Results from the 2017 Minnesota Health Access Survey

SHADAC Webinar | April 19, 2018

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Speakers

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Agenda

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

What is the Minnesota Health Access Survey (MNHA)?

- Biennial survey of health insurance coverage and access in Minnesota
- The definitive source for MN estimates on uninsurance and a tool for policy simulation on coverage and access
- Funded by MN Legislature with matching funds from DHS and operational funding support from HEP
- Partnership with the University of Minnesota School of Public Health State Health Access Data Assistance Center

Minnesota Health Access Survey methods

- General population telephone survey (English and Spanish)
- Comparable data back to 2001, conducted biennially since 2007

<u>2017 Stats:</u>

- 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)

What changed in Minnesota between 2015 and 2017?

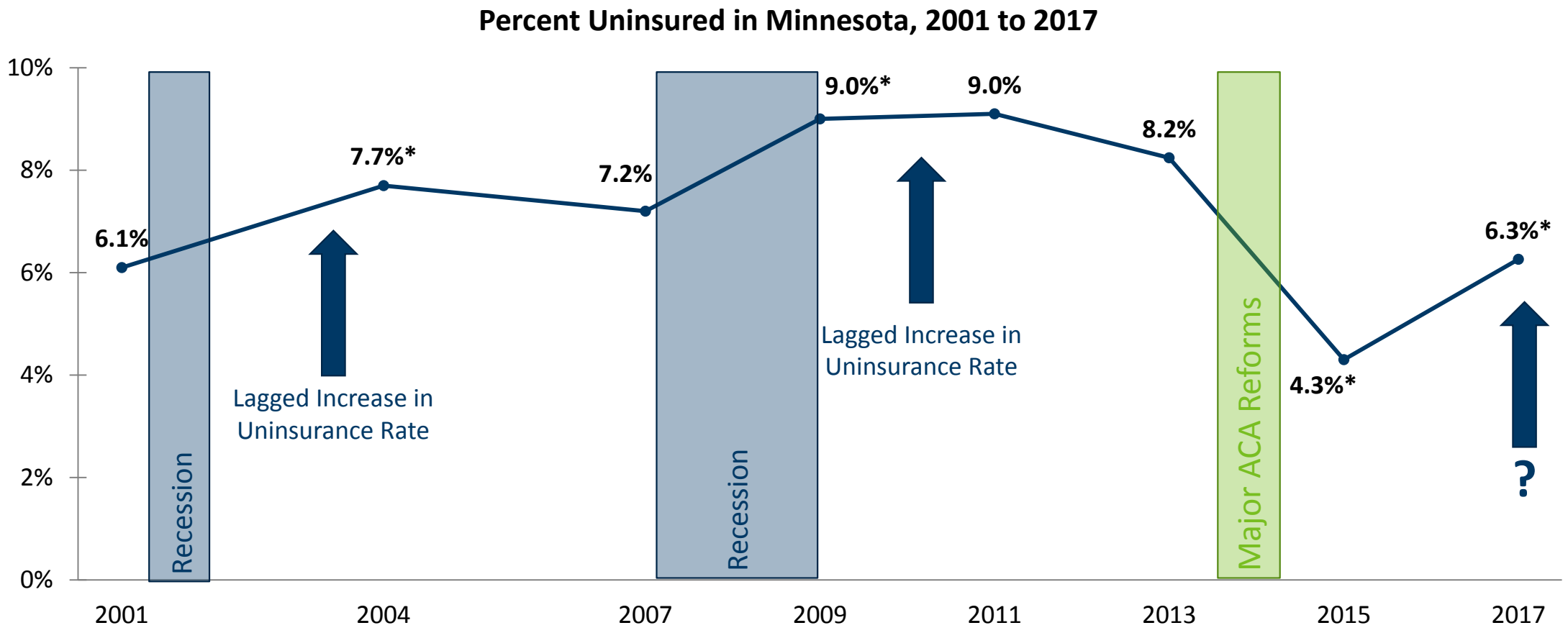
2015		2017
Unemployment Rate: 3.8%	0.2 pp	Unemployment Rate: 3.6%
Average Weekly Wages	No change	Average Weekly Wages
State Economy: $328.4B	7.2%	State Economy: $352.0B
0 to 65 Population Growth	1.2%	0 to 65 Population Growth
65+ Population Growth	4.6%	65+ Population Growth

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  - Will the ACA be repealed after election?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 Cost Sharing Reduction (CSR) subsidies
  - Individual Mandate penalty set to $0 for 2019
- Consecutive year increases in costs and cost sharing, with narrower networks
- Fewer options of policies across the state in the individual market

