

Health Insurance in West Virginia: The Non-Elderly Adult Report



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Executive Summary

The West Virginia Healthcare Survey is the largest and most comprehensive survey of health insurance ever completed in the state. It was commissioned by the state agencies that pay for, provide or regulate the healthcare delivery system, and it was conducted to provide the first account of health insurance in West Virginia at the county level. The survey not only identifies the uninsured, but also furnishes information about the circumstances of their lives. It characterizes insurance coverage and the employers who provide it. It also explores how people use the healthcare system and how their access is impacted by their health insurance status. The survey will give the state's healthcare programs new information about who, where and perhaps even how to target populations that are most in need.

The second report based on the West Virginia Healthcare Survey, *Health Insurance in West Virginia: The Non-Elderly Adult Report*, includes the following findings:

- On any given day, 219,971 of 1,103,570 non-elderly adults, ages 19 to 64, (19.9 percent) – virtually one out of every five adults – have no health insurance.
- Another 5 percent (55,179) have insurance that only pays for catastrophic illnesses or healthcare costs.
- An estimated 295,747, or 26.8 percent, had no health insurance for some part or all of the year 2001.
- The estimated rate of uninsurance for West Virginians with incomes below 200 percent of the federal poverty level is 53.1 percent compared to a national rate of 34.4 percent.
- A substantial 37.3 percent of uninsured non-elderly adults have annual incomes between \$20,000 and \$39,000.
- West Virginia's non-elderly adults most likely to be uninsured are between the ages of 19 and 34, slightly more likely to be female at ages 55 to 64 and slightly more likely to be male at ages 19 to 24, are married, have a high school education, are employed, and make between \$10,000 and \$29,999 a year.
- 61.1 percent of uninsured West Virginians work.
- 83.5 percent of working West Virginians were employed by firms that offered health insurance, 93 percent of those workers were eligible for health insurance and nearly 88 percent could cover family members (Figure 28).
- Of employees making \$20,000 or less, only 25 percent worked for employees offering health insurance.
- 91 percent said that having all West Virginians covered by health insurance was very important to them.
- While about 43 percent of both insured and uninsured West Virginians believed that public trust in the healthcare system had remained the same as it was five years ago, 38.6 percent of the *insured* believed it had declined.

Introduction

The West Virginia Healthcare Survey was undertaken to learn about West Virginians who do not have health insurance – who they are, what are the circumstances of their lives and what relationship the lack of insurance has to their health status and their access to healthcare services. Because of the large number of households surveyed, state health programs and agencies, as well as other stakeholders, will have information related to health insurance coverage by age, economic and social conditions, region, and, in some instances, even county. The information will provide valuable benchmarks for future activities aimed at enhancing access to healthcare.

Health Insurance in West Virginia: The Non-Elderly Adult Report is the second in a series of reports about health insurance in the state. It paints a broad picture of the health insurance issue among adults 19 to 64 years old. It provides information about the participation of adults in health insurance and in the healthcare system of our communities and state.

The Institute's first report was on our population of children 0 to 18 years old. A third report on our adult population over 65 years old will follow shortly. There will be two reports on the adult population because the health insurance situation is vastly different for people 65 and older, virtually all of whom are eligible for health insurance through the Medicare program. Once these more general reports on the uninsured and underinsured have been made public, the Institute will begin a series of special reports dealing with a range of topics including Children with Special Needs, Employment-based Insurance, Participation in Medicaid and others. The Institute has established a website where all reports will be available to the public: www.wvhealthpolicy.org.

About the methods used in this report:

All figures in this report are estimates based on the West Virginia Healthcare Survey, a telephone survey that was conducted in November and December 2001. Approximately 290 households in each of the 55 West Virginia counties were chosen at random to be surveyed. This represents 16,493 households. One adult in each household was interviewed, and this person identified him or herself as the most knowledgeable about the health insurance status of all household members.

When data collection was complete, the data were weighted for the probability of selecting each household, and then adjusted so that the age and sex distribution for each county matched the 2000 Census. Finally, the data were adjusted to account for households without telephone service – approximately 6 percent. The 95% confidence interval for state-level estimates in the report is less than +/- 2 percentage points. For the uninsured rate, the confidence interval is +/- 1 percentage point. Unless otherwise specified, population estimates are obtained by applying the survey percentage, not including missing values, to the West Virginia population, 19-64 years old, from the 2000 Census (1,103,570 people, per Census 2000 Summary File 2; 100 Percent Data, Table PCT3 Sex by Age: Total Population; accessed May 2003). Certain discrepancies within the report are due to rounding. Some figures are calculated using all response options, including don't know/refused; however, not all of these responses are necessarily shown in every illustration. A detailed discussion of the study design and data collection can be found in the Appendix.

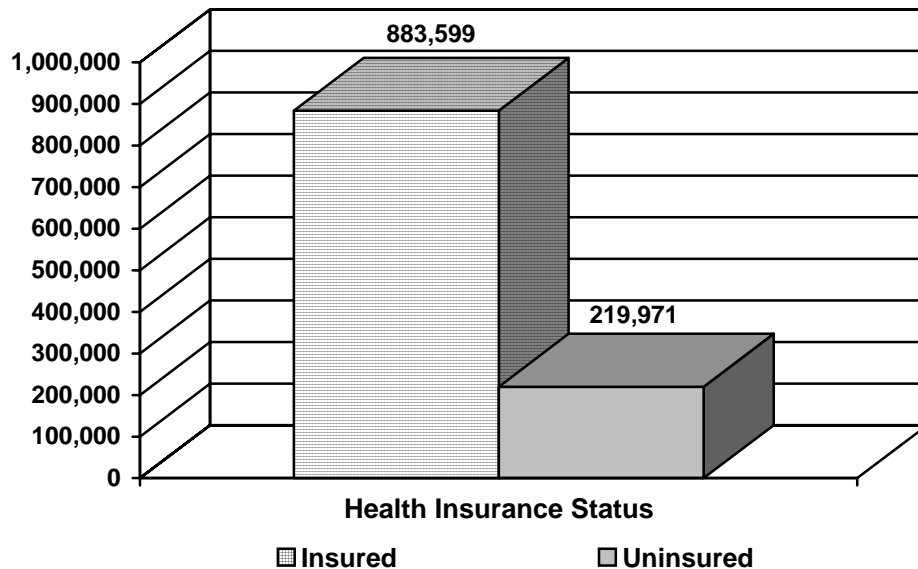
What Is the Health Insurance Status of Non-Elderly Adults in West Virginia?

This section will report the following:

- How many adults age 19 to 64 were uninsured at a point in time during the past year
- What counties and Public Health Service Regions had the highest percentage of uninsured non-elderly adults
- How many non-elderly adults were not insured for some part or all of the past year
- How long uninsured non-elderly adults were without healthcare coverage
- What kinds of health insurance *insured* non-elderly adults had

At the time of survey interviews, 19.9 percent of West Virginia adults age 19 to 64 were without health insurance. This represents an estimated 219,971 non-elderly adults in West Virginia who did not have health insurance when the survey was conducted (see Figure 1).

Figure 1.
Estimated Number of Uninsured Non-Elderly Adults
West Virginia, 2001



Some counties had a higher percentage of uninsured non-elderly adults than others. Specifically, Braxton, Mingo and Pocahontas counties had over 29 percent of non-elderly adults without insurance at the time of the interviews. Ohio, Wood, Tyler, Grant, Pendleton and Hancock counties had the lowest percentage of uninsured non-elderly adults, each with less than 15 percent uninsured (see Table 1). In all counties, most uninsured non-elderly adults were living in households that were at or below 250 percent of the Federal Poverty Level (FPL).

Table 1.
Percent and Number of Non-Elderly Adults Without Health Insurance by County
West Virginia, 2001

County	Percentage of Adults Uninsured*	Estimated Number of Uninsured Adults**^a	Estimated Number of Uninsured Adults at or below 250% FPL***^b
Mingo	29.9	5,228	4,622
Pocahontas	29.6	1,644	1,531
Braxton	29.5	2,621	2,301
Fayette	28.7	8,252	7,332
Preston	28.2	4,966	4,189
Webster	28.0	1,644	1,383
Lincoln	27.7	3,781	3,386
Roane	26.9	2,522	2,402
Logan	26.8	6,282	5,554
Clay	26.0	1,589	1,441
McDowell	26.0	4,211	3,845
Calhoun	25.3	1,143	1,008
Upshur	24.9	3,553	3,304
Barbour	24.5	2,284	2,048
Mercer	24.2	9,177	7,924
Hampshire	24.1	2,868	2,407
Taylor	23.9	2,305	1,964
Marion	22.8	7,772	6,604
Lewis	22.6	2,304	2,103
Wayne	22.6	5,837	4,924
Doddridge	22.5	973	798
Gilmer	22.1	984	918
Nicholas	21.7	3,484	2,626
Randolph	21.3	3,693	3,211
Tucker	21.2	927	818
Summers	20.6	1,560	1,306
Greenbrier	20.0	4,095	3,734
Monroe	20.0	1,849	1,642

**Table 1.
Percent and Number of Non-Elderly Adults Without Health Insurance by County
West Virginia, 2001**

County	Percentage of Adults Uninsured*	Estimated Number of Uninsured Adults** ^a	Estimated Number of Uninsured Adults at or below 250% FPL*** ^b
Ritchie	19.9	1,245	1,100
Morgan	19.8	1778	1,450
Kanawha	19.6	23,845	21,470
Pleasants	19.5	880	810
Wirt	19.5	689	638
Monongalia	19.3	10,807	8,735
Raleigh	19.2	9,415	8,758
Wyoming	18.9	3,035	1,950
Cabell	18.5	11,159	9,304
Harrison	18.2	7,352	6,594
Mineral	17.3	2,802	1,891
Hardy	17.1	1,313	1,024
Jefferson	16.6	4,443	3,725
Wetzel	16.6	1,723	1,599
Boone	16.1	2,560	1,881
Berkeley	15.9	7,453	6,210
Mason	15.6	2,452	2,244
Brooke	15.4	2,341	1,707
Jackson	15.4	2,568	2,315
Marshall	15.2	3,210	3,210
Putnam	15.1	4,851	3,865
Ohio	14.9	4,125	3,707
Wood	14.4	7,661	5,173
Tyler	14.1	797	595
Grant	13.8	945	688
Pendleton	13.1	637	613
Hancock	12.0	2,335	1,897
Total	19.9	219,969	188,478

Source: West Virginia Healthcare Survey, 2001

Key to table:

* Represents the percent of non-elderly adults in the West Virginia Healthcare Survey who were uninsured in each county.

** Estimates were calculated by multiplying the percent of uninsured adults in the survey by the West Virginia population, 19–64 years, in each county (Census 2000)

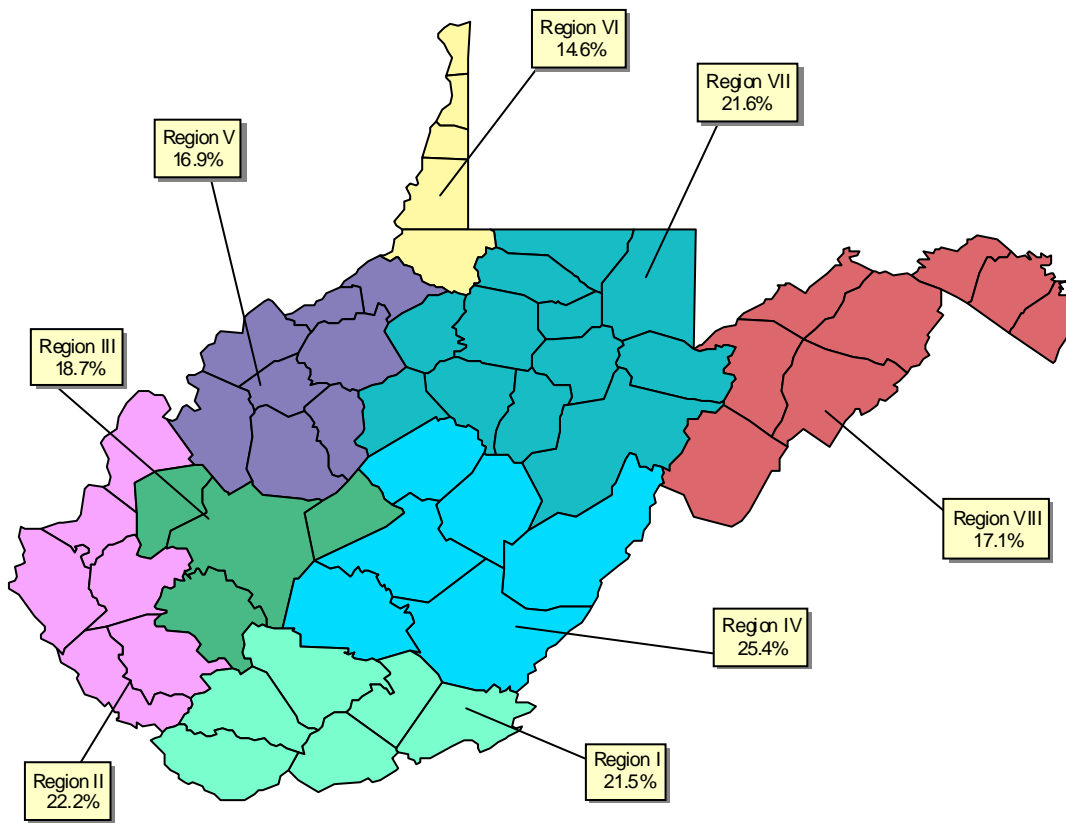
*** Estimates were calculated by multiplying the percent of uninsured adults at or below 250% FPL in the survey by the number of adults estimated to be uninsured in each county (from ** above)

a Estimates have not been adjusted for differential telephone coverage in the counties.

b The data used to calculate these estimated excludes adults with unknown household income.

The Public Health Service Region with the highest percent of uninsured non-elderly adults was IV in the southeastern part the state (see Map 1). In this region, more than 25 percent of non-elderly adults were without health insurance. Region VI, in the northern panhandle, had the lowest non-elderly adult uninsured rate. Here, less than 15 percent of non-elderly adults were uninsured.

Map 1.
Percent of Uninsured Adults in Each Health Service Region
West Virginia, 2001

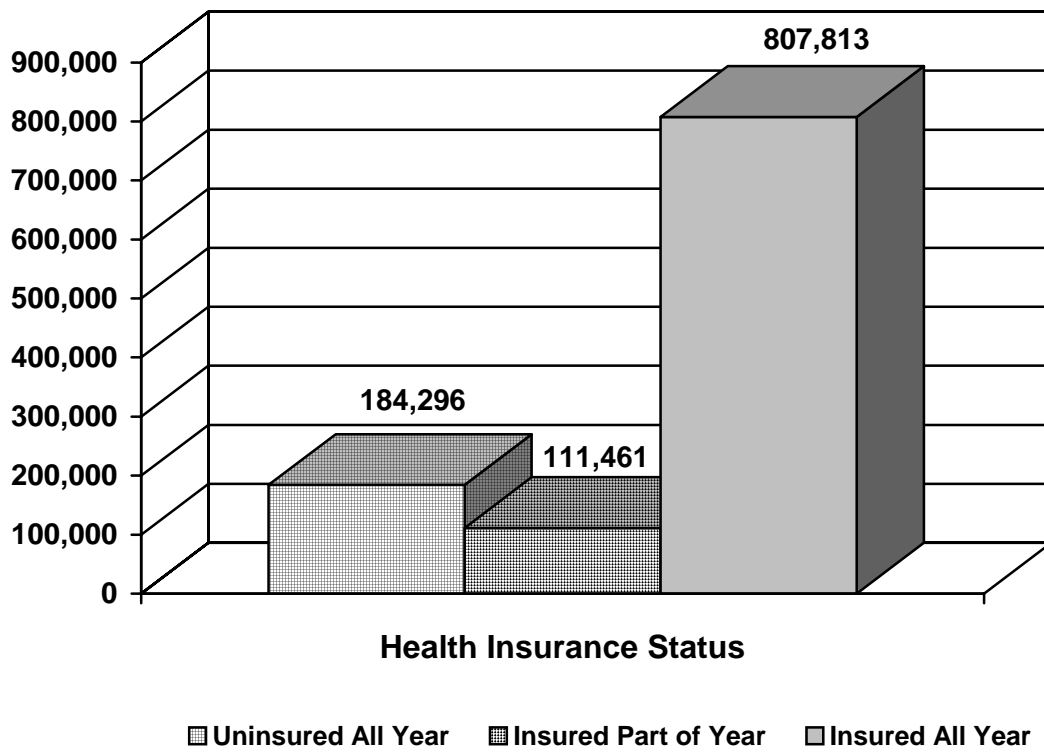


Public Health Regions

- Region I: McDowell, Wyoming, Raleigh, Mercer, Summers and Monroe
- Region II: Mingo, Logan, Wayne, Lincoln, Cabell and Mason
- Region III: Putnam, Boone, Kanawha and Clay
- Region IV: Fayette, Nicholas, Braxton, Webster, Greenbrier and Pocahontas
- Region V: Jackson, Wood, Pleasants, Tyler, Roane, Wirt, Ritchie and Calhoun
- Region VI: Hancock, Brooke, Ohio, Marshall and Wetzel
- Region VII: Monongalia, Marion, Harrison, Doddridge, Gilmer, Lewis, Upshur, Barbour, Taylor, Preston, Tucker and Randolph
- Region VIII: Jefferson, Berkeley, Morgan, Hampshire, Mineral, Grant, Pendleton and Hardy

Many non-elderly adults were not insured continuously throughout the year 2001. About 10.1 percent of non-elderly adults were insured only part of the year while 16.7 percent had no insurance all year. This means that approximately 295,757 non-elderly adults (26.8 percent) were without health insurance for at least part of last year, and 184,296 of those had no health insurance during the entire year (see Figure 2).

Figure 2.
Number of Non-Elderly Adults Uninsured, Partly Insured and Insured All Year
West Virginia, 2001



Among the uninsured non-elderly adults surveyed, about 72 percent had been without health insurance for a year or more, 16 percent had been uninsured for less than one year and 9 percent had never had health insurance (see Table 2).

Table 2. Length of Time Non-Elderly Adults Have Been Uninsured West Virginia, 2001		
Length of Time Uninsured	Percent of Sample	Estimated Number of Adults*
Less than 1 Year	15.8	34,756
1 – 5 Years	36.2	79,629
More than 5 – 10 Years	16.8	36,955
More than 10 – 15 Years	7.2	15,838
More than 15 Years	11.7	25,737
Never had health insurance	9.0	19,797
Do not know	3.3	7,259
Total	100.0	219,971
Source: West Virginia Healthcare Survey, 2001 Key to table: * Estimates were calculated by multiplying the survey percent for length of time uninsured by the West Virginia population, 19-64 years (Census 2000).		

Uninsured non-elderly adults were asked why they did not have health insurance. The most frequently given reason was the high cost of health insurance premiums, co-payments and deductibles, cited for almost half of all non-elderly adults (see Table 3). Another 23.3 percent said they had no health insurance because of job-related problems including being unemployed, being ineligible for their employer's insurance plan or having a job that did not offer health insurance.

**Table 3.
Reasons Given for Being Uninsured
West Virginia, 2001**

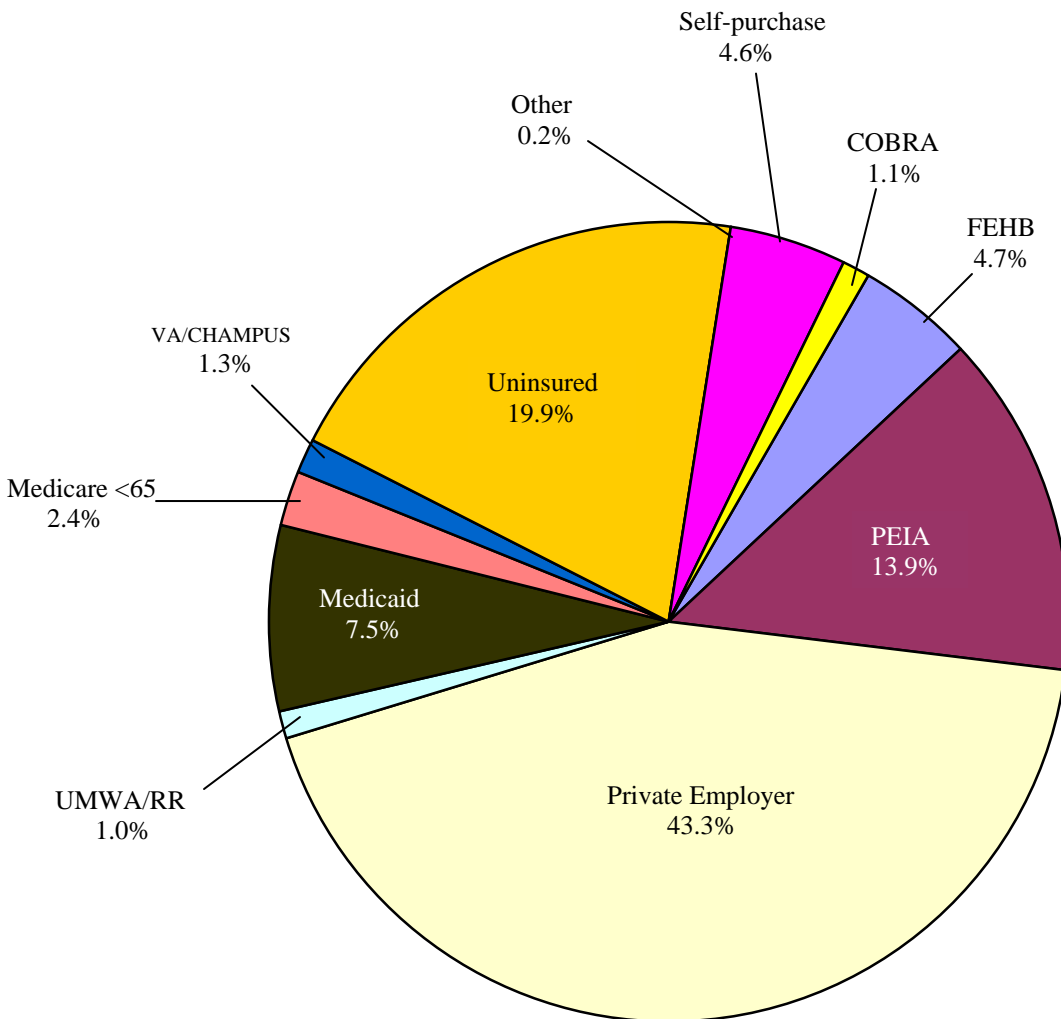
Reason Given	Estimated Percentage of Uninsured Adults
High cost of premiums, co-payments and deductibles	45.8
No family member has job that offers insurance	9.3
No family member has a job	8.4
No employed family member is eligible for employment-based insurance	5.6
Uninsurable due to health problem	2.2
Have not been contacted by an insurance company or don't know how to obtain health insurance	3.3
Does not need insurance because healthy or has enough money to pay for healthcare	1.5
Can get free care from providers	0.7
Lost relationship to insured person	0.6
Other expenses more important	0.6
Other	22.0
Total	100%
Source: West Virginia Healthcare Survey, 2001	

Among non-elderly adults with health insurance, most were covered by employment-based plans, defined here as private employer insurance, public employer insurance, VA/CHAMPUS and insurance through a union. The estimated number of non-elderly adults covered by each type of plan is displayed in Table 4.

