

# HEALTH CARE IN MINNESOTA



All your answers will be kept completely confidential. All information that would let someone identify you or your family will be kept private.

- If you want to complete the survey on the phone, please call (651) 280-2800; or toll-free long distance 1-800-328-2972.
- Si desea completar esta encuesta por teléfono, por favor llame al (651) 280-2973; para llamadas de larga distancia llame gratis al, 1-800-328-2972.
- Yog koj tsis paub lus Aaskiv lossis koj tsis nkag siab, hu tus xov tooj (651) 280-2971; yog hu kev deb, siv 1-800-328-2972. Ib tug Hmoob mam li nrog koj tham.
- Hadii add rabtid in add kajawaabtid Suaalaha kor ku xusan dhamaan tood af Soomaali fadlan soo wac Telefon: (651) 280-2972; wacitanka dibadda, 1-800-328-2972.

## INSTRUCTIONS

Thank you for helping with this survey. Your answers are important.

Put an "X" in the box next to the answer that best fits your response.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

- <sup>1</sup> Yes → **Answer question 1**  
<sup>2</sup> No

## YOUR HEALTH AND USE OF HEALTH CARE SERVICES

First, we have just a few questions about your health and use of health care services.

1. In general, how would you rate your overall health?

- <sup>1</sup> Excellent  
<sup>2</sup> Very good  
<sup>3</sup> Good  
<sup>4</sup> Fair  
<sup>5</sup> Poor

2. About how long has it been since you went to a doctor or clinic to get care for an illness or injury?

- <sup>1</sup> Within the past year  
<sup>2</sup> More than 1 year, but less than 3 years  
<sup>3</sup> 3 to 5 years  
<sup>4</sup> More than 5 years

3. About how long has it been since you went to a doctor or clinic for regular or routine care?

By "**regular or routine care**," we mean things like physical checkups, blood pressure or cholesterol checks, mammograms, pap smears, or other types of preventive care.

- <sup>1</sup> Within the past year  
<sup>2</sup> More than 1 year, but less than 3 years  
<sup>3</sup> 3 to 5 years  
<sup>4</sup> More than 5 years

4. Was there anytime during the past year when you needed medical care but did not get it?

- <sup>1</sup> Yes  
<sup>2</sup> No

5. Was there anytime during the past year that you delayed getting medical care you felt you needed?

- <sup>1</sup> Yes  
<sup>2</sup> No

6. During the past year, have you seen a psychiatrist, psychologist, social worker, psychiatric nurse, counselor, or other doctor for an emotional or mental health problem?

<sup>1</sup> Yes

<sup>2</sup> No

7. During the past year, did you go to the dentist?

<sup>1</sup> Yes



7a. How much of a problem was it for you to get dental care?

<sup>1</sup> A big problem

<sup>2</sup> A small problem

<sup>3</sup> Not a problem

<sup>2</sup> No



7b. What is the main reason you did not go to the dentist during the past year?  
(Please check only one box.)

<sup>1</sup> You couldn't find a dentist who would accept you as a patient

<sup>2</sup> You couldn't get an appointment at a time you could go

<sup>3</sup> You didn't need any dental care in the past year

<sup>4</sup> You didn't know your Minnesota Health Care Program paid for dental care

*By "**Minnesota Health Care Program**," we mean Medicaid, Medical Assistance, MinnesotaCare, or GAMC.*

<sup>5</sup> Other

Describe: \_\_\_\_\_

8. The following is a list of problems that people sometimes have getting health care. For each statement, please indicate how much of a problem it is for you in getting the health care you need.

	<b>A big problem</b>	<b>A small problem</b>	<b>Not a problem</b>
a. Difficulties with transportation (getting to the doctor's office or clinic)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
b. The doctors don't speak the same language that you do	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
c. Getting an appointment as soon as you need	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
d. Knowing where to go	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
e. Doctors don't understand your culture	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
f. Work or family responsibilities	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
g. The doctor's office or clinic isn't open when you can go	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
h. Doctors don't respect your religious beliefs	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
i. Finding someone to take care of your children (childcare or babysitter)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
j. You can't see the doctor you want to see	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
k. Worried that your insurance won't cover the care you might receive	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
l. Worried that you will have to pay more for the care than you expect (such as charges besides co-pays)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
m. Doctors are not trustworthy	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
n. Worried that your prescription medications will cost too much	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
o. The place you go to get health care is not very welcoming	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
p. Not sure from month to month whether you might be dropped from your Minnesota Health Care Program	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
q. You do not know what services your health plan covers	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
r. You do not know where to go for help when you have questions about health care	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
s. Worried that you will have to pay more for care than you can afford	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>

## YOUR USUAL SOURCE OF CARE

The next questions ask about the place you usually go for health care.