2017 Results

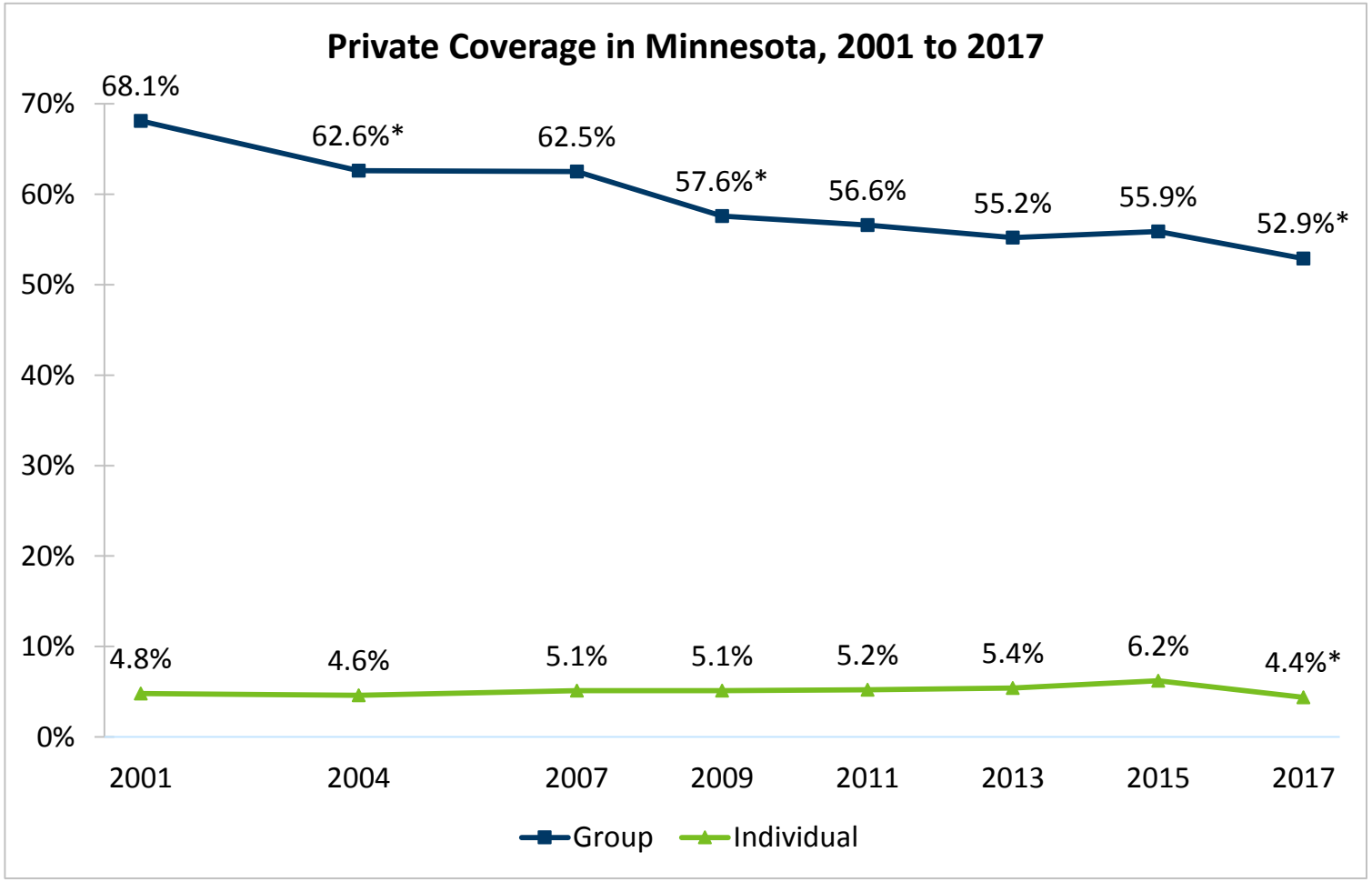
Why is 2017 different?



* 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.

