

# Young Adults Are Using More Health Care

*Illness and injury rates rose significantly for  
Minnesotans ages 20 to 30 between 2001 and 2005.*

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In a recent five-year period, young adults' use of health care jumped 9 percent.

### **Minnesota young adults use of health care increases**

Young adults in Minnesota between 20 and 30 years old — referred to as “young invincibles” because they think they will never get sick or injured — are often in need of medical care and that need is increasing, according to statistics released by Blue Cross and Blue Shield of Minnesota.

Overall, this age group's use of health care has increased 9 percent between 2001 and 2005 — a statistically significant increase according to Blue Cross actuaries. Blue Cross examined claims of approximately 150,000 members in this age group.

Blue Cross said this age group often lacks health coverage because they are no longer eligible for their college plan or parents' plans, aren't yet established in a career that provides a group health plan, and choose not to purchase in lieu of other financial priorities. “Yet our own medical data tells us young adults are experiencing health conditions that are common in older populations, and some of them can be very expensive,” said Dr. Keith Folkert, a Blue Cross medical director. “In addition, we'd like to see them getting the kinds of preventive care that will keep them healthy, and that only comes with health care coverage.”

It's an especially prevalent problem in this age category because twice as many young adults are uninsured as the general Minnesota population, 14 percent compared to 7 percent, according to a Minnesota Department of Health study.

### Key findings of the study

**Health care visits per year are increasing.** Blue Cross members ages 20 to 30 averaged 6.0 health care visits per person in 2001 versus 6.5 health care visits per person in 2005, up 9 percent.

**Costs for specific illnesses or accidents can be difficult to cover without insurance.** The most costly disease category for this age group is breast cancer, where claims average \$19,508, according to the Blue Cross data. An appendectomy with complications can cost as much as \$25,000. A brain injury from a skiing accident can cost \$45,000. Most comprehensive health insurance policies have a maximum “out-of-pocket” amount that limits personal liability and protects from such catastrophic cost.

**Large segments of this age group do not have health care coverage.** About 16 percent of 18-to 24-year-olds and 9 percent of 25-to 34-year-olds don't have health insurance, according to the Minnesota Department of Health.

**Behavioral health problems account for the fastest growing category of health care for this age group.** The category includes treatment for a wide range of mental health issues. The average number of visits per 20- to 30-year-old member for these conditions has grown 157 percent between 2001 and 2005. The growth in visits of this type for members of all ages increased 55.9 percent during the same period.

**Back and neck pain is one of the most common reasons for this age group to seek medical care.** Non-injury muscle and joint pain, and in particular back and neck pain, accounts for 326 visits per 1,000 members ages 20 to 30 in 2005, up 69 percent from 2001.

**Breast cancer is growing rapidly in those aged 20 to 30 years.** The average number of visits per 20- to 30-year-old member for breast cancer has grown 113.6 percent between 2001 and 2005. The growth in visits for breast cancer for members of all ages increased 11.4 percent during the same period.

Visits for behavioral health problems increased 157 percent between 2001 and 2005.

## Part I: Types of diseases and injuries vary

### Top 10 fastest growing medical conditions Ages 20 to 30 (2005)

The examination identifies the following 10 diseases or illnesses as the “fastest growing” in terms of average number of visits per year between the two time periods.

The Blue Cross data shows that the top five fastest growing medical conditions for young adults over the past five years include certain mental health disorders, breast cancer, respiratory failure and immunizations and screening for certain diseases.

