Minnesota's Uninsured: Findings From the 2001 Health Access Survey

April 2002

Health Economics Program

Health Policy and Systems Compliance Division
Minnesota Department of Health

In collaboration with:

School of Public Health
University of Minnesota

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Contributions and Acknowledgements

This report was written by Stefan Gildemeister, Julie Sonier, and April Todd-Malmlov of the Health Economics Program, Minnesota Department of Health. In addition, Dr. Kathleen Call, Vishakha Bansiya, and Anna Sommers of the University of Minnesota's School of Public Health, Division of Health Services Research and Policy, were actively involved in all aspects of the project. The Department of Health especially thanks Dr. Call for her long-term commitment and contribution to studying the uninsured, and for her work in developing the basic survey instrument and methodology that were used in this study.

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Executive Summary

Minnesota has historically had one of the lowest rates of uninsurance in the nation. Depending on the source of data, current estimates of uninsurance in Minnesota range from 5.4 percent of the population to 8.2 percent.

This report presents findings from the 2001 Minnesota Health Access Survey, the largest and most comprehensive survey on health insurance that has been conducted in Minnesota to date. Consistent with earlier studies, the survey finds a relatively low overall rate of uninsurance in Minnesota, with about 5.4 percent of the population uninsured at the time of the survey.

Because of the way the 2001 survey was designed, the state is able for the first time to make detailed estimates of uninsurance rates for various population groups within the state, such as rates by region or race and ethnicity. Although the overall rate of uninsurance in Minnesota is low, the survey finds substantial variation in uninsurance rates within various population groups. For example:

- Young adults, particularly between the ages of 18 and 24, were more than twice as likely to be uninsured than the general population.
- Minnesota's black, Hispanic/Latino, and American Indian populations experience uninsurance at much higher than average rates. Members of these population groups were 3 to 4 times more likely to be uninsured compared to the statewide average.

- This difference in uninsurance rates by race and ethnicity persists even after differences in income are taken into consideration. Black, American Indian and Hispanic/Latino Minnesotans with incomes above 200 percent of poverty are about two to four times more likely to be uninsured compared to the average for all Minnesotans with incomes at least twice the poverty level.

- Minnesotans who are immigrants from Hispanic and African nations experience very high rates of uninsurance. More than one-third of immigrants from Hispanic nations and about one-fourth of immigrants from African nations were uninsured at the time of the survey.

- Some regions of Minnesota, particularly in the north central and northwestern parts of the state, have rates of uninsurance that are significantly higher than the statewide average. In addition, although the Twin Cities metropolitan region has uninsurance rates that are the same as the statewide average, the cities of Minneapolis and St. Paul have substantially higher than average rates of uninsurance.

- Insurance status also varies by income level. Minnesotans with incomes less than 200 percent of the federal poverty level were about 2.5 times more likely to be uninsured than the statewide average.

Nearly three quarters of uninsured Minnesotans are employed (or, in the case of uninsured children, have a parent who is employed). Among those who are employed, most work more than 30 hours per week and most have permanent jobs. However, uninsured Minnesotans are disproportionately likely to be self-employed or to work for a small business. Of the uninsured, 60 percent are either self-employed or work for firms with less than 50 employees.

We estimate that about two-thirds of uninsured Minnesotans are eligible for health insurance either through an employer or through a public insurance program. Over 90 percent of uninsured children are estimated to have access to employer-based health insurance or a public program. For uninsured adults aged 18 to 64, about 60 percent have potential access to health insurance either through an employer or a public program.

Overall, about one-fifth of Minnesota's uninsured are eligible for coverage through an employer but not enrolled. When asked why they haven't enrolled in employer coverage, over half of the people in this group responded that the main reason for not enrolling in employer coverage is cost. Of the uninsured with family incomes low enough to qualify for public programs, more than three quarters indicated that they would enroll in such programs if they knew they were eligible.

The finding that such a large share of the uninsured already has potential access to health insurance coverage, either private or public, suggests that finding ways to improve takeup of already available coverage should be a key element of any strategy to reduce uninsurance in Minnesota. Because of the diversity of Minnesota's uninsured population, strategies may need to be tailored to specific population groups in order to be most effective at reducing insurance disparities and the overall level of uninsurance.

1 Introduction

Minnesota has historically had one of the lowest rates of uninsurance in the nation. Depending on the source of data, current estimates of uninsurance in Minnesota range from 5.4 percent of the population to 8.2 percent.[1] In surveys that allow for cross-state and national comparisons, Minnesota has always ranked at or near the top in rates of health insurance coverage.

In the Fall of 2000, the Minnesota Department of Health was awarded a $1.6 million grant from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services to study the issue of uninsurance in Minnesota. HRSA's State Planning Grant program exists to provide support to states to conduct research and analysis of insurance coverage issues, and to provide policy options for reducing uninsurance. Minnesota was one of 11 states originally awarded grants under this program, which gives preference to states with low uninsurance rates. Although the State already had significant knowledge about its uninsured population from previous research,[2] the HRSA grant provided an opportunity to fill in gaps in the State's knowledge about the uninsured. In particular, little detail was previously known about disparities in health insurance status by race and ethnicity, and there was little information about how health insurance status varies in different regions of the state, particularly rural areas.

From November 2000 through May 2001, the Minnesota Department of Health, in collaboration with the University of Minnesota's School of Public Health, Division of Health Services Research and Policy, conducted the 2001 Minnesota Health Access Survey. This survey was designed to help fill in some of the gaps in the State's knowledge about its unin-

sured population. Together with several other study components, the Health Access Survey has contributed to a deeper understanding of how health insurance coverage varies among different population groups in Minnesota, what barriers exist that prevent the uninsured from getting coverage, and how this affects their ability to access the health care system.

This report details the findings from the 2001 Minnesota Health Access Survey. It presents findings on rates of uninsurance in Minnesota and the characteristics of the uninsured; it also examines variations in uninsurance rates and characteristics of the uninsured by age, race and ethnicity, geographic region, and income level.

Survey Methods

The 2001 Minnesota Health Access Survey was a random digit dial telephone survey. During the course of the survey, interviews were completed with over 27,000 Minnesotans, making this survey nearly 3 times larger than any prior health insurance survey in Minnesota. The survey was conducted in English, Spanish, and Hmong. One person in each household was randomly selected to complete the survey; if this person was a child, then an adult was asked to respond on behalf of the child. In order to fulfill the study goals of getting better information on health insurance disparities by race/ethnicity and region, some geographic areas of the state were sampled with higher probability than other areas. In analyzing the data, statistical weights are used in order to generalize the results to the entire population of the state. The appendix to this report contains more detailed information on survey methods and the development of the statistical weights.

Surveys similar to the 2001 survey were conducted in 1990, 1995, and 1999 by researchers at the University of Minnesota's School of Public Health, Division of Health Services Research and Policy. The primary methodological difference between the 2001 survey and its predecessors was that rather than being a completely random digit dial telephone survey, some geographic areas of the state were sampled more heavily than others in 2001. Evaluations of the comparability of the 2001 data to earlier rounds of the survey are still being completed. Because this survey methodology is unique to Minnesota, direct comparisons to state-level and national level data from other surveys are not advisable.

Like all surveys, the findings from the 2001 Minnesota Health Access Survey have a margin of error associated with them. This margin of error reflects the fact that there is always uncertainty involved in the process of creating statewide estimates from a representative sample of the population. In other words, although estimates from the survey data may appear to be different, the difference sometimes falls within the margin of error for the estimates and therefore cannot be considered to be statistically significant. Throughout this report, results that are statistically significant are noted.[3]

Related Projects

While the 2001 household telephone survey has added significantly to the state's knowledge about its uninsured population, it is only one of a number of studies that have been conducted under the HRSA grant. These other studies include:

- **In-Person Household Survey:** Despite being a relatively cost-effective way to reach a large number of people, telephone surveys on health insurance have limitations. In particular, rates of non-telephone ownership may be higher among the populations most at risk of being uninsured than for the general population. In addition, stakeholder groups consulted during the study design process indicated that some population groups might be more reluctant to participate in telephone surveys, because of either language barriers or distrust of government and researchers. Therefore, to complement the telephone survey, MDH is also sponsoring an in-person household survey in targeted communities across the state. The in-person survey will include a total of about 2,000 households divided into 5 separate groups: white, black, American Indian, Asian, and Hispanic/Latino. The survey is being carried out by the Wilder Research Center, and data collection is expected to be complete in Spring 2002.

- **Focus Groups:** Focus groups on health insurance were conducted among the Somali, Hmong, American Indian, and Hispanic/Latino populations in Minnesota. One particular goal of the focus groups was to obtain qualitative information about attitudes toward and knowledge of health insurance which is difficult to obtain in either a telephone or in-person survey. Additional focus groups were conducted with farmers in Northwest and Southwest Minnesota to gain insight on the special issues that the farm community faces with regard to health insurance coverage. The Somali, Hmong and American Indian focus groups were conducted by the Center for Cross Cultural Health; the Hispanic/Latino focus groups were conducted by the University of Minnesota and Hispanic Advocacy and Community Empowerment through Research (HACER); and the farm focus groups were conducted by researchers at the University of Minnesota, Crookston.

- **Key Informant Interviews:** During the summer of 2001, MDH staff conducted a series of 20 interviews statewide with "key informants" who were professionals who have contact with many people who are either uninsured or at high risk of becoming uninsured. The key informants included health care providers, clinic administrators, caseworkers and social workers, and community leaders and advocates.

- **Employer Survey:** Most Minnesotans get their health insurance through an employer, so the private employment-based health insurance system is of key importance to studies of health insurance coverage. With health insurance premiums rising at or near double-digit rates for the past several years,[4] it is important to monitor the impact that premium increases are having on the availability and affordability of

employer-based coverage. With this in mind, MDH is sponsoring a survey of Minnesota employers to determine how these cost increases have affected private coverage. The 2002 Minnesota Employer Health Insurance Survey, being conducted in collaboration with the University of Minnesota's School of Public Health, Division of Health Services Research and Policy, will be a source of valuable information on trends in the market for employer-based health insurance. The results of this survey will be compared to previous surveys of Minnesota employers that were conducted in 1993 and 1997.[5] Data collection for the 2002 employer survey is scheduled to be completed by late spring of 2002.

- **Survey of Disenrollees from MinnesotaCare:** It has long been known that there is a substantial amount of "churning" in enrollment in public health insurance programs; that is, some people tend to move in and out of the programs frequently. For example, about one-third of people who enroll in MinnesotaCare leave the program within one year. Of those who leave MinnesotaCare, nearly one-third re-enroll within one year and nearly half re-enroll within two years.[6] To find out more about why people leave MinnesotaCare and their insurance status after leaving the program, MDH conducted a mail survey of former MinnesotaCare enrollees. If strategies for better retaining enrollees who continue to be eligible and lack other coverage options could be developed, the rate of uninsurance in Minnesota could potentially be reduced.

The remainder of this report is specifically about the 2001 Minnesota Health Access Survey. Written reports on the other components of the HRSA State Planning Grant research described above will be available separately. Links to these other reports will be available on the Health Economics Program website: http://www.health.state.mn.us/divs/hpsc/hep/hepintro.htm.

Outline of This Report

This report is divided into several chapters, each focusing on examining variations in uninsurance rates and the characteristics of the uninsured in Minnesota from a different perspective. The report is organized as follows:

- Chapter 2 provides summary information at a statewide level on uninsurance rates and the characteristics of the uninsured;
- Chapter 3 describes the survey findings by age group;
- Chapter 4 examines variation in insurance status by race/ethnicity and country of origin;
- Chapter 5 looks at geographic variation in uninsurance and sources of insurance coverage;

- Chapter 6 describes the survey findings by family income in relation to the poverty level;
- Chapter 7 concludes the report with a summary of the survey results and their implications for health policy in Minnesota;
- Finally, the appendices include more detailed information on survey methodology and the development of statistical weights for analyzing the data, and detailed survey findings using alternative definitions of uninsurance.

2 Survey Findings: State Overview

This chapter of the report presents the statewide findings of the 2001 Minnesota Health Access Survey. First, it examines the overall rate of uninsurance. Next, it presents information describing the characteristics of the uninsured in Minnesota, and provides an analysis of potential sources of health insurance coverage for the uninsured.

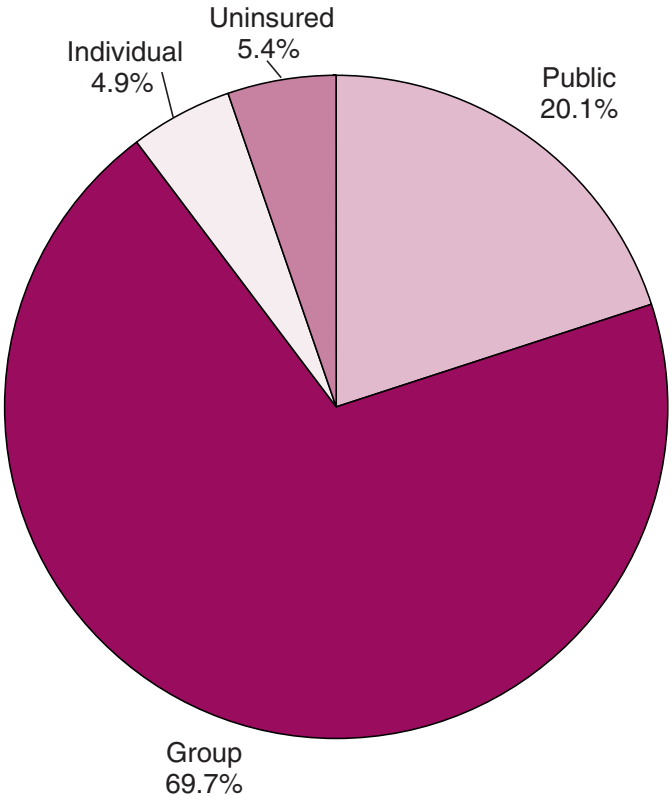
In addition to collecting information on basic health insurance coverage, the 2001 Minnesota Health Access Survey asked specific questions about other types of coverage that are of interest to policy makers, such as dental coverage and supplemental coverage for people enrolled in Medicare. This chapter also provides summary information on the percentage of Minnesotans who have dental insurance and the percentage of Minnesota Medicare beneficiaries who have supplemental insurance coverage, particularly for prescription drugs.

Sources of Health Insurance Coverage

Nearly 70 percent of Minnesotans surveyed indicated that they had health insurance coverage through an employer or union, 4.9 percent purchased coverage on their own, and 20.1 percent reported having coverage through a public health insurance program.[7] Overall, 5.4 percent of Minnesotans, or approximately 266,000 people, were uninsured at the time of the 2001 survey. These results are illustrated in Figure 2-1.

Figure 2-1

Sources of Insurance Coverage, 2001 Minnesota Health Access Survey



Note: In general, telephone surveys are known to underestimate the share of the population with public insurance coverage. According to administrative data, about 22.4 percent of Minnesota's population was enrolled in a public program at any given time during 2000.

How Many Minnesotans Lack Health Insurance?

As shown in Figure 2-1, 5.4 percent of Minnesotans lacked health insurance coverage at the time of the 2001 survey. Although the percentage of people who indicated that they lacked health insurance coverage at the time of the survey (the "point in time" uninsurance rate) is the most commonly used measure of uninsurance, there are several other useful ways of measuring uninsurance rates. Table 2-1 displays the results of the 2001 Minnesota Health Access Survey using alternative definitions of uninsurance. About 3.1 percent of Minnesotans had lacked insurance coverage for a year or more, 4.7 percent reported having been uninsured for part of the past year, and 8.1 percent had been uninsured at some point during the previous year.[8] Unless otherwise indicated, the analysis in this report refers to the point in time uninsured. Detailed survey results using these alternative definitions of uninsurance are included in the appendix.

Table 2-1

2001 Minnesota Uninsurance Rates Using Alternate Definitions

Measure of uninsurance:	Estimated rate:
Point in time	5.4%
Uninsured all year	3.1%
Uninsured part of year	4.7%
Uninsured at some point in year	8.1%

Table 2-2 provides a summary of how uninsurance rates vary among Minnesota's population by age, race/ethnicity, country of origin, geographic region of the state, and income. As shown in the table, uninsurance rates for some groups are significantly higher than the statewide average. These variations are discussed in more detail in subsequent chapters of this report.

Table 2-2

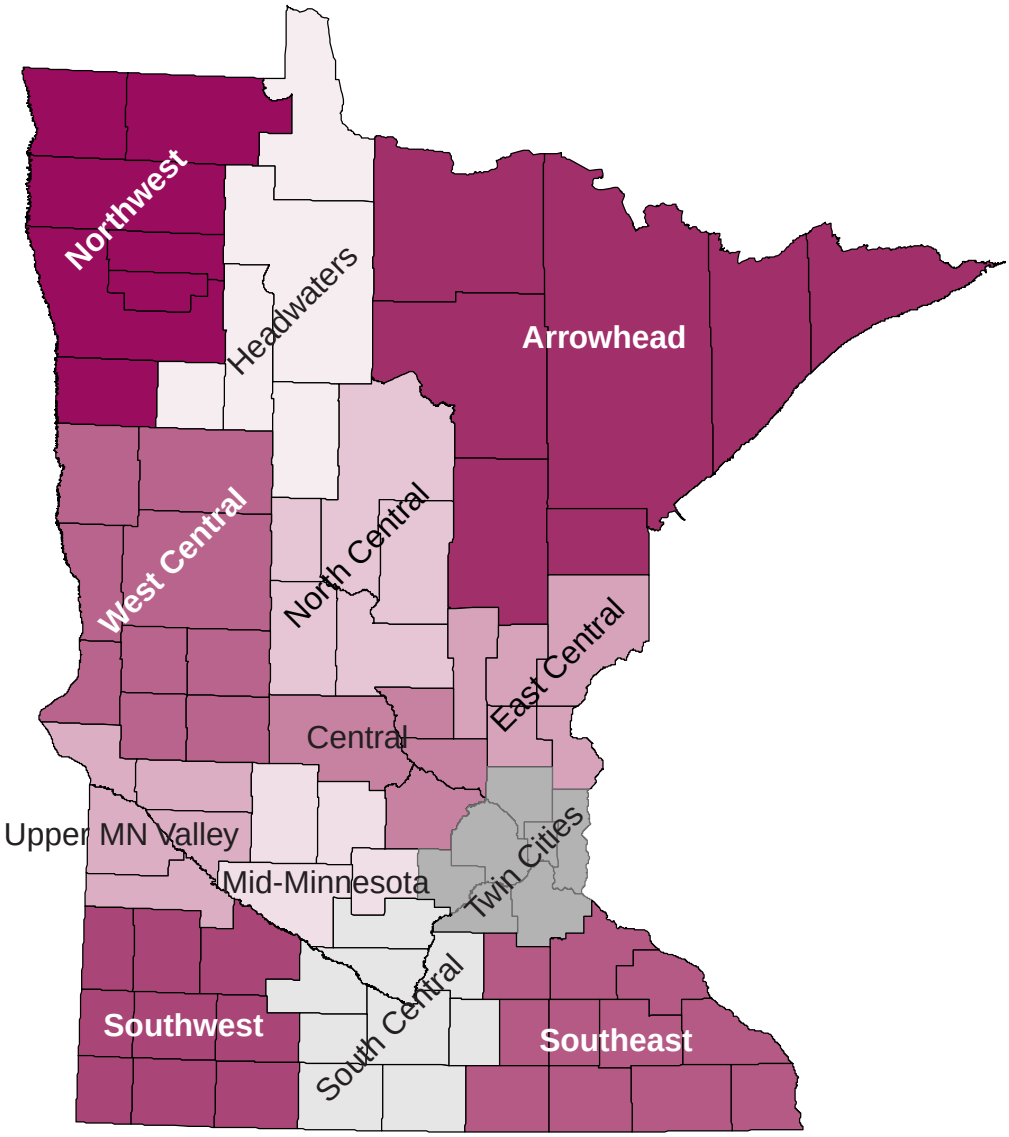
Summary of Minnesota Uninsurance Rates by Population Group, 2001

	Uninsurance Rate
Total Population	**5.4%**
Age	
0 to 17	4.4%
18 to 24	**13.8%**
25 to 34	**9.1%**
35 to 54	4.9%
55 to 64	***2.7%***
65+	***0.5%***
Race/Ethnicity	
White	***4.6%***
Black	**15.6%**
Asian	6.7%
American Indian	**16.2%**
Other Race	**10.0%**
Hispanic/Latino	**17.4%**
Country of Origin	
US Born	4.9%
Hispanic nation	**36.3%**
African nation	**24.8%**
Asian nation	6.9%
Other nation	6.5%
Region	
1 Northwest	5.4%
2 Headwaters	**10.5%**
3 Arrowhead	6.4%
4 West Central	7.6%
5 North Central	**8.8%**
6 Mid-Minnesota	6.5%
7 Upper MN Valley	5.4%
8 East Central	4.7%
9 Central	4.2%
10 Southwest	5.1%
11 South Central	4.4%
12 Southeast	***3.2%***
13 Twin Cities	5.3%
Family Income, as % of Poverty Guidelines	
<100%	**13.8%**
101 to 200%	**13.1%**
201 to 300%	6.4%
301 to 400%	***3.5%***
>400%	***1.8%***

Numbers in bold indicate statistically significant difference (95% level) from statewide uninsurance rate. Plain bold text indicates rates that are significantly higher than the state-wide average, and italicized bold indicates rates that are significantly lower than the average.