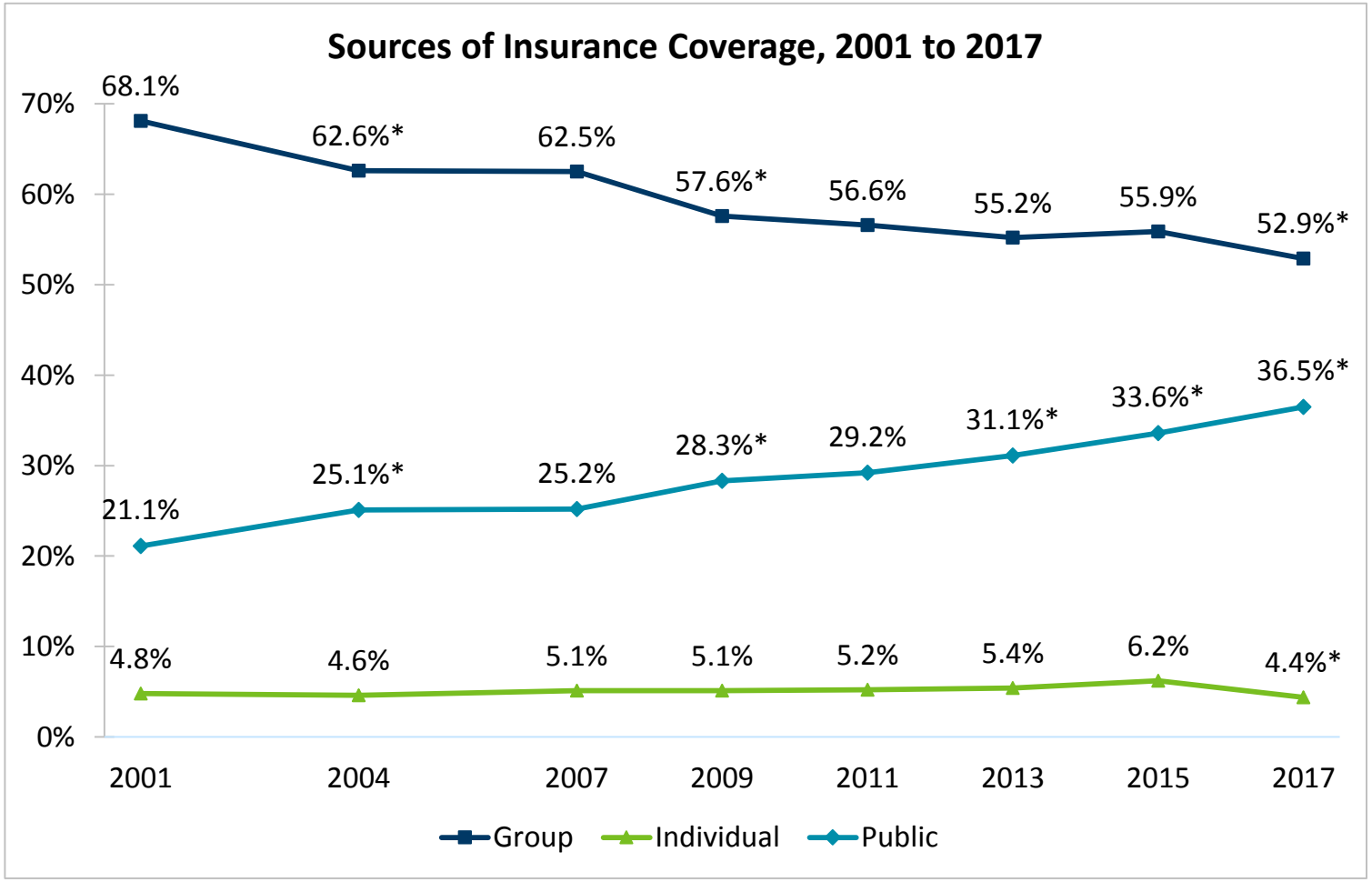
Coverage through individual market and employers fell



- 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

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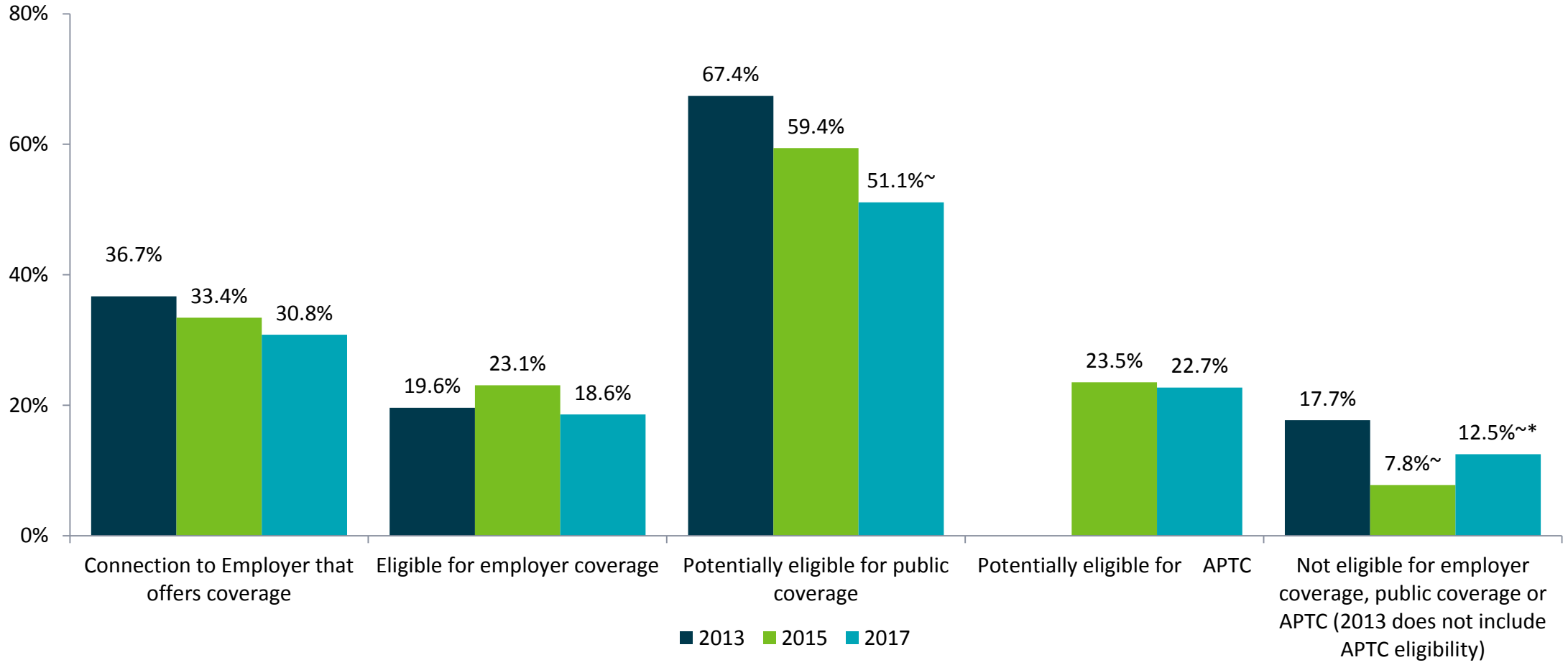
Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013 , 2015 and 2017 Minnesota Health Access Survey.

