

Young Adult Preventive Health Care Guidelines

There but Can't Be Found

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Objectives: To (1) identify adolescent and adult clinical preventive services guidelines relevant to the young adult age group; (2) review, compare, and synthesize these guidelines, with emphasis on the extent to which professional guidelines are consistent with evidence-based guidelines developed by the US Preventive Services Task Force; and (3) recommend the next steps in the establishment and integration of preventive care guidelines for young adults.

Design: Nonexperimental: an Internet search was conducted to identify relevant preventive care guidelines for the young adult group.

Setting: The search included federal agencies and professional organizations that focus on health areas linked to the care of young adults or that provide health care to adolescents and young adults.

Participants: National organizations, federal agencies, health professional associations, and medical societies.

Main Outcome Measures: Preventive services guidelines for adolescents and adults that intersect with the age range of 18 to 26 years.

Results: When the ages of 18 to 26 years are carved out of established professional guidelines across specialty groups, there is a broad number of recommendations, with many supported by sufficient evidence to receive a US Preventive Services Task Force grade of A or B that can inform the care of young adults.

Conclusions: We recommend the establishment of young adult preventive health guidelines that reflect the current evidence-based recommendations that overlap with the young adult age group; we suggest clinician and health care system supports to facilitate the delivery of preventive services to young adults; and we emphasize prioritizing research in prevention areas in which sufficient evidence does not exist.

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THE HEALTH NEEDS OF YOUNG adults as they transition from adolescence to adulthood have received increased attention in recent years. Young or emerging adulthood focuses on the years from approximately 18 to the mid-20s, recognizing these ages as distinct from the preceding adolescent years as well as the young adult years that follow.^{1,2} Despite increased abilities across developmental realms, including the maturation of brain

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systems involving self-regulation and the coordination of affect and cognition,³ the transition to young adulthood is accompanied by higher rates of mortality, greater engagement in health-damaging behaviors, and an increase in chronic conditions.⁴ Rates of motor vehicle fatality and homicide peak during young adulthood, as do mental health problems, substance use, and sexually transmitted infections.^{2,4-7}

Because these health problems are largely preventable, primary care visits can present a key opportunity for improving the health of young adults through preventive screening and intervention, with evidence supporting the efficacy of clinical preventive services.⁸ However, young adults have been the least likely age group to be insured, use ambulatory medical care services, and have a usual source of care.^{9,10} Even when young adults use primary care, they infrequently receive preventive health care.¹¹ A recent analysis¹¹ using a national sample indicated that close to 70% of visits by young adults to primary care clinicians included no preventive counseling. Screening rates were especially low in the areas critical to young adult morbidity and mortality, such as injury prevention, mental health, sexually transmitted infections, and obesity, ranging from a low of 2.6% of visits including screening for sexually transmitted diseases and human immunodeficiency virus to a high of 9.4% of visits including screening for exercise.

There are no specific clinical preventive guidelines for young adults. The US Preventive Services Task Force (USPSTF)⁸ includes recommendations for preventive services for individuals 18 years or older and for adolescents but does not specifically address the young adult age group. Furthermore, although the USPSTF guidelines comprise evidence-based recommendations across multiple specific health areas, recommendations are not consolidated into comprehensive preventive services. A broad consensus has emerged for comprehensive clinical guidelines for adolescent preventive services, beginning with the American Medical Association's *Guidelines for Adolescent Preventive Services (GAPS): Recommendations and Rationale*¹² and the first version of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* in 1994.¹³

The third edition of *Bright Futures*¹⁴ includes recommendations for preventive care up to age 21 years and could serve as a useful starting point for comprehensive recommendations for young adults. However, it is focused on pediatric care, when only 1.7% of visits by young adult females and 2.9% of visits by males are to pediatric clinicians. Females are most likely to obtain care through obstetricians/gynecologists, and males obtain approximately half of their nonemergency care through general or adult medicine physicians.⁹ Young adults' range of medical care sources creates challenges for the consistent delivery of preventive services.

In recent years, state and local public and private initiatives have focused on expanding young adults' health insurance.^{15,16} The federal Patient Protection and Affordable Care Act (ACA) of 2010 includes a major expansion of health insurance to young adults through both private insurance—extending dependent coverage until age 26 years—and public insurance, primarily through Medicaid for low-income adults. Although the ACA provides an unprecedented opportunity to expand health coverage to young adults, the anticipated influx of this population will also increase demands on the health care system and the need to provide preventive services.

