

# Health and Health Care in Minnesota: A Public Opinion Poll

Methodology report

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The following Wilder Research staff contributed to the completion of this study:

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Finally, much appreciation goes to the Minnesota residents who gave their time and offered their input by participating in the poll.

### Study methodology

### Study design

Wilder Research conducted telephone surveys with a random sample of adult Minnesota residents on behalf of the Bush Foundation as part of the Citizen Solutions process untaken for the bipartisan Minnesota Health Care Reform Task Force. This poll was designed to obtain residents' input on health and health care reform in Minnesota. The poll included questions about residents' attitudes toward health, individual and government responsibility for the health of individuals, and priorities for health care reform in Minnesota. See the Appendix for the survey instrument.

#### Sample and data collection protocol

A sample of 12,500 residential landlines in Minnesota and 7,000 cell phone numbers with Minnesota area codes was purchased from Marketing Systems Group, a national sampling vendor. Any adult who is a resident of Minnesota was eligible to participate. The survey was conducted in English only. Calling was completed between December 6, 2012, and January 13, 2013. Each sampled phone number received up to three call attempts.

### **Completed surveys**

Telephone surveys were completed with a total of 603 adult residents of Minnesota, including 401 completed landline surveys and 202 cell phone surveys. This results in a +/- 5.8 percent margin of error when generalizing to the population. See Figure 1 for final calling dispositions.

1.	Final	number of	completed	surveys and	l final	dispositions
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Disposition	Landline	Cell phone	Total
Total Cases Released:	9,300	3,500	12,800
Disconnected/Technical Problems	6,116	1,202	7,318
Not MN resident, too young, not a household, etc.	387	165	552
Total Ineligible:	6,503	1,367	7,870
Refusal	815	624	1,439
Break-Off	2	6	8
Language Barrier	16	24	40
Respondent Not Interviewed/Unable to Participate	258	188	446
No Answer All Attempts	1,305	1,089	2,394
Total Eligible:	2,396	1,931	4,327
Total Completes:	401	202	603

### **Data cleaning and weighting**

Survey data are weighted to produce reliable estimates of population parameters. Weighting also compensates for practical limitations of a sample survey, such as differential nonresponse and under-coverage. By taking advantage of demographic information about the target population, weighting can reduce the variability of survey estimates.

The weighting process entails three steps. The first step consists of the computation of *design* or *base weights* to reflect any differential selection based on number of phone lines available to the respondent. In the second step, base weights are adjusted so that the resulting weights can aggregate to reported totals for the target population. For this study, survey weights were calculated using the method of *Iterative Proportional Fitting*, which is commonly referred to as *Raking*. Finally, adjusted weights are put through a series of quality control checks to detect extreme outliers and to prevent any computational or procedural errors.

Given the sample size and the demographic composition of the adult population of Minnesota, design weights were adjusted by age, gender, race/ethnicity, education level, and location (Hennepin County, Ramsey County, rest of the 7-County metropolitan counties, rest of the State). Survey data for a number of demographic questions, such as race, age, and education, included missing values. All such missing values were first imputed using a hot-deck procedure before construction of the survey weights. The data were weighted against the U.S. Census Bureau's March Supplement of the Current Population Survey (CPS) 2012 for demographics and the Claritas 2013 projections for the location weighting variable.

Coding was completed to categorize responses to the open-ended questions. See the Appendix for the codebook.

### **Appendix**

Survey instrument

Codebook

### Survey instrument

Case ID:	
Case ID.	

### Bush Foundation Citizens Solutions Health Poll

Int	tro	dı	IC.	ti	on	ì
		u	40	·	O.	•

Hello, my name is \_\_\_\_\_ and I'm calling on behalf of the Bush Foundation. This is not a sales call. We are calling to complete a short survey with you about health and health care in Minnesota.

Am I speaking with an adult age 18 or older?

YES → Continue

NO → If nobody available set callback; if phone not used by any adults, code as ineligible.

The survey will take about 10 minutes to complete. It is completely voluntary and confidential. If there are any questions you do not want to answer, just let me know and we'll skip them. The results of the survey will be shared with the Governor's Health Care Reform Task Force and others to help lend a citizen perspective to health and health care policy discussion across the state.

And just to confirm, do you currently live in Minnesota? (IF NEEDED: Your phone number was selected at random from all phone numbers with Minnesota area codes.)

YES → Continue

NO →END: I'm sorry. Only Minnesota residents are eligible to participate. Thank you for your time.

LANDLINE RESPONDENTS: Is it OK to do the survey now?

CELL PHONE SAMPLE RESPONDENTS: I know I have called you on your cell phone. Are you in a comfortable and safe location to do the survey now?