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?

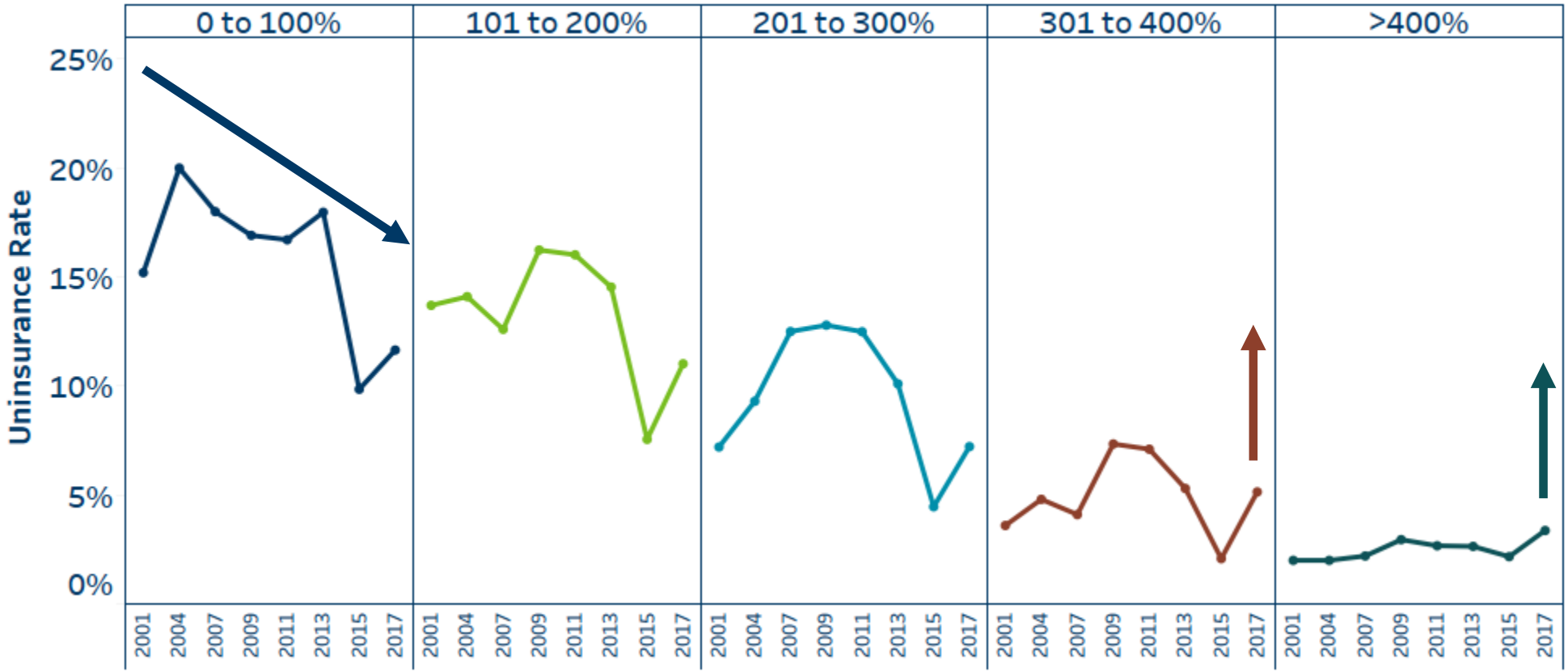
The overall profile of the uninsured did not change in 2017

