



FACT SHEET

Survey of Enrollees in Minnesota's Public Coverage Programs

Description

The 2008 Minnesota Health Care Program (MHCP) Enrollee Survey was created under contract with the Minnesota Department of Human Services (DHS). MHCP includes the state's Medicaid program ("Medical Assistance") and its Medicaid/CHIP waiver program ("MinnesotaCare").

Purpose

The survey was created with community partners and was designed to identify and describe barriers to obtaining health care and experiences health care received among public health insurance enrollees. In particular, DHS was interested in examining similarities and differences in the use of health services and factors that discourage the use of services among specific race/ethnic groups and how these experiences vary for adult and child enrollees. The ultimate goal of DHS was to use the results of the survey to develop recommendations for improving the delivery of health care services to enrollees and reducing disparities in access and quality.

Survey Content

The survey includes an extensive set of questions regarding barriers to care. These questions address logistical barriers such as cost, coverage, and access; and provider-related barriers such as trust, communication, confidence, discrimination, and access to and quality of interpreter services. The survey includes measures of demographics, health status, and health care utilization (medical, mental health, dental services). There are adult and child versions of the survey.

Suggested updates to the survey include questions about provider availability and willingness of providers to accept new patients with public insurance.

Survey Development Process

The survey was developed collaboratively with the Phillips Neighborhood Cultural Wellness Center in Minneapolis, MN; community members recruited by Cultural Wellness Center staff to represent racial/ethnic cultural communities of interest to DHS; DHS; the University of Minnesota State Health Access Data Assistance Center (SHADAC); and Mayo Clinic. We used a community-based participatory research approach that promotes active involvement of the community in all stages of research, a process we believe is critical to improving population health. A multidisciplinary Project Management Team (PMT) was established to design and implement all aspects of the study. Focus groups were conducted to assure all relevant barriers to care were covered in the survey.

There were many benefits to partnering with community members in conducting this research. In particular, these partners provided valuable insight into: (1) designing the questions for the survey; (2) overseeing the quality of translations; (3) making decisions about the analysis and interpretation of data; (4) making sure the results were appropriately shared with community members; and (5) developing realistic and community-driven recommendations.

Survey Administration

The survey administered in Minnesota was designed as a mixed-mode, mail and telephone survey: All randomly selected enrollees were sent an initial survey by mail in English. If they did not respond after a second mailing, interviewers called all non-respondents and attempted to complete an interview by telephone. The mailed version of the survey was designed in English only, with follow-up telephone interviews conducted in Hmong, Somali, Spanish, and English. The cover page of the mail survey also contained text in all four languages providing a telephone number to call if the enrollee preferred to complete the survey over the phone. Adults were surveyed directly; parents or guardians answered the questions about any children. Children (less than 18 years old) were not interviewed directly.

Sample Design

The sample was drawn from an administrative file of non-institutionalized enrollees (from both the fee-for-service and managed care sectors) provided by DHS. The sample was stratified to capture equal numbers of adult and child enrollees across five cultural groups: African American, Native American, Hispanic/Latino, Somali, and Hmong enrollees. Members of the European American cultural group were sampled from the sixth stratum which served as the reference group for most of the analyses. Stratified sampling by age and cultural group ensured that there were enough respondents in each group to be able to draw meaningful conclusions.

Visit the following links for more information:

- [2008 Adult Survey \(English\)](#)
- [2008 Child Survey \(English\)](#)
- [Study Report: 2008 MHCP Survey](#)