Employment-based health insurance covered 64.2 percent of all non-elderly adults, while 9.9 percent were covered by a public program (Medicaid or Medicare). About 43.3 percent of non-elderly adults were insured by private employer plans. Public employer insurance, including Public Employees Insurance Agency (PEIA), Federal Employees Health Benefits (FEHB) and VA/CHAMPUS, covered 19.9 percent of non-elderly adults. Medicaid and Medicare < 65 covered about 9.9 percent. Self-purchased plans and COBRA covered an additional 5.7 percent (see Figure 3).

Table 4. Estimated Number of Non-Elderly Adults With Each Type of Health Insurance West Virginia, 2001	
Type of Insurance	Estimated Number of Adults*
Private Employer	477,570
Public Employer	
PEIA	153,620
FEHB	51,564
VA/CHAMPUS	14,415
Medicaid	82,495
Self-Purchased Health Insurance	51,179
Medicare < 65 yrs	25,988
COBRA	12,516
UMWA/Railroad Retirement/Other Union	11,536
Other	2,718
Uninsured	219,971
Total	1,103,570
Source: West Virginia Healthcare Survey, 2001	
Key to table:	
* Estimates were calculated by multiplying the sample percent for type of health insurance by the West Virginia population, 19-64 years (Census 2000).	

Figure 3.
Type of Insurance Coverage Among Adults, 19-64 Years
West Virginia, 2001



For this study, inadequate health insurance plans are defined as plans that cover only certain illnesses or dread diseases such as cancer, major accidents or only provide extra cash for hospitalizations. Non-elderly adults covered by PEIA, FEHB, Medicaid, Medicare, a UMWA policy or military insurance were assumed to have comprehensive health insurance coverage. Non-elderly adults with other types of plans were asked whether the plan was comprehensive. Most non-elderly adults had comprehensive plans (see Figure 4). About 55,179 non-elderly adults (5 percent) had plans that covered only catastrophic health events or provided extra cash for hospital care. Of these people, 69.6 percent were employed.

Figure 4.
Most non-elderly adults were not underinsured.
West Virginia, 2001

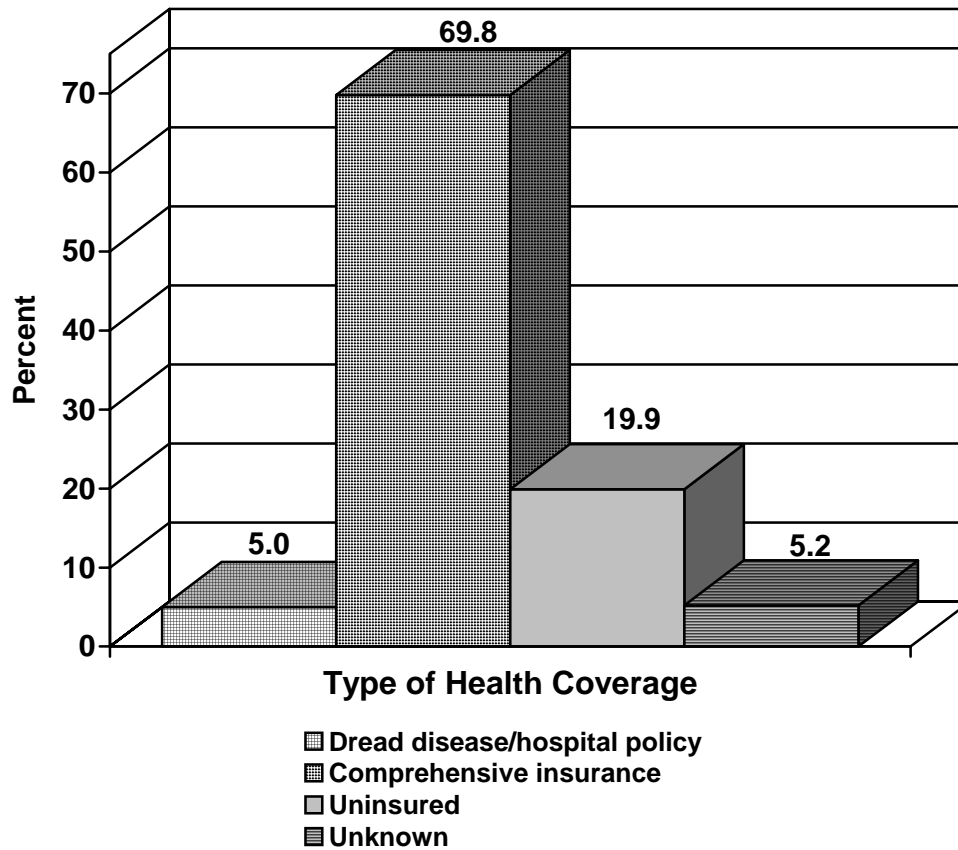
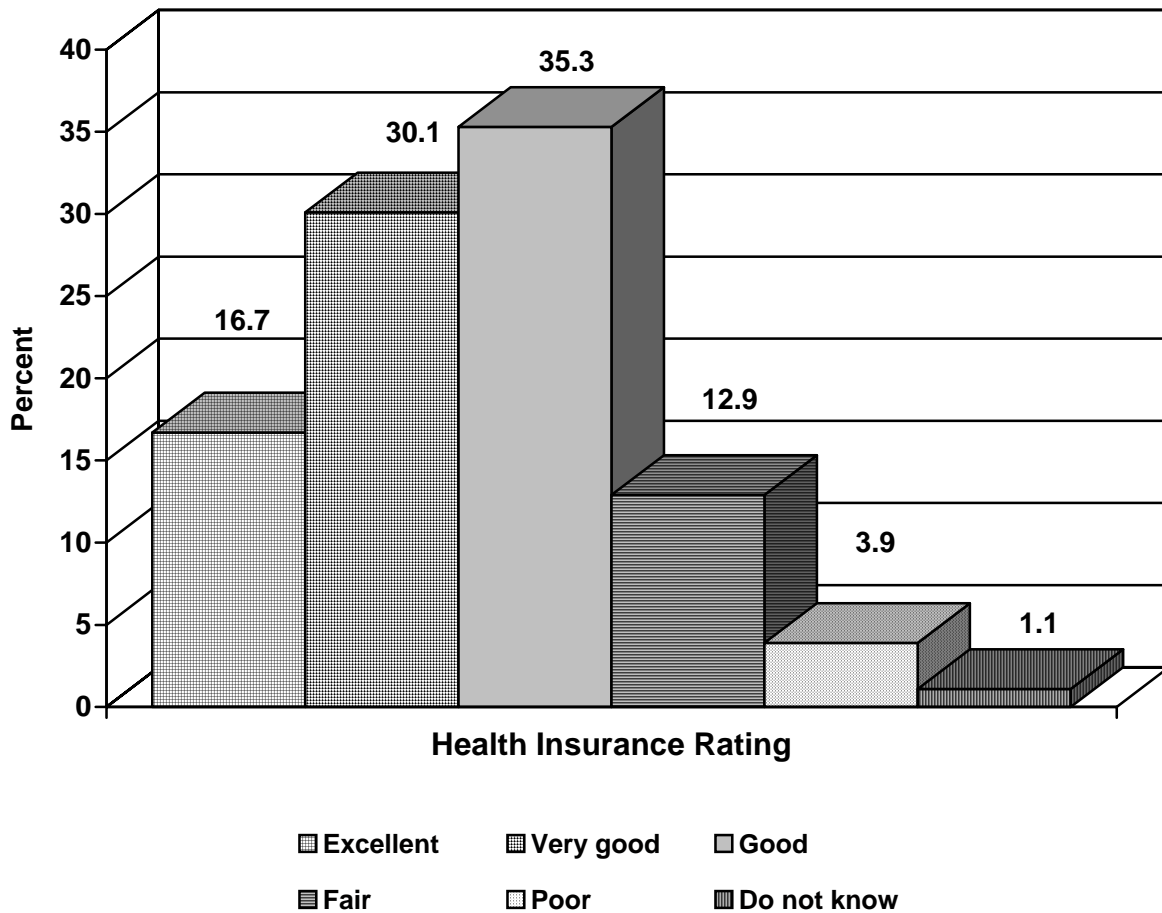


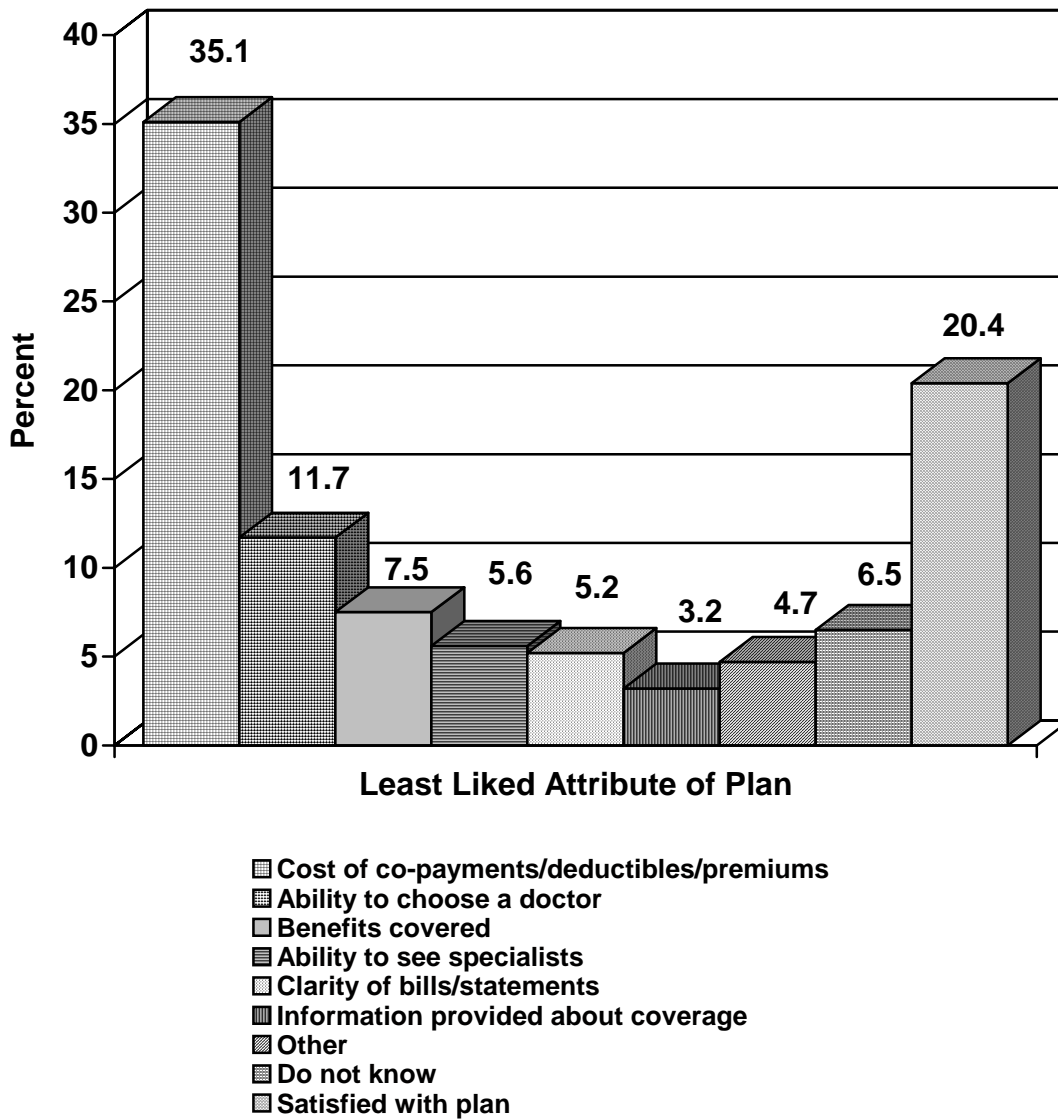
Figure 5 shows that among insured non-elderly adults, most rated their health insurance plans good (35.3 percent), very good (30.1 percent) or excellent (16.7 percent).

Figure 5.
Most health insurance plans were rated as good, very good or excellent.
West Virginia, 2001



The features that non-elderly adults liked least about their health insurance plan were the cost of co-payments, deductibles and premiums and the ability to choose a doctor. About 20.4 percent of non-elderly adults were satisfied with their plan (see Figure 6).

Figure 6.
Cost was the attribute of their health insurance plan that non-elderly adults liked least.
West Virginia, 2001



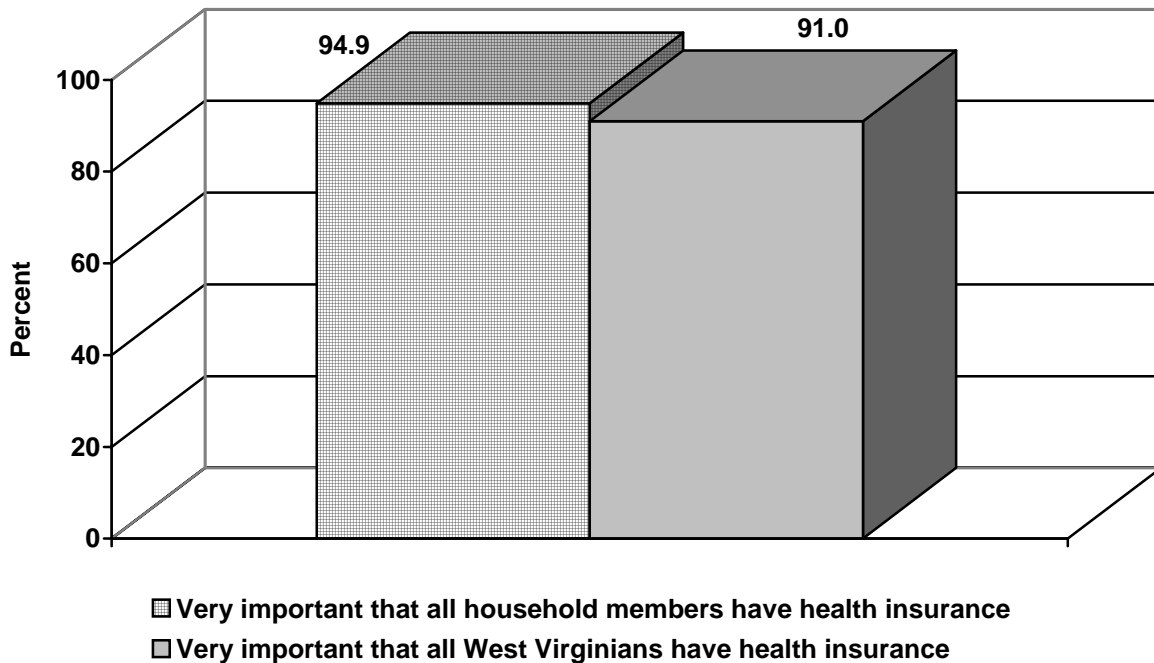
How Important Is Health Insurance to Non-Elderly West Virginians?

In this section of the report, we will discuss:

- The importance of having health insurance to non-elderly adult West Virginians
- The burden of paying for healthcare costs that are not covered by health insurance
- The satisfaction of uninsured non-elderly adults with the healthcare system
- The trust that uninsured non-elderly adults have in the healthcare system in West Virginia

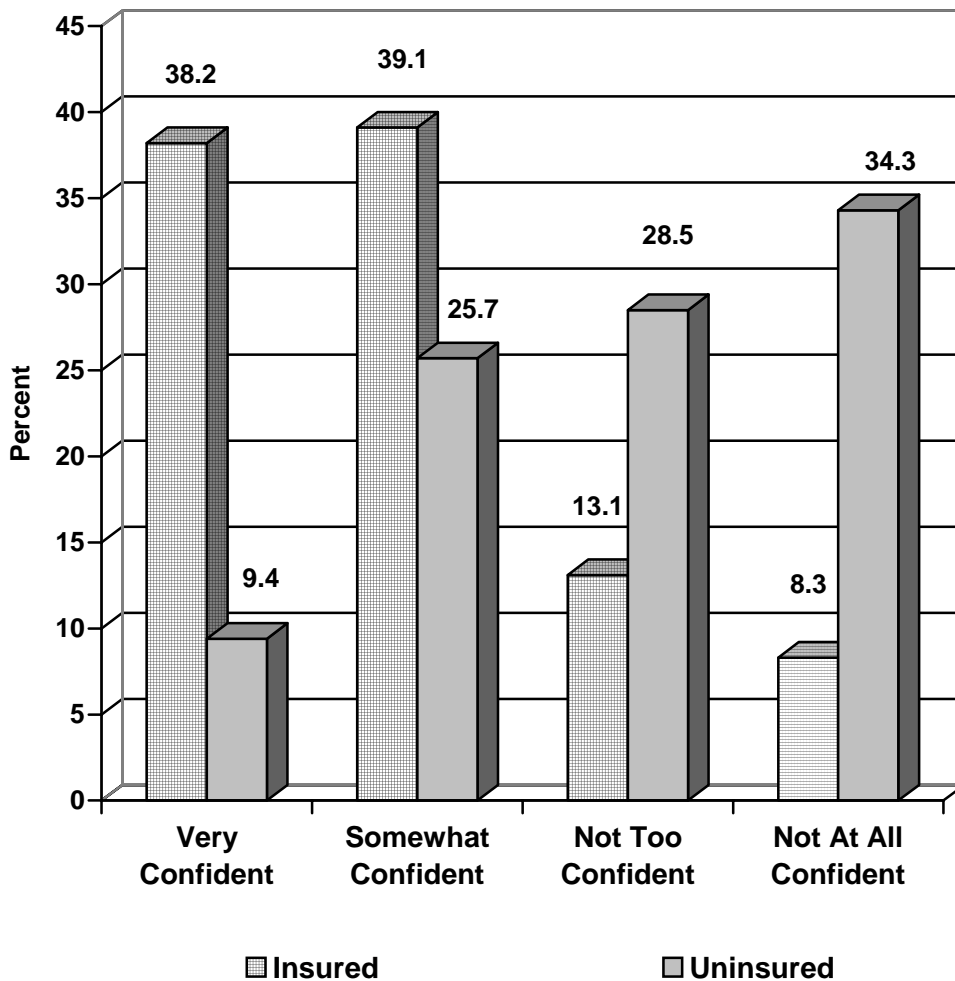
Nearly 95 percent of non-elderly adult West Virginians responded that it was very important to them that all members of their household have health insurance. In addition, 91 percent said that having all West Virginians covered by health insurance was very important to them (see Figure 7).