- 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

Uninsurance rate increases were not uniform

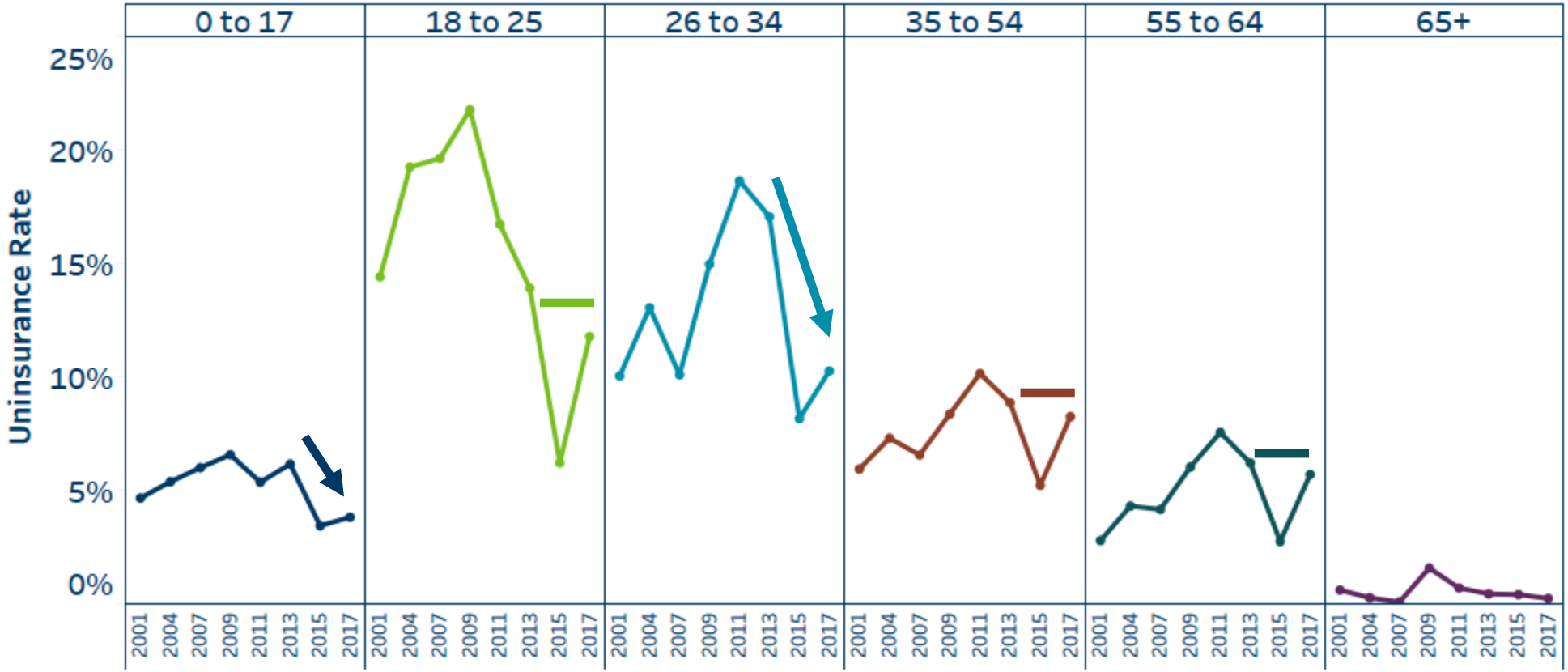
- Rates increased more for:
  - Hispanic and Latino
  - Black
  - Asian
  - People with incomes over 300% FPG
  - Adults 18 to 25, 35 to 54 and 55 to 64
  - People with a high school education or less
- Rates stayed the same for:
  - American Indians
  - People with incomes at or below 100% FPG
  - Children
  - Adults aged 26 to 34
  - People with some college or technical school

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



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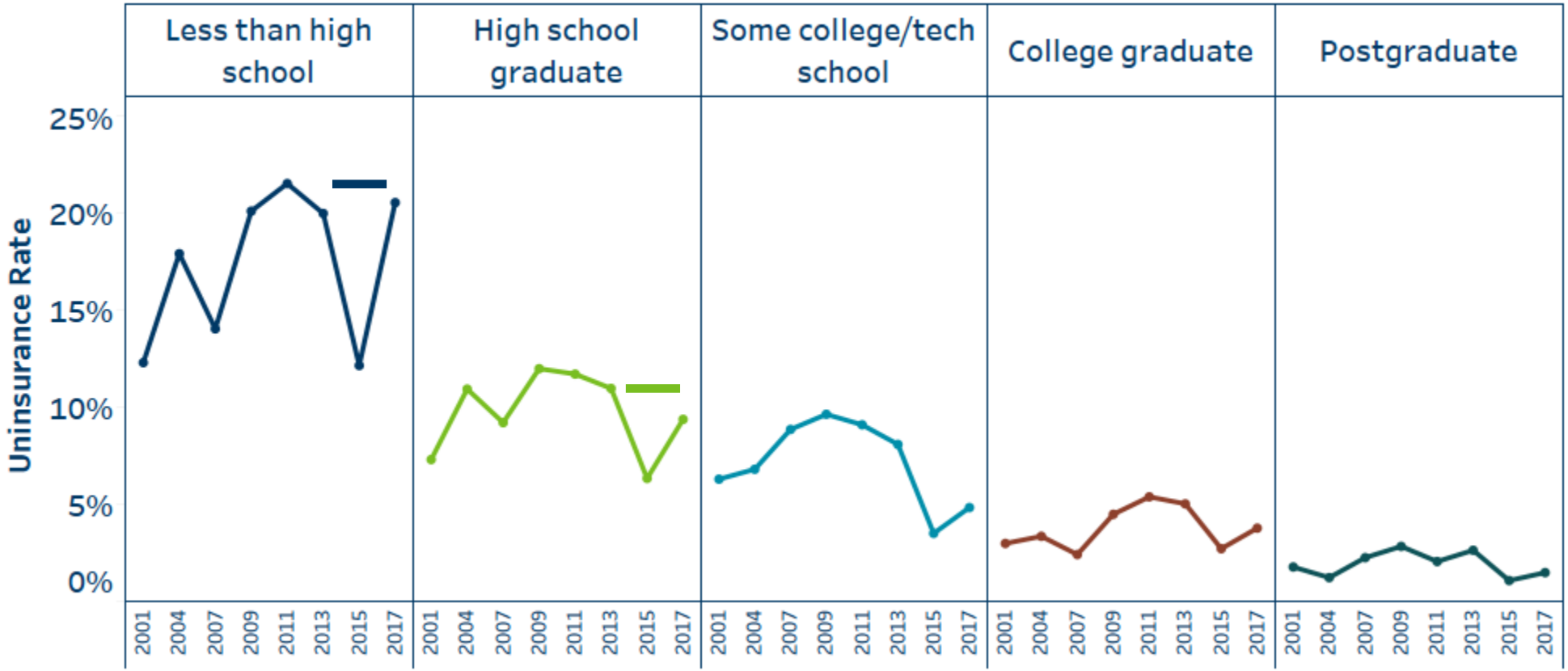
People with lower educational attainment saw a return to 2013 coverage levels



