



# 2017 Minnesota Health Access Survey

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- Overview of the Minnesota Health Access Survey
- Main findings from the survey
- Who are the uninsured in 2017?

# Brief overview of the Minnesota Health Access Survey

- General Population Telephone Survey
- Comparable data back to 2001, conducted biennially since 2007

## 2017 Stats:

- 12,436 completed interviews
- Fielding period: June through early October 2017
- Sample design:
  - 75% cell phone/25% landline
  - Screening for age
  - Oversampled pre-paid cell phones
- Response rate: Overall: 28.8%
- Weighted to MN population using 2016 American Community Survey (ACS)

# 2017 Results

# What changed in Minnesota Between 2015 and 2017?

**2015**

Unemployment Rate: 3.8%

Average Weekly Wages

State Economy: \$328.4B

0 to 65 Population Growth

65+ Population Growth

0.2 pp

No change

7.2%

1.2%

4.6%

**2017**

Unemployment Rate: 3.6%

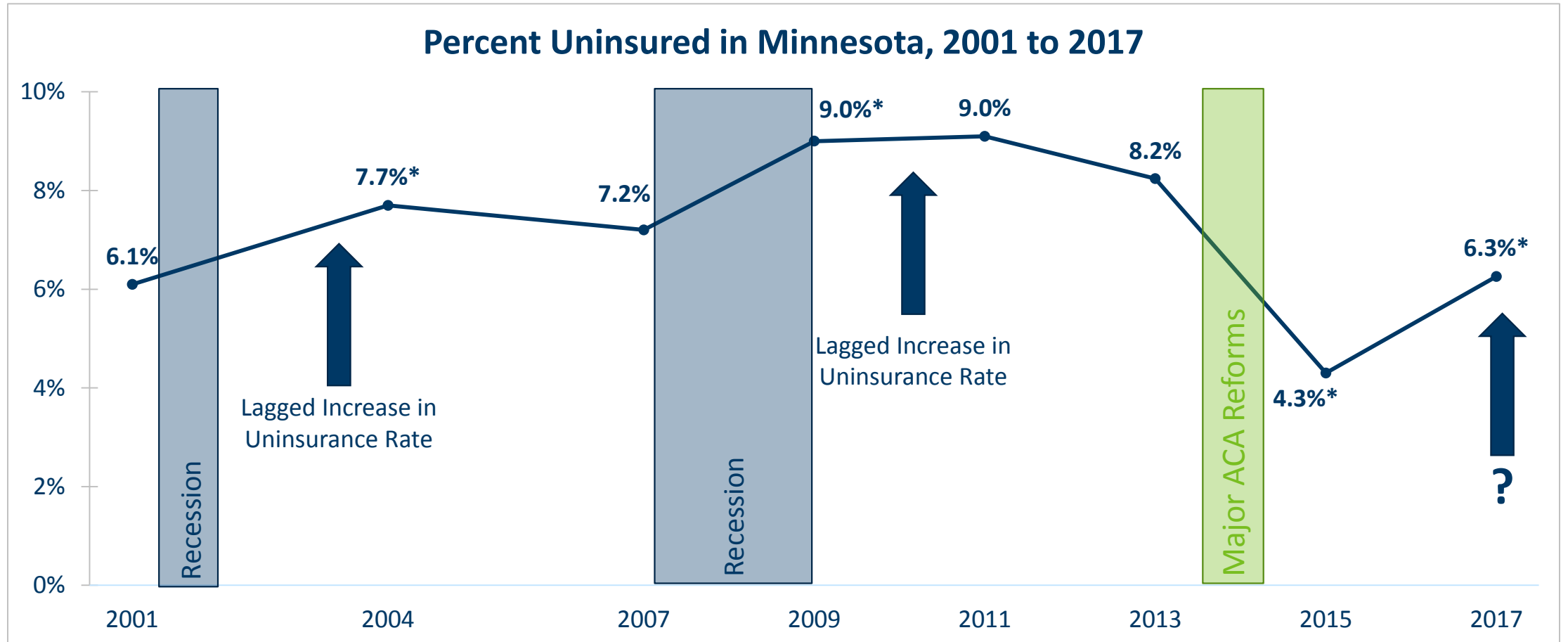
Average Weekly Wages

State Economy: \$352.0B

0 to 65 Population Growth

65+ Population Growth

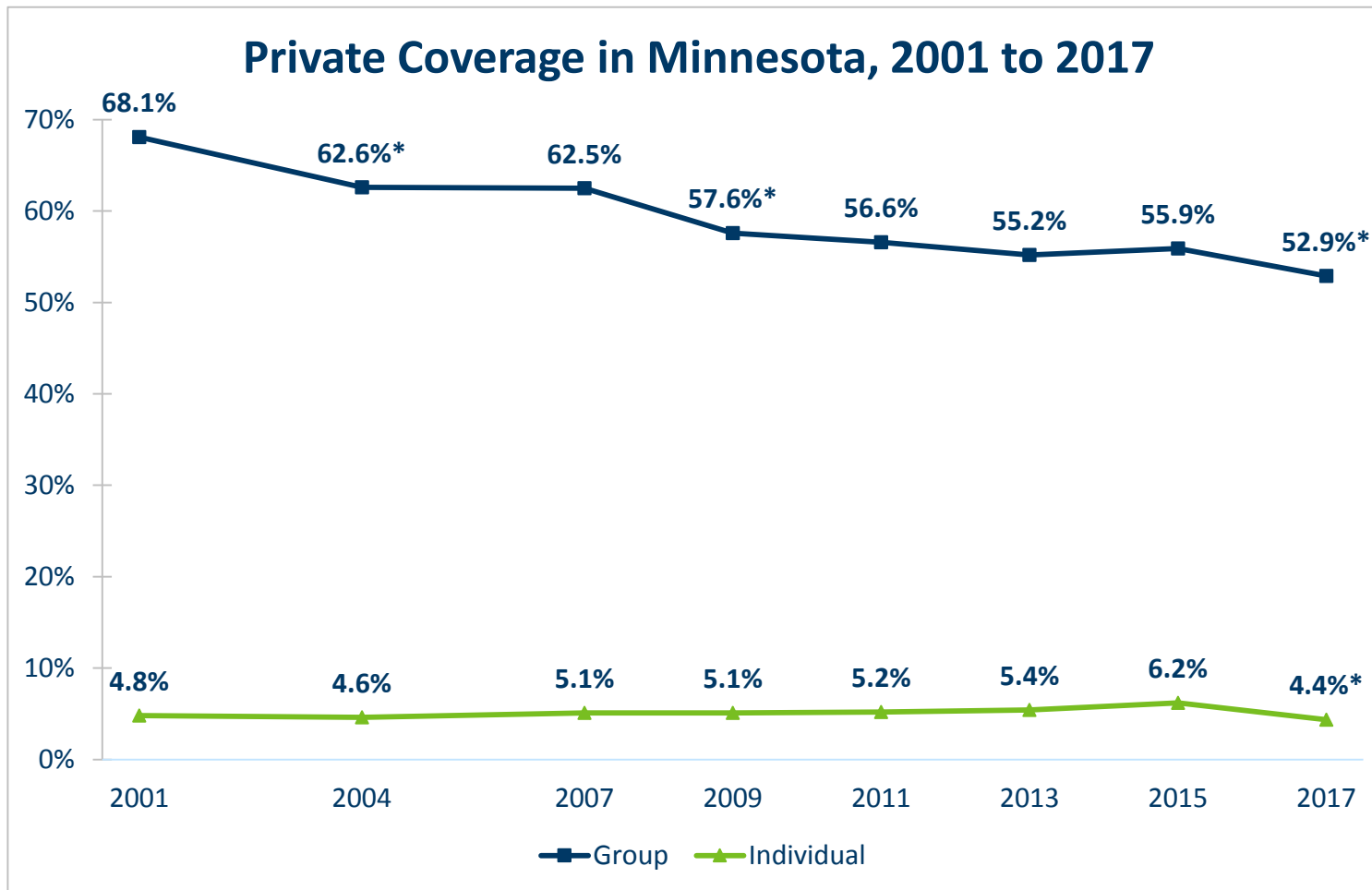
# Why is 2017 Different?



\* Indicates statistically significant difference from previous year shown at the 95% level

Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.

