



UNH Center on  
Adolescence

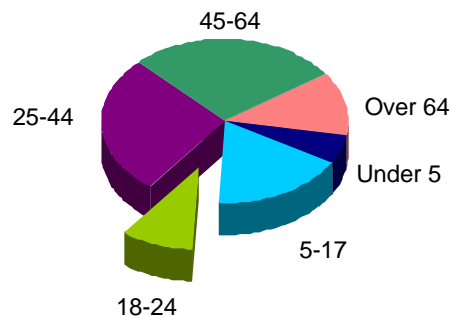
## What We Know About Young Adults Aged 18-24 in New Hampshire

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Revised June, 2009

Young adults aged 18-24 are in a transitional period of life as they move out of adolescence and into adulthood. During this time, young adults continue to develop their unique sense of identity and explore possibilities in love and work.<sup>1</sup> This is also a time of instability, as young adults move from relying on parents to becoming more independent in their living situations. Although little research has been conducted on the psychological well-being of young adults, for most people this is a time of positive physical and mental health.<sup>2</sup> However, for some young adults this is a period of great vulnerability and risk.

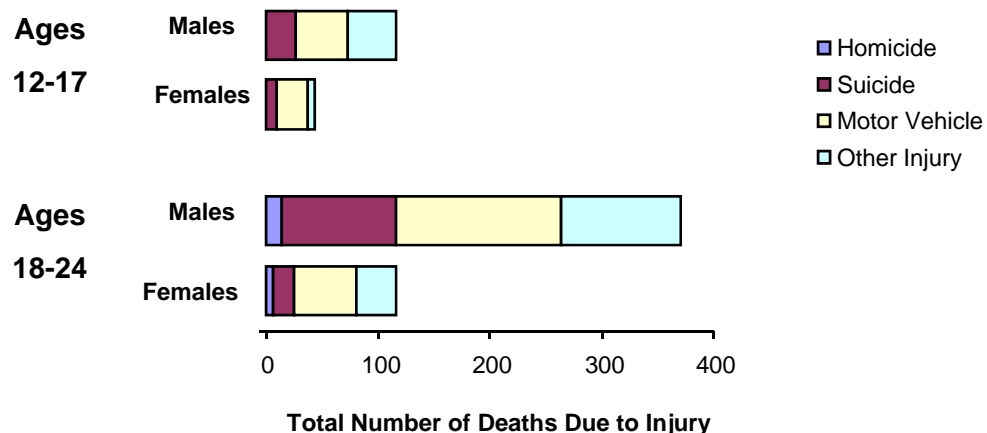
### New Hampshire Population Distribution by Age

NH has approximately the same proportion of adults aged 18-24 as the nation as a whole, with young adults comprising 9.4% of the state population compared with 9.6% nationally.<sup>3</sup>



The factors that influence health outcomes change during the transition from adolescence to adulthood as young adults experience greater freedoms and fewer constraints.<sup>1</sup> Even though the critical health issues of young adulthood are similar to those of adolescence, the prevalence of many health problems, including substance abuse and motor vehicle accidents, peaks during young adulthood. Additionally, mortality rates more than double between adolescence and adulthood.<sup>4</sup>

### Mortality, By Cause, Gender, and Age Group, New Hampshire 1999-2006<sup>5</sup>



Data regarding New Hampshire youth aged 18-24 are problematic. Relevant epidemiological/ population-level data generally have not been adequately collected, effectively coordinated, or analyzed in a timely manner. Although there are many data indicators available for segments of this population (e.g. high school completion data, college enrollment data, teen and young adult pregnancy data, substance abuse and treatment data), the age range and composition of the samples used in these data collection efforts vary, making drawing comparisons and synthesizing information difficult. As a result, it is almost impossible to examine relationships among critical variables. Community-level data are even more difficult to obtain. However, drawing from a variety of national, state, and local sources, we have pieced together important information to help us assess the health and health needs of young people in New Hampshire. This fact sheet documents available data and information on five critical indicators of health for New Hampshire youth aged 18-24: healthcare access and utilization, mental health, substance abuse, teen pregnancy, and high school completion.