Figure 7.
Non-elderly adults thought it was very important to have health coverage for all of their household members and all West Virginians.
West Virginia, 2001



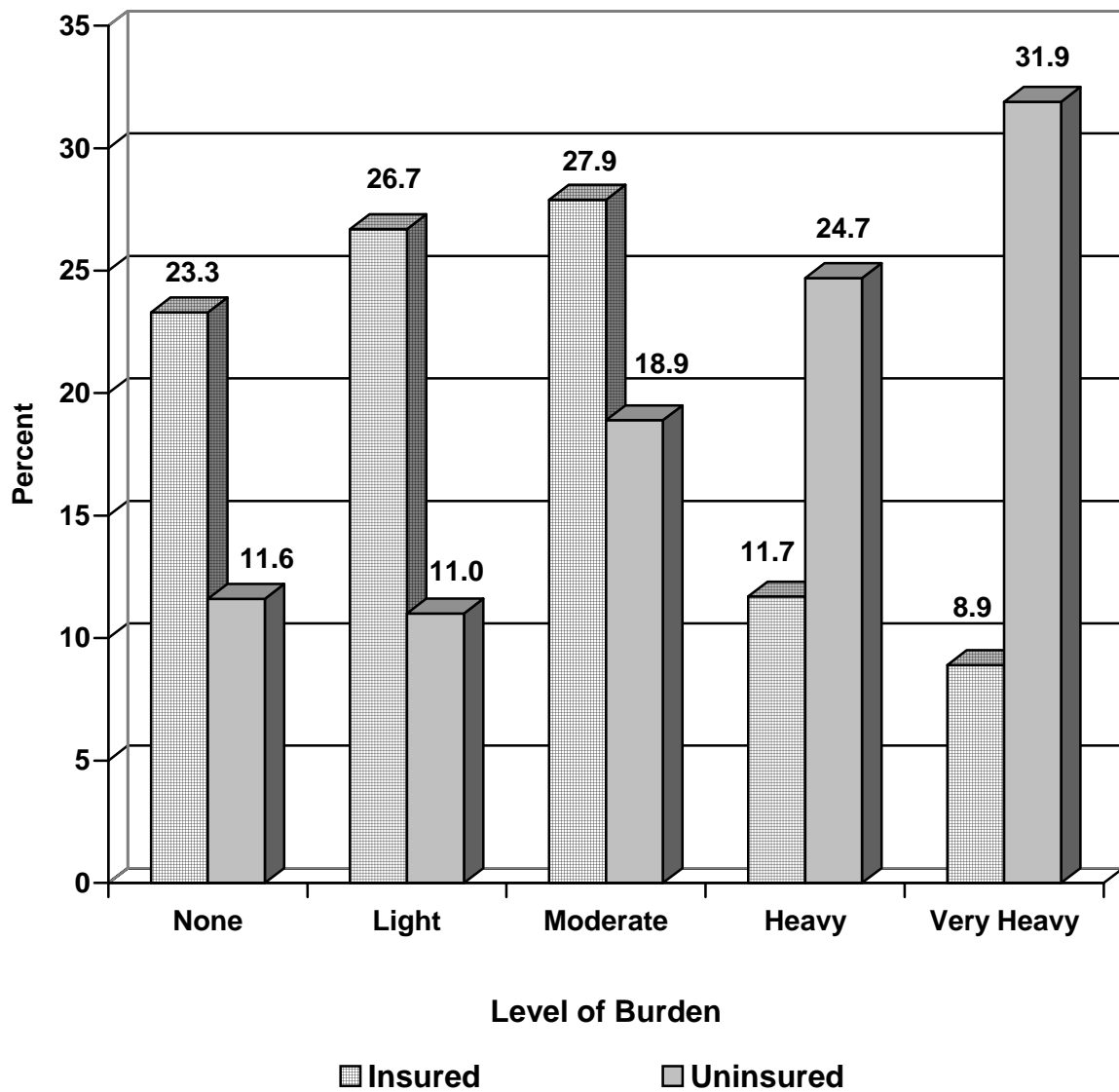
Few non-elderly West Virginians were very confident that they could pay for the healthcare expenses of all family members (32.4 percent). About 29.7 percent were not very confident or not at all confident about the ability to pay for healthcare. Uninsured non-elderly adults were much less confident than those with health insurance. Only 9.4 percent of uninsured non-elderly adults, compared to 38.2 percent of the insured, were very confident about their ability to pay for healthcare expenses. About 34 percent of the uninsured were not at all confident, compared to only 8.3 percent of the insured (see Figure 8).

Figure 8.
The uninsured were less confident that they could pay for healthcare expenses.
West Virginia, 2001



Many non-elderly West Virginians (27.8 percent) found out-of-pocket healthcare costs a heavy or very heavy burden. However, 56.6 percent of the uninsured felt very burdened by out-of-pocket healthcare costs compared to only 20.6 percent of those with health insurance (see Figure 9).

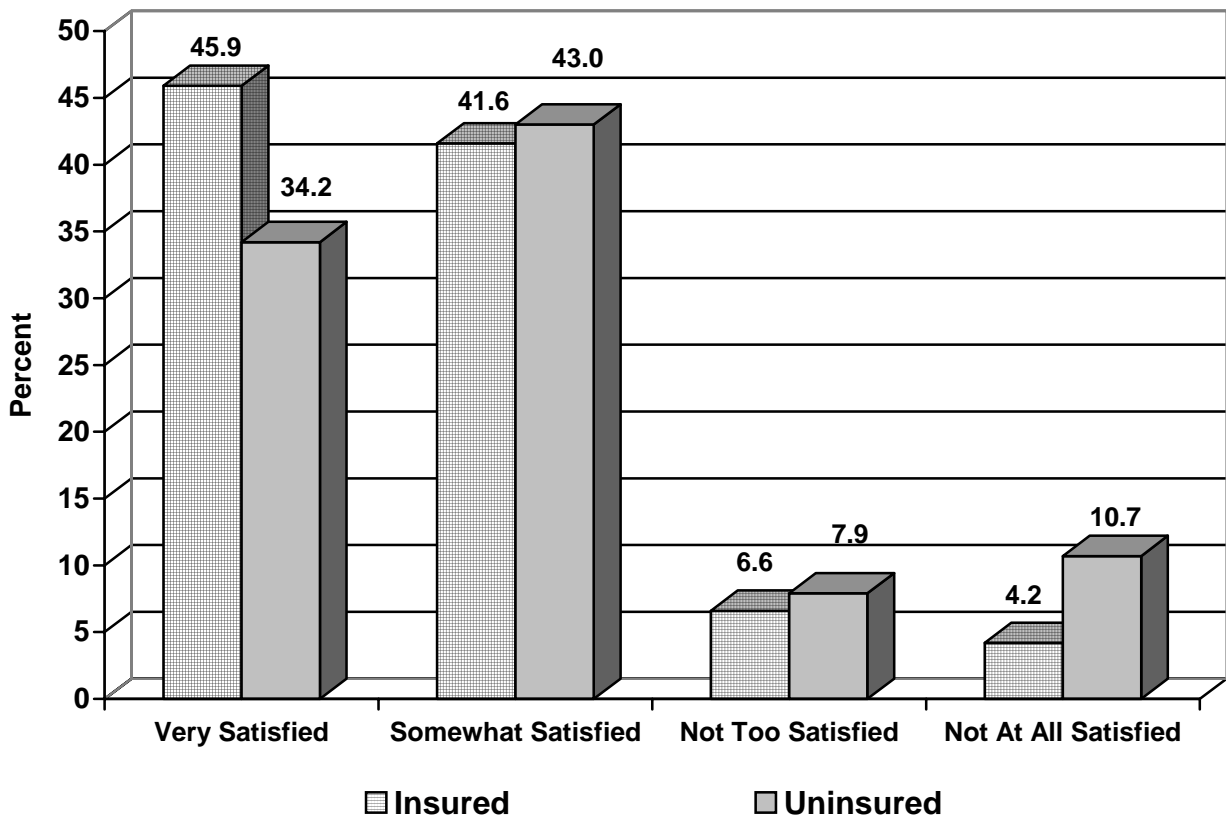
Figure 9.
Healthcare costs were a heavier burden for the uninsured.
West Virginia, 2001



Non-elderly adults were asked about their satisfaction with the quality, availability and cost of healthcare services. People were most satisfied with the quality of the healthcare they receive (43.6 percent were very satisfied), followed by the kinds of services available to them (34.5 percent were very satisfied) and then by the cost of healthcare (25.7 percent were very satisfied). Uninsured non-elderly adults were less likely to be satisfied with any of these dimensions of healthcare.

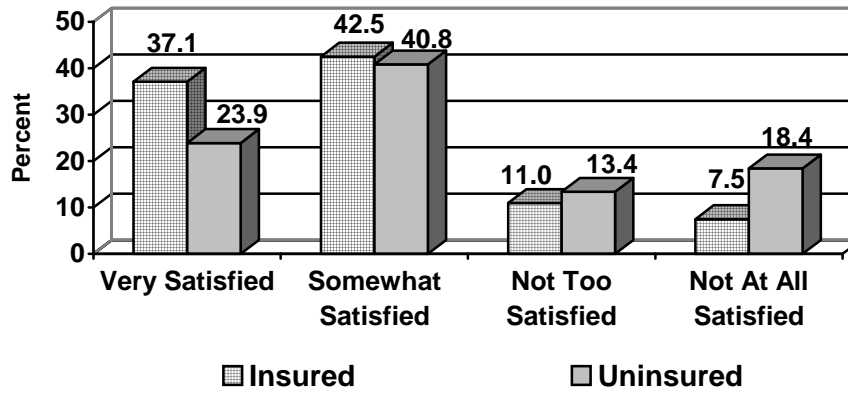
Only 34.2 percent of the uninsured were very satisfied with the quality of their healthcare, compared to 45.9 percent of the insured. However, the uninsured were slightly more likely to be somewhat satisfied than the insured (see Figure 10).

Figure 10.
Satisfaction with Quality of Healthcare Received
West Virginia, 2001



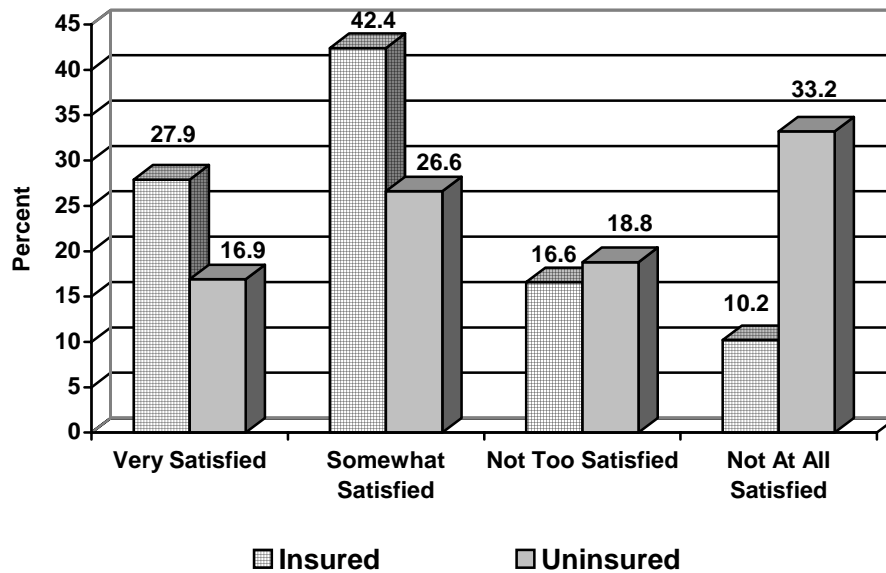
Only 23.9 percent of the uninsured were very satisfied with the services available to them, versus 37.1 percent of people with insurance (see Figure 11).

Figure 11.
Satisfaction with Kinds of Healthcare Available
West Virginia, 2001



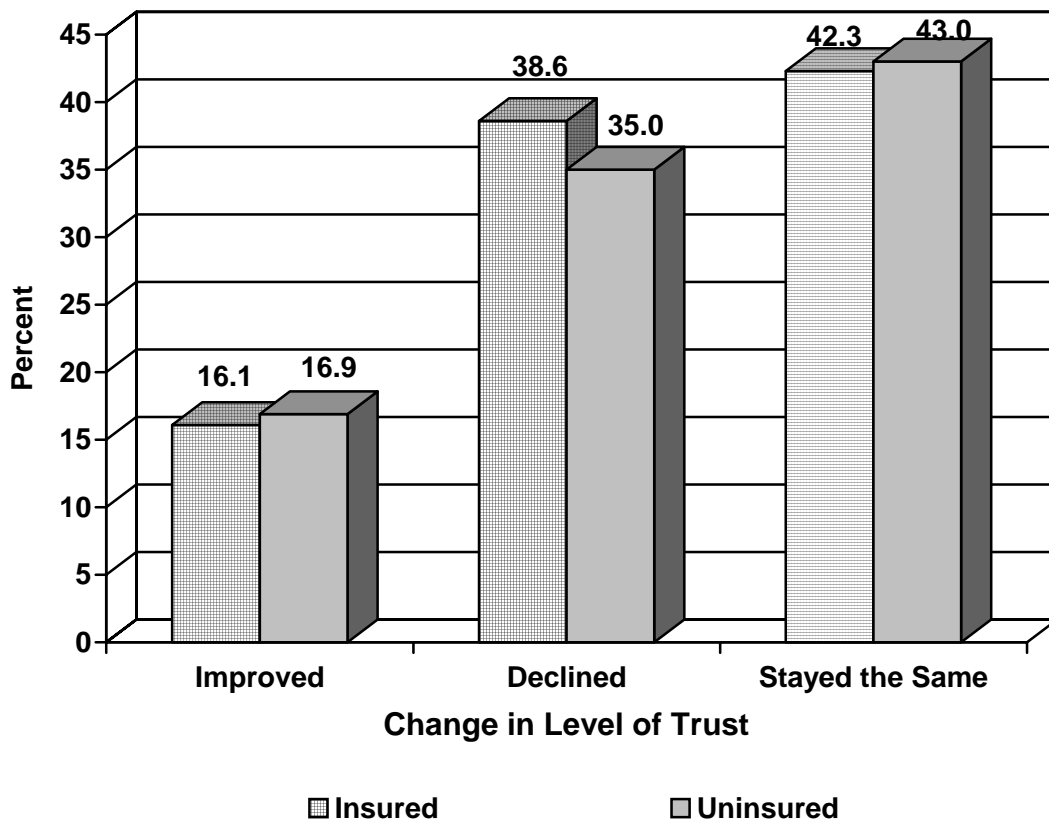
Only 16.9 percent of the uninsured were very satisfied with the cost of their healthcare, compared to 27.9 percent of the insured (see Figure 12).

Figure 12.
Satisfaction with the Cost of Healthcare
West Virginia, 2001



Non-elderly adults were asked, “Compared to five years ago, do you think public trust in the healthcare system has improved, declined or stayed about the same?” Only 16.2 percent of all non-elderly adults believed that the healthcare system had improved, while 37.8 percent felt it had declined. Uninsured non-elderly adults were slightly less likely to say that it had declined (see Figure 13).

Figure 13.
Public Trust in the Healthcare System
West Virginia, 2001



Which Non-Elderly Adults Are More Likely to Be Uninsured?

This section of the report will discuss the risk of being uninsured for non-elderly adults defined by the following demographic characteristics:

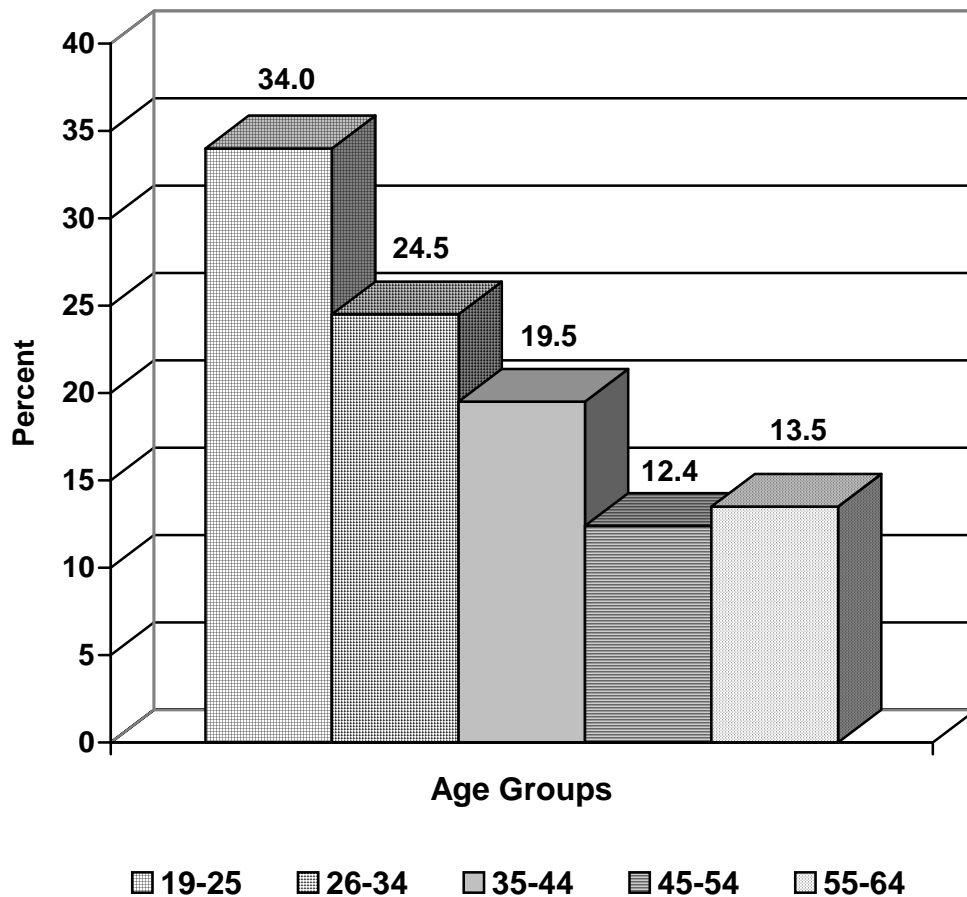
- Age, sex and race
- Marital status
- Education
- Annual income of non-elderly adult's household
- Non-elderly adult's household income in relation to Medicaid income guidelines
- Employment

This information describes which non-elderly adults have the greatest chance (or likelihood) of being uninsured.

The section also provides the demographic profile of uninsured non-elderly adults; that is, what is the percentage of uninsured non-elderly adults across each demographic. The demographic profile of the uninsured results from two factors: (1) the risk of being uninsured for non-elderly adults within each demographic and (2) the size of that group. For example, a demographic group may have a high risk of being uninsured, but if it comprises a small percentage of the non-elderly adult population, it will make up a small percentage of the demographic profile.

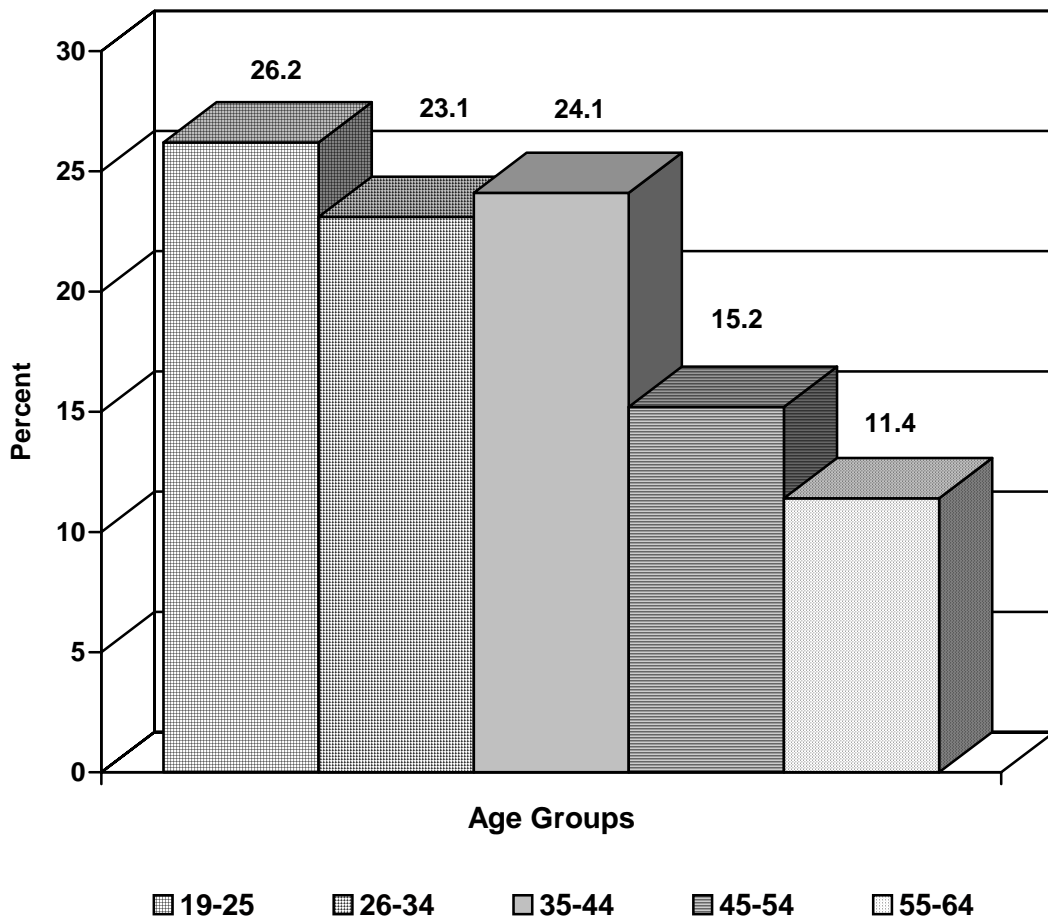
The likelihood of being uninsured was highest among adults under 45 years old. Non-elderly adults between the ages of 19 and 25 were the most likely to be uninsured (34 percent). About 24.5 percent of non-elderly adults between the ages of 26 and 34 were uninsured, and 19.5 percent of non-elderly adults between 35 and 44 years of age were uninsured. Those least likely to be without health insurance were those non-elderly adults 45 to 54 and 55 to 64 years old. Only 12.4 percent of 45 to 54-year-olds and 13.5 percent of 55 to 64-year-olds were uninsured (see Figure 14).

