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Journal of Adolescent Health xx (2006) xxx–xxx

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 JOURNAL OF  
 ADOLESCENT  
 HEALTH
 

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## Editorial

## Growing Up Healthy: Are Adolescents the Right Target Group?

Social scientists have known for some time that the life course is highly adaptable, that the timing of marriage, fertility, or even mortality changes with economic and social conditions [1]. Yet, it still comes as something of a surprise to recognize how rapidly these changes can produce different social timetables for growing up or, for that matter, growing old. In the past four decades, the median age of marriage has increased by more than five years, for example. These and other changes have created something of a demographic limbo for large numbers of young adults, who linger in their twenties waiting to establish themselves economically. No longer does the end of adolescence signal the beginning of adulthood. Today, the twenties have become what the late teens were a half century ago—a time of transition [2].

This shift has focused new attention to this period of life, variously referred to as early adulthood or emerging adulthood [3]. There is no need, however, to assume that the prolongation of the period is necessarily a bad thing for either young adults or the larger society, as is the tendency of the popular press. The fact that young people come of age today more slowly than they did a half-century ago could be advantageous or disadvantageous, depending on how the time is used and whether social institutions, such as our health care institutions, are adapting to the changes that have taken place. In this issue of the *Journal of Adolescent Health*, Park and her colleagues make an important contribution to the current dialogue about young adulthood by describing the health status of young adults in the United States, indicating that this country faces some distinct challenges in making this stage of life less perilous and more productive for this group of youth [4].

Young adults face higher risks of mortality from suicide, homicide, and accidents, health-compromising behaviors such as smoking and substance abuse, reproductive health problems, and a range of mental disorders than do youth in their early teens. Moreover, and perhaps not wholly unrelated to the uptick in the incidence of health problems from the teens to the early twenties, is the fact that young adults experience the highest rates of poverty and the lowest level of health insurance of any age group in society [5].

Is the fact that young adults are entering the workforce full-time later, settling into permanent unions later, and having children later the source of these problems, as researchers cited by Park and her colleagues suggest? We do not know for sure,

but a recent study that charted changes in health and well-being over recent decades provides no evidence for this. A recent analysis of vital statistics data showed no shift in the timing of various problem behaviors as the entrance to adulthood has extended [6]. In other words, the findings reported by Park and colleagues would have looked much the same had they examined the data 20 or 30 years earlier. In fact, the analyses by Park and her colleagues suggest that health policy experts have identified adolescence as a special period of high risk for young people when, at least compared with early adulthood, it is not.

Park and her colleagues also report on some critically important good news: Many indicators of ill-being and ill-health have been declining even as the period of early adulthood has been extended. Furthermore, it appears that most indicators improve as youth move from their early to their mid- and late-twenties, lending support for the hypothesis that risk-taking declines with age (albeit at a later age than is generally assumed), perhaps as young adults assume responsibilities as workers and family members.

Yet, in international perspective—a dimension not discussed in this review—youth in the United States are not faring well. By most standards, young adults in the United States have higher rates of problem behavior and mortality than their counterparts in other industrialized countries, especially in Europe, even though European youth are also extending the transition to adulthood. Is this because of our culture, our health care system (or lack thereof), our schools, our high rate of poverty, or some combination of these sources? It is impossible to say without further comparative research. As the authors of this piece correctly note, there is a paucity of research on this age group, especially from a comparative perspective.

This much we do know: By and large, young adults, especially those who do not come from affluent families, are underserved by social institutions, most notably the health care system. Extending publicly subsidized health insurance to young adults who cannot afford it seems like a logical first step. Policymakers also need to think hard whether the assumption that age 18 or even 21 years is an appropriate age to terminate an array of services that are offered by federal and state government to children. It makes little sense to exclude young adults from services such as foster care, mental health, special education, and the like when they are almost by defi-