Medical condition	Increase in incidence, 2001 to 2005	Visits per 1000 members, 2005	Examples (where medical condition not specific)
1. Certain behavioral health issues	157.6%	21.6	A wide variety of mental health issues such as anger management.
2. Breast cancer	113.6%	1.7	
3. Temporary respiratory failure	104.7%	4.1	Respiratory arrest from a condition such as asthma, alcoholism or a drug overdose
4. Immunization and screening for infectious disease	74.5%	224.6	Immunization for hepatitis and flu; screening for sexually transmitted diseases
5. Anxiety and personality mental disorders	73.9%	132	
6. Bone disease and deformities	69.1%	325.6	Back and neck pain, and other non-injury muscle and joint pain
7. Other mental health disorders	68.0%	232.8	A broad category including hypochondria, anorexia, bulimia and sexual dysfunctions
8. Alcohol and substance abuse	51.4%	34.7	
9. Vitamin deficiencies	50.5%	2.1	
10. Brain injury	48.1%	9.7	

## Part I: Types of diseases and injuries vary

### Top 10 most common medical conditions Ages 20 to 30

The study identifies the following 10 diseases or illnesses as the “most common” in terms of average number of visits per year between the two time periods. Based on frequency statistics the top five most common reasons people of this age group seek medical care according to Blue Cross are for respiratory infections, pregnancy, back and neck pain, female genital diseases, and sprains and strains.

Medical condition	Visits per 1000 members, 2005	Increase (decrease) in visits 2001 to 2005	Examples (where medical condition not specific)
1. Respiratory infections	352.6	(5.1%)	Flu-type illnesses
2. Pregnancy and delivery	333.9	(9.5%)	
3. Bone disease and deformities	325.6	69.1%	Back and neck pain, and other non-injury muscle and joint pain
4. Diseases of female genital organs	300.0	(29.5%)	
5. Sprains and strains	272.7	(13.0%)	Knee, wrist, ankle
6. Back problems and disk disorders	265.6	26.2%	
7. Other mental health disorders	232.8	68.0%	A broad category including hypochondria, anorexia, bulimia and sexual dysfunctions
8. Immunizations and screening for infectious diseases	224.6	74.5%	Immunization for hepatitis and flu; screening for sexually transmitted diseases
9. Eye disorders	223.0	6.2%	Pink eye and corneal abrasions
10. Mental affective disorders	214.4	38.8%	Various forms of depression

Breast cancer for women 20 to 30 years of age increased 114 percent between 2001 and 2005, and treatment averages \$19,508 plus the cost of chemotherapy and radiation.

### Costs of disease, illness and injury

It's important to understand the costs of health care when measuring the economic and personal implications on a huge population of uninsured young adults.

The cost of treatment for disease, illness or injury is difficult to generalize, but many illnesses and injuries are common in young adults and can be costly. These costs can be managed and controlled with a health care plan.

The reasons that health care costs are difficult to calculate for any particular type of illness or injury are because:

- Treatment options may vary. Each individual responds differently, requiring more or less care and shorter or longer treatment periods.
- Many health statistics sources do not combine health care and drug costs, even if both are commonly used for a specific disease or injury.
- Factors such as impact on productivity or lost wages are difficult to compute.
- Many diseases or injuries may have long-term consequences, requiring additional health care and causing additional impacts on productivity.

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## Part II: Costs for illness and injury can be steep

Here are some examples of the costs for common visits and conditions related to the medical conditions identified above as growing for 20- to 30-year-olds:

Flu or strep diagnosis in doctor's office: \$90 – \$190

Emergency room visit for flu or strep diagnosis: average of \$329

Urgent care visit for a broken ankle: average of \$429

Diabetes annual treatment: average of \$13,243

Depression: average of \$13,929 for diagnosis and treatment

Breast cancer in women 20 to 30 years of age: average of \$19,508\*

Motorcycle accidents: average of \$31,158 if helmet worn; \$37,317 without helmet

Leukemia or brain cancer: average of \$723,814 for diagnosis and treatment

\*Per incident of treatment. Costs for chemotherapy or radiation are not included.

**Sources** Blue Cross, 2007; Minnesota Council of Health Plans (MCHP), 2002; MCHP, 2002; mean cost of employees who went on disability due to depression, based on a study by the American Psychiatric Association, 2001; Blue Cross, 2005; University of Michigan study, 2002; Centers for Disease Control, 2003; Antioch University, Seattle, Washington, 2005.

