INVESTING IN THE HEALTH AND WELL-BEING OF YOUNG ADULTS

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INSTITUTE OF MEDICINE AND NATIONAL RESEARCH COUNCIL

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www.iom.edu/youngadults
Abbreviated Study Statement of Task

- **Review the state of the science and policies** pertinent to the life course of young adults (approximately 18-26 years old).
- **Provide recommendations** for policy, programs, research, systems development and service delivery, primarily targeted at federal and state governments.
Committee Membership

RICHARD BONNIE (Chair), University of Virginia School of Law
CLAIRE BRINDIS, University of California, San Francisco
GLADYS CARRION, New York City Administration for Children’s Services
MARK COURTNEY, University of Chicago
ROBERT CROSNOE, The University of Texas, Austin
MARYANN DAVIS, University of Massachusetts Medical School
KATHLEEN MULLAN HARRIS, University of North Carolina at Chapel Hill
HARRY HOLZER, Georgetown University
CHARLES IRWIN, JR., University of California, San Francisco
BEATRIZ LUNA, University of Pittsburgh
VELMA McBRIDE MURRY, Peabody College of Vanderbilt University
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JOHN SCHULENBERG, University of Michigan
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LESLIE WALKER, Seattle Children’s Hospital and the University of Washington
Young Adult Advisory Group

MARCUS BROWN, Chief Executive Officer, Adolesco Services
HERNAN CARVENTE, Research Assistant, Vera Institute of Justice
JENNIFER COLLINS, Student, University of Maryland
AMY DOHERTY, Board President, National Youth Leadership Network
SEMIRA ABDULMALIK KASSAHUN, Former Youth Advisor, Colorado Department of Public Health and Environment
JACKIE MALASKY, Public Health Professional, Baltimore, Maryland
PAUL RASTRELLI, Community Health Action Team Member, Kaiser Permanente
ANDREA VESSEL, Student, American University
Young adulthood is a critical developmental period
The world has changed in ways that place greater demands on young adults.

Economic restructuring, advances in information and communication technologies, and changes in the labor market have radically altered the landscape of risk and opportunity in young adulthood.
Young adults today follow less predictable pathways than those in previous generations.

Pathways are more diverse now in **timing** and **sequencing** of:

- leaving home
- completing school
- entering the workforce
- forming a romantic partnership
- becoming a parent
Inequality can be magnified during young adulthood

17% of 16-24 year olds are neither in school nor working

The earnings gap between those with a BA and those with only a high school diploma has roughly doubled since 1980

Note: Citations for all figures in this presentation are in the report, which can be downloaded from www.iom.edu/youngadults
Young adults are surprisingly unhealthy

37% of young adults are obese

Young adults are more likely to be injured or die in motor vehicle crashes than adolescents or 26-34 year olds

One-fifth of young adults aged 18-25 had a mental illness in the past year, yet two-thirds did not receive treatment
Supporting young adults will benefit society

Young adults aged 25 or younger account for over 40 percent of active duty military personnel and about half of enlisted servicemen and women.

The “elder dependency ratio” (ratio of individuals in the population aged 65 and older to the working-age population) is rapidly increasing.

Many young adults are parents; approximately half of all first births are to women aged 26 or younger.
Marginalized young adults are a heterogeneous group, but they often share characteristics and experiences.

For example:
- Low income
- Behavioral health problems

Similarly, there is considerable overlap in the populations targeted by the many programs that serve marginalized young adults.

For example, programs for:
- Young adults aging out of foster care
- Young adults in the justice system
- Homeless young adults
- Young parents
Key Finding: Research on Marginalized Young Adults

There is no comprehensive view of populations of marginalized young adults, and this limits the development of policies and programs intended to reduce their marginalization.

