

Access to Health Insurance and Health Care
in West Virginia:

A Report on the Near Elderly



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I. INTRODUCTION

This report builds on West Virginia’s recent State Planning Grant (SPG) data collection and policy analysis efforts by investigating issues of insurance coverage for a distinct population group within the state, the near elderly. In 2002, West Virginia received a SPG from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). Awarded to the West Virginia Health Care Authority (HCA), this grant supported state efforts to expand health insurance coverage. Activities under the grant — conducted by HCA and its subcontractor, the West Virginia University (WVU) Institute for Health Policy Research — included analyzing household survey data from the *West Virginia Healthcare Survey* and collecting and analyzing data from a statewide survey of employers. The findings from these two endeavors generated a valuable picture of West Virginia’s uninsured population. Another major activity supported by the state’s SPG was the formation of the Health Advisory Council, a group of stakeholders (state agencies, health care providers, employers, legislative staff, and advocates) charged with advising the HCA in its health policy development and planning.

The purpose of this report is to inform the special population policy planning efforts in West Virginia by compiling data on the access to health insurance coverage and health care among the near elderly in the state. Concerns for the near elderly grew out of research and discussion of the uninsured during West Virginia’s SPG activities. The near elderly are a particular concern in that they are a population group that may face risk of uninsurance due to early retirement, loss of job, and reduced family income at a time of increasing health care needs. This report provides information for the HCA and the WVU Institute for Health Policy Research so they may consider the vulnerabilities of West Virginia’s near elderly population as they continue to evaluate policy options for expanding health insurance coverage within the state.

*The near elderly
are defined here
as adults 50-64
years of age*

II. BACKGROUND

Why the Near Elderly?

In recent years, the near elderly have been identified among many health policy researchers and practitioners within the United States as an uninsured group in need of special attention.¹ While the majority of elderly persons (65 years of age and older) in the country are covered by Medicare, roughly 20% of the non-elderly population (younger than 65 years of age) remains uninsured.² The near elderly, the oldest age group without universal health insurance³, present an increasingly complex coverage problem not because of their risk of uninsurance compared to other non-elderly adults; in fact, they have been shown to have higher rates of insurance than younger adults.⁴ Instead, the near elderly are a focus of policy analysis because of the distinguishing circumstances that are increasingly making coverage less accessible to them, namely weaker labor force participation, poorer health status, and lower family incomes.⁵ Concerns about the insurance status of the near elderly are further magnified by the demographic fact that they represent one of the largest growing segments of the U.S. population. (For recent literature on health insurance coverage and access to health care among the near elderly, see Appendix A.)

The Near Elderly in West Virginia

Data from the 2004 Current Population Survey (see Table 1) suggest that concerns about access to affordable health insurance among the near elderly may warrant particular attention in West Virginia. One factor is that the proportion of the total population who are near elderly is larger in West Virginia compared to the rest of the U.S. In 2003, 18.0% of West Virginia's population were between the ages of 50 and 64, whereas 14.7% of the balance of the U.S. population were near elderly. Growth in West Virginia's near elderly population also has been more rapid: Between 1994 and 2003, the state's population aged 50-64 years grew 17.5%; for the rest of the country, the growth rate was 13.6%.

Table 1. Key Demographic Characteristics of the United States and West Virginia Near Elderly (50-64 years) Populations, 2003 (%)

Characteristic	US ^a	WV
Population Size		
% of total population aged 50-64***	14.7	18.0
% growth in population aged 50-64, 1994-2003***	13.6	17.5
Uninsurance Rate*	13.7	17.0
Employment		
Employed, full-time (35+ hours/week)***	53.5	39.3
Employed, part-time (< 35 hours/week)*	9.0	6.7
Self-employed***	11.1	6.5
Unemployed**	2.8	1.4
Retired**	12.6	18.2
Other not in labor force ^{b*}	7.2	10.8
Living in Poverty (<100% federal poverty level)***	8.3	17.2
Health Status		
Excellent/Very good***	52.9	36.6
Good	28.3	30.7
Fair/Poor***	18.8	32.7

Source: Current Population Survey, 2004. Estimates are based on a US sample of 30,889 and a WV sample of 511 near elderly. 1995 Current Population Survey data, used to calculate change in the near elderly population, included 19,560 US and 265 WV near elderly.

^aUS data exclude WV.

^bIncludes homemakers, full-time students, and those not working due to disability.

