

# 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 CHILD'S HEALTH AND USE OF HEALTH CARE SERVICES

When answering the questions, please keep in mind that we are talking about the child named in the attached letter.

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

1. In general, how would you rate your child's 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 your child 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 your child went to a doctor or clinic for regular or routine care?

By "**regular or routine care**," we mean things like physical checkups, vaccinations, 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 your child 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 your child needed?

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

6. During the past year, has your child 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 your child go to the dentist?

<sup>1</sup> Yes



7a. How much of a problem was it for your child 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 your child 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 your child as a patient
- <sup>2</sup> You couldn't get an appointment at a time your child could go
- <sup>3</sup> Your child didn't need any dental care in the past year
- <sup>4</sup> You didn't know your child's 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 your child in getting the health care your child needs.

	<b>A big problem</b>	<b>A small problem</b>	<b>Not a problem</b>
a. Difficulties with transportation (such as 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 or your child 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 your child needs	<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 child's 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 or your child 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 child's 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 other children (childcare or babysitter)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
j. Your child can't see the doctor you want your child 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 your child 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 your child's 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 child's 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 your child goes 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 your child might be dropped from their 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 child's 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 your child's 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 your child's care than you can afford	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>

8t. When your child goes to the doctor or clinic, how often do you go with your child?

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

8u. When your child goes to the doctor or clinic, how often do you go with your child into the examination room?

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

## YOUR CHILD'S USUAL SOURCE OF CARE

The next questions ask about the place your child usually goes 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 your child usually goes for 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 your child usually goes for health care, how would you rate how well the doctor or other health care provider explained things in a way you or your child 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 your child usually goes for health care, how often does your child's doctor or other health care provider...

	<b>Never</b>	<b>Sometimes</b>	<b>Usually</b>	<b>Always</b>
b. Really find out what the concerns about your child's health 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 to address concerns about your child's health?	<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 or your child 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 your child usually goes to the same race or ethnicity as your child?

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

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

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. I trust that my child's doctor or other health care provider has my child's 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 child's provider might not do enough to find out what is really making my child 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 my child receives might actually make my child 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 child's provider might tell me that my child has an illness my child doesn'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 child's provider might not find an illness my child does 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 child's provider might not do enough to help my child 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>

## YOUR CHILD'S OVERALL EXPERIENCES WITH HEALTH CARE

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

13. Overall, how would you rate your child's 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 your child unfairly.

	Never	Sometimes	Usually	Always
a. Your child's 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 child's 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 or your child ever need an interpreter to help 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 or your child 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 your child goes 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 or your child understand what the doctor is asking?	<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 or your child 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 or your child 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 or your child 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 or your child usually have as your interpreter when your child gets 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 your child 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 taking your child to the doctor or clinic for a check-up because you might get bad news about your child?

- <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 your child had a serious emotional problem, would your child 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 your child was 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 your child has had with health care visits during the past year, has your child experienced discrimination because of their race or skin color?

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

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

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

## YOUR CHILD'S HEALTH

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

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

21. Is your child 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 child's physical health, which includes physical illness and injury, for how many days during the past 30 days was your child's 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 has your child 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 has your child 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 child's emotional health?

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

## ABOUT YOUR CHILD

25. Is your child male or female?

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

26. How old is your child?

		Years
--	--	-------

27. Is your child 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

28. Which of the following best describes your child? (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: \_\_\_\_\_

29. Is your child currently enrolled in one of Minnesota's Health Care Programs such as Medicaid, Medical Assistance, MinnesotaCare, or GAMC?

- <sup>1</sup> Yes, my child is currently enrolled  
<sup>2</sup> No, but my child was enrolled in the past  
<sup>3</sup> No, my child has never been enrolled

## ABOUT YOU

30. Are you male or female?

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

31. 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

32. 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)

33. 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: \_\_\_\_\_

34. Were you born in the United States?

- <sup>1</sup> Yes → **Answer question 35**  
<sup>2</sup> No → **Answer questions 34a-b**

34a. How long have you lived in the United States?

Years

34b. What country were you born in?

\_\_\_\_\_ Country

35. 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: \_\_\_\_\_

36. What is your relationship to the child?

- <sup>1</sup> Parent, step-parent, or foster parent  
<sup>2</sup> Grandparent  
<sup>3</sup> Other relative  
<sup>4</sup> Guardian

37. Did someone help you complete this survey?

- <sup>1</sup> Yes → **Answer question 38**  
<sup>2</sup> No → **Thank you, please turn to the back page.**

38. 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.