



No Access, No Quality: Who are Minnesota's Children Without Access to Care?

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Session Objectives

- Identify children, adolescents, and young adults who lack access to health care
- Identify the consequences of limited or intermittent access to consistent health care



Why is Access to Care Important for Youth?

- In counties with national health care, adolescents have lower rates of teen pregnancy, abortions and STDs
- Halfron N. and M. Hochstein. 2002. "Life course health development: An integrated framework for develop health, policy and research." *Milbank Quarterly*, 80(3):433-479
 - Disease seen as the result of early assaults to health that are compounded over time. Makes the case for investing in the health of youth.



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What is the Role of Health Insurance?

- Those without health insurance are:
 - Less likely to have a usual source of care
 - Less likely to seek timely care
 - Sicker and more costly when they do seek care



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Overview of Presentation

- Results from the “Minnesota Health Access Survey” report – statewide trends plus data relevant to youth and their families
- Results from the “Disparities in Minnesota Health Care Program” study –only those that focus on children
- Q and A



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Minnesota Health Access Surveys

Estimates based on a stratified statewide RDD survey; over-sampling in rural, low-income, minority areas

MNHA 2004

- Sample size: 13,802
- Response rate (AAPOR RR4): 59.4%
- Data collection: July 2004 to December 2004
- Languages: English, Spanish, Hmong, and Somali

MNHA 2001

- Sample size: 27,315
- Response rate (AAPOR RR4): 65%
- Data collection: November 2000 to May 2001
- Languages: English, Spanish, and Hmong

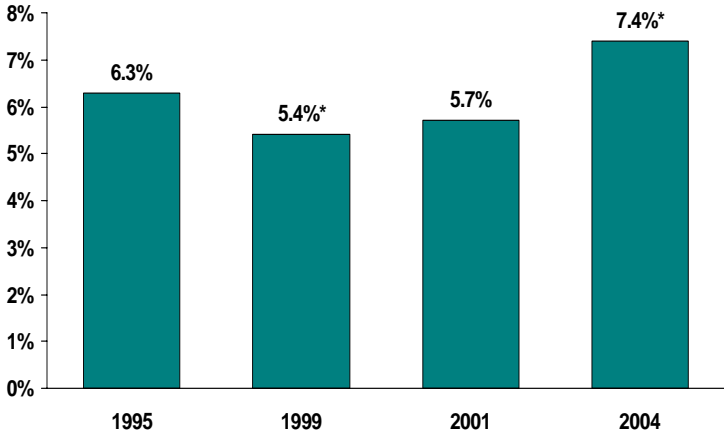


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Statewide Trends in Uninsurance



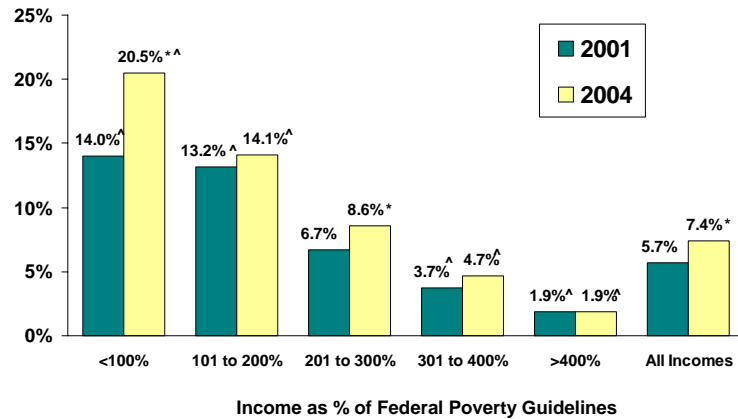
Uninsurance Rate Trends in Minnesota



*Indicates statistically significant difference (95% level) from prior survey year.