*p≤.05 **p≤.01 ***p≤.001

The near elderly in West Virginia appear to be at greater risk of being uninsured. While the near elderly were insured at a rate similar to or better than that of other non-elderly adult age groups in both the U.S. and West Virginia⁶, Table 1 shows that the percentage of near elderly who were uninsured was higher in West Virginia (17.0% vs. 13.7%). The unique conditions the near elderly face in obtaining and/or maintaining affordable, adequate health insurance coverage are more pronounced in West Virginia as well. Compared to the U.S. in general, fewer near elderly in the state were connected to the labor force in 2003. For example, only 39.3% of the near elderly in West Virginia were working full-time, compared to 53.5% for the rest of the U.S. Also, West Virginia had more near elderly retirees (or early retirees) than the U.S. (18.2% vs. 12.6%) as well as a higher percentage of near elderly otherwise out of the labor force (10.8% vs. 7.2%). In 2003, 17.2% of the near elderly in West Virginia were living below the poverty line, whereas 8.3% of the near elderly in the remainder of the country fell below this family income bracket. Finally, the near elderly in West Virginia appear to be worse off in terms of overall health status. Just over a third of the near elderly in the state reported excellent or very good health status compared to slightly more than half of the near elderly in the rest of

the U.S. On the other end of the continuum, more near elderly in West Virginia reported fair or poor health (32.7% vs. 18.8%).

Additional Circumstances Impacting Access to Health Insurance Coverage among the Near Elderly in West Virginia

In addition to these demographic patterns, recent economic changes in West Virginia have raised flags about changes in insurance coverage for the near elderly and other non-elderly adults in the state. Of particular concern has been the significant number of manufacturing plant closings, which have forced many employees out of a job or to retire early. Information provided by the WVU Institute for Health Policy Research indicates that as many as 58 industry closings (for a total of over 9,300 employee separations) took place in West Virginia between 2001 and the first two quarters of 2005.

These very recent setbacks have triggered a new report prepared by the WVU Institute for Health Policy Research which examines changes in health status and health insurance coverage among West Virginia's adult population between 2001 and 2003.⁷ Based on two waves of the *West Virginia Healthcare Survey*, the report documents an increase of 8.3% in the percentage of non-elderly adult West Virginians lacking insurance and finds that the share of the uninsured who are aged 50-64 years rose by 18.0%, from 18.3% to 21.6%, between the two years.⁸ Interestingly, among uninsured non-elderly men in the state, no change was observed in the percentage who are near elderly: In both 2001 and 2003, just under 8.0% of uninsured men were near elderly. In contrast, among uninsured non-elderly women in West Virginia, the near elderly grew by 30.2%, representing 10.6% of uninsured women in 2001 and 13.8% in 2003. The report also highlights changes in the length of time uninsured near elderly lacked coverage. Noticeable increases were observed in the number of near elderly who had been uninsured for less than a year and who had never had insurance.

III. PURPOSE OF THE REPORT

Motivated by the demographic and economic concerns raised above, this report investigates the insurance status, health care access, and health care utilization of the near elderly within the state of West Virginia. We compare the near elderly to other adult age groups within the state as well as examine differences within the near elderly. Specifically, the report addresses four questions:

- What are the demographic and health characteristics of the near elderly in West Virginia?
- What is the rate of uninsurance among the near elderly in the state?
- Where do the near elderly go for health care within West Virginia?
- What is the use of inpatient hospital services among the near elderly in the state?

The remainder of the report is divided into six sections. We first briefly describe the data sources used in this report. We then compile and present data to address each of the four questions outlined above. We conclude with a summary of key findings aimed to assist in the evaluation of policy options for expanding health insurance coverage within the state.

IV. DATA SOURCES

This report utilizes two sources of state data. The first source is the *West Virginia Healthcare Survey*, a statewide telephone survey sponsored by HCA and others.⁹ This survey — conducted in 2001 and again in 2003 — obtained health insurance and health care information from a random sample of households in the state. The primary difference between the two survey years has to do with sample size. In 2001, the sample included a total of 16,493 households; when the survey was re-administered in 2003, the sample was one-tenth of the original sample size (1,600 households). Survey results presented in this report were derived from analyses conducted of 2001 survey data by staff at the WVU Institute for Health Policy Research. This report focuses on the 2001 survey because its larger sample size afforded more detailed analyses of the near elderly subsample (n=4,515). A limitation of using the 2001 data, however, is that important differences (e.g., in health insurance coverage), were observed

between the two survey administration years. For this reason, in key areas of the report (and where the 2003 sample size is sufficient), we supplement the 2001 analyses with 2003 findings. The results from the 2003 survey should be interpreted with caution due to the overall smaller sample size (in some cases yielding denominators as little as 50 to 100 cases) and because higher or lower percentages in the later survey do not necessarily represent statistically significant changes from the earlier survey. All 2003 data tables are furnished in Appendix B.