YES → Continue

NO → (Ask for first name and set callback)

Before we begin, I would like to let you know that although the survey is confidential, it may be monitored by my supervisor.

The first set of questions is about how you define health and what is important to you in terms of staying healthy.

1. Compared with other people your age, how would you rate your own health? Would you say it is...

Excellent,		1
Very good,		2
Good,		3
Fair, or		4
Poor?		5
Refu	sed	7
Don't	t know/no opinion	8

2.	Now, we have a few questions the following things to improve		all do to impi	rove our own he	alth. Plea	se tell me h	ow often you do
_(V	/hat about)	Do you do this all of the time,	Most of the time,	Some of the time, or	Not at all?	Refused	Don't know/ no
a.	Eat healthy food.		$\square^2$	<b>□</b> <sup>3</sup>	<b>1</b> 4	<b>□</b> <sup>7</sup>	□8
b.	Get enough physical activity.		$\square^2$	<b>3</b>	<b>1</b> 4	<b>□</b> <sup>7</sup>	□8
C.	Get regular, routine preventive care (check-ups).		$\square^2$	<b>□</b> <sup>3</sup>	<b>1</b> 4	<b>□</b> <sup>7</sup>	□8
d.	Follow your doctor's orders when you get them.		<b>_</b> 2	<b>□</b> 3	<b>□</b> <sup>4</sup>	<b></b> 7	□8
3.	Please tell me in your own wor	ds how you define go	ood health.				
4.	In Minnesota and across the n figure out how to help people a achieving these goals can only food and exercising. How muc responsibility to practice a hea	achieve better health a happen if individuals th do you agree or dis	and reduce h take direct s sagree with th	ealth care costs steps to improve ne following stat	. Some ha their own ements.	ave sugges health, like Individuals l	ted that e eating healthy have a
	responsibility to practice a riea						1 1
							2
		•					3
		•					4
							7
							8
5.	Minnesotans who practice hea care should pay less for their h				of exercise	e, and gettir	ng preventive
		Strongly agree,	,				1
		Agree,					2
		Disagree, or					3
		Strongly disagr	ee?				4
		Refuse	ed				7
		Don't k	now/no opini	on			8
Nex	kt, we have a few questions a	bout the health care	system.				

6.	Based on what you know or have hear going in the wrong direction?	d about health	care in Minr	nesota, do yo	u think things	s are on the	right track or
	Rig	ht track					1
	Wr	ong direction					2
							7
		Don't kno	ow/no opinior	1			8
7.	I am now going to ask you about possible things like administrative costs, costs of for long-term care, and costs for end of overall costs of care? (PROBE: This coarse too high due to unnecessary proceed before they require expensive care to the	treating preve life care, what uld be an area lures or care, o	entable condit areas do you with too muc or you might	tions, costs of a think should th inefficiency think about co	f various tests I be the focus v, or it could b	s and treatm s in terms of se that you the	ents, costs reducing nink costs
8.	Please tell me how much you agree or o	Do you Strongly agree,	hese stateme	Disagree,	Strongly disagree?	Refused	Don't know/ no opinion
а.	I want to manage my own health care.			3		<b>7</b>	8
b.	I know how to navigate the health care system to manage my own health care.		<b>_</b> 2	<b>3</b>	□4	<b>□</b> <sup>7</sup>	_8
C.	I have the information I need to make choices about health care treatment options.		<b>1</b> 2	<b>3</b>	□4	<b>□</b> <sup>7</sup>	<b>_</b> 8
d.	I want my health care provider to inform me about all available options for my care, including alternative therapies such as acupuncture, massage, or chiropractic care.		<b>_</b> 2	<b>3</b>	□4	<b>□</b> <sup>7</sup>	□°
e.	It is easy for me to make healthy choices in my current environment.		<b>1</b> 2	<b>□</b> 3	□4	<b>1</b> 7	□8
f.	I want my health insurance to create incentives for healthy behavior.		$\square^2$	<b>□</b> 3	□4	<b>1</b> 7	□8
g.	I feel supported by the health care system to take responsibility for my own health and health care decisions.		<b>_</b> 2	<b>3</b>	□4	<b>□</b> <sup>7</sup>	<b>1</b> 8
h.	I want the health care system to focus more on prevention and less on treatment of chronic conditions.		<b>_</b> 2	<b>3</b>	<b>1</b> 4	<b>□</b> <sup>7</sup>	<b>1</b> 8
i.	I think about costs before making health care decisions.		$\square^2$	<b>□</b> <sup>3</sup>	□4	<b>7</b>	□8
j.	I would make different health care decisions if I knew the costs of health care visits, services, and treatments.		<b>_</b> 2	<b>3</b>	□4	<b>□</b> <sup>7</sup>	<b>1</b> 8