The ACA includes several provisions to improve access to preventive services, including requiring health plans to cover preventive services recommended by the USPSTF,⁸ vaccinations recommended by the Advisory Committee for Immunization Practices,¹⁷ the comprehensive services outlined in *Bright Futures*,¹⁴ and additional preventive screening services for women to be developed under the auspices of the Health Resources and Services Administration.^{18,19} The ACA requires that private health plans cover annual wellness visits and preventive services without cost sharing and, effective in 2012, the ACA provides for increased federal Medicaid matching funds for states that cover preventive services in their Medicaid programs.^{18,19}

The largely preventable health problems, low provision of preventive services, and potential to increase services given the ACA's insurance and preventive care provisions indicate a pressing need for guidelines for young adult preventive health care.^{9,11,20} The aims of this study were to (1) identify adolescent and adult clinical preventive services guidelines relevant to the young adult age group; (2) review, compare, and synthesize these

guidelines, with emphasis on the extent to which current professional guidelines are consistent with evidence-based guidelines developed by the USPSTF; and (3) recommend the next steps in the establishment and integration of preventive care guidelines for young adults.

METHODS

To identify relevant preventive care guidelines for the young adult age group, an online search was conducted for established comprehensive preventive services guidelines for adolescents and adults created by national organizations, federal agencies, health professional associations, and medical societies. We were guided by the framework of Healthy People 2010's 21 Critical Health Objectives for Adolescents and Young Adults,²¹ with targeted priority areas of mortality, unintentional injury, violence, mental health and substance abuse, reproductive health, physical activity, overweight, and tobacco use.

We searched the Web sites of federal agencies and professional organizations that focus on health areas linked to the care of young adults or directly provide health care to adolescents and adults. Examples of federal agencies include the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Health Resources and Services Administration's Maternal and Child Health Bureau, and the National Institutes of Health. Because there is no specific group of providers dedicated to the young adult age group, to identify practice guidelines, we searched the Web sites of major professional associations, such as the American Medical Association, the American Nurses Association, the American College Health Association, and those representing medical specialties that provide the majority of services to adolescents and young adults, such as pediatrics, preventive medicine, family medicine, internal medicine, and obstetrics/gynecology.

We also conducted general Internet searches using multiple combinations of the terms *preventive services guidelines*, *clinical preventive services*, *young adult*, *adolescent*, *family practice*, *general practice*, and *guidelines*, also reviewing guidelines developed by private health plans and state policy organizations. We then cross-checked the Agency for Healthcare Research and Quality's guidelines database to verify that we had captured all guidelines. Searches were conducted primarily by one author (J.T.U.), with consultation and synthesis by another (E.M.O.).

As a next step in reviewing and comparing guidelines, we examined adolescent and adult preventive service guidelines developed by the USPSTF,⁸ the standard for evidence-based preventive service guidelines in the United States. The recommendations of the USPSTF are determined after a rigorous review of evidence by an independent panel of experts in primary care and prevention.

RESULTS

IDENTIFICATION OF GUIDELINES

We found no specific guidelines for young adults regardless of the definition of the age range (eg, 18-24 years, 18-26 years, or 18-29 years). Because such guidelines do not exist, for the purpose of presenting our results, we selected the upper age of 26 years in response to the ACA's health insurance benefit requirement.

In addition to the USPSTF, we identified consensus guidelines issued by 4 organizations that intersected with

the age range of 18 to 26 years. Two of these professional organizations created their own guidelines that included recommendations for the care of youth whose ages fall within a subset of the young adult age group. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, a professional consensus document created jointly by the Health Resources and Services Administration's Maternal and Child Health Bureau and the American Academy of Pediatrics,²² provides recommendations for the care of adolescents up to age 21 years. The American Congress of Obstetricians and Gynecologists (ACOG) created guidelines for female adolescents and adults between the ages of 19 and 39 years.^{23,24}

Two other organizations have developed guidelines that essentially mirror the USPSTF recommendations⁸: the American Academy of Family Physicians²⁵ and the American College of Physicians.²⁶ In most cases, professional organizations did not create their own guidelines but instead referred their members to the USPSTF guidelines or to *Bright Futures*.

