

Adolescent Health New



Goal

Improve the healthy development, health, safety, and well-being of adolescents and young adults (AYAs).

Overview

Adolescents (ages 10 to 17) and young adults (ages 18 to 25) make up 22% of the United States population.¹ The behavioral patterns established during these developmental periods help determine young people's current health status and their risk for developing chronic diseases during adulthood.²

Although adolescence and young adulthood are generally healthy times of life, some important health and social problems either start or peak during these years.³ Examples include:

- Mental disorders
- Substance use
- Smoking/nicotine use
- Nutrition and weight conditions
- Sexually transmitted infections, including human immunodeficiency virus (HIV)
- Teen and unintended pregnancies
- Homelessness
- Academic problems and dropping out of school
- Homicide
- Suicide
- Motor vehicle collisions

Because they are in developmental transition, adolescents and young adults (AYAs) are particularly sensitive to influences from their social environments.⁴ Their families, peer groups, schools, and neighborhoods can either support or threaten young people's health and well-being.⁵ Societal policies and cues, such as structural racism and media messages, can do the same.⁶ Older adolescents and young adults, including those with chronic health conditions, may face challenges as they transition from the child to the adult health care system, such as changes in their insurance coverage and legal status and decreased attention to their developmental and behavioral needs.⁸ Bolstering the positive development of young people facilitates their adoption of healthy behaviors and helps ensure a healthy and productive adult population.^{7, 8}

Why Is Adolescent and Young Adult Health Important?

Adolescence is a critical transitional period^{9, 10} that includes the biological changes of puberty and developmental tasks such as normative exploration and learning to be independent.^{4, 11} Young adults who have reached the age of majority also face significant social and economic challenges with few organizational supports at a time when they are expected to take on adult responsibilities and obligations.¹²

There are significant disparities in outcomes among racial and ethnic groups. In general, AYAs who are African American, American Indian, or Latino, especially those living in poverty, experience worse outcomes in a variety of areas such as obesity,¹³ teen and unintended pregnancy,¹⁴



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tooth decay,¹⁵ and educational achievement,¹⁶ compared to AYAs who are Caucasian or Asian American. In addition, sexual minority youth have a higher prevalence of many health risk behaviors.¹⁷

The financial burdens of preventable health problems are large and include the long-term costs of chronic diseases resulting from behaviors begun during adolescence and young adulthood. For example, the annual adult health-related financial burden of cigarette smoking, which usually starts during these years, was calculated as \$289 billion for 2009–2012.¹⁸

There are many examples of effective policies and programs¹⁹ that address AYA health issues:

- Access to health care²⁰
- School-based health care services²¹
- State graduated driver licensing programs²²
- Prevention of alcohol,^{23, 24} marijuana,²⁵ and tobacco use^{26, 27}
- Violence prevention^{28, 29, 30}
- Delinquency prevention^{31, 32, 33, 34}
- Mental health and substance use interventions^{35, 36}
- Teen pregnancy prevention^{37, 38, 39, 40}
- HIV prevention^{41, 42}

Understanding Adolescent and Young Adult Health

The leading causes of illness and death among AYAs are largely preventable,³ and health outcomes are frequently both behaviorally mediated⁴³ and linked to multiple social factors.

This is shown by the following empirical examples:

Family

- Adolescents who have good communication and are bonded with a caring adult are less likely to engage in risky behaviors.⁴⁴
- Parents who supervise and are involved with their adolescents' activities are promoting a safe environment for them to explore opportunities.^{44, 45}
- The children of families living in poverty are more likely to have health conditions and poorer health status, as well as lower access to and use of health care services.^{46, 47, 48}

School

- Student health and academic achievement are linked.⁴⁹ Healthy students are more effective learners.⁵⁰
- Academic success and achievement strongly predicts overall adult health outcomes. Proficient academic skills are associated with lower rates of risky behaviors and higher rates of healthy behaviors.⁵¹
- High school graduation leads to lower rates of health problems^{52, 53} and risk for incarceration,^{54, 55} as well as enhanced financial stability and socio-emotional well-being during adulthood.^{12, 56, 57, 58, 59}
- The school social environment affects student attendance, academic achievement, engagement with learning, likelihood of graduation, social relationships, behavior, and mental health.^{60, 61, 62, 63, 64}

Neighborhoods

- AYAs growing up in distressed neighborhoods with high rates of poverty are at risk for exposure to violence and a variety of negative outcomes, including poor physical and mental health, delinquency, and risky sexual behavior.^{65, 66}

Media Exposure

- AYAs exposed to media portrayals of violence, smoking, and drinking are at risk for adopting these behaviors.⁶⁷
- Although social media use offers important benefits to AYAs, such as health promotion, communication, education, and entertainment, it also increases risks for exposure to cyberbullying, engagement in "sexting," and depression.^{12, 68, 69, 70}

Emerging Issues in Adolescent and Young Adult Health

Three important issues influence how the health of AYAs will be approached in the coming decade:

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- The AYA population is becoming more ethnically diverse, with rapid increases in the numbers of Latino and Asian American youth. The growing ethnic diversity will require cultural responsiveness to health care needs as well as sharpened attention to disparate health, academic, and economic outcomes.⁷¹
- The mental health of AYAs has a profound impact on their physical health, academic achievement, and well-being.⁷² About 50% of lifelong mental disorders begin by age 14 and 75% begin by age 24.⁷³ Suicide is a leading cause of death among AYAs⁷⁴ and suicide rates climbed significantly for these age groups between 1999 and 2014.^{75, 76} Trauma associated with common adverse childhood experiences (ACEs) contributes to mental and behavioral health issues for many youth^{77, 78, 79} as well as negative adult outcomes.⁸⁰ Fortunately, at least some ACEs can be prevented and their effects improved.^{81, 82}
- Positive youth development (PYD) interventions are intentional processes that provide all youth with the support, relationships, experiences, resources, and opportunities needed to become competent, thriving adults.⁸³ Their use is growing for preventing AYA health risk behaviors.⁸⁴ An expanding evidence base demonstrates that well-designed PYD interventions can lead to positive outcomes, including the prevention of AYA health risk behaviors. Additional evaluation is necessary to learn how to tailor successful interventions to meet the needs of different groups of AYAs.^{85, 86, 87, 88, 89}





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