### **Healthcare Access and Utilization**

Adolescents are the population group least likely to seek formal health care, with nearly 1 in 5 reporting times when they have foregone medical care even when they thought it was necessary.<sup>6</sup> Despite peaks in risky behaviors and mortality rates, young adults aged 18-24 report the lowest rates of health insurance coverage.<sup>4</sup>



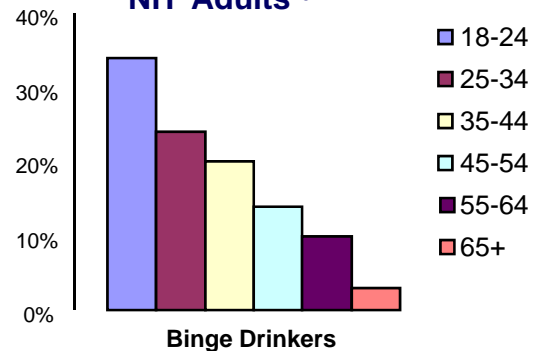
- Uninsured young people are more likely than their insured peers to report forgoing necessary medical care and not filling prescriptions for medication due to cost.<sup>4</sup>
- Uninsured young people also are more likely to report not having spoken to a health care professional in the past year or having any usual source of care.<sup>4</sup>
- Nineteen percent of New Hampshire young adults aged 18-24 report that they are uninsured, remaining the age group in the state least likely to be covered by insurance.<sup>7</sup>
- In a study of UNH college students (n=239), 21% reported that they did not receive routine healthcare in the past year; 15% did not receive dental care; and 22% of the women surveyed did not receive gynecological care in the 12 months preceding the survey.<sup>8</sup>
- The factors that prevented college students from seeking care included; time-related factors (28%); cost-related factors including not having health insurance (28%); reluctance to seek care (18%) and not being knowledgeable about available resources (12%). Stigma associated with seeking care was also mentioned (7%).<sup>8</sup>

## Substance Abuse

Substance abuse rates rise dramatically during young adulthood. Nationally, rates of substance use and dependence are higher among 18-25 year olds than any other age group. <sup>4</sup> Teens in rural communities use alcohol and other substances at higher rates than their urban counterparts; the rates of use among young adults in rural and urban communities are comparable. <sup>9</sup>

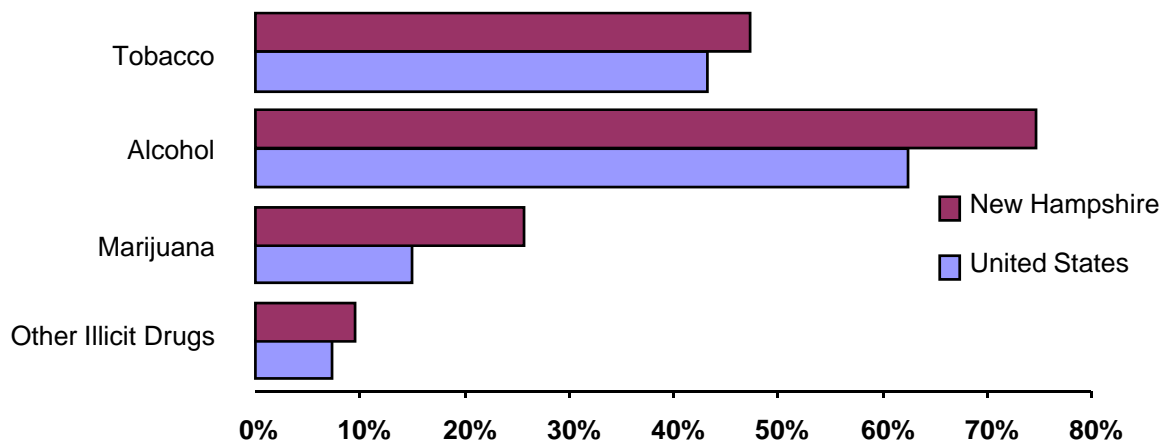
New Hampshire's young adults aged 18-24 have the highest levels of binge drinking among all age groups in the state, with just under 34% of the respondents to the 2008 Behavioral Risk Factors Surveillance System (BRFSS) reporting consuming 5 or more drinks in a row. <sup>6</sup>

**Rates of Binge Drinking Among NH Adults <sup>6</sup>**



NH young adults aged 18-25 also report rates higher than the national average for tobacco, marijuana, and other illicit drug use (see figure below). <sup>10</sup> Moreover, this age group's high usage of alcohol and other drugs ranked New Hampshire in the top 20% of states nationally for drug or alcohol dependency (see figure below). <sup>10</sup>