# Coverage Through Individual Market and Employers Fell

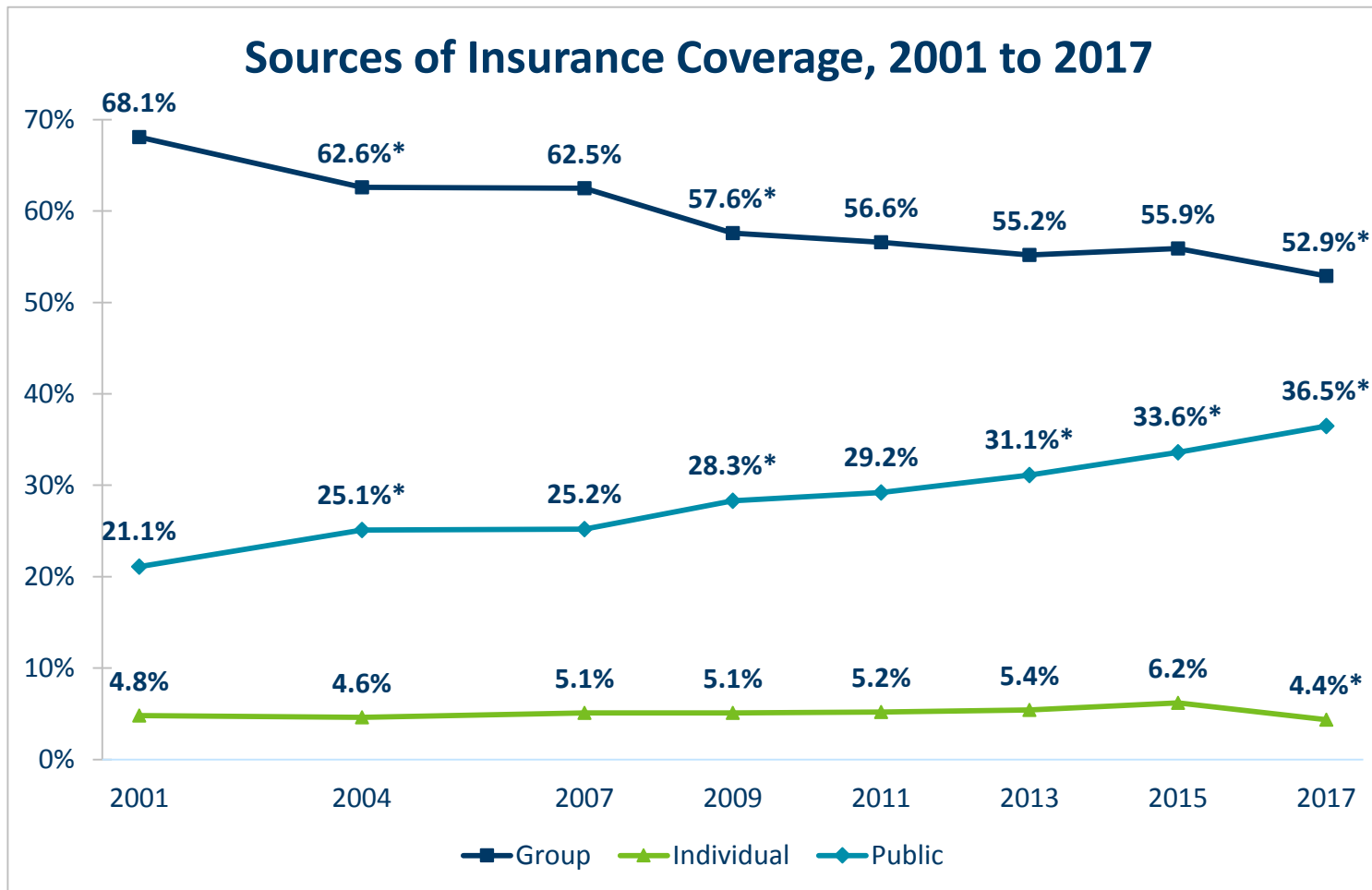


- Fewer people connected to employers offering coverage
- Declining take-up among children
- High costs (both group and individual markets)
- Uncertainty around coverage

\* Indicates statistically significant difference from previous year shown at the 95% level

Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.

# Public Coverage increases did not make up for private coverage decreases



- More people aging into Medicare (responsible for 40% of the increase)
- Fewer people losing public coverage and becoming uninsured
- Eligible people have more options to enroll, better support than in the past and more exposure to the issue

\* Indicates statistically significant difference from previous year shown at the 95% level

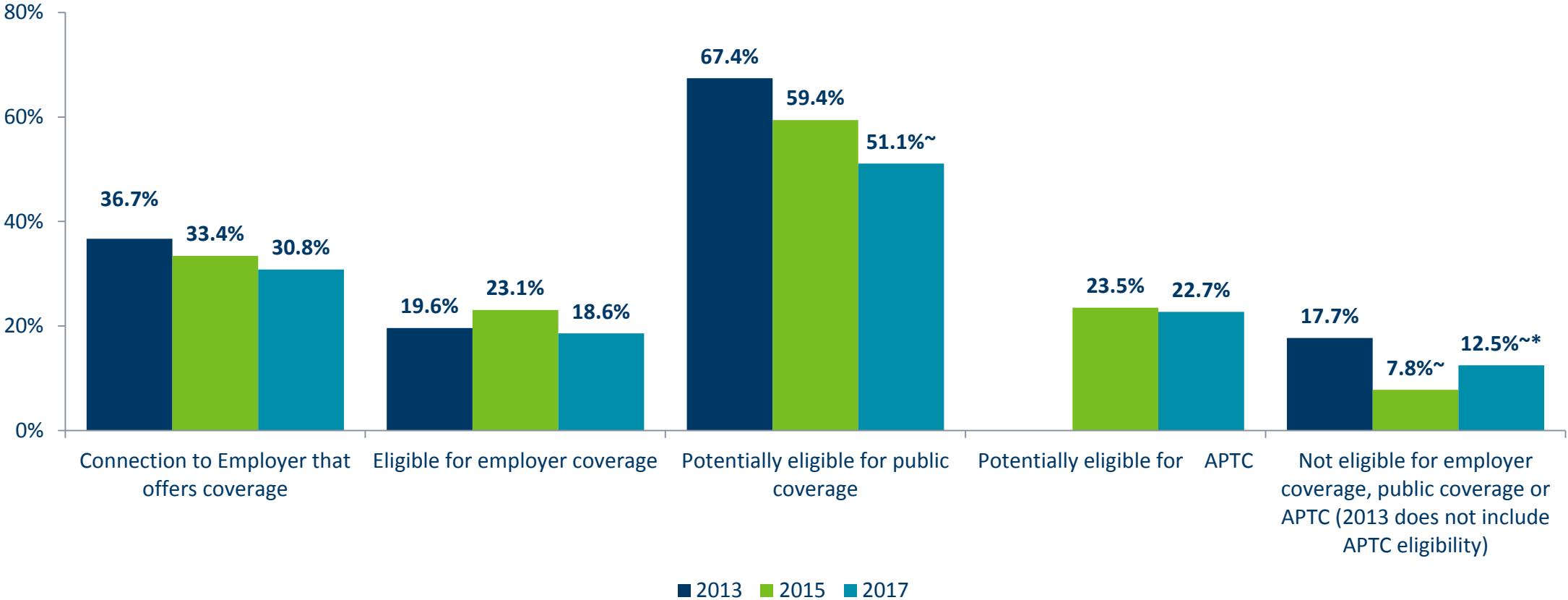
Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.



