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ADOLESCENT AND YOUNG ADULT MEDICINE: SUPPORTING AN OFTEN FORGOTTEN POPULATION

Isabelle Mason

Dr. Kathy Mariani

Family Medicine South Burlington, September 2018

PROBLEM IDENTIFICATION

- Young adults show worse health profile than adolescents and adults in late 20s and 30s
 - Majority of these health problems are preventable
- Compared to other age groups, young adults have highest rate of death and injury from motor vehicles, homicides, mental health problems, STIs and substance abuse
- At the forefront of the obesity epidemic
- Behaviors associated with morbidity and mortality across lifespan tend to emerge or peak during young adulthood
 - Tobacco use, low levels of fitness, poor nutrition leading to CVD and pulmonary disease

PUBLIC HEALTH COST

- Young adults are among those at highest risk of uninsurance
 - Incrementally worse coverage and access for young adolescents (10-14) and older adolescents (15-18), peaking among young adults (19-25)
- 2009 Medical expenditure panel survey showed that young adults (18-25) had the lowest percentage of health care utilization (72%) and were tied with children age 0-11 as second highest frequenters of emergency rooms (15%)
 - Top ER visitors were in adults over 65yo (17%)
- As of October 2014, almost 20% of young adults aged 18-25 had mental illness in the past year, yet 66% of these didn't receive treatment

COMMUNITY PERSPECTIVE

- “I love working with adolescents in my practice. The biggest issue I have, however, is that we don’t have enough time in our appointment to tackle all of the preventative medicine topics.” **Whitney Calkins, MD**
- “Improving access to preventive health is especially important for adolescents and young adults. Accessing yearly well care visits encourages a healthy relationship with their medical provider to build a youth’s strengths and assets, assess and reduce risks, and create lifelong habits that promote health and wellbeing. This relationship increases the likelihood that adolescents will seek health care when they need it, especially for sensitive health services including sexual and reproductive health, mental health, or substance abuse.” **Alyssa Consigli, RD (Project Director at Vermont Child Health Improvement Program)**

INTERVENTION

- Compiled a list of online and community-based resources in the Burlington,VT area that could be utilized by adolescents and young adults
 - Offer opportunities for ameliorating the physical and mental health and well-being of young adults
- Created a “dot phrase” on EPIC (YoungAdultResources)
- Shared the phrase with physicians at SBFM
- When any young adult comes for a visit, this will be included in their “after visit summary”, which can be obtained at checkout or on MyHealthOnline

RESPONSE DATA

- While no formal response data was received, practitioners at SBFM were excited and eager to implement the dot phrase in future encounters
- Physicians appreciated the diverse nature of the services listed and the ability to have tangible services to offer patients
- Physicians noted that these services could help patients get the care that can't be offered by annual/biennial wellness visits

EVALUATION OF EFFECTIVENESS AND LIMITATIONS

- The list offers many services that can help young adults during a pivotal time in their lives when long-term effects of daily lifestyle choices are more profound than initially imagined
- Impossible to know whether patients actually look at their after visit summary and are made aware of the options in Burlington,VT
- Difficult to know whether patients would have otherwise been introduced to these services at other junctures in their lives

RECOMMENDATIONS FOR FUTURE INTERVENTIONS

- Further research and work looking specifically at adolescent and young adult males, who, during second and third decades, have worse outcomes than females in substance use, unintentional injury and suicide
- Evaluate how adolescent and young adult friendly various family medicine practices are in Chittenden County
- Assess number of adolescents and young adults that are coming to family medicine offices and how often they come
 - Look into the rate of “no shows” among adolescents and young adults vs other age groups and implement a system by which fewer individuals slip through the cracks

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Yes / No

Name: _____ Whitney Calkins _____

- Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Yes / No

Name: _____ Alyssa Consigli _____