

Access to Care and Health Status Among Uninsured Minnesotans, 2007

There are many types of barriers that can prevent people from accessing appropriate and timely health care. Of these barriers, a lack of health insurance coverage is one of the most significant.¹ The purpose of this issue brief is to present findings on health care access and health status among uninsured Minnesotans compared to people with private health insurance coverage.

The analysis in this issue brief is based on data from the 2007 Minnesota Health Access Survey (MNHA) that was conducted by the Minnesota Department of Health in collaboration with the University of Minnesota's School of Public Health. In summary, the uninsured in Minnesota continue to be less likely to have a usual source of care, more likely to receive care in an emergency room, less confident in their ability to get care when they need it, and report lower health status than privately insured individuals.

Usual Source of Care

Having a usual source of care - a place that a person goes to with new health problems requiring a doctor's attention - is a key indicator of access to primary care and whether a person is likely to have continuity of care.² As Table 1 shows, the likelihood of having a usual source of care varies significantly by health insurance status. Uninsured Minnesotans were approximately five times more likely to lack a usual source of care than people with private insurance, with 36 percent reporting that they did not have a usual source of care.³ Nationally, over half (54 percent) of the uninsured lack a usual source of care.⁴ Among Minnesotans, there were no significant differences in reporting a usual source of care by type of private coverage (group vs. individually purchased) or length of time uninsured. Findings on the relationship between insurance status and having a usual source of care from previous surveys are similar.⁵

Sources of Care

There are some significant differences in the ways that the uninsured access health care services compared to people with private coverage. For people who have a usual source of care, these differences are shown in Figure 1. The uninsured were less likely than those with private insurance to get their care at a private clinic or doctor's office (72 percent compared to 97 percent) but significantly more likely than those with private coverage to get care at a free or public health clinic (15 percent vs 1.5 percent) or an emergency room (11 percent vs 1.5 percent). Nationally, 20 percent of the uninsured reported using an emergency room as their usual source of care.⁶ These findings from the 2007 Minnesota survey are similar to findings for prior years.

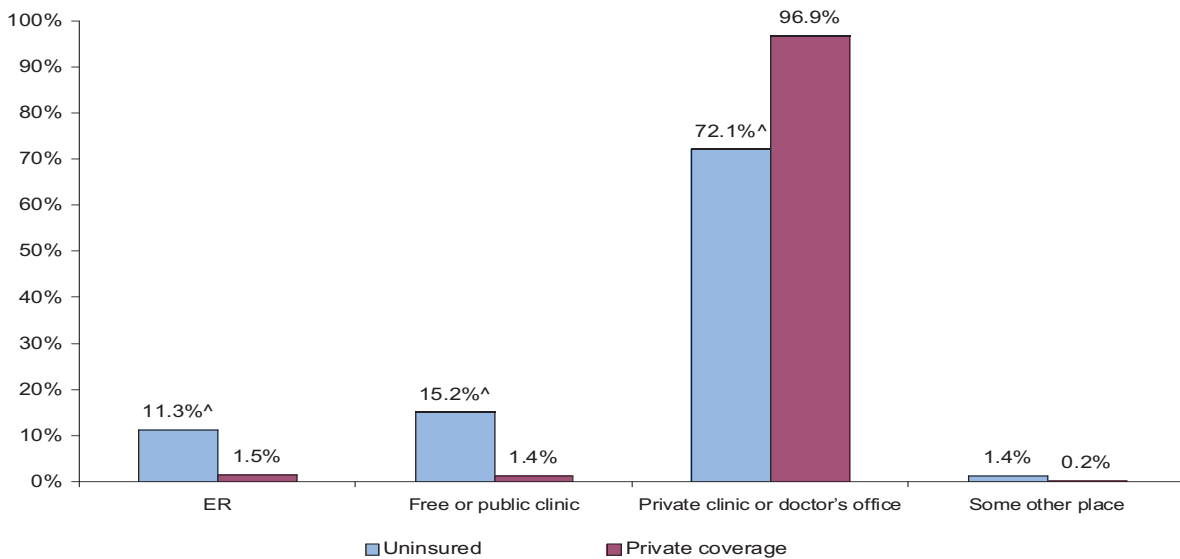
Table 1
Usual Source of Care

	Yes	No
Private Coverage Overall	92.5%	7.5%
Group Coverage	92.6%	7.4%
Individual Coverage	92.2%	7.8%
Uninsured at time of survey	63.7%^	36.3%^
Uninsured 1 year or more	61.3%^	38.7%^
Uninsured less than 1 year	71.3%^	28.7%^