K.	should accept new federal dollars to provide health care coverage for low-income Minnesotans.		<b>_</b> 2	<b>□</b> 3	□4	<b>□</b> <sup>7</sup>	□8
l.	I would want to try all available health care treatments for myself and/or my family to preserve life regardless of the cost.		<b></b> 2	<b>3</b>	□4	<b>□</b> <sup>7</sup>	□8
m.	Health care providers and insurers work well together to coordinate my health care and payment.		<b>_</b> 2	<b>_</b> 3	□4	<b>□</b> <sup>7</sup>	□8
n.	I am comfortable with providers and insurance companies sharing my health and clinical data for the purposes of better care coordination.		<b>_</b> 2	<b>□</b> 3	□4	<b>□</b> <sup>7</sup>	□8
0.	I am satisfied with the health care system overall.		<b>_</b> 2	<b>3</b>	<b>1</b> 4	<b>□</b> <sup>7</sup>	□8
10.	Pe Th Th	Don't kno	ss to needed system is too focus on hea 9b ow/no opinion	care or quali complicated althy living an	ty care, and confusin d prevention	g,, , or	2 4 5 7
	What is the one thing that could change the overall health of Minnesotans?	within the hea	alth care syst	em itself to ha	ave the bigge	est impact on	improving
12a.	Do you think policy-makers should pri focus on changing the health care sys Inc						
		alth care syste	•				
	IF	VOLUNTEERE	,	•	•		
							7
		Don't kno	OW				8

12b. Willy do you say the	at r
Finally, we have some q Minnesota.	uestions to help us make sure we're representing all types of people in the whole state of
13. What is your gende	er? (INTERVIEWER: MARK YOUR BEST GUESS IF R REFUSES)
, ,	Male
	Female
	Other
14a. What is your age?	
	Age in years
	Refused
	Don't know
	18-24,
	Refused
	Don't know
15. What is the highes	st level of education that you have completed? (DO NOT READ RESPONSES)  Less than high school
	Some college/vocational school
	Associate's degree (2-year degree)4
	College graduate (4-year degree)
	Graduate school and beyond
	Refused
	Don't know

10.	Are you hispanic or Latino?		
		Yes	1
		No	2
		Refused	7
		Don't know	8
17a.	How do you identify your primary	race? Are you	
		African American or African-born,	1
		American Indian or Native American,	2
		Asian or Asian American,	3
		White or Caucasian, or	4
		Some other race or multi-racial? (17b. Specify:	) 5
		Refused	7
		Don't know	8
18.	Including yourself, how many add	ults age 18 or older live in your household?	
		Number of adults	
		Refused	7
		Don't know	8
19.	How many total residential landl	ine phone numbers do you have in your household?	
		Number of landlines	
		Refused	7
		Don't know	8
	(ONLY ASK Q20A IF R IS FROM Q21A) Do you have a working of	M THE LANDLINE SAMPLE. IF R IS FROM THE CELL PHONE SAMPLE, Skell phone?	(IP TO
		Yes	4
		No	5
		Refused	7
		Don't know	8
20b.	(ONLY ASK Q20B IF R SAYS 'NO	O' OR 'DK' TO Q20A) Does anyone else in your household have a working cell p	
		No	
		Refused	7
		Don't know	8
21a.	What county do you live in? (ins	ert drop down list of all 87 counties in MN)	
	, ,	Refused	7
		Don't know	8-
		DOLL KILOW	