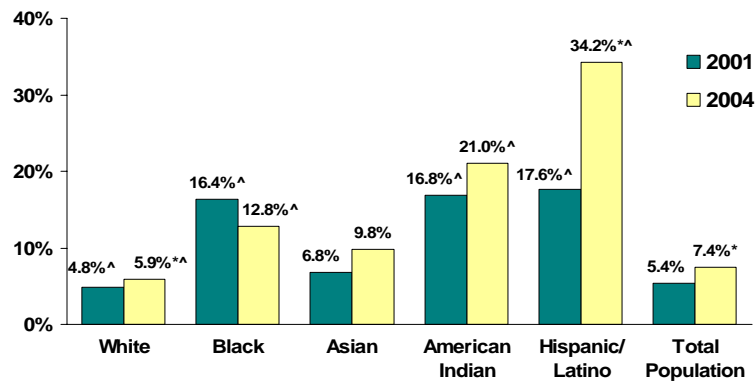


Uninsurance Rates by Income, 2001 and 2004



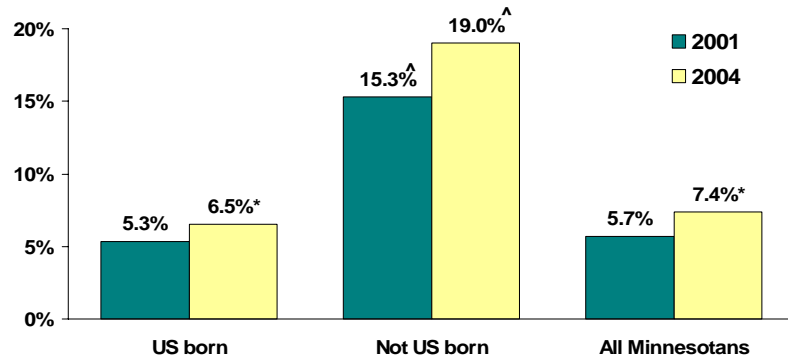
* Indicates a statistically significant difference between 2001 and 2004 at the 95% level
[^] Indicates a statistically significant difference from all incomes within year at the 95% level

Uninsurance Rates by Race/Ethnicity, 2001 and 2004



* Indicates a statistically significant difference between 2001 and 2004 at the 95% level
[^] Indicates a statistically significant difference from all Minnesotans within year at the 95% level

Uninsurance Rates in Minnesota by Country of Birth, 2001 and 2004



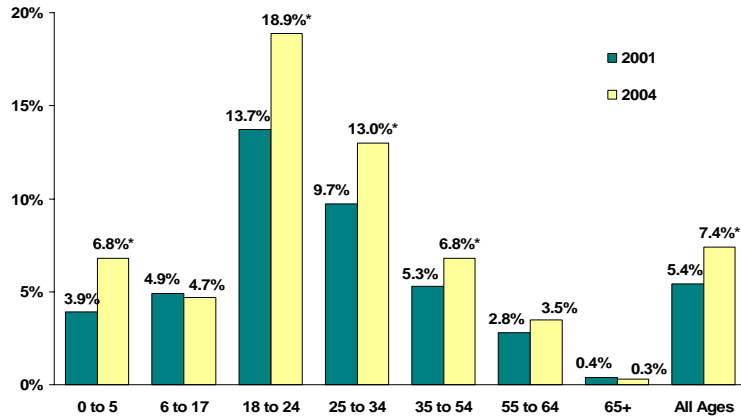
* Indicates a statistically significant difference between 2001 and 2004 at the 95% level
^ Indicates a statistically significant difference between US and Not US born within year at the 95% level

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Health Insurance Coverage by Age



Uninsurance Rates by Age, 2001 and 2004

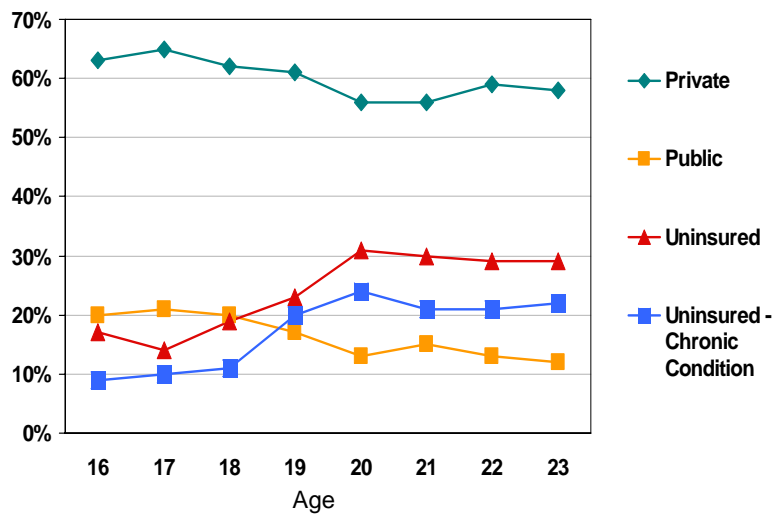


*Indicates statistically significant difference (95% level) from 2001.



