DEPARTMENT OF HEALTH
HEALTH ECONOMICS PROGRAM

Minnesota Health Access Survey Methods

The Minnesota Health Access Survey (MNHA) is a state-based health insurance survey conducted in Minnesota since 2001 (on a biennial basis since 2007). The goal of the survey is to produce stable estimates of uninsurance for regions of the state and for the most populous demographic groups. The survey provides information on how Minnesotans access health care services, barriers they may experience, and what coverage options might be available to them. Barriers include people who forgo needed health care due to cost, problems with medical bills, problems finding providers, and discrimination based on race or health insurance coverage.

Prior to 2019, MNHA was conducted using a Random Digit Dial (RDD) telephone sample. In the RDD frame, cell phones were added to the survey in 2009, with the percent of surveys completed by cell phone increasing each year between 2009 and 2017. Beginning in 2015, prepaid cell phones were oversampled to ensure representation of the Minnesota population.

In 2019, the survey was conducted using two sampling strategies: Address Based Sampling (ABS) and the RDD telephone sample. Responses in the ABS sample were collected via web survey, telephone, and a paper copy; and responses in the RDD sample were collected via telephone.

In 2021, MNHA utilized exclusively an ABS frame and eliminated the RDD sample. Additionally, the study eliminated the hardcopy instrument and administered the survey in two modes – a web survey and a call-in telephone survey. The survey was conducted from October 2021 to January 2022; surveys were conducted in English and Spanish.

Consistent with national trends, the MNHA response rates have decreased over time, leading to the decision to transition from the RDD sample frame to the ABS sample frame. The 2019 survey represents a transition year, where both sample frames were used. Many other state health insurance coverage and access surveys, including California, Colorado and Massachusetts, have transitioned from the RDD frame to full or partial ABS frame.

As with many population surveys, statistical weights are used to ensure that survey results are representative of the state's population. The 2021 data were weighted to be representative of the state's population distribution based on age, race/ethnicity, education, region, home-ownership, nativity, household size, access to the internet, and enrollment in public health insurance programs (including Medicare, Medical Assistance, MinnesotaCare, TRICARE and Veterans' Affairs health services). When changes to the weighting methodology are made, previous years' surveys are reweighted to ensure comparability over time, so estimates presented for previous survey years may differ slightly from previously published results. Due to the changes in sampling methods described above, results from 2019 and 2021 may not be directly comparable to previous years.

Table 1: MNHA Count of Complete Surveys, Response, Cooperation and Refusal Rates

Survey Year	Total Completes^	Response Rate*	Cooperation Rate*	Refusal Rate**
2001	27,315	67%	78%	19%
2004	13,802	59%	68%	28%
2007	9,728	43%	57%	32%
2009	12,031	45%	53%	39%
2011	11,355	44%	45%	39%
2013	11,778	48%	48%	23%
2015	11,178	35%	36%	30%
2017	12,042	29%	30%	32%
2019 combined	11,530	22%	22%	6%
2019 RDD	3,673	16%	17%	17%
2019 ABS	7,857	24%	25%	1%
2021 ABS	18,609	20%	93%	7%

MNHA 2001-2007 represent landline sample frames; MNHA 2009 forward represent dual landline and cell phone sample frames.

^ The total count includes partial interviews. Cases were designated as partial completes if the survey was completed through the health insurance coverage (H series) (2001-2015), roster coverage and demographics, and access to coverage (COV) series where applicable (2015 forward).

* Based on AAPOR RR4 response and cooperation rates from 2001-2007; Based on AAPOR RR3 response and cooperation rates from 2009 forward which excludes partials.

** Based on AAPOR refusal rate 2 (REF2); includes estimates of eligible cases among unknown cases. For comparability with prior MNHA surveys, refusal rate calculations from 2009 forward ignored screening that occurred (e.g., excluding minors both years and over sampling of cell only households). Note that calculating refusal rates for ABS frames is challenging in that mail is sent out and not returned without a feedback loop to establish an active refusal.

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