

2009

Results from the 2009 Virgin Islands Health Insurance Survey

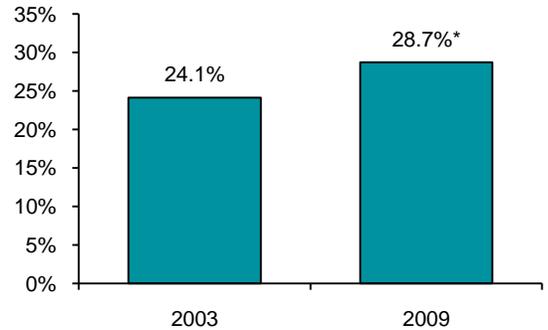
January 2010

The Bureau of Economic Research, Office of the Governor in the US Virgin Islands (USVI) contracted with the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, School of Public Health, to conduct the 2009 Virgin Islands Health Insurance Survey. The telephone survey was conducted to assess current rates and types of health insurance coverage among adults and children in the US Virgin Islands. The 2009 survey was comparable to a survey undertaken in 2003, allowing for some comparisons in rates over time. The most recent data were collected between October and December 2009 by the Eastern Caribbean Center, University of the Virgin Islands. A total of 2,178 and 2,073 interviews were completed in 2009 and 2003, respectively. (See survey methodology section for more information.)

As presented in Exhibit 1, approximately 28.7 percent of people in the US Virgin Islands, or about 33,000 people, were without health insurance in 2009. This is significantly higher than the rate of uninsurance in 2003, which was 24.1 percent.

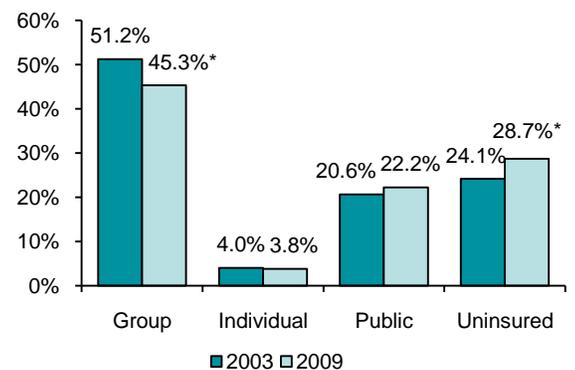
Exhibit 2 presents the distribution of the territory population across three types of health insurance sources: group or employer-based insurance, privately-purchased individual health insurance, and public health insurance programs.¹ Group health insurance continues to be

Exhibit 1. Trends in Rate of Uninsurance, 2003, 2009



* Indicates a statistically significant difference ($p \leq .05$) between 2003 and 2009.

Exhibit 2. Trends in Rate of Coverage, 2003, 2009



* Indicates a statistically significant difference ($p \leq .05$) between 2003 and 2009.

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the main source of coverage in the US Virgin Islands, but significantly fewer people were covered by an employer in 2009 compared to 2003. In 2009, 45.3 percent of people in the US Virgin Islands had health insurance coverage through their own employer or through a family member's employer, which represents a decline from the 2003 rate of 51.2 percent. The second most common source of health insurance coverage in the US Virgin Islands is public health insurance programs (including Medicare

