National Adolescent Health Information Center

NAHIC

2008 Fact Sheet on

This version has revised information for the figure & text on emergency visits on Pg 4.

# Health Care Access & Utilization:

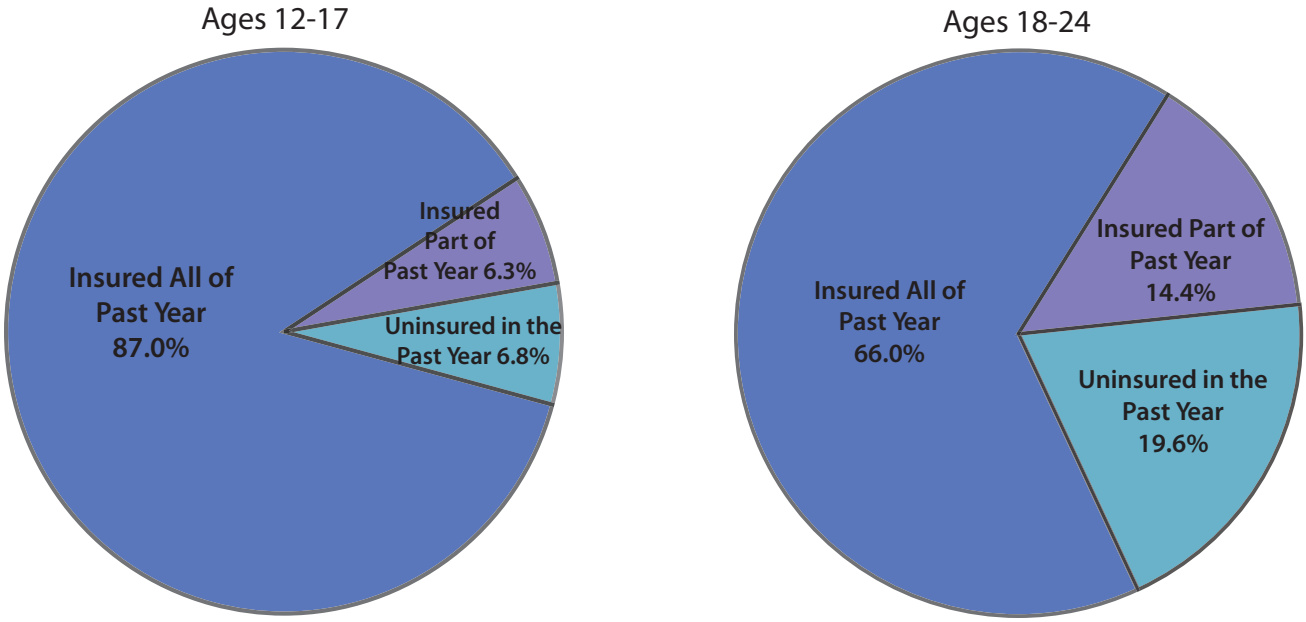
## Adolescents & Young Adults

***Highlights:***

- Health insurance coverage declines between adolescence and young adulthood.
- The proportion of adolescents with private health insurance is declining.
- Only one half of Hispanic young adults are covered by health insurance.
- Almost three quarters of adolescents had a preventive care visit in the past year.
- The rate of emergency visits is higher among female and Black adolescents and young adults.
- About one in five youth with special health care needs goes without needed health care services.