# Volatility and Uncertainty in the Health Policy Space

- Uncertainty throughout the year
  - Will the ACA be repealed after election?
  - Wait for state response to high individual market premiums
  - ACA repeal votes in Congress
  - Ending CSR subsidies
  - Individual Mandate penalty set to \$0 for 2019
- Continued increasing health care costs (premiums/cost sharing) for private insurance

# Potential Sources of Coverage for the Uninsured



\* Statistically significant difference from 2015 at the 95% level

~ Statistically significant difference from 2013 at the 95% level

Source: Minnesota Department of Health, Health Economics Program, 2013 , 2015 and 2017 Minnesota Health Access Survey.

# Why don't eligible people enroll in coverage?

- People without health insurance tend to have less awareness of coverage options.
- They are worried or assume they cannot afford coverage, or that they aren't eligible.
- In a recent Commonwealth Fund survey, 39% of uninsured people who had heard of the marketplaces didn't enroll because they thought the ACA would be repealed *or* the individual mandate was no longer in effect.

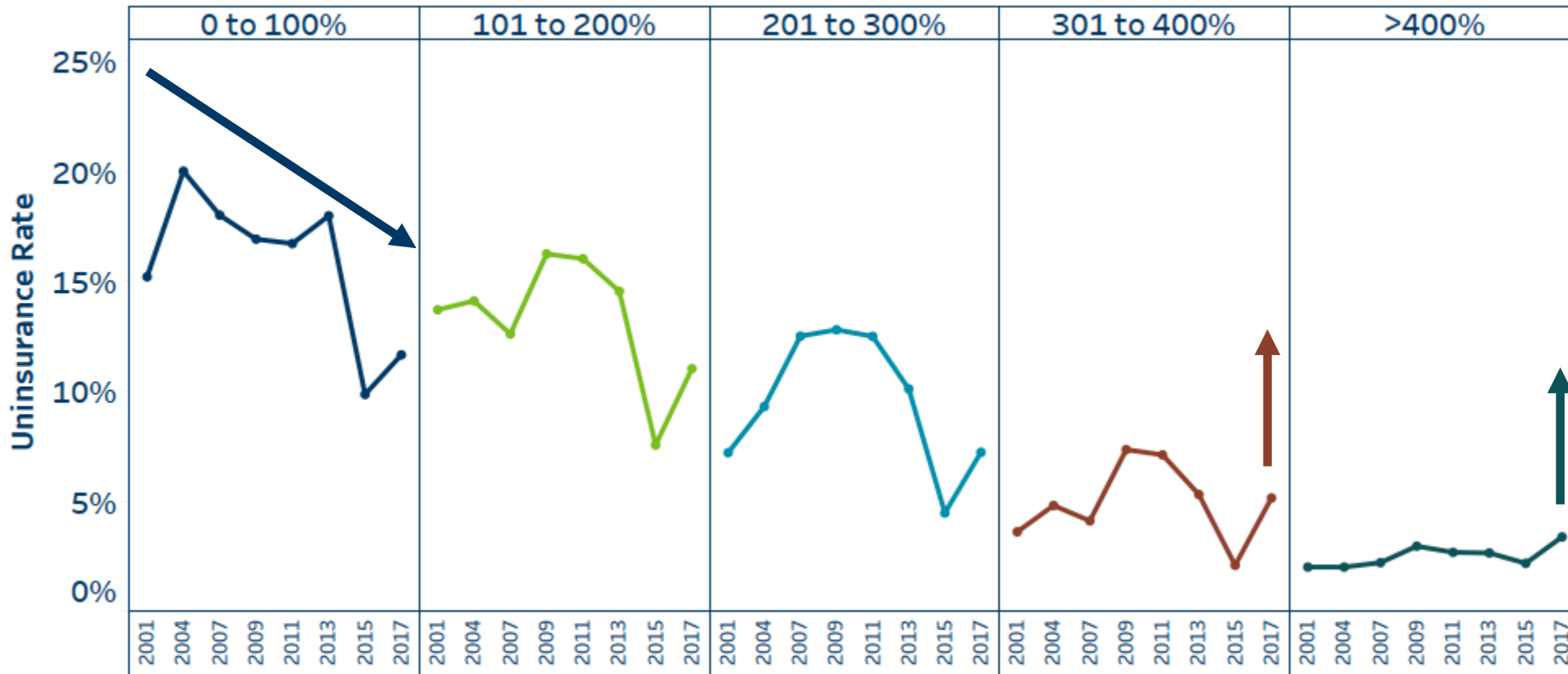


# Who are the Uninsured in 2017?

# The overall profile of the Uninsured did not change in 2017

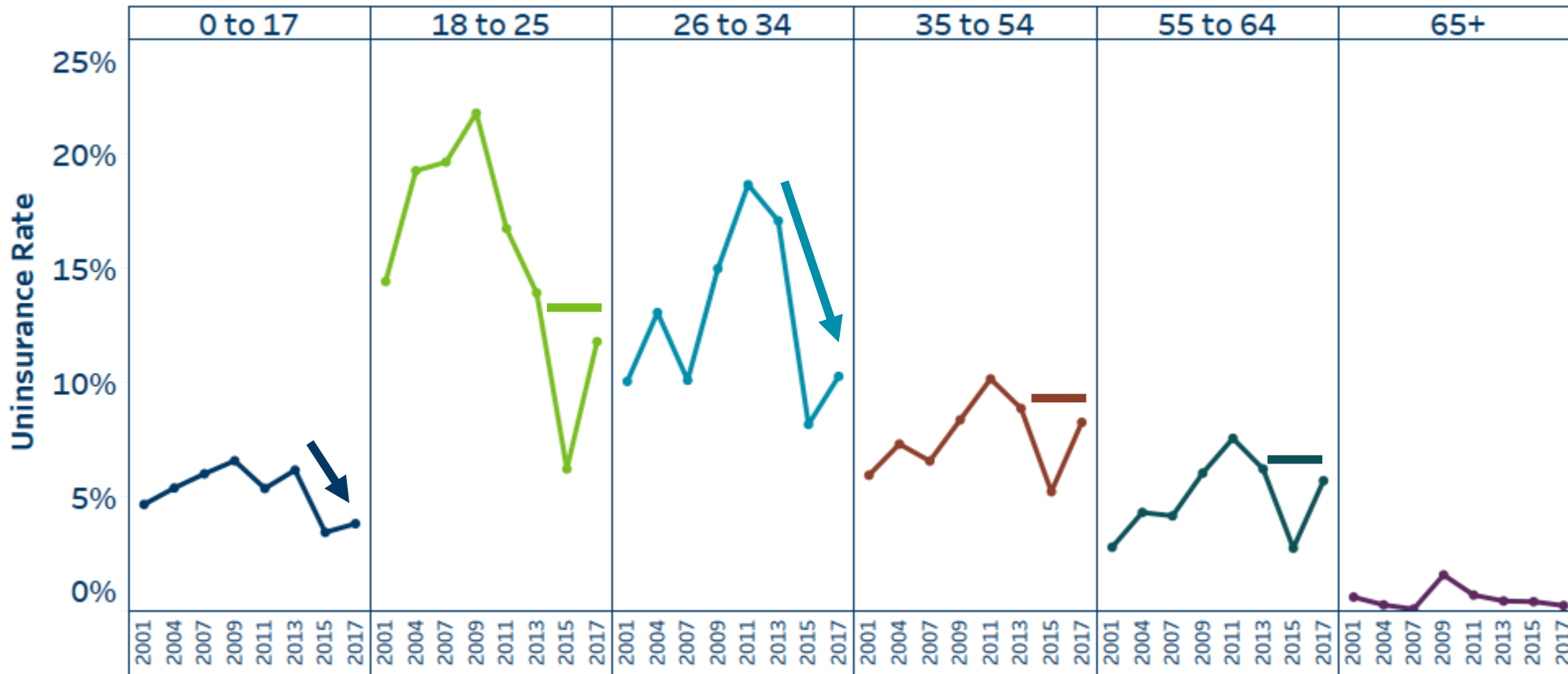
- In 2017, populations with the highest uninsurance rates were:
  - Young adults, aged 18 to 34 (10.9%);
  - People with lower incomes (under 200% Federal Poverty Guidelines) (11.3%);
  - People with a high school education or less (11.9%); and
  - People of color and American Indians (13.9%)
- These populations also tend to have less access to employer sponsored (group) coverage.
- While disparities remained, some of these groups maintained coverage gains from 2015, while others did not.

# People with the lowest incomes maintained coverage gains



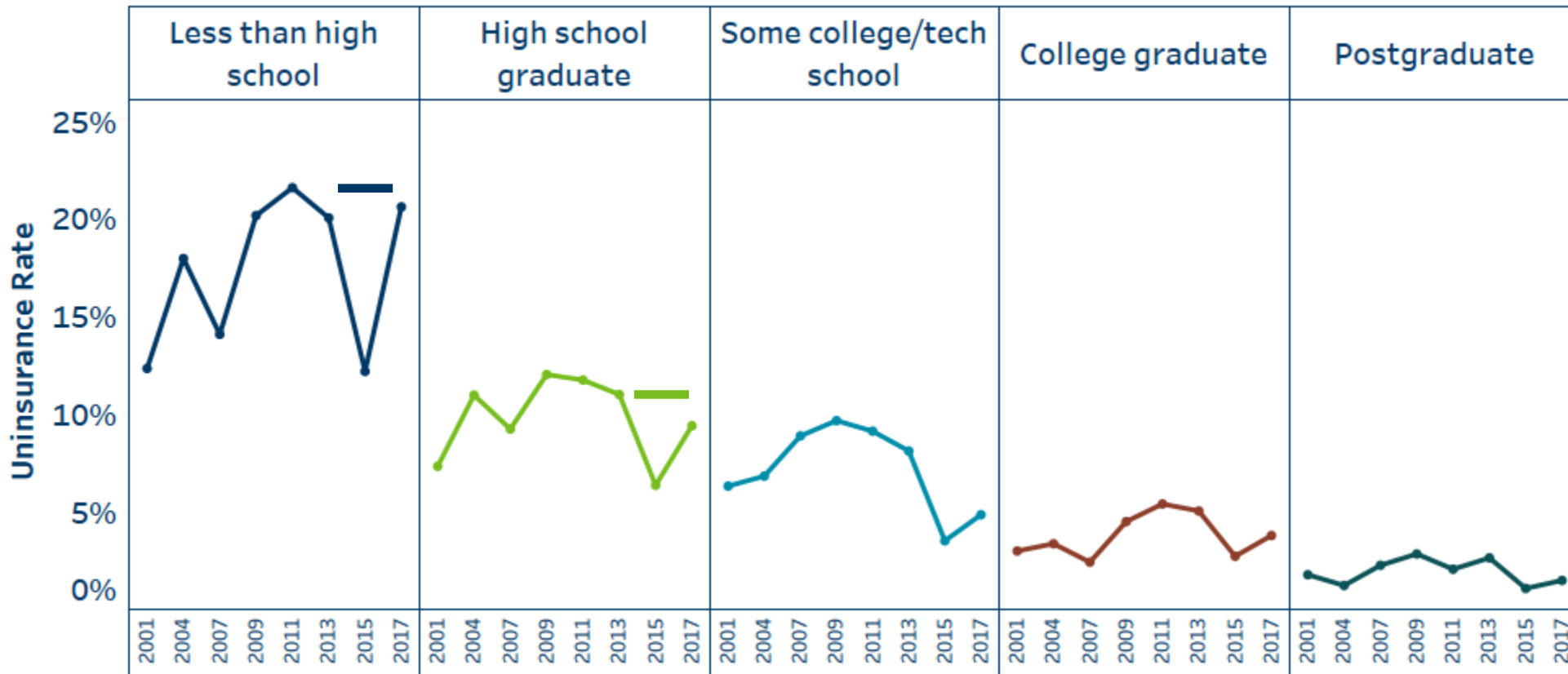
Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.