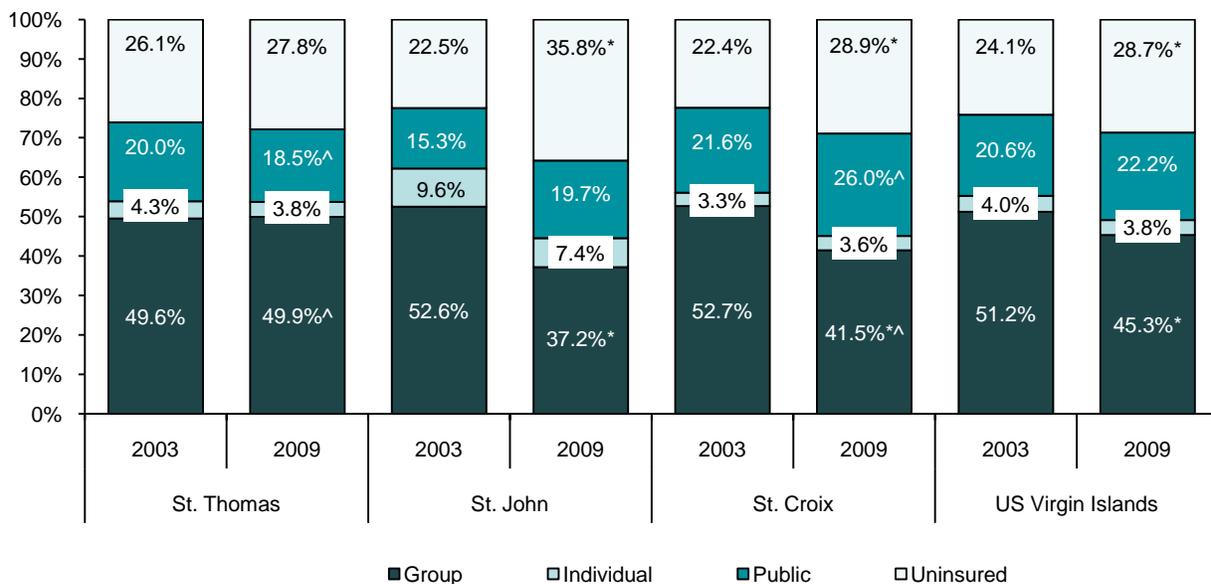


for the disabled and elderly and Medicaid for low income residents). The percentage of people with public coverage was 22.2 percent in 2009, which is not significantly different from 20.6 percent in 2003. Only 3.8 percent of residents in the US Virgin Islands had insurance through a private individual plan in 2009, and this rate remained stable over time. Exhibit 2 shows that declines in employer coverage led to increases in the rate of uninsurance rather than increases in take up of public or individual coverage.

Exhibit 3 provides the rates of health insurance coverage and uninsurance separately by island. Looking first over time, while the rate of employer based coverage remained stable for St. Thomas, both St. John and St. Croix experienced a significant decline in the proportion of people with employer coverage between 2003 and 2009. This decline in group coverage for St. John and St. Croix is associated with an increase in the uninsurance rate over the six year period.

Within each year the pattern of coverage and lack of coverage year varies from island to island in 2003 and 2009. In 2009, compared to employer based group coverage across all three islands (45.3 percent), group coverage is significantly higher on St. Thomas (49.9 percent) and significantly lower on St. Croix (41.5 percent). Further, public coverage is significantly lower on St. Thomas (18.5 percent) and significantly higher on St. Croix (26.0 percent) than is true for the US Virgin Islands overall (22.2 percent). However, the uninsurance rate for each island in 2009 is not significantly different from the rate for the US Virgin Islands overall. In 2003, rates of coverage and uninsurance on St. Thomas, St. John, and St. Croix did not differ significantly from the rates overall for the US Virgin Islands.

Exhibit 3. Trends in Rate of Coverage by Island, 2003, 2009



* Indicates a statistically significant difference ($p \leq .05$) between 2003 and 2009.

^ Indicates a statistically significant difference ($p \leq .05$) from the total USVI population.



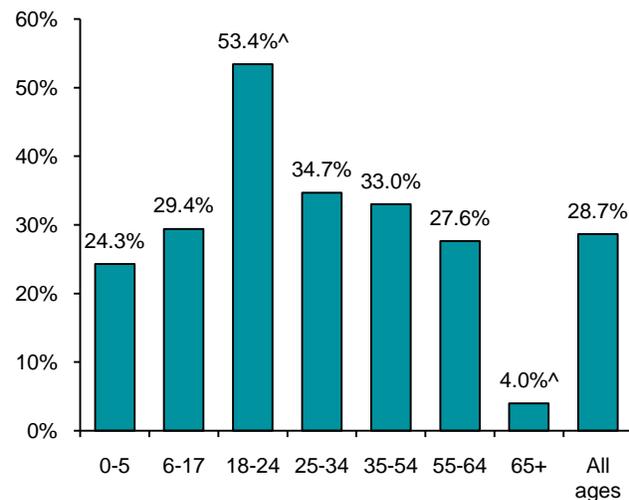
Exhibit 4 provides the uninsurance rates for the US Virgin Islands by island, by using various definitions of uninsurance. Coverage at the time of the survey (point in time) is the most commonly used estimate. However, it is of interest to note that a large percentage of people in the US Virgin Islands went without insurance for the entire year prior to the interview (25.1 percent overall). A smaller group (6.3 percent overall) went without insurance for part of the 12-month period. The rate for each of these definitions of uninsurance by island is similar to the overall rate for the USVI population.