Figure 14.
The Percent Uninsured in Each Age Group
West Virginia, 2001



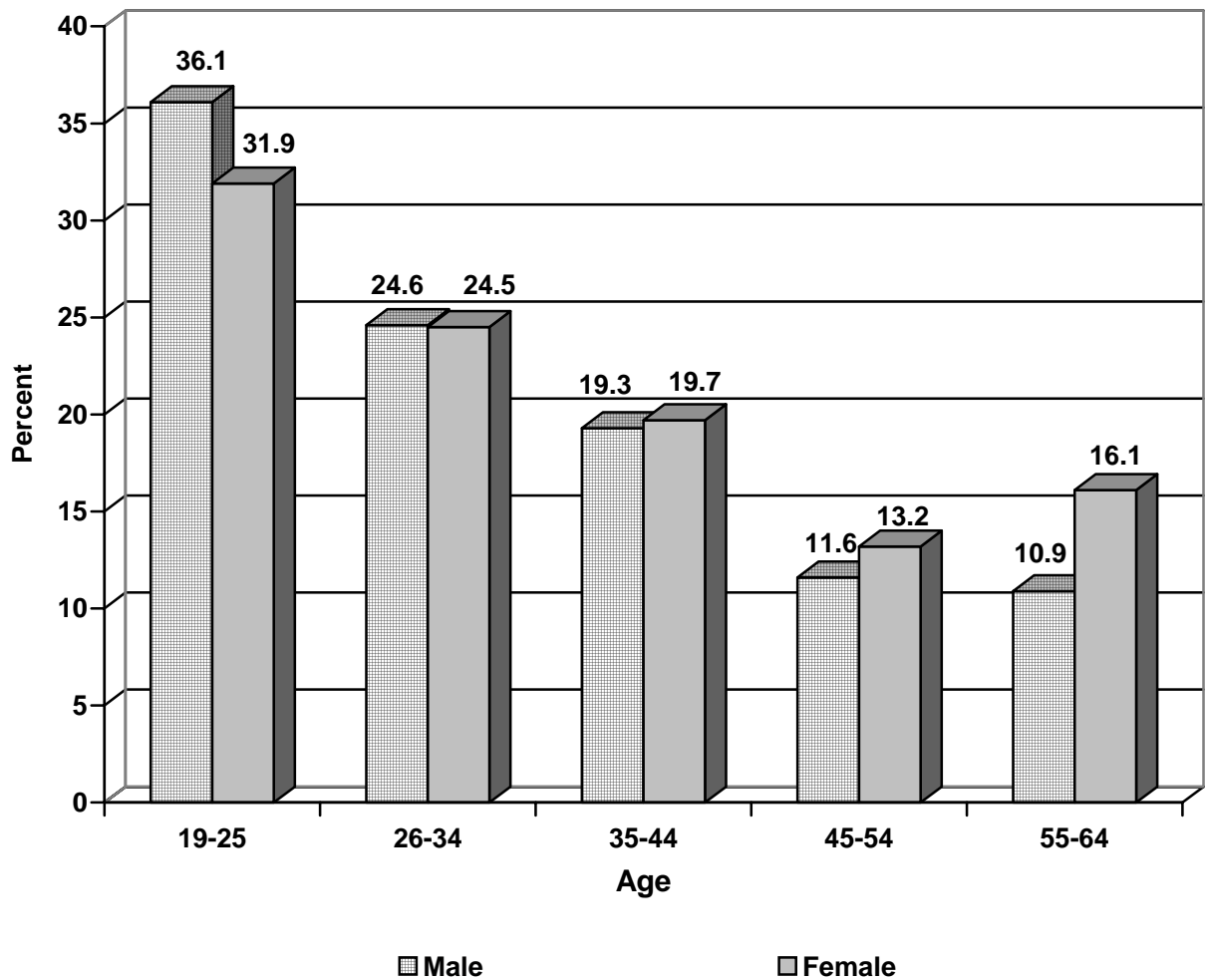
Since about 60 percent of non-elderly adults in West Virginia are between 19 and 44 years of age and the risk of being uninsured is greatest for these age groups, the population of uninsured non-elderly adults in the state is largely made up of people in these age groups. Therefore, 26.2 percent of uninsured non-elderly adults were between 19 and 25 years of age, 23.1 percent of uninsured non-elderly adults were between 26 and 34 years of age and 24.1 percent of uninsured non-elderly adults were between 35 and 44 years of age (see Figure 15).

Figure 15.
The Age Profile of Uninsured Non-Elderly Adults
West Virginia, 2001



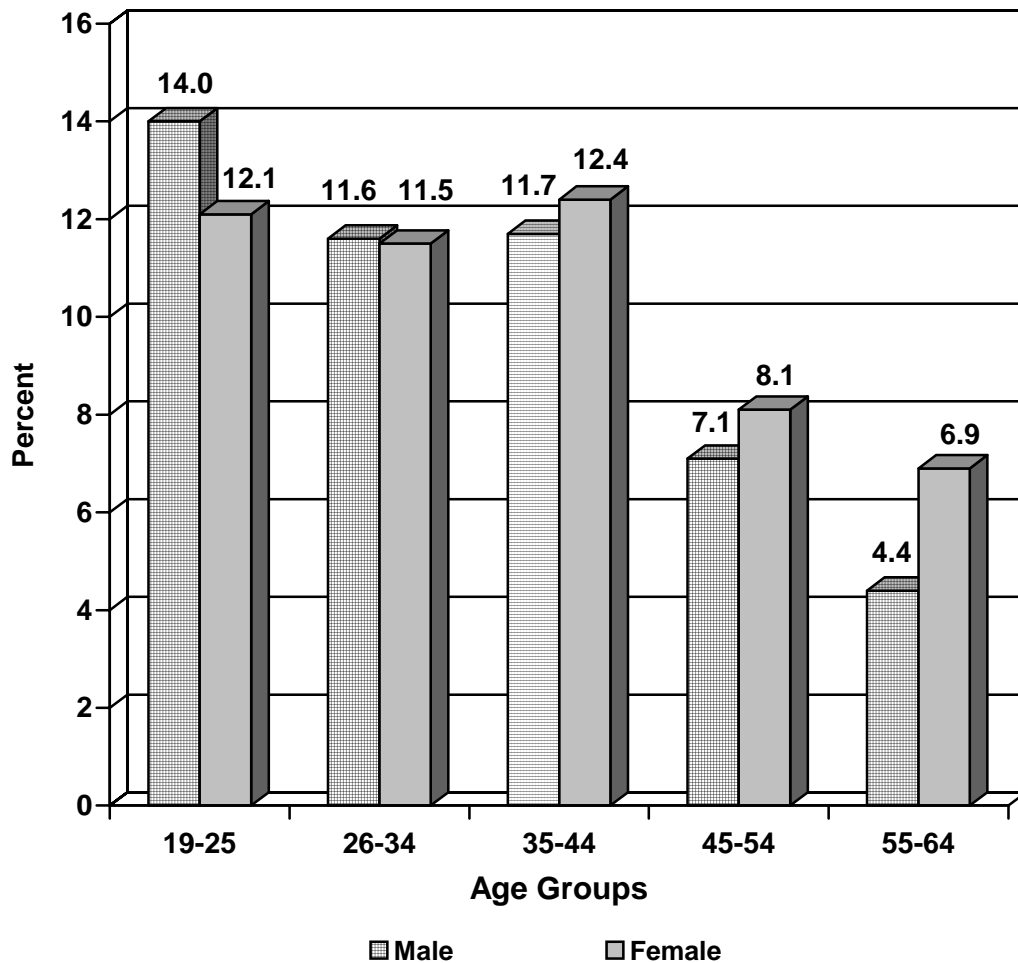
The likelihood of being uninsured also varied by sex. The largest differences were between males and females who were 19 to 25 and 55 to 64 years of age. About 36.1 percent of males age 19 to 25 were uninsured, compared to 31.9 percent of females of the same age. About 10.9 percent of males age 55 to 64 were uninsured, compared to 16.1 percent of females of the same age (see Figure 16).

Figure 16.
The Percent of Uninsured Non-Elderly Adults in Each Age and Sex Group
West Virginia, 2001



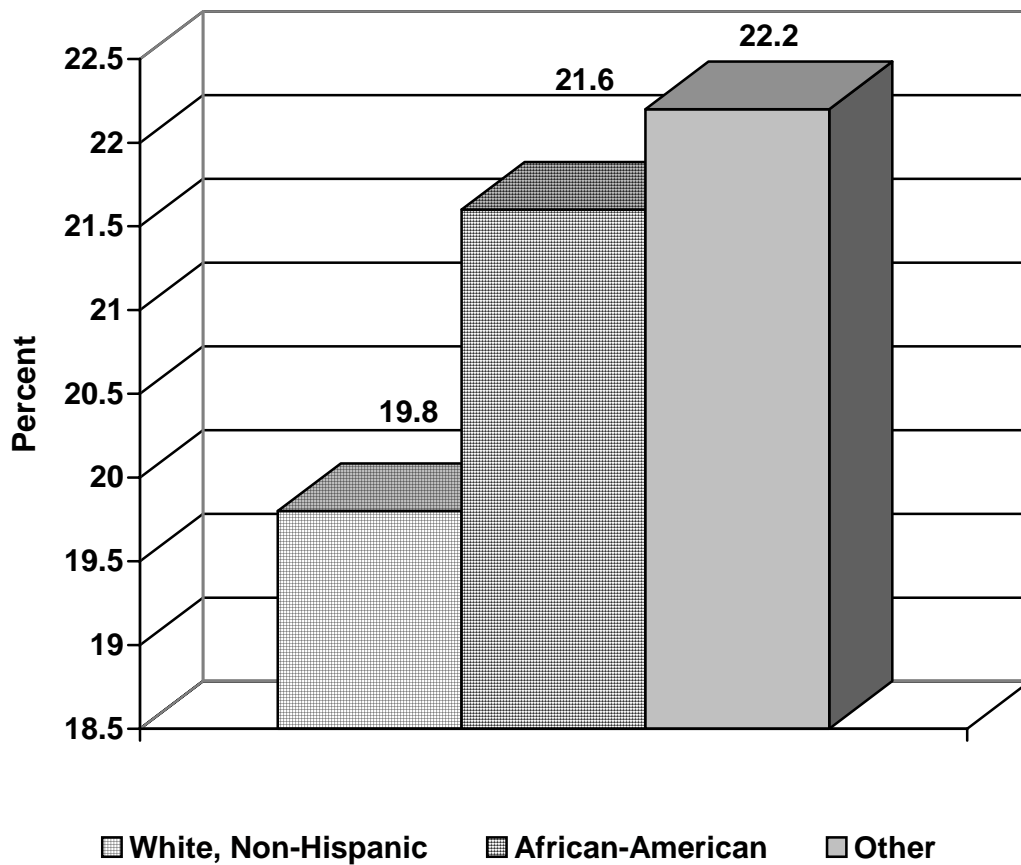
The profile of the uninsured by age and sex is displayed in Figure 17. Overall, women make up 51 percent of the uninsured non-elderly adult population. Women over 44 years comprise 15 percent of the uninsured, whereas men over 44 are 11.5 percent of the uninsured. The largest single group of uninsured is men between 19 and 25 years old, who comprise 14 percent of the uninsured population.

Figure 17.
The Age by Sex Profile of Uninsured Non-Elderly Adults
West Virginia, 2001



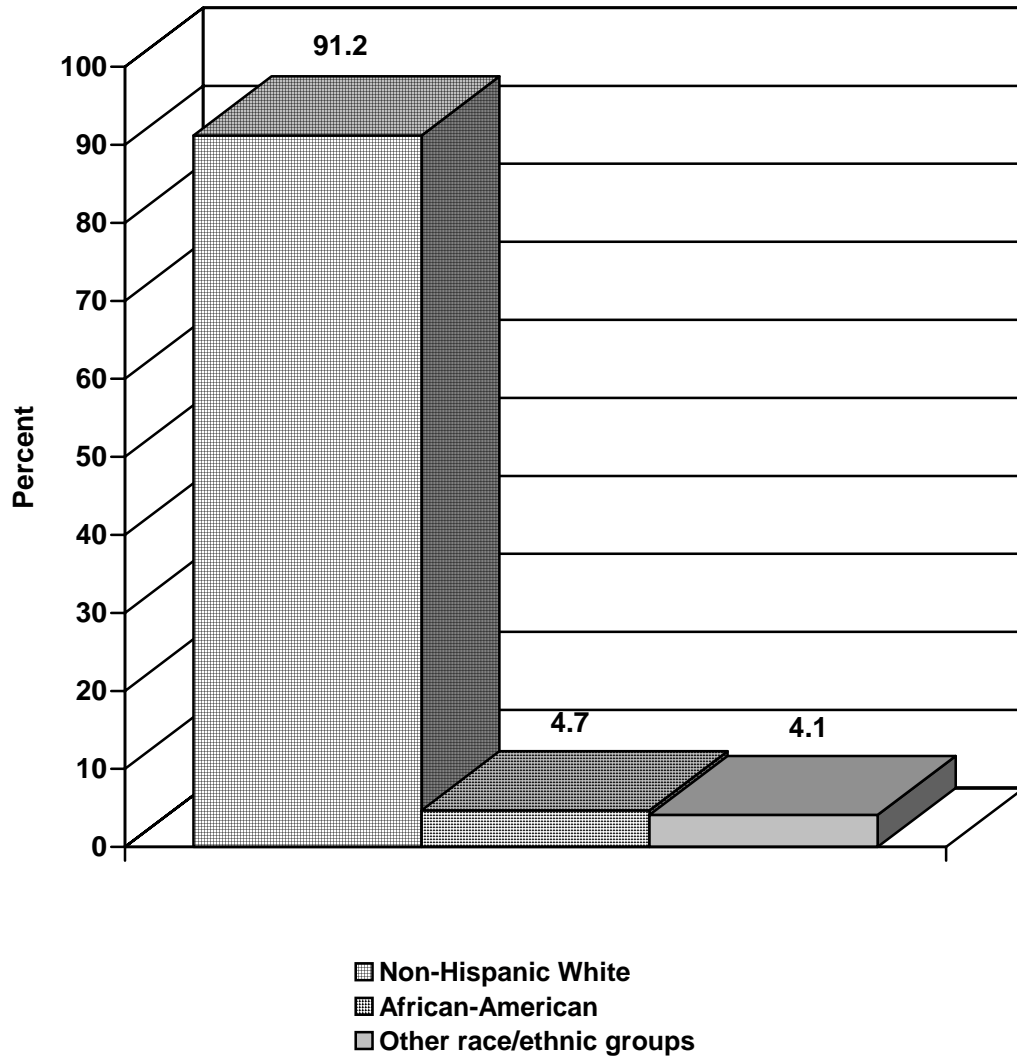
Race and ethnicity were related to the likelihood of being uninsured, with 19.8 percent of all white, non-Hispanic adults, 21.6 percent of all African-American adults and 22.2 percent of all other non-elderly adults being uninsured (see Figure 18).

Figure 18.
The Percent of Uninsured Non-Elderly Adults in Each Race and Ethnic Group
West Virginia, 2001



Since the non-elderly adult population in West Virginia is 91.2 percent non-Hispanic white, the majority of uninsured non-elderly adults are white (see Figure 19).

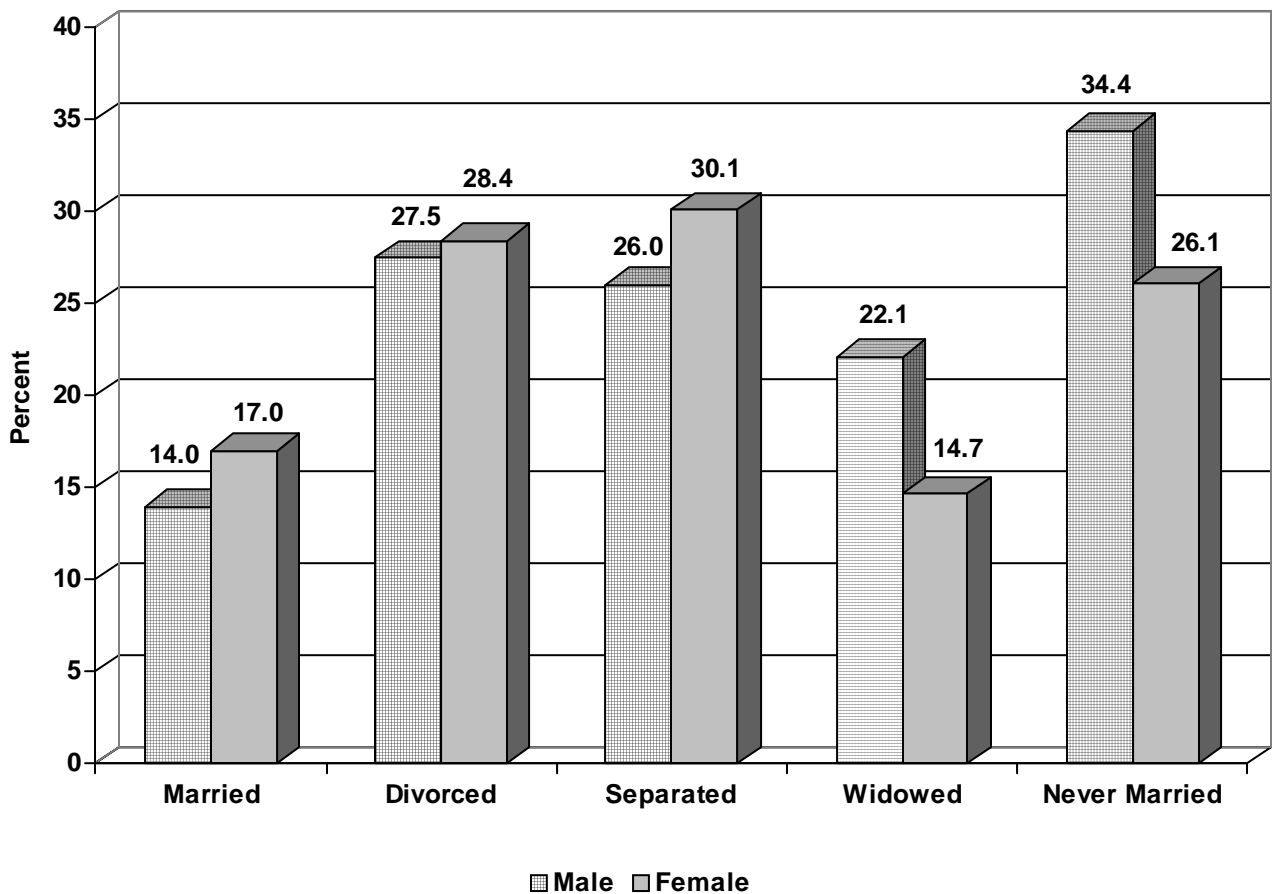
Figure 19.
The Racial and Ethnic Profile of Uninsured Non-Elderly Adults
West Virginia, 2001



Marital status was related to the risk of being uninsured. Non-elderly adults with the lowest chance of being uninsured were married or widowed. People with the highest risk were never married, separated or divorced.

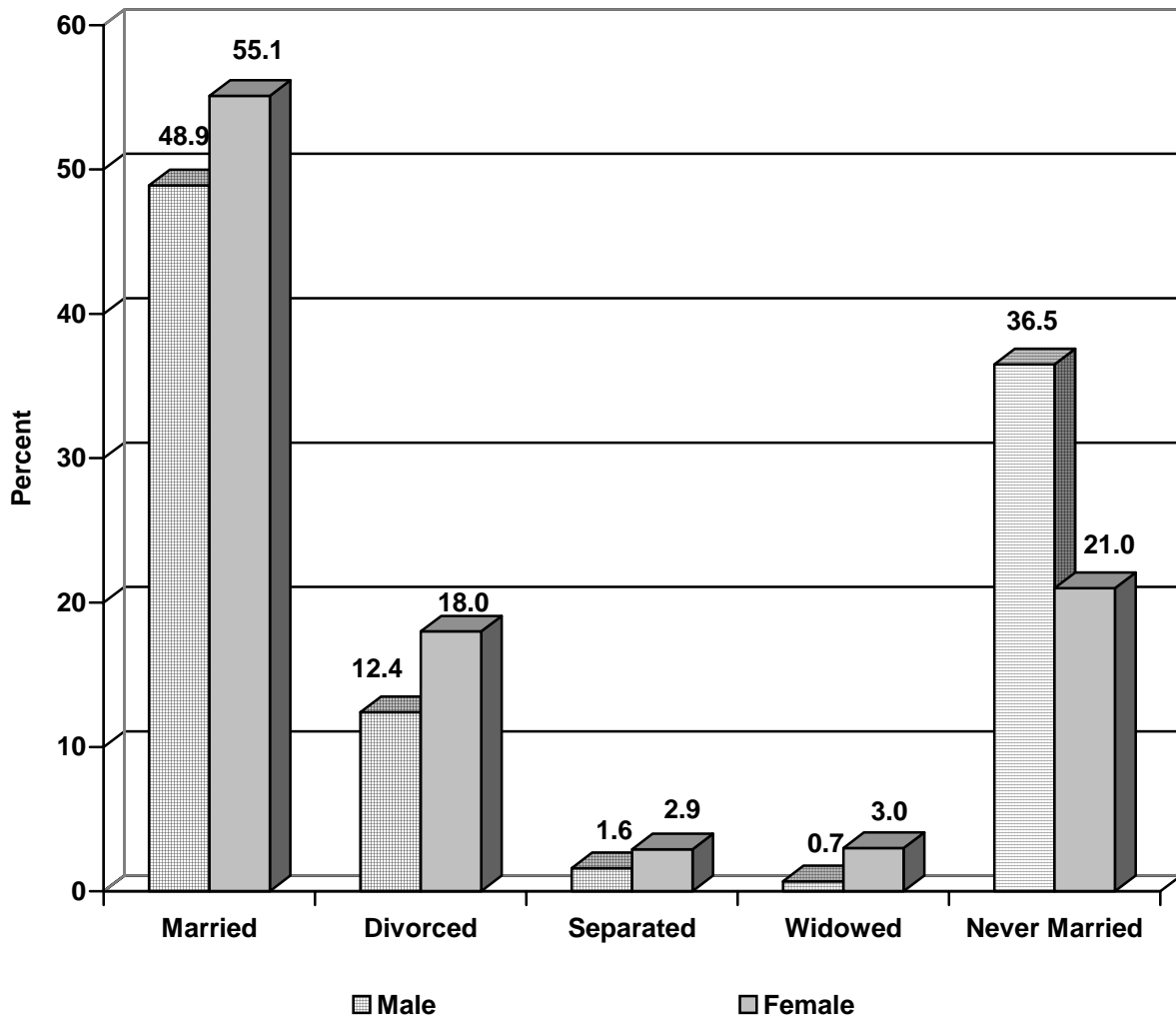
When we examine the risk of being uninsured by marital status and sex, we find that women are at slightly greater risk than men, except for women who are widowed (14.7 percent uninsured versus 22.1 percent among men) or women who have never been married (26.1 percent uninsured versus 34.4 percent among men). See Figure 20.