*While there are many types of health care, in this survey we are referring to care provided by doctors or physicians, as well as nurse practitioners, physician assistants, and nurses.*

9. Which of the following places best describes where you usually go for your health care? (Please check only one box.)

- <sup>1</sup> A doctor's office or clinic
- <sup>2</sup> An emergency room
- <sup>3</sup> An urgent care center
- <sup>4</sup> A hospital
- <sup>5</sup> An outpatient clinic in a hospital
- <sup>6</sup> A community health center
- <sup>7</sup> An Indian health center
- <sup>8</sup> Other

Describe: \_\_\_\_\_

10a. Thinking about the place you usually go for health care, how would you rate how well the doctor or other health care provider explained things in a way you could understand? Would you say their explanation was...

- <sup>1</sup> Excellent
- <sup>2</sup> Very good
- <sup>3</sup> Good
- <sup>4</sup> Fair
- <sup>5</sup> Poor

10. Thinking about the place you usually go for health care, how often does your doctor or other health care provider...

		Never	Sometimes	Usually	Always
b.	Really find out what your concerns are?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
c.	Spend enough time with you to address your health concerns?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d.	Treat you as a partner in making health care decisions?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

11. Is the doctor or health care provider that you usually go to the same race or ethnicity as you?

- <sup>1</sup> Yes
- <sup>2</sup> No

12. Still thinking about the doctor or health provider you usually see, how much do you agree or disagree with the following statements.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. I trust that my doctor or other health care provider has my best interests in mind when making health care decisions	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. I am afraid that my provider might not do enough to find out what is really making me sick	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
c. I am afraid that the health care I receive might actually make me feel worse	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d. I am afraid that my provider might tell me that I have an illness I don't really have	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
e. I am afraid that my provider might not find an illness I do have	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
f. I am afraid my provider might not do enough to help me feel better	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

## OVERALL EXPERIENCES WITH HEALTH CARE

Now, thinking about your health and health care providers in general...

13. Overall, how would you rate your health care?

- <sup>1</sup> Excellent
- <sup>2</sup> Very good
- <sup>3</sup> Good
- <sup>4</sup> Fair
- <sup>5</sup> Poor

14. For each of the following, please tell me how often you think it causes health care providers to treat you unfairly.

	Never	Sometimes	Usually	Always
a. Your race, ethnicity, or nationality	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. Your ability to pay	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
c. Your sex or gender	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d. Being enrolled in a Minnesota Health Care Program	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

By "**Minnesota Health Care Program**," we mean Medicaid, Medical Assistance, MinnesotaCare, or GAMC.

15. Do you ever need an interpreter to help you speak with doctors or other health care providers due to language difficulties?

<sup>1</sup> Yes → **Answer questions 15a-g**

<sup>2</sup> No → **Answer question 16**

	Never	Sometimes	Usually	Always
a. When you need an interpreter, how often is one provided for you?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. How often do you get the <u>same</u> interpreter when you go to the doctor?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

	None	A little	Some	A lot
c. How much does having an interpreter help you understand what the doctor is asking you?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d. How much does having an interpreter help the doctor understand what you are trying to tell them?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
e. How much does having an interpreter help you understand what is being done?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
f. How much do you worry your interpreter will not keep what you say private?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

g. Who do you usually have as your interpreter when you get health care?  
(Please check only one box.)

<sup>1</sup> Family member

<sup>2</sup> Friend

<sup>3</sup> Professional interpreter

<sup>4</sup> Other:

Describe: \_\_\_\_\_

16. For each of the following, please tell me how important they are to keep you from getting sick.

	Very Important	Somewhat Important	Not Important At All
a. Visiting a spiritual or traditional healer or shaman	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
b. Visiting a chiropractor	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
c. Visiting an alternative or complementary health care provider such as an acupuncturist or herbalist	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
d. Visiting a doctor or clinic for a <u>regular check-up</u> or physical exam	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>

17. How often do you worry about going to the doctor or clinic for a check-up because you might get bad news?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

18a. People differ a lot in their feelings about professional help for emotional problems. If you had a serious emotional problem, would you definitely go for professional help, probably go, probably not go, or definitely not go for professional help?

- <sup>1</sup> Would definitely go
- <sup>2</sup> Would probably go
- <sup>3</sup> Would probably not go
- <sup>4</sup> Would definitely not go

18b. How embarrassed would you be if your friends knew you were getting professional help for an emotional problem?

- <sup>1</sup> Very embarrassed
- <sup>2</sup> Somewhat embarrassed
- <sup>3</sup> Not very embarrassed
- <sup>4</sup> Not at all embarrassed

***The next two questions are about the past year.***

19a. Thinking about all of the experiences you have had with health care visits during the past year, have you experienced discrimination because of your race or skin color?

- <sup>1</sup> Yes
- <sup>2</sup> No

19b. Thinking about all of the experiences you have had with health care visits during the past year, have you experienced discrimination because of your enrollment in a Minnesota Health Care Program?