21b	. (ONLY ASK IF REFUSED OR DK TO Q21A) D counties of Anoka, Carver, Dakota, Hennepin, R					etro area, wh	ich includes the
	Yes						1
	No						2
	Refu	used					7
	Don	't know					8
22.	How would you characterize your interaction wit yes if this is true for you or no if it is not true for		are sys				Don't know/
а.	I have interacted with the health care system wit months.	thin the past 1	2	Yes   1	No D2	Refused 7	no opinion
b.	I interact with the health care system for check-to- occasional illnesses.	ups or treatme	nt of		<b>_</b> 2	<b>□</b> <sup>7</sup>	□8
C.	I or someone in my immediate family manages a persistent illness, and we interact with the health regularly for treatment. (EXAMPLES: diabetes of	ss, and we interact with the health care system eatment. (EXAMPLES: diabetes or heart disease)				<b>□</b> <sup>7</sup>	□8
d.	I or someone in my immediate family has managed health event that required hospitalization at least 12 months. (EXAMPLES: child birth or heart attack)	t once in the p			<b>1</b> 2	<b>7</b>	□8
23.	Are you currently or have you ever been a(MAF	RK ALL THAT Yes	APPL	Y) No	Refused	Don't know	
a.	A volunteer in a health care setting?			$\square^2$	<b>□</b> <sup>7</sup>	□8	
b.	A professional health care provider?			$\square^2$	<b>□</b> <sup>7</sup>	□8	
C.	A health care administrator?	<b>□</b> ¹		$\square^2$	<b>□</b> <sup>7</sup>	□8	
d.	In any other health or health care related job?			$\square^2$	<b></b> 7	□8	_
24.	(INTERVIEWER: IF R HAS MULTIPLE TYPES O	F INSURANCE	ĀSK	THEM TO			INSURANCE.)
		y insureu, MinnesotaCar					
							2
	. •						3
				•		•	lf, or4
	Covered till	ough individua	i healt	ar moaran		onace yearee	, 🔾
		_			-	_	5
	Covered by	Medicare?					
	Covered by IF VOLUNTI	Medicare? EERED: Other	······································	an Health	Service (IH	IS), Veteran's	5

Very conservative,  Conservative,  Moderate,	2
· · · · · · · · · · · · · · · · · · ·	
Moderate,	_
	3
Liberal, or	4
Very liberal?	5
IF VOLUNTEERED: Other, (Specify:	_)6
Refused	7
Don't know	8
\$20,000 to under \$30,000,	2
\$30,000 to under \$40,000,	3
\$40,000 to under \$50,000,	4
\$50,000 to under \$75,000,	5
\$75,000 to under \$100,000,	6
\$100,000 to under \$150,000, or	7
\$150,000 or more?	8
Refused	7
old's	IF VOLUNTEERED: Other, (Specify:

### **Codebook**

### Bush Foundation Health Poll (Project Code Number: 71578)

#### Q3: Please tell me in your own words how you define good health. (CODE 3)

- 1. Mental, physical, and spiritual balance
- 2. Being active and energetic
- 3. Any health conditions stable and well managed
- 4. Basic health indicators (blood pressure, weight) are in range
- 5. No illness/no health issues/no pain
- 6. State of mind/positive outlook
- 7. Low stress
- 8. No chemical dependency/use (alcohol/smoking/other drugs)
- 9. No mental illness/good mental health
- 10. Good sense of well-being/feeling good
- 11. Being able to do what you want/no restrictions on daily activities
- 12. Physical well-being (exercise)
- 13. Eating well/eating good food/eating healthy
- 14. Preventative health (going to the doctor for checkups, flu shots, dentist, etc.)
- 25. Avoiding excessive medication/not needing to be on medication
- 26. Avoiding excessive doctor visits/excessive medical care
- 30. Related to aging, getting older, or feeling good for your age
- 35. Taking care of yourself
- -7. Refused
- -8. Don't know
- 90 Other
- 91. Non-response answer
- 99. Nothing

## Q7: When you think about things like admin costs, costs of treating preventable conditions, costs of various tests and treatments, costs for long-term care, and costs for end of life care, what areas do you think should be the focus in terms of reducing overall costs of care? Why do you think that? (CODE 3)

- 1. Administrative costs
- 2. Costs of treating preventable conditions
- 3. Costs of various tests and treatments
- 4. Costs for long-term care
- 5. Costs for end of life care
- 6. All of the above
- 7. More preventative care
- 8. More education
- 9. Fewer emergency room visits

- 10. People taking better care of themselves/better lifestyle choices (weight/smoking)/personal responsibility
- 11. Prescription drug costs
- 12. Reduce litigation/law suits ("frivolous" law suits or TORT reform)
- 13. Redundancy/duplication in the system
- 14. Reduce up-front costs/co-pays
- 20. Insurance companies drive up costs
- 25. The uninsured drive up costs

### DO NOT CUT COSTS FOR...

- 30. Not end of life care
- 31. Not long-term care
- -7. Refused
- -8. Don't know
- 90 Other
- 91. Non-response answer
- 99. Nothing

### Q9B: What do you think is the one biggest challenge overall for Minnesotans in terms of getting the health care they need? – Something else? (CODE 3)

### **Pre-Codes Responses**

- 1. Care or insurance is not affordable
- 2. People lack access to needed care or quality care
- 3. The health care system is too complicated and confusing
- 4. The lack of focus on healthy living and prevention

#### New Codes

- 10. Individuals who abuse the health care system
- 11. Bad economy
- 12. Unemployment
- 13. Lack of coordinated care
- 14. Politicians
- 15. DO NOT USE
- 16. The government
- -7. Refused
- -8. Don't know
- 90. Other
- 91. Non-response answer
- 99. Nothing