“When a young person goes into the foster care system and ends up in the criminal justice system, it is hell to get all the data that was in the foster care system to that other system so that they understand what the young person went through, the services he needed, and whether or not he needs them again.”
Recommendations: Research on Marginalized Young Adults*

Incorporate a **greater focus on marginalized young adults** in ongoing and new population-based studies of young adults

**Make better use of administrative data** for describing the overlap of populations, trajectories into and out of systems, and evaluating policies and programs affecting young adults

*To see the full recommendations, download the report at www.iom.edu/youngadults*
Key Findings: Policies and Programs for Marginalized Young Adults

• Fragmented programs have narrow and idiosyncratic eligibility criteria that pose obstacles to young adults’ getting the help they need, often create lapses in help when it is provided, and too often are stigmatizing.

• Major entitlement programs intended to help vulnerable populations provide limited support for young adults, and discretionary programs targeting these populations often fall far short of meeting demonstrable need.

“A huge problem is we still have many systems that address one aspect of an individual, so at one time the individual will get mental health services, and then when that is done, the individual will get academic services, and then financial. But we need all of those services at the same time in order to have our basic needs met. Then we can move forward to reaching our full potential.”
Key Findings: Policies and Programs for Marginalized Young Adults

- Variations in the categorization of marginalized young adults across programs result in a lack of accountability, with multiple distinct outputs and outcomes being associated with the plethora of programs.
- There is no collective accountability for improving the overall health and well-being of marginalized young adults.
Recommendations: Policies and Programs that Serve Marginalized Young Adults

Enable **more flexible and efficient eligibility determination and service provision** for marginalized young adult populations.

Create **accountability for achieving improvement on a limited set of key outcomes** for marginalized young adults.

Emphasize **evaluation of programs aimed at improving outcomes across multiple vulnerable populations**.
For more information, visit www.nas.edu/youngadultsresources

Mark Courtney
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Starting a career is an important part of entering adulthood. But poor mental and physical health can make it harder to find and keep a job.

Where does health fall on your to-do list?

- [ ] text Anthony about dinner
- [ ] laundry 😞
- [ ] update resume
- [ ] groceries — bread, bananas, eggs
- [ ] go to gym w/ Kayla
- [ ] schedule physical

Learn more: www.iom.edu/youngadults

INVESTING IN THE HEALTH AND WELL-BEING OF YOUNG ADULTS

INSTITUTE OF MEDICINE AND NATIONAL RESEARCH COUNCIL OF THE NATIONAL ACADEMIES
A Brave New World: Providing Foster Care to Young Adults

Mark E. Courtney
Professor
School of Social Service Administration
Summary of research on care leavers

- **Multiple studies over the past two decades show very poor adult outcomes for former foster youth**
- **Midwest Study “natural experiment” testing the potential benefits of extending care to 21**
- **Allowing foster youth to remain in care until age 21 is associated with:**
  - Increased likelihood of obtaining post-secondary education; though few youth have completed a degree by age 26, many remain in college
  - Increased earnings
  - Delayed pregnancy
  - Increased involvement of young fathers with their children
  - Reduced crime among females
  - Delayed homelessness
  - Increased receipt of independent living services
Many states are now extending care...

- The experience of Illinois and other jurisdictions is instructive, but between- and within-state variation in extending care provides an opportunity to learn how best to use this policy option to improve youths’ transitions to adulthood

- Developmentally appropriate care for young adults will require fundamental rethinking of key aspects of operation of the child welfare and court systems (e.g., youths’ involvement in decision making; case management, including managing relations with kin; placements; and services)

- Supporting young adults will require effective engagement with adult-serving systems

- **Doing the same things we do with children will lead to poor youth engagement and poor outcomes!**
• **California Youth Transitions to Adulthood Study**

• **Partnership:**
  - California Department of Social Services
  - County Welfare Directors Association of California
  - Conrad N. Hilton Foundation, Stuart Foundation, Walter S. Johnson Foundation, Zellerbach Family Foundation, and Annie E. Casey Foundation

• **Evaluation of the impact of California Fostering Connections to Success Act (AB 12) on outcomes for foster youth**