# Most adults saw a return to 2013 coverage levels



Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.

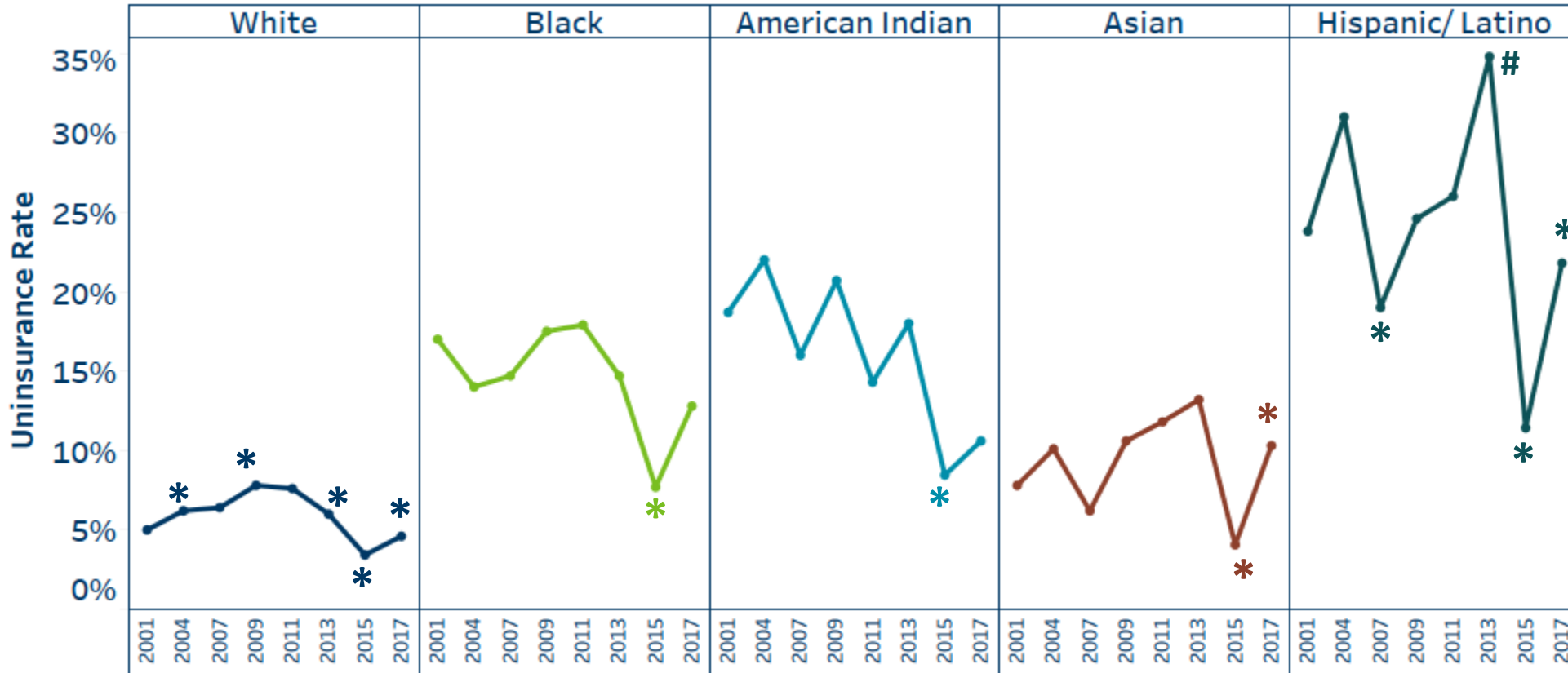
# People with lower educational attainment saw a return to 2013 coverage levels



Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.