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Health Insurance During the Transition to Adulthood

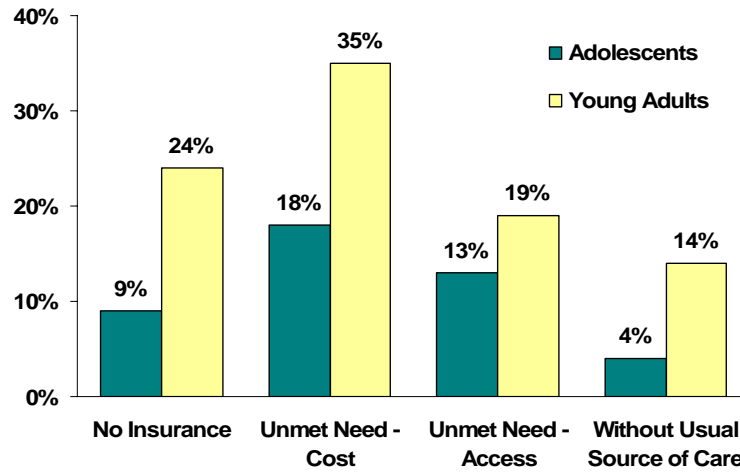


Source: 1996-2002 MEPS, courtesy of Peter Scal, MD MPH; Dept of Pediatrics, Univ of Minnesota



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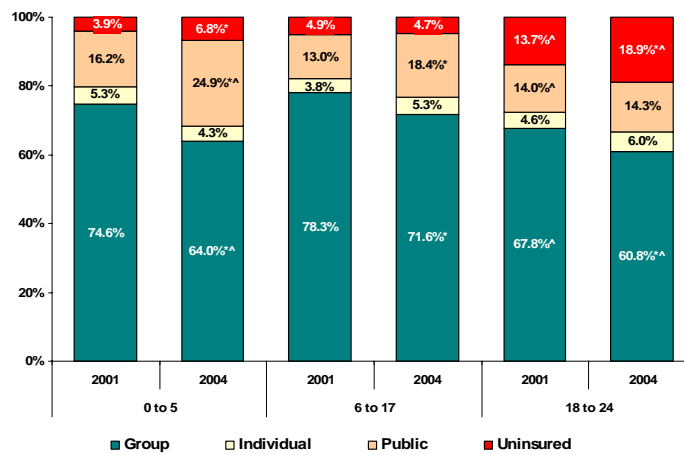
Access Issues for Youth with Chronic Conditions



NHIS aggregated 1997-2002, courtesy of Peter Scal, MD MPH; Dept of Pediatrics, Univ of Minnesota

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Sources of Insurance Coverage for Youth, 2001 and 2004

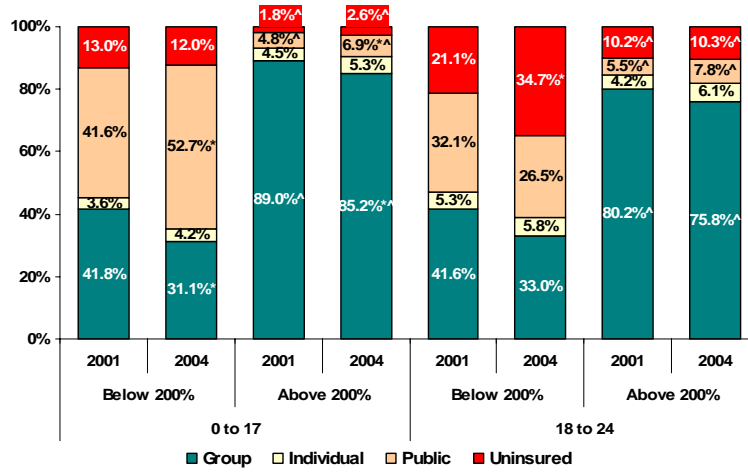


* Indicates a statistically significant difference between 2001 and 2004 at the 95% level