Figure 2-2

Definition of Geographic Regions



Who Are the Uninsured in Minnesota?

Table 2-3 provides information on the demographic characteristics of the uninsured in Minnesota in 2001. As shown in the table, the uninsured are most likely to:

- Be young adults between the ages of 18 and 34 (44.7 percent of the uninsured);
- Be white (78.3 percent of the uninsured);
- Have been born in the United States (86.9 percent of the uninsured);
- Have family incomes between 100 and 300 percent of federal poverty guidelines (58.8 percent of the uninsured); and
- Have a high school education or less (48.7 percent of the uninsured).

Table 2-3 also includes comparative demographic information for the entire survey population. This information is helpful in determining whether some groups are disproportionately uninsured compared to their share of the population as a whole; the numbers printed in bold in the table indicate whether a particular subgroup of the population is disproportionately over-represented or under-represented among Minnesota's uninsured. For example, 18- to 24-year olds make up about 8.5 percent of the survey population, but 21.9 percent of Minnesota's uninsured population. Similarly, although a large majority of Minnesota's uninsured population are white (78.3 percent), this group accounts for 92.1 percent of the survey population and is therefore under-represented among the uninsured; in other words, the uninsured in Minnesota are disproportionately non-white.

Table 2-3

Demographic Characteristics of the Uninsured, 2001

	Proportion of Uninsured	Distribution of Survey Population*
Gender		
Male	52.2%	48.1%
Female	47.8%	51.9%
	100.0%	100.0%
Age		
0 to 5	4.9%	7.1%
6 to 17	14.4%	16.3%
18 to 24	**21.9%**	8.5%
25 to 34	**22.8%**	13.5%
35 to 54	30.4%	33.5%
55 to 64	***4.7%***	9.5%
65+	***1.0%***	11.7%
	100.0%	100.0%
Race/Ethnicity**		
White	**78.3%**	92.1%
Black	**9.6%**	3.3%
Asian	2.8%	2.2%
American Indian	**4.4%**	1.4%
Other Race	1.7%	0.9%
Hispanic/Latino	**10.4%**	3.2%
	see note	see note
Country of Origin		
US Born	**86.9%**	95.5%
Hispanic Nation	**6.7%**	1.0%
African Nation	**2.8%**	0.6%
Asian Nation	1.9%	1.5%
Other Nation	1.8%	1.5%
	100.0%	100.0%
Family Income, as % of Poverty Guidelines		
<100%	**15.5%**	6.0%
101 to 200%	**35.5%**	14.6%
201 to 300%	**23.3%**	19.5%
301 to 400%	***11.6%***	17.5%
>400%	***14.1%***	42.4%
	100.0%	100.0%
Family Composition***		
Single	**39.3%**	16.8%
Married	***40.5%***	69.1%
Living with Partner	**10.4%**	3.7%
Divorced/Separated/Widowed	9.8%	10.4%
	100.0%	100.0%
Education***		
Less than high school	**12.7%**	6.3%
High school	**36.0%**	26.8%
Some college	35.5%	32.6%
College graduate	***12.4%***	23.4%
Postgraduate	***3.4%***	10.9%
	100.0%	100.0%
Health Status		
Excellent	**29.4%**	40.3%
Very Good	32.1%	31.8%
Good	**26.8%**	19.5%
Fair	**9.4%**	6.2%
Poor	2.4%	2.1%
	100.0%	100.0%

*Weighted characteristics of the survey population for comparison to characteristics of the uninsured.
**Distribution adds to more than 100% since people were allowed to choose more than one race/ethnicity.
***For uninsured children, refers to parent.

Numbers in bold indicate statistically significant difference (95% level) between uninsured population and survey population as a whole. Plain bold text indicates a population group that is over-represented among the uninsured; and italicized bold text indicates that a population group is under-represented among the uninsured.

Some regions of the state also have a disproportionately large share of the uninsured population compared to their share of the survey population. Table 2-4 presents information on the geographic distribution of the uninsured in Minnesota. Two areas, the Headwaters and North Central regions, have uninsured populations that are disproportionately large compared to their share of Minnesota's total population. The Southeast region has an uninsured population that is substantially smaller than its share of the state population.

Table 2-4

Geographic Distribution of the Uninsured, 2001

Geographic Region	Proportion of Uninsured	Distribution of Survey Population*
1 Northwest	1.8%	1.8%
2 Headwaters	**3.0%**	1.6%
3 Arrowhead	7.8%	6.6%
4 West Central	6.1%	4.3%
5 North Central	**5.1%**	3.1%
6 Mid-Minnesota	2.9%	2.4%
7 Upper MN Valley	1.0%	1.0%
8 East Central	2.4%	2.8%
9 Central	5.1%	6.5%
10 Southwest	2.3%	2.5%
11 South Central	3.7%	4.5%
12 Southeast	***5.6%***	9.4%
13 Twin Cities	53.1%	53.7%
	100.0%	100.0%

*Weighted characteristics of the survey population for comparison to characteristics of the uninsured.

Numbers in bold indicate a statistically significant difference (95% level) between uninsured population and the survey population as a whole. Plain bold text indicates a region that has a higher percentage share of the uninsured than its share of overall population, and italicized bold text indicates a region with a lower share of the uninsured compared to its share of the population.

A large majority of uninsured Minnesotans are employed. As shown in Table 2-5, 19.4 percent of the uninsured were self-employed and 53.8 percent were employed by someone else (for uninsured children, these statistics refer to the primary wage earner in the family). Self-employed people were disproportionately likely to lack health insurance coverage; although only 10.8 percent of the survey population was self-employed, this group represented nearly 20 percent of the uninsured.

Table 2-5

Employment Status of the Uninsured, 2001*

	Proportion of Uninsured	Distribution of Survey Population**
Employment Status		
Self Employed	**19.4%**	10.8%
Employed by Someone Else	***53.8%***	64.7%
Not Employed	**21.2%**	8.0%
Retired	***1.2%***	13.0%
Full-time Student	4.4%	3.5%
	100.0%	100.0%
For Those Who Are Employed:		
Number of Jobs		
One Job	***82.7%***	88.3%
Multiple Jobs	**17.3%**	11.8%
	100.0%	100.0%
Hours worked per week		
0 to 10 hours	1.7%	1.5%
11 to 20 hours	**8.1%**	5.0%
21 to 30 hours	**14.2%**	6.8%
31 to 40 hours	48.5%	48.2%
More than 40 hours	***27.5%***	38.5%
	100.0%	100.0%
Type of Job		
Permanent	***80.4%***	95.3%
Temporary	**10.8%**	2.5%
Seasonal	**8.8%**	2.1%
	100.0%	100.0%
Size of Employer		
1 employee	**15.4%**	7.2%
2 to 10 employees	**27.0%**	12.7%
11 to 50 employees	17.3%	14.3%
51 to 100 employees	8.2%	7.9%
101 to 500 employees	13.2%	16.6%
More than 500 employees	***19.0%***	41.3%
	100.0%	100.0%

*For uninsured children, refers to parent.

**Weighted characteristics of the survey population for comparison to characteristics of the uninsured.

Numbers in bold indicate statistically significant difference (95% level) between uninsured population and survey population as a whole. Plain bold text indicates groups that are over-represented in the uninsured population, and italicized bold text indicates groups that are under-represented among the uninsured.

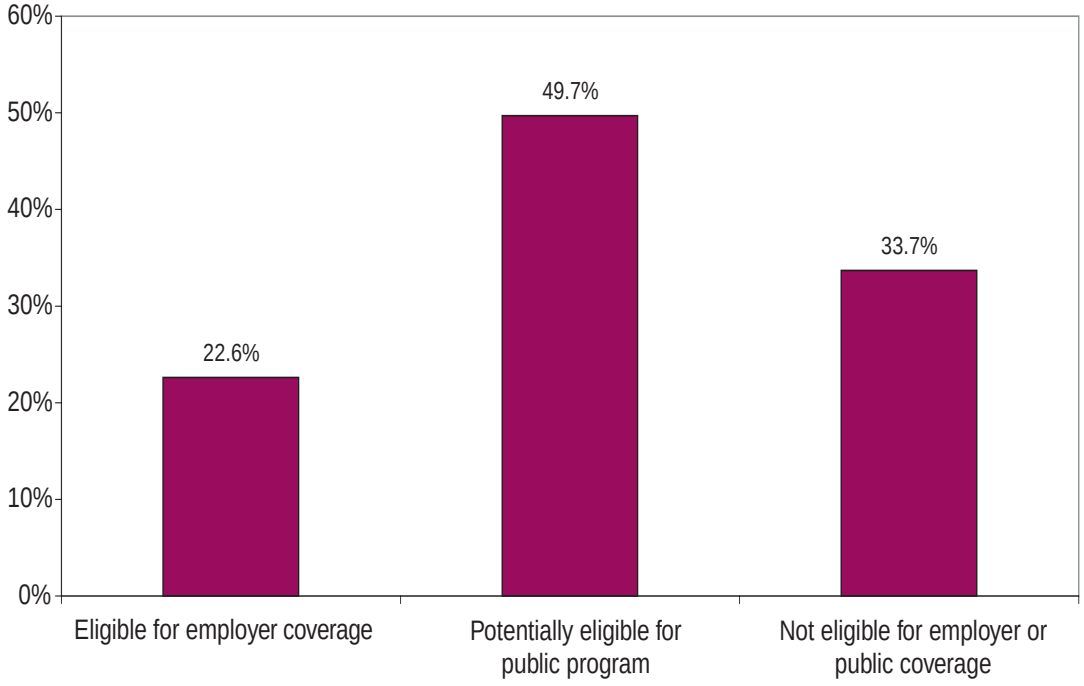
More than three-quarters (76.0 percent) of uninsured Minnesotans who are employed work 30 or more hours per week; this fact is significant because among Minnesota employers that offer coverage, nearly half (43 percent) require that employees work more than 30 hours per week in order to be eligible for health insurance.[9] In addition, 80.4 percent of uninsured Minnesotans have permanent jobs. However, a disproportionate share of the uninsured work for small businesses, which are less likely to offer health insurance as an employee benefit; for example, 27.0 percent of the uninsured worked for firms with 2 to 10 employees, compared to 12.7 percent of the survey population overall. Nearly 60 percent of the uninsured work in a firm of fewer than 50 employees, compared to only about one-third of the total survey population.

Potential Sources of Coverage for the Uninsured

It appears that most uninsured Minnesotans have potential access to either private or public health insurance coverage. As shown in Figure 2-3, an estimated 22.6 percent of the uninsured are eligible for employer-sponsored health insurance. When asked why they have not enrolled in the health insurance offered by their employers, a majority of this group (56.4 percent) reported that they could not afford it (see Figure 2-4).

Figure 2-3

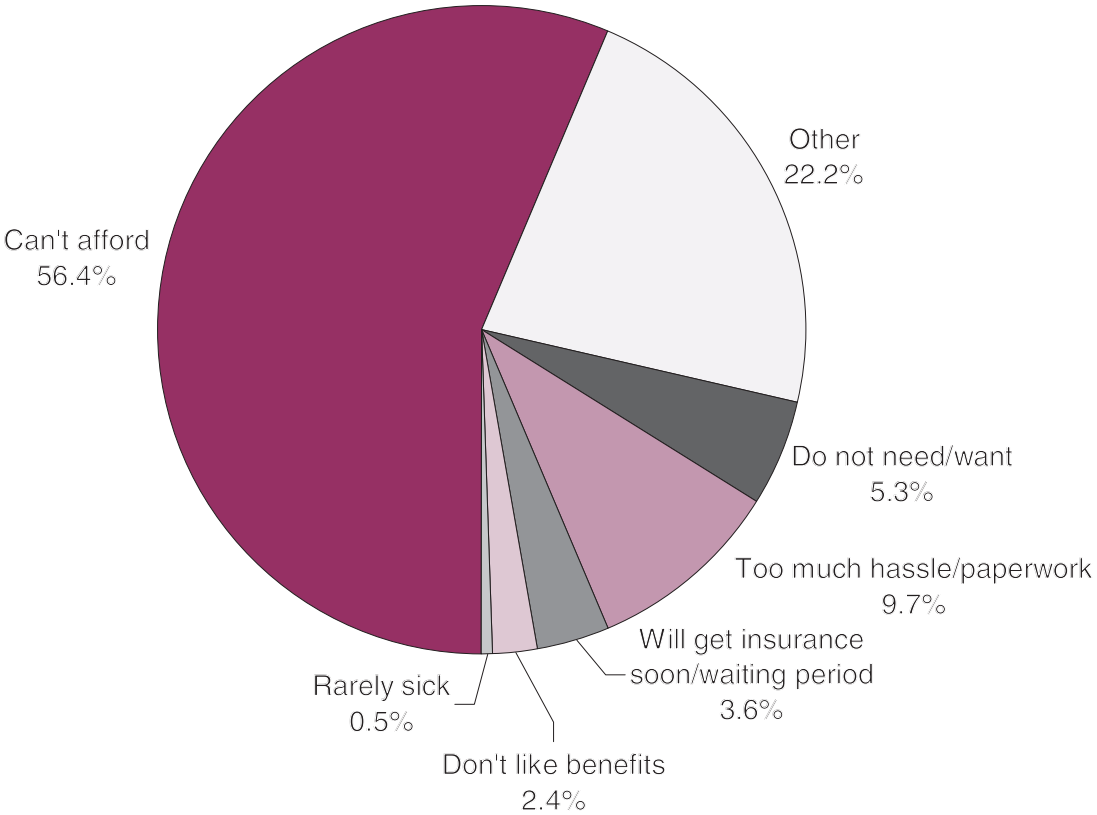
Percentage of Uninsured Minnesotans With Potential Access to Coverage



Note: Percentages add to more than 100 due to overlap between eligibility for employer coverage and income eligibility for public programs.

Figure 2-4

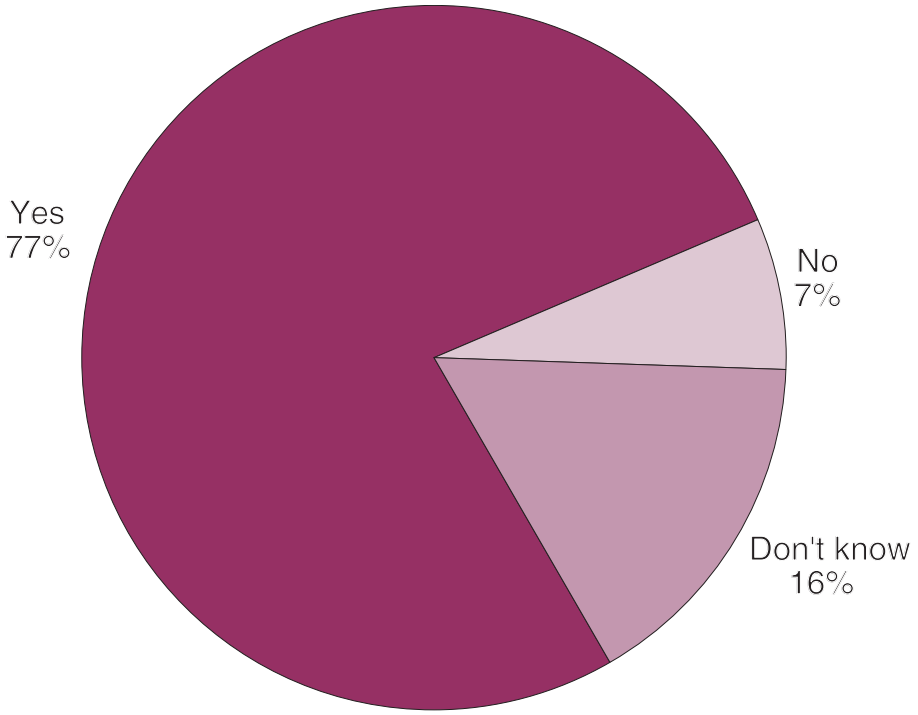
Uninsured Who Are Eligible for Employer Coverage: Reasons for Not Enrolling



Nearly half (49.7 percent) of the uninsured are potentially eligible for a public health insurance program (see Figure 2-3). This analysis is based on income and availability of employer-based coverage. However, eligibility standards for public programs are very complex and there are a variety of other eligibility requirements in addition to income (such as length of residency and asset limits) that must also be met, so this figure is only an estimate of the percentage of the uninsured who are potentially eligible for public programs. Of the uninsured whose family incomes are low enough to qualify for public programs, 77 percent indicated that they would enroll in a public health insurance program if they knew they were eligible (see Figure 2-5).

Figure 2-5

Uninsured Who Are Potentially Eligible for Public Programs: Willingness to Enroll
(Text of question: "If you learned you were eligible for health coverage through a public program, would you enroll?")

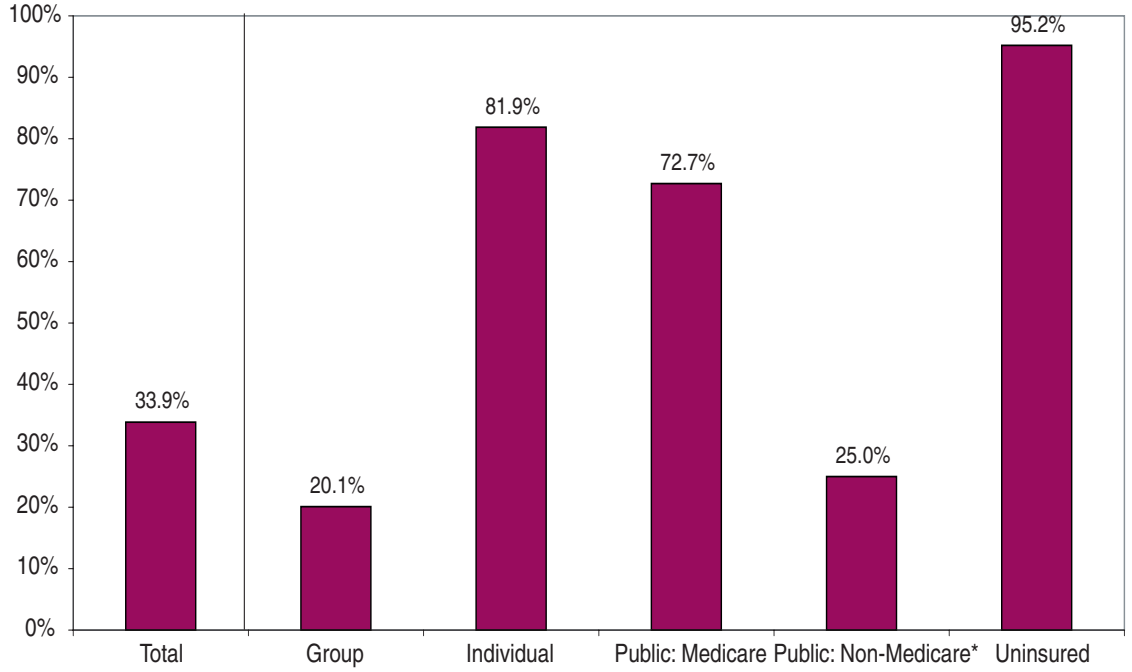


Dental Insurance

Results from the 2001 Minnesota Health Access Survey indicate that about one-third of Minnesotans lack dental insurance. As shown in Figure 2-6, people without health insurance and people who purchase private health insurance on their own are most likely to lack dental coverage (95.2 percent and 81.9 percent, respectively). Minnesotans with health insurance through an employer group are least likely to be without dental coverage, although the share without dental insurance (20.1 percent) is still sizable.

