adolescents. We believe families should be encouraged to create spaces that will allow their teens at home the freedom to be themselves, stay connected with friends, while at the same time both gaining emotional adaptations and resilience to unpredictable life events and saving lives by staying at home.

Nuray Kanbur, M.D.
Sinem Akgül, M.D., Ph.D.
Division of Adolescent Medicine
Department of Pediatrics
Hacettepe University Faculty of Medicine and Ihsan Dogramaci Children’s Hospital
Ankara, Turkey

References

[1] World Health Organization. Coronavirus disease 2019 (COVID-19) situation report - 51. 2020. Available at: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10. Accessed April 3, 2020.
[2] T.C. Sağlık Bakanlığı. T.C. Sağlık Bakanlığı Korona Tablosu. 2020. Available at: https://covid19.saglik.gov.tr/. Accessed April 24, 2020.
[3] T.U. İçişleri Bakanlığı. 2020. Available at: https://www.icisleri.gov.tr/65-yas-ve-ıstu-ile-kronik-rahatsızlığı-olanlara-sokaga-cıkma-yasagi-genelgesi. Accessed April 24, 2020 https://www.icisleri.gov.tr/sokaga-cikma-yasagi-bulunan-18-20-yas-arasindaki-gencelere-dilgi-istinsalar.
[4] Turkish Statistical Institute. 2020. Available at: http://www.turkstat.gov.tr/ UstMenu.do?metod=temel. Accessed April 24, 2020.
[5] Erikson E. Identity and the life cycle. New York, NY: Universities Press; 1959.
[6] Piaget J. The birth of intelligence in the children. Oxford, England: Delachaux and Niestle; 1937:429.

Supporting Young Adults to Rise to the Challenge of COVID-19

To the Editors:

“If I get corona, I get corona. At the end of the day I’m not going to let it stop me from partying,” declared Brady Sluder, a college student celebrating spring break in Miami. My social media feed has exploded with chastisements of young adults who are ignoring public health advice advocating for social distancing. In particular, I hear these concerns from my retired parents and older neighbors, who worry that their own health will be sacrificed because of the recklessness of young adults. As a physician specializing in adolescent and young adult medicine, I believe that young people are actually in the best position to weather this period of distant socializing because of their fluency with technology as core to their social networking and engagement. However, some young adults may not be listening to public health advice because we are not effectively communicating in ways that resonate with them.

Although the legal age of adulthood in the United States is 18, brain and cognitive development continues from adolescence through the late 20s [1]. Young adults are still developing the ability to set long-term goals and delay gratification. While teenagers get a bad rap, young adults actually engage in more risk behaviors than teenagers. For instance, young adults have higher rates of substance use and sexually transmitted infections than adolescents [2]. Missing a much-anticipated spring break trip with friends may seem worse than catching a virus.

Laws and regulations due to COVID-19 challenge young adults’ newfound independence and autonomy. Young adulthood is traditionally marked by less time spent with parents and more time spent with peers and romantic partners [3]. Owing to social distancing, young adults may be separated from their peers and romantic partners. College students have returned home unexpectedly, after a period of living independently in dorms, and thus feel that they have regressed. COVID-19 has cancelled young people’s sports seasons, arts performances, and graduations.

Though young adults are generally assumed to be healthy, they have worse physical and mental health outcomes, attend fewer medical checkups, and are more likely to be uninsured than adolescents [2]. Initial reports of COVID-19 focused on its impact on the elderly; however, the Centers for Disease Control reports that 29% of cases in the United States are aged 20–44 years [4]. Young adults may be a key population to turn the tide of transmission. We should support them to adhere to new public health guidance to prevent the spread of COVID-19.

Principles that adolescent and young adult physicians use to foster healthful behavior changes in young people include the following:

1. Respect. Any communication or advice to young people should address their desire for status and respect, rather than threatening them [5]. For instance, rather than chasising young adults, consider asking how we can support them as we work together to adhere to these new rules. Acknowledge that social distancing rules may be challenging for everyone. Young adults may also respond to stories or posts from peers who share creative alternatives to cope with social distancing.

2. Motivation. Motivational interviewing is commonly used with young adults, particularly in dealing with addiction or mental illness [6]. This technique engages with the young person to explore their own motivations for change. In the setting of the COVID-19 pandemic, this could be a grandparent, family member, or friend who might become seriously ill if they were to contract the novel coronavirus. The young person is allowed to analyze the potential risks and benefits that are associated with their behaviors, thus supporting them to make their own informed choices [6].

