Adult Health Status and Health Care Access in Anoka County

In 2018, Anoka County Public Health and Environmental Services contracted with Wilder Research to administer a survey to learn more about the overall health of Anoka County residents. This survey is conducted every five years and informs public health programs and services provided by the County. This year, the County partnered with Allina Health – Mercy Hospital and, together, they will use the survey findings to help improve the health of Anoka County residents. This fact sheet summarizes survey results related to health status and health care access. For more detail, visit Community Health Reports on *Anoka County's webpage* for a data book that includes all the survey questions and responses.

The survey was conducted in September-October 2018 and was funded by the Minnesota Department of Health's Statewide Health Improvement Partnership (SHIP). The survey was conducted by mail with a web option. A total of 4,000 people were invited to participate and 857 completed the survey for a response rate of 22 percent. Survey data were adjusted using statistical weighting procedures to ensure that the data are representative of all residents of Anoka County. In this report, Ns are unweighted and percentages are weighted.

In the following report, when a difference in responses across demographic subgroups is described, it is because there is a difference of 10 percentage points or more. These differences have not been tested for statistical significance, but may have practical significance for informing public health efforts.

It is important to be aware of the limitations of the data. When looking at differences between white respondents and respondents of color, keep in mind that survey respondents of color were younger, on average. The same is true for respondents living in households with children compared with households without children. Differences between these demographic groups could be attributed to differences in the age of respondents and the health issues associated with aging, rather than being attributed to differences caused by race or household type. We acknowledge that systematic racism and structural factors contribute to the differences we observe across demographic subgroups throughout this report.

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Overall health

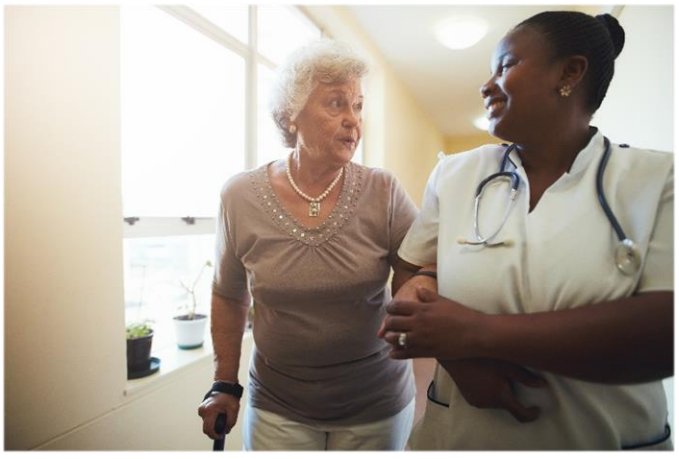
The majority of Anoka County residents (60%) reported their health as "excellent" or "very good." Less than 10 percent reported their health as "fair" or "poor." This did not change notably from 2013 and is comparable to Minnesotans overall.

Respondents with a higher level of education were more likely than respondents with less education to report their health as "very good" or "excellent" (bachelor's degree or higher, 68%; some college or associate degree, 58%; high school diploma/GED or less, 48%). Respondents from moderate/high income households (greater than 200% of the federal poverty level) were also more likely than respondents from lower-income households to report "very good" or "excellent" health overall (66% versus 41%, respectively).

SELF-REPORTED OVERALL HEALTH

	Anoka County 2013 (N=543)	Anoka County 2018 (N=829)	Minnesota overall 2017 (N=17,060)[a]
Excellent	16%	13%	19%
Very good	45%	47%	36%
Good	30%	31%	32%
Fair	7%	8%	10%
Poor	2%	1%	3%