**Substance Use in Past Month by 18-25 year olds <sup>10</sup>**



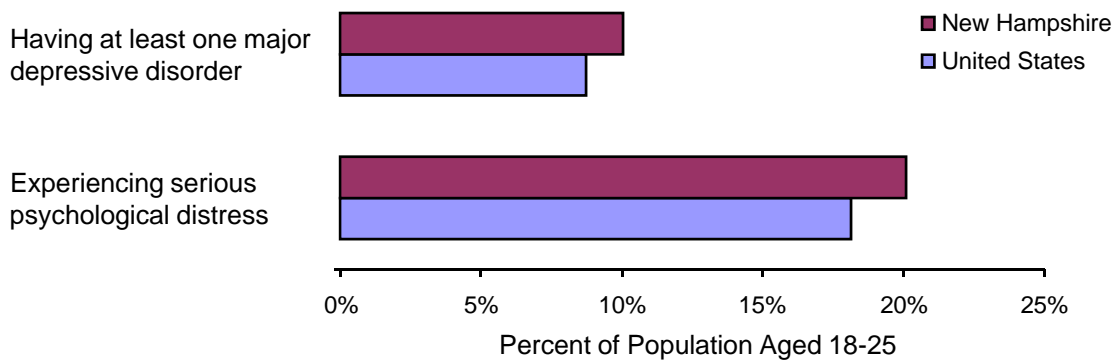
New Hampshire's youth aged 18-25 also report higher rates of needing, but not receiving, treatment for alcohol use (21% NH vs. 17% US). <sup>10</sup> Furthermore, only 21% of New Hampshire's population aged 18-25 perceives there to be great risk in binge drinking once or twice a week. <sup>10</sup>

## Mental Health and Suicide

Mental health problems are another serious issue for young adults. Over half of young adults aged 18-24 have experienced a mental health problem at some point in their lives. <sup>4</sup> Using data from the National Survey on Drug Use and Health (NSDUH), Parks and colleagues (2006) found that 14% of adults aged 18-24 experienced serious psychological distress in the past year. The rates of depression and serious psychological distress reported by young adults in New Hampshire are among the highest rates reported in the nation.

- 25% of NH older adolescents aged 18-25 have been diagnosed with depression at some point in their past, and 19% with anxiety disorder. <sup>11</sup>
- 20% of New Hampshire's young adults aged 18-25 experienced serious psychological distress. <sup>10</sup> (See figure below)
- 10% of New Hampshire's young adults aged 18-25 reported major depressive episodes in the past year. <sup>10</sup> (See figure below)

### **Mental Health of Adults Aged 18-25 Years**



- Nationally, suicide is the 3rd leading cause of death among young adults aged 18-24. <sup>5</sup> Young adults die by suicide at triple the rate of adolescents aged 12-17. <sup>4</sup> Suicide rates are higher in rural areas than in non-rural areas. <sup>2</sup> In New Hampshire, suicide is the second leading cause of death of young adults.

## Teen Pregnancy and Parenthood

Becoming pregnant and raising a family at a young age has many implications for health and well-being. Teen parents are more likely to delay or not finish high school and are less likely to attend college. They are also more likely to experience poor nutrition and health, be unemployed, and live in poverty. <sup>12</sup> Although New Hampshire boasts one of the lowest teen birth rates in the nation, teen birth rates in the poorest communities remain high - nearly three times that of wealthier communities. <sup>13</sup> In addition, mothers from the poorest fifth of towns gave birth with late or no pre-natal care at a rate higher than those in wealthier communities. <sup>13</sup> Quality and thorough prenatal care is essential for promoting the health of the mother and developing fetus. Inadequate prenatal care increases the health problems in children and can result in low birth weight, lung disorders, and even brain damage - problems that can have long-lasting implications for the health and well-being of the child. <sup>14</sup>

## High School Completion and Post-Secondary Education

High school completion is one indicator that can be used to describe the health status of young adults. Youth who do not complete high school are at an increased risk for a variety of economic and psychosocial problems. For example, non-completers are at a high risk for chronic unemployment. Arnett reports that only 40% of youth aged 16-19 who drop out of high school are employed.<sup>1</sup> Although older youth are more likely to secure employment, only 60% of drop-outs aged 20-24 get jobs.<sup>1</sup> Youth who drop out of high school also are more likely to become involved in delinquent activity.<sup>2</sup> A vast majority of young people who drop out of high school return to school or obtain a graduate equivalency by age 24.<sup>1,2</sup>