Figure 20.
The Percent of Uninsured Non-Elderly Adults by Marital Status and Sex
West Virginia, 2001



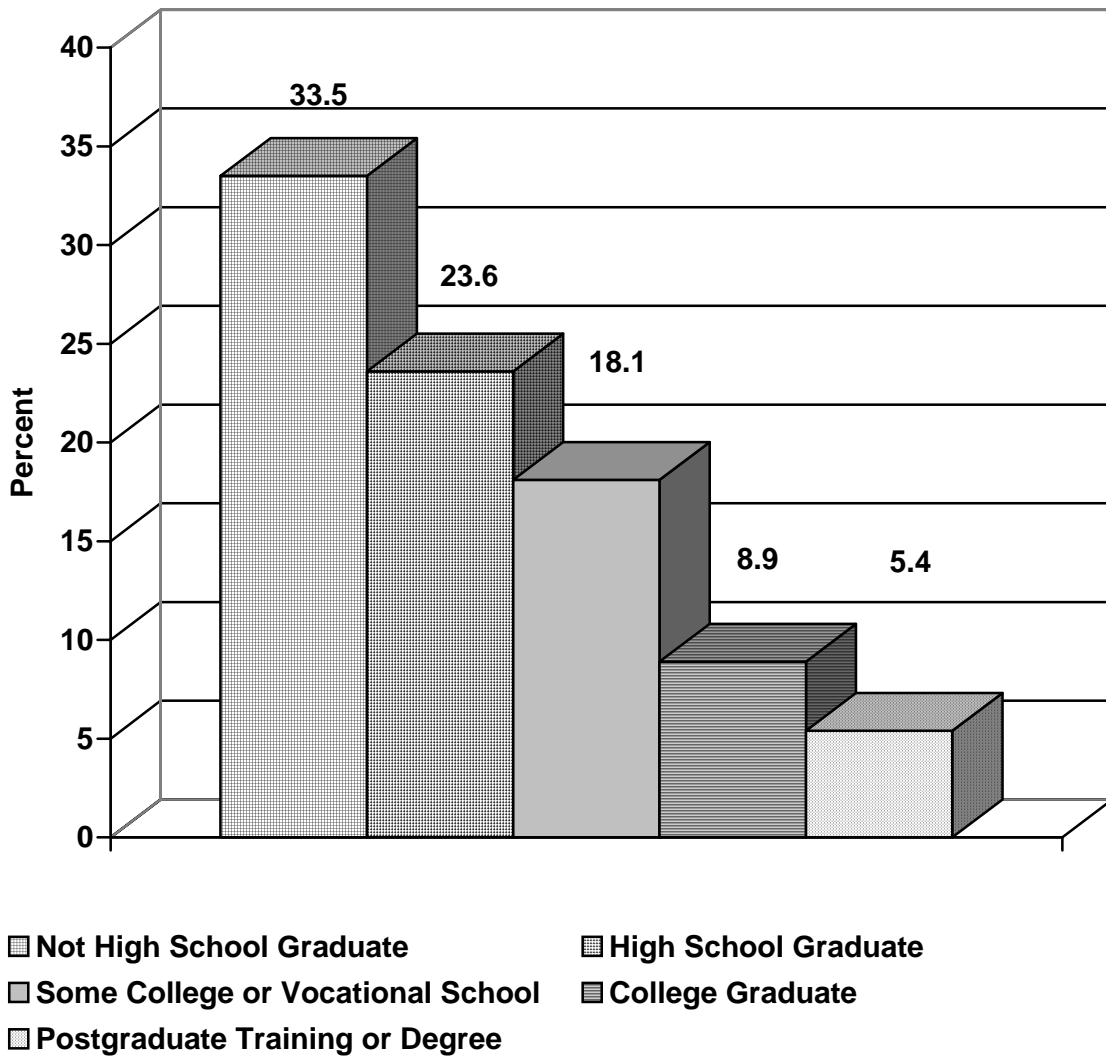
Most non-elderly adult West Virginians are either married (66.8 percent) or have never been married (18.5 percent), a demographic fact that is reflected in the profile of the uninsured (see Figure 21). Females are more likely than males to be uninsured when they are divorced (18 percent of females versus 12.4 percent of males) or when they are married (55.1 percent of females and 48.9 percent of males). Males are more likely than females to be uninsured when they have never been married (36.5 percent of males versus 21 percent of females).

Figure 21.
The Marital Status Profile of Uninsured Non-Elderly Adults by Sex
West Virginia, 2001



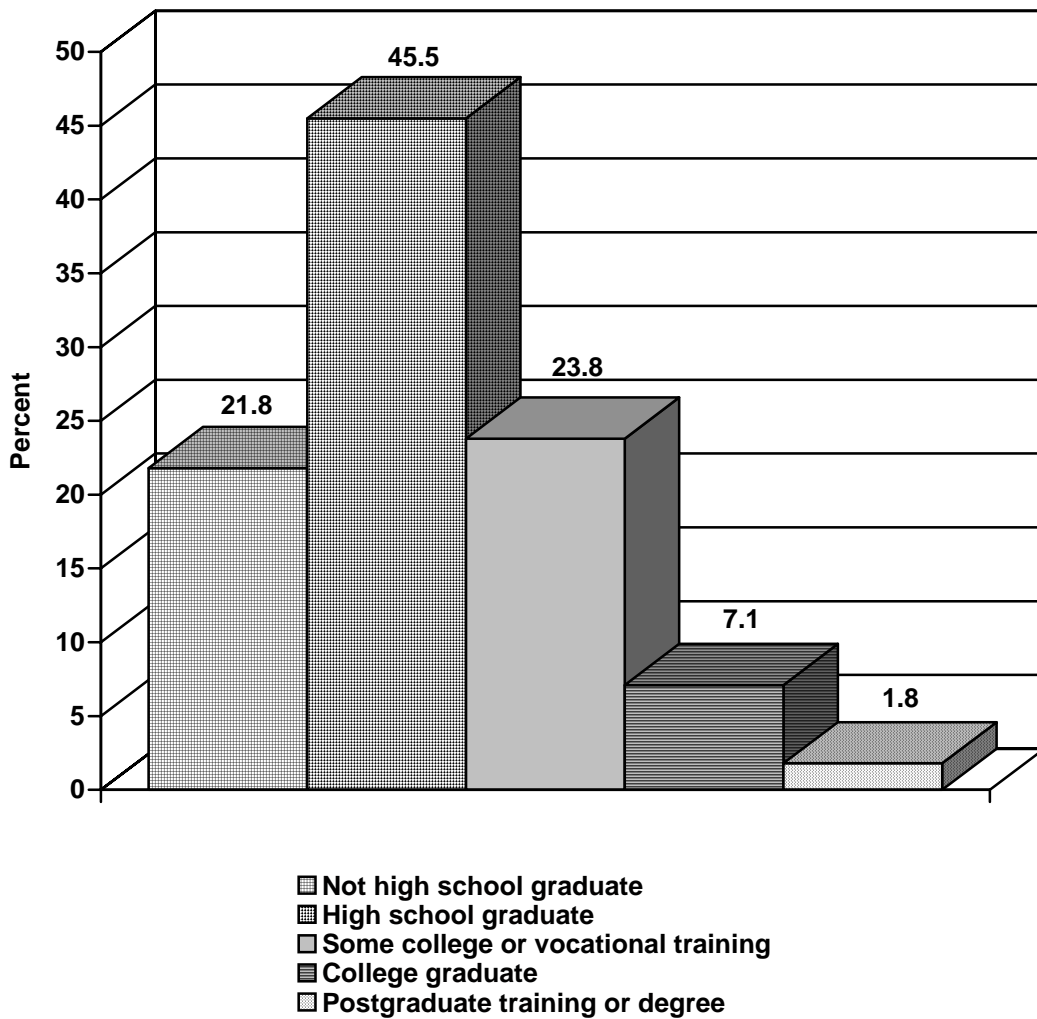
The risk of being uninsured was related to level of education. Non-elderly adults with more education were less likely to be uninsured. People at highest risk were those without a high school diploma (33.5 percent uninsured), followed by high school graduates (23.6 percent uninsured) and then by non-elderly adults with some college or vocational training (18.1 percent uninsured). Only 8.9 percent of college graduates and 5.4 percent of non-elderly adults with postgraduate training were uninsured. See Figure 22.

Figure 22.
The Percent of Uninsured Non-Elderly Adults at Each Level of Education
West Virginia, 2001



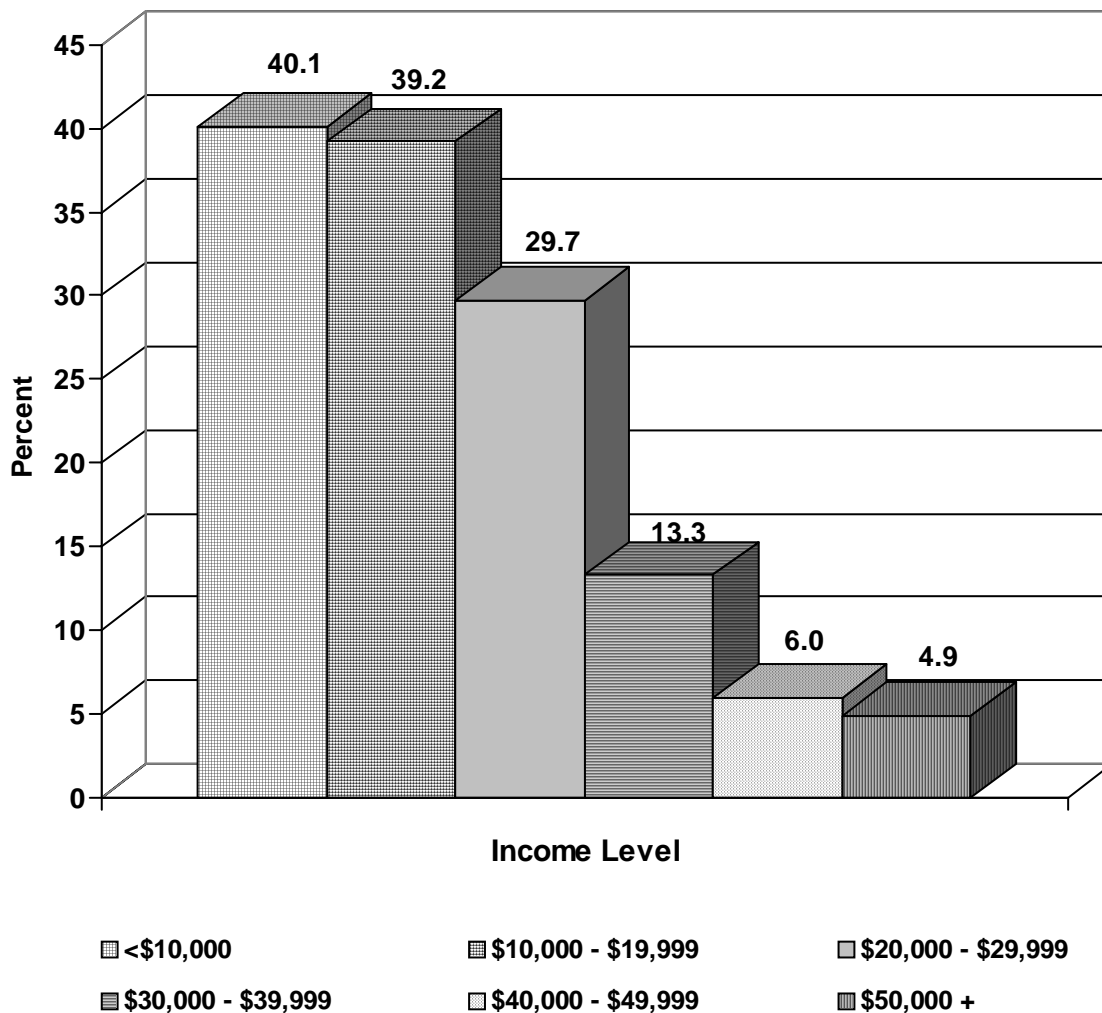
The education profile of uninsured non-elderly adults is displayed in Figure 23. High school graduates and people with some college or vocational training comprise the largest percentage of the non-elderly adult population (64.5 percent). Therefore, most uninsured non-elderly adults are also in these groups (69.3 percent). Non-elderly adults without a high school diploma make up a fairly large percentage of the uninsured because their risk of being uninsured is very high, even though they comprise only 13 percent of the non-elderly adult population.

Figure 23.
The Education Profile of Uninsured Non-Elderly Adults
West Virginia, 2001



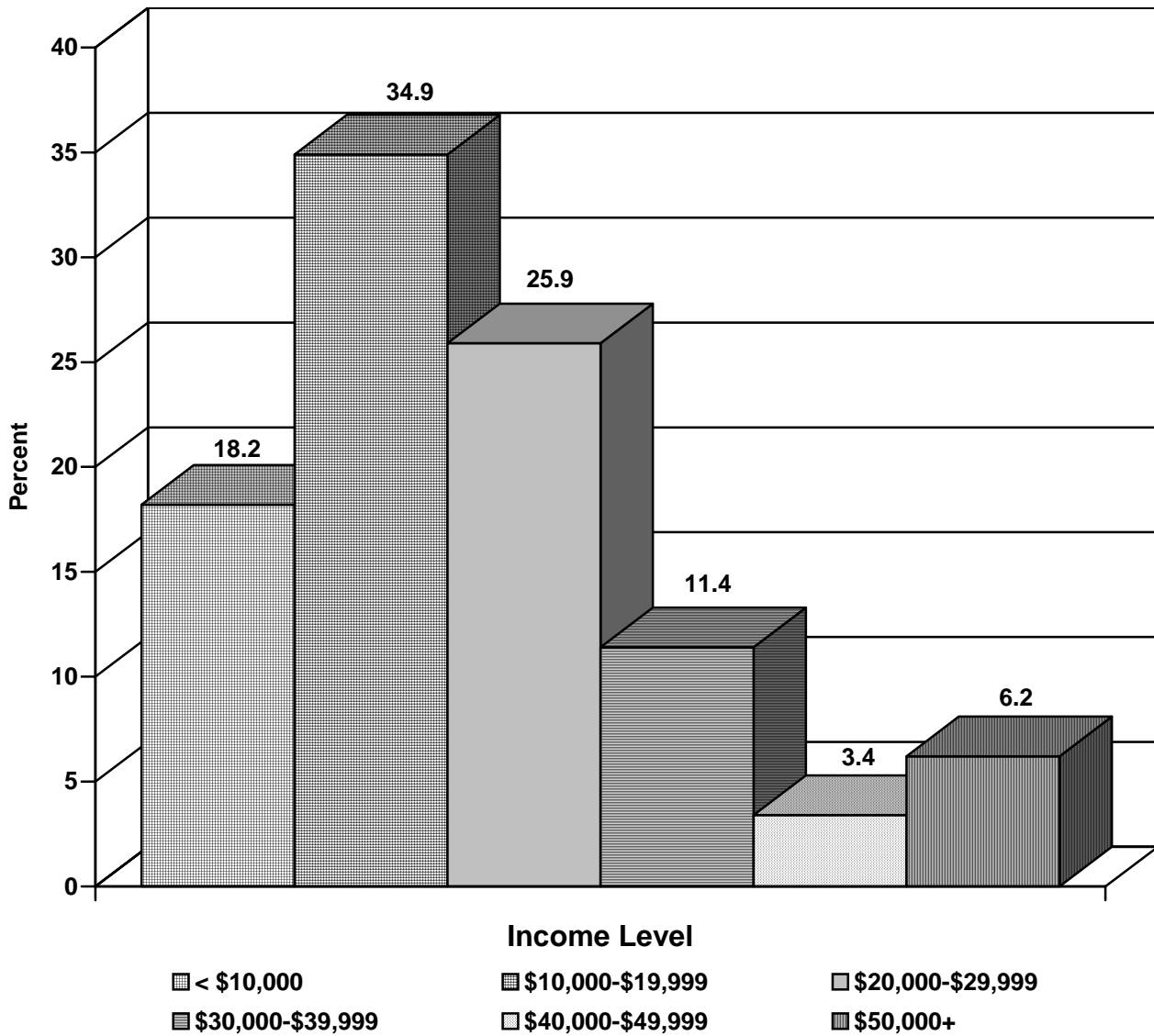
The likelihood of being uninsured varied by household income. Non-elderly adults in the highest income groups were least likely to be uninsured, with 6 percent uninsured in households with an annual income of \$40,000 to \$49,999 and 4.9 percent uninsured in those with incomes of \$50,000 or more. Non-elderly adults living in households with an annual income below \$20,000 were the most likely to be uninsured (about 40 percent uninsured in each of these income groups), followed by non-elderly adults in households with an annual income between \$20,000 and \$29,999 (29.7 percent uninsured). See Figure 24.

Figure 24.
The Percent of Uninsured Non-Elderly Adults in Each Income Group
West Virginia, 2001



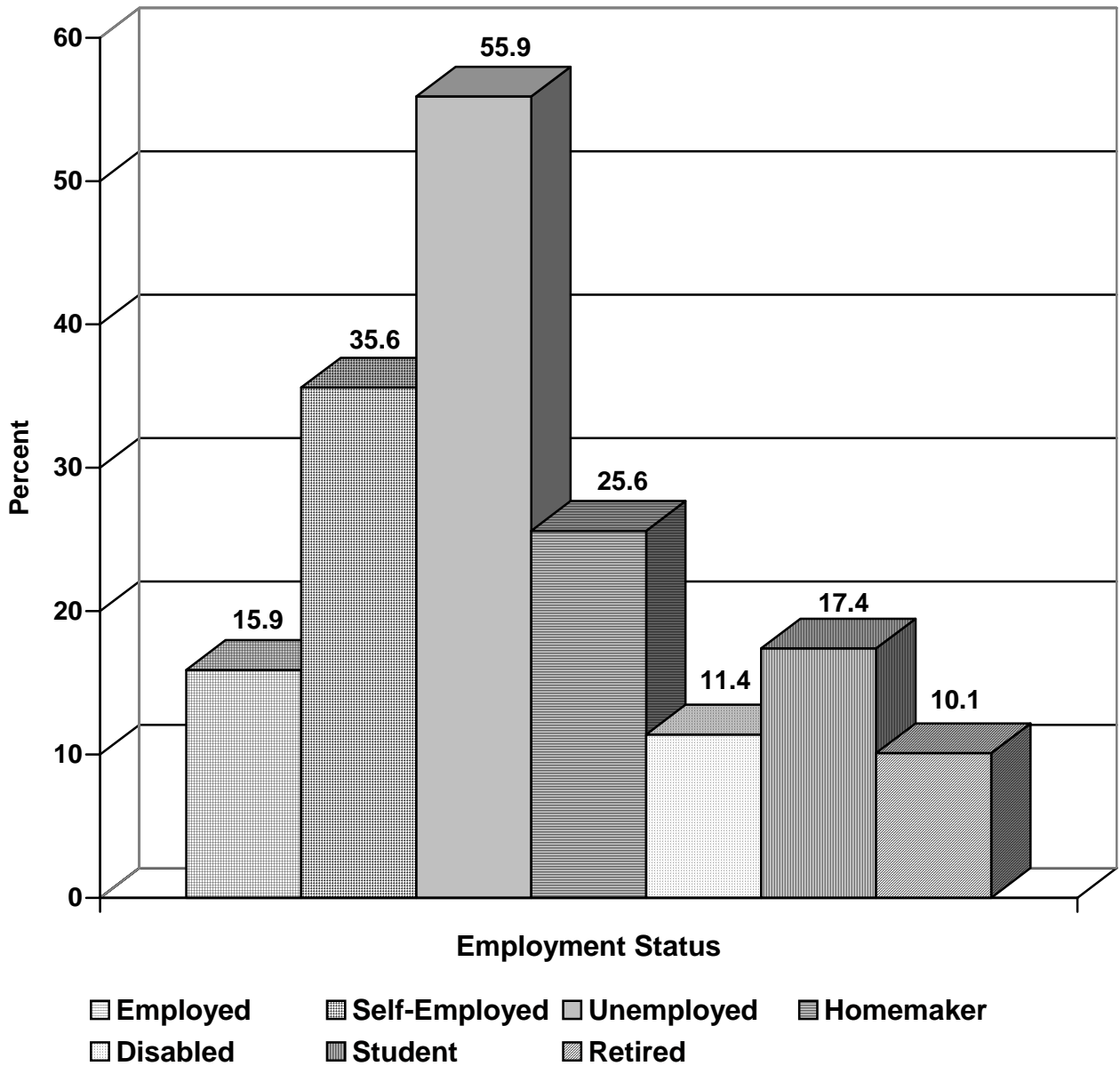
As a result of the risk of being uninsured in each income category and the percentage of non-elderly adults in each, most uninsured non-elderly adults lived in low to middle income households. Approximately 79 percent of uninsured non-elderly adults lived in households with an annual income below \$30,000 (see Figure 25).