- **Health insurance coverage declines between adolescence and young adulthood.**

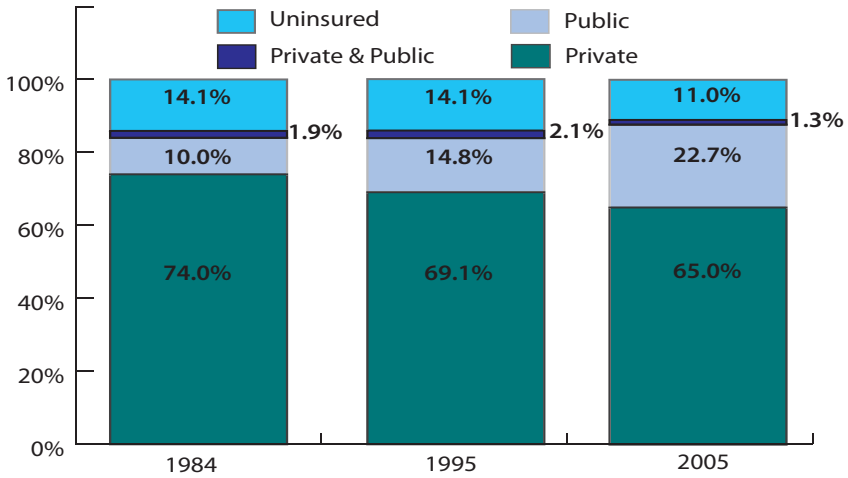
Health Insurance Coverage by Age, Ages 12-24, 2005[1]




Young adults ages 18-24 were almost three times more likely to be uninsured anytime in the past year than adolescents ages 12-17 in 2005 (see figures).[1] Young adults are least likely to have health insurance coverage among all age groups.[2] Coverage increases access to health care. Among young adults without health insurance, 57% reported not seeing a doctor when they had a medical problem, skipping a test or treatment, not seeing a specialist when needed or not filling a prescription; this figure was 31% among insured peers.[3]

## The proportion of adolescents with private health insurance is declining.

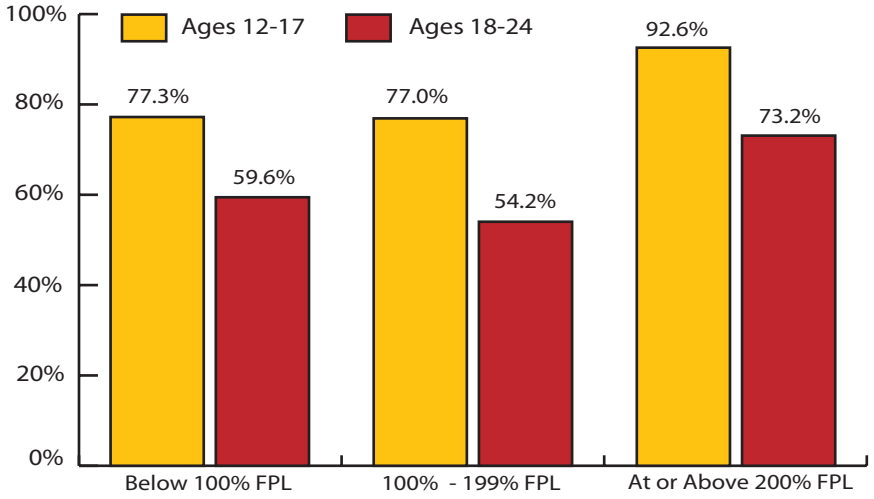
Trends in Health Insurance Coverage by Type, Ages 10-18, 1984-2005[1,4]




The proportion of adolescents ages 10-18 covered by private health insurance decreased between 1984 and 2005. This decrease was offset by the increase in public health insurance for adolescents during the same period (see figure).[1,4] Young adults ages 19-24 experienced a parallel trend over this period: the percentage with private insurance decreased from 65.0% to 55.8% and the percentage with public insurance increased from 7.0% to 12.6%; the percentage with no insurance increased from 25.0% to 31.0%.[1,5]

## Poor and near-poor adolescents and young adults are less likely to have health insurance.

Past-Year Health Insurance by Federal Poverty Level (FPL) & Age, Ages 12-24, 2005[1]