The second data source used in this report is *West Virginia Uniform Bill (UB) hospital discharge data*. Recognizing that hospitals are a major provider of medical care for the uninsured and underinsured, we analyzed discharge data to examine the inpatient hospital care received by the near elderly in West Virginia, with special attention given to patients lacking health insurance as a primary payer. The HCA regularly collects UB hospital discharge data for all patients discharged by general acute care, psychiatric, and medical rehabilitation hospitals and skilled nursing facilities in the state. Each record within the UB database represents a discharge and provides information about the individual patient (e.g., sex, marital status, age, payer status, type of medical condition) and his/her hospitalization (e.g., type of admission, type of provider, length of stay, charges).¹⁰

For this report, University of Minnesota staff obtained and analyzed data for all patients discharged during the 2003 calendar year. The total number of discharges for the year was 273,668. Approximately 98% of the records (or 267,637 records) were inpatient hospital discharges (including acute care/critical access, long term acute care, rehabilitation, and psychiatric)¹¹; fewer than 2.0% (a total of 5,181 records) were skilled nursing facility (SNF) discharges; and fewer than 1% (850 records) were SNF swing bed discharges. Not surprisingly, elderly patients comprised the majority (more than 85%) of the SNF and SNF swing bed discharges. Given the elderly's disproportionate share of the SNF-related discharges and the different nature of these stays, we excluded the SNF-related discharges and limited the analyses presented in this report to inpatient hospital discharges only. The resulting number of discharges was 267,637.

For both the survey and hospital discharge data, the results presented in this report are limited to descriptive analyses (e.g., frequencies, cross-tabulations). For the survey results,

which are based on a *sample* of the state's entire population, the statistical significance of the chi-square statistic is reported to assess whether two variables are likely related in the population as a whole.^{12,13} We do not report the statistical significance of the hospital discharge data results, because they are *not* based on a sample but instead a census of all inpatient hospital discharges in 2003. With a large sample size (as in the case of the survey results presented in this report), even a small difference can be statistically significant. Therefore, for not only the hospital discharge results but also the statistically significant survey results presented in this report, it is necessary to consider the actual percentages and values in prioritizing findings with practical importance. The descriptive analyses presented in this report allow for a broad but basic examination of the health insurance coverage, health care access, and health care utilization of the near elderly in the state. It is important to note that these types of analyses do not allow for the determination of causal relationships. Furthermore, they do not simultaneously account for multiple factors that may be related to the outcomes of interest.

V. WHAT ARE THE DEMOGRAPHIC AND HEALTH CHARACTERISTICS OF THE NEAR ELDERLY IN WEST VIRGINIA?

Demographic Characteristics

Based on the *2001 West Virginia Healthcare Survey* data, Table 2 summarizes the demographic make-up of the near elderly population relative to other non-elderly adults in the state. Similar to the non-elderly adult population overall, the near elderly were split equally in terms of gender, and the overwhelming majority were white. Noteworthy differences between the near elderly and other non-elderly adults in the state (especially those aged 25 and above) pertain to education, employment, and income:

- **The near elderly had completed less education.**
- **Fewer near elderly were employed.**
- **Although overall family income improved with each older age group, this was not the case for the near elderly, for whom a drop in income was observed.**

Table 2. Demographic Characteristics of Non-Elderly Adults in WV, by Age Group (%)