REVIEW AND COMPARISON OF GUIDELINES

Table 1 reviews guidelines for adolescent and young adult preventive care and recommendations for screening, as well as recommended components of the physical examination. Under *adult*, we included all adult recommendations that could be applied to individuals between the ages of 18 and 26 years, excluding guidelines that do not apply to this age group (eg, prostate cancer examination for older men). In some cases, a guideline applies similarly to adolescents and adults (eg, qualified recommendations of "if sexually active" or "at risk").

US Preventive Services Task Force

Task Force grades of A or B are recommended as priority preventive services areas by USPSTF, a grade of C is lower priority, and services with a D grade are discouraged unless there are unusual additional considerations. A grade of I indicates that the evidence is insufficient to recommend for or against routinely providing the service.⁸

As indicated in Table 1, the USPSTF has determined that there is sufficient evidence, designated with a grade of A or B (✓ on Table), to support preventive screening for young adults (≥18 years) in the following risk areas:

1. Substance use: screening and counseling for alcohol and tobacco use;
2. Reproductive health: screening all sexually active adults at increased risk for sexually transmitted infections, human immunodeficiency virus infection, and syphilis; screening all sexually active women for *Chlamydia* up to age 24 years, and all sexually active women at risk for gonorrhea;
3. Mental health: screening for depression;
4. Nutrition/exercise/obesity: screening for cholesterol level, healthy diet, hypertension, and obesity with body mass index;
5. Immunizations: Centers for Disease Control and

Prevention recommendations;

6. Cervical cancer screening; and
7. Physical examination: measure blood pressure and calculate body mass index.

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents

The most comprehensive set of guidelines that intersect with the age group of 18 to 26 years is the *Bright Futures* recommendations for adolescents between the ages of 11 and 21 years. *Bright Futures* recommendations were incorporated into the ACA for this age group.

Many of the recommendations included in the *Bright Futures* guidelines for adolescents are supported by sufficient evidence to be recommended by the USPSTF for individuals older than 18, such as screening and counseling for tobacco and alcohol use. Areas for which *Bright Futures* provides recommendations, whereas the USPSTF does not, include screening and counseling for illicit drug use, screening for suicide, counseling for physical activity, and counseling for several specific risks under the category of safety/violence.

There are additional areas that the USPSTF does not address, but *Bright Futures* makes recommendations. These include obtaining further detail on components of the physical examination; performing a risk assessment to determine the need to screen for vision and hearing problems, anemia, and tuberculosis; screening sexually active females for pregnancy; and inquiring about birth control methods for both males and females.

American Congress of Obstetricians and Gynecologists

To identify which of ACOG recommendations apply to young adults aged 18 to 26 years, we examined recommendations for female youth up to age 21 (adolescent) and for women, aged 19 to 39. All USPSTF guidelines were also recommended by ACOG. However, ACOG recommends that women perform breast self-examinations, despite the USPSTF recommendation *against* breast self-examination.

ACOG includes recommendations that extend beyond those of the USPSTF, overlapping significantly with the recommendations of *Bright Futures*. ACOG has updated the cervical cancer screening recommendation to begin screening at 21 years. ACOG does not address vision screening or state that sexually active females should be screened for pregnancy under specific conditions; both of these areas are recommended by *Bright Futures*.

SYNTHESIS OF RECOMMENDATIONS

Table 2 presents a broad comparison of the evidence-based recommendations of the USPSTF and the guidelines issued by the 4 major professional organizations whose members provide primary care to adolescents and adults. Although none of these guidelines targets young adults (18-26 years), we developed a young adult category that includes all recommendations that intersect with that age