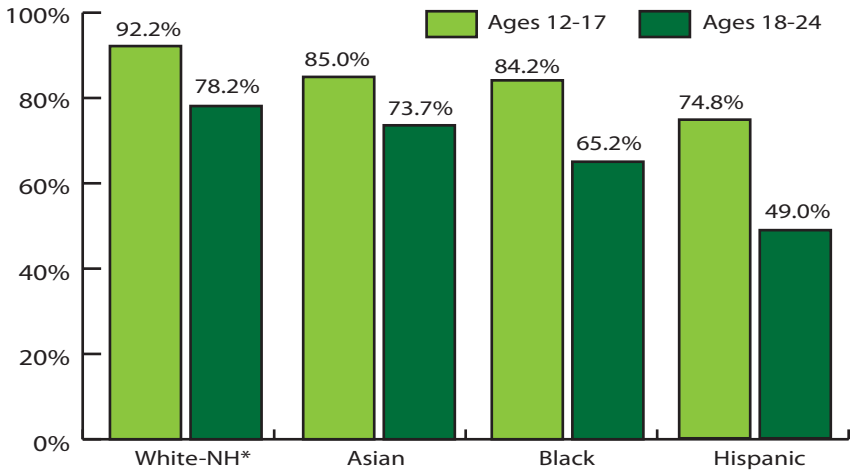



Adolescents and young adults who were near-poor (100%-199% FPL) and poor (below 100% FPL) were less likely to have health insurance coverage than those with higher family incomes in 2005 (see figure). Among poor adolescents ages 12-17, females and males had similar insurance rates (76.4% vs. 78.1%). For poor young adults ages 18-24, females were more likely to be insured than males (63.7% vs. 54.4%).[1]

FPL = federal poverty level; it is calculated as a series of poverty guidelines set by the U.S. DHHS on an annual basis. The FPL for a family of four in 2005 was $19,350.[6]

## Only one half of Hispanic young adults are covered by health insurance.

Past-Year Health Insurance by Race/Ethnicity* & Age, Ages 12-24, 2006[2]

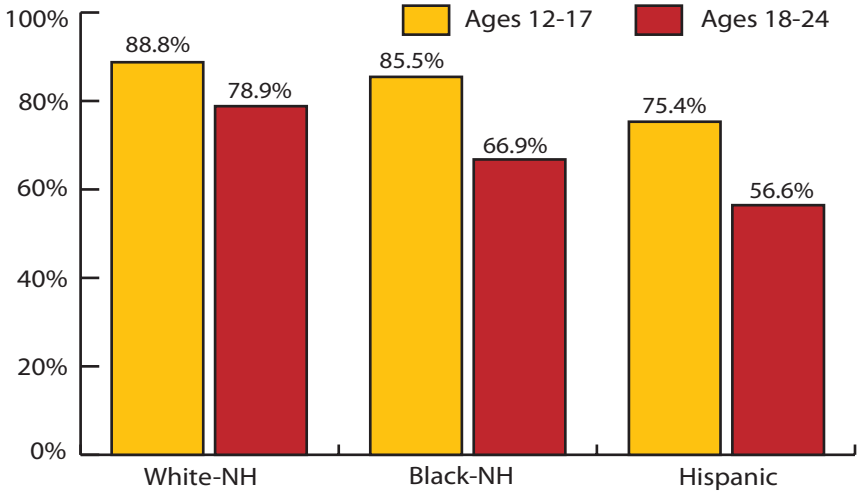



In 2006, only one half of Hispanic young adults ages 18-24 were covered by health insurance during the past year. Hispanic adolescents and young adults were less likely to have insurance than peers in other racial/ethnic groups. Racial/ethnic differences in past-year insurance rates are larger among young adults (see figure).[2]

* The abbreviation NH(s)=non Hispanic(s) applies to all graphs and text throughout the fact sheet.
For definitions of terms in figures or text, please refer to the source cited.