Characteristic	Total (n=12,454)	19-24 years (n=908)	25-34 years (n=2,221)	35-44 years (n=3,094)	45-49 years (n=1,716)	50-64 years (n=4,515)
Gender						
Male	49.7	51.0	50.0	49.2	49.6	49.4
Female	50.3	49.0	50.0	50.8	50.4	50.6
Race**						
White, not Hispanic	92.1	90.1	92.0	91.6	93.7	92.8
Black	4.3	6.0	4.3	4.6	3.7	3.5
Other	3.6	3.9	3.7	3.8	2.5	3.8
Education***						
Postgraduate education	6.6	1.9	6.3	6.1	8.5	8.5
College graduate	15.8	9.7	19.2	18.1	18.0	13.3
Some college	26.1	41.5	26.6	23.6	23.7	22.0
High school/GED	38.4	32.4	38.0	40.9	39.1	39.1
Not H.S. degree	13.0	14.5	9.9	11.3	10.7	17.1
Marital Status***						
Married	66.9	23.9	67.6	72.2	79.1	75.8
Divorced	10.7	1.9	8.7	13.6	13.0	12.7
Separated	1.6	1.1	2.0	2.0	1.7	1.1
Widowed	2.3	0.0	0.0	1.1	1.7	6.2
Never Married	18.5	73.1	21.8	11.1	4.5	4.1
Employment Status***						
Employed, full-time (40+)	46.1	31.3	51.8	55.9	56.5	36.2
Employed, part-time (<40)	11.7	18.3	13.4	13.2	8.8	7.4
Self-employed	8.1	2.3	7.3	10.0	10.3	9.0
Unemployed	5.0	9.8	6.0	4.0	3.8	3.5
Retired	4.6	0.0	0.1	0.2	0.9	15.1
Other not in labor force ^a	24.4	38.3	21.5	16.6	19.7	28.9
Job Category*** (base=workers only)						
Permanent	89.1	70.7	89.4	91.1	95.0	91.9
Temporary	6.9	23.3	6.9	4.6	2.8	4.4
Seasonal	3.9	6.0	3.7	4.3	2.0	3.5
Other	0.1	0.0	0.0	0.0	0.2	0.2
Family Income^{b***}						
\$50,000+	25.8	16.8	20.4	28.7	33.6	28.2
\$35,000-49,999	19.7	16.3	20.5	21.7	21.8	17.7
\$20,000-34,999	27.2	29.5	32.1	26.2	24.0	24.4
<\$20,000	27.4	37.4	26.9	23.4	20.6	29.7
Urbanicity*						
Rural	57.8	58.5	58.5	57.0	58.7	57.3
Urban	42.2	41.5	41.5	43.0	41.3	42.7

Source: West Virginia Healthcare Survey, 2001. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.

^aIncludes homemakers, full-time students, and those not working due to disability.

^bFamily income was missing for approximately 11% of the sample.

*p≤.05 **p≤.01 ***p≤.001

Specifically, relative to other older adults, fewer near elderly had a college or higher education (21.8% compared to 24.2% to 26.5% for adults aged 25 through 49 years). More near elderly also lacked a high school degree (17.1% compared to a low of 9.9% for 25-34 year olds). As would be expected, a higher percentage of the near elderly were widowed (6.2% vs. less than 2.0% for all other age groups), and not surprisingly, the near elderly were more likely to be retired than their younger counterparts (15.1% compared to less than 1% for all other age groups). While adults younger than 50 years of age were more likely to be unemployed than the near elderly (as high as 10% for 19-24 year olds vs. 3.5% for the near elderly), a greater percentage of the near elderly, at least relative to those aged 25 and above, were otherwise out of the labor force – 28.9%, compared to as low as 16.6% for 35-44 year olds.¹⁴ These differences in employment status across non-elderly age groups are evident in the *2003 West Virginia Healthcare Survey* data as well. In the later survey, however, the percentage of near elderly adults who were retired was slightly lower at 12.3%, and the rate of unemployment among *all* non-elderly adults was higher across the board. Labor force participation and employment rates were particularly lower in 2003 for 19-24 year olds (see Appendix B for 2003 data tables).

Annual family incomes in 2001 varied by non-elderly age group. For example, young adults were most likely (over 35%) to have family incomes of less than \$20,000. Among adults aged 25 and above, however, the near elderly were more likely to be in this lower income bracket (29.7% compared to as low as 20.6% for 45-49 year olds). The percentage of individuals in the highest family income category (\$50,000 and above) increased consistently across adult age groups, starting at the youngest category (16.8%) and peaking for adults aged 45-49 years (33.6%). The pattern then reversed with a drop in this percentage for the near elderly (28.2%). Similar variations in family income across the age groups show up in the 2003 survey data too. (However, whereas a higher percentage of 19-24 year olds were in the lowest income bracket (less than \$20,000) and fewer were in the highest bracket (\$50,000 or more) in 2003, the opposite pattern emerged for all other age groups. That is, fewer adults aged 25 and above, including the near elderly, reported a family income of less than \$20,000 in 2003, and more of them reported incomes of at least \$50,000.) See Appendix B for 2003 data tables.

The last row in Table 2 shows the percentage of non-elderly adults living in rural and urban areas by age group. Although the age group differences were statistically significant at the $p \leq .05$ level, the actual percentages do not appear to be meaningfully different. (Almost 60% of adults in each age group lived in rural areas, and slightly more than 40% lived in urban areas.) More information about the geographic distribution of the near elderly population (specifically, across the eight public health service regions in the state) is provided in a map in Appendix C.