Exhibit 4. Contrasting Definitions of Uninsurance by Island, 2009

	Point in time	All year	Part year	Some point in year
Island				
St. Thomas	27.8%	25.3%	6.6%	31.9%
St. John	35.8%	33.2%	4.5%	37.7%
St. Croix	28.9%	24.3%	6.2%	30.4%
US Virgin Islands	28.7%	25.1%	6.3%	31.4%

Historically, across all US surveys, young adults between the ages of 18 to 24 years have had the highest rates of uninsurance among all age groups. Exhibit 5 shows that this is true in the US Virgin Islands in 2009, with 53.4 percent of young adults being uninsured, significantly different from the overall uninsurance rate for all age groups (28.7 percent) in the US Virgin Islands. The uninsurance rate for those 65 years and older (4.0 percent) is significantly lower than the overall US Virgin Islands rate.

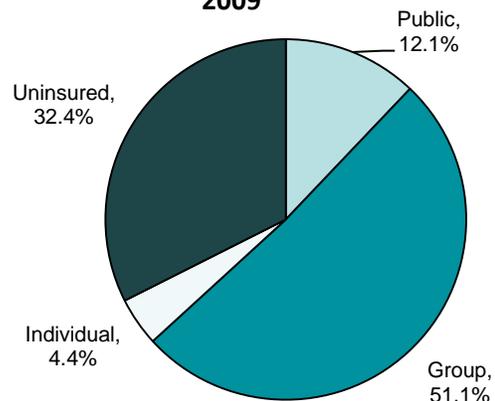
Exhibit 5. Uninsurance Rates by Age, 2009



^ Indicates a statistically significant difference ($p \leq .05$) from the total USVI population.

Because nearly all of the elderly are covered by Medicare, it is also common to look at the sources of insurance coverage for just the non-elderly population. As shown in Exhibit 6, an estimated 51.1 percent of non-elderly people in the US Virgin Islands had employer-based health insurance coverage in 2009, 4.4 percent purchased individual coverage, 12.1 percent held public coverage and 32.4 percent were uninsured (compared to 27.8 percent for the total USVI population).

Exhibit 6. Rates of Coverage for Non-elderly Only, 2009



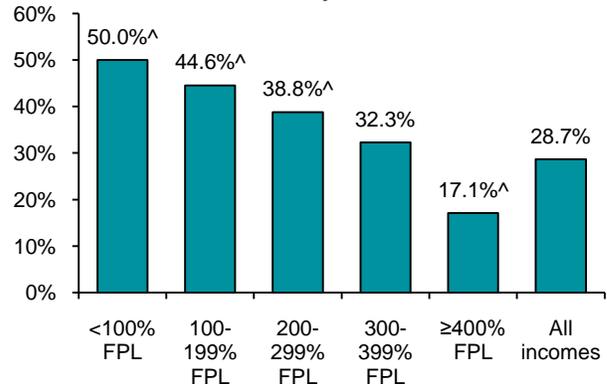


As shown in Exhibit 7, the uninsurance rate decreases with rising incomes. People with the lowest family incomes in the US Virgin Islands (100 percent of poverty or below) had uninsurance rates in 2009 that were nearly 1.7 times the overall US Virgin Islands rate (50.0 percent compared to 28.7 percent), while the rate for the highest income group was less than two-thirds of the overall rate (17.1 percent compared to 28.7 percent). Despite the potential for access to public coverage, the uninsurance rates for the lowest income group in Exhibit 7 is significantly higher than the overall rate. In fact, the rate of uninsurance is higher for all those under 300 percent of poverty.

Combining data on race and ethnicity, the composition of the US Virgin Islands in 2009 is estimated to be 69.5 percent non-Hispanic Blacks, 8.8 percent non-Hispanic whites, 18.3 percent Hispanics, and 3.4 percent other races (Asian, Pacific Islander, other, multiple races).² Exhibit 8 shows that rate of uninsurance among people reporting their race as non-Hispanic Black was similar to the rate for the overall USVI population. By contrast, non-Hispanic whites were less likely to be uninsured while Hispanics were more likely to be uninsured than the overall population. People in the other race category were less likely to be uninsured than the total population, but there are too few people (n=26) in the category in the survey to make valid inferences.

