

# Adolescents and Young Adults: Will the Primary Prevention Initiatives of the Affordable Care Act Affect Life Course Health and Well Being?

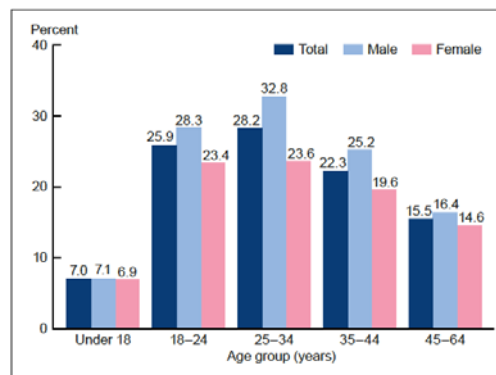
by Wendy L. Hellerstedt, MPH, PhD

Adolescence and young adulthood are generally periods of good health. For example, according to the National Health Interview Survey (NHIS) in 2011, 81% of 12-17 year-olds stated they were in excellent or very good health.<sup>1</sup> Five percent reported that they missed 11 or more days of school in the past 12 months because of injury or illness.<sup>1</sup> However, adolescence and young adulthood are also times for the onset of health conditions and of health-promoting or health-defeating behaviors. For example, U.S. survey data show that:

- An estimated 18.4% of 12-19 year-olds was obese in 2009-2010;<sup>2</sup>
- Drug use is generally highest among 18-25 year-olds compared to any age group: in 2010, in the past month, 21.5% reported any illicit drug use; 18.5% reported marijuana use; 41% reported any tobacco use; 14% reported heavy habitual alcohol use; and 41% reported binge drinking.<sup>3</sup>
- Adolescence and young adulthood are important periods for reproductive and sexual health. For example, the Centers for Disease Control and Prevention estimates that over half of the 20 million new cases of sexually transmitted infections in the U.S. occur among 15-24 year-olds;<sup>4</sup> and
- Young people have chronic medical conditions (e.g., 14% of adolescents report being diagnosed with asthma).<sup>1</sup>

Thus, while adolescents and young adults are generally healthy, they have health care needs for immunizations, behavioral counseling, and medical treatment. In the U.S., however, many young people lack health insurance (private or public). According to the 2011 NHIS, 26% of 18-24 year-olds were without health insurance at the time of the survey (Figure 1), with the percentage being greater (36%) for those not insured for at least part of the past year.<sup>5</sup> NHIS estimates indicate that 5.2 million children younger than 19 years and 8.4 million 19-25 year-olds in the U.S. were not insured at the time of the 2011 survey; 8.1 million children younger than 19 years and 10.8 million 19-25 year-olds were not insured for at least part of the year prior to the survey.<sup>5</sup>

**Figure 1. Percent of non-institutionalized civilians, younger than age 65, without health insurance at the time of the interview, by age and sex, 2011 National Health Interview Survey.**



Source: <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201206.pdf>

There are many reasons why young adults, especially, have low insurance rates in the U.S. They are more likely than other adults to be unemployed. Among those who are employed, many work at part-time and/or entry-level positions without access to employer coverage. Also, prior to the Affordable Care Act (ACA), many young adults did not meet the criteria for Medicaid coverage (i.e., they were not parents of a minor child or disabled). The following are some ways the ACA will affect the health of young people:

- **Increased numbers of insured young people** because of Medicaid expansion, expanded dependent coverage (as of 2010) on parents' insurance until age 26, coverage of children in the foster care system to age 26, and mandated private insurance requirements. The NHIS has already shown a positive effect on youth insurance rates that are likely the result of the ACA's expansion of dependent coverage. There has been an 8.3% increase in young adults with insurance between September 2010 and June 2011 (approximately 2.5 million young adults).<sup>5</sup> The insurance gains occurred for black, white, Asian, American Indian and Hispanic youth, with the greatest gains among minority race youth.<sup>6</sup> It is likely that Medicaid expansion and the insurance mandates will further increase youth insurance rates.
- **Assurance of essential benefits.** Like all Americans, insured youth will be guaranteed coverage for the "essential health benefits", emphasizing preventive services, including mental health and substance use treatment. This is

especially important because youth is a time of substance use experimentation and onset of mental health problems. Symptoms of lifetime diagnosable mental health problems occur by age 14 for about half of the affected population; almost three-quarters of those with lifetime mental health problems experience symptoms by 24 years of age.<sup>7</sup>

- **Better medical care for vulnerable youth.** Certain vulnerable youth groups may especially benefit from Medicaid expansion, including homeless youth and those who have been involved in the criminal justice system. As described by English, et al., “Each of these groups is at high risk for having multiple serious health problems, including mental health and substance abuse disorders. They also frequently have encountered severe difficulties accessing needed medical care. States [AZ, ME, NY] that have expanded Medicaid in the past to childless adults have experienced significant enrollment by these groups...benefits included improved access to care and self-reported health, as well as decreased mortality.”<sup>8</sup>
- **More access to sexual health education for students.** The ACA provides \$75 million per year from 2010-2014 through the Personal Responsibility Education Program (PREP), a state grant program to fund comprehensive approaches to sexuality education. In 2013, 49 states received such funds. The ACA also re-instated the Title V Abstinence-only education program (\$50 million per year from 2010-2014). In 2012, 36 states received grants from this program.

## Conclusion

Like older people, youth will benefit from the ACA provisions that are meant to improve insurance access: for example, they will be eligible for subsidies to help pay insurance premiums and those with pre-existing conditions will be able to buy insurance. The minimum essential health benefits, which will ensure access to immunizations, mental health and substance use treatment, and chronic disease screenings, may be especially important for young people. Primary prevention programs, as well as initiatives that promote early diagnoses and treatment, will likely have a significant effect on life course health and well-being.

## FOR MORE INFORMATION

1. The National Adolescent and Young Adult Health Information Center has data and many reports about adolescent health, including specific reports about the implications of the ACA. Available from: <http://nahic.ucsf.edu/>
2. New York Case Study about the implications of the ACA for young people. Available from: [http://nahic.ucsf.edu/wp-content/uploads/2012/12/Health\\_Reform\\_In\\_New\\_York.pdf](http://nahic.ucsf.edu/wp-content/uploads/2012/12/Health_Reform_In_New_York.pdf)
3. Tebb K, Brindis C, Giordano A, et al. Health Policy Case Study: A Shifting Health Landscape for Adolescents and Young Adults: Planning for the Implementation of Federal Health Care Reform in New York. December 2012. Available from: [http://healthpolicy.ucsf.edu/sites/healthpolicy.ucsf.edu/files/documents/639265-0-000-04-020\\_Mt\\_Sinai\\_Health\\_Brief.pdf](http://healthpolicy.ucsf.edu/sites/healthpolicy.ucsf.edu/files/documents/639265-0-000-04-020_Mt_Sinai_Health_Brief.pdf)
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8. English A, Park M. The Supreme Court ACA decision: what happens now for adolescents and young adults? Center for Adolescent Health & the Law National Adolescent and Young Adult Health Information Center, November 2012. Available from: [http://nahic.ucsf.edu/wp-content/uploads/2012/11/Supreme\\_Court\\_ACA\\_Decision\\_Nov29.pdf](http://nahic.ucsf.edu/wp-content/uploads/2012/11/Supreme_Court_ACA_Decision_Nov29.pdf)

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