## Hispanic young adults are least likely to report having visited a provider in the past year.

Past-Year Provider Visit by Race/Ethnicity & Age, Ages 12-24, 2005[1]

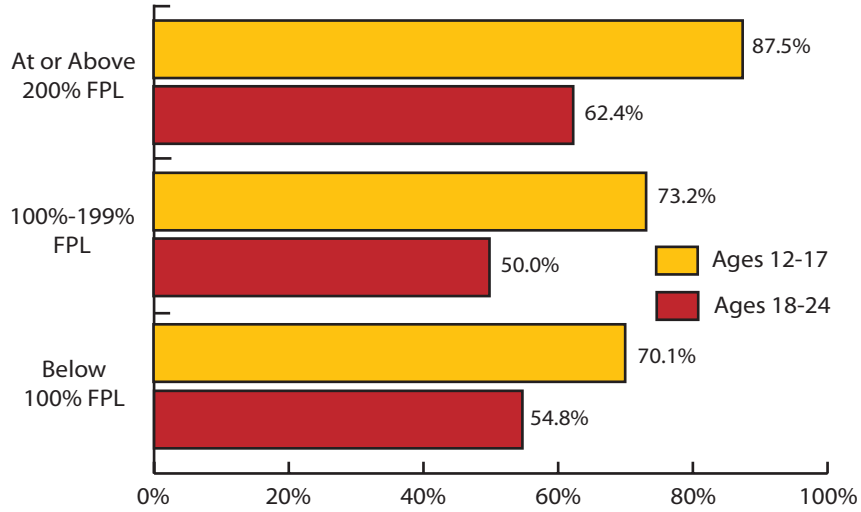



Hispanic young adults ages 18-24 had the lowest rate of past-year visits (e.g., well-visit or acute care) at a doctor's office among same-age peers in other racial/ethnic groups in 2005. This was true for adolescents ages 12-17 as well, but the difference was not as wide as for young adults (see figure).[1]

## Poor and near-poor adolescents and young adults are less likely to have a dental care visit.

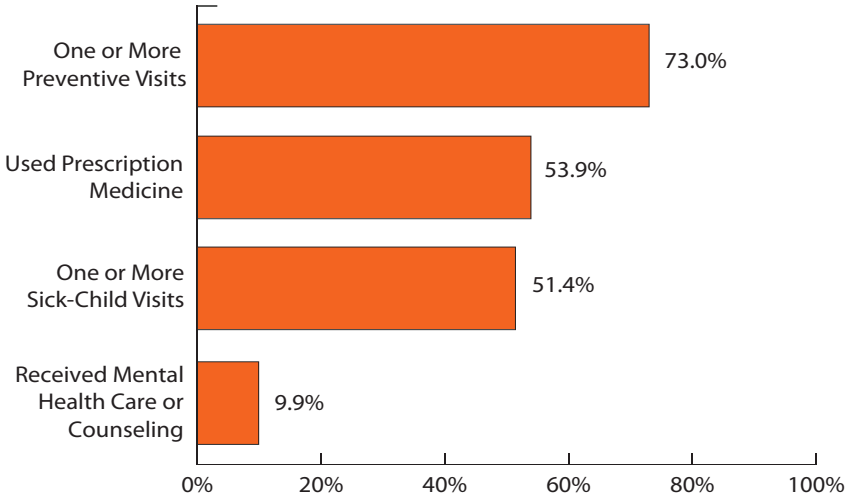
Poor and near-poor adolescents ages 12-17 and young adults ages 18-24 were less likely to have had a past-year dental care visit than those with higher incomes in 2005 (see figure). For both age groups, dental care visits were slightly higher among females than males. Overall, adolescents were much more likely to have a past-year dental care visit than young adults (81.6% vs. 57.6%).[1] Additionally, over three fourths of adolescents ages 12-17 had dental insurance coverage in 2003.[7]

Past-Year Dental Care Visit by Federal Poverty Level & Age, Ages 12-24, 2005[1]




## Almost three quarters of adolescents had a preventive care visit in the past year.

Past-Year Health Care Services by Type, Ages 12-17, 2003[7]