Table 1. Guidelines for Adolescent and Young Adult Preventive Health Care^a

	USPSTF ^a		Bright Futures ¹⁴ Adolescent, Aged 11-21 y	ACOG ^{23,24}	
	Adolescent, Aged <18 y	Adult, Aged ≥18 y		Adolescent, Aged 13-21 y	Adult, Aged 19-39 y
Substance use					
Alcohol (screening and counseling)	NR	✓ All adults	✓	✓	✓
Tobacco (screening and counseling)	NR	✓ Adults, including pregnant women smokers >18	✓	✓	✓
Other illicit drugs (screening and counseling)	NR	NR	✓	✓	✓
Reproductive health					
STI screening (counseling)	✓ All sexually active adolescents and adults at increased risk for STI	✓ All sexually active adolescents and adults at increased risk for STI	✓ If sexually active	✓ If sexually active	✓
HIV	✓ All adolescents and adults at increased risk for HIV infection	All adolescents and adults at increased risk for HIV infection	✓ If sexually active	✓ If sexually active	✓
Chlamydia (female)	✓ Sexually active at ≤24 y	Recommend against screening at >25 y, unless at risk	✓ If sexually active	✓ If sexually active	✓ Sexually active at <25 y
Chlamydia (male)	NR	NR	✓ If sexually active	✓ If sexually active	...
Syphilis	✓ All persons at increased risk for syphilis infection	✓ All persons at increased risk for syphilis infection	✓ If sexually active	✓ If sexually active and risk factors	✓
Gonorrhea	✓ All sexually active women if at increased risk for infection	✓ All sexually active women if at increased risk for infection	✓ If sexually active	✓ If sexually active	✓
Birth control methods	...	...	✓ If sexually active	✓ If sexually active	✓
Pregnancy	...	...	✓ Sexually active females without contraception, late menses, or amenorrhea	...	...
Mental health/depression					
Suicide screening	NR	NR	✓	✓	✓
Depression	✓ 12-18 y when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and FU	✓ Adults, when staff-assisted depression care supports are in place to ensure accurate diagnosis, effective treatment, and FU	✓	✓	✓
Nutrition/exercise/obesity					
Cholesterol level	NR	✓ 20-35 y, screening for lipid disorders if at increased risk	✓ >20 y	✓	✓
Healthy diet	NR	✓ Adults with risk factors	✓		✓
Hypertension/blood pressure	NR	✓ >18 y	✓	✓	✓
Obesity/BMI	✓ >6 y	✓ All adults	✓	✓	
Physical activity counseling	NR	NR	✓	...	...
Infectious disease/immunization (CDC)					
Td/Tdap	✓ >11 y, every 10 y, based on CDC	✓ >11 y, every 10 y based on CDC	CDC	...	CDC
Human papillomavirus	✓ 11-26 y, based on CDC	✓ 19-26 y, based on CDC	CDC	...	CDC
Varicella	✓ Based on CDC	Based on CDC	CDC	...	CDC
Measles, mumps, rubella	✓ Based on CDC	✓ Based on CDC	CDC	...	CDC

(continued)

Table 1. Guidelines for Adolescent and Young Adult Preventive Health Care^a (continued)

	USPSTF ⁸		<i>Bright Futures</i> ¹⁴ Adolescent, Aged 11-21 y	ACOG ^{23,24}	
	Adolescent, Aged <18 y	Adult, Aged ≥18 y		Adolescent, Aged -13-21 y	Adult, Aged 19-39 y
Influenza	✓ If risk factors, based on CDC	✓ Based on CDC	CDC	...	CDC
Pneumococcal (polysaccharide)	✓ If risk factors, based on CDC	✓ If risk factors, based on CDC	CDC	...	CDC
Hepatitis A	✓ If risk factors, based on CDC	✓ If risk factors, based on CDC	CDC	...	CDC
Hepatitis B	✓ 7-18 y, based on CDC	✓ If risk factors, based on CDC	CDC	...	CDC
Meningococcal	✓ 11-18 y, based on CDC	✓ If risk factors, based on CDC	CDC	...	CDC
Polio	✓ 7-18 y, based on CDC	...	CDC	...	...
Safety/violence					
Family/partner violence	NR	NR	✓	✓	✓
Fighting	...	..	✓	...	✓
Helmets	...	...	✓	...	✓ Defined as recreational hazards
Seat belts	NR	NR	✓	...	✓
Alcohol while driving	NR	NR	✓	✓	...
Guns	...	...	✓	...	✓
Bullying	...	...	✓	...	...
Screening					
Cervical cancer screening	✓ If sexually active	✓ If sexually active	✓ If sexually active	✓ ≥21 y ^b	✓ >21 y ^b
Testicular cancer screening	Recommend against	Recommend against	...	...	...
Vision	...	...	After risk assessment	...	...
Hearing	...	...	After risk assessment	...	✓
Anemia	...	...	After risk assessment	...	...
Tuberculosis	...	...	After risk assessment	...	✓
Physical examination (as defined by <i>Bright Futures</i>)	...	...	Complete physical examination is included as part of every health supervision visit	Physical examination should be included ≥1 time during early, middle, and late adolescence	...
Measure blood pressure	...	✓	✓	...	✓
Calculate and plot BMI	✓	✓	✓	...	✓
Skin	...	...	✓	...	✓
Spine	...	...	✓	...	✓
Breast	...	...	✓	...	✓
Genitalia	..	...	✓	...	✓
BSE	Recommend against	Recommend against	...	...	✓ Despite a lack of definite data for or against BSE, BSE has the potential to detect palpable breast cancer and can be recommended