[^] Indicates a statistically significant difference between age groups within year at the 95% level

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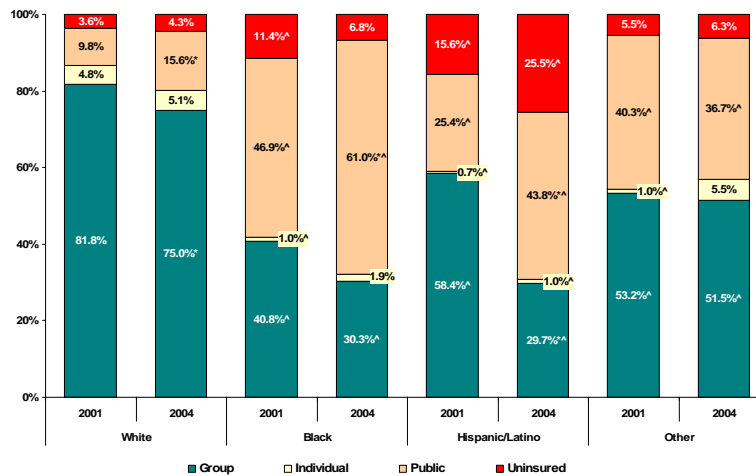
Sources of Insurance Coverage for Youth by Income, 2001 and 2004



* Indicates a statistically significant difference between 2001 and 2004 at the 95% level
 ^ Indicates a statistically significant difference between income groups within year at the 95% level

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Sources of Insurance Coverage for Children (<18) by Race and Ethnicity



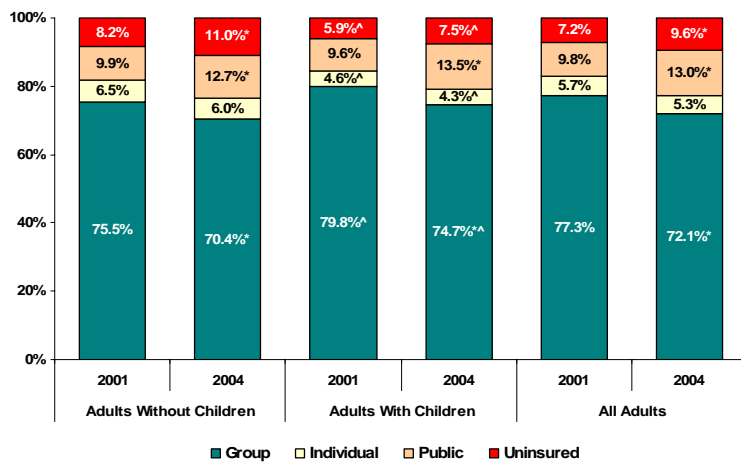
* Indicates a statistically significant difference between 2001 and 2004 at the 95% level
 ^ Indicates a statistically significant difference between race/ethnic groups and White within year at the 95% level

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Health Insurance Coverage for Adults With and Without Children



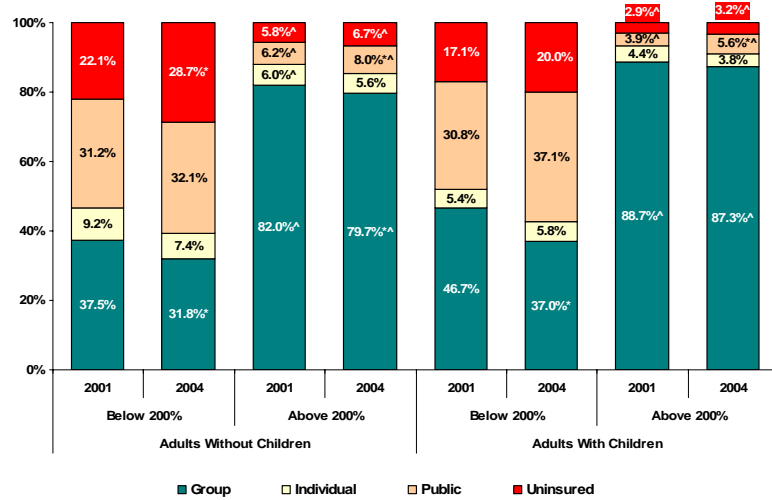
Distribution of Coverage for Non-Elderly Adults With and Without Children, 2001 vs. 2004