Almost three quarters of adolescents ages 12-17 had one or more past-year preventive medical care visits in 2003. Over half of adolescents had a sick-child visit in the same timespan (see figure).[7] Among adolescents and young adults ages 12-24 in 2004, trauma-related disorders and acute bronchitis/upper respiratory infections were the leading reasons for past-year outpatient and office-based provider visits.[8]

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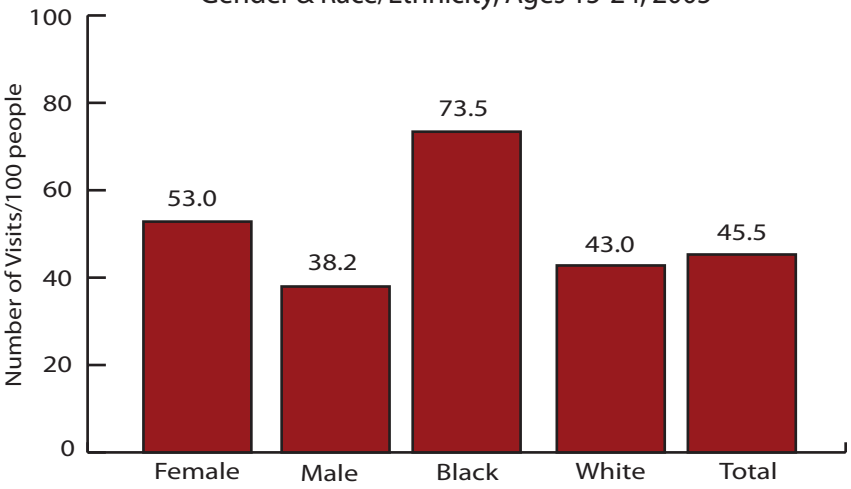
## The rate of emergency visits is higher among female and Black adolescents and young adults.

Rate of Past-Year Emergency Department Visit by Gender & Race/Ethnicity, Ages 15-24, 2005[9]

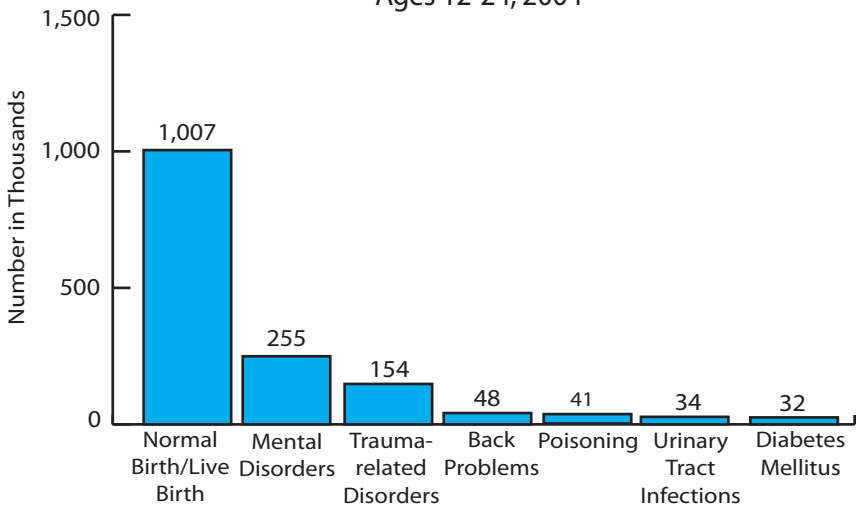



In 2005, adolescents and young adults ages 15-24 had a rate of 45.5 visits per 100 people to the emergency department (ED) in the past year. Females and Blacks in this age group had higher rates of past-year ED visits than their peers (see figure). This age group had the highest rate of ED visits per 100 people, except for infants, young children and the elderly (< age 1 = 91.3; ages 1-4 = 57.1; ages 75+ = 59.5). The primary diagnosis for ED visits among ages 13-21 was a contusion, or injury with an intact skin surface.[9]