- <sup>1</sup> Yes
- <sup>2</sup> No



## YOUR HEALTH

20. In general, would you say that your health is...

- <sup>1</sup> Above average  
<sup>2</sup> About average  
<sup>3</sup> Below average

21. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- <sup>1</sup> Yes  
<sup>2</sup> No

22. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

--	--

 Days

***The next two questions ask you to think about the past 2 weeks.***

23a. During the past 2 weeks, how often have you been bothered by having little interest or little pleasure in doing things?

- <sup>1</sup> Not at all  
<sup>2</sup> Some days  
<sup>3</sup> Several days  
<sup>4</sup> More than half the days  
<sup>5</sup> Nearly every day

23b. During the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- <sup>1</sup> Not at all  
<sup>2</sup> Some days  
<sup>3</sup> Several days  
<sup>4</sup> More than half the days  
<sup>5</sup> Nearly every day

24. Overall, how would you rate your emotional health?

- <sup>1</sup> Excellent  
<sup>2</sup> Very good  
<sup>3</sup> Good  
<sup>4</sup> Fair  
<sup>5</sup> Poor

## ABOUT YOU

25. Are you male or female?

- <sup>1</sup> Male  
<sup>2</sup> Female

26. How old are you?

--	--

 Years

27. Are you now...
- <sup>1</sup> Single, never married
  - <sup>2</sup> Living with a partner in a marriage-like relationship
  - <sup>3</sup> Married
  - <sup>4</sup> Separated
  - <sup>5</sup> Divorced
  - <sup>6</sup> Widowed
28. Are you a member of any of the following groups?
- <sup>1</sup> Hispanic or Latino
  - <sup>2</sup> Hmong
  - <sup>3</sup> Somali
  - <sup>4</sup> None of the above
29. Which of the following best describes you? (Please check all that apply.)
- <sup>1</sup> White or European American
  - <sup>2</sup> Black or African American
  - <sup>3</sup> American Indian or Alaskan Native
  - <sup>4</sup> Native Hawaiian or Pacific Islander
  - <sup>5</sup> Asian
  - <sup>6</sup> Other  
Describe: \_\_\_\_\_
30. Which of the following best describes you?
- <sup>1</sup> Retired
  - <sup>2</sup> Unable to work because of a disability
  - <sup>3</sup> A student
  - <sup>4</sup> Not currently working for pay
  - <sup>5</sup> Working part-time (less than 35 hours per week)
  - <sup>6</sup> Working full-time (35 hours or more per week)

31. Are you currently enrolled in one of Minnesota's Health Care Programs such as Medicaid, Medical Assistance, MinnesotaCare, or GAMC?
- <sup>1</sup> Yes, I am currently enrolled
  - <sup>2</sup> No, but I was enrolled in the past
  - <sup>3</sup> No, I have never been enrolled
32. What is the highest grade or level of school you have completed?
- <sup>1</sup> Never attended school
  - <sup>2</sup> Elementary school (grades 1 through 8)
  - <sup>3</sup> Some high school (grades 9 through 12)
  - <sup>4</sup> High school graduate or GED
  - <sup>5</sup> Technical or vocational school
  - <sup>6</sup> Some college or Associate degree
  - <sup>7</sup> Four year college degree (Bachelor's)
  - <sup>8</sup> Graduate or professional degree
  - <sup>9</sup> Other  
Describe: \_\_\_\_\_
33. Were you born in the United States?
- <sup>1</sup> Yes → **Answer question 34**
  - <sup>2</sup> No → **Answer questions 33a-b**
- 33a. How long have you lived in the United States?
- Years
- 33b. What country were you born in?
- \_\_\_\_\_  
 Country

34. What language do you usually speak at home?

<sup>1</sup> English

<sup>2</sup> Spanish

<sup>3</sup> Hmong

<sup>4</sup> Somali

<sup>5</sup> Other

Describe: \_\_\_\_\_

35. Did someone help you complete this survey?

<sup>1</sup> Yes —→ Answer Question 36

<sup>2</sup> No —→ Thank you, please turn to the back page.

36. How did that person help you? (Please check all that apply.)

<sup>1</sup> Read the questions to you

<sup>2</sup> Wrote down the answers you gave

<sup>3</sup> Answered the questions for you

<sup>4</sup> Translated the questions into your language

# THANK YOU!

Please return the completed survey in the enclosed stamped return envelope to:

Wilder Research  
Wilder Center 4<sup>th</sup> floor  
451 Lexington Parkway North  
Saint Paul, MN 55104

If you have questions or comments about this survey you can call the researcher in charge of this study, Kathleen Call, at the University of Minnesota School of Public Health (612-624-3922). If you have questions regarding this survey and would like to talk to someone other than the researcher you can call the Research Subjects' Advocate line at 612-625-1650 (you may call collect).

If you would like a summary of the survey results, please print your name and address on the back of the return envelope. DO NOT put your name on the survey form. We will send a summary of results as soon as possible.