* Indicates a statistically significant difference between 2001 and 2004 at the 95% level

[^] Indicates a statistically significant difference between adults with and without children within year at the 95% level

Sources of Coverage for Non-Elderly Adults With and Without Children, by Income

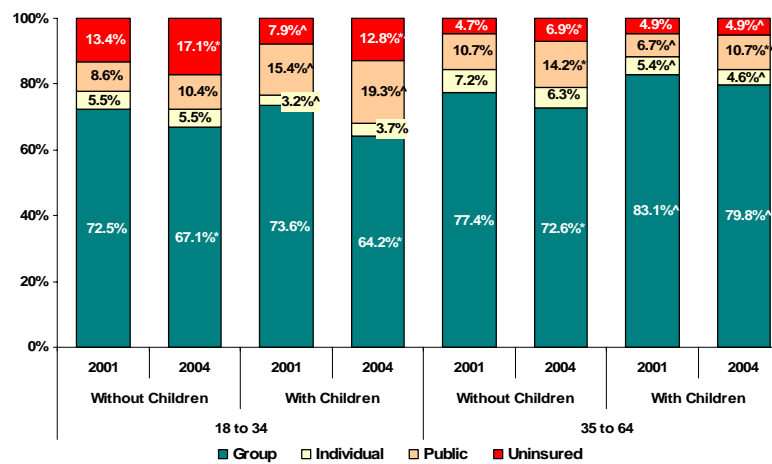


* Indicates a statistically significant difference between 2001 and 2004 at the 95% level

^ Indicates a statistically significant difference between lower and higher income within household type within year at the 95% level

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Distribution of Coverage for Non-Elderly Adults With and Without Children by Age



* Indicates a statistically significant difference between 2001 and 2004 at the 95% level

^ Indicates a statistically significant difference between adults with and without children within year at the 95% level

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Summary of Key Findings

- The distribution of health insurance coverage changed for the first time in 15 years. From 2001 to 2004:
 - Uninsurance rate increased
 - Public coverage increased
 - Employer sponsored insurance decreased

Summary of Key Findings

- Rate of uninsurance:
 - Increased among young children (5 and under) and adults 18 to 54
 - Increased among those with family income at or below 100% FPG and those between 200% and 300% FPG
- Race/ethnic disparities in coverage remain
- Rate of uninsurance increased for White and Hispanic/Latino populations

Reasons for changes in coverage

- Less access to and eligibility for employer coverage
 - Take-up rates have not changed
- Changes in employment
 - Adult employment decreased from 75.0% to 72.3%.
 - More workers in temporary/seasonal jobs
 - More people working for mid size employers
 - More people working less than 40 hours per week

Reasons for changes in coverage

- Downward shift in income distribution
- Changes in the demographic composition of the Hispanic/Latino population in Minnesota
 - More concentrated at the lower end of income spectrum
 - Fewer are US born (31% in 2001 vs 54% in 2004)
 - More are new to Minnesota in past 4 years (28% in 2001 vs. 38% in 2004)

Acknowledgments

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For More Information

For the full report: *“Health Insurance Coverage in Minnesota: Trends from 2001 to 2004”*

For an overview of key findings access the February 2006 Fact Sheet: *“Health Insurance Coverage in Minnesota, 2001 vs 2004”*

Both are available at www.shadac.org or on the MHD-HEP web page



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Time to Switch Gears

Is health insurance enough to ensure access to care?



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Disparities in MHCP Project

- Goal of project:
 - To understand barriers to preventive care among MHCP enrollees, especially focusing on enrollees from the African American, American Indian, Hispanic/Latino, Somali and Hmong communities
 - To identify potential ways to address barriers
- Funding:
 - Minnesota Department of Human Services (through EQRO with a Federal match)



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Survey Creation and Administration

- **Mixed-mode**
 - appropriateness of mode varies by community
 - Mail (English only): cover page telling people number to call to conduct interview in different language
 - Telephone follow-up (English, Spanish, Somali, Hmong)
- Translation and quality control overseen by multi-lingual, multi-cultural PMT members
- Sample drawn February; Fielded April – July 2003
- Initial mailing to 9,350 enrollees
 - de-duplication at household level
 - All ages, with parent responding for sampled child
- Total of 4,953 surveys completed with response rate of 54%