“I can’t go to the  
emergency room!  
I can’t afford it.”

### **True stories: the consequences to young adults of being uninsured or under-insured**

These stories come from interviews in late 2006 with young adults in Minnesota who had no health care coverage. Each faced an unexpected accident or illness. They recount their experiences and how they faced huge medical bills that were their personal responsibility. Chris is the real name of the person; “Stella” is a fictitious name to protect her identity. Both stories are true.

#### **Chris, age 23**

*This is a true story and the person has not asked that his name be changed.*

*My story is for young adults who think, “I’ll wait and buy health insurance when I need it.” Truth is, you never know when you’ll need it, so you have to have it all the time.*

*In my case, I had gone off my parent’s health plan after graduating college. I was planning on working in Australia in late fall of 2005. So I had a period over the summer without health coverage.*

#### ***I heard a “pop” and collapsed***

*I was staying with some friends. One night, we were playing a pick-up game of basketball. I was running down the court with the ball, when I heard a “pop” and collapsed. I felt incredible pain around my Achilles’ tendon. I reached back to touch it, and it just wasn’t there anymore.*

*The tendon had snapped.*

*My friends picked me up, carried me to their car and drove me to the emergency room. I pulled out my wallet and saw that my insurance card had expired six days ago. So I said to my friends, “I can’t go to the emergency room. I can’t afford it. Take me back to your house.”*

*They carried me into the house. I could not put any weight on the foot. I iced my heel. Meanwhile, my friends found a nurse line I could call for free. I described what had happened. She urged me to go to*

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## Part III: Case studies

*an emergency room. I refused. I knew what those bills would be. I also knew the tendon wouldn't heal on its own. I knew it would need corrective action.*

*Another friend gave me the name of a sports injury doctor, who also was a surgeon. He agreed to see me the next morning. It wasn't an easy night.*

### ***Without surgery, "you will never walk normally"***

*When I got to his office, the surgeon put his hand on my tendon and said, "It's gone." He wanted me in surgery right away. "I can't afford surgery," I said.*

*"If you don't have the surgery, you will never walk normally," he said.*

*I told him my insurance had expired. He said, "Don't worry about that. You need to get this done." An ultra-sound revealed that the tendon had retreated way up my leg. A nurse put a plastic boot on me to support the foot, gave me crutches, and arranged for me to have surgery the next morning."*

*During the surgery, they cut up the side of my leg and down to the heel to find the two ends of the tendon and suture them together. They put 25 staples in my leg. The pain after the surgery was tremendous. I was on painkillers.*

*I stayed home for about a week, with a hard cast. Then they took out the staples. I was on crutches for a month and had 10 physical therapy sessions. I had just turned 23. The surgeon said it was a freak injury. Usually a snapped Achilles doesn't happen to someone so young.*

*I'm still coming back from the injury. From inactivity, I had almost no calf muscle on that leg and I have to build it back to where it was.*

### ***Medical care resulted in a \$6,000 bill***

*The surgery, outpatient hospital, medications and physical therapy came to about \$6,000.*

***"If you don't have the surgery, you will never walk normally."***

**“If my dad couldn’t have paid my health care bills ... I would have been in debt.”**

*I did not have the money, but I was fortunate. My dad helped out with my bills. I paid a portion from my savings and my dad paid the rest.*

*I don’t blame anybody but myself. It was my fault. When I graduated from college, I saw an article in the Minnesota Daily that talked about how many kids go without health insurance after being dropped from a parent’s policy and before getting coverage through a job.*

*I went to Australia, worked, and then returned to the U.S. in May 2006. I moved to Colorado, got a job with a large bank and have health insurance through them.*

*If my dad couldn’t have paid my health care bills, I would have had to cancel my trip to Australia. I would have been in debt. If you don’t think it will happen to you, let me tell you something. At the bank where I work, I see young adults facing collection agencies every day, for car accidents and unpaid hospital and doctor bills.*