Completing high school or attaining a high school equivalency is essential in improving health outcomes. However, some post-secondary education or training is beneficial in establishing greater financial stability and security. Some research indicates that high schools today do not prepare students adequately for work.<sup>2</sup> As a result, many students with only high school degrees end up with low-paying, part-time positions, and experience underemployment or unemployment.<sup>2</sup> Steinberg reports that youth need at least two years of college or other post-secondary training in order to earn a living.<sup>2</sup>

Post-secondary education is critical in improving lifetime economic outlooks. According to the US Census Bureau, adults with a college degree earn 1.5 times that of those with only a high school degree, resulting in significant differences in lifetime earnings: adults who attend college but did not obtain a degree earned, on average, \$1.5 million more over the course of a lifetime than those with only a high school education.<sup>15</sup> Those with a bachelor's degree earn \$ 2.1 million more over the course of a lifetime than those without any college.<sup>15</sup> Nationally, 84% of adults over age 25 have completed high school, and 27% have earned at least a bachelor's degree.<sup>16</sup> In NH, approximately 90% of all residents over age 25 have completed high schools and nearly 32% have earned a bachelor's degree or higher.<sup>16</sup>

## What Can We Do? Recommendations for Helping Improve the Health and Well-Being of Young Adults in New Hampshire.

Young adulthood represents an important and unique period in the lifespan. However, despite the vulnerabilities and health disparities highlighted here, public policy discourse pays little attention to these and other issues influencing the well-being of young adults. In New Hampshire, policy makers and legislators have taken some necessary steps to help support the well being of young adults. For example, recent legislation that provides opportunities for young adults to continue to maintain coverage on their parents' health insurance policies until age 25 can help ensure access to quality care. Additionally, changes in secondary education policy help retain adolescents high school enrollment until age 18. Listed here are some additional strategies to consider:

- In addition to keeping young people in school until they have completed high school, **we need to enhance students' connection to school and ensure that they receive a meaningful and useful education.** It is important that they attain the skills that will allow them to be life-long learners who are able to access the knowledge and information they need even after they leave school.

- **Educate high school aged youth about available health resources in their community.** Young adults need to become familiar with the resources and services in their community. High schools can help address this need by providing students with information about critical health resources and how to access them. Arming them with this information as they exit the school system can help prepare them for their transition to adulthood. **Educating students about available resources also normalizes help-seeking and encourages students to seek assistance for their concerns and problems.**
- **Encourage youth to explore college and other post-secondary education programs.** Research strongly indicates that some post-secondary education is necessary to prepare adults for the changing workforce demands and increase lifetime economic outlooks. Encouraging youth to complete high school and enroll in a post-secondary education program is an important step to helping ensure economic stability for young adults. **All young people should leave high school with a viable plan for work, higher education, or service involvement.** Such a plan should be an active part of the advising process beginning in early adolescence and regularly revisited and revised. Support services should be available to assist youth in taking actions necessary to be prepared for the work world or additional education.
- **Ensure availability of mental health care.** Mental health care needs to be tailored to address the needs of young adults, and practitioners may need special training to understand the developmental issues of this group of young people. Mental health care also needs to be psychologically accessible to young adults. We need to reduce the stigma associated with mental health care and normalize help seeking. If we can demystify the process of receiving mental health care, we may reduce the concerns young people have about confidentiality and their fears about how mental health information might be used to their detriment.
- **Advocate for substance abuse education and treatment.** Young adults need to understand the risks of substance use and where to turn for help if they struggle with substance abuse or addiction. Treatment programs need to be more easily available and designed with the needs of young adults in mind.
- **Provide opportunities for young adults to be engaged in community service.** Beginning early to encourage civic engagement can contribute to the positive development of adolescents, but also should result in young adults maintaining connections to their communities and caring adults with whom they might serve. Engagement in community service should reduce involvement in substance use and other risky behaviors.
- **Prevention and intervention programs need to be gender sensitive.** Young males appear to be at much greater risk for mortality, injury, substance use, and lack of medical care. Resources, client services, and information should take into consideration differences between male and female young adults.
- **Include young adults when designing programs or making service delivery plans so that their interests, needs, and preferences are considered when decisions are being made.** Young adults can make important contributions to advisory boards or planning committees.

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