• **Study Methods:**
  - Collection of data from transition-age foster youth (at ages 17, 19, and 21) and child welfare workers (in 2013 and 2015)
  - Analysis of administrative program data: foster care histories; postsecondary education; employment; receipt of government aid (TANF, SNAP), and arrests
  - Qualitative research on youths’ living arrangements
Purpose of Youth Survey

- Obtain information about a broad range of life experiences & young adult outcomes
- Eligible youth between 16 3/4 and 17 3/4 years of age
- In care at least 6 months
## Selected characteristics and experiences

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total sample (n = 727)</td>
<td>100</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Ever placed in special education classroom</td>
<td>34</td>
</tr>
<tr>
<td>Repeated or been held back a grade</td>
<td>33</td>
</tr>
<tr>
<td>Want a college degree or more education</td>
<td>83</td>
</tr>
<tr>
<td><strong>Currently full or part-time employment</strong></td>
<td>15</td>
</tr>
<tr>
<td><strong>Behavioral health</strong></td>
<td></td>
</tr>
<tr>
<td>Symptoms of current mental health or substance use disorder</td>
<td>53</td>
</tr>
<tr>
<td>Received psychological or emotional counseling</td>
<td>54</td>
</tr>
<tr>
<td>Ever been arrested</td>
<td>39</td>
</tr>
</tbody>
</table>
### Social Support

#### Number of Available Supports

<table>
<thead>
<tr>
<th></th>
<th>Median</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>4</td>
<td>5.6 (6.6)</td>
</tr>
<tr>
<td>Tangible</td>
<td>3</td>
<td>3.9 (6.2)</td>
</tr>
<tr>
<td>Advice/Guidance</td>
<td>3</td>
<td>4.6 (9.2)</td>
</tr>
</tbody>
</table>

#### Adequacy of Amount of Support

<table>
<thead>
<tr>
<th></th>
<th>Enough</th>
<th>Too Few</th>
<th>No One</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Emotional</td>
<td>497</td>
<td>65.1</td>
<td>206</td>
</tr>
<tr>
<td>Tangible</td>
<td>443</td>
<td>59.5</td>
<td>266</td>
</tr>
<tr>
<td>Advice/Guidance</td>
<td>542</td>
<td>71.8</td>
<td>172</td>
</tr>
</tbody>
</table>
Closeness to others

*Current foster parent(s), guardian(s), adoptive parent(s), adult relatives(s) youth lives with

*Current caregiver (n=504)
Brothers/sisters (n=727)
Adults in group home (n=163)
Grandparents (n=727)
Biological mother (n=630)
Step-father (n=299)
Biological father (n=548)
Step-mother (n=218)

Very close
Somewhat close
Not very close
Not at all close
NA/Deceased
## Desire to stay in care

<table>
<thead>
<tr>
<th>Reason</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Want to stay in foster care after age 18 (yes) (n=727)</td>
<td>475</td>
<td>67.4</td>
</tr>
<tr>
<td><strong>Top 3 most cited reasons for NOT WANTING to stay in care after age 18:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wants to be on own and have more freedom</td>
<td>103</td>
<td>38.6</td>
</tr>
<tr>
<td>Does not want to deal with social workers anymore</td>
<td>36</td>
<td>15.0</td>
</tr>
<tr>
<td>Wants to live with biological parents</td>
<td>23</td>
<td>9.3</td>
</tr>
<tr>
<td><strong>Top 3 most cited reasons for WANTING to stay in care after age 18:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wants help achieving educational goals</td>
<td>217</td>
<td>45.6</td>
</tr>
<tr>
<td>Wants to continue receiving housing and other material support</td>
<td>190</td>
<td>37.1</td>
</tr>
<tr>
<td>Is happy in current foster care placement</td>
<td>51</td>
<td>8.8</td>
</tr>
</tbody>
</table>
For more info:

http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth

http://www.chapinhall.org/research/report/findings-california-youth-transitions-adulthood-study-calyouth