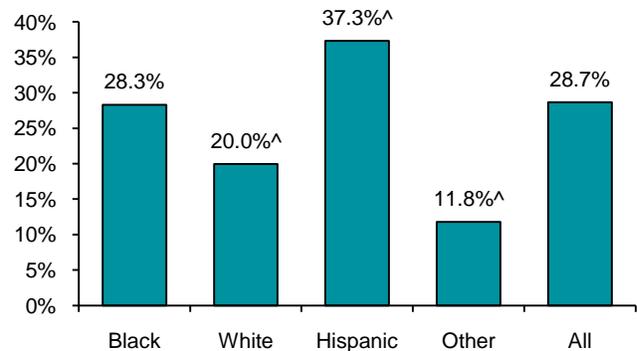
The 2009 survey provides rough estimates of the uninsured potentially eligible for employer-based coverage through a family member's (spouse, parent, guardian) employer or one's own employer as well as potential eligibility for public health insurance programs (based on having an income at or below 100 percent of the Federal Poverty Level). It is estimated that just over 30 percent of uninsured people in the US Virgin Islands have potential access to private or public insurance. As shown in Exhibit 9, almost 10 percent were potentially eligible for

Exhibit 7. Uninsurance Rates by Federal Poverty Level, 2009



[^] Indicates a statistically significant difference ($p \leq .05$) from the total USVI population.

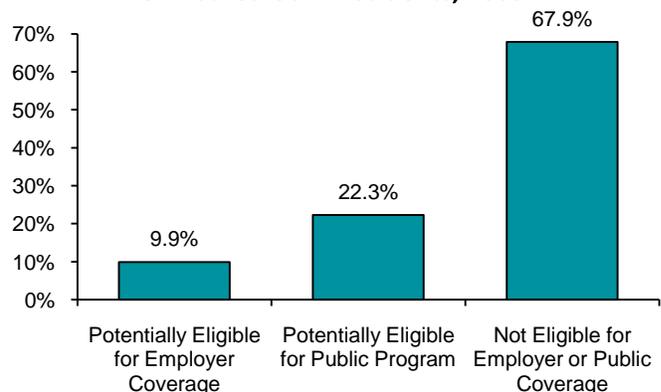
Exhibit 8. Uninsurance Rates by Race/Ethnicity, 2009



[^] Indicates a statistically significant difference ($p \leq .05$) from the total USVI population.

Note: The race/ethnicity groups presented are coded as mutually exclusive. The "Other" category consists of those who reported "other," more than one race/ethnicity, Asian, and American Indian, as the sample size was quite small for all three groups ($n < 15$).

Exhibit 9. Potential Sources of Insurance for Uninsured USVI Residents, 2009





employer-sponsored insurance, and 22.3 percent appear to be eligible for public coverage.

Exhibit 10 presents the results from two items that asked about respondents' confidence in the ability to get needed care and whether any medical care had been delayed due to cost. Given the small percentage of people with self-purchased insurance, we combine those with self-purchased and employer-based group coverage (see Private column). Overall, 39.3 percent of people in the US Virgin Islands were very confident they (or their child) can get needed health care, and an additional 35.2 percent were somewhat confident. However, uninsured people had less confidence in their access to health care. Uninsured people were significantly more likely to report that they were a little confident (19.9 percent) or not confident at all (19.2 percent) than the overall USVI population (14.6 percent and 11.0 percent respectively). Those with private coverage are more confident in their ability to get care than the population overall.

Nearly a quarter (21.3 percent) of all respondents also reported having delayed seeking medical care during

the past 12 months because of cost concerns. This rate was significantly higher among those who were uninsured (40.8 percent) and significantly lower among those with private and public insurance (12.5 and 15.6 percent, respectively).

Exhibit 11 depicts demographic characteristics of the uninsured and all US Virgin Islanders in 2009. Compared with the overall population, the uninsured were disproportionately more likely to be young adults between 18 and 24 years, be of Hispanic/Latino ethnicity, have incomes below 300 percent of poverty, and have less than a high school education.