Figure 2-6

Percent of Minnesotans Without Dental Coverage, by Type of Current Health Insurance Policy



*The state-run public insurance programs include dental coverage as a benefit, so it is not clear why state-run public program enrollees indicated that they lack dental coverage. It is possible that this discrepancy reflects confusion about benefits or problems accessing care.

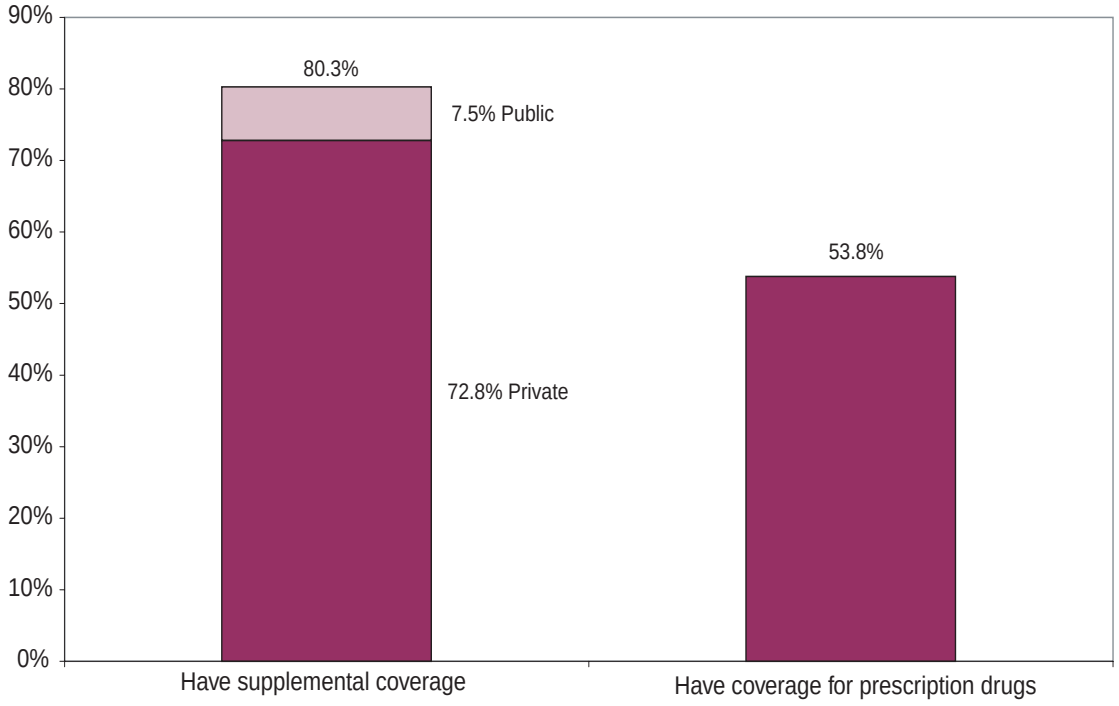
Medicare Supplemental Insurance

The percentage of Medicare enrollees who have supplemental coverage is of particular policy relevance because traditional Medicare has a much more limited benefit set than most other types of health insurance coverage. For example, Medicare does not include an outpatient prescription drug benefit, and the elderly are the most likely to have high spending for prescription drugs.[10]

Medicare beneficiaries obtain supplemental insurance coverage through three primary sources: self-purchased "Medigap" policies, retiree benefits provided through an employer, or the Medicaid program. In the 2001 Minnesota Health Access Survey, 80.3 percent of Medicare enrollees reported having some type of supplemental coverage; 72.8 percent reported private supplemental coverage and 7.5 percent reported having supplemental coverage through a public program. However, only about half (53.8 percent) of Medicare enrollees in Minnesota reported having insurance that includes prescription drugs as a benefit. These results are illustrated in Figure 2-7.

Figure 2-7

Supplemental Coverage for Medicare Enrollees



3 Survey Findings by Age

As shown in chapter 2, uninsurance rates vary by age. In part, this is because children and the elderly are more likely to be eligible for or covered by public insurance programs such as Medicaid and Medicare. This chapter focuses in more depth on variations in health insurance status by age.

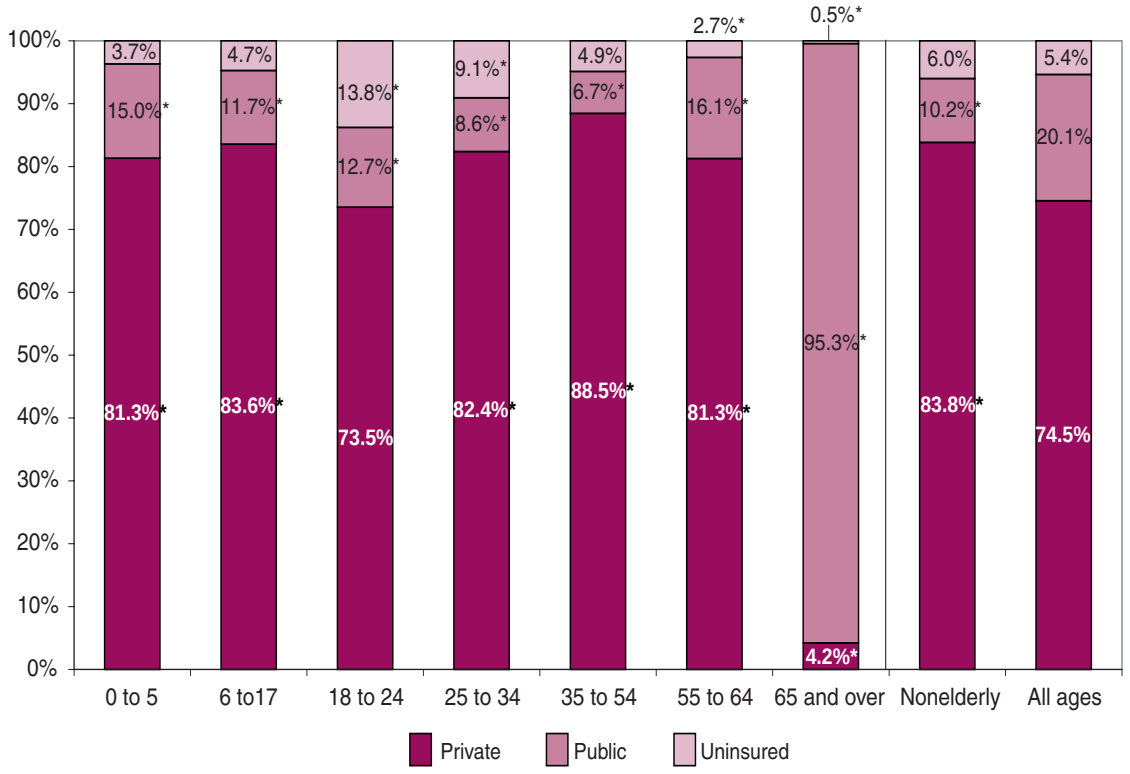
Uninsurance Rates by Age

Figure 3-1 shows how sources of health insurance coverage vary by age. Very few elderly Minnesotans (0.5 percent) lack health insurance coverage, primarily due to the existence of the federal Medicare program. For this reason, this chapter focuses primarily on Minnesota's nonelderly population. However, as noted in chapter 2, there are important policy issues surrounding the adequacy of coverage for the Medicare population, particularly as it relates to coverage for prescription drugs.

Among nonelderly Minnesotans, the population group least likely to be uninsured is the 55 to 64 year old group (2.7 percent). In contrast, 18 to 24 year olds are most likely to be uninsured (13.8 percent). In particular, 18 to 24 year olds are less likely to have private insurance coverage than any other age group except the elderly; further research into the reasons why rates of private coverage for young adults are so low is needed, but possible reasons include not being offered coverage through a job, not being able to afford coverage, or believing that coverage is not necessary.

Figure 3-1

Sources of Health Insurance Coverage by Age, 2001



* Indicates statistically significant difference (95% level) from the overall population.

Table 3-1 summarizes uninsurance rates by age group for the various measures of uninsurance described in chapter 2. As expected, the age groups with the highest point in time rates of uninsurance also have the highest rates using these alternate measures of uninsurance. More than one in five (21.3 percent) 18 to 24 year olds experienced a period of uninsurance in the past year.

Table 3-1

2001 Minnesota Uninsurance Rates by Age

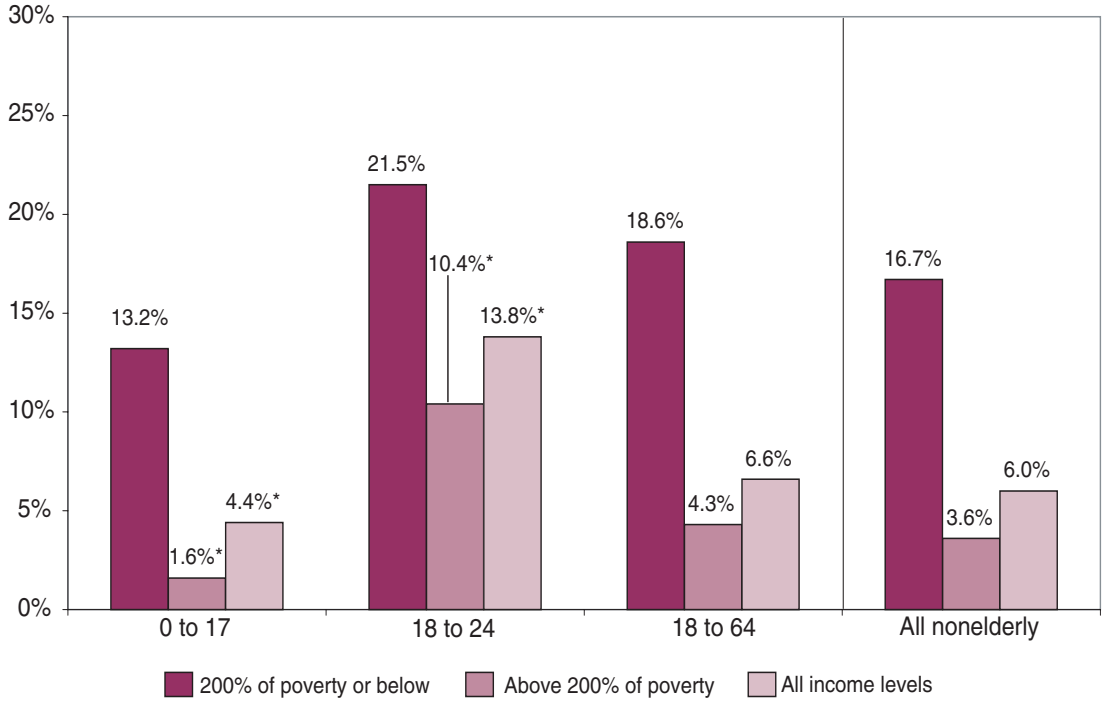
	Point in Time	All Year	Part Year	Some Point in Year
0 to 17	4.4%	2.2%	4.0%	***6.4%***
18 to 64	**6.6%**	**3.9%**	**5.7%**	**10.1%**
18 to 24	**13.8%**	**7.5%**	**12.8%**	**21.3%**
25 to 34	**9.1%**	**5.1%**	**8.5%**	**14.1%**
35 to 54	4.9%	3.0%	4.0%	7.4%
55 to 64	***2.7%***	**2.0%**	***1.6%***	***3.8%***
65 and over	***0.5%***	***0.3%***	***0.5%***	***0.8%***
All Ages	5.4%	3.1%	4.7%	8.1%

Numbers in bold indicate statistically significant difference (95% level) from statewide rate for all ages. Plain bold text indicates rates that are significantly higher than statewide average, and italicized bold indicates rates that are significantly lower than the average.

Figure 3-2 illustrates that the difference in uninsurance rates by age remains when age and income are considered together. As expected, low income people (defined as people with family incomes at or below 200 percent of poverty) have higher rates of uninsurance than people with higher incomes (defined as income above 200 percent of poverty). However, within the low income and higher income populations there are variations in uninsurance rates by age, with 18 to 24 year olds having the highest rate in each group: 21.5 percent of low income 18 to 24 year olds were uninsured (compared to 16.7 percent of the low income nonelderly population), and 10.4 percent of higher income 18 to 24 year olds were uninsured (compared to 3.6 percent of the higher income nonelderly population).

Figure 3-2

Uninsurance Rates by Age and Income, 2001

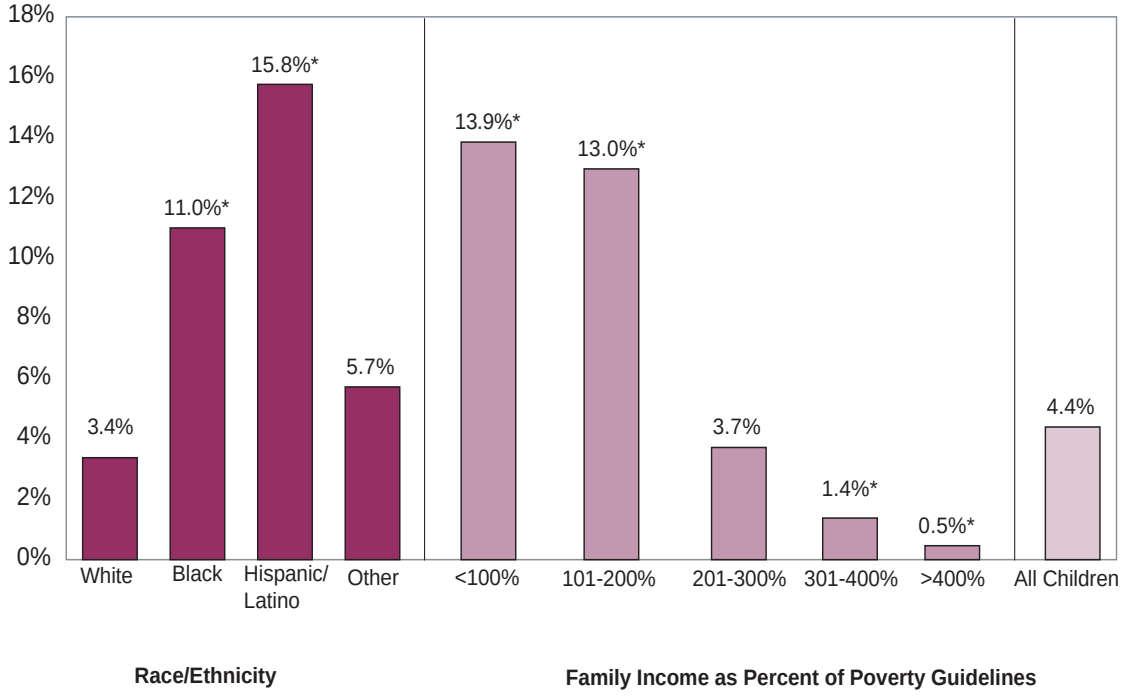


*Indicates statistically significant difference (95% level) from rate for the entire nonelderly

Uninsurance rates of children are often of particular importance to health policy makers. Although children in Minnesota have a very low rate of uninsurance compared with other age groups, there are significant variations in the children's uninsurance rates by race and income. As shown in Figure 3-3, black children in Minnesota are about 2.5 times more likely to be uninsured than children overall, and Hispanic children are nearly 4 times more likely to be uninsured. Low income children in Minnesota also have much higher rates of uninsurance than children in general: children with family incomes below 200 percent of poverty have uninsurance rates that are about 3 times higher than the rate for all children.

Figure 3-3

Uninsurance Rates for Children, by Race and Income
(Ages 0 to 17)



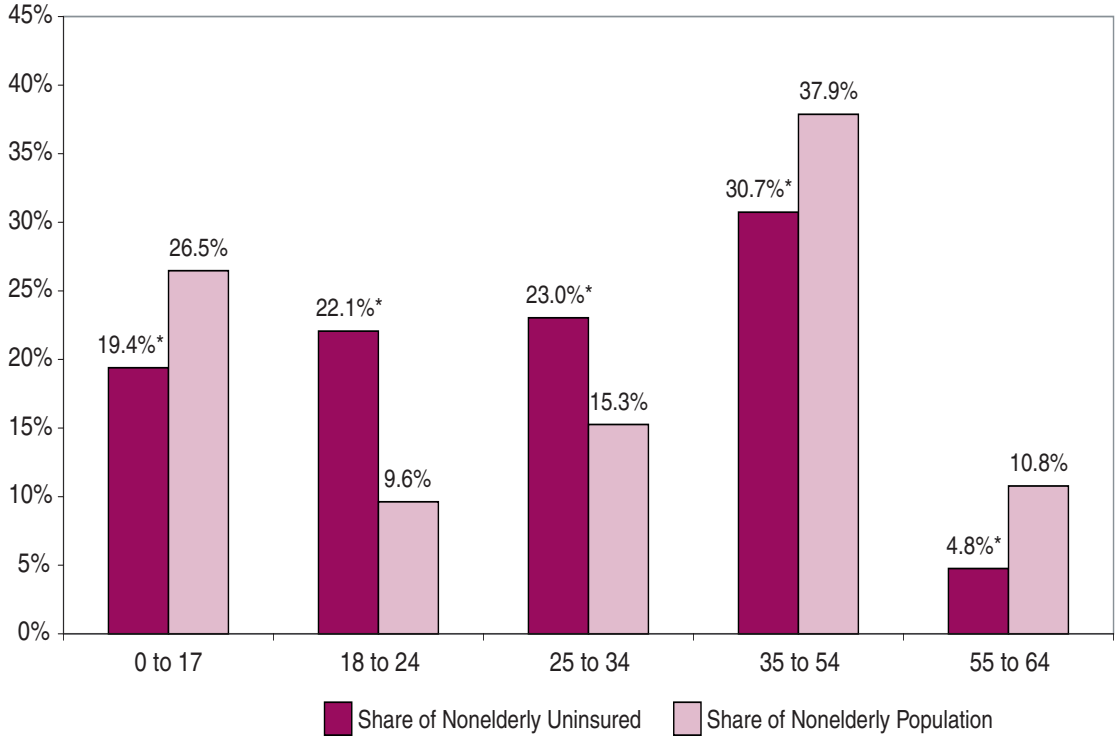
*Indicates statistically significant difference (95% level) from the uninsurance rate for children overall

Characteristics of the Nonelderly Uninsured

The next sections of this chapter focus on describing the characteristics of the uninsured by age group, with particular focus on children and young adults. To put the discussion in context, Figure 3-4 shows the distribution of the nonelderly uninsured across age groups compared to each group's share of the nonelderly survey population. As shown in the figure, adults between the ages of 18 and 34 are disproportionately represented among the uninsured; while this group accounts for nearly half (45.1 percent) of the nonelderly uninsured, it is only about one quarter of the nonelderly population. It is also noteworthy that children under the age of 18 are underrepresented among the uninsured, which is partly a reflection of the fact that health policy in recent years has focused on ensuring coverage for children.

Figure 3-4

Distribution of the Nonelderly Uninsured Compared to Nonelderly Survey Population, by Age Group



*Indicates statistically significant difference (95% level) from share of nonelderly population.

Uninsured Children

Most uninsured children have parents who are employed. Tables 3-2 and 3-3 summarize the demographic characteristics of Minnesota's uninsured children and their parents. The vast majority of uninsured children have parents who are working, either self-employed (18.8 percent) or employed by someone else (68.5 percent). Among these parents of uninsured children, most (89.1 percent) work more than 30 hours per week, which is often the minimum number of hours required for eligibility for employer-based health insurance. Most also have permanent jobs (88.8 percent). Similar to the uninsured in general, however, many parents of uninsured children work for small businesses, which are less likely to offer health insurance as an employee benefit; 44.9 percent of parents of uninsured children worked for businesses with 2 to 50 employees.

Tables 3-2 and 3-3 also compare the characteristics of uninsured children to the overall survey population of children. Compared with all children, uninsured children ages 0 to 17 are more likely to:

- Live with a single parent (17.8 percent compared with 7.3 percent) or an unmarried parent living with a partner (12.1 percent compared with 3.0 percent);
- Have parents with a high school education or less (53.6 percent compared with 29.2 percent);
- Be non-white (31.7 percent compared with 11.0 percent);
- Live in families with household incomes below 200 percent of poverty (71.8 percent compared with 23.9 percent); and
- Have parents who work for a small employer (44.9 percent of uninsured children have parents working for a firm with 2 to 50 employees, compared to 26.9 percent for all children).