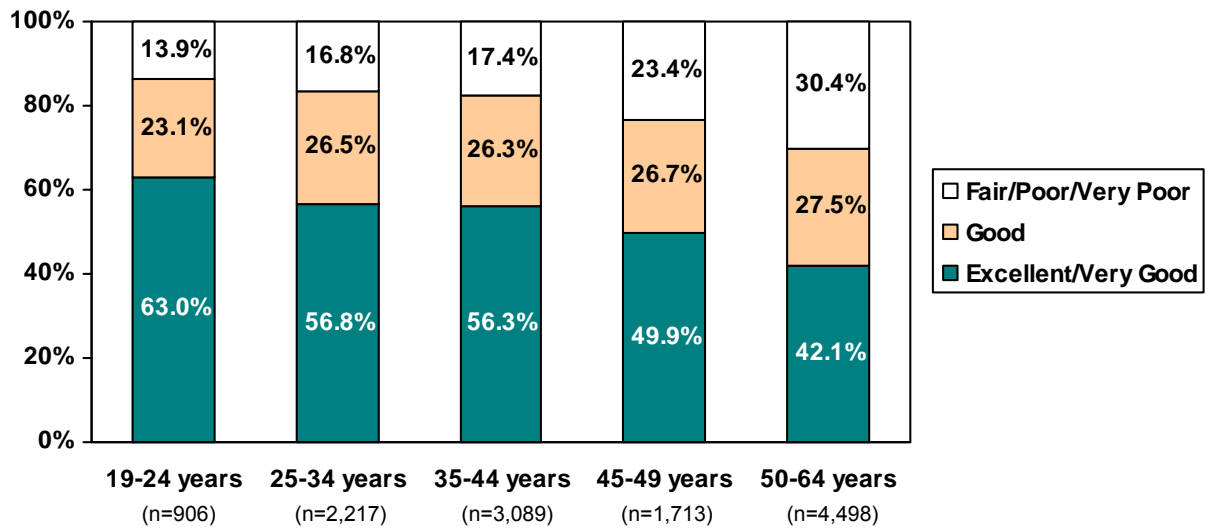
Health and Disability Status

Figures 1 and 2 show the health and disability status of non-elderly adults by age group. Compared to all other non-elderly adults,

- **The near elderly were worse off in terms of overall health status.**
- **The near elderly were more likely to report a chronic condition or disability.**

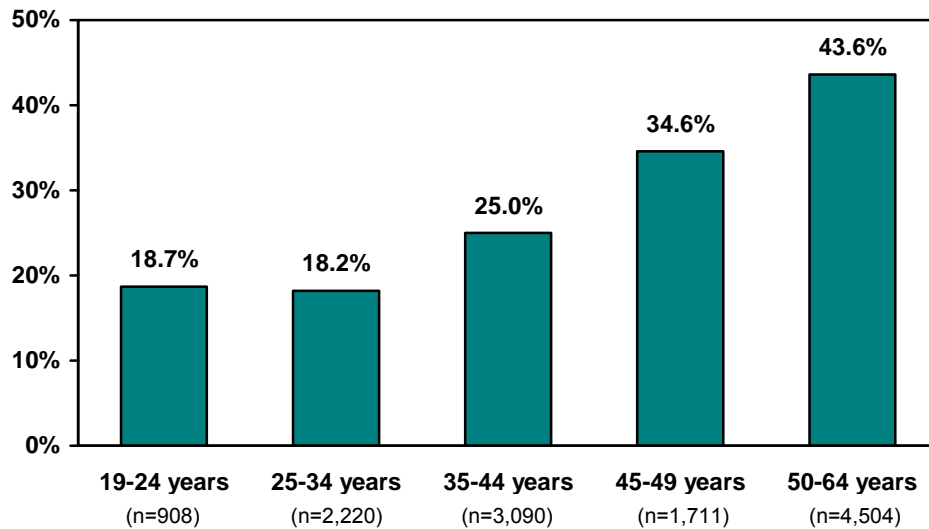
The percentage of adults reporting excellent or very good health decreased with each older age group, with fewer near elderly (42.1% compared to as high as 63.0% for 19-24 year olds) reporting this level of health. In contrast, the percentage of non-elderly adults reporting fair, poor, or very poor health increased from the youngest to oldest age group. In fact, almost a third of all near elderly respondents described their overall health status in this way. Similarly, among all non-elderly adults, the near elderly were most likely to indicate a disability (See Figure 2). Over 40% of near elderly respondents reported having a chronic condition or disability. This percentage was noticeably higher than that of all other non-elderly groups. Not surprisingly, 45-49 year olds had the next highest percentage (34.6%), whereas younger adults (19-34 year olds) had the smallest percentage (approximately 18.0%).