3. Privacy. Give young adults some privacy while home. Physicians now caring for young people via telehealth face challenges with providing confidential services when family
members are in close proximity. If possible, allowing a young person some private time at home to talk with friends or romantic partners may prevent them from having to physically leave the home to get private time. Parents might allow their young adults more leeway to keep in touch with their friends and peers virtually so they do not have to meet in person.

4. Strengths. Young adults have many strengths, and leveraging these may be a win-win for all involved. Young adults are experts at distant socializing through social media and virtual communications. For instance, they can help families to keep connected virtually and troubleshoot technical issues as families work from home. Young adults can also assist with essential groceries for their families and older neighbors. Similarly, undergraduate and medical students have organized fundraisers and drives for personal protective equipment collection to support local hospitals.

We should respect young adults and leverage their strengths rather than chastise them. By supporting them to rise to the challenge of COVID-19, we are also promoting their final stage of development into adulthood.

Mr. Sluder recently posted an apology on Instagram, writing, “I would like to sincerely apologize for the insensitive comment I made in regards to COVID-19 while on spring break…Like many others, I have elderly people who I adore more than anything in the world and other family members who are at risk, and I understand how concerning this disease is for us all. Our generation may feel invincible, like I did when I commented, but we have a responsibility to listen and follow the recommendations in our communities.”

Jason M. Nagata, M.D., M.Sc.
Division of Adolescent and Young Adult Medicine
University of California
San Francisco, San Francisco, California

References

[1] Simmonds DJ, Hallquist MN, Asato M, et al. Developmental stages and sex differences of white matter and behavioral development through adolescence: A longitudinal diffusion tensor imaging (DTI) study. Neuroimage 2014;92:356–68.
[2] Stroud C, Walker LR, Davis M, et al. Investing in the health and well-being of young adults. J Adolesc Health 2015;56:127–9.
[3] Katzman D. Neinstein’s adolescent and young adult health care: A practical guide. 6th edition. Philadelphia: Wolters Kluwer; 2016.
[4] Bialek S, Boundy E, Bowen V, et al. Severe outcomes among patients with Coronavirus disease 2019 (COVID-19) — United States, February 12–March 16, 2020. MMWR Morb Mortal Wkly Rep 2020;69:343–6.
[5] Yeager DS, Dahl RE, Dweck CS. Why interventions to influence adolescent behavior often fail but could succeed. Perspect Psychol Sci 2018;13:101–22.
[6] Naar-King S, Suarez M. Motivational interviewing with adolescents and young adults. New York: Guilford Press; 2011.

Lessons Learned: Achieving Critical Mass in Masking Among Youth in Congregate Living

To the Editors:

Covenant House is a nonprofit organization that provides housing and support services to youth facing homelessness. Homeless services are provided in congregate settings, which can facilitate the spread of infection. Recommendations to prevent COVID-19 may be difficult for a person experiencing homelessness to follow. For many, it is not possible to avoid crowded locations, such as shelters. However, once sheltered, some measures become more feasible, such as frequent handwashing with soap and water and wearing a face mask. Maintaining a distance of six feet from others may be more or less feasible depending on the limitations of spacing at the shelter but can be addressed with processes that make it possible. Covenant House staff members have been tirelessly working to maintain standard measures to protect our youth and to be able to sustain the shelters’ mission during this unprecedented time.

We serve at the health center within the Covenant House of Pennsylvania. Our first programmatic changes related to COVID-19 transmission were made in early March. While presented sequentially, many of our efforts happened simultaneously. Each new effort was introduced as it was developed with often overlapping time frames. We tried to minimize crowds by expanding mealtime and shower hours, thereby allowing fewer residents into those spaces at any time. We expanded access to hand sanitizers and required all youth to sanitize before entering public spaces. When we asked youth to abide by universal masking, many were initially resistant. Committed to avoiding punitive measures for youth not wearing their masks, we focused on methods of positive reinforcement. Our efforts were based on a diffusion of innovation model which has been successfully used with adolescents and young adults to achieve behavioral change [1–4].

A new idea is adopted slowly during the early stages of the diffusion process until a critical mass of early adopters is achieved [1–3]. We first worked to encourage staff to wear masks and, within a couple of weeks, mandated usage. We created posters of staff and celebrities wearing masks and placed them in public locations, but adult modeling had minimal impact on the youth. We took an informal poll to assess how the youth felt about masking and perceived barriers and made changes using the philosophy of rapid process innovation. Surgical masks, which were first available and recommended, were considered the most invasive, uncomfortable, and disruptive of all the interventions. Lack of personal experience with COVID-19, misinformation about their own susceptibility, conspiracy rumors, and general mistrust of government made it difficult for youth to appreciate real risks or the protective benefits of masking. In response, we set out to educate our youth and created customizable pins with the statement “I wear my mask for…” and distributed them around the shelter. We tried to