

Adolescence TO Adulthood:

Crossing the Threshold

The period between adolescence and adulthood is a time of great transition. As youth accept the responsibilities of adulthood, they must make important choices about leaving home, continuing their education, finding a job, or starting a family. Over the past several decades, with more youth entering college and delaying marriage, the transition has become even more complex. Economic, social, and cultural factors, such as the high cost of secondary education and fractured connections to the community, have compounded the confusion of this period. Youth without supportive networks, or who face vulnerabilities such as transitioning out of the foster care system or experiencing health problems, need extra support as they plot the course to adulthood.

Healthy People 2010 identifies critical objectives for this population, including reducing the number of deaths among adolescents and young adults, reducing rates of sexually transmitted infections, and reducing the number of adolescents who are obese or overweight. The Maternal and Child Health Bureau and the Centers for Disease Control and Prevention launched the National Initiative to Improve Adolescent and Young Adult Health (NIAAH) to address these critical objectives. The six areas of focus are mortality, unintentional injury, violence, mental health and substance abuse, reproductive health, and chronic disease. The top causes of young adult deaths are preventable: motor vehicle accidents, suicide, and homicide.

The transition from adolescence to early adulthood may directly affect health insurance eligibility. Young adults are one of the largest populations in the U.S. without health insurance. Upon turning 19, or finishing high school or college, youth often lose coverage under a parent's policy, Medicaid, or the State Children Health Insurance Program (SCHIP). Entering the labor force can jeopardize coverage; many part-time and temporary positions do not offer health coverage, and jobs that do may require waiting periods before coverage takes effect.

As a group, adolescents are the least likely to seek preventive health care. In 2000, adolescent visits counted for about 5 percent of total outpatient visits made in the U.S., even though adolescents represented nearly 9 percent of the population (Ma et al. 2005). Forgoing preventive care in adolescence can contribute to various health concerns, such as unplanned pregnancy, obesity, and oral disease, and sets a bad pattern for adult health care.

GROWING UP IS HARD TO DO

- Depression is the leading cause of disability for young adults (NIMH 2006).
- Women between the ages of 16 and 24 experience the highest rates of violence by current or former intimate partners (U.S. DOJ 2001).
- Nearly half of 19 to 29 year olds have spent all or half the year without health insurance (Collins et al. 2006).
- One-third of all HIV diagnoses are made among young adults (Collins et al. 2006).
- One out of every six 12- to 19-year-olds are obese (CDC 2004).

OPPORTUNITIES FOR GRANTMAKERS

Grantmakers have been devoting resources to learning more about the period of early adulthood, supporting prevention efforts, and providing direct services.

- **Learning More through Research** – In 2000, The John D. and Catherine T. MacArthur Foundation developed the Network on Transitions to Adulthood, based at the University of Pennsylvania, to research policies and programs that support young people as they move into adulthood. During the first five years of the network, researchers examined the sociological and cultural changes that have occurred in the lives of young adults over the past 30 years. They found that the path to adulthood is less prescribed than before – job security is scarce, young adults are delaying marriage, education is more important than ever and also more expensive, and in many locations, home ownership is unattainable for most young adults. The network focuses primarily on high-risk groups, such as those making the transition from juvenile justice or foster care, homeless youth, and youth with disabilities. The network has commissioned new data to further explore the economic factors that influence young adulthood and to provide a more descriptive picture of this stage of life.

Pursuing its mission, “supporting research to improve the lives of young people,” The William T. Grant Foundation has devoted considerable resources to researching the transition to young adulthood, particularly to understand how social setting affect youth. The foundation has collaborated

with the Chapin Hall Center for Children at the University of Chicago to study the outcomes for 18- to 23-year-olds after they age out of the foster care system. Early findings indicate that youth remaining in foster care after age 18 are more likely to be working or in school. They were also more likely to have access to physical and mental health care services and less likely to be involved with the criminal justice system. Researchers believe their work will have significant policy implications related to the Foster Care Independence Act.

In this electronic age, young adults are consulting the Internet for health advice before seeing a physician. In 2001, The Henry J. Kaiser Family Foundation conducted a survey of young adults' experiences with and attitudes toward on-line health information. The survey found that two-thirds of the respondents have used the Internet to access health information and that over one-third has changed behavior because of information they obtained on the Web. The report that resulted from the survey urges more research be devoted to determining the quality of on-line health information.

- **Putting Learning into Action** – Although smoking rates among youth have declined in the past few decades, young adults continue to have the highest rate of tobacco use. In 2006, the North Carolina Health and Wellness Trust Fund (HWTF) awarded \$1.6 million in grants for tobacco use prevention and cessation among college-aged youth. Working with local universities, community colleges, county health departments, and the Moses Cone-Wesley Long Community Health Foundation, HWTF implemented a toll-free helpline, the NC Tobacco Use Quitline, targeted towards 18- to 24-year-olds. The grantees will work to promote the quitline on college campuses, as well as work to establish smoke-free policies throughout the state.

As adolescents and young adults enter intimate relationships, they need support to make good decisions about sexual behavior. The Public Welfare Foundation places a high priority on reproductive and sexual health. Over the past several years, they have funded projects that focus on preventive health for young adults, such as adolescent pregnancy and HIV/AIDS prevention coalitions and programs that advocate for comprehensive sex education. One grantee, the Illinois Caucus for Adolescent Health, uses leadership development and policy advocacy to promote a positive approach to adolescent health and support for young parents. The caucus also works to train youth to serve as peer educators; in 2005, over 250 youth benefited from in-depth training. The policy agenda includes working with schools to ensure that students receive comprehensive sex education and encouraging state Congress to provide funding for such programs, as well as for services for at-risk youth.

With support from The California Endowment, The

California Wellness Foundation, and other California funders, the Los Angeles Gay and Lesbian Center provides a transitional living program for gay, lesbian, bisexual, transgender, or questioning (GLBTQ) youth ages 18 to 23. The center provides a stable and secure housing environment, which allows youth to find a job, receive counseling and other health care services. Residents can stay for up to 18 months and receive meals, clothing, individual counseling, HIV/AIDS testing and treatment, and addiction recovery counseling, if necessary. The center also works with youth on personal development and provides assistance in locating housing upon leaving the program.

The California Wellness Foundation provides grants to organizations that focus on at-risk, transition-age youth, with a special focus on those involved in the foster care system and homeless or runaway youth. The foundation supports the California Adolescent Health Collaborative in its efforts to develop a resource network on mental health services to at-risk youth. The collaborative, which has also received funding from The California Endowment and Sierra Health Foundation, convenes groups to share information about adolescent health issues, provides training to providers, and collects data on adolescent health. The collaborative's strategic plan outlines eight recommendations to improve adolescent health in California, including building strong public support for youth investment, coordinating delivery systems for adolescents, and creating communities that support youth.

SOURCES

Centers for Disease Control and Prevention, National Center for Health Statistics, "Prevalence of Overweight Among Children and Adolescents: United States, 1999-2002."

Collins, Sara R., Cathy Schoen, Jennifer L. Kriss, et al. *Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help*, issue brief (New York: May 2006).

Ma, Jun, Yun Wang, and Randall S. Stafford, "U.S. Adolescents Receive Suboptimal Preventive Counseling During Ambulatory Care," *Journal of Adolescent Health* (36)5: 441e1, May 2005.

National Institute of Mental Health, *The Numbers Count: Mental Disorders In America*, 2006.

U.S. Department of Justice Bureau of Justice Statistics, Special Report: Intimate Partner Violence, May 2001.