health needs of adolescents.

- promote access to mental and physical health evaluation and treatment in an age-appropriate manner.
- provide medical homes (a primary, ongoing source of medical care) for all adolescents, especially those with special health care needs.
- offer team-based, integrated, multidisciplinary care.
- provide easy accessibility, such as school-based and community-based adolescent health clinics that are available to all adolescents regardless of insurance coverage, ability to pay, or other factors.
- respect the confidentiality and self-determination needs of adolescents and are provided in a culturally appropriate manner.
- offer specialized training to staff on working with vulnerable populations, including LGBT teenagers, and homeless and undocumented youths.

NASW advocates

- full implementation of the Affordable Care Act of 2010, including expansion of Medicaid coverage to all individuals age 19 and over.
- state expansion of Medicaid eligibility up to age 21.
- state adoption of comprehensive Graduated Driver License (GDL) laws, and federal financial incentives for state enactment of comprehensive GDL legislation.
- implementation of comprehensive tobacco-free campus policies and increased tobacco taxes, to prevent and reduce tobacco use and addiction in young people.
- routine inclusion of sexual orientation and gender identity measures in all relevant national, state, and local health and research surveys that cover adolescents, to increase our understanding of the health care needs of LGBT youths.
- increased federal funding for health care workforce training in research-based approaches to adolescent health care.
- implementation of strong gun laws and policies, to prevent adolescents from accessing guns and protect communities from gun violence.
- federal and state policy changes that support nutrition and regular physical activity for adolescents in schools and communities.
- access to affordable and effective family planning services for adolescents, through preservation of teenage pregnancy prevention funding streams and increased funding for Title X programs.

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