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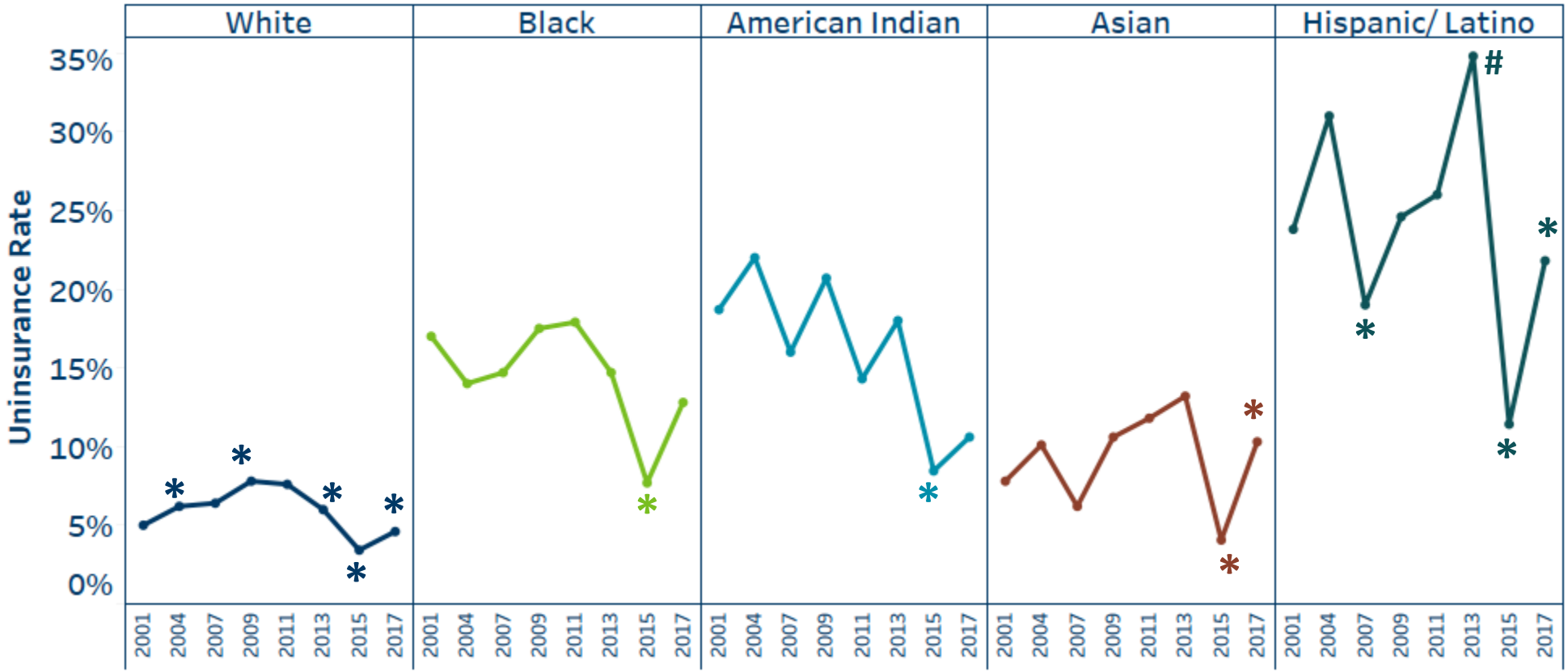
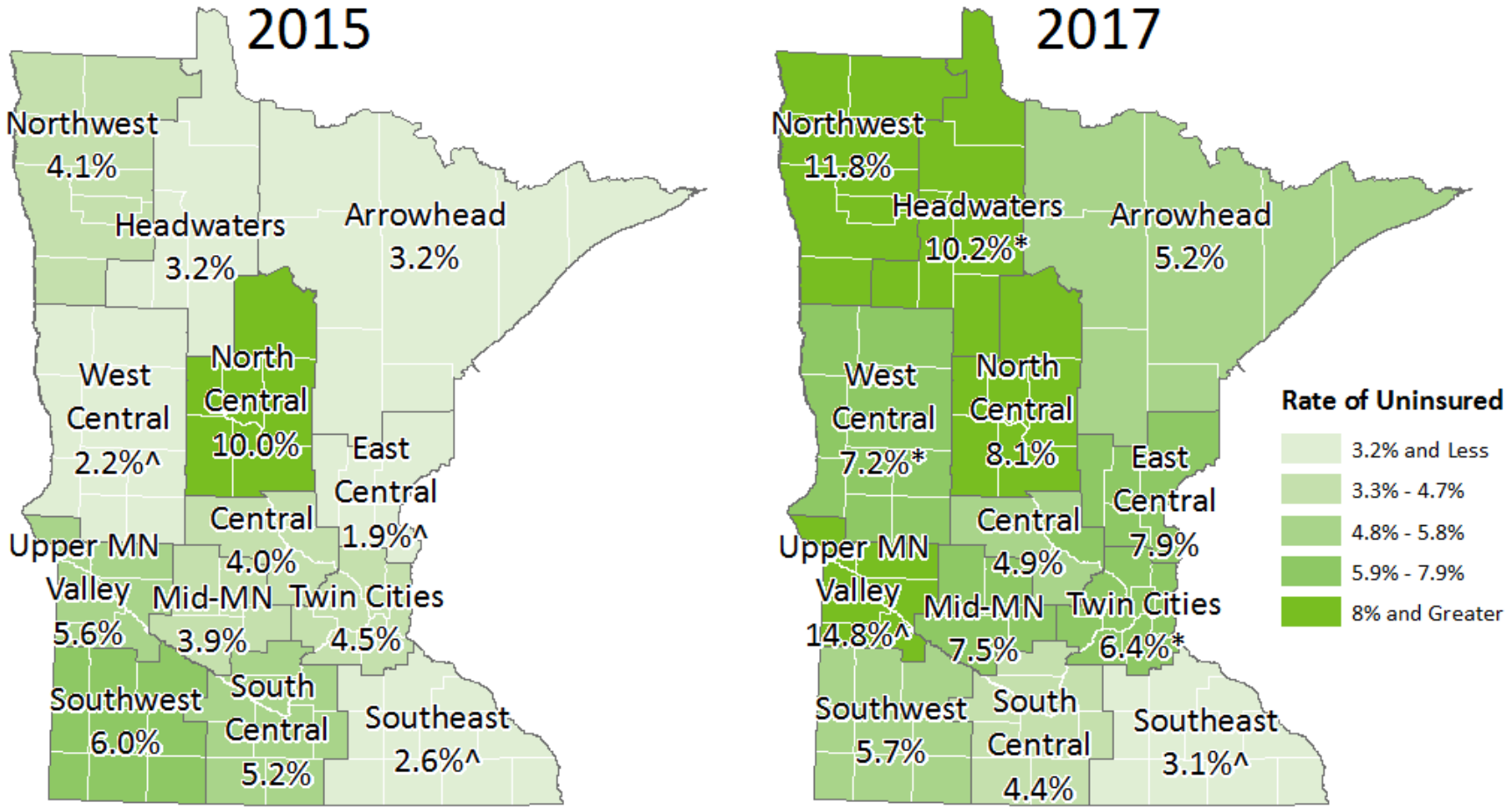
Variation in maintenance of 2015 coverage gains by race and ethnicity