Figure 25.
The Income Profile of Uninsured Non-Elderly Adults
West Virginia, 2001



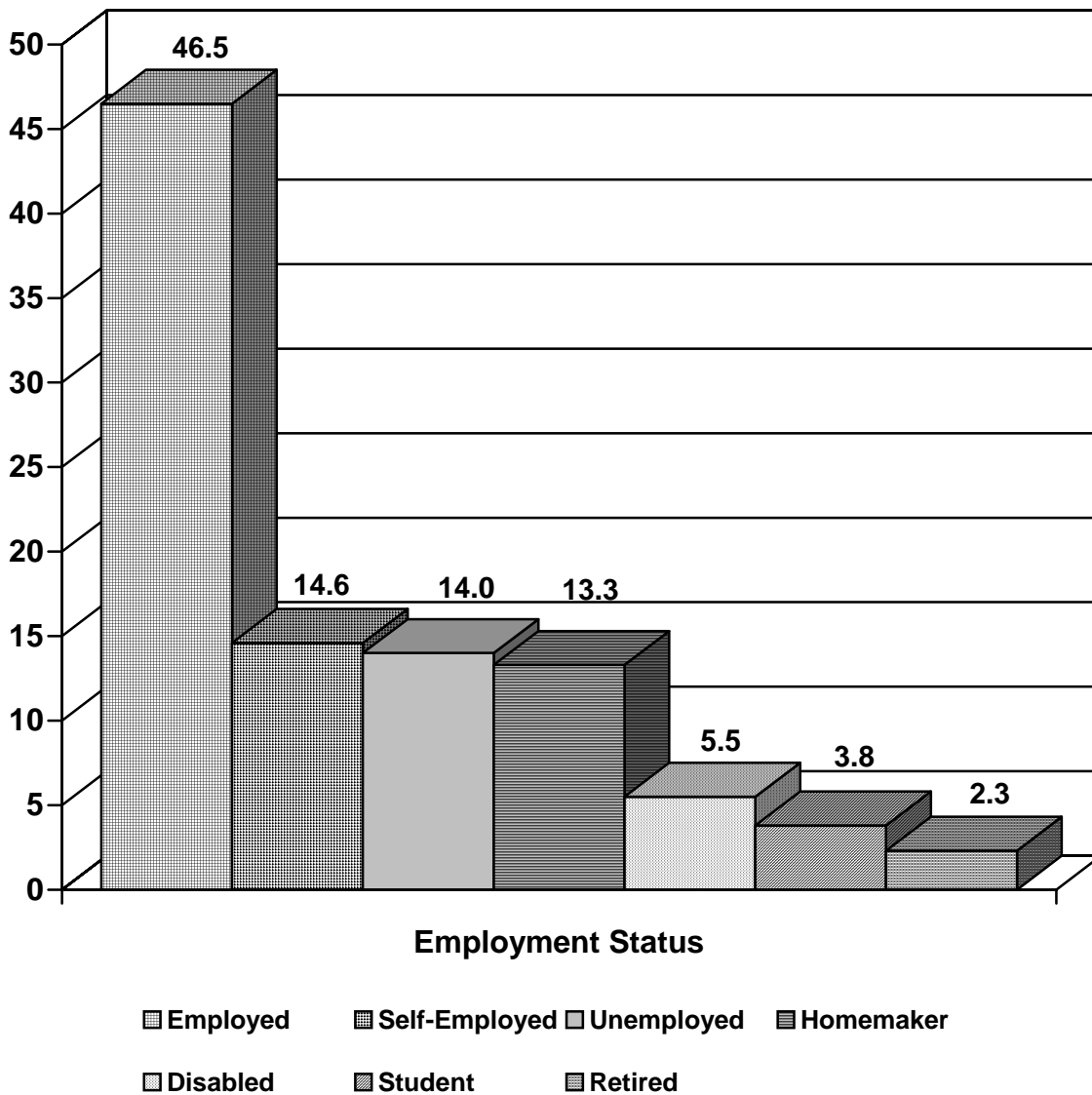
As would be expected, the risk of being uninsured was related to employment status. The unemployed had the highest risk of being uninsured (55.9 percent uninsured), followed by the self-employed (35.6 percent uninsured) and then by people who identified themselves as homemakers (25.6 percent uninsured). See Figure 26.

Figure 26.
The Percent of Uninsured Non-Elderly Adults by Employment Status
West Virginia, 2001



The employment profile of uninsured non-elderly adults is displayed in Figure 27. The unemployed, the self-employed and the homemakers comprise a small percentage of the non-elderly adult population (23.4 percent of all non-elderly adults). Therefore, as a group, most uninsured adults are employed (61.1 percent), either self-employed or employed by someone else.

Figure 27.
The Employment Profile of Uninsured Non-Elderly Adults
West Virginia, 2001



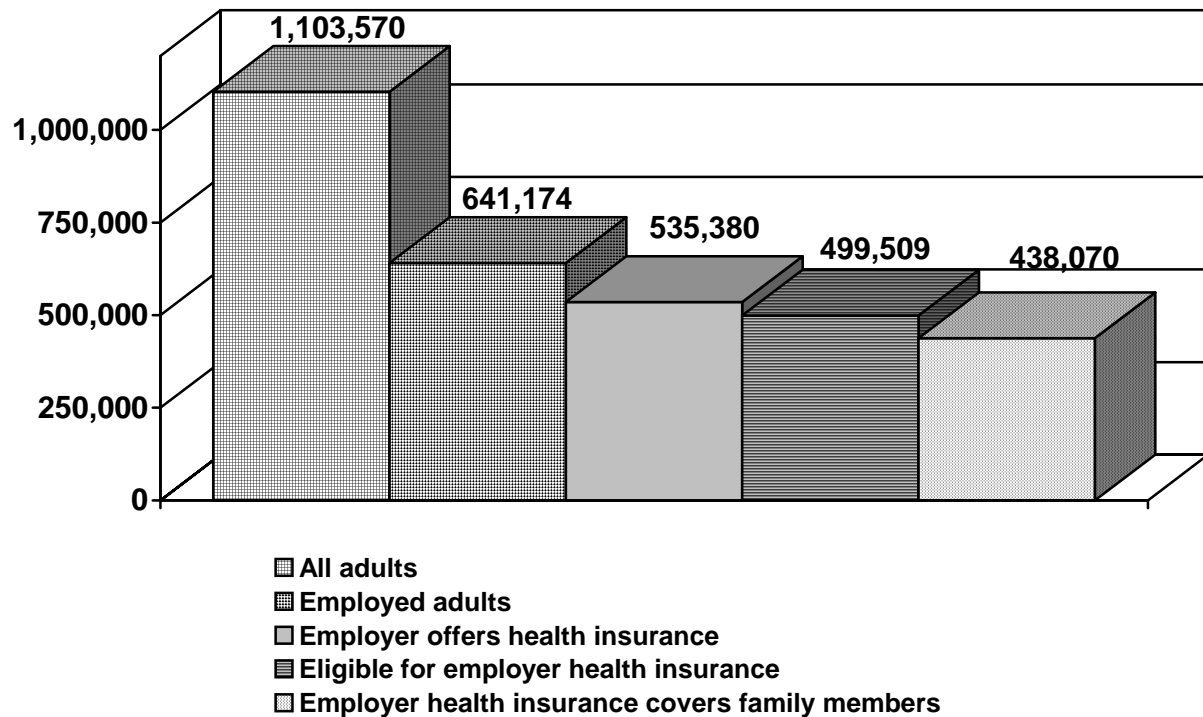
Health Insurance Coverage and Employment

This section of the report will discuss:

- Employer health insurance
- Eligibility for employer health insurance

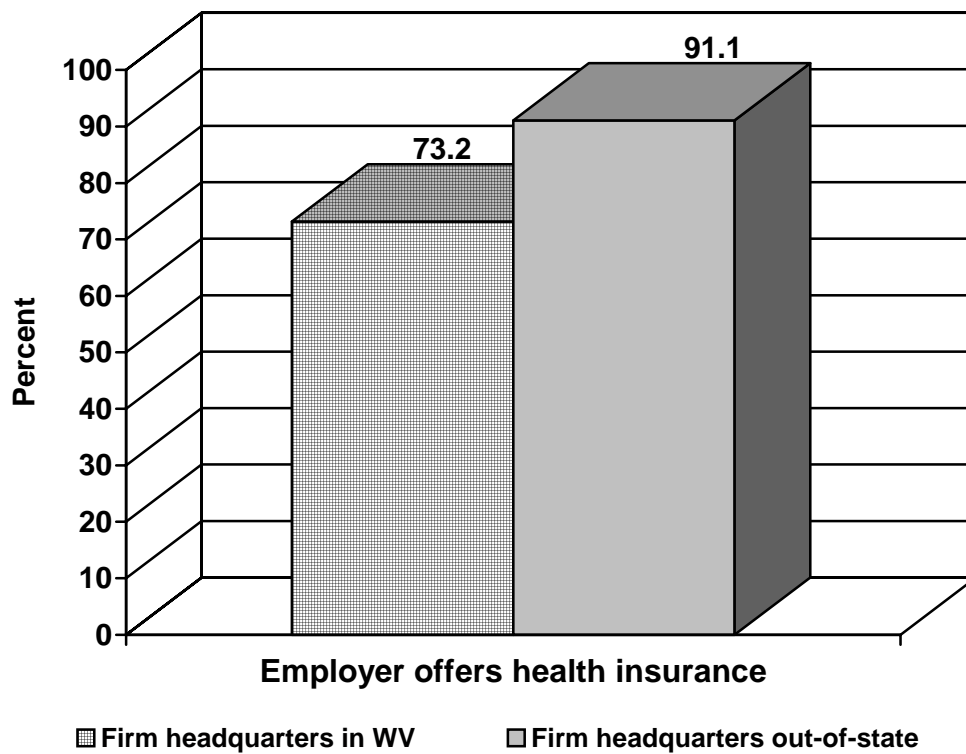
Employed non-elderly adults were asked whether their employers offered health insurance, whether they were eligible for that insurance and whether the plan covered family members. About 83.5 percent of employed non-elderly adults had employers who offered health insurance. Of these, 93.3 percent were eligible for that insurance. An estimated 87.7 percent of employed non-elderly adults eligible for their employer's health insurance could also cover their family members with their employer's plan. Therefore, 68.3 percent of all employed non-elderly adults were eligible for employer health insurance that covers family members. See Figure 28 for the estimated numbers of non-elderly adults in each category.

Figure 28.
Estimated Number of Non-Elderly Adults Eligible for Employer Health Insurance that Covers Family Members
West Virginia, 2001



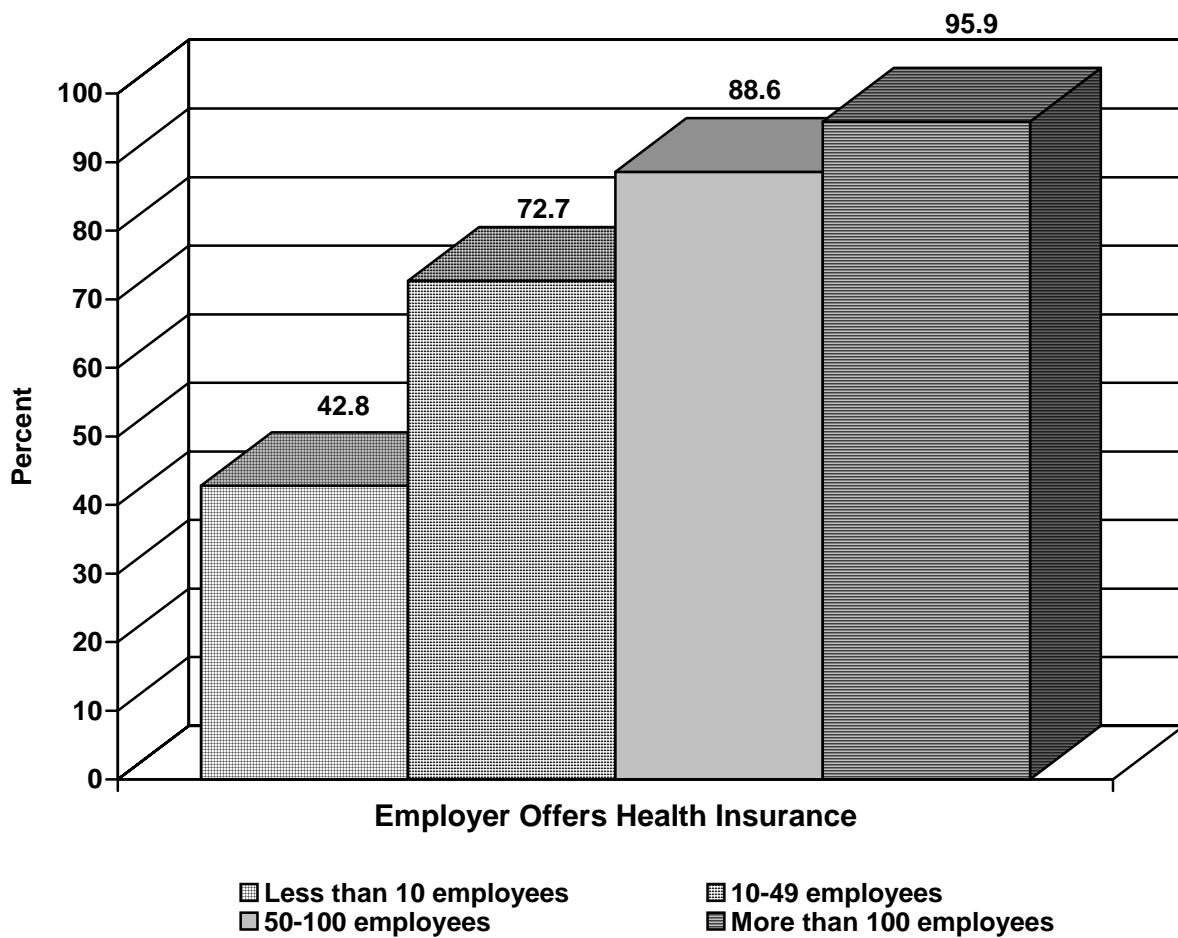
Some employed non-elderly adults were more likely to be offered health insurance by their employers. About 91 percent of non-elderly adults employed in firms headquartered outside of West Virginia had employers who offered a health plan, compared to 73.2 percent of non-elderly adults working in firms with headquarters in the state (see Figure 29).

Figure 29.
Non-elderly adults in firms headquartered in West Virginia were less likely to have an employer who offered health insurance.
West Virginia, 2001



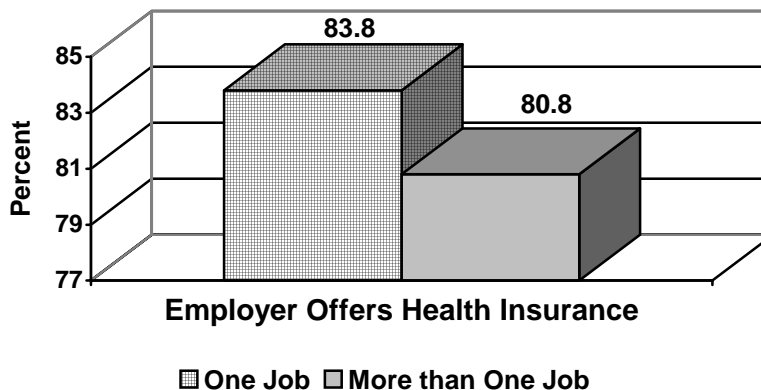
The size of one's firm was also related to having an employer who offered health insurance. About 42.8 percent of non-elderly adults employed in firms of less than 10 had employers who offered a health plan, compared to 72.7 percent in firms of 10-49 employees, 88.6 percent in firms of 50-100 and 95.9 percent in firms of 100 or more employees (see Figure 30).

Figure 30.
Non-elderly adults employed by smaller firms were less likely to have an employer who offered health insurance.
West Virginia, 2001



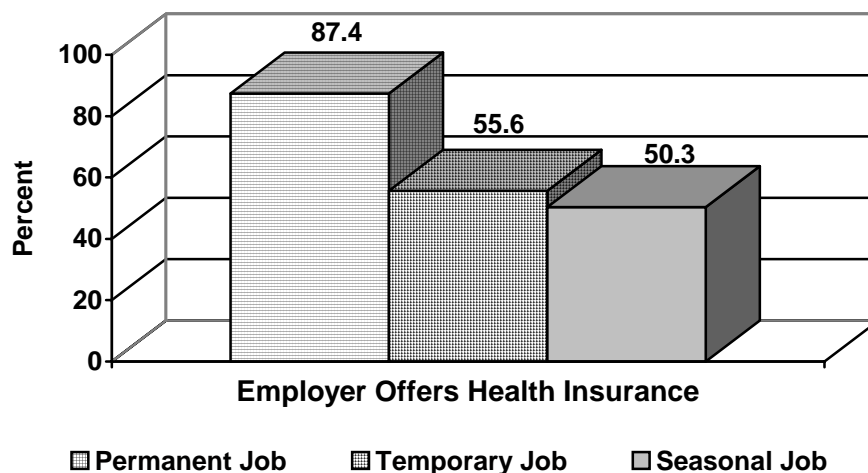
Employees who have one, permanent, full-time job are more likely to be offered health insurance by their employers. In contrast, people with two or more jobs were slightly less likely to have an employer that offered health insurance (80.8 percent), compared to people with only one job (83.8 percent). See Figure 31.

Figure 31.
Non-elderly adults with more than one job were slightly less likely to have employers that offered health insurance.
West Virginia, 2001



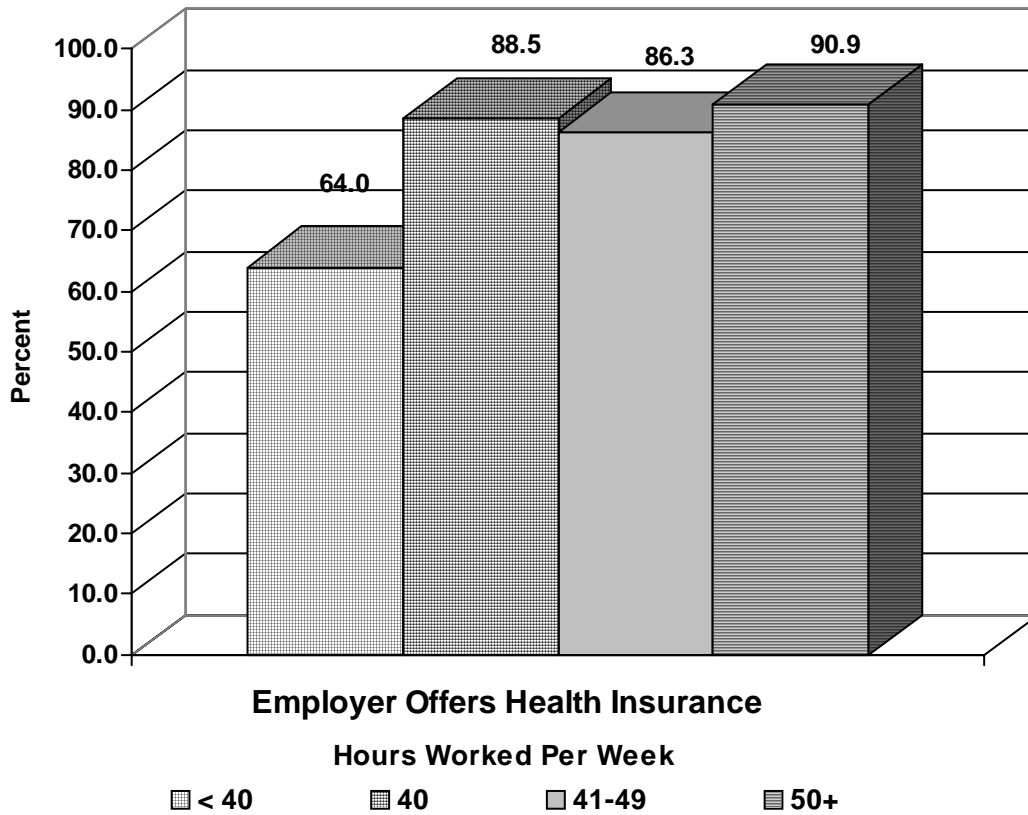
Only about half of seasonal and temporary workers have employers who offer them health insurance (see Figure 32).

Figure 32.
Non-elderly adults with temporary or seasonal jobs were less likely to have an employer that offered health insurance.
West Virginia, 2001



About 64 percent of non-elderly adults who work less than full-time had employers who offer health insurance. In contrast, over 85 percent of people who work full-time are offered health insurance by their employers (see Figure 33).

Figure 33.
Non-elderly adults who did not work full-time were less likely to have employers who offered health insurance.
West Virginia, 2001



Low-income, employed non-elderly adults were also less likely to be offered health insurance by their employers. Only 65.6 percent of non-elderly adults with a household income of less than \$20,000 have employers who offer health insurance (see Figure 34).

Figure 34.
Low-income, employed non-elderly adults were less likely
to have employers who offered health insurance.
West Virginia, 2001



Does Being Uninsured Affect Non-Elderly Adults' Access to Healthcare?

This section of the report will discuss:

- Having a usual place to go for medical care
- Seeing the same healthcare provider
- Ability to obtain needed medical care
- Reasons for being unable to obtain needed medical care

Most non-elderly adults in West Virginia had a usual place to go for their medical care – about 82 percent. Among non-elderly adults with a usual place to go for care, the most frequently given site of care was a physician's office, followed by a community health center (see Table 5).

Table 5. Non-Elderly Adults' Usual Site of Medical Care* West Virginia, 2001		
Usual Site of Care	Percent of Sample	Estimated Number of Adults**
Physician's Office	72.3	654,262
Community Health Center	12.1	109,496
Hospital Outpatient Clinic	7.3	66,060
Hospital Emergency Room	2.5	22,623
Urgent Care Center	1.9	17,194
VA Medical Center	1.9	17,194
Public Health Clinic	0.6	5,430
Free Clinic	0.4	3,620
Mental Health Center	0.2	1,810
Other	0.8	7,238
Total	100.0%	904,927
Source: West Virginia Healthcare Survey, 2001		
Key to table:		
* Includes only adults who have a usual place for medical care, approximately 82% of adults.		
** Estimates were calculated by multiplying the sample percent for site of usual place of medical care by the West Virginia population, 19–64 years (Census 2000).		