^Indicates statistically significant difference from the rate for all privately covered individuals at the 95% level

Source: 2007 Minnesota Health Access (MNHA) survey

Figure 1
Location of Usual Sources of Care



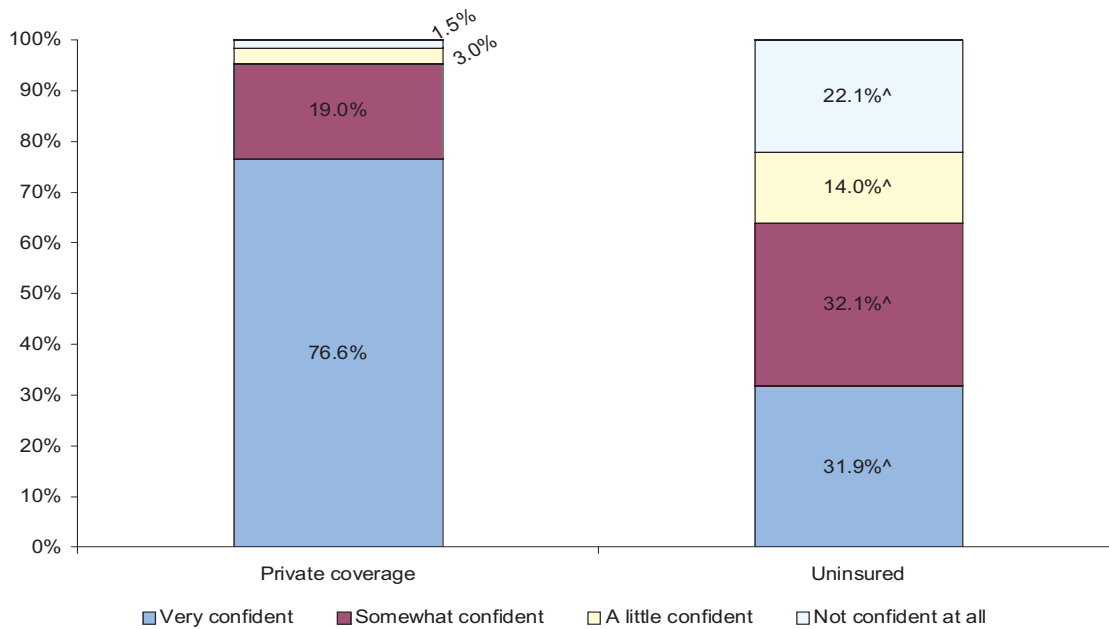
^Indicates statistically significant difference from the rate for the privately insured at the 95% level

Source: 2007 Minnesota Health Access (MNHA) Survey

Confidence in Ability to Get Care

Figure 2 shows the relative confidence of Minnesotans in being able to obtain care when needed. As expected, people with private health insurance coverage were more confident in their ability to obtain needed care than the uninsured. About 96 percent of people with private coverage were either very or somewhat confident that they can obtain care when needed. In contrast, only about two-thirds of the uninsured (64 percent) were similarly confident in their ability to get needed care. These findings are similar to the survey findings from prior years.