* 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)
^ Indicates statistically significant difference (95% level) from statewide level in 2017
Source: Minnesota Health Access Survey, 2015 and 2017

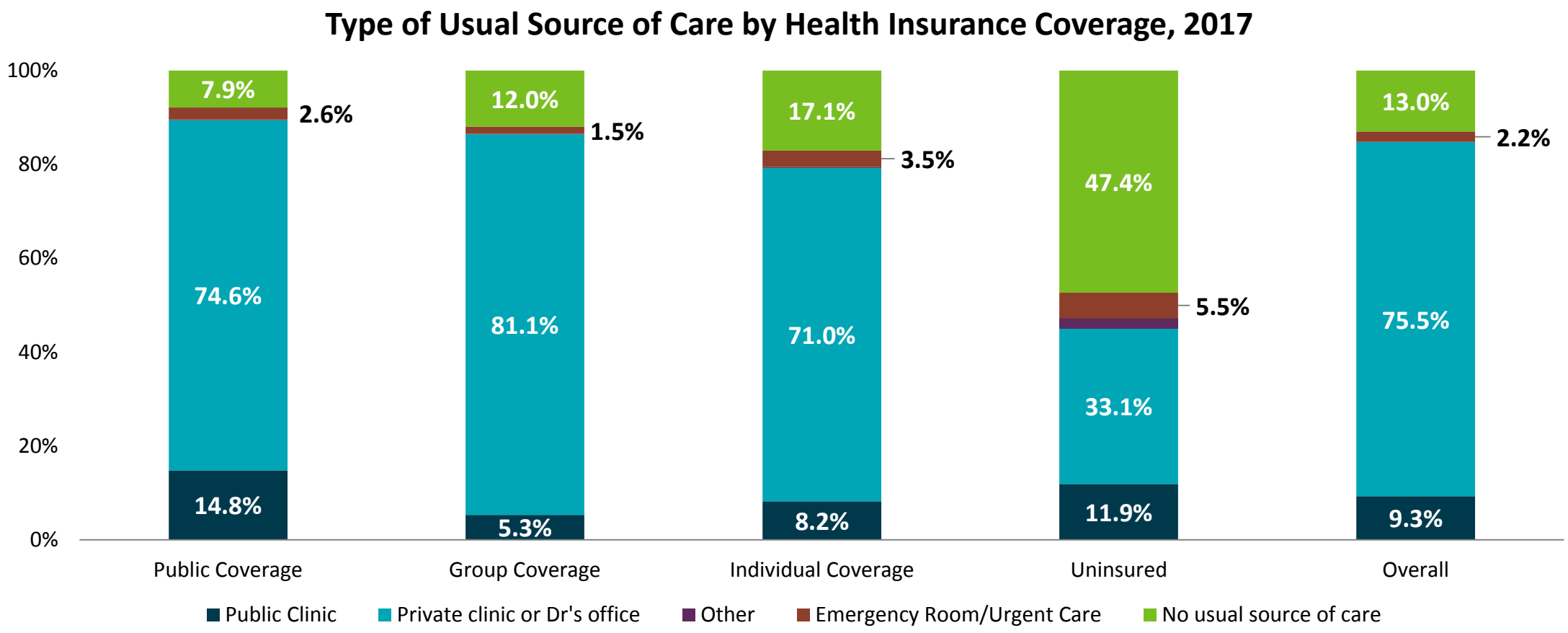
The uninsured are also more likely to…

- 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 to 2.9 days)
- Lack confidence in getting needed health care (38.2% compared to 9.9%)
- Report forgoing health care due to costs at twice the rate of the general population (46.0% compared to 21.0%)

Employment among the uninsured

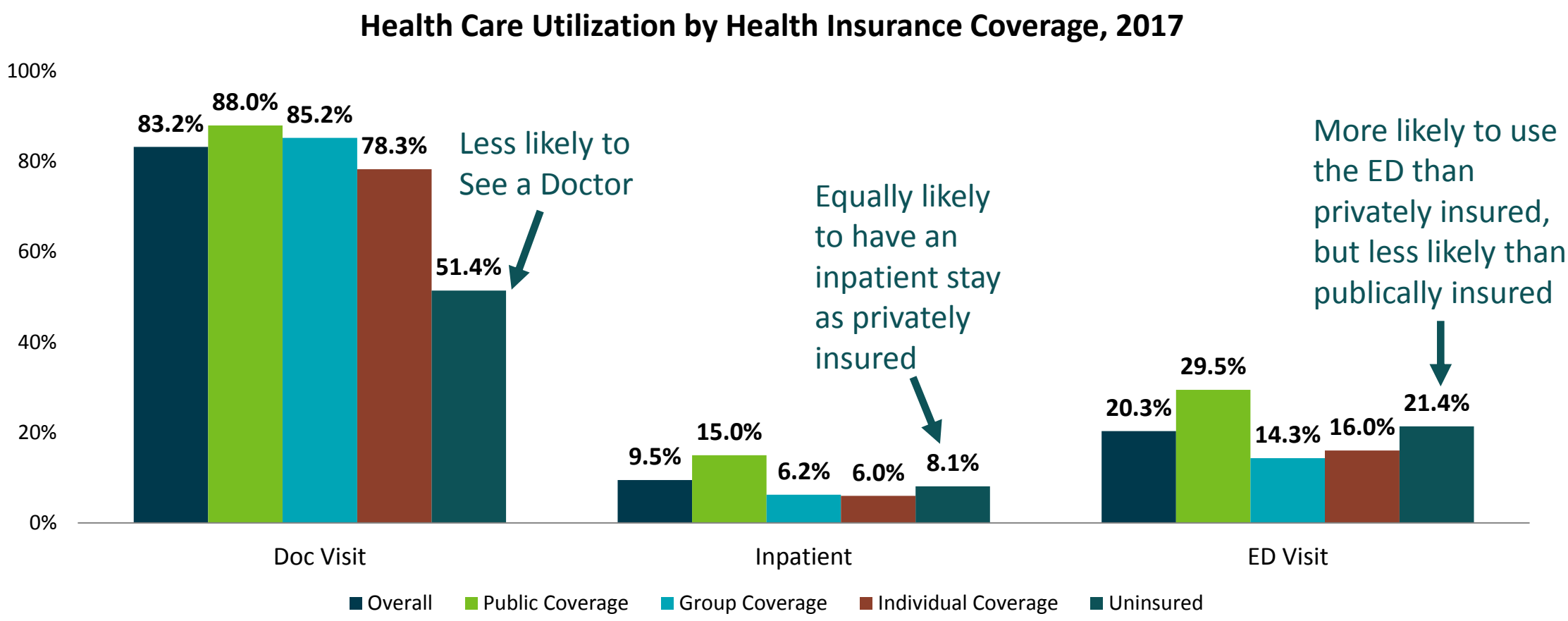
- The uninsured are employed at similar rates to the state at a whole. The differences are:
  - Uninsured are more likely to be seasonal or temporary workers
  - They are more likely to be self-employed
  - They are more likely to work for smaller businesses (50 or fewer employees)

Where do the uninsured get health care?



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

People without health insurance use less health care



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

Closing thoughts

- The ongoing decline in employer-sponsored coverage is of concern … that it happens in strong economic times is even more worrisome
- Public coverage is covering more people, and they are maintaining that coverage
- 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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Please send any follow-up questions you may have to shadac@umn.edu

THANK YOU!

Kathleen Call, Alisha Simon & Stefan Gildemeister

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