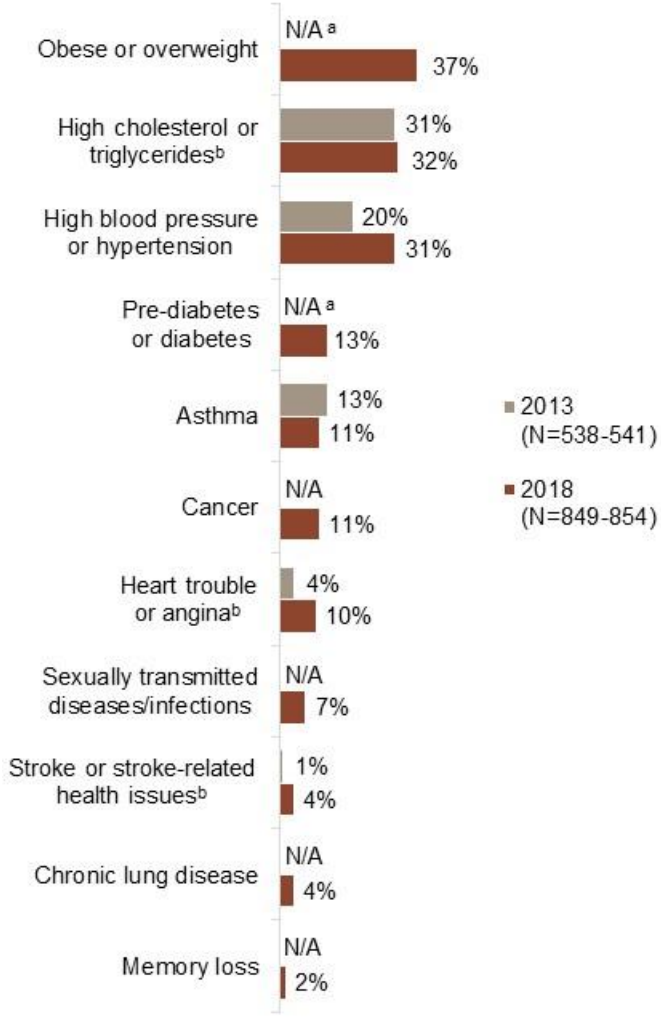
[a] Behavioral Risk Factor Surveillance System (BRFSS) 2017.



Chronic health conditions

The most common chronic health conditions among respondents were obesity or being overweight, high cholesterol, and high blood pressure. Since 2013, the proportion of Anoka County residents with high blood pressure or hypertension increased.

CHRONIC HEALTH CONDITIONS



[a] Data from the 2013 survey are not comparable due to major variations in question wording.

[b] Wording of health issue varies slightly from 2013 to 2018.

The proportion of respondents with high cholesterol and blood pressure increases with age (high cholesterol – age 18-34, 14%; age 45-54, 29%; age 75 or older, 49%) (high blood pressure – age 18-34, 12%; age 45-54, 30%; age 75 or older, 69%). Female respondents were more likely than male respondents to have been told they are overweight or obese (43% versus 31%, respectively).

Health care access

The most common medical care services respondents reported receiving in the past year were blood pressure checks, dental exams and cleanings, and routine check-ups.

The least common medical care services received in the past year were skin cancer screenings, hearing tests, and colon cancer screening.

