Accessible and Affordable Health Care

COMPREHENSIVE, QUALITY HEALTH CARE SERVICES THAT ARE AVAILABLE AND AFFORDABLE FOR ALL

Why It's Important

Comprehensive, quality health care services are important for promoting and maintaining health throughout the lifespan. Access to health care is impacted by household finances, insurance coverage, geographic availability, and timeliness of entry into services. Poor access to health care services can result in unmet health needs, lack of preventive services, hospitalization, and increased financial burden.[2] Equally as important as access is the alarming rising costs of health care.

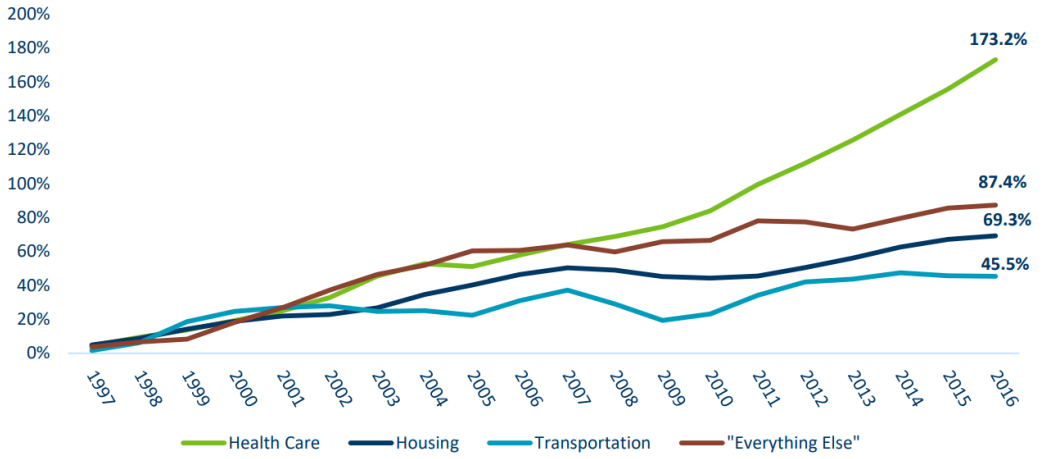
> *"Health care costs are so outrageous that my family can't afford health care, and because I work 3 jobs to pay the bills I do not qualify for deductions of assistance in costs. Therefore we go without healthcare unless it is an emergency, and then I end up paying for that for years. I'm still paying on the birthing costs of my son who is now 13 years old." – Needs Assessment Discovery Survey Respondent*

In 2017, Minnesota saw one of the largest one-time increases in the rate of people without insurance, jumping from 4.3 percent in 2015 to 6.3 percent – leaving approximately 349,000 Minnesotans without health insurance coverage.[1] Data from the Minnesota Health Access Survey displays how historical disparities in coverage experienced by certain population groups persisted in 2017. Unlike the universal improvement seen in uninsurance rates across demographic groups in 2015, in 2017 some groups maintained their coverage gains, while others lost ground.[1]

The uninsured were more likely to be young adults (age 18 to 34), in a lower income bracket, have a high school education or less, and people of color or American Indians.[1]

While household incomes grew 80 percent between 1997 and 2016, family budgets devoted to health care spending rose more than twice as fast. Figure 1 displays the disproportionate increase in health care spending compared to common expenses. There is no substantial evidence that increased health care spending leads to similar positive gains in health.[3] Families who have private health insurance coverage are paying a greater proportion of the cost of care than ever before. Families are seeing these rising costs through higher cost-sharing, rising premiums, and re-configured benefits/plans (e.g. high deductible health plans).[3] The increasing cost burden on families is causing many to delay or avoid care.

Figure 1. Cumulative Growth in Household Spending, Select Categories (1997-2016)