This percentage varied by Public Health Region (see Table 6). In Region VI (Northern Panhandle), 84 percent of non-elderly adults with a usual place for medical care obtained their care in a physician's office. In contrast, about 63.4 percent of adults in Region IV (southeast), 63.6 percent in Region VII (northcentral), 67.2 percent in Region II (southwest) and 68.7 percent in Region I (southcentral) cited a physician office as their usual place for medical care. In Regions I and IV, community health centers and outpatient hospital clinics complemented physician offices as the usual site for adults' medical care. In Regions II and VII, emergency rooms and VA medical centers also played a larger role.

**Table 6.
Non-Elderly Adults' Usual Site of Care by Public Health Region*
West Virginia, 2001**

	Percent of Adults in Each Category**							
	Public Health Region***							
Usual Site of Care	I	II	III	IV	V	VI	VII	VIII
Community Health Center	16.6	11.6	10.4	21.9	8.9	6.3	11.6	11.5
Free Clinic	0.8	0.1	0.1	0.1	0.2	0.9	0.5	0.1
Physician's Office	68.7	67.2	79.0	63.4	78.5	84.0	63.6	79.4
Urgent Care Center	0.6	0.6	2.6	0.2	2.0	1.1	4.5	0.9
Hospital Emergency Room	3.0	4.5	0.7	0.9	2.4	2.3	3.4	1.9
Public Health Clinic	0.3	0.8	0.0	0.4	0.7	0.7	1.5	0.1
Hospital Outpatient Clinic	7.3	10.4	5.3	10.4	4.8	4.0	10.5	3.3
Mental Health Center	0.3	0.4	0.0	0.0	0.4	0.1	0.1	0.6
VA Medical Center	1.7	3.4	1.6	2.1	1.3	0.3	2.3	1.4
Other	0.7	0.9	0.3	0.7	0.8	0.3	1.9	0.7
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: West Virginia Healthcare Survey, 2001

Key to table:

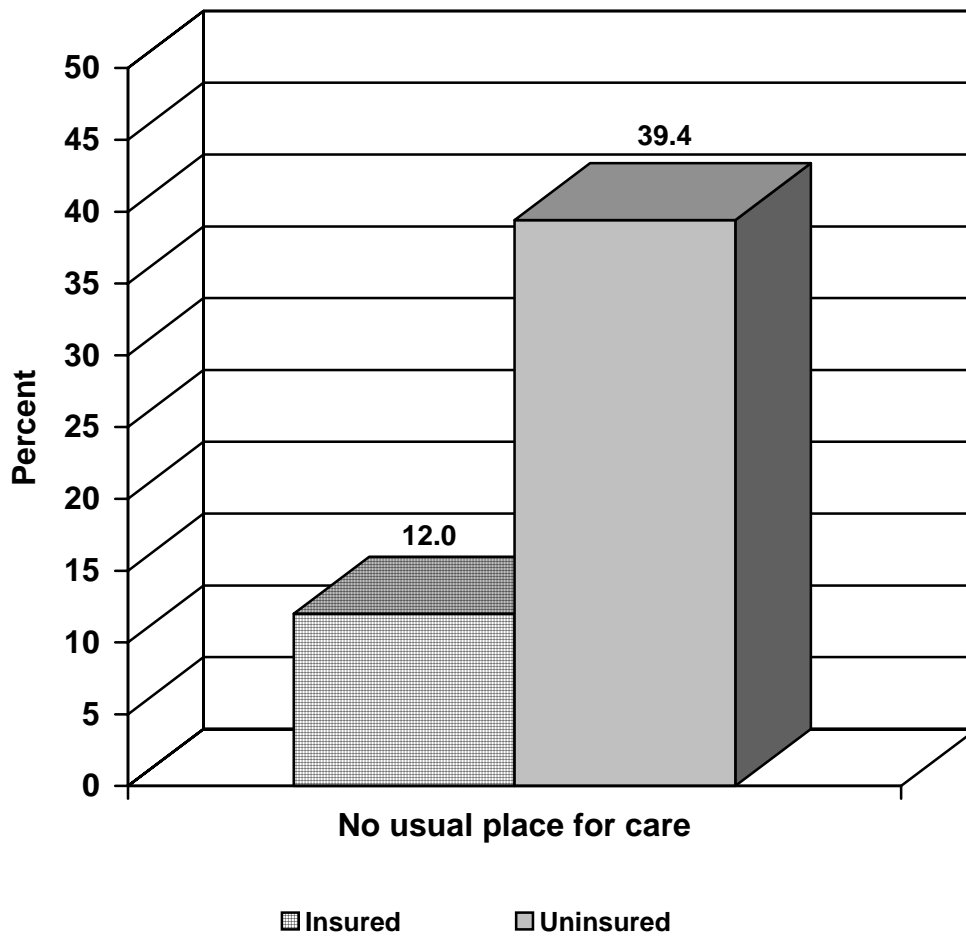
* Includes only adults who have a usual place for medical care, approximately 82% of adults.

** The denominator excludes adults with unknown usual site of medical care.

*** See Appendix for counties in each Public Health Region.

However, uninsured non-elderly adults were much more likely *not* to have a usual place for care (see Figure 35). About 39.4 percent of uninsured non-elderly adults did not have a usual place to go for medical care, compared to only 12 percent of non-elderly adults with health insurance coverage.

Figure 35.
Uninsured non-elderly adults were less likely to have a usual place for medical care.
West Virginia, 2001

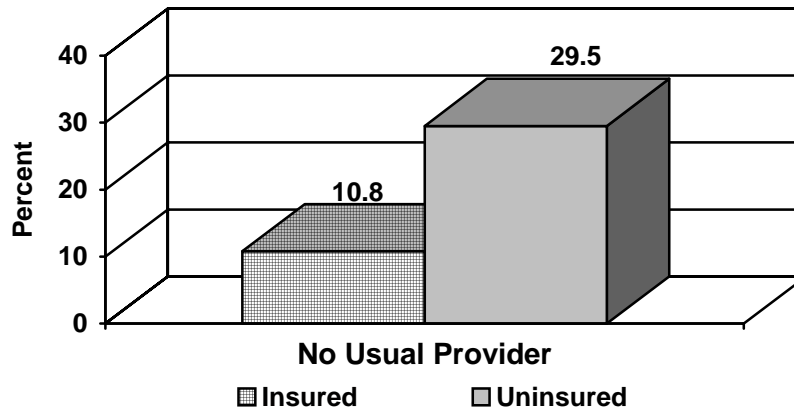


Uninsured non-elderly adults who had a usual place for medical care were less likely than adults with health insurance to have a physician’s office as their site of care. Uninsured non-elderly adults were more likely to use safety net providers such as community health centers, emergency rooms and public health or free clinics as their usual place for medical care. They were about twice as likely to have a community health center or hospital emergency room as their usual place of care (see Table 7). Uninsured non-elderly adults were at least three times more likely to receive their care at a public health or free clinic.

Table 7.		
Usual Site of Medical Care Among Insured and Uninsured Non-Elderly Adults*		
West Virginia, 2001		
	Percent of Adults in Each Category	
Usual Site of Medical Care	Uninsured	Insured
Physician’s Office	50.5	76.0
Community Health Center	23.5	10.2
Hospital Outpatient Clinic	10.8	6.7
Hospital Emergency Room	7.3	1.7
Free Clinic	2.1	0.1
VA Medical Center	2.0	1.8
Urgent Care Center	1.7	1.9
Public Health Clinic	1.5	0.5
Mental Health Center	0.3	0.2
Other	0.3	0.9
Total	100%	100%
Source: West Virginia Healthcare Survey, 2001		
Key to table:		
* Includes only adults who have a usual place for medical care, approximately 82% of adults.		
** The denominator excludes adults with unknown usual site of medical care.		

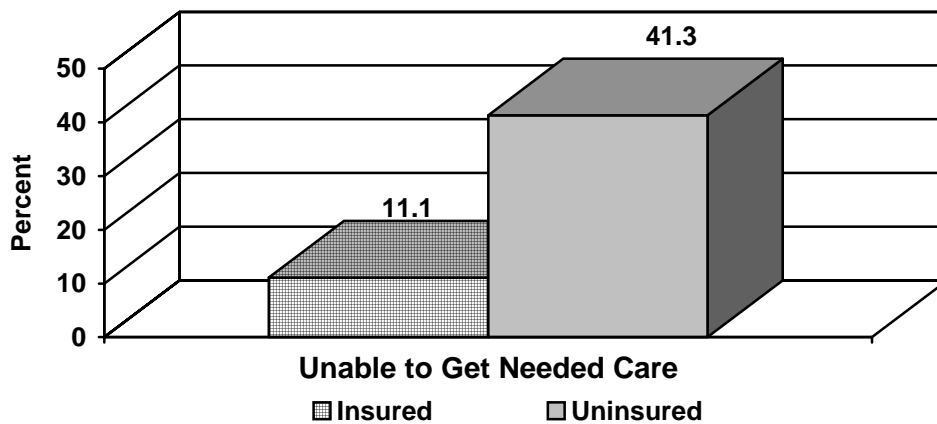
About 86 percent of all non-elderly adults with a usual place for medical care saw the same healthcare professional when they received care. However, uninsured non-elderly adults were less likely than insured non-elderly adults to see the same healthcare provider when they obtained medical care (see Figure 36).

Figure 36.
Uninsured non-elderly adults were less likely to have a usual doctor or healthcare provider.
West Virginia, 2001



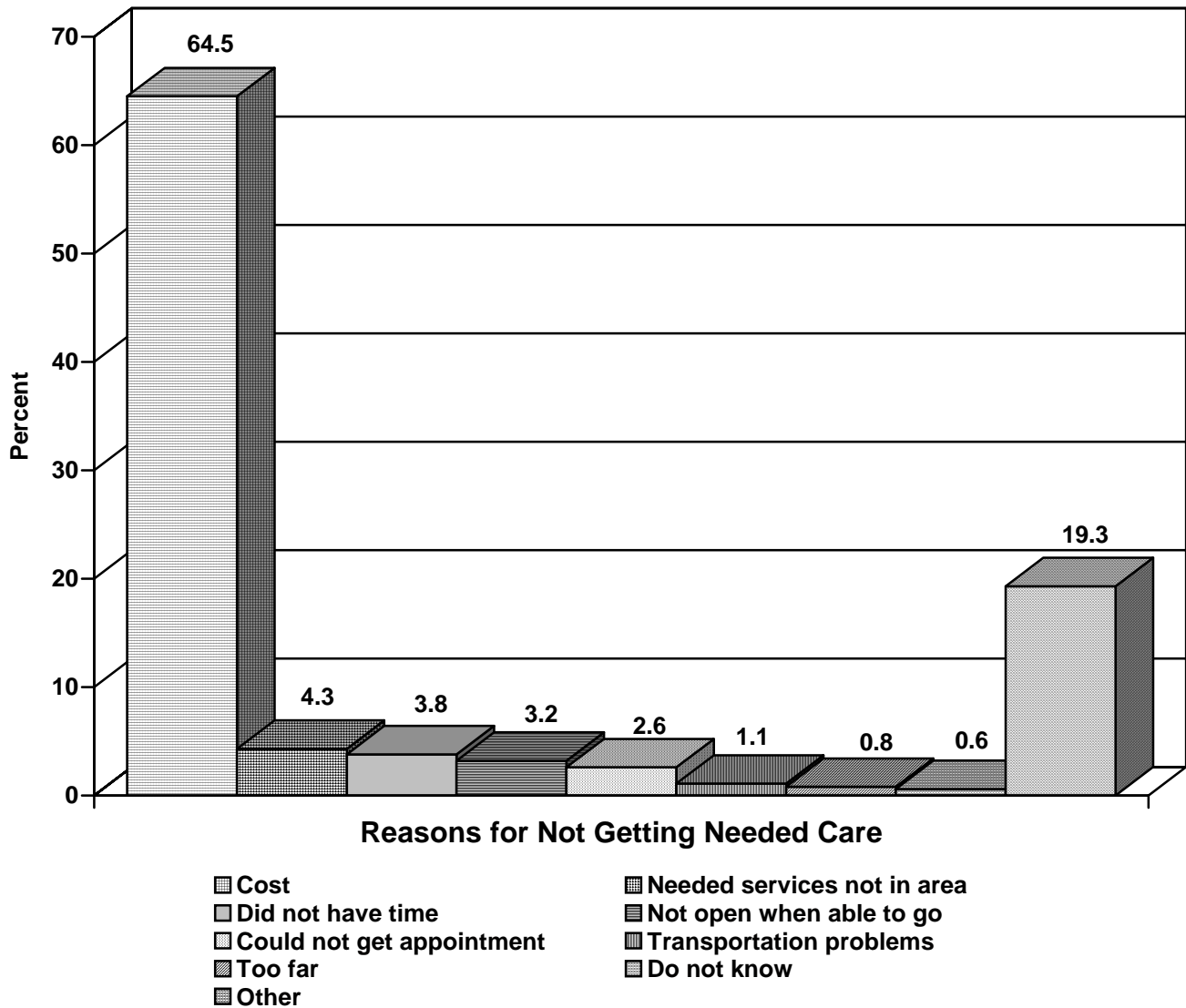
Most non-elderly adults in West Virginia were able to obtain needed medical care in the past year – about 82.4 percent. However, uninsured non-elderly adults were less likely to get the medical care they needed (see Figure 37).

Figure 37.
Uninsured non-elderly adults were less likely to get needed medical care.
West Virginia, 2001



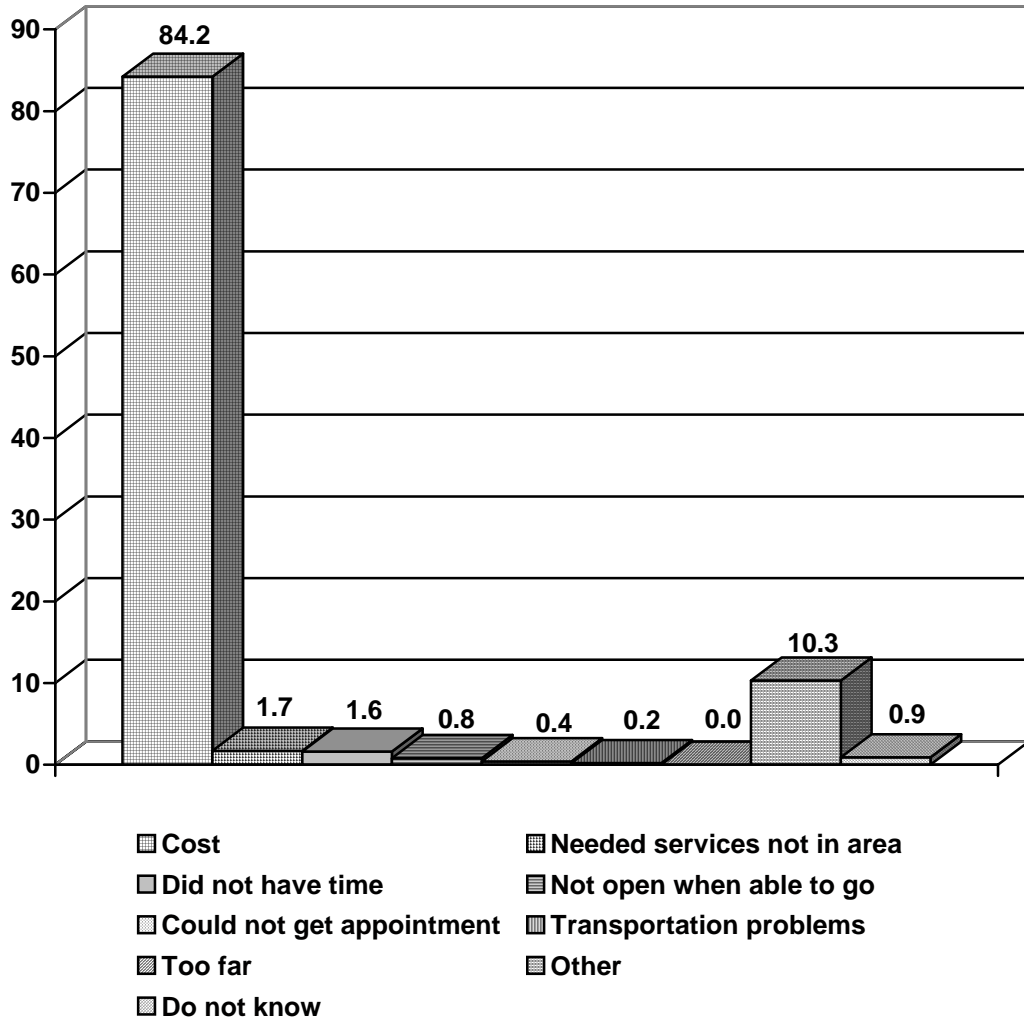
Among all non-elderly adults who were unable to get needed medical care, cost was the most frequently cited reason (see Figure 38). Lack of needed services in one's area was the next most common reason.

Figure 38.
Cost was the main reason non-elderly adults did not get needed medical care.
West Virginia, 2001



Among uninsured non-elderly adults who could not get needed medical care, cost was cited by 84.2 percent as the reason for being unable to get needed medical care (see Figure 39).

Figure 39.
Cost was the main reason uninsured non-elderly adults did not get needed medical care.
West Virginia, 2001



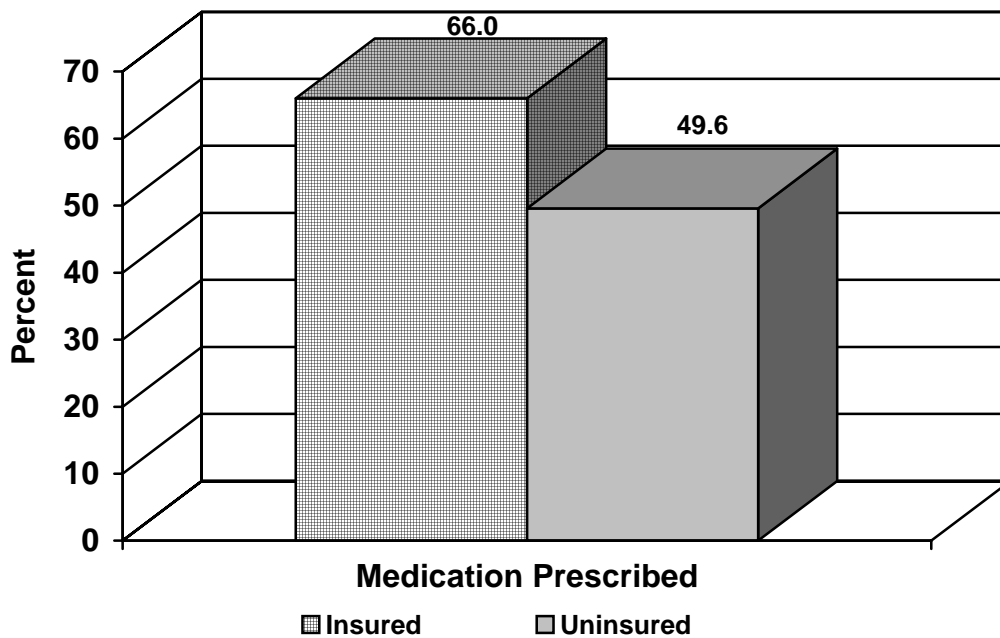
Does Being Uninsured Affect Non-Elderly Adults' Utilization of Healthcare Services?

In this section of the report, we will discuss:

- Prescription drug use
- Ambulatory healthcare visits
- Hospitalization

Nearly 63 percent of West Virginia's non-elderly adults were prescribed a medication during the past year. This represents an estimated 691,938 non-elderly adults. However, uninsured non-elderly adults were less likely to have a medication prescribed for them (see Figure 40). Of the non-elderly adults who were prescribed a medication, most filled all of their prescriptions – about 83.6 percent. However, non-elderly uninsured adults were less likely to fill all of their prescriptions – 69.7 percent. Among uninsured non-elderly adults, the most commonly cited reason for not filling all prescriptions was cost (77.7 percent), while only 39.9 percent of non-elderly adults with health insurance gave cost as the reason for not filling all prescriptions.

Figure 40.
Uninsured non-elderly adults were less likely to have a medication prescribed.
West Virginia, 2001



Most non-elderly adults in West Virginia visited a healthcare provider at least once in the previous six months – about 71.5 percent or 789,052 non-elderly adults. Most visits took place in a physician’s office (see Table 8). About 17.3 percent of all non-elderly adults made one visit to a physician’s office, 16.7 percent made two visits and 31.5 percent made three or more visits. This represents an estimated 707,370 non-elderly adults who made one or more visits to a physician’s office within the past six months. The next most common site for healthcare visits was a hospital emergency room. About 11.2 percent of non-elderly adults had one emergency room visit, 3.5 percent had two visits and 3 percent had three or more visits. This represents an estimated 193,326 non-elderly adults who made one or more visits to the emergency room in a six-month period.