Figure 2
Confidence in Ability to Get Needed Care

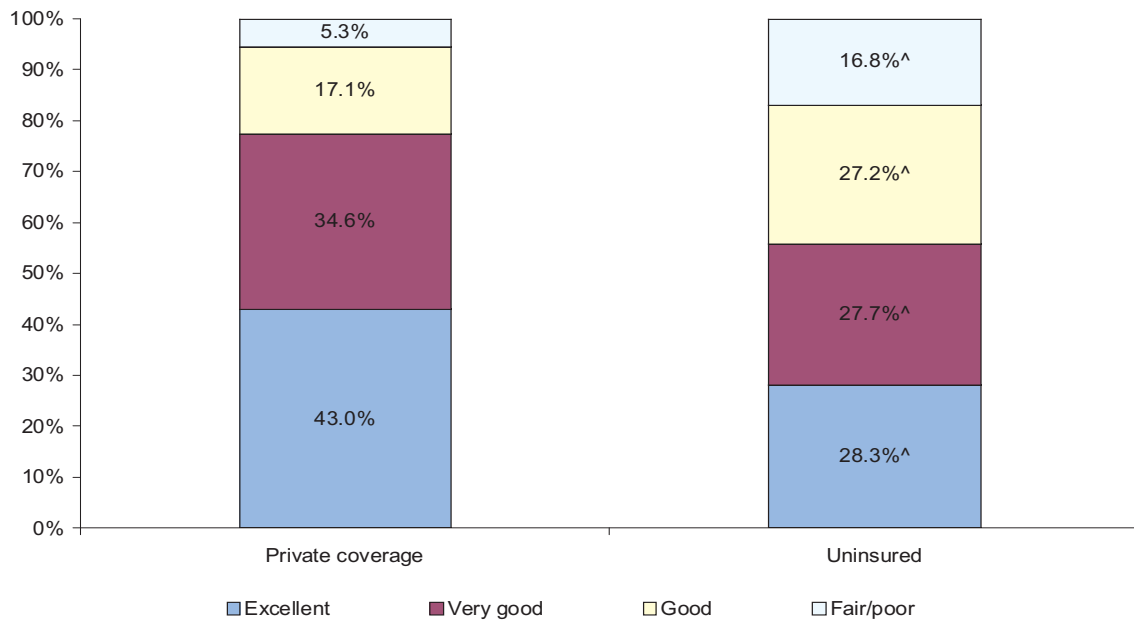


^Indicates statistically significant difference from the rate for the privately insured at the 95% level
Source: 2007 Minnesota Health Access (MNHA) Survey

Health Status

In addition to reporting less access to health care services, the uninsured also reported being less healthy than people with private coverage. Figure 3 shows that nearly 17 percent of the uninsured reported being in fair or poor health, compared with only 5 percent of the privately insured, a difference that is statistically significant. Again, this finding is similar to results from prior years.

Figure 3
Health Status



^Indicates statistically significant difference from the rate for the privately insured at the 95% level
Source: 2007 Minneosta Health Access (MNHA) Survey

Endnotes

- ¹Institute of Medicine, Committee on the Consequences of Uninsurance, *Care Without Coverage: Too Little, Too Late*, National Academy Press, 2002.
- ²Barbara Starfield, "Primary Care, Balancing Health Needs, Services, and Technology", Oxford University Press, 1998.
- ³Results pertaining to responses from people with individual or group coverage are, unless noted otherwise, reported together in a "private coverage" category. In most cases, results for people with individual coverage are similar to those for people with group coverage.
- ⁴The Kaiser Commission on Medicaid and the Uninsured, "The Uninsured and their Access to Health Care", 2007.
- ⁵Comparisons to previous years throughout this brief refer to data from the 2001 and 2004 Minnesota Health Access (MNHA) surveys.
- ⁶The Kaiser Commission on Medicaid and the Uninsured, "The Uninsured and their Access to Health Care", 2007.

The Health Economics Program conducts research and applied policy analysis to monitor changes in the health care marketplace; to understand factors influencing health care cost, quality and access; and to provide technical assistance in the development of state health care policy.

For more information, contact the Health Economics Program at (651) 201-3550. This issue brief, as well as other Health Economics Program publications, can be found on our website at: <http://www.health.state.mn.us/healthconomics>.

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