Exhibit 12 shows the employment characteristics for uninsured US Virgin Islanders compared to the population overall. Most of the uninsured were employed in 2009 and at rates comparable to the population overall (61.8 percent compared with 67.2 percent). In general, the uninsured were more likely to be self-employed, have an employer outside of government, work fewer hours (11 to 30 hours per week), work for smaller firms (firms with fewer than 50 employees) and have temporary or seasonal work.

Exhibit 10. Access to Health Care by Insurance Source, 2009

	Private	Public	Uninsured	Total
Confidence target can get the medical care they need				
Very confident	44.6%^	39.9%	29.3%^	39.3%
Somewhat confident	36.9%	35.7%	31.7%	35.2%
A little confident	12.0%	12.3%	19.9%^	14.6%
Not confident at all	6.5%^	10.8%	19.2%^	11.0%
Delayed seeking medical care due to cost				
Yes	12.5%^	15.6%^	40.8%^	21.3%

^ Indicates a statistically significant difference ($p \leq .05$) from the total USVI population.

Note: "Private" combines those with individual and group coverage.

**Exhibit 11. Demographic Characteristics of Uninsured Compared to US Virgin Islands Population, 2009**

	Uninsured	All USVI
Gender		
Male	49.7%	48.1%
Female	50.3%	51.9%
	100.0%	100.0%
Age		
0 to 5	5.3%	6.3%
6 to 17	19.2%	18.7%
18 to 24	12.4%^	6.7%
25 to 34	12.7%	10.5%
35 to 54	33.7%	29.3%
55 to 64	14.8%	15.4%
65+	1.8%^	13.3%
	100.0%	100.0%
Race/Ethnicity¹		
Black	68.7%	69.5%
White	6.1%	8.8%
Hispanic/Latino	23.9%^	18.4%
Other Race	1.4%	3.3%
	100.0%	100.0%
Family Income as % of Poverty		
0-100%	22.3%^	12.8%
100-199%	16.6%^	10.7%
200-299%	15.6%^	11.5%
300-399%	14.2%	12.6%
400%+	31.3%^	52.4%
	100.0%	100.0%
Marital Status²		
Not Married	64.2%	59.6%
Married	35.8%	40.4%
	100.0%	100.0%
Education³		
Less than high school	39.5%^	28.9%
High school graduate	35.2%	30.6%
Some college/tech school	19.0%	22.1%
College graduate	4.3%^	12.5%
Postgraduate	2.0%^	6.0%
	100.0%	100.0%
Health Status		
Excellent	24.0%	24.5%
Very Good	22.9%	26.1%
Good	35.0%	32.6%
Fair	15.3%	13.8%
Poor	2.8%	3.0%
	100.0%	100.0%

Source: 2009 Virgin Islands Health Insurance Survey.

^ Indicates a statistically significant difference ($p \leq .05$) from the total USVI population.¹Asians, American Indians, Multiple races were combined into Others category due to small sample size.²Marital status is only reported for individuals 18 and older.³For children, education refers to the parent's highest level of education.

**Exhibit 12. Employment Characteristics of Uninsured Compared to US Virgin Islands Population, 2009**

	Uninsured	All USVI
Employment Status		
Self Employed	16.1%^	9.4%
Employed By USVI Government	4.9%^	21.3%
Employed By Federal Government	0.0%^	1.9%
Employed By Another Type of Employer	40.8%^	34.7%
Unemployed	<u>38.2%</u>	<u>32.8%</u>
	100.0%	100.0%
For Those Employed:		
Number of Jobs		
One Job	92.6%^	89.0%
Multiple Jobs	<u>7.4%^</u>	<u>11.0%</u>
	100.0%	100.0%
Hours Worked Per Week		
0 to 10 hours	3.6%	1.5%
11 to 20 hours	10.5%^	4.3%
21 to 30 hours	14.8%^	6.8%
31 to 40 hours	10.7%	6.8%
More than 40 hours	<u>60.3%^</u>	<u>80.5%</u>
	100.0%	100.0%
Type of Job		
Permanent	80.7%^	91.9%
Temporary	13.8%^	5.9%
Seasonal	<u>5.6%^</u>	<u>2.2%</u>
	100.0%	100.0%
Size of Employer		
9 or Less Employees	46.5%^	27.7%
10 to 49 Employees	24.8%^	17.4%
50 or More Employees	<u>28.8%^</u>	<u>55.0%</u>
	100.0%	100.0%

Source: 2009 Virgin Islands Health Insurance Survey.