## Childbirth is the leading condition for hospitalization among adolescents and young adults.

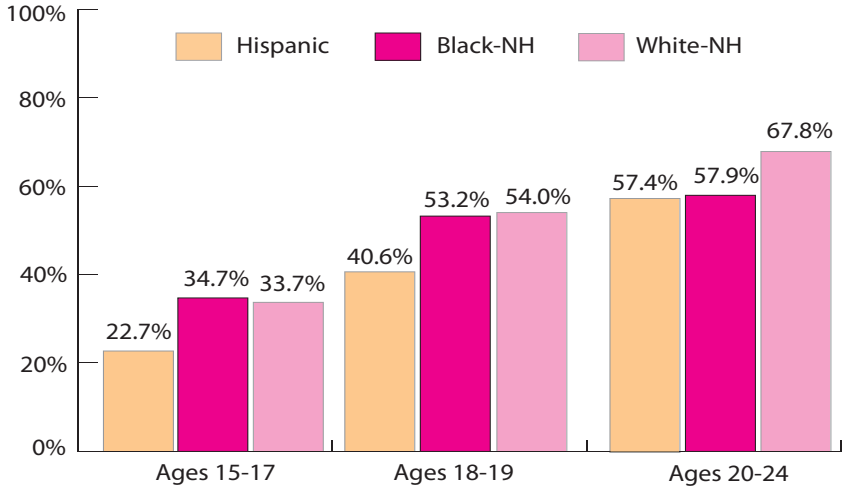
Normal childbirth was the leading cause of inpatient hospitalizations for adolescents and young adults ages 12-24 in 2004. Mental disorders were the second leading cause, followed by trauma-related disorders, such as open wounds and fractures (see figure). The leading cause of hospitalization for children 11 and under was infectious diseases; for adults ages 25-44, normal child birth was the leading cause; at age 45 and higher, it was heart conditions.[8]

Number of Hospital Inpatient Stays by Condition, Ages 12-24, 2004[8]




## Two thirds of sexually active White, young adult females received a past-year family planning service.

Received At Least One Family Planning Service[N] in the Past Year by Age & Race/Ethnicity, Sexually Active Females, Ages 15-24, 2002[10]




In 2002, two thirds of White-NH* young adult females ages 20-24 received at least one family planning service[N] from a medical care provider in the past year. Among all age groups, Hispanic females were least likely to have received a past-year service (see figure).[10] Among all young adult females, genital disorders and contraception were the fourth leading reason for outpatient/office-based provider visits.[8]

N = Family planning services include birth control methods, counseling, checkups and tests, and sterilization counseling or operations.[10]

* The abbreviation NH(s)=non Hispanic(s) applies to all graphs and text throughout the fact sheet.
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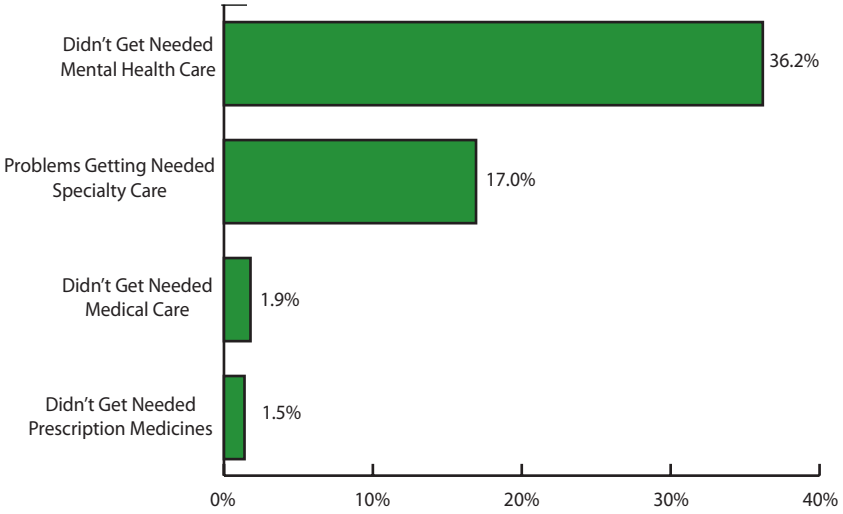
## ▸ Adolescents experience problems in access to mental health and specialty care.