Abbreviations: ACOG, American Congress of Obstetricians and Gynecologists; BMI, body mass index; BSE, breast self-examination; CDC, Centers for Disease Control and Prevention; ellipses, no mention; FU, follow-up; HIV, human immunodeficiency virus; NR, no recommendation; STI, sexually transmitted infection; Td/Tdap, tetanus, diphtheria/tetanus, diphtheria, pertussis; USPSTF, US Preventive Services Task Force.

^a✓/✓ indicates a recommendation; NR, insufficient evidence to recommend for or against; "recommend against," recommend against or routinely providing the service based on the evidence.

^bUpdated November 20, 2009.

range. For example, if a relevant recommendation is for individuals 18 years or older (ie, extending beyond 26 years), we included it in the young adult category.

As reported in Table 2, the major professional medical organizations whose members deliver primary care to young adults are relatively consistent in the preven-

Table 2. Consistency of Preventive Health Care Recommendations for Young Adults^a

	USPSTF ⁸		<i>Bright Futures</i> ¹⁴ Adolescent, Aged 11-21 y	ACOG ^{23,24} Young Adult, Aged 18-26 y	AAFP ²⁵ Young Adult, Aged 18-26 y	ACP ²⁶ Young Adult, Aged 18-26 y
	Adolescent, Aged 11-17 y	Young Adult, Aged 18-26 y				
Substance use						
Alcohol (screening and counseling)		✓	✓	✓	✓	✓
Tobacco (screening and counseling)		✓	✓	✓	✓	✓
Other illicit drugs (screening and counseling)				✓		
Reproductive health						
STI screening and counseling	+	+	+	✓	+	+
HIV	+	+	+	✓	+	+
<i>Chlamydia</i> (female)	+		+	+		
<i>Chlamydia</i> (male)			+			
Syphilis	+	+	+	✓	+	+
Gonorrhea	+	+	+	✓	+	+
Birth control methods			+	✓		
Pregnancy			+			
Mental health/depression						
Suicide screening			✓	✓		
Depression	✓	✓	✓	✓	✓	✓
Nutrition/exercise/obesity						
Cholesterol level		+	✓	✓	+	+
Healthy diet		+	✓	✓	+	+
Hypertension/blood pressure		✓	✓	✓	✓	✓
Obesity/BMI	✓	✓	✓	✓	✓	✓
Physical activity counseling						
Infectious disease/immunization (CDC)						
Td/Tdap	✓	✓	✓	✓	✓	✓
Human papillomavirus	✓	✓	✓	✓	✓	✓
Varicella	✓	✓	✓	✓	✓	✓
Measles, mumps, rubella	✓	✓	✓	✓	✓	✓
Influenza	+	✓	✓	✓	✓	✓
Pneumococcal (polysaccharide)	+	+	✓	✓	+	+
Hepatitis A	+	+	✓	✓	✓	+
Hepatitis B	✓	+	✓	✓	+	+
Meningococcal	✓	+	✓	✓	+	+
Polio	✓		✓			
Safety/violence						
Family/partner violence			✓	✓		
Fighting			✓	✓		
Helmets			✓	✓		
Seat belts			✓	✓		
Alcohol while driving			✓	✓		
Guns			✓	✓		
Bullying			✓			

Abbreviations: AAFP, American Academy of Family Physicians; ACOG, American Congress of Obstetricians and Gynecologists; ACP, American College of Physicians; BMI, body mass index; CDC, Centers for Disease Control and Prevention; HIV, human immunodeficiency virus; STI, sexually transmitted infection; Td/Tdap, tetanus, diphtheria/tetanus, diphtheria, pertussis; USPSTF, US Preventive Services Task Force.

^a“✓” Indicates a recommendation; “+”, if at risk.

tive services that they recommend. The guidelines of the American Academy of Family Physicians and the American College of Physicians replicate the USPSTF guidelines. *Bright Futures* and ACOG guidelines extend beyond the evidence base of the USPSTF, issuing similar recommendations.