In addition, uninsured children were less likely to be in excellent or very good health, as reported by their parents (70.5 percent of uninsured children compared with 88.2 percent of all children).

Table 3-2

Demographic Characteristics of Uninsured Children, 2001 (Age 0 to 17)

	Uninsured Children	All Children
Gender		
Male	48.0%	52.5%
Female	52.0%	47.5%
	100.0%	100.0%
Race/Ethnicity*		
White	***68.3%***	89.0%
Black	**13.8%**	5.5%
Asian	2.4%	3.1%
American Indian	4.6%	2.1%
Other Race	1.8%	1.3%
Hispanic/Latino	**17.3%**	4.8%
	see note	see note
Region		
Twin Cities	48.7%	53.4%
Greater Minnesota	51.4%	46.6%
	100.0%	100.0%
Family Income, as % of Poverty Guidelines		
<100%	**23.5%**	7.5%
101 to 200%	**48.3%**	16.4%
201 to 300%	18.7%	22.2%
301 to 400%	***5.8%***	18.5%
>400%	***3.7%***	35.4%
	100.0%	100.0%
Family Composition		
Single Parent Family	**17.8%**	7.3%
Married Parents	***58.1%***	80.5%
Parent living with a Partner	**12.1%**	3.0%
Parent Divorced/Separated/Widowed	12.1%	9.2%
	100.0%	100.0%
Parent's Education**		
Less than high school	**16.3%**	5.1%
High school	**37.3%**	24.1%
Some college	36.1%	32.4%
College graduate	***8.1%***	24.9%
Postgraduate	***2.1%***	13.5%
	100.0%	100.0%
Health Status		
Excellent	***41.3%***	65.1%
Very Good	29.2%	23.1%
Good	**19.8%**	8.8%
Fair	**8.3%**	2.6%
Poor	1.4%	0.4%
	100.0%	100.0%

*Distribution adds to more than 100% since people were allowed to choose more than one race/ethnicity.
**Parent that is considered the primary wage earner in the family.

Numbers in bold indicate a statistically significant difference (95% level) from the overall survey population of children. Plain bold text indicates a population group that is over-represented among uninsured children, and italicized bold text indicates a group that is under-represented.

Table 3-3

Employment Status of Parents of Uninsured Children

	Uninsured Children	All Children
Employment Status		
Self Employed	18.8%	13.8%
Employed by Someone Else	***68.5%***	78.8%
Not Employed	10.7%	5.9%
Retired	0.1%	0.5%
Full-Time Student	1.9%	1.0%
	100.0%	100.0%
For Those Who Are Employed:		
Number of Jobs		
One Job	83.4%	89.0%
Multiple Jobs	16.6%	11.0%
	100.0%	100.0%
Number of Hours Worked Per Week		
0 to 10 hours	0.7%	0.6%
11 to 20 hours	2.6%	2.3%
21 to 30 hours	7.7%	4.4%
31 to 40 hours	53.3%	47.0%
More than 40 hours	35.8%	45.8%
	100.0%	100.0%
Type of Job		
Permanent	***88.8%***	97.4%
Temporary	**7.8%**	1.2%
Seasonal	3.5%	1.4%
	100.0%	100.0%
Size of Employer		
1 employee	8.8%	6.5%
2 to 10 employees	**32.0%**	12.6%
11 to 50 employees	12.9%	14.3%
51 to 100 employees	7.8%	8.5%
101 to 500 employees	18.5%	16.9%
More than 500 employees	***20.0%***	41.2%
	100.0%	100.0%

Numbers in bold indicate a statistically significant difference (95% level) from the overall survey population of children. Plain bold text indicates a population group that is over-represented among uninsured children, and italicized bold text indicates a group that is under-represented.

Young Adults

As shown earlier, young adults between the ages of 18 and 24 have the highest uninsurance rates of any age group. The demographic and employment characteristics of uninsured 18 to 24 year olds are presented in Tables 3-4 and 3-5. Compared with young adults in Minnesota overall, uninsured young adults are more likely to:

- Be non-white (21.7 percent compared with 14.2 percent);
- Have incomes between 100 and 300 percent of poverty (54.2 percent compared to 38.1 percent);
- Not have a job (19.8 percent compared with 9.3 percent); and
- Work for a small employer, for those who were employed (50.1 percent in firms with 2 to 50 employees compared with 35.9 percent overall).

In addition, uninsured 18 to 24 year olds were less likely to report being in excellent health than the overall survey population of this age group (30.1 percent compared with 45.5 percent).

Interestingly, uninsured young adults are, when compared to young adults overall, less likely to be full time students (11.4 percent compared with 33.2 percent). There are two main factors contributing to this difference: first, most colleges and universities require that students hold health insurance coverage and second, Minnesota law extends eligibility for coverage as a dependent on a parent's employer-based insurance policy to full-time students under age 25.

Table 3-4

Demographic Characteristics of Uninsured Young Adults, 2001 (Ages 18 to 24)

	Uninsured Young Adults	All Young Adults
Gender		
Male	60.9%	50.3%
Female	39.1%	49.7%
	100.0%	100.0%
Race/Ethnicity*		
White	78.3%	85.8%
Black	8.7%	5.5%
Asian	4.7%	4.1%
American Indian	3.0%	1.7%
Other Race	1.2%	1.5%
Hispanic/Latino	**14.3%**	5.6%
	see note	see note
Region		
Twin Cities	60.6%	56.5%
Greater Minnesota	39.5%	43.5%
	100.0%	100.0%
Family Income, as % of Poverty Guidelines		
<100%	14.2%	11.1%
101 to 200%	**33.6%**	19.6%
201 to 300%	20.6%	18.5%
301 to 400%	12.0%	17.6%
>400%	***19.6%***	33.3%
	100.0%	100.0%
Family Composition		
Single	71.5%	75.3%
Married	17.6%	16.5%
Living with Partner	10.5%	7.8%
Divorced/Separated/Widowed	0.5%	0.4%
	100.0%	100.0%
Education		
Less than high school	15.1%	10.7%
High school	38.4%	31.2%
Some college	38.7%	45.6%
College graduate	7.0%	11.1%
Postgraduate	0.8%	1.4%
	100.0%	100.0%
Health Status		
Excellent	***30.1%***	45.5%
Very Good	31.2%	31.1%
Good	**31.2%**	19.0%
Fair	6.0%	3.8%
Poor	1.6%	0.6%
	100.0%	100.0%

*Distribution adds to more than 100% since people were allowed to choose more than one race/ethnicity.

Numbers in bold indicate a statistically significant difference (95% level) from the overall survey population of young adults. Plain bold text indicates a population group that is over-represented among uninsured young adults, and italicized bold text indicates a population group that is under-represented.

Table 3-5

Employment Status of Uninsured Young Adults, 2001 (Ages 18 to 24)

	Uninsured Young Adults	All Young Adults
Employment Status		
Self Employed	10.2%	3.4%
Employed by Someone Else	58.6%	54.1%
Not Employed	**19.8%**	9.3%
Retired	0.0%	0.0%
Full-Time Student	***11.4%***	33.2%
	100.0%	100.0%
For Those Who Are Employed:		
Number of Jobs		
One Job	78.7%	83.7%
Multiple Jobs	21.3%	16.3%
	100.0%	100.0%
Hours Worked per Week		
0 to 10 hours	0.6%	1.1%
11 to 20 hours	10.7%	12.8%
21 to 30 hours	20.3%	13.5%
31 to 40 hours	48.9%	51.5%
More than 40 hours	19.4%	21.2%
	100.0%	100.0%
Type of Job		
Permanent	80.0%	87.8%
Temporary	12.0%	8.9%
Seasonal	8.0%	3.3%
	100.0%	100.0%
Size of Employer		
1 employee	4.6%	2.6%
2 to 10 employees	24.9%	14.0%
11 to 50 employees	25.2%	21.9%
51 to 100 employees	8.3%	7.8%
101 to 500 employees	15.0%	16.4%
More than 500 employees	***22.1%***	37.4%
	100.0%	100.0%

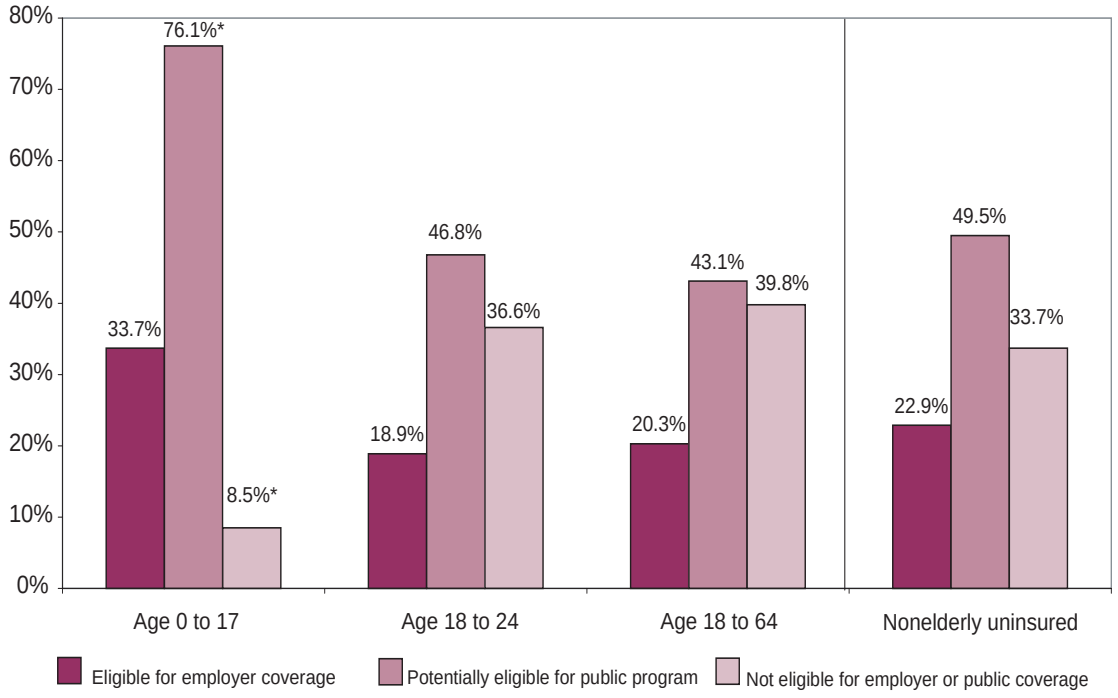
Numbers in bold indicate a statistically significant difference (95% level) from the overall survey population of young adults. Plain bold text indicates a population group that is over-represented among uninsured young adults, and italicized bold text indicates a population group that is under-represented.

Variation by Age in Potential Sources of Coverage

Figure 3-5 shows variations by age in coverage options potentially available to the uninsured. Only 8.5 percent of uninsured children were estimated to not have potential access to employer or public health insurance coverage, compared with 36.6 percent of uninsured young adults and 39.8 percent of uninsured nonelderly adults. Based on their family income, 76.1 percent of uninsured children in Minnesota are potentially eligible for public program coverage. The rates of potential eligibility for private or public coverage for uninsured young adults (18 to 24) and nonelderly adults (18 to 64) were not statistically different from the statewide average for all uninsured.

Figure 3-5

Potential Sources of Health Insurance Coverage for the Uninsured, by Age Group



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

Note: Percentages add to more than 100 due to overlap between eligibility for employer coverage and income eligibility for public programs.

4 Survey Findings by Race/Ethnicity and Country of Origin

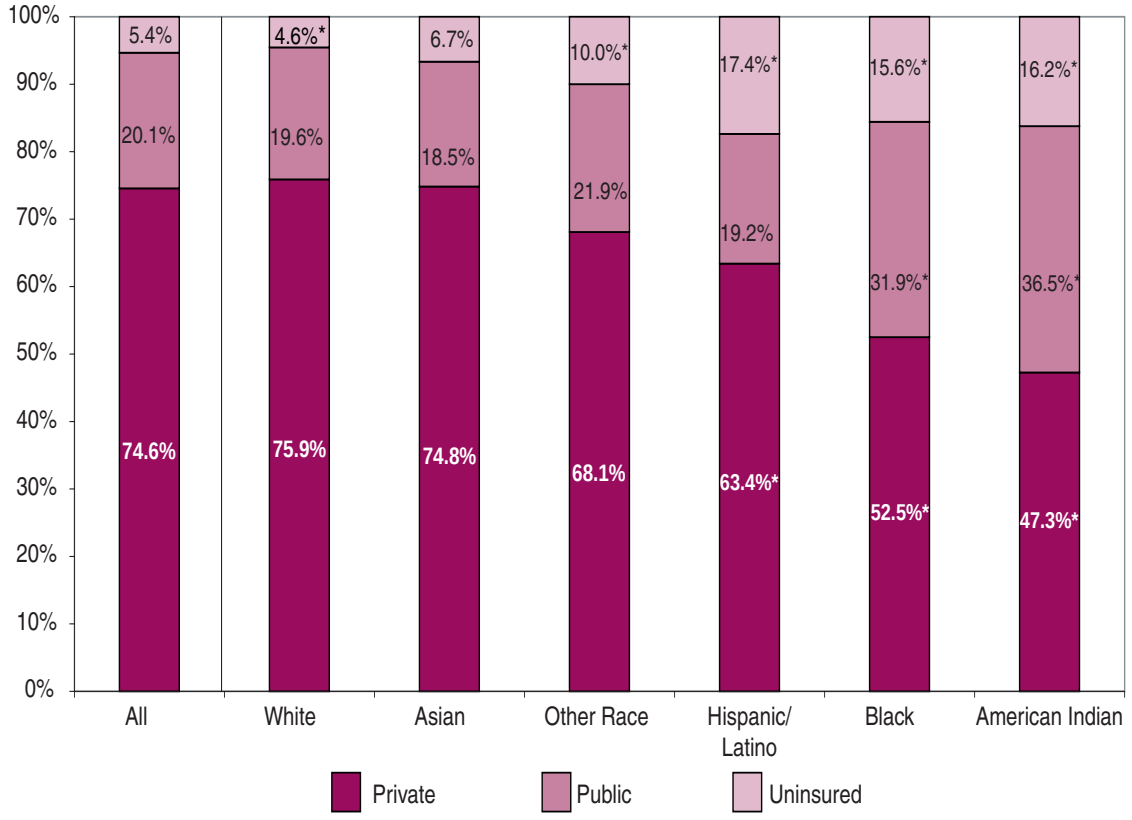
As shown in Chapter 2 of this report, although a large majority of uninsured Minnesotans are white, populations of color and American Indians are disproportionately represented among the uninsured (see Table 2-2). This chapter explores variations in sources of insurance coverage and characteristics of the uninsured by race and ethnicity in more detail.

Sources of Health Insurance Coverage and Uninsurance Rates by Race/Ethnicity and Country of Origin

Figure 4-1 summarizes the differences in sources of health insurance coverage for different racial and ethnic populations in Minnesota. In general, groups that have the highest rates of private insurance coverage also have the lowest rates of uninsurance. However, it also appears that the reasons for uninsurance may vary across population groups. For example, low rates of private coverage for black and American Indian populations may primarily reflect a lack of affordable private coverage options, particularly through employers; Hispanics have a higher rate of private coverage but are significantly less likely than blacks and American Indians to be enrolled in public programs, perhaps because of language barriers or issues of trust.

Figure 4-1

Sources of Insurance Coverage by Race/Ethnicity, 2001



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

A summary of uninsurance rates by race and ethnicity using alternate definitions of uninsurance is provided in Table 4-1. As expected, the population groups with the highest point in time rates of uninsurance were also more likely to report having been uninsured for all or part of the past year. Among Minnesota's black, American Indian, and Hispanic populations, about one in five people had been uninsured at some point during the past year.

Table 4-1

2001 Minnesota Uninsurance Rates by Race/Ethnicity

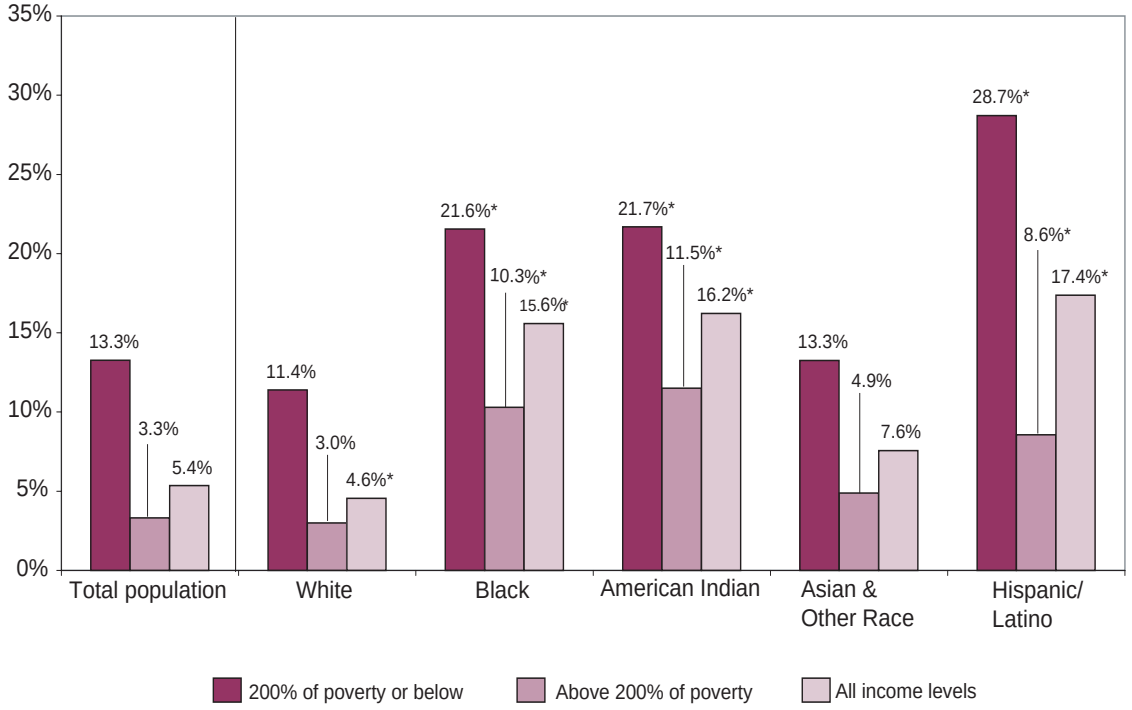
	Point in Time	All Year	Part Year	Some Point in Year
White	***4.6%***	2.5%	4.2%	***7.0%***
Black	**15.6%**	**9.9%**	**12.5%**	**23.1%**
Asian	6.7%	3.0%	5.6%	9.0%
American Indian	**16.2%**	**9.9%**	**9.4%**	**20.6%**
Other Race	**10.0%**	**5.9%**	**9.0%**	**15.3%**
Hispanic/Latino	**17.4%**	**12.1%**	**9.8%**	**22.6%**
All	5.4%	3.1%	4.7%	8.1%

Numbers in bold indicate statistically significant difference (95% level) from statewide rate. Plain bold text indicates rates that are significantly higher than statewide average, and italicized bold indicates rates that are significantly lower than the average.

One possible reason why uninsurance rates are disproportionately high for populations of color and American Indians is that people in these groups have lower incomes on average than the white population, and having a low income is associated with higher rates of uninsurance. Figure 4-2 presents uninsurance rates by race and ethnicity, and also by income level (incomes split into 2 groups, below and above 200 percent of poverty). Rates of uninsurance for people with incomes less than twice the poverty level are about 2 to 4 times higher than the uninsurance rates for people with higher incomes, regardless of race. However, within the population that has income above 200 percent of poverty, non-white Minnesotans are significantly more likely to be uninsured than higher income Minnesotans in general. As shown in Figure 4-2, black, American Indian and Hispanic Minnesotans with incomes above 200 percent of poverty are about two to three times more likely to be uninsured than the average for all Minnesotans with incomes at least twice the poverty level.