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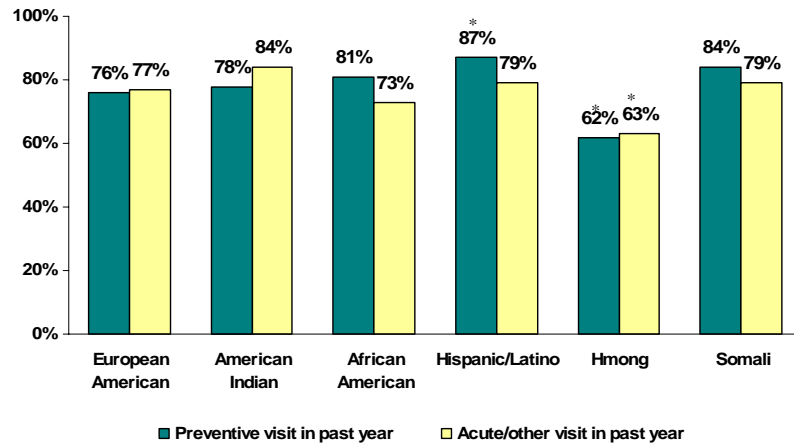
Results of Survey

- **Highlight principal findings**
 - Use of services
 - Barriers to care
 - Perceived discrimination
 - Trust in health care provider
 - Experiences with interpreters
- **Discuss implications**



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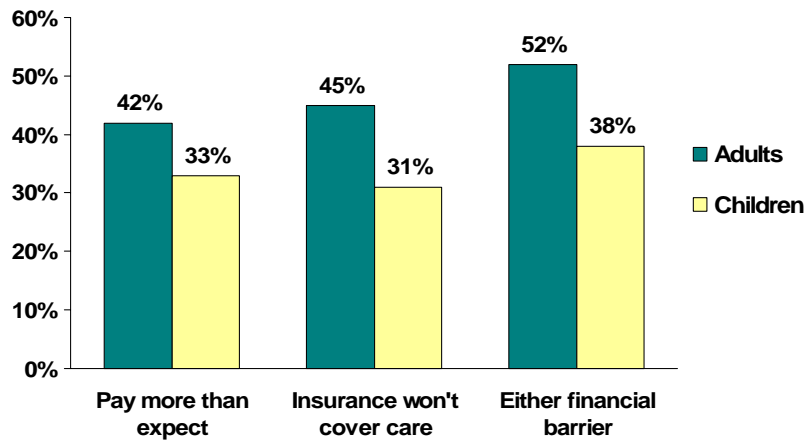
Use of Services: Children



* Indicates a significant difference in utilization compared to European American.

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Financial and Coverage Barriers



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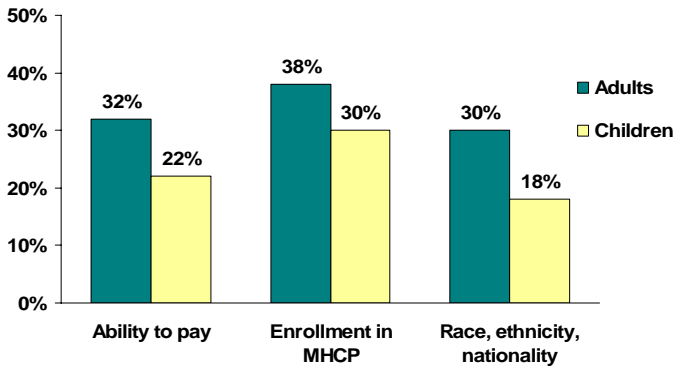
Barriers by Race/Ethnicity