Health Care Access Problems among Adolescents Needing Services by Selected Services, Ages 12-17, 2003[7]



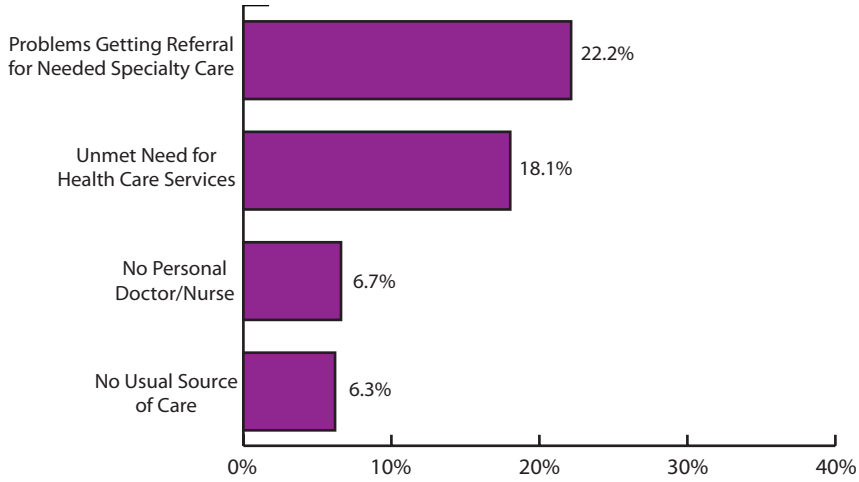

Adolescents experience problems in access to health care, particularly mental health and specialty care. In 2003, among all adolescents ages 12-17 in need,[N] over one third did not receive needed mental health services (see figure).[7] Problems in access to care also occur among young adults: 36.3% of males and 19.9% of females had no usual source of care; and 9.0% of females and 5.7% of males did not fill a prescription because of cost (ages 19-24, 1998-2001 data).[11]

N: "in need" = adolescents with emotional, developmental or behavior problems who needed mental health services.

## ▸ About one in five youth with special health care needs goes without needed health care services.

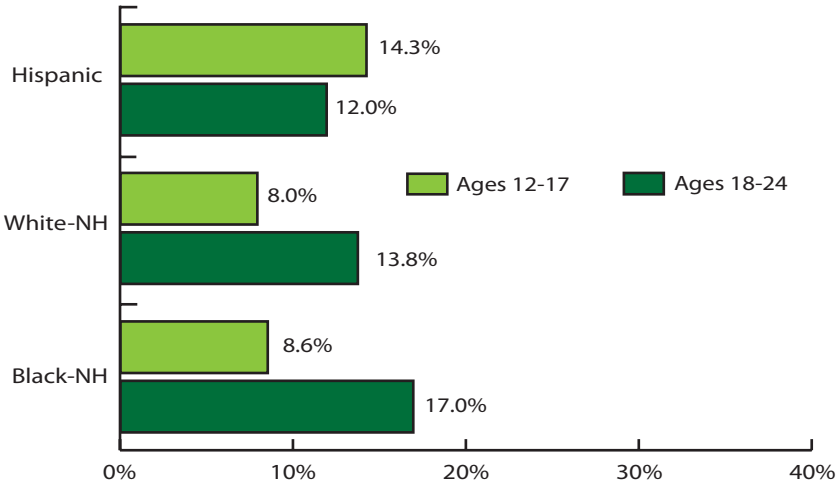
Almost one out of five adolescents with special health care needs (SHCN) ages 12-17 had a past-year unmet need for any health care services in 2005-06 (see figure).[12] Overall, about 1 in 6 adolescents have special health care needs, and these youth use health care services more often than peers who don't have disabilities.[13] Among young adults ages 19-29, 4.7% have a disabling chronic condition. For young adults with disabling conditions who are insured, unmet needs are higher than those of insured peers without disabling conditions.[14]