Figure 4-2

Uninsurance Rates by Race/Ethnicity and Income, 2001

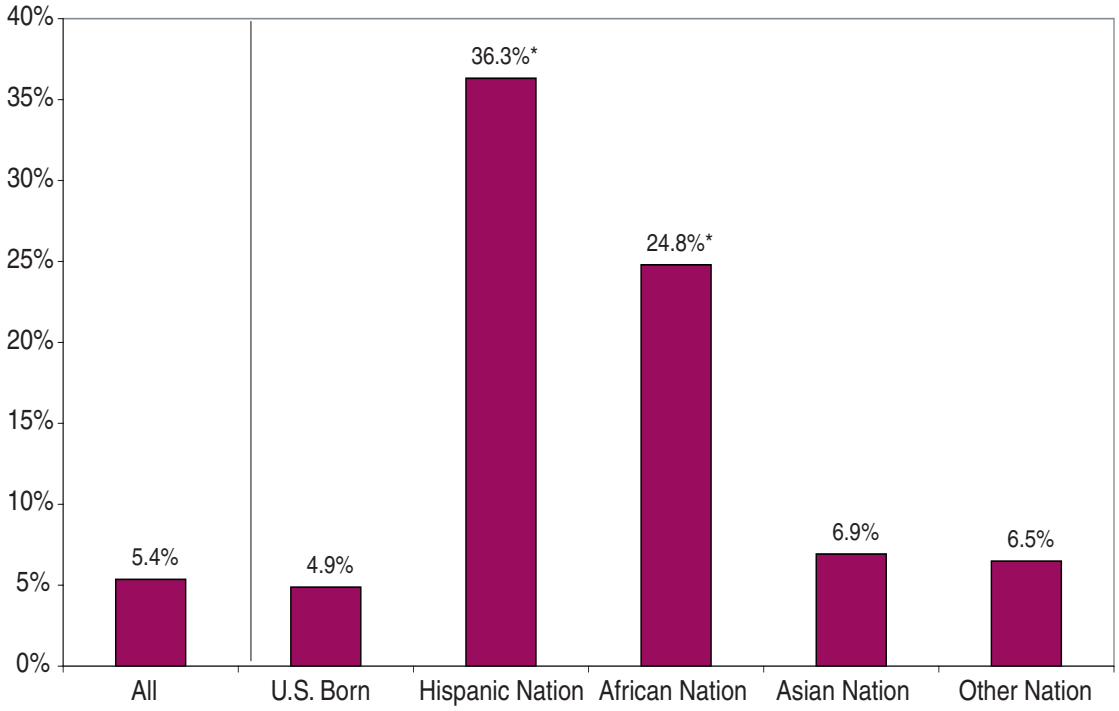


*Indicates statistically significant difference (95% level) from rate for total population within an income category.

Minnesota residents who were not born in the U.S. (about 4.5 percent of the survey population, as shown in Table 2-3) are more likely to be without health insurance, particularly if they are relatively new to the U.S. or were born in a Spanish-speaking or African nation. Figure 4-3 provides information on uninsurance rates by country of origin. While 4.9 percent of U.S.-born residents of Minnesota were uninsured, the survey results indicate that 36.3 percent of people from Hispanic nations and 24.8 percent of people from African nations were uninsured at the time of the survey.

Figure 4-3

Uninsurance Rates by Country of Origin, 2001

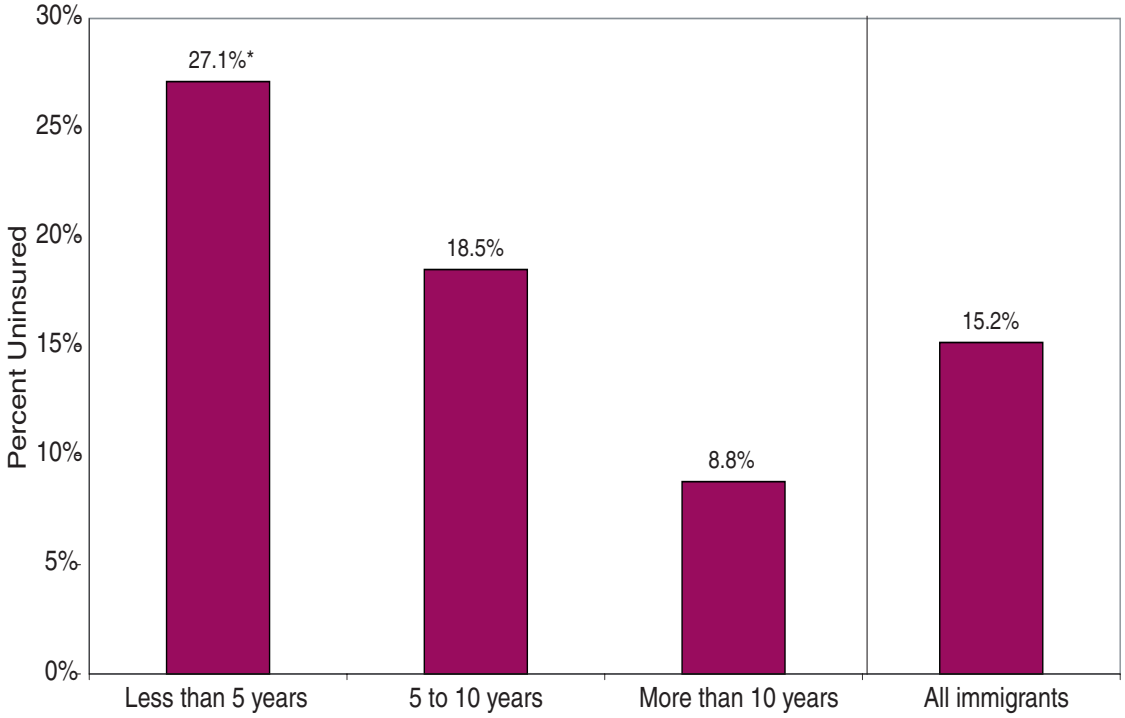


*Indicates statistically significant difference (95% level) from statewide rate.

Generally speaking, the longer an immigrant has been in the U.S., the more likely it is that he or she has health insurance coverage. Figure 4-4 illustrates differences in uninsurance rates for non-U.S. born Minnesotans by the length of time they have been in the U.S. As shown in the figure, immigrants who have been in the U.S. for more than 10 years are less likely to be uninsured than more recent immigrants (statistically significant at the 90% level). Nearly two-thirds of immigrants from Asian nations reported having lived in the U.S. for more than 10 years (not shown), which may help to explain why Asian-born Minnesotans have lower rates of uninsurance than immigrants from other nations. Some possible reasons for high rates of uninsurance among newer immigrants and people from certain nations could be a lack of familiarity with the concept and value of health insurance, language barriers, and/or difficulty meeting the documentation requirements to enroll in public insurance programs.

Figure 4-4

Non-U.S. Born Adults: Uninsurance Rates by Length of Time in U.S., 2001



Analysis for non-U.S. born adults age 18 and over.
*Indicates statistically significant difference (95% level) from rate for all immigrants.

Table 4-2 provides uninsurance rates by country of origin using the point in time, full year, part year, and some point in year definitions of uninsurance. Similar to the point in time uninsurance rates presented in Figure 4-2, a very high percentage immigrants from Hispanic and African nations reported having been uninsured at some point in the past year (47.5 percent and 35.7 percent, respectively).

Table 4-2

2001 Uninsurance Rates by Country of Origin

	Point in Time	All Year	Part Year	Some Point in Year
U.S. Born	4.9%	2.7%	4.4%	7.5%
Hispanic Nation	**36.3%**	**28.4%**	**18.2%**	**47.5%**
African Nation	**24.8%**	**18.1%**	**17.1%**	**35.7%**
Asian Nation	6.9%	2.9%	5.5%	9.2%
Other Nation	6.5%	3.9%	**8.7%**	**12.8%**
All	5.4%	3.1%	4.7%	8.1%

Numbers in bold indicate statistically significant difference (95% level) from statewide rate.

Characteristics of the Uninsured, By Race

Table 4-3 presents information on various demographic characteristics of white and non-white uninsured.[11] Compared to the white uninsured population, non-white uninsured Minnesotans are more likely to:

- Be children (27.2 percent of non-white uninsured vs. 16.8 percent of white);
- Have low incomes (66.9 percent of non-white uninsured vs. 46.5 percent of white uninsured with incomes at or below 200 percent of the poverty level);
- Have less than a high school education[12] (27.4 percent of non-white uninsured vs. 8.4 percent of white); and
- Report being in fair or poor health (18.0 percent of non-white uninsured vs. 9.9 percent of white).

Table 4-3

Demographic Characteristics of White and Non-White Uninsured, 2001

	White	Non-White
Gender		
Male	52.0%	50.4%
Female	48.0%	49.6%
	100.0%	100.0%
Age		
0 to 5	4.1%	6.6%
6 to 17	12.7%	20.6%
18 to 24	21.7%	24.3%
25 to 34	22.0%	25.6%
35 to 54	33.0%	**20.5%**
55 to 64	5.6%	**1.4%**
65+	0.9%	1.1%
	100.0%	100.0%
Family Income, as % of Poverty Guidelines		
<100%	11.2%	**29.1%**
101 to 200%	35.3%	37.8%
201 to 300%	25.5%	***16.0%***
301 to 400%	12.6%	7.7%
>400%	15.4%	9.5%
	100.0%	100.0%
Family Composition*		
Single	39.2%	37.2%
Married	40.3%	40.9%
Living with Partner	9.7%	14.7%
Divorced/Separated/Widowed	10.8%	7.3%
	100.0%	100.0%
Education*		
Less than high school	8.4%	**27.4%**
High school	34.7%	39.0%
Some college	40.3%	**21.6%**
College graduate	12.7%	10.5%
Postgraduate	3.8%	1.5%
	100.0%	100.0%
Health Status		
Excellent	30.7%	23.6%
Very Good	34.7%	**22.8%**
Good	24.7%	**35.7%**
Fair	7.7%	**15.6%**
Poor	2.2%	2.4%
	100.0%	100.0%

*For uninsured children, refers to parent.

Numbers in bold indicate statistically significant difference (95% level) between white and non-white uninsured.

Based on 1,249 survey responses for white uninsured and 422 for non-white uninsured. We are unable to provide separate statistics on characteristics of the non-white uninsured by specific race or ethnicity due to the small number of survey responses in each of these categories.

The employment characteristics of white and non-white uninsured are compared in Table 4-4. As shown in the table, non-white Minnesotans who are uninsured are less likely to be self-employed than the white uninsured population (9.2 percent vs. 22.0 percent), although there is no significant difference in the overall percentage who are employed. Among those who are employed (or, in the case of children, have a parent who is employed), a large majority of both groups works more than 30 hours per week (75.2 percent of white and 76.0 percent of non-white). On average, non-white uninsured Minnesotans work for larger employers than the white uninsured (38.9 percent vs. 30.6 percent of non-white and white uninsured, respectively, working at firms with more than 100 employees).

Table 4-4

Employment Characteristics of White and Non-White Uninsured*, 2001

	White	Non-White
Employment Status		
Self Employed	22.0%	**9.2%**
Employed by Someone Else	52.1%	59.5%
Not Employed	20.6%	25.0%
Retired	1.1%	1.4%
Full-time Student	4.2%	4.9%
	100.0%	100.0%
For Those Who Are Employed:		
Number of Jobs		
One Job	81.0%	90.7%
Multiple Jobs	19.0%	9.3%
	100.0%	100.0%
Hours worked per week		
0 to 10 hours	1.9%	0.9%
11 to 20 hours	8.3%	7.3%
21 to 30 hours	14.6%	15.7%
31 to 40 hours	44.9%	**60.6%**
More than 40 hours	30.3%	**15.4%**
	100.0%	100.0%
Type of Job		
Permanent	81.9%	78.0%
Temporary	8.1%	**17.5%**
Seasonal	10.0%	4.6%
	100.0%	100.0%
Size of Employer		
1 employee	16.9%	8.9%
2 to 10 employees	28.2%	23.5%
11 to 50 employees	16.4%	19.2%
51 to 100 employees	7.9%	9.5%
101 to 500 employees	13.2%	14.7%
More than 500 employees	17.4%	24.2%
	100.0%	100.0%

*For uninsured children, refers to parent.

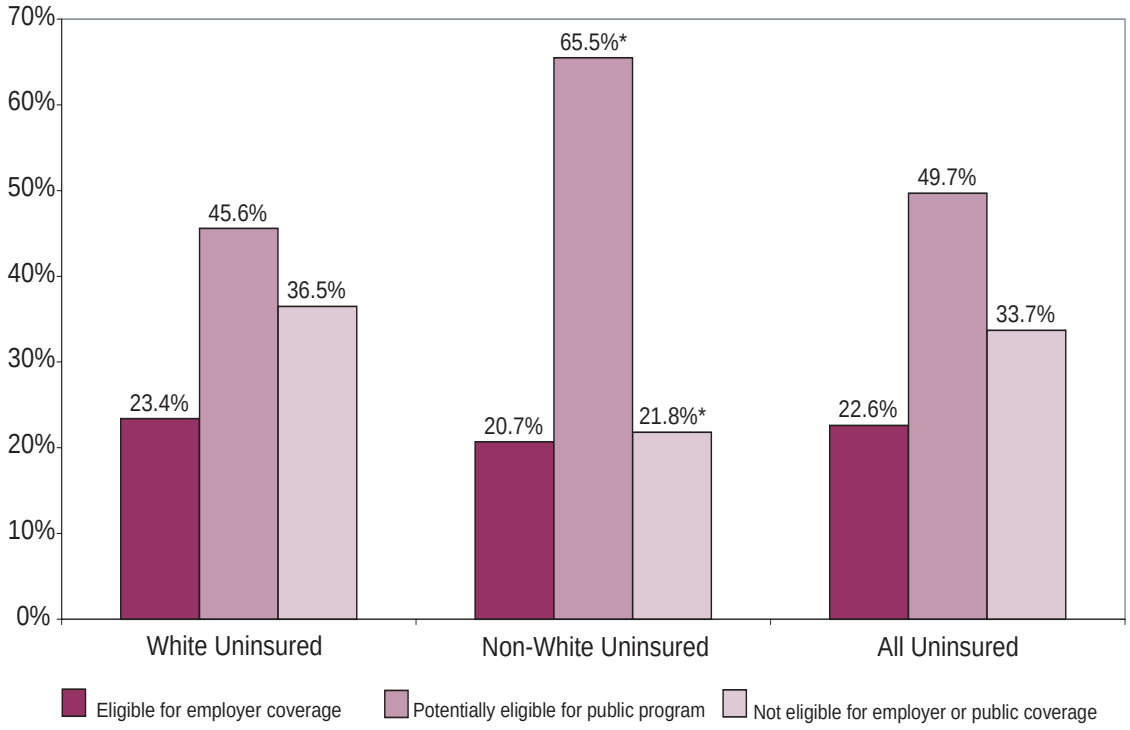
Numbers in bold indicate statistically significant difference (95% level) between white and non-white uninsured.

Potential Sources of Coverage, by Race

Figure 4-5 compares the white and non-white uninsured populations' potential access to private or public sources of health insurance coverage. While similar proportions of the white and non-white uninsured have access to employer coverage, a substantially higher share of the non-white uninsured are potentially eligible for public insurance programs (65.5 percent of non-white uninsured vs. 45.6 percent of white). This difference suggests that public program outreach efforts targeted toward non-white populations could potentially have an impact on health insurance disparities between white and non-white populations in Minnesota.

Figure 4-5

Potential Access to Insurance Coverage: White and Non-White Uninsured



*Indicates statistically significant difference (95% level) from statewide average for all uninsured.

Note: Percentages add to more than 100 due to overlap between eligibility for employer coverage and income eligibility for public programs.

5 Survey Findings by Geographic Region

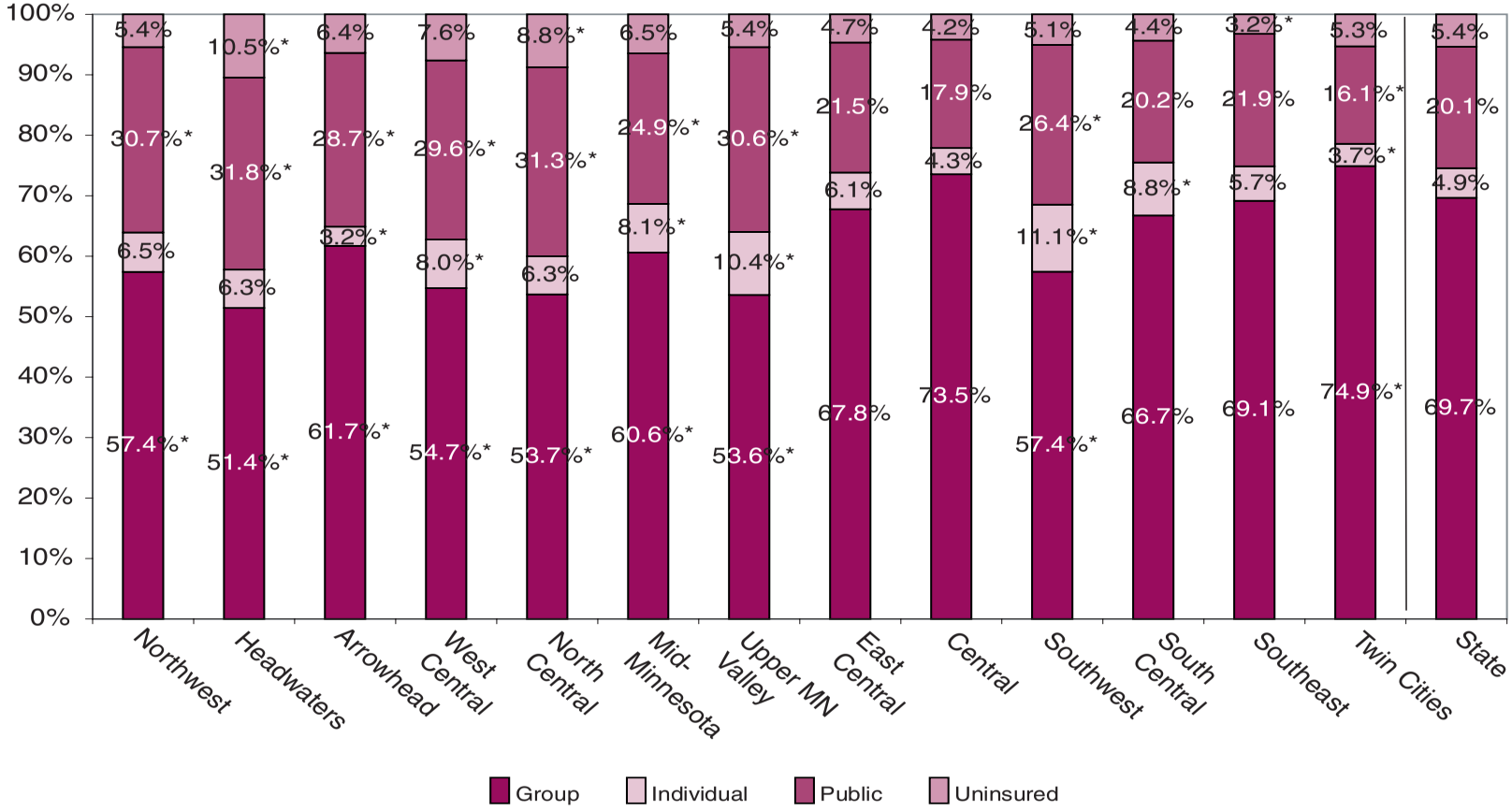
The 2001 Minnesota Health Access Survey was specifically designed to produce estimates of insurance coverage and uninsurance rates for 13 different regions in Minnesota.[13] This chapter examines variation in health insurance coverage by geographic region. It also presents findings on differences in insurance coverage within the Twin Cities metropolitan area, where the number of surveys conducted was sufficient in many cases to produce reliable county or city level estimates.

Variation in Sources of Coverage and Uninsurance Rates by Region

Figures 5-1 and 5-2 illustrate the variation in sources of insurance coverage within Minnesota. The Southeast region has a rate of uninsurance that is significantly lower than the statewide average (3.2 percent vs. 5.4 percent statewide). Two regions, the Headwaters region in the northwestern part of the state and the North Central region, have uninsurance rates that are significantly higher than the statewide average (10.5 percent and 8.8 percent respectively, compared to 5.4 percent statewide). Both of these regions have rates of group coverage that are significantly lower than the statewide average of 69.7 percent. Although both regions also have rates of public coverage that are among the highest in the state and help to make up for the low rates of group coverage, a higher than average proportion of the population remains uninsured in these areas.