### Q10: What is the one thing that individuals could do to change their own behavior that would have the most impact on improving the overall health of Minnesotans? (CODE 3)

- 1. Exercise
- 2. Avoid liquor/smoking/other drugs
- 3. Eat healthy/stop eating junk foods
- 4. Maintain a healthy lifestyle in general/take better care of yourself
- 5. Understanding costs of health care before use
- 6. Understanding treatment options before use
- 7. Lose or maintain appropriate weight
- 8. Education
- 9. Get preventative care
- 10. Take personal responsibility for your own health/behaviors
- -7. Refused
- -8. Don't know
- 90 Other
- 91. Non-response answer
- 99. Nothing

### Q11: What is the one thing that could change within the health care system itself to have the biggest impact on improving the overall health of Minnesotans? (CODE 3)

- 1. Increase affordability/lower cost
- 2. Help people who cannot afford it
- 3. Keep government out of it
- 4. Increase personal responsibility
- 5. More or better preventative care efforts
- 6. Increase transparency of health care system
- 7. Increase health education
- 8. Improve medical care and application of care
- 9. Increase access in general
- 10. Give more control to health care providers
- 11. Remove control from health insurance companies
- 12. Simplify health care system process
- 13. Increase the number of choices for health insurance
- 14. Cut back on administration/paperwork
- 15. Access for everyone to have health care/universal health care/socialized medicine
- 16. Increased coordination between doctors and insurance companies
- 17. Eliminate fraud/waste
- 20. Financial incentives for healthy lifestyles
- -7. Refused
- -8. Don't know
- 90. Other
- 91. Non-response answer
- 99. Nothing

Q12B: . (Do you think policy-makers should prioritize solutions that focus on individual behavior change or solutions that focus on changing the health care system itself?) Why do you say that? (re: prioritize solutions on individual behavior or health care system) (CODE 3)

#### INDIVIDUAL BEHAVIOR CHANGE

- 1. Individual behavior is the main problem
- 2. Best way to address high cost of health care/make more affordable
- 3. Support solutions that emphasize individual/personal responsibility
- 4. Can't change system
- 5. Need for transparency/understanding of the system
- 7. Everyone is different/lifestyle differences
- 8. Health care is a business/too much money in system/makes too much money
- 9. Education
- 10. Access for everyone to have health care/universal health care/socialized medicine

#### HEALTH CARE SYSTEM CHANGE

- 30. Health care system is the main problem
- 31. Best way to address high cost of health care
- 32. Can't change individuals
- 33. Can't change system
- 34. Need for transparency/understanding of the system
- 35. Make it more affordable/people can't afford health care
- 36. Everyone is different/lifestyle differences
- 37. Health care is a business/too much money in system/makes too much money
- 38. Education
- 39. Access for everyone to have health care/universal health care/socialized medicine

### COMBINATION OF THE INDIVIDUAL BEHAVIOR <u>AND</u> HEALTHCARE SYSTEM CHANGE

- 60. Responsibility is shared by individuals and system
- 61. Best way to address high cost of health care
- 62. Need for transparency/understanding of the system
- 63. Make it more affordable/people can't afford health care
- 64. Everyone is different/lifestyle differences
- 65. Health care is a business/too much money in system/makes too much money
- 66. Education
- 67. Access for everyone to have health care/universal health care/socialized medicine

#### GENERAL

- 80. Against government involvement
- 81. Health care is a business/too much money in system/makes too much money
- 82. Government should regulate/be involved
- -7. Refused
- -8. Don't know
- 90. Other
- 91. Non-response answer
- 99. Nothing

### Q17B: Some other race or multiracial, specify (CODE 3)

#### **Pre-codes**

- 1. African American or African-born
- 2. American Indian or Native American
- 3. Asian or Asian American
- 4. White or Caucasian

#### New codes

- 5. Hawaiian/Pacific Islander
- 6. Hispanic/Latino
- 10. Multi-Racial
- -7. Refused
- -8. Don't know
- 90. Other
- 91. Non-response answer
- 99. Nothing

### Q25B: Other, Specify (re: political affiliation) (CODE #)

#### Pre-codes

- 1. Very conservative
- 2. Conservative
- 3. *Moderate*
- 4. Liberal
- 5. Very liberal

### New codes

- 6. Independent
- 7. Libertarian
- 8. Moderately conservative
- 9. Moderately liberal
- 10. Issue based
- -7. Refused
- -8. Don't know
- 90. Other
- 91. Non-response answer
- 99. Nothing