^ Indicates a statistically significant difference ($p \leq .05$) from the total USVI population.

Note: For children, employment refers to parent's employment status.

Virgin Islands Health Insurance Survey (VIHIS) Methodology

The Virgin Islands Health Insurance Survey (VIHIS) is a telephone survey designed to assess rates and types of health insurance coverage among the US Virgin Islands (USVI) adult and child populations. The survey for this study was conducted first in 2003 and then in 2009 by the Eastern Caribbean Center (ECC) at the University of the Virgin Islands (UVI). The State Health Access Data Assistance Center (SHADAC) housed within the University of Minnesota's School of Public Health completed the data analysis of the surveys.

Sample Design. Both of the USVI Surveys were random digit dial (RDD) telephone surveys of households in the US Virgin Islands. Priorities for the 2009 survey design were to produce precise estimates of insurance coverage for the US Virgin Islands as a whole for the three islands separately. The Island of St. John represents only 4% of the USVI population, compared to 49% and 47% respectively for St. Croix and St. Thomas. To meet the goal of making cross-island comparisons, the final sample design for 2009 included two sampling strata: one represents St. Croix and St. Thomas combined; the other represents St. John which was oversampled. In 2003, the sample was stratified identically to 2009.

Questionnaire. The survey instrument was based on the Coordinated State Coverage Survey (CSCS), a questionnaire developed by SHADAC, and adapted for use in the US Virgin Islands in 2003 and 2009. The questionnaire addresses types of health insurance coverage, access to employer-sponsored insurance, awareness of state public health insurance programs, willingness to pay for health insurance, access to and utilization of health care services, barriers in access, and demographics. The survey averages approximately 15 minutes in duration.

Data Collection. Data were obtained using a computer-assisted telephone interviewing (CATI) system. Data collection occurred between October

and December of 2002 and October through December of 2009. In each surveyed household, an adult (18 years of age or older) knowledgeable about the household's health insurance was identified as the respondent, and one person within the household was randomly selected to be the focus of the majority of questionnaire items. A total of 2,178 interviews were completed in 2009; in 2003, the number of completed interviews was 2,073. The response rates for the surveys were 65.7 percent in 2003 and 59.8 percent in 2009.³ This decrease in response rates is consistent with patterns of falling survey response rates over time. The cooperation rates were 83.4 percent in 2003 and 77.2 percent in 2009.⁴ In both years, interviews were conducted in English and Spanish.

Data Weighting and Adjustments. The survey data were weighted to ensure that the results are representative of the USVI population. For each sample member in 2003 and 2009, the probability of selection varied by sampling stratum, the number of phone lines connected to the household, and the number of people living in the household. Weights were then adjusted to account for key characteristics of the territory's population. Specifically, sample weights were post-stratified by telephone service interruption, region, age/education, race/ethnicity, citizenship and gender. The 2009 weighting methods were further refined to address sampling challenges posed by the increasing use of cell phones in place of landline telephones since the 2003 report. In addition to the adjustments described above, we further adjusted for home ownership and household size. The 2007 Virgin Islands Community Survey (conducted by the ECC at UVI) provided the population distributions for these 2009 post-stratification adjustments.

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Notes

- ¹ Group includes health insurance through an employer, COBRA coverage, Veteran's Affairs and military health care. Individual includes privately-purchased insurance for an individual or family. Public includes Medicare, Railroad Retirement Plan, and the Medical Assistance Program or Medicaid.
- ² The 2009 survey data were weighted to match demographic benchmarks available from the 2007 Virgin Island Community Survey, Eastern Caribbean Center, University of the Virgin Islands.
- ³ Based on American Association of Public Opinion Research (AAPOR) RR4 calculation.
http://www.aapor.org/Response_Rates_An_Overview.htm, accessed January 21, 2010.
- ⁴ The response rate is the ratio of completed surveys to all eligible respondents *attempted* to be contacted. The cooperation rate is the ratio of completed surveys to all eligible respondents actually contacted.

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