% reporting the following problems:	European American		American Indian		African American		Hispanic/Latino		Hmong		Somali	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Access barriers												
Getting appointment soon as needed	38%	30%	44%	36%	48% *	32%	45%	34%	68% *	61% *	41%	52% *
Difficulties with transportation	18%	11%	39% *	24% *	37% *	23% *	37% *	29% *	47% *	24% *	32% *	48% *
Cannot see doctor you want to see	28%	27%	17% *	21%	27%	18% *	32%	19% *	44% *	34%	36%	35%
Office/clinic not open when you can go	18%	20%	22%	36% *	19%	22%	23%	19%	53% *	34% *	20%	31%
Knowing where to go	16%	9%	21%	18%	21% ^a	13%	22%	15% *	46% *	26% *	20%	12%
Family and work responsibilities												
Work or family responsibilities	27%	27%	40% *	30%	34% *	33% ^a	30%	28%	53% *	41%	37% ^a	28%
Avail. of childcare or babysitter	11%	15%	22% *	15%	18% *	18%	25% *	14%	32% *	33% *	27% *	32% *
Trust in providers in general												
Worry that doctors are not trustworthy	18%	14%	19%	24% ^a	22%	17%	28% *	19% ^a	54% *	34% *	23%	14%
Language, cultural and religious barriers												
Doctors don't speak your language	10%	5%	8%	6%	12%	10% *	31% *	31% *	61% *	38% *	34% *	33% *
Doctors don't understand your culture	4%	2%	7%	9%	14% *	9% *	26% *	13% *	56% *	42% *	36% *	25% *
Doctors don't respect your religious beliefs	2%	1%	3%	7%	4% *	2%	6% ^a	2%	37% *	22% *	17% *	12% *

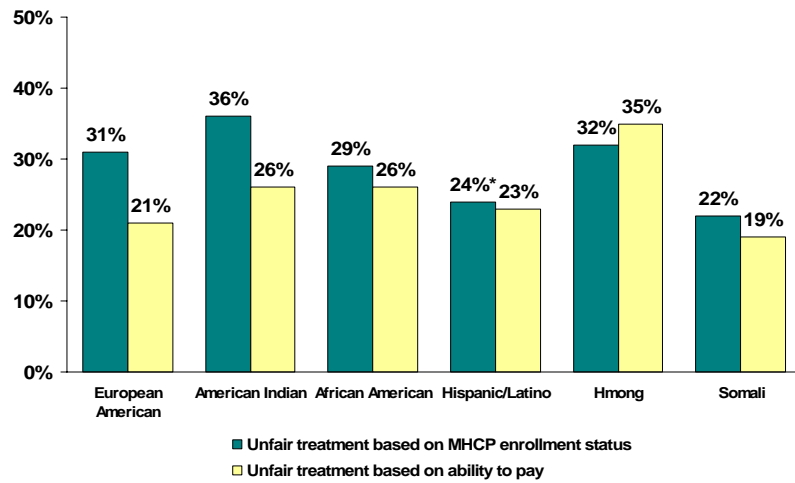
Shaded cells represent top five barriers per age and racial/ethnic group.
 Significant differences in barriers between European American and other groups: ^a = p<.10; * = p<.05 or better