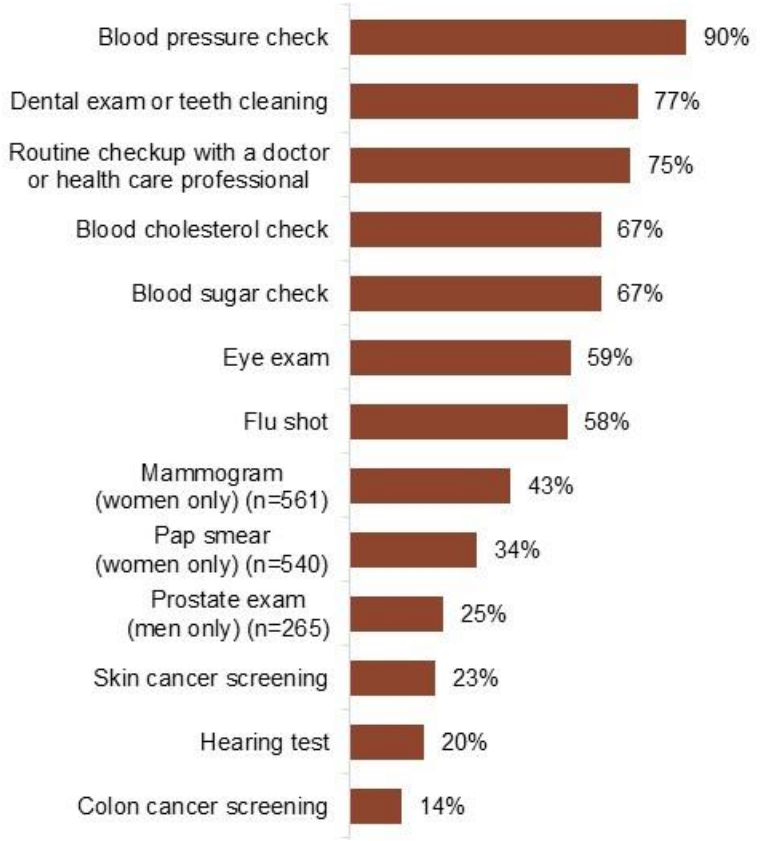
There were some notable demographic differences by income, gender, and race related to access to health care. Twenty-seven percent of low-income female respondents had a Pap smear in the past year compared with 37 percent of moderate/high-income female respondents. Also, 26 percent of low-income female respondents had a mammogram, compared with 46 percent of moderate/ high income female respondents.

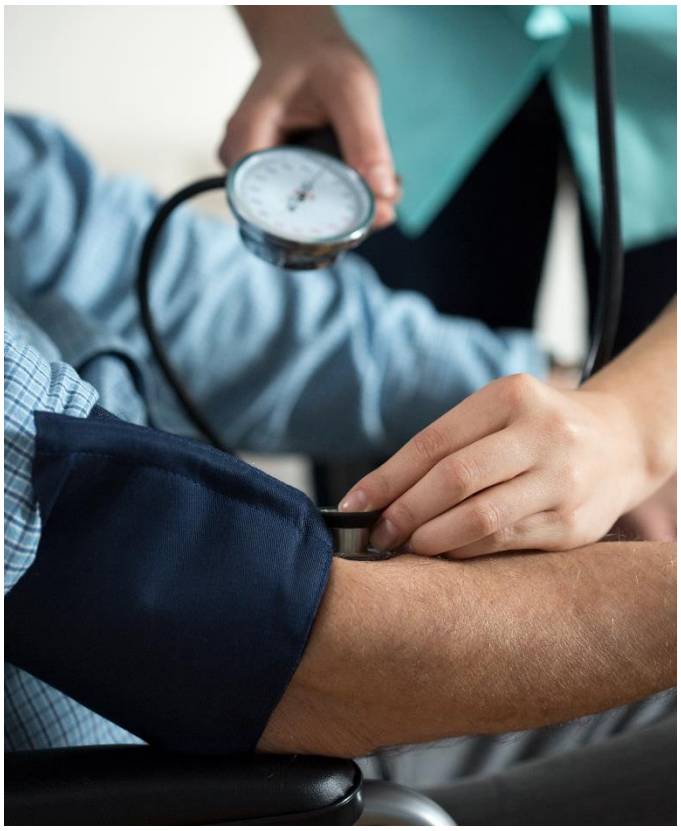
Low-income respondents were also less likely than moderate/ high-income respondents to have had a dental exam or teeth cleaning in the past year (58% versus 81%, respectively).

The vast majority (96%) of respondents have health insurance. The most common type of health insurance was through an employer (70%). The second most common type of health insurance among respondents was Medicare or Medicare Supplement (20%).

Respondents of color were less likely than white respondents to report that they have health insurance (87% versus 98%, respectively). Additionally, low-income respondents were less likely than moderate/high-income respondents to have health insurance (88% versus 98%, respectively) and were less likely to have the type of health insurance obtained through an employer, spouse/partners, or someone else's employer (25% versus 79%, respectively).