Figure 5-1

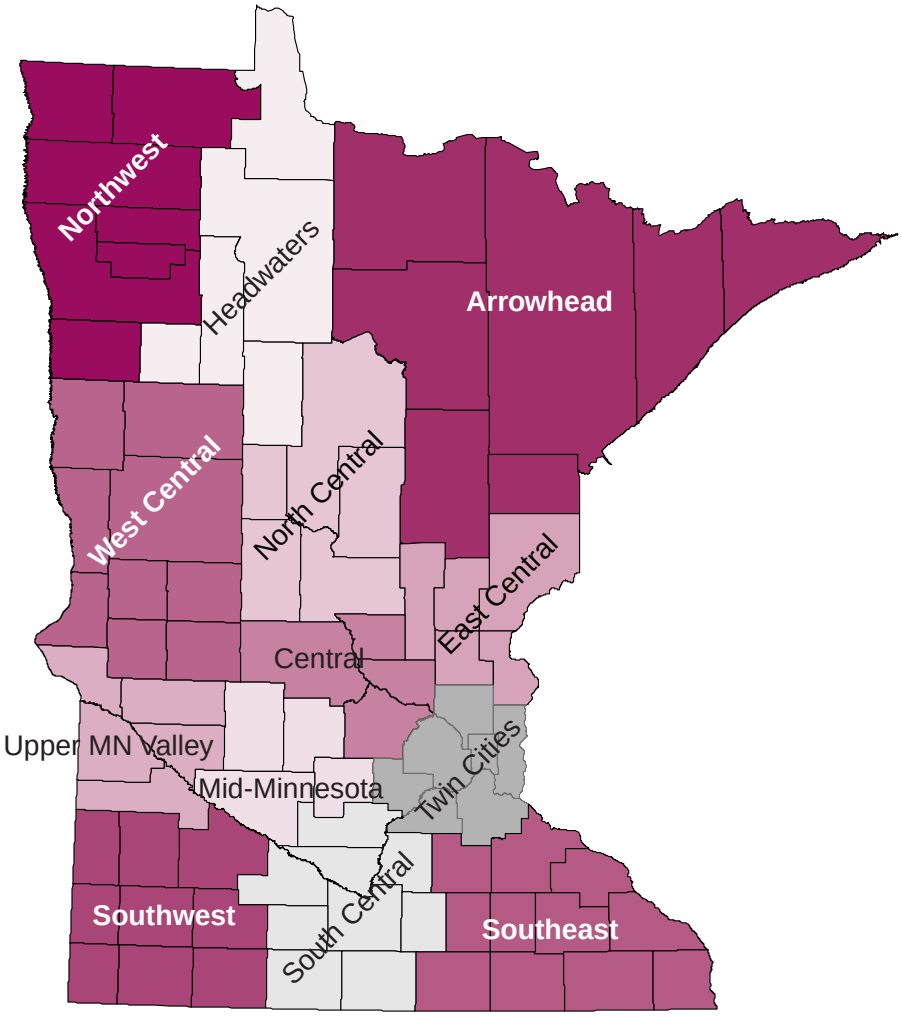
Regional Variation in Sources of Insurance Coverage, 2001



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

Figure 5-2

Definition of Geographic Regions



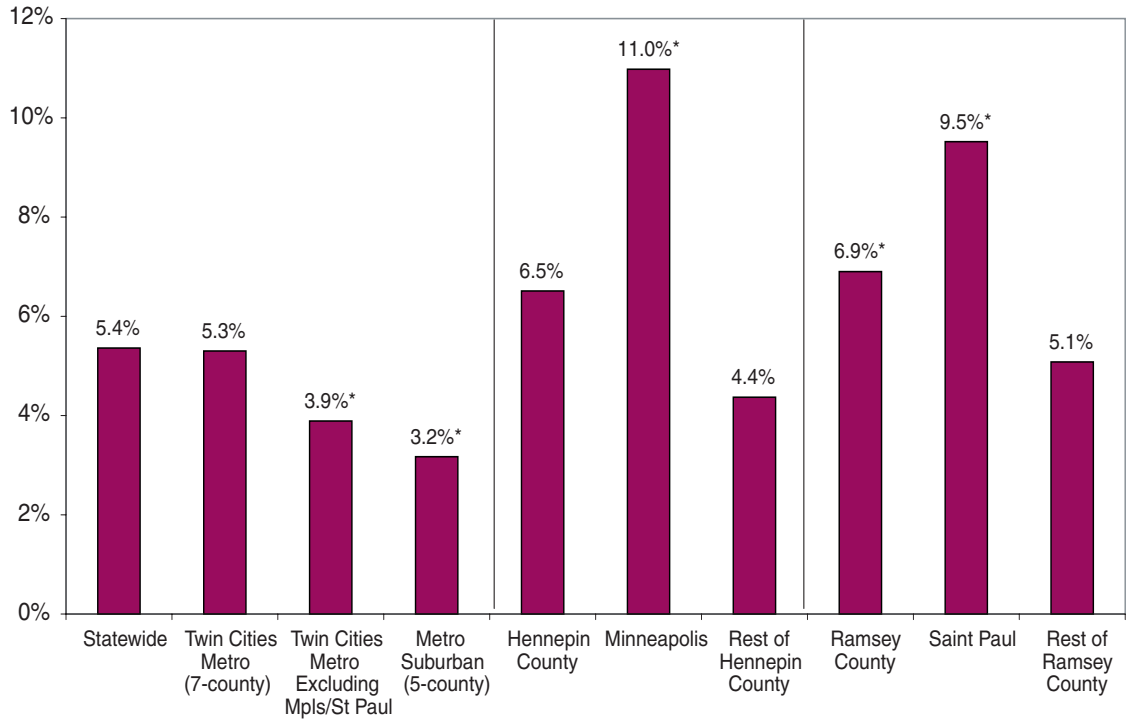
Two regions of the state, the Twin Cities metropolitan region[14] and the Central region (which includes St. Cloud) have higher than average rates of employer-based insurance coverage (as shown in Figure 5-1, the rates are 74.9 percent and 73.5 percent, respectively, compared to 69.7 percent statewide). Earlier research using a survey of Minnesota employers has shown that employers in the Twin Cities and St. Cloud areas are significantly more likely to offer health insurance than employers in other parts of Minnesota,[15] and that fact is reflected in the higher rates of employer coverage reported by residents of these areas in the 2001 household survey.

In some areas of the state, higher than average rates of individually-purchased health insurance coverage compensate for the fact that a smaller proportion of the population is covered through an employer group. For example, five of the thirteen regions have rates of individual health insurance coverage that are significantly higher than the statewide average; these are primarily rural areas that may be more dependent on farming and agriculture, or have fewer employers that offer health insurance coverage than other regions.

Within the Twin Cities seven-county metropolitan area, there are significant variations in insurance coverage (see Figure 5-3). Some areas have rates of uninsurance that are significantly lower than the metro area as a whole, and some have rates that are significantly higher. In general, the suburban parts of the metropolitan area have the lowest rates of uninsurance within the metro area. The rate for the metropolitan area excluding the cities of Minneapolis and St. Paul was 3.9 percent, and the rate for the metro area excluding Hennepin and Ramsey counties was 3.2 percent (differences from the overall 7-county metro rate are statistically significant). The cities of Minneapolis and Saint Paul have uninsurance rates that are significantly higher than the rest of the metropolitan area, with 11.0 and 9.5 percent of their populations uninsured, respectively.

Figure 5-3

Variation in Uninsurance Rates: Twin Cities Metro



*Indicates statistically significant difference (95% level) from rate for 7-county metro area as a whole.

Table 5-1 presents the survey results on rates of uninsurance by region using the four alternative definitions of uninsurance: point in time, uninsured all year, uninsured part of the year, and uninsured at some point in the year. As noted above, the Headwaters and North Central regions have point in time rates of uninsurance that are significantly higher than the statewide average. The Headwaters region has a higher than average proportion of its population that is long-term uninsured (uninsured for a year or more), while the North Central region has a higher than average share of the population that has experienced periods of uninsurance of a year or less. One other region, the West Central region, has a higher than average share of its population that is long-term uninsured.

Table 5-1

2001 Uninsurance Rates by Region

	Region	Point in Time	All Year	Part Year	Some Point in Year
1	Northwest	5.4%	2.3%	5.5%	8.4%
2	Headwaters	**10.5%**	**6.8%**	5.6%	**14.1%**
3	Arrowhead	6.4%	3.4%	6.2%	10.1%
4	West Central	7.6%	**5.6%**	3.8%	9.6%
5	North Central	**8.8%**	4.5%	**7.5%**	**12.4%**
6	Mid-Minnesota	6.5%	3.4%	5.3%	9.3%
7	Upper MN Valley	5.4%	3.2%	3.9%	7.3%
8	East Central	4.7%	2.7%	6.4%	9.4%
9	Central	4.2%	2.5%	4.3%	6.9%
10	Southwest	5.1%	3.6%	4.0%	7.9%
11	South Central	4.4%	2.0%	3.7%	6.6%
12	Southeast	***3.2%***	2.1%	3.3%	***5.6%***
13	Twin Cities	5.3%	3.0%	4.7%	8.0%
All		5.4%	3.1%	4.7%	8.1%

Numbers in bold indicate statistically significant difference (95% level) from statewide rate. Plain bold text indicates rates that are significantly higher than the statewide average, and italicized bold text indicates rates that are significantly lower than the average.

Regional Variation in Characteristics of the Uninsured

Tables 5-2 and 5-3 provide comparative information on the demographic and employment characteristics of the uninsured in the Twin Cities and Greater Minnesota. Compared to the Twin Cities area, the uninsured in Greater Minnesota are more likely to:

- Be white (91.8 percent compared to 66.4 percent);
- Have been born in the United States (95.7 percent compared to 79.0 percent);
- Belong to households with married adults (49.3 percent compared to 32.8 percent); and
- Work for a firm with fewer than 500 employees (85.9 percent compared to 76.3 percent).

Part of these differences between the uninsured in the Twin Cities and Greater Minnesota is a reflection of the differences in the populations as a whole. For example, a higher proportion of the population in Greater Minnesota is white and U.S.-born, so it is expected that white, U.S.-born Minnesotans would comprise a higher share of the uninsured in Greater Minnesota. In both the Twin Cities and Greater Minnesota, however, non-white Minnesotans and immigrants are disproportionately represented among the uninsured compared to their share of the overall survey population (not shown).

Table 5-2

Demographic Characteristics of the Uninsured in Twin Cities and Greater Minnesota, 2001

	Twin Cities	Greater Minnesota
Gender		
Male	53.8%	50.5%
Female	46.2%	49.6%
	100.0%	100.0%
Age		
0 to 5	4.3%	5.5%
6 to 17	13.3%	15.5%
18 to 24	24.9%	18.4%
25 to 34	24.0%	21.5%
35 to 54	29.2%	31.8%
55 to 64	3.6%	6.0%
65 and over	0.7%	1.2%
	100.0%	100.0%
Race/Ethnicity*		
White	66.4%	**91.8%**
Black	16.8%	**1.4%**
Asian	4.2%	1.1%
American Indian	3.1%	5.8%
Other Race	2.8%	**0.4%**
Hispanic/Latino	15.9%	**4.2%**
	see note	see note
Country of Origin		
U.S. Born	79.0%	**95.7%**
Hispanic Nation	11.1%	**1.6%**
African Nation	4.7%	**0.6%**
Asian Nation	3.3%	**0.3%**
Other Nation	1.8%	1.8%
	100.0%	100.0%
Family Income, as % of Poverty Guidelines		
<100%	15.9%	15.1%
101 to 200%	31.9%	39.6%
201 to 300%	22.4%	24.4%
301 to 400%	12.3%	10.7%
>400%	17.5%	10.3%
	100.0%	100.0%
Family Composition**		
Single	46.5%	**31.2%**
Married	32.8%	**49.3%**
Living With Partner	10.4%	10.3%
Divorced/Widowed	10.3%	9.2%
	100.0%	100.0%
Education**		
Less Than High School	14.7%	10.4%
High School	33.3%	39.1%
Some College	33.4%	37.9%
College Graduate	13.6%	10.9%
Post Graduate	5.0%	1.7%
	100.0%	100.0%
Health Status		
Excellent	29.9%	28.8%
Very Good	27.5%	37.3%
Good	29.8%	23.4%
Fair	10.0%	8.6%
Poor	2.8%	1.9%
	100.0%	100.0%

*Distribution adds to more than 100% since people were allowed to choose more than one race/ethnicity.
** For uninsured children, refers to parent.

Numbers in bold indicate statistically significant difference (95% level) between uninsured populations in the Twin Cities and Greater Minnesota.

Table 5-3

Employment Status of the Uninsured in Twin Cities and Greater Minnesota, 2001*

	Twin Cities	Greater Minnesota
Employment Status		
Self-Employed	17.6%	21.5%
Employed by Someone Else	55.1%	52.3%
Not Employed	21.5%	21.0%
Retired	1.3%	1.2%
Full-Time Student	4.7%	4.0%
	100.0%	100.0%
For Those Who Are Employed:		
Number of Jobs		
One job	85.2%	80.0%
More than one job	14.9%	20.0%
	100.0%	100.0%
Hours Worked per Week		
0 to 10 hours	2.1%	1.3%
11 to 20 hours	6.2%	10.3%
21 to 30 hours	15.2%	13.2%
31 to 40 hours	55.5%	**40.4%**
More than 40 hours	21.1%	**34.8%**
	100.0%	100.0%
Type of Job		
Permanent	80.7%	80.0%
Temporary	13.6%	7.6%
Seasonal	5.6%	12.4%
	100.0%	100.0%
Size of Firm		
1 employee	17.2%	13.5%
2 to 10 employees	21.9%	32.3%
11 to 50 employees	15.8%	18.8%
51 to 100 employees	8.1%	8.2%
101 to 500 employees	13.3%	13.1%
More than 500 employees	23.7%	**14.1%**
	100.0%	100.0%

* For uninsured children, refers to parent.

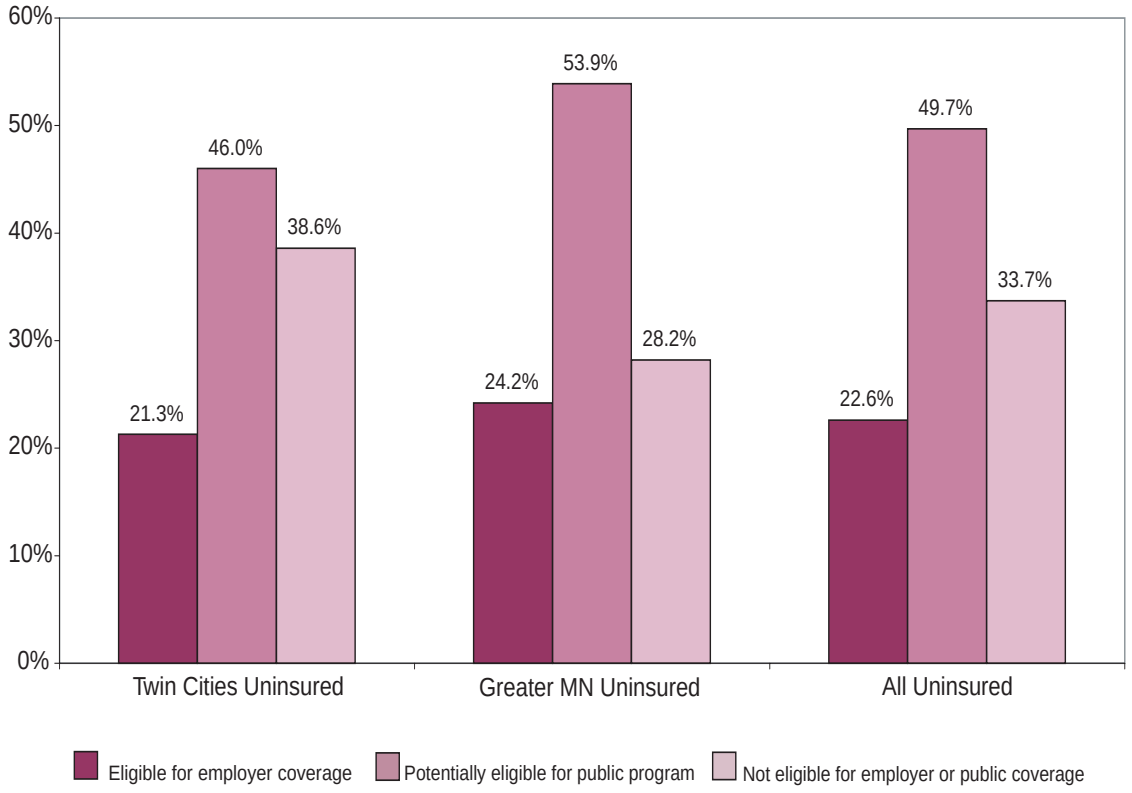
Numbers in bold indicate statistically significant difference (95% level) between uninsured populations in the Twin Cities and Greater Minnesota.

Regional Variation in Potential Sources of Coverage

As shown in earlier chapters of this report, a majority of the uninsured in Minnesota likely has access to insurance coverage, either through an employer or through a public program. Figure 5-4 illustrates the coverage options of the uninsured in the Twin Cities and Greater Minnesota compared to the statewide results. Compared to the statewide average, a slightly higher proportion of the uninsured in the Twin Cities have no access to either employer or public coverage, and a slightly higher proportion of the uninsured in Greater Minnesota are potentially eligible for public programs; however, neither of these differences is large enough to be statistically significant.

Figure 5-4

Potential Access to Insurance Coverage: Twin Cities and Greater Minnesota Uninsured



Note: Percentages add to more than 100 due to overlap between eligibility for employer coverage and income eligibility for public programs. Differences from statewide averages are not statistically significant.

6 Survey Findings by Income

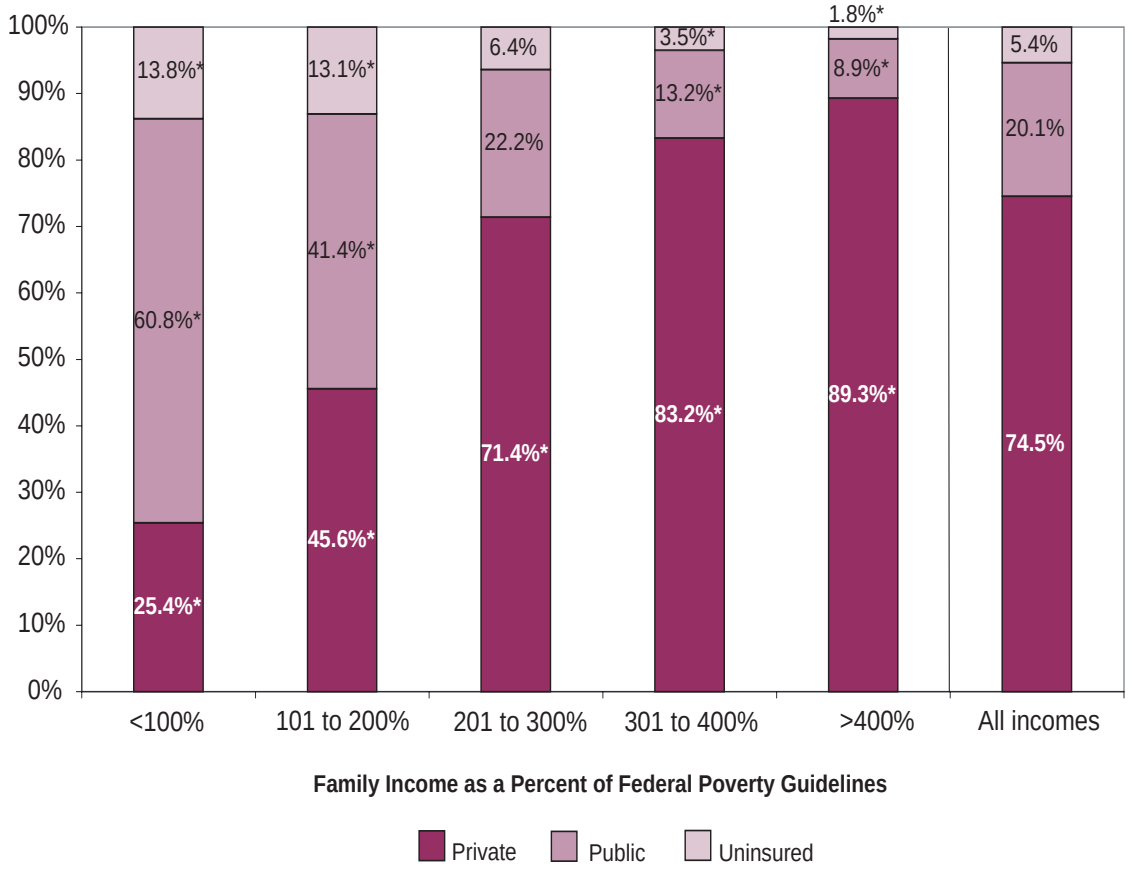
Income is an important factor in determining affordability of private health insurance and eligibility for public coverage. Chapter 2 showed that about half (51.0 percent) of Minnesota's uninsured have family incomes at or below 200 percent of poverty, although this group was only 20.6 percent of the survey population. This chapter explores variations in health insurance by income in greater detail.