# Variation in Maintenance of 2015 Coverage Gains by Race and Ethnicity

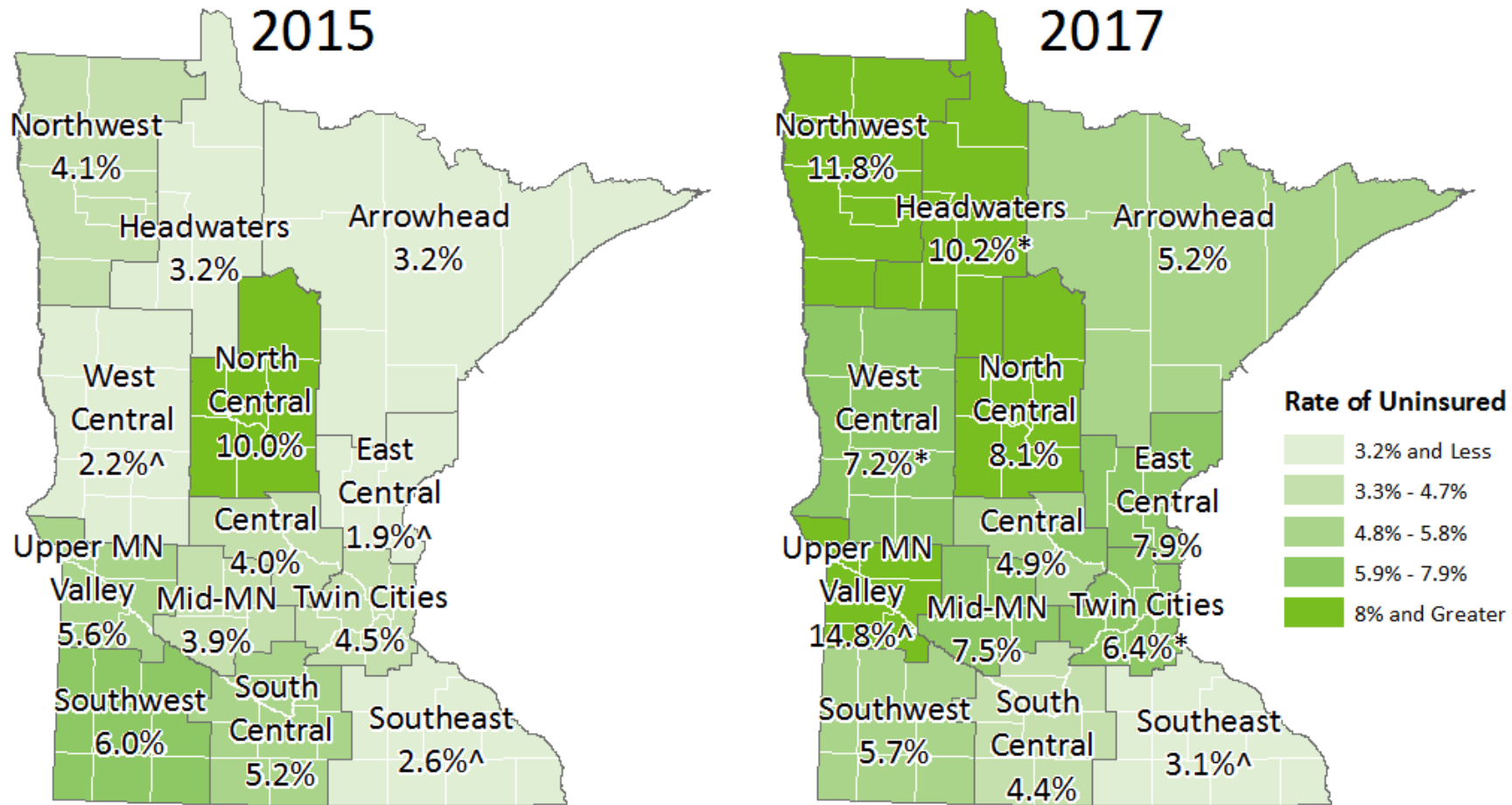


\* Statistically significant difference from previous year shown at the 95% level

# Statistically significant difference from previous year shown at the 90% level

Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013, 2015 and 2017 Minnesota Health Access Survey.

# Uninsurance Rates by Region



\*Indicates statistically significant difference from 2015 (95% level)

<sup>^</sup> Indicates statistically significant difference (95% level) from statewide level in 2017