PERCENTAGE OF RESPONDENTS WHO RECEIVED CARE WITHIN THE PAST 12 MONTHS (N=837-856)



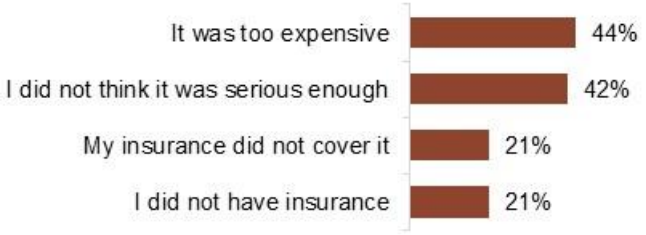


Reasons for not receiving or delaying needed health and dental care

Medical care

During the past year, 30 percent of respondents did not get or delayed getting medical care they thought they needed. The largest proportion of respondents did so because the care they needed was too expensive or they did not think it was serious enough. Respondents had the option to choose more than one reason.

TOP REASONS FOR DELAYING OR NOT GETTING MEDICAL CARE (N=197)

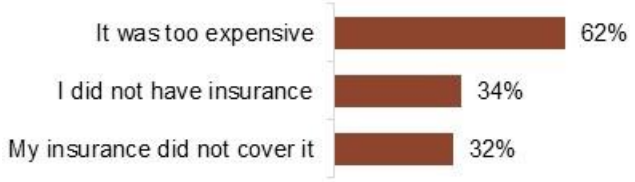


Reasons for not seeking medical care varied greatly by demographic groups. For example, moderate/high-income respondents were more likely than low-income respondents to report that the medical care they needed was too expensive (47% versus 35%, respectively). This may be due to high premiums and deductibles for those who do not qualify for public insurance benefits.

Dental care

During the past year, 26 percent of respondents did not get or delayed getting dental care they thought they needed. The largest proportion of respondents did so because it was too expensive, they did not have insurance, or their insurance did not cover it. Respondents had the option to choose more than one reason.

TOP REASONS FOR DELAYING OR NOT GETTING DENTAL CARE (N=191)



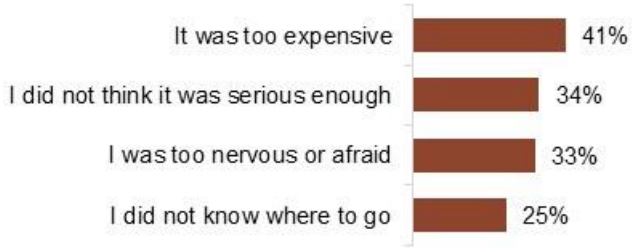
Low-income respondents were more likely to have not gotten or delayed dental care than moderate/high-income respondents (48% versus 20%, respectively).

Similar to medical care, reasons for not receiving or delaying dental care varied greatly by demographic groups. More than one-third (35%) of respondents age 18-35 did not get or delayed dental care because they were too nervous or afraid compared with 11 percent of respondents age 65-74 and 3 percent of respondents age 75 or older.

Mental health care

During the past year, 20 percent of respondents did not get or delayed getting mental health care they thought they needed. The largest proportion of respondents who delayed or did not get mental health care they felt they needed did so because the care was too expensive, they did not think their condition was serious enough, they were too nervous or afraid, or they did not know where to go. Respondents had the option to choose more than one reason.

TOP REASONS FOR DELAYING OR NOT GETTING MENTAL HEALTH CARE (N=137)



Young respondents were more likely than older respondents to have not gotten or delayed mental health care they thought they needed (age 18-34, 30%; age 35-44, 18%; age 45-54, 21%; age 55-64, 16%; age 65-74, 8%; age 75 or older, 6%).

Similar to medical and dental care, reasons for not seeking mental health care varied greatly by demographic groups.

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For more information

This fact sheet presents findings related to health status and health care access from the 2018 Anoka County Adult Health Survey. For more information about this report, contact Anna Granias at Wilder Research, 651-280-2701.

For access to other reports, visit https://www.anokacounty.us/522/Public-Health-and-Environmental-Services

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