Percent Reporting Discrimination, Adults and Children



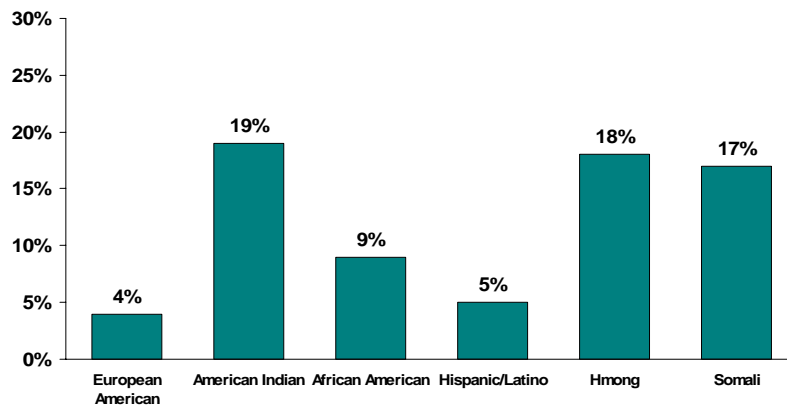
Discriminatory Attitudes: Children



* Indicates a significant difference compared to European Americans

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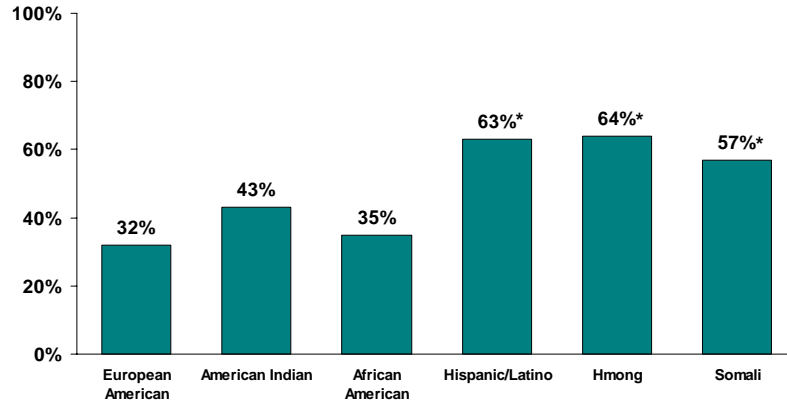
Trust in Doctor: Children



* Indicates a significant difference compared to European Americans

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Lack of Confidence in Own Doctor: Children

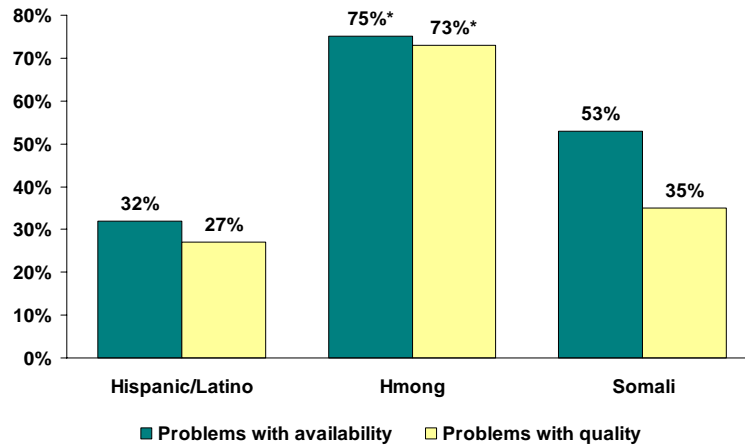


* Indicates a significant difference compared to European Americans



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Experiences with Interpreters: Children



* Indicates a significant difference compared to other groups



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Relationship Between Barriers and Use of Services

Barrier Domain:	Adults		Children	
	Visit for injury or illness in past year	Preventive visit in past year	Visit for injury or illness in past year	Preventive visit in past year
Financial, coverage barriers	-	-	+	ns
Access barriers	ns	-	+	ns
Family, work responsibilities	ns	-	ns	ns
Trustworthiness of doctors	ns	-	ns	ns
Trust in own provider	ns	-	-	ns
Confidence in own provider	ns	-	ns	ns
Economic discrimination	-	-	ns	-
Race discrimination	-	-	ns	ns
Language, cultural, religious barriers	ns	ns	ns	ns
Interpreter availability [^]	ns	-	-	-
Interpreter quality [^]	ns	ns	ns	ns



ns: not significant

"-" use is significantly lower among enrollees reporting this problem as compared to those with no problem, $p < .05$

"+" use is significantly higher among enrollees reporting this problem as compared to those with no problem, $p < .05$

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Implications and Recommendations

- CLAS
 - culturally and linguistically appropriate standards
- Financial and Coverage Barriers
- Barriers to Access Care
- Family and Work Responsibility
- Trust and Perceived Discriminatory Attitudes
- Availability and Quality of Interpreters



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Acknowledgments

- **DHS Disparities Project Management Team Members**

- Tim Beebe, University of Minnesota
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- Charity Kreider, University of Minnesota
- Jennifer Lundblad, Stratis Health
- Donna McAlpine, University of Minnesota
- Jim McRae, Minnesota Department of Human Services
- Betty Moore, Independent Consultant (formerly with the Indian Health Board)
- Sirad Osman, New Americans Community Services
- Walter Suarez, Midwest Center for HIPAA Education



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For More Information

- Main page:
<http://www.dhs.state.mn.us/HealthCare/pmqi/default.htm#Research-Evaluation>
- Full report:
<http://www.dhs.state.mn.us/HealthCare/pmqi-pdfs/Disparities-final-report-Dec2003.pdf>
- Focus group report:
<http://edocs.dhs.state.mn.us/lfsrver/Legacy/DM-0171-ENG>



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Questions?