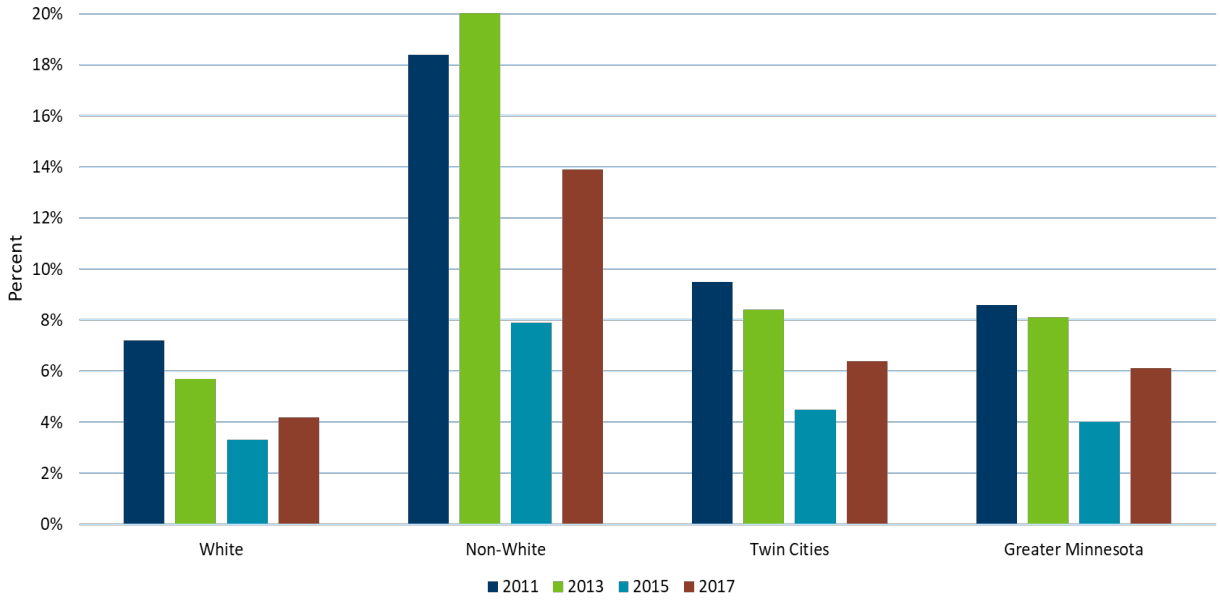


Source: MDH, Health Economics Program analysis of U.S. Bureau of Labor Statistics, Consumer Expenditure Survey for the Midwest

Focus on Health Equity

While the uninsured rate for the state was about 6 percent, 11 percent of young adults (ages 18-34) were uninsured in 2017, 11.3 percent of those with incomes below 200 percent of the federal poverty level, 12 percent of people with a high school education or less, and 14 percent of people of color and American Indians. The 2017 Minnesota Health Access Survey showed that the uninsured were more likely to: report being in only fair or poor health, experience more unhealthy days related to their mental health, lack confidence in getting needed care, and not receiving needed care due to cost with 46 percent of uninsured Minnesotans reporting foregoing care due to cost.[1]

Figure 2. Minnesota Uninsurance Rates by Race and Region, 2011-2017



Source: Minnesota Health Access Survey Data

The highest proportion of Minnesotans without insurance live in rural areas in the northern regions of the state. Minnesotans living in rural areas experience more barriers to accessing health care as a result of decreased geographic access and health provider shortages. In 2017, there were 121 Health Professional Shortage Areas (HPSA) in Minnesota and 97 Medically Underserved Areas (MUA).[4] Rural residents are especially disadvantaged in terms of access to dental care with very few dental providers practicing in greater Minnesota counties. Additionally, racial disparities in rural communities continue to negatively impact the health outcomes of people of color. Even when an individual has access to health care in their community, the financial burden experienced by seeing health care providers that are not within an individual's insurance network can greatly limit options for health care.

Disparities in access to health care are felt acutely among families of children and youth with special health needs (CYSHN). In Minnesota, 8.5 percent of CYSHN did not received needed health care compared to just 1 percent of children and youth without special health care needs.[5] The cost of health care adversely affects families of CYSHN with 15 percent of these families struggling to pay for a child's medical bills compared to 10 percent of families without CYSHN.[5] The difference may seem small but taken into consideration with the increased likelihood of parents of CYSHN to have to cut back their work hours or stop working altogether to provide care for their child, the disparities in access to and cost of health care can have a significant impact on families and their household income.

Additional Considerations

Per the National Survey of Children's Health, in 2016 and 2017, nearly 40 percent of children in Minnesota had inadequate health insurance coverage or a gap in coverage in the previous 12 months. Of children in Minnesota without insurance, 10.6 percent needed health care services but did not receive them compared to 0.9 percent of children with private insurance. Out of pocket health care costs for the uninsured can be financially detrimental. Nearly 20 percent of Minnesota families paid $1,000 or more in out of pocket health care costs for a child in the past 12 months.[5]

Discovery Survey Results

In the summer of 2018, Minnesota's Title V Maternal and Child Health Needs Assessment distributed a Discovery Survey asking people living in Minnesota, "What are the biggest unmet needs of women, children, and families in your community?" More than 2,700 people responded. Accessible and Affordable Health Care was mentioned 672 times – the third most common response. Responses included remarks about access to comprehensive, quality health care services necessary for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all people living in Minnesota. It also included responses that talked about insurance coverage, access to and affordability of health services, timeliness of care, and preventative services including well child visits.

Important Note on Equity and Intersectionality

The Minnesota Department of Health's Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person's ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation– which is important to remember as we do needs assessments and as we start thinking about how we approach

solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

1. Simon, A. & Gildemeister, S. (2018, March 14). 2017 Minnesota Health Access Survey. Retrieved from https://www.mnsure.org/assets/BD-2018-03-14-MDH-2017MNHA_tcm34-330363.pdf.
2. Minnesota Department of Health, Health Economics Program. (2019). Minnesota Health Care Spending: 2015 and 2016 Estimates and Ten-Year Projections. Retrieved from https://www.health.state.mn.us/data/economics/docs/costs/healthspending2019.pdf.
3. U.S. Department of Health and Human Services. (2014). Healthy People 2020- Access to Health Services. Retrieved from http://www.healthypeople.gov/.
4. Minnesota Department of Health Office of Rural Health and Primary Care. (2017). Shortage designations. Retrieved from https://www.health.state.mn.us/facilities/underserved/ designation.html.
5. Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB).

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