Figure 1. Health Status of Non-Elderly Adults in WV, by Age Group (%)



Source: West Virginia Healthcare Survey, 2001. Analysis conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data. Results are significant at the $p \leq .001$ level.

Figure 2. Non-Elderly Adults in WV with Chronic Condition or Disability, by Age Group (%)



Source: West Virginia Healthcare Survey, 2001. Analysis conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data. Results are statistically significant at the $p \leq .001$ level.

Data from the 2003 *West Virginia Healthcare Survey* showed the same patterns in the health and disability status of non-elderly adults by age group. Nonetheless, a higher percentage of younger adults (those aged between 19 and 44 years) reported fair/poor/very poor health and the presence of a chronic condition or disability in the later survey, and a slightly smaller percentage of near elderly reported poor health status (28.5%). (Instead, slightly more reported good health.) Likewise, fewer near elderly respondents in the later survey reported having a disability (42.5%) (see Appendix B).

VI. WHAT IS THE RATE OF UNINSURANCE AMONG THE NEAR ELDERLY IN WEST VIRGINIA?

Tables 3 and 4 present the health insurance status and sources of insurance for non-elderly adults in West Virginia. Both point-in-time insurance coverage (i.e., at the time of the survey) and stability of coverage during the year prior to the interview are provided. Relative to other non-elderly adults,

- **The near elderly were most likely to be insured.**
- **Fewer near elderly had health insurance through an employer (with the exception of young adults).**
- **Among workers explicitly, however, the near elderly were more likely to have access to insurance and to be covered through their employer.**

At the time of the survey, roughly 13% of near elderly respondents lacked health insurance, and each younger age group reported an incrementally higher rate of being uninsured (from 13.8% for 45-49 year olds to 33.0% for young adults). Of all adult age groups, the near elderly were most likely to be insured during the entire year (83.2% compared to as low as 55.3% for 19-24 year olds) and least likely to be uninsured all year (11.1% vs. 26.2% for the youngest adults again). Among those uninsured, fewer near elderly reported never having insurance. Approximately 6% of the near elderly, in contrast to 13.7% of 35-44 year olds, had never been insured.

Table 3. Health Insurance Coverage of Non-Elderly Adults in WV, by Age Group (%)

Insurance Indicator	Total (n=12,426)	19-24 years (n=901)	25-34 years (n=2,214)	35-44 years (n=3,090)	45-49 years (n=1,715)	50-64 years (n=4,506)
Insurance Status at Time of Interview***						
Insured ^a	80.0	66.9	73.3	80.6	86.1	87.4
Employer	64.3	42.2	60.7	69.6	73.9	68.1
Public	9.9	11.4	8.6	7.7	8.5	12.5
Self-purchased	5.8	13.3	4.0	3.3	3.7	6.8
Uninsured	20.0	33.0	26.7	19.5	13.8	12.5
Insurance Status During Year***						
Insured all year	73.1	55.3	62.7	74.9	81.7	83.2
Uninsured part of year	10.2	18.5	16.0	8.1	6.4	5.7
Uninsured all year	16.8	26.2	21.3	17.0	11.9	11.1
Reasons for Being Uninsured*** (base = those who were uninsured)						
High costs	45.7	33.4	44.9	47.9	51.8	55.6
Employment-related ^b	23.3	32.8	20.2	22.0	21.1	19.5
Uninsurable due to health	2.2	0.5	1.4	2.4	2.7	5.1
Length of Time Uninsured*** (base = those who were uninsured)						
< 1 year	15.8	19.8	20.2	12.3	13.1	10.4
1-5 years	36.3	54.8	35.6	26.9	27.0	32.4
5-10 years	16.8	8.2	19.8	18.0	23.1	18.1
10-15 years	7.2	0.1	6.1	12.9	9.2	8.7
15-20 years	11.8	2.8	8.0	13.4	19.8	22.4
Never had	8.9	8.1	8.4	13.7	5.7	5.5

Source: West Virginia Healthcare Survey, 2001. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.

^aEmployer includes FEHB, PEIA, private employer, UMWA/RR, and VA/CHAMPUS. Public includes Medicare and Medicaid. Self-purchased includes self-purchased and COBRA.

^bIncludes no family member has a job, no job that has insurance, and has job but not eligible for insurance.