Uninsurance Rates by Income

Figure 6-1 summarizes the differences in sources of health insurance coverage for income groups in relation to the poverty level.[16] In general, higher income groups have significantly higher rates of private coverage, lower rates of public coverage and lower rates of uninsurance than the general population. At lower income levels, Minnesotans are more likely to be uninsured or rely on public coverage as their source of health insurance. Minnesotans with incomes above 400 percent of poverty were least likely to lack insurance coverage (1.8 percent). In contrast, Minnesotans with incomes below 100 percent of poverty were most likely to be uninsured, with 13.8 percent lacking health insurance coverage.

Figure 6-1

Sources of Health Insurance Coverage by Income, 2001

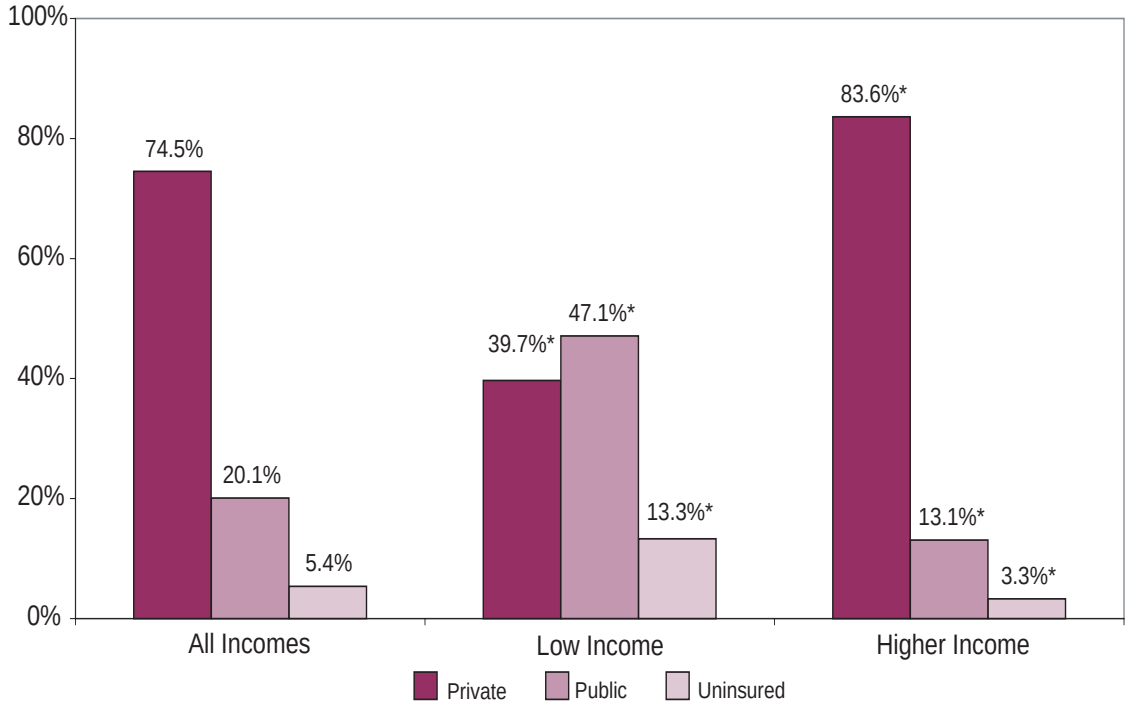


*indicates statistically significant difference (95% level) from average for all incomes.

Looking specifically at the distinction between low and higher income Minnesotans (where "low income" is defined as 200 percent of the poverty level or below), there are large differences in rates of private insurance coverage (see Figure 6-2): 83.6 percent of the higher income individuals had private coverage, compared to only 39.7 percent of low income individuals. Low income Minnesotans rely much more heavily on public coverage: 47.1 percent of low income Minnesotans compared with 13.1 percent of higher income Minnesotans had public coverage. However, despite the availability of public programs, about 13 percent (or about 111,000) of low income Minnesotans lack health insurance coverage. This rate is more than two times higher than the rate for the overall population and four times the rate of higher income Minnesotans.

Figure 6-2

Sources of Health Insurance Coverage for Low and Higher Income Minnesotans, 2001



*Indicates statistically significat difference (95% level) from average for all incomes.
"Low income" is defined as 200% of poverty or below

Table 6-1 summarizes alternative measures of uninsurance by income. In general, the income groups that have higher rates of uninsurance measured at a point in time also have higher rates of uninsurance using alternative measures.

Table 6-1

2001 Uninsurance Rates by Income

Family income, as % of poverty guidelines	Point in Time	All Year	Part Year	Some Point in Year
Less than 200%	**13.3%**	**7.8%**	**10.2%**	**18.9%**
0 to 100%	**13.8%**	**8.6%**	**9.8%**	**19.8%**
101 to 200%	**13.1%**	**7.5%**	**10.4%**	**18.6%**
More than 200%	***3.3%***	***1.8%***	***3.3%***	***5.4%***
201 to 300%	6.4%	3.7%	5.8%	**9.8%**
301 to 400%	***3.5%***	***2.0%***	***3.6%***	***5.8%***
More than 400%	***1.8%***	***0.9%***	***2.0%***	***3.1%***
All incomes	5.4%	3.1%	4.7%	8.1%

Numbers in bold indicate statistically significant difference (95% level) between from statewide average for all incomes. Plain bold text indicates rates that are significantly higher than the statewide average, and italicized bold text indicates rates that are significantly lower than the average.

Who Are the Low Income Uninsured?

Tables 6-2 and 6-3 summarize the demographic and employment characteristics of the low income uninsured, compared to low income Minnesotans in general. Compared with the low income population as a whole, the low income uninsured are more likely to:

- Be between the ages of 18 and 54 (67.0 percent compared with 45.4 percent);
- Be non-white (28.8 percent compared with 16.9 percent);
- Be single (35.1 percent compared with 22.8 percent) or living with a partner (8.5 percent compared with 4.4 percent);
- Live in the Twin Cities (49.8 percent compared with 40.3 percent); and
- Be employed (72.6 percent compared with 56.7 percent).

Although low income uninsured are more likely to be employed than the overall low income population, those uninsured who are employed are less likely to have a permanent job (82.6 percent compared with 90.3 percent), and more likely to work for a small firm with 2 to 10 employees (30.1 percent compared with 17.9 percent).

Table 6-2

Demographic Characteristics of Low Income Uninsured Minnesotans, 2001

	Low Income Uninsured	All Low Income Minnesotans
Gender		
Male	44.4%	42.9%
Female	55.6%	57.1%
	100.0%	100.0%
Age		
0 to 5	6.5%	8.7%
6 to 17	20.5%	18.4%
18 to 24	**20.5%**	12.6%
25 to 34	**18.9%**	12.1%
35 to 54	**27.6%**	20.7%
55 to 64	4.6%	5.6%
65+	***1.5%***	21.9%
	100.0%	100.0%
Race/Ethnicity*		
White	***71.2%***	83.1%
Black	**12.2%**	7.5%
Asian	2.8%	3.1%
American Indian	5.3%	3.2%
Other Race	2.0%	1.7%
Hispanic/Latino	**14.8%**	6.8%
	see note	see note
Region		
Twin Cities	**49.8%**	40.3%
Greater Minnesota	***50.2%***	59.7%
	100.0%	100.0%
Family Composition**		
Single	**35.1%**	22.8%
Married	***44.0%***	52.2%
Living with a Partner	**8.5%**	4.4%
Divorced/Separated/Widowed	***12.9%***	20.6%
	100.0%	100.0%
Education**		
Less than High School	16.1%	16.9%
High School	41.2%	40.1%
Some College	32.9%	30.3%
College Graduate	7.0%	9.4%
Postgraduate	2.8%	3.2%
	100.0%	100.0%
Health Status		
Excellent	27.0%	29.7%
Very Good	29.4%	28.4%
Good	28.7%	25.6%
Fair	11.5%	11.7%
Poor	3.5%	4.7%
	100.0%	100.0%

* Distribution adds to more than 100 percent since people were allowed to choose more than one race/ethnicity.

**For uninsured children, refers to parent.

Numbers in bold indicate a statistically significant difference (95% level) from the overall survey population of low income Minnesotans. Plain bold text indicates a population group that is over-represented among the low income uninsured, and italicized bold text indicates a group that is under-represented.

Table 6-3

Employment Characteristics of Uninsured Low Income Minnesotans, 2001*

	Low Income Uninsured	All Low Income Minnesotans
Employment Status		
Self Employed	**17.8%**	9.6%
Employed by Someone Else	**54.8%**	47.1%
Not Employed	20.4%	15.8%
Retired	***1.5%***	22.2%
Full-time Student	5.6%	5.4%
	100.0%	100.0%
For Those Who Are Employed:		
Number of Jobs		
One Job	81.8%	86.1%
Multiple Jobs	18.3%	14.0%
	100.0%	100.0%
Hours worked per week		
0 to 10 hours	1.5%	2.0%
11 to 20 hours	9.2%	9.2%
21 to 30 hours	16.4%	11.2%
31 to 40 hours	52.2%	50.4%
More than 40 hours	20.8%	27.2%
	100.0%	100.0%
Type of Job		
Permanent	***82.6%***	90.3%
Temporary	9.3%	5.4%
Seasonal	8.1%	4.3%
	100.0%	100.0%
Size of Employer		
1 employee	12.0%	11.7%
2 to 10 employees	**30.1%**	17.9%
11 to 50 employees	18.8%	15.7%
51 to 100 employees	9.0%	8.5%
101 to 500 employees	12.0%	15.5%
More than 500 employees	***18.0%***	30.7%
	100.0%	100.0%

*For uninsured children, refers to parent

Numbers in bold indicate a statistically significant difference (95% level) from the overall survey population of low income Minnesotans. Plain bold text indicates a population group that is over-represented among the low income uninsured, and italicized bold text indicates a group that is under-represented.

Who Are the Higher Income Uninsured?

Tables 6-4 and 6-5 describe the demographic and employment characteristics of the higher income uninsured compare to Minnesota's overall higher income population. Compared to the overall higher income population, higher income uninsured are more likely to:

- Be male (60.4 percent compared with 49.4 percent);
- Be between the ages of 18 and 34 (50.2 percent compared to 21.2 percent);
- Be non-white (14.2 percent compared with 5.6 percent);
- Be single (43.7 percent compared to 15.3 percent) or living with a partner (12.3 percent compared to 3.5 percent); and
- Have a high school education or less (39.9 percent compared with 26.9 percent);
- Not be employed (22.1 percent compared to 6.0 percent), or be self-employed (21.1 percent compared with 11.1 percent). For those who are employed, they are more likely to:
    - Work in a firm with less than 10 employees (42.6 percent compared with 18.2 percent);
    - Work more than one job (16.3 percent compared with 11.3 percent); and
    - Have temporary or seasonal jobs (21.9 percent compared to 3.7 percent).

In addition, compared to higher-income Minnesotans in general, higher-income uninsured are less likely to report being in excellent health (31.9 percent compared to 43.0 percent).

Table 6-4

Demographic Characteristics of Uninsured Higher Income Minnesotans, 2001

	Higher Income Uninsured	All Higher Income Minnesotans
Gender		
Male	**60.4%**	49.4%
Female	***39.6%***	50.6%
	100.0%	100.0%
Age		
0 to 5	***3.2%***	6.7%
6 to 17	***7.9%***	15.8%
18 to 24	**23.3%**	7.4%
25 to 34	**26.9%**	13.8%
35 to 54	33.4%	36.8%
55 to 64	***4.9%***	10.5%
65+	***0.5%***	9.0%
	100.0%	100.0%
Race/Ethnicity*		
White	***85.8%***	94.4%
Black	**6.9%**	2.2%
Asian	2.7%	2.0%
American Indian	**3.4%**	1.0%
Other Race	1.3%	0.7%
Hispanic/Latino	**5.9%**	2.3%
	see note	see note
Region		
Twin Cities	56.6%	57.2%
Greater Minnesota	43.4%	42.8%
	100.0%	100.0%
Family Composition**		
Single	**43.7%**	15.3%
Married	***36.9%***	73.5%
Living with Partner	**12.3%**	3.5%
Divorced/Separated/Widowed	7.1%	7.8%
	100.0%	100.0%
Education**		
Less than high school	**9.2%**	3.6%
High school	**30.7%**	23.3%
Some college	38.1%	33.2%
College graduate	***17.9%***	27.0%
Postgraduate	***4.1%***	12.9%
	100.0%	100.0%
Health Status		
Excellent	***31.9%***	43.0%
Very Good	34.9%	32.7%
Good	**24.8%**	18.0%
Fair	7.2%	4.8%
Poor	1.2%	1.5%
	100.0%	100.0%

*Distribution adds to more than 100% since people were allowed to choose mo than one race/ethnicity
** For uninsured childre.n, refers to parent.

Numbers in bold indicate a statistically significant difference (95% level) from the overall survey population of higher income Minnesotans. Plain bold text indicates a population group that is over-represented among the higher income uninsured, and italicized bold text indicates a group that is under-represented.

Table 6-5

Employment Characteristics of Uninsured Higher Income Minnesotans, 2001

	Higher Income Uninsured	All Higher Income Minnesotans
Employment Status		
Self Employed	**21.1%**	11.1%
Employed by Someone Else	***52.8%***	69.3%
Not Employed	**22.1%**	6.0%
Retired	***0.9%***	10.7%
Full-Time Student	3.1%	3.0%
	100.0%	100.0%
For Those Who Are Employed:		
Number of Jobs Worked		
One Job	***83.7%***	88.7%
Multiple Jobs	**16.3%**	11.3%
	100.0%	100.0%
Hours Worked per Week		
0 to 10 hours	2.0%	1.4%
11 to 20 hours	7.0%	4.3%
21 to 30 hours	**12.1%**	6.0%
31 to 40 hours	44.7%	47.8%
More than 40 hours	34.3%	40.5%
	100.0%	100.0%
Type of Job		
Permanent	***78.1%***	96.3%
Temporary	**12.3%**	2.0%
Seasonal	**9.6%**	1.7%
	100.0%	100.0%
Size of Employer		
1 employee	**18.7%**	6.4%
2 to 10 employees	**23.9%**	11.8%
11 to 50 employees	15.8%	14.0%
51 to 100 employees	7.3%	7.8%
101 to 500 employees	14.4%	16.8%
More than 500 employees	***19.9%***	43.2%
	100.0%	100.0%

*For uninsured children, refers to parent.

Numbers in bold indicate a statistically significant difference (95% level) from the overall survey population of higher income Minnesotans. Plain bold text indicates a population group that is over-represented among the higher income uninsured, and italicized bold text indicates a group that is under-represented.

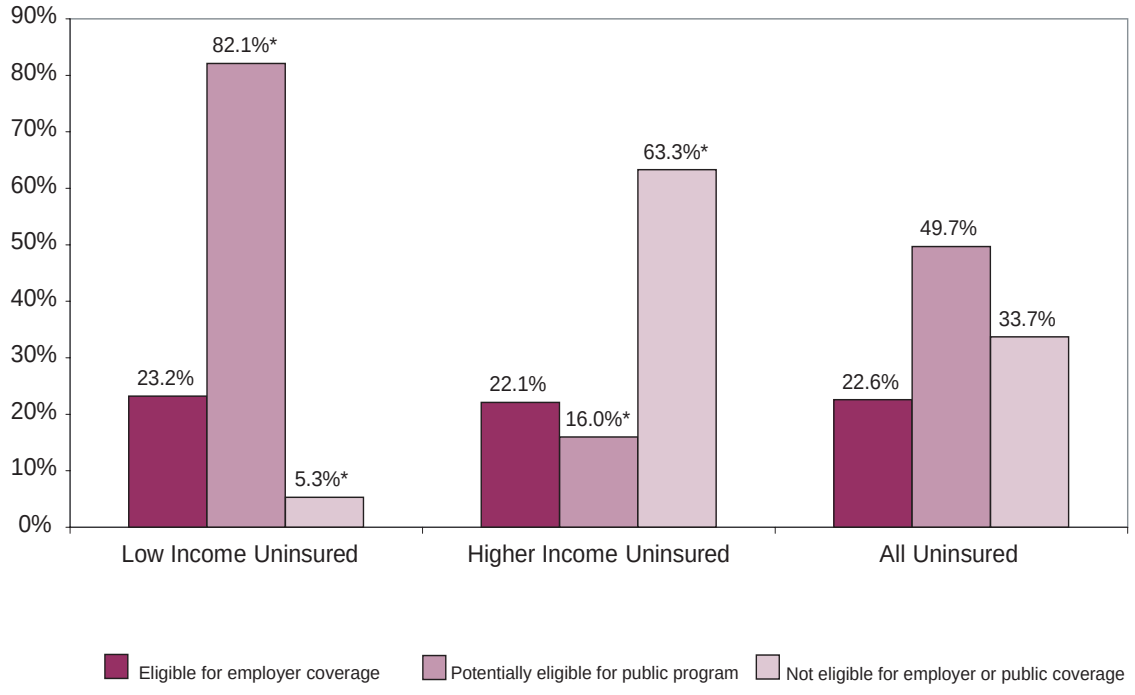
Potential Access to Coverage: Low Income and Higher Income Uninsured

Figure 6-3 presents an analysis of the potential insurance coverage options available to the low income and higher income uninsured, with a comparison to the overall uninsured population. The low income uninsured differ significantly from the higher income uninsured in the extent to which they have potential access to health insurance coverage. As shown in the figure, 82.1 percent of low income uninsured are estimated to be potentially eligible for public programs. In contrast, only 16.0 percent of higher income uninsured Minnesotans are potentially eligible for public program coverage; this difference is not surprising, given the fact the eligibility for public programs is largely based on income (except for Medicare).

Most striking is the difference between the two groups in the share of the uninsured who have no potential access to employer based health insurance or public programs. Mostly due to their high potential eligibility for public program coverage, only 5.3 percent of low income uninsured do not have potential access to employer or public coverage. In contrast, the majority of higher income uninsured (63.3 percent) lack access to health insurance through employer coverage or public programs.

Figure 6-3

Potential Access to Insurance Coverage for Low Income and Higher Income Uninsured



*Indicates statistically significant difference (95% level) from proportion for all uninsured.
Note: Percentages add to more than 100 due to overlap between eligibility for employer coverage and income eligibility for public programs.

7 Summary and Conclusion

Despite Minnesota's overall low rate of uninsurance, there are population groups within the state that experience significantly higher rates of uninsurance than the statewide average. As shown in the preceding chapters, groups that are most likely to be uninsured include young adults, populations of color and American Indians, immigrants, and people with lower incomes. Certain regions of the state also experience high rates of uninsurance compared to the statewide average. Minnesota's population is becoming increasingly diverse, and as a result it is important to understand more about why populations of color in particular have rates of uninsurance that are three to four times higher than the rate for white Minnesotans.

There are many different reasons why a person may lack health insurance. Qualitative research conducted through focus groups and key informant interviews as a complement to the 2001 Minnesota Health Access Survey suggests that some of the main reasons for disparities in health insurance coverage are a lack of awareness of public and private health coverage offerings and eligibility requirements, complex administrative structures and applications for public insurance coverage, differential access to employer-based and private health coverage, and differences in views of the value of health insurance (especially as it relates to other spending priorities). Therefore, it is likely that no single strategy will succeed in reducing uninsurance rates for all of the population groups that experience higher rates of uninsurance than the statewide average. Instead, strategies will need to be tailored to particular groups of people, taking into consideration the wide variety of reasons for being uninsured and differences in beliefs and attitudes toward health insurance.