Table 8.						
Ambulatory Healthcare Visits in Previous Six Months by Frequency and Site of Visit* West Virginia, 2001						
		Number** and Percent*** of Adults in Each Category				
		Site of Visit				
Number of Visits		Physician’s Office	Hospital Outpatient Clinic	Urgent Care Center	Hospital Emergency Room	Mental Health Center
1 Visit	Percent of Sample	17.3	7.9	6.9	11.2	0.7
	Estimated Number of Adults	187,315	86,474	75,537	122,397	7,688
2 Visits	Percent of Sample	16.7	3.2	2.5	3.5	0.9
	Estimated Number of Adults	180,184	34,647	27,286	38,063	10,048
3+ Visits	Percent of Sample	31.5	3.7	2.0	3.0	1.9
	Estimated Number of Adults	339,871	40,514	21,464	32,866	20,676
Total	Percent of Sample	65.5	14.8	11.4	17.7	3.5
	Estimated Number of Adults	707,370	161,635	124,287	193,326	38,412

Source: West Virginia Healthcare Survey, 2001

Key to table:

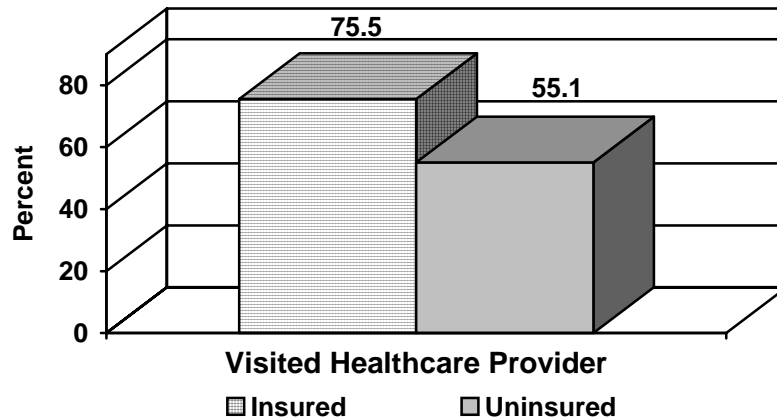
* Adults may have had an ambulatory visit at more than one site, and therefore, only column percentages and estimates can be totaled.

** Estimates were calculated by multiplying the percent of adults in each site of visit category in the survey by the West Virginia population, 19–64 years (Census 2000).

*** The denominator excludes adults with unknown site or frequency of ambulatory healthcare visits.

Uninsured non-elderly adults, however, were far less likely than non-elderly adults with health insurance to have any healthcare visits (see Figure 41). About 55.1 percent of uninsured non-elderly adults saw a healthcare provider at least once during the previous six months, compared to 75.5 percent of non-elderly adults with health insurance.

Figure 41.
Uninsured non-elderly adults were less likely to visit a healthcare provider in a 6-month period.
West Virginia, 2001



About 13 percent of West Virginia non-elderly adults had a hospital stay during the past year. Uninsured non-elderly adults were less likely to be hospitalized than non-elderly adults who have health insurance, with 10.7 percent of the uninsured staying overnight in a hospital versus 13.5 percent of insured non-elderly adults (see Figure 42).

Figure 42.
Uninsured non-elderly adults were less likely to have a hospital stay in the previous year.
West Virginia, 2001



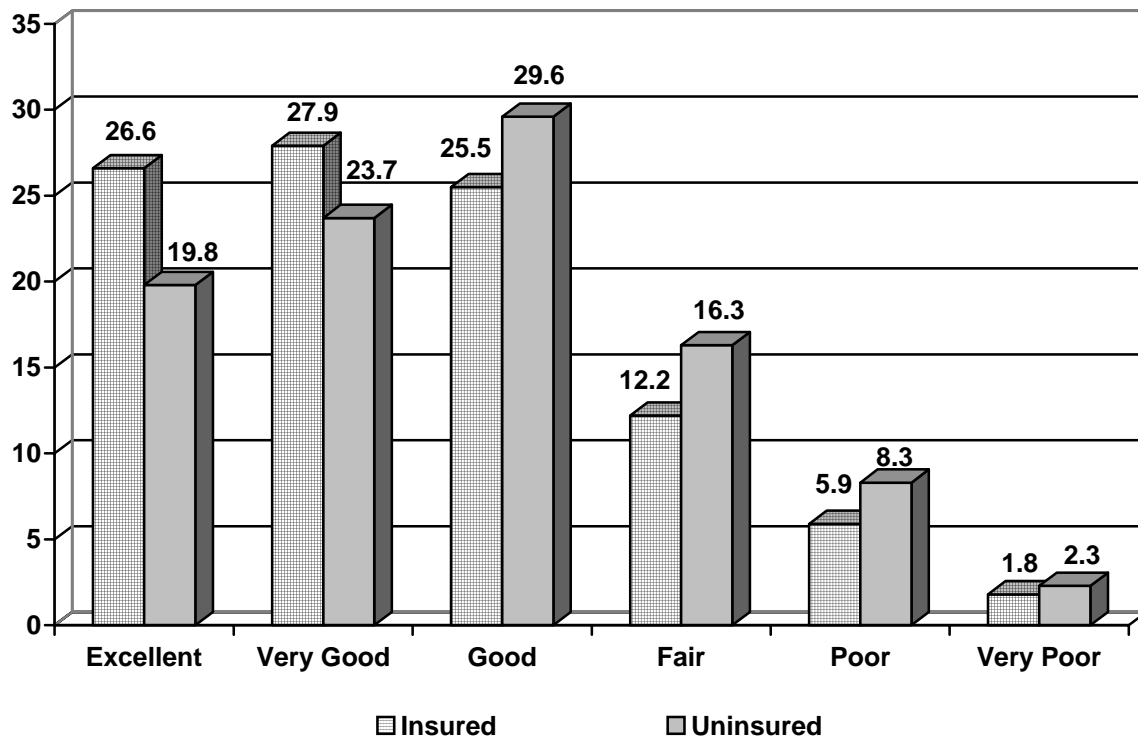
What Is the Health Status of Uninsured and Insured Non-Elderly Adults?

In this section, we will discuss:

- Overall health status of non-elderly adults
- Chronic conditions among non-elderly adults

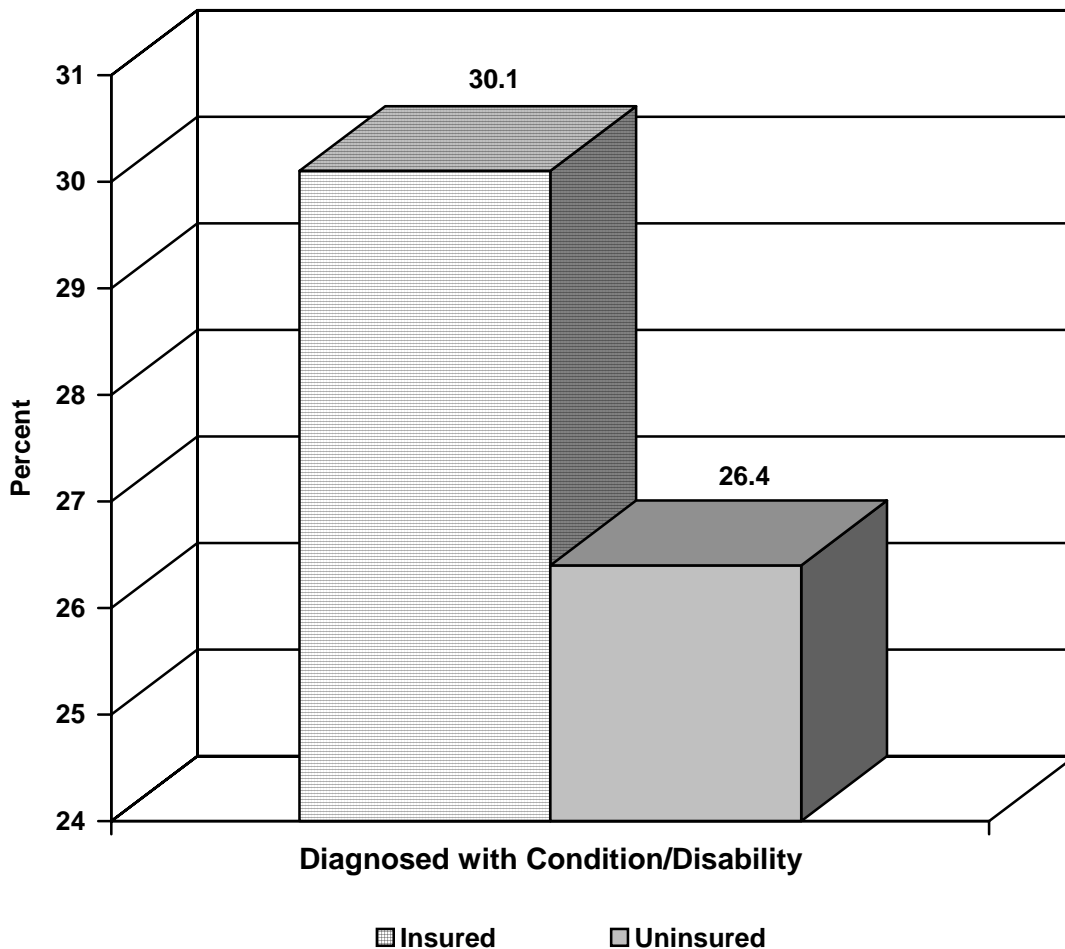
Most non-elderly adults (78.7 percent) reported themselves to be in excellent, very good or good health in the past month. However, uninsured non-elderly adults were less likely to be in excellent or very good health and more likely to have good, fair or poor health, compared to non-elderly adults with health insurance (see Figure 43).

Figure 43.
Uninsured non-elderly adults were less likely to be in excellent or very good health.
West Virginia, 2001



About 324,450 of West Virginia’s non-elderly adults (29.4 percent) say they have been diagnosed with a chronic health condition or disability. Uninsured non-elderly adults were less likely to have been diagnosed with a chronic condition – 26.4 percent versus 30.1 percent of insured non-elderly adults (see Figure 44). Uninsured non-elderly adults were also less likely to receive disability payments if they had a chronic health problem or disabling condition (14.3 versus 33.5 percent). Moreover, they were not as likely to receive services at home for their condition compared to insured people (1.8 versus 4.2 percent).

Figure 44.
Uninsured non-elderly adults were less likely to be diagnosed with a chronic health condition or disability.
West Virginia, 2001



Summary

The Non-Elderly Adult Report from the West Virginia Healthcare Survey paints a very mixed picture of health insurance for adults between the ages of 19 and 64. While 83.5 percent of the state's workforce is employed by organizations that provide health insurance, 61.1 percent of the uninsured are West Virginians who work. Clearly, the employer-based health insurance concept is not working for them. The numbers are plain: 219,971 were uninsured on any given day, another 75,826 were without insurance for some part of 2001 and 80,560 have health insurance that only pays for catastrophic illnesses or very high healthcare costs – coverage that is termed underinsurance. The geographic differences in health insurance coverage are equally dramatic, from Hancock County, where all but 12 percent are insured, to Mingo County, with a rate two and a half times higher – 29.9 percent.

The Survey looked at the type of insurance for non-elderly adult coverage and found that 64.2 percent of non-elderly adults were covered by employer-based programs, 5.7 percent by self-purchased programs and 9.9 percent by public programs. Comparing non-elderly adult coverage to coverage for West Virginia children, the single most important difference is the substantial 30.7 percent of health insurance provided for our state's children by public programs – Medicaid, CHIP and Medicare < 65.

Nevertheless, West Virginia's non-elderly adults – insured and uninsured alike – had relatively reasonable access to healthcare services, especially in a state that is one of the most rural in the country. 82 percent of non-elderly adults had a usual place for care, and for 72.3 percent, their usual place of care was a physician's office, followed by 14 percent served in community or other local health centers. Nearly 86 percent of the non-elderly adults with a usual place for care saw the same healthcare professional when they received care, and 82.4 percent said that they were able to get medical care when they needed it during the past year.

However, as with West Virginia's children, healthcare access for uninsured non-elderly adults is significantly less when compared to non-elderly adults with health insurance:

- Uninsured non-elderly adults were more than three times less likely to have a usual place to get medical care than those with health insurance (39.4 percent versus 12 percent)
- A physician's office was the usual place of care for 50.5 percent of uninsured non-elderly adults and for 76 percent of those with health insurance
- 41.3 percent of uninsured non-elderly adults were unable to obtain needed medical care during 2001, compared to 11.1 percent of adults with health insurance
- Among the uninsured, cost was the most common reason for not filling their prescriptions (77.7 percent), while, for those with health insurance, cost was the reason for only 39.9 percent
- In the last six months of 2001, uninsured non-elderly adults had less healthcare provider visits than those with health insurance (55.1 percent versus 75.5 percent); they had fewer hospital stays (10.7 percent versus 13.5 percent); they were less likely to have had a

medication prescribed (49.6 percent versus 66 percent); and they were less likely to say that they were in excellent or very good health (43.5 versus 54.5 percent)

- Finally, while 30.1 percent of non-elderly adults with health insurance were diagnosed as having a chronic health condition or disability, only 26.4 percent of the uninsured received such a diagnosis.

These findings of the West Virginia Healthcare Survey clearly outline the disparities in access to care and the benefits provided by that care between uninsured, non-elderly adults and their peers with health insurance.

Appendix Study Methods

Sample Design and Selection

Taylor, Nelson, Sofres Intersearch (TNSI) conducted the survey. A random sample of households in each of West Virginia's 55 counties was selected, with a target of 290 completed interviews per county. Each county was preliminarily defined by the County Federal Information Processing Standards (FIPS) code attached to the telephone exchanges for that county. Any exchange wherein 50 percent or more of the households are in a given county is assigned the FIPS code for that county. Using the FIPS codes, a Random Digit Dialing (RDD) sample was generated for each county.

Sample selection was accomplished in three distinct stages. In technical terms, this sample can be described as a stratified, three-stage cluster sample. Briefly, the three stages were defined as follows:

Stage I: Selection of Sample Central Offices – From TNSI's consistently updated Master Telephone Exchange File, which contains a listing for each of the approximately 59,000 telephone exchanges (or central offices, identified by the second three numbers of a ten digit telephone number) currently in use in the continental United States, 344 West Virginia exchanges were isolated. These exchanges were then sorted by county. Within each county, a systematic selection of the desired number of exchanges was made. These techniques assured representativeness of the final sample.

Stage II: Selection of Sample Households – The last four digits of the telephone numbers in the sample were generated randomly. These numbers were then matched against the known "working banks" for the appropriate telephone exchange. "Banks" are an identification based on the first two digits of the four-digit suffix. Each "bank" contains 100 numbers. "Working banks" are those designated prior to the sample generation to contain at least two numbers assigned to residences. The random four-digit suffixes that fell outside of the "working banks" were rejected. These techniques assured the inclusion of non-listed or non-published residential numbers in their correct proportions.

The sample was then purged of some of the additional non-working numbers using an acoustic analysis system that pre-dialed the numbers and determined that a successful line connection had been made. This occurred prior to an actual ring of the phone.

Stage III: Selection of Eligible Respondent – In all households, the interview was conducted with the person most knowledgeable about the health insurance status of the people living in the household. If the person most knowledgeable was not available, a suitable time for a callback was arranged.

The respondent most knowledgeable about the health insurance of the people living in the household was asked to answer health insurance related questions regarding a randomly selected adult (focal adult) and, where appropriate, a child (focal child). The “last birthday” method was used to randomly select the focal adult. The interviewer asked the person on the phone which adult, age 19 or older, in the household had the last birthday (which is a random occurrence). In households with children, the same approach was used to randomly select the focal child. The entire process, at all stages, was based on the strict application of accepted sampling procedures and variance reduction methods.

The sample of McDowell and Raleigh counties included over-samples of African-American households, with a target of 290 interviews with African-American households in each of these counties. Two distinct sampling methods were used to achieve these separate over-samples. In both counties, a household was determined to be African-American based on the race of the respondent. In McDowell County, the sample consisted of a pure RDD sample component (regular sample) and an enhanced RDD sample component. The incidence of African-American households in the regular sample was 9.5 percent, yielding 262 interviews with non-African-American households and 28 interviews with African-American households. In order to obtain the additional interviews with African-Americans, over-samples were drawn from areas known to have a high proportion of African-American households. Based on an incidence report generated by the GENESYS system, the enhanced RDD sample was generated from eight exchanges (from a total of 11), and yielded a 15.9 percent incidence of African-American households. A total of 1,757 households were screened in the enhanced sample to yield 280 African-American households, of which 262 completed interviews.

In Raleigh County, a pure RDD sample was used. Incidence of African-American households was 4.7 percent, yielding 290 interviews with African-American households and 276 interviews with non-African-American households. A total of 6,014 non-African-American households were terminated upon screening.

Kanawha County was stratified by households’ urban-rural status at the point of sample selection, with a target of 145 urban and 145 rural interviews to be completed in the county. In Kanawha County, there were 47 Zip codes in 2000, 22 of which were composed of 50 percent or more urban population (based on the 1990 Census). The sample provider produced a Zip code to telephone exchange coverage report that allowed TNSI to determine the “fit” of designated urban and rural Zip codes with telephone exchanges using the plurality rule (whereby the Zip is assigned to the exchange covering at least a simple majority of its households). This designation allowed TNSI to draw the stratified RDD sample in the county.

Data Collection

The TNSI telephone center in Charleston, West Virginia served as the lead interviewing site on this project. As lead site, the Charleston phone center was responsible for releasing sample based on instructions from the project director and sampling manager, monitoring quotas during interviewing shifts and alerting the project director of any problems during interviewing shifts. The refusal conversion effort was conducted solely by interviewers in Charleston. Data were collected over a period of 8½ weeks, starting in October 2001. Interviewing for the study was

conducted at three of TNSI's telephone interviewing sites (Charleston, WV, Indiana, PA and Youngstown, OH) coordinated through the Horsham, Pennsylvania headquarters.

Upon initial contact with the household, an attempt was made to complete the full interview. A thorough effort was made to schedule callbacks to accommodate respondents' time constraints. A 1:10 supervisor to interviewer ratio was maintained throughout data collection. In addition to project monitoring by the supervisor, a monitor was assigned to work with each supervisor and was primarily responsible for monitoring of the surveys conducted by the interviewing staff. At least 10 percent of the interviews were monitored. Monitor conferences were held with each interviewer in order to provide feedback on both interviewing techniques as well as questionnaire administration.

Interviewer Training and Preparation

TNSI telephone interviewers from telephone centers in Charleston, WV; Youngstown, OH; and Indiana, PA worked on the survey. All interviewers attended TNSI's standard orientation and training program upon hiring. Additionally, all interviewers, monitors and supervisors assigned to this project attended a project training session to orient them to the questionnaire, procedures, interviewing techniques and areas where problems may be encountered. Throughout the training session, quality interviewing, professional conduct and proper procedures were emphasized.

Computer-Assisted Telephone Interviewing (CATI)

The survey was conducted using Computer Assisted Telephone Interviewing (CATI). The CATI system displays each question within a questionnaire on a computer terminal. The interviewer, who is on-line via telephone with the designated respondent, reads the question from the computer screen and enters the respondent's answer directly into the computer. Skip pattern logic is programmed into the computer so the computer program controls the sequence in which questions are asked and only questions that should be asked appear on the screen. As the interviewer enters an answer, the program conducts on-line editing operations including coding checks, which reject ineligible codes entered by the interviewer for pre-coded questions and validation checks for of any entered data that falls outside of an acceptable range.

The CATI system also includes computer programs that control the release of sample and perform all manual controls and clerical tasks such as scheduling call-backs, adjusting for time zone differences, executing the call rule and cycling and rotating calls through various time periods.

Sample Control

A systematic method to monitor sample was employed throughout the study in an attempt to maximize response rate and reduce non-response bias. In an effort to reduce non-response bias, every sample piece received a minimum of an original call and up to ten callbacks over eleven separate interviewing sessions. These attempts varied as to the day of the week and the time of day the call was placed. All sample pieces received at least one daytime call during the week before being considered call-rule exhausted. Daytime calls were dialed beginning at 12 noon and were made during the latter half of the data collection period.

To assure the unbiased contact of sample pieces, TNSI utilized controlled replicate sampling based on the strict application of accepted sampling theory and procedures. In this manner, sampling personnel randomly subdivided the pool of sample pieces in each stratum into mini-samples called replicates. These replicates consisted of independent representative probability samples of the universe in that cell. As data collection progressed, the number of replicates released got smaller. The release of additional replicates only occurred after a substantial number of cases had final dispositions and/or was call-rule exhausted, thereby lowering the number of cases without final contact dispositions at the conclusion of the study. This procedure ensured that only the number of sample pieces required to attain the desired number of interviews for each cell were released.

Definitions of Terms

Household Income

Question asked for a range (e.g., \$10,000 - \$20,000) of income from all sources in the year 2000, before taxes

Medicaid Eligibility

Survey estimated Medicaid eligibility among uninsured adults by estimating Federal Poverty Level (FPL) from household income and number of people in the household. Adults in households estimated to be at or below 200% FPL were considered potentially eligible. However, this estimate of potential Medicaid-eligible adults is not precise, since the FPL was based on an income range. Therefore, the number of potential Medicaid-eligible adults estimated by the survey should not be considered exact.

Chronic Condition and Disability

Question asked if adult had been diagnosed by a physician with a chronic disease or disability and, if the response was yes, asked with what condition(s) the adult had been diagnosed. Up to four conditions were accepted.

Usual Place of Care

Question asked if adult had a usual or regular place to go for healthcare. If yes, a list of possible sites of care was read.

Public Health Regions

Region I:	McDowell, Wyoming, Raleigh, Mercer, Summers and Monroe
Region II:	Mingo, Logan, Wayne, Lincoln, Cabell and Mason
Region III:	Putnam, Boone, Kanawha and Clay
Region IV:	Fayette, Nicholas, Braxton, Webster, Greenbrier and Pocahontas
Region V:	Jackson, Wood, Pleasants, Tyler, Roane, Wirt, Ritchie and Calhoun
Region VI:	Hancock, Brooke, Ohio, Marshall and Wetzel
Region VII:	Monongalia, Marion, Harrison, Doddridge, Gilmer, Lewis, Upshur, Barbour, Taylor, Preston, Tucker and Randolph
Region VIII:	Jefferson, Berkeley, Morgan, Hampshire, Mineral, Grant, Pendleton and Hardy

Weighting

As mentioned in the Introduction, the data were weighted for the probability of selecting each household, and then adjusted so that the age and sex distribution for each county matched the 2000 Census.

Three variables were imputed to remove missing values for the purpose of weighting – age, race, and telephone coverage. In addition, insurance status (insured/uninsured) was also imputed. Each was imputed using the random assignment method.