*p≤.05 **p≤.01 ***p≤.001

The near elderly, however, appear to have relied less on employer-based insurance (including Federal Employees' Health Benefits (FEHB), West Virginia Public Employees Insurance Agency (PEIA), private employer, United Mine Workers Association (UMWA)/Railroad Workers, and VA/CHAMPUS) and more on public insurance and self-purchased insurance, at least compared to other middle-aged adults (see Table 3 above). Roughly 13% of the near elderly are estimated to have had public insurance (i.e., Medicaid and Medicare), compared to 8% to 9% of other older adults (aged 25 and above). (The higher rate of public coverage among the near elderly is likely attributable to both age differences in disability status and very low family incomes, as income eligibility levels for single adults are very low in

West Virginia.) Although young adults (aged 19-24 years) were the most likely to be covered by self-purchased insurance (including COBRA), the near elderly were more likely to report such coverage compared to other older adults (6.8% vs. no more than 4.0% for adults aged 25-49 years). Among non-elderly adults without insurance, more near elderly reported high costs and being uninsurable due to health as reasons for lacking insurance.

Although 2003 *West Virginia Healthcare Survey* data yielded similar results in the insurance status of non-elderly adults, it is important to note that a larger percentage of the individuals in *all* age groups reported being uninsured at the time of the second survey. Approximately 15% of the near elderly respondents in 2003 lacked insurance at the time of the survey. Nonetheless, the percentage of near elderly who reported being uninsured for the entire year did not seem to differ. In contrast, more individuals in each of the younger adult age groups were uninsured all year (see Appendix B).

Table 4 shows insurance status specifically for non-elderly *workers* based on the 2001 data. The rate of employer-based insurance among this subset increased consistently across the age groups, ranging from approximately 54% for employed young adults to 91% for the near elderly. A noticeably higher proportion of workers aged 25 years and above had an insurance offer from their employer and were eligible for employer-sponsored insurance compared to the youngest adult worker age group. Similar to other middle-aged workers, nearly 90% of all near elderly workers reported an insurance offer, and over 95% reported eligibility. Overall, only 6% of near elderly workers reported being uninsured at the time of the survey, whereas over a third of 19-24 year old workers lacked insurance.

Table 4. Health Insurance Coverage of Non-Elderly Workers in WV, by Age Group (%)

Insurance Indicator	Total (n=7,002)	19-24 years (n=462)	25-34 years (n=1,504)	35-44 years (n=2,058)	45-49 years (n=1,077)	50-64 years (n=1,901)
Insurance Status at Time of Interview***						
Insured ^a	84.0	62.9	78.2	86.0	90.9	94.0
Employer	80.1	53.9	73.8	83.0	89.1	90.8
Public	1.6	3.7	2.2	1.5	0.4	0.9
Self-purchased	2.3	5.3	2.2	1.5	1.4	2.3
Uninsured	16.0	37.1	21.8	14.0	9.0	6.0
Insurance Status During Year***						
Insured all year	77.0	50.4	66.9	80.0	87.8	90.8
Uninsured part of year	9.7	19.9	15.7	7.7	4.7	4.0
Uninsured all year	13.3	29.8	17.4	12.3	7.5	5.5
Insurance Offer from Employer***	83.5	64.3	81.2	85.3	88.7	89.8
Eligible for Employer's Insurance*** (base=those with insurance offer)	93.3	74.7	91.6	95.3	97.5	96.4

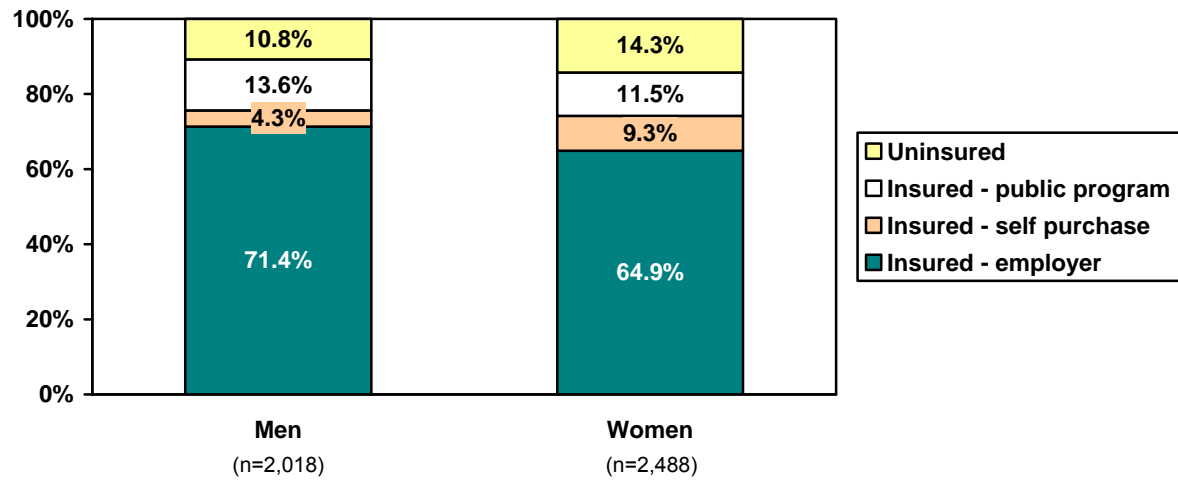
Source: West Virginia Healthcare Survey, 2001. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data. ^aEmployer includes FEHB, PEIA, private employer, UMWA/RR, and VA/CHAMPUS. Public includes Medicare and Medicaid. Self-purchased includes self-purchased and COBRA. *p≤.05 **p≤.01 ***p≤.001