***Now their credit is bad, and it will be really hard for them to go forward in life.***

*“I see young adults facing collection agencies every day, for car accidents and unpaid hospital and doctor bills. Now their credit is bad, and it will be really hard for them to go forward in life.”*

— Chris

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## Part III: Case studies

### **Stella, age 30**

*This is a true story. The name of the person has been changed to protect her identity.*

*One moment I was walking down a sidewalk on a beautiful September evening, happy to be shopping for a friend's wedding. A minute later, I was sprawled on the sidewalk, in intense pain, my leg broken, and aware that I did not have health insurance.*

*It happened that fast.*

*The sidewalk was uneven, but I didn't notice. I was looking in the shop windows. I tripped on a high, raised crack, and sprawled out like a character in a Bugs Bunny cartoon. There was a moment of embarrassment and then a surge of pain. I didn't know if I could move.*

#### **Things were happening in slow motion**

*As I lay there, I realized that I couldn't bend my right leg. Then I realized that my right wrist hurt. I couldn't walk. Even movement was painful.*

*I got some assistance from a guy. He had a camera around his neck. To this day, I wish I had asked him to take pictures of me and the sidewalk. I said I hope I'm not hurt, because I don't have health insurance right now. I was employed as a temporary worker and wasn't eligible to receive health insurance. I had recently graduated from the University of Minnesota, and my coverage had ended two weeks before my accident.*

*I called a friend, who came and drove me to urgent care. I knew I couldn't afford an emergency vehicle. I knew I couldn't afford to call 911. It was all coming out of my pocket.*

#### **At the hospital, I told the staff that I didn't have insurance**

*I wanted them to be careful not to do anything that would not be necessary. I waited an hour. I opted out of a wrist X-ray, but they X-rayed my leg.*

**“I was sprawled on the sidewalk, in intense pain, my leg broken.”**

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## Part III: Case studies

“I had to work, because I had to earn money to pay for my health care.”

*The X-ray showed that my kneecap was broken. I was in terrible pain. You can't cast it, so they gave me a prescription for a painkiller and sent me home.*

*My apartment was a second floor walk-up. I struggled up the stairs backward, on my butt. I didn't leave the apartment for two weeks.*

*I basically got around my apartment scooting on the floor. This increased my empathy for people who don't have full use of their limbs. It gave me even more compassion for those using a walker or wheelchair.*

### **When I returned to work, I used a walker**

*I had to work, because I had to earn money to pay for my health care. My employer was incredibly accommodating to my limitations. But getting through an 8-hour day was difficult. Plus, I couldn't drive. Co-workers and friends had to transport me to and from work.*

*I went to physical therapy for several weeks. I started getting medical bills. Some of them I couldn't even open, because I knew I couldn't pay them and the thought of these debts piling up depressed me so much. X-rays were \$100 a pop, and they had to take several. I owed for the emergency room. I owed for medication. I owed for doctor visits. Plus, I was losing income by either missing work or not being able to work full days.*

*Together, this amounted to thousands of dollars. Plus, I don't know if I'll have future medical consequences that could result in more bills.*

*I didn't think things could get worse, but they did.*

*The pain and bills were awful, but it got worse. I was notified that the medical bills were being turned over to a collection agency. So I had to get an attorney to help me and keep me from what I feared would be destitution. The case is not settled. In a way, I live with it every day.*

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## Part III: Case studies

*One day, you can be walking down the sidewalk on a beautiful evening. The next minute, through really no fault of your own, you can be spiraling into debt. All because a crack you don't see trips you up.*

*I have a job now that provides health insurance. I hope I never have to have a period in my life where I don't have insurance.*

— Stella

“I hope I never have a period in my life where I don't have health insurance.”

### About the data in this report

All data is based on a review of Blue Cross and Blue Shield of Minnesota health claims for approximately 150,000 members aged 20-30 years old during 2001 and 2005. Only categories with at least 1.5 visits per 1,000 members were considered.



**BlueCross BlueShield  
of Minnesota**

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