It is noteworthy that, although the recommendations of *Bright Futures* target adolescents aged 11 to 21 years, the evidence is stronger for screening adults (≥18 years) in multiple areas, including tobacco and alcohol use, depression, cholesterol level, and diet. Thus, for the young adult age group, there is consistency between the USPSTF adult guidelines and the *Bright Futures* guidelines.

COMMENT

Recent studies^{9,11} revealing the low number of preventive services delivered to young adults have highlighted the lack of uniformly endorsed preventive health guidelines and called for the development of young adult guidelines to ensure appropriate care for this at-risk age group. Our examination of professional guidelines reflects that, when the ages of 18 to 26 years are carved out of established guidelines across specialty groups, there is a broad number of recommendations that can inform the care of young adults. Furthermore, many of these recommendations are supported by sufficient evidence to receive a USPSTF grade of A or B.

The good news is that the medical specialties that deliver care to young adults are fairly consistent in the preventive services that they recommend. There is no need to reinvent the wheel when targeting preventive services for young adults; in fact, the recommendations that we reviewed not only extend the preventive services guidelines for adolescents but document even more evidence of efficacy when applied to the care of young adults. These guidelines cover screening for many of the major risks for morbidity and mortality among young adults, including alcohol use related to high rates of injuries, depression related to suicide, sexually transmitted infections, and nutrition, exercise, and body mass index screening related to high rates of obesity.

The lessons learned during the past 15 years in developing and implementing adolescent clinical preventive guidelines can inform the young adult guideline process, and we suggest several steps to enhance the likelihood that the delivery of preventive services to this population will be increased. First, we recommend the establishment of young adult preventive health care guidelines that reflect the current evidence-based recommendations that overlap with this age group. We suggest prioritizing the guidelines to include those that are evidence based, assuring clinicians that the time spent delivering preventive services might result in positive behavioral or health outcomes and making it more likely that the services can be delivered within the time constraints of an office visit. One barrier to the delivery of care in accordance with adolescent preventive guidelines has been the large number of recommendations, with only a small portion based on sufficient evidence of effectiveness.²⁷

Second, the difficulty in delivering preventive services within busy clinical practices with competing demands and short visits have been well documented.^{10,20,27-34} Although the ACA may facilitate changes in the content of primary care if incentives such as insurance reimbursement for preventive visits are adequate, clinicians and service delivery systems will need additional support and investments to implement the guidelines. Primary care interventions that have increased the delivery of preventive services to adolescents have demonstrated the effectiveness of clinician training to increase self-efficacy and skills and the importance of integrating clinical decision-making supports, such as screening and charting tools, that are targeted, easy to use, and fully integrated into the clinic system.³³⁻⁴¹ Materials that have been developed for use by providers and health care systems for implementing the *Bright Futures* guidelines could be extended for use with young adults. Models from different professional groups are needed to integrate preventive services in a manner that is most relevant to that specialty group, practice, or setting, as well as to the young adult group. For example, young adults receive care not only through primary care practice settings but also through institutions such as college health services and the military. Furthermore, the use of interactive computerized technology has great potential for integration into young adult health care across settings.^{42,43}

Third, gaps exist in the evidence for screening and counseling young adults in critical risk areas, such as drug use and helmet and seat belt use. We suggest prioritizing research in areas without sufficient evidence. Given the relatively small amount of research focused on preventive interventions, as well as the difficulty in assessing behavioral and health outcomes, further clarification of the efficacy of these services is necessary.

A limitation of our review is that because we relied on guidelines that were developed by scientific review panels, professional consensus, and other task forces, it is possible that we overlooked recommendations that might apply to young adults that were not included within these guidelines. However, because we reviewed a broad number of specialties, we assume that we have included guidelines that would apply to the majority of young adults during a visit for clinical preventive services (health checkup and physical or annual examination).

Young adulthood represents a critical point in the life cycle during which individuals are beginning to assume responsibility for their care, develop a relationship with their primary care clinician, and learn to navigate the health care system.²⁰ The delivery of evidence-based preventive services to young adults provides an opportunity to reduce morbidity and mortality, decrease health-damaging behaviors before the development of chronic illnesses, and assist in achieving health-promoting behavior. Guidelines on young adult health care that outline a core set of preventive services will better enable clinicians and young adults to take full advantage of the primary care opportunity.

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