A key finding of the 2001 Minnesota Health Access Survey is that a large share (about two-thirds) of the uninsured already has potential access to coverage, either through employer-based health insurance or through a public insurance program. This result suggests that finding ways to improve takeup of already available coverage (either private or public) should be a key element of any strategy to reduce uninsurance in Minnesota. Strategies for reducing the rate of uninsurance should be evaluated in terms of their potential to reach a large number of uninsured, as well as their potential to reduce disparities in uninsurance rates experienced by different population groups.

In addition to the challenges of improving overall rates of insurance coverage and reducing disparities in uninsurance rates, Minnesota also faces the challenge of maintaining high rates of insurance coverage in the face of rapidly rising health care costs. Private health insurance premiums having been growing at or near double digit rates in Minnesota since 1998, and national data show the same trend.[17] It is difficult to tell yet how these rapid increases in the price of insurance will affect rates of private health insurance coverage. Anecdotal evidence suggests that while businesses were experiencing strong economic growth and low unemployment, they were reluctant to pass increases in health insurance costs on to their employees. However, many health policy analysts are concerned about the impact that the current economic recession and rising unemployment will have on employers' ability and willingness to continue to absorb high increases in health insurance costs. If employers discontinue offering health insurance benefits or pass on a higher share of the premium cost to employees, it is possible that more Minnesotans (particularly those with low incomes) could lose private health insurance coverage. Further research and monitoring will be needed to determine the impacts of rising health care costs and an economic slowdown on health insurance coverage in Minnesota.

Appendix A

Survey Methodology and Weighting

Sampling Methodology

The 2001 Minnesota Health Access Survey was a stratified random digit dial telephone survey. The data were collected by the Survey Research Center at the University of Minnesota, School of Public Health, Division of Health Services Research and Policy from November 2000 to May 2001.

Since a key objective of the 2001 Minnesota Health Access Survey was to fill in gaps in our knowledge about Minnesota's uninsured population, the sampling strategy was specifically designed to obtain a sufficient number of completed interviews in each of 13 geographic regions of the state to enable us to make reliable statistical estimates of regional insurance coverage. During the planning phase of the survey, MDH contacted county and city governments and offered them the opportunity to buy additional sample in order to obtain county-level estimates of insurance status; the sampling strategy was created to oversample in 10 counties and the City of Minneapolis who chose to participate in this way. In addition, the survey sampling methodology was designed to obtain a higher number of completed interviews among populations of color and American Indians.

In order to achieve these goals, the survey was conducted as a stratified random sample, where the strata were geographic areas. As a way of obtaining sufficient sample sizes in the survey for populations of color and American Indians, certain county and sub-county areas that were estimated to contain higher than average concentrations of these population groups were oversampled. Census Bureau estimates of the 1999 population by race and eth-

nicity, 2000 projections of population groups by zip code from Claritas, Inc., and data on 1999 school enrollment by race/ethnicity in Minnesota were used to identify areas to be oversampled.

The sample for the survey consisted of telephone numbers stratified by groups of telephone exchanges. The strata were created to as closely as possible resemble county and sub-county geography of the areas to be sampled. Within each stratum, each telephone number had an equal probability of selection for the survey. Within each household that participated in the survey, one person was selected at random to participate in the survey (the 2001 survey also collected information on the health insurance status of each person in the household).

Response Rate

A total of 27,315 interviews were completed. The overall response rate to the 2001 Minnesota Health Access Survey was 65 percent, and the cooperation rate was 74 percent. The survey was translated into both Spanish and Hmong. 185 surveys were conducted in Spanish and 32 were conducted in Hmong.

Weighting of Survey Responses

Statistical weights for the 2001 Minnesota Health Access Survey were constructed to adjust for the fact that not all of the survey respondents were selected with the same probability, and to adjust for different response rates in different strata.

Across the different geographic strata, telephone numbers were sampled with different probabilities, in order to achieve the survey objectives of obtaining a certain number of completed interviews in particular geographic areas. In addition, households with more than one telephone line had a higher chance of being selected for participation in the survey than households with only one telephone line. Finally, within each household the probability of selection to participate in the survey varied depending on the number of people living in the household. The statistical weights were constructed taking each of these factors into consideration. In addition, the weights were adjusted to take into account differences among the geographic strata in non-response rates to the survey.

Additional weighting adjustments are currently being considered to adjust for lack of telephone coverage and to adjust the demographic distribution to match the 2000 Census.

Because of the complex design of the survey, analysis of the data was completed using Stata software in order to obtain unbiased estimates of standard errors and confidence intervals.

Income Imputations

In household surveys respondents are often hesitant to report sensitive information such as income. Close to 15 percent of the respondents to the 2001 Minnesota Health Access Survey did not respond to the income questions on the survey. Approximately 63 percent of respondents reported their actual income and 22 percent responded to questions that asked whether their income fell within a certain range. This level of nonresponse to the income questions is similar to that found in household surveys conducted nationally.[18]

Income was imputed for the respondents who did not answer the income questions. Income was imputed for a number of reasons. First, it allows all respondents to be included in calculations involving income such as uninsurance rates by poverty level and eligibility for public programs among the uninsured. Second, it attempts to adjust for nonresponse bias, since the characteristics of nonresponders may vary from those of responders.

Income was imputed using a hot deck procedure. With the hot deck procedure, cases with missing income data are compared to similar cases with complete income data. Cases with complete income data were compared to cases with missing income data if they matched on a set of variables related to age, education, race, insurance status, household size, geography, and phone service. An income value selected at random from the similar cases with complete income data was used to impute income for a case with missing income data.

Calculation of Public Program Eligibility and Access To Employer Coverage

Questions on the 2001 Minnesota Health Access Survey related to income, household composition, age, and access to employer coverage were used to determine potential eligibility for public health insurance programs and access to employer coverage for the point-in-time or currently uninsured. Eligibility for public programs including MinnesotaCare, Medical Assistance (MA), and General Assistance Medical Care (GAMC) is based on a multitude of factors such as income, assets, household size, household composition, age of household members, pregnancy status, disability status, length of time uninsured, length of residence in Minnesota, access to employer coverage, and level of employer contribution. Questions related to assets, pregnancy, disability, length of time uninsured, length of residence in Minnesota, and level of employer contribution were not asked on the survey and are thus not used to determine the estimates of public program eligibility in this report.

In this report, the distribution of access to insurance coverage for the point-in-time or currently uninsured adds to more than 100 percent because some people can have access to employer coverage and still be eligible for public health insurance programs in Minnesota. In general, respondents with access to employer coverage through their own or a family member's employer were coded as ineligible for public health insurance programs. However, respondents with incomes low enough to qualify for Medical Assistance (MA) or General Assistance Medical Care (GAMC) who also reported having access to employer coverage were coded as being eligible for public programs and having access to employer coverage. In

addition, children in families with incomes at or below 150% of the federal poverty level who also have access to employer coverage through a family member's employer were coded as being eligible for public programs and having access to employer coverage.

Appendix B

Survey Results Using Alternative Definitions of Uninsurance

Appendix B Table 1

2001 Minnesota Uninsurance Rates by Population Group, Using Alternative Measures of Uninsurance

	Point in Time	All Year	Part Year	Some Point in Year
State	5.4%	3.1%	4.7%	8.1%
Age				
0 to 17	4.4%	2.2%	4.0%	***6.4%***
18 to 24	**13.8%**	**7.5%**	**12.8%**	**21.3%**
25 to 34	**9.1%**	**5.1%**	**8.5%**	**14.1%**
35 to 54	4.9%	3.0%	4.0%	7.4%
55 to 64	***2.7%***	***2.0%***	***1.6%***	***3.8%***
65+	***0.5%***	***0.3%***	***0.5%***	***0.8%***
Race/Ethnicity				
White	***4.6%***	2.5%	4.2%	***7.0%***
Black	**15.6%**	**9.9%**	**12.5%**	**23.1%**
Asian	6.7%	3.0%	5.6%	9.0%
American Indian	**16.2%**	**9.9%**	**9.4%**	**20.6%**
Other Race	**10.0%**	**5.9%**	**9.0%**	**15.3%**
Hispanic/Latino	**17.4%**	**12.1%**	**9.8%**	**22.6%**
Country of Origin				
US Born	4.9%	2.7%	4.4%	7.5%
Hispanic nation	**36.3%**	**28.4%**	**18.2%**	**47.5%**
African nation	**24.8%**	**18.1%**	**17.1%**	**35.7%**
Asian nation	6.9%	2.9%	5.5%	9.2%
Other nation	6.5%	3.9%	**8.7%**	**12.8%**
Region				
1 Northwest	5.4%	2.3%	5.5%	8.4%
2 Headwaters	**10.5%**	**6.8%**	5.6%	**14.1%**
3 Arrowhead	6.4%	3.4%	6.2%	10.1%
4 West Central	7.6%	**5.6%**	3.8%	9.6%
5 North Central	**8.8%**	4.5%	**7.5%**	**12.4%**
6 Mid-Minnesota	6.5%	3.4%	5.3%	9.3%
7 Upper MN Valley	5.4%	3.2%	3.9%	7.3%
8 East Central	4.7%	2.7%	6.4%	9.4%
9 Central	4.2%	2.5%	4.3%	6.9%
10 Southwest	5.1%	3.6%	4.0%	7.9%
11 South Central	4.4%	2.0%	3.7%	6.6%
12 Southeast	***3.2%***	2.1%	3.3%	***5.6%***
13 Twin Cities	5.3%	3.0%	4.7%	8.0%
Family Income, as % of Poverty Guidelines				
<100%	**13.8%**	**8.6%**	**9.8%**	**19.8%**
101 to 200%	**13.1%**	**7.5%**	**10.4%**	**18.6%**
201 to 300%	6.4%	3.7%	5.8%	**9.8%**
301 to 400%	***3.5%***	***2.0%***	***3.6%***	***5.8%***
>400%	***1.8%***	***0.9%***	***2.0%***	***3.1%***

Numbers in bold indicate statistically significant difference (95% level) from statewide rate. Plain bold text indicates rates that are significantly higher than statewide rate, and italic bold indicates rates that are significantly lower.

Appendix B Table 2

Demographic Characteristics of the Uninsured, Using Different Measures of Uninsurance

	Point in Time	All Year	Part Year	Some Point in Year	Survey Population*
Gender					
Male	52.2%	**54.8%**	47.2%	50.4%	48.1%
Female	47.8%	***45.2%***	52.8%	49.7%	51.9%
	100.0%	100.0%	100.0%	100.1%	100.0%
Age					
0 to 5	4.9%	***1.9%***	6.9%	***4.9%***	7.1%
6 to 17	14.4%	15.1%	13.1%	13.5%	16.3%
18 to 24	**21.9%**	**20.5%**	**22.8%**	**22.1%**	8.5%
25 to 34	**22.8%**	**22.5%**	**24.3%**	**23.2%**	13.5%
35 to 54	30.4%	32.4%	***28.6%***	30.6%	33.5%
55 to 64	***4.7%***	***6.4%***	***3.3%***	***4.5%***	9.5%
65+	***1.0%***	***1.2%***	***1.1%***	***1.2%***	11.7%
	100.0%	100.0%	100.0%	100.0%	100.0%
Race/Ethnicity**					
White	***78.3%***	***76.5%***	***82.5%***	***80.1%***	92.1%
Black	**9.6%**	***10.5%***	**8.7%**	**9.3%**	3.3%
Asian	2.8%	2.1%	2.7%	2.5%	2.2%
American Indian	**4.4%**	**4.6%**	**2.9%**	**3.7%**	1.4%
Other Race	1.7%	1.7%	1.7%	**1.7%**	0.9%
Hispanic/Latino	**10.4%**	**12.4%**	**6.5%**	**8.8%**	3.2%
	see note	see note	see note	see note	see note
Country of Origin					
US Born	***86.9%***	***84.5%***	***89.7%***	***87.8%***	95.5%
Hispanic Nation	**6.7%**	**8.7%**	**3.6%**	**5.5%**	1.0%
African Nation	**2.8%**	**3.5%**	**2.2%**	**2.6%**	0.6%
Asian Nation	1.9%	1.4%	1.7%	1.6%	1.5%
Other Nation	1.8%	1.9%	**2.8%**	2.4%	1.5%
	100.0%	100.0%	100.0%	100.0%	100.0%
Family Income, as % of Poverty Guidelines					
<100%	**15.5%**	**16.5%**	**12.4%**	**14.6%**	6.0%
101 to 200%	**35.5%**	**35.5%**	**32.1%**	**33.2%**	14.6%
201 to 300%	**23.3%**	23.7%	**24.0%**	**23.4%**	19.5%
301 to 400%	***11.6%***	***11.4%***	***13.3%***	***12.5%***	17.5%
>400%	***14.1%***	***12.8%***	***18.3%***	***16.3%***	42.4%
	100.0%	100.0%	100.0%	100.0%	100.0%
Family Composition***					
Single	**39.3%**	**39.4%**	**33.4%**	**36.3%**	16.8%
Married	***40.5%***	***39.0%***	***46.7%***	***43.4%***	69.1%
Living with Partner	**10.4%**	**10.3%**	**10.6%**	**10.2%**	3.7%
Divorced/Separated/Widowed	9.8%	11.3%	9.4%	10.2%	10.4%
	100.0%	100.0%	100.0%	100.0%	100.0%
Education***					
Less than high school	**12.7%**	**15.5%**	**8.8%**	**11.4%**	6.3%
High school	**36.0%**	**39.2%**	31.0%	**34.0%**	26.8%
Some college	35.5%	32.9%	**37.8%**	36.2%	32.6%
College graduate	***12.4%***	***10.3%***	***17.4%***	***14.4%***	23.4%
Postgraduate	***3.4%***	***2.0%***	***5.1%***	***4.1%***	10.9%
	100.0%	100.0%	100.0%	100.0%	100.0%
Health Status					
Excellent	***29.4%***	***30.4%***	***27.2%***	***28.2%***	40.3%
Very Good	32.1%	28.3%	33.7%	31.8%	31.8%
Good	**26.8%**	**26.9%**	**27.2%**	**27.2%**	19.5%
Fair	**9.4%**	**10.9%**	**10.1%**	**10.3%**	6.2%
Poor	2.4%	3.5%	1.9%	2.5%	2.1%
	100.0%	100.0%	100.0%	100.0%	100.0%

*Weighted characteristics of the survey population for comparison to characteristics of the uninsured.
** Distribution adds to more than 100% since people were allowed to choose more than one race/ethnicity.
***For uninsured children, refers to parent.

Numbers in bold indicate statistically significant difference (95% level) from survey population. Plain bold text indicates population groups that are over-represented among the uninsured, and italic bold indicates population groups that are under-represented.

Appendix B Table 3

Employment Characteristics of the Uninsured, Using Different Measures of Uninsurance*

	Point in Time	All Year	Part Year	Some Point in Year	Survey Population**
Employment					
Self Employed	**19.4%**	**24.5%**	9.7%	**15.4%**	10.8%
Employed by Someone Else	***53.8%***	***50.7%***	64.4%	***59.1%***	64.7%
Not Employed	**21.2%**	**19.2%**	**20.0%**	**19.6%**	8.0%
Retired	***1.2%***	***1.2%***	***2.0%***	***1.7%***	13.0%
Full-time Student	4.4%	4.4%	4.0%	4.2%	3.5%
	100.0%	100.0%	100.0%	100.0%	100.0%
For those who are employed:					
Number of Jobs					
One Job	***82.7%***	***81.9%***	85.0%	***83.6%***	88.3%
Multiple Jobs	**17.3%**	**18.1%**	15.1%	**16.4%**	11.8%
	100.0%	100.0%	100.0%	100.0%	100.0%
Hours worked per week					
0 to 10 hours	1.7%	1.3%	1.5%	1.4%	1.5%
11 to 20 hours	**8.1%**	**8.8%**	7.0%	**7.7%**	5.0%
21 to 30 hours	**14.2%**	**14.1%**	**10.1%**	**12.0%**	6.8%
31 to 40 hours	48.5%	45.1%	50.3%	48.7%	48.2%
More than 40 hours	***27.5%***	***30.7%***	***31.1%***	***30.3%***	38.5%
	100.0%	100.0%	100.0%	100.0%	100.0%
Type of Job					
Permanent	**80.4%**	**80.4%**	***87.5%***	***84.1%***	95.3%
Temporary	**10.8%**	**10.3%**	**6.8%**	**8.3%**	2.5%
Seasonal	**8.8%**	**9.3%**	**5.7%**	**7.6%**	2.1%
	100.0%	100.0%	100.0%	100.0%	100.0%
Size of Employer					
1 employee	**15.4%**	**18.3%**	8.3%	**12.2%**	7.2%
2 to 10 employees	**27.0%**	**30.9%**	15.6%	**21.5%**	12.7%
11 to 50 employees	17.3%	15.1%	**18.5%**	17.4%	14.3%
51 to 100 employees	8.2%	6.0%	11.0%	9.5%	7.9%
101 to 500 employees	13.2%	13.4%	15.2%	14.0%	16.6%
More than 500 employees	***19.0%***	***16.3%***	***31.4%***	***25.5%***	41.3%
	100.0%	100.0%	100.0%	100.0%	400.0%

*For uninsured children, refers to parent.

**Weighted characteristics of the survey population for comparison to characteristics of the uninsured.

Numbers in bold indicate statistically significant difference (95% level) from survey population. Plain bold text indicates population groups that are over-represented among the uninsured, and italic bold indicates population groups that are under-represented.

Endnotes

[1] The 5.4 percent estimate is from the 2001 Minnesota Health Access Survey. The 8.2 percent estimate is from the Current Population Survey, 3-year average for Minnesota covering 1998 through 2000. For more information on the various surveys that measure the rate of uninsurance, see "Characteristics and Trends Among Minnesota's Uninsured Population," Minnesota Department of Health, Health Economics Program, April 2000.

[2] Much of the previous research on the uninsured in Minnesota was done by researchers at the University of Minnesota, School of Public Health, Division of Health Services Research and Policy. See, for example, "Minnesota Health Access Survey 1999: Final Report," by Kathleen Thiede Call, Ph. D., et al.

[3] Unless otherwise noted, all tests for statistical significance were done at the 95% confidence level.

[4] Minnesota Department of Health, Health Economics Program, "Health Insurance Premiums – An Update," Issue Brief 2001-05, August 2001.

[5] For results of previous Minnesota employer surveys, see Minnesota Department of Health, Health Economics Program, "Employer-Based Health Insurance in Minnesota," February 2000.

[6] Minnesota Department of Human Services, communication with Gestur Davidson, February 9, 2001.

[7] For purposes of this report, public programs include Medicare, Medical Assistance, MinnesotaCare, General Assistance Medical Care, and Minnesota Comprehensive Health Association, and military health care such as CHAMPUS or VA.

[8] The rate for "uninsured at some point during the year" includes full-year and part-year uninsured, as well as some people who were uninsured at the time of the survey and for whom the length of time uninsured is not known.

[9] Minnesota Department of Health, Health Economics Program, "Employer-Based Health Insurance in Minnesota," February 2000.

[10] Consumers age 65 and over spent about $706 per capita for prescription drugs in 1999, compared to $370 for all consumers. (Source: The Henry J. Kaiser Family Foundation, "Prescription Drug Trends: A Chartbook Update," November 2001, based on data from the Bureau of Labor Statistics Consumer Expenditure Survey.)

[11] Based on 1,249 survey responses for white uninsured and 422 survey responses for non-white uninsured. We are unable to provide separate statistics on characteristics of the non-white uninsured by specific race or ethnicity due to the small number of survey responses in each of these categories.

[12] For uninsured children, refers to parent.

[13] The 13 regions correspond to Minnesota's 13 Economic Development Regions.

[14] For purposes of this report, the Twin Cities metropolitan area is defined as the seven-county region that includes Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties.

[15] Minnesota Department of Health, Health Economics Program, "Employer-Based Health Insurance in Minnesota," February 2000.

[16] For example, in 2001, the federal poverty guidelines for a family of 1 person was $8,590; for 2 people, $11,610; for 3 people, $14,630; for 4 people, $17,650. (U.S. Department of Health and Human Services)

[17] Minnesota Department of Health, Health Economics Program, "Health Insurance Premiums – An Update," Issue Brief 2001-05, August 2001.

[18] The Current Population Survey (CPS) and the Urban Institute's National Survey of America's Families (NSAF) both report item nonresponse for income questions at around 20%.

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