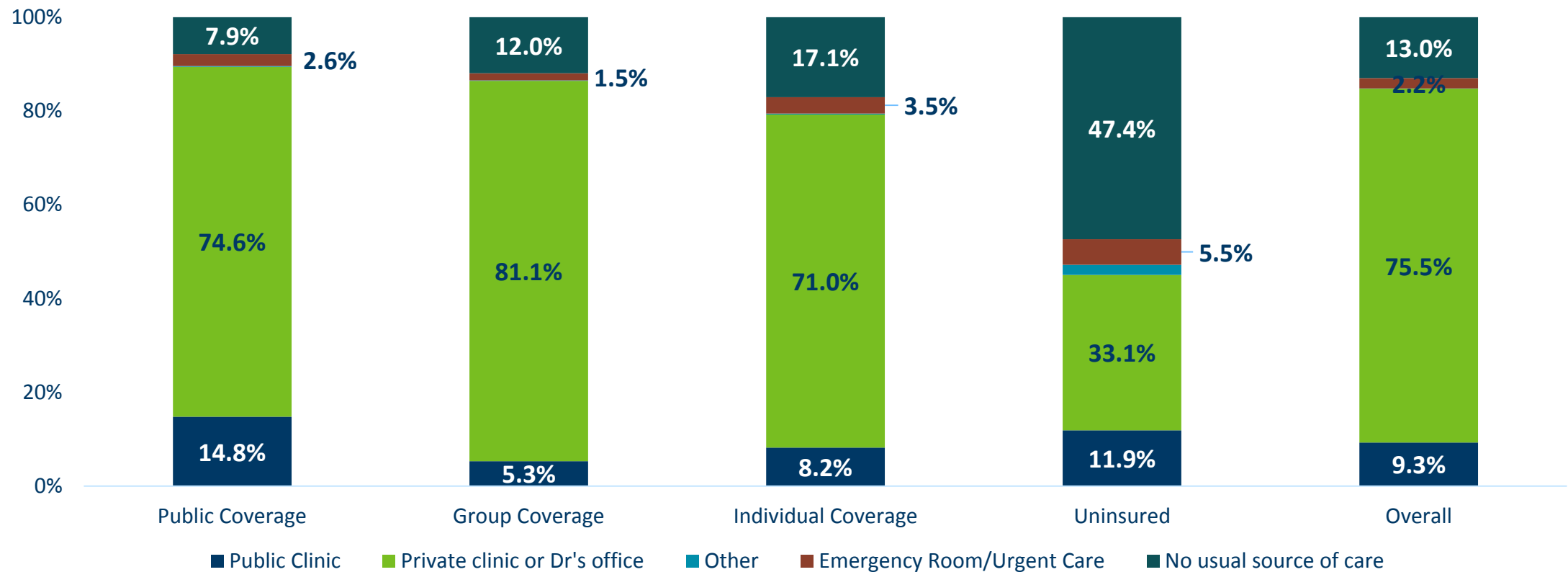
Source: Minnesota Health Access Survey, 2015 and 2017

# The Uninsured are also more likely to...

- Report fair or poor health (21.6%, compared to 12.7% total population)
- Experience more unhealthy days related to their mental health per month (4.6 days compared o 2.9 days)
- Lack confidence in getting needed health care (38.2% compared o 9.9%)
- Report forgoing health care due to costs at twice the rate of the general population (46.0% compared to 21.0%)

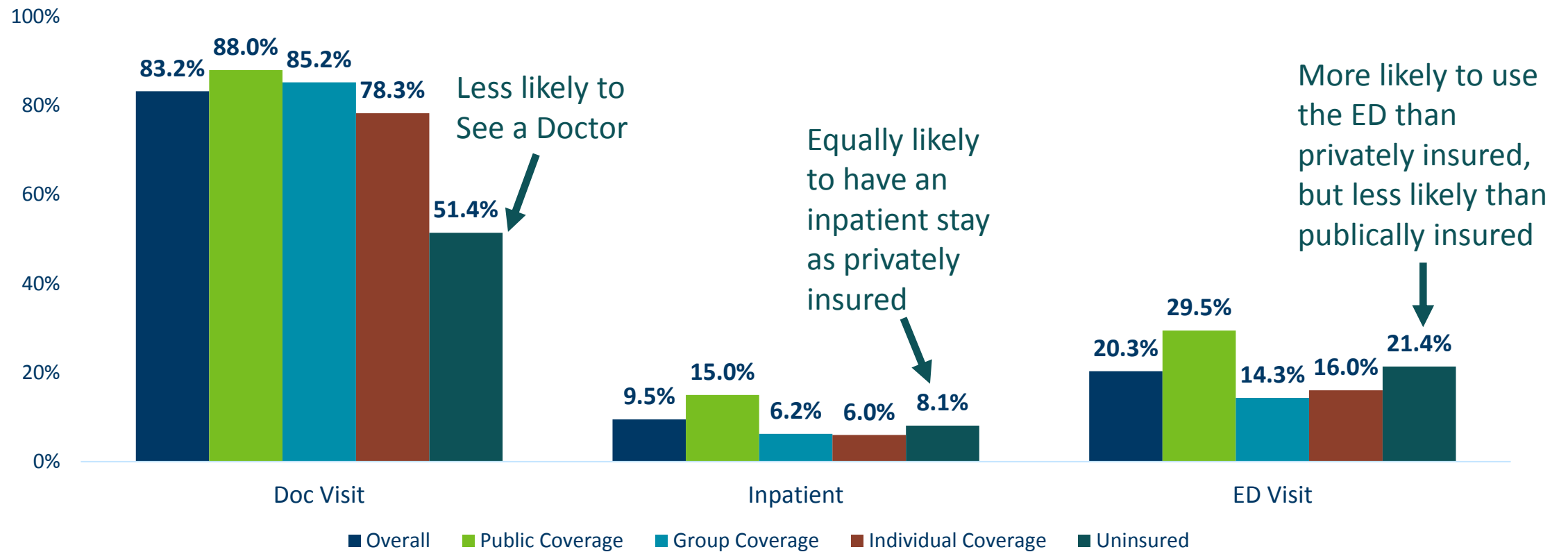
# Where do the Uninsured Get Health Care?

Type of Usual Source of Care by Health Insurance Coverage, 2017



# People without Health Insurance Use Less Health Care

Health Care Utilization by Health Insurance Coverage, 2017



# Closing Thoughts

- The ongoing decline in employer-sponsored coverage is of concern ... that it happens in strong economic times is even more worrisome
- Health care costs are still going up, regardless of how many people have insurance coverage.
- Disparities in access still persist – and may impact the disparities we see in health outcomes
- We still need a deeper understanding:
  - What drives people to drop, maintain, or enroll in coverage
  - Why people eligible for public coverage or subsidies don't enroll or take advantage of them

# Questions?

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