Health Care Access Problems among Adolescents with Special Health Care Needs, Ages 12-17, 2005-06[12]




## ▸ Black young adults have the highest rate of unmet dental care needs.

Unmet Dental Care Needs in the Past Year by Race/Ethnicity & Age, Ages 12-24, 2005[1]




Black young adults ages 18-24 were more likely to have an unmet dental care need in the past year than same-age peers in other racial/ethnic groups in 2005 (see figure). Unmet dental care needs are highest for female and near-poor adolescents and young adults.[1] Untreated tooth decay, one indicator of unmet dental care needs, affected 2 in 10 adolescents ages 12-19 in 1999-2004.[15]

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For definitions of terms in figures or text, please refer to the source cited.

## Data and Figure Sources & Other Notes:

1. The Public Policy Analysis and Education Center for Middle Childhood, Adolescent and Young Adult Health. (2007). National Health Interview Survey, 2005 [Private Data Run]. [Available at URL (1/08): http://www.cdc.gov/nchs/nhis.htm]

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9. Nawar, E. W., Niska, R. W., & Xu, J. (2007). National Hospital Ambulatory Medical Care Survey, 2005 emergency department summary. *Advance Data from Vital and Health Statistics*, 386, 1-31.

10. Mosher, W. D., Martinez, G. M., Chandra, A., Abma, J. C., & Wilson, S. J. (2004). Use of contraception and use of family planning services in the United States: 1982-2002. *Advance Data from Vital and Health Statistics*, 350, 1-35.

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12. National Survey of Children with Special Health Care Needs. Data Resource Center, 2005-06 [Online Database]. [Available at URL (1/08): http://cshcndata.org/]

13. Newacheck, P. W., Inkelas, M., & Kim, S. E. (2004). Health services use and health care expenditures for children with disablities. *Pediatrics*, 114(1), 79-85.

14. Callahan, S. T., & Cooper, W. O. (2006). Access to health care for young adults with disabling chronic conditions. *Archives of Pediatric and Adolescent Medicine*, 160, 178-182.

15. Dye, B. A., Tan, S., Smith, V., Lewis, B. G., Barker, L. K., & Thornton-Evans, G., et al. (2007). Trends in oral health status: United States, 1988–1994 & 1999–2004. *Vital and Health Statistics*, 11(248), 1-92.

In all cases, the most recent available data were used. The category names presented are those of the data sources used (e.g., racial/ethnic data). Every attempt was made to standardize age ranges and other variables given variation of the data sources used. For any questions regarding data presented, please contact NAHIC.

## NAHIC Briefs & Fact Sheets

A Health Profile of Adolescent & Young Adult Males

The Mental Health of Adolescents: A National Profile, 2008

Fact Sheet on Demographics: Adolescents & Young Adults

Fact Sheet on Health Care Access & Utilization: Adolescents & Young Adults

Fact Sheet on Mortality: Adolescents & Young Adults

Fact Sheet on Reproductive Health: Adolescents & Young Adults

Fact Sheet on Substance Use: Adolescents & Young Adults

Fact Sheet on Suicide: Adolescents & Young Adults

Fact Sheet on Unintentional Injury: Adolescents & Young Adults

Fact Sheet on Violence: Adolescents & Young Adults

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**Background on NAHIC**

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (U45MC 00002) to serve as a national resource for adolescent health research and information and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

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All listed Briefs & Fact Sheets can be downloaded at http://nahic.ucsf.edu/index.php/data/article/briefs_fact_sheets/

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