Figures 3 through 6 and Table 5 take a closer look at variations in health insurance coverage and sources of insurance within the near elderly age group. Key findings include:

- **More near elderly women than men were uninsured.**
- **Lack of insurance was most common among near elderly who had fewer years of education, were no longer married, were self-employed or unemployed, had lower incomes, and were living in rural areas.**
- **The near elderly with poor health also were more likely to be uninsured. No meaningful difference in the uninsurance rate was observed by disability status. However, those with poor health or a chronic condition/disability were more likely to be insured by a public program and less likely to have employer-based coverage.**
- **Type of insurance also varied by other demographic characteristics.**

Near elderly women were at a slightly greater risk, compared to men, of being currently uninsured (14.3% vs. 10.8%) and uninsured all year (13.1% vs. 9.1%) (Figures 3 and 4). Near elderly women were also more likely to rely on self-purchased insurance coverage (9.3 % vs. 4.3%), whereas their male counterparts were more likely to rely on employer-based and public forms of health insurance (Figure 3).

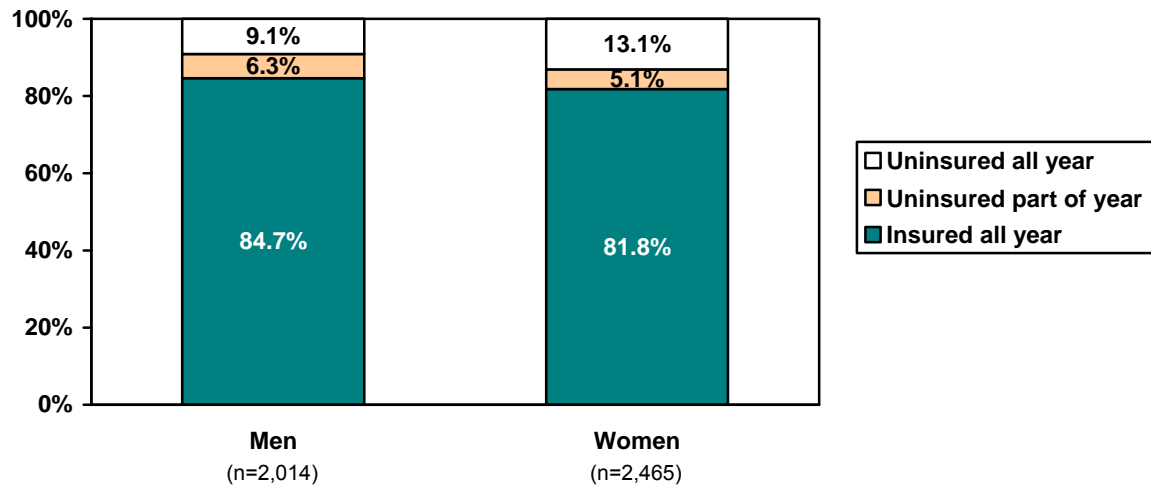
Figure 3. Health Insurance Coverage^a of the Near Elderly (50-64 years) in WV, by Gender (%)



Source: West Virginia Healthcare Survey, 2001. Analysis conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data. Results are statistically significant at the $p \leq .001$ level.

^aRefers to insurance status at time of interview. Employer includes FEHB, PEIA, private employer, UMWA/RR, and VA/CHAMPUS. Public includes Medicare and Medicaid. Self-purchased includes self-purchased and COBRA.

Figure 4. Duration of Health Insurance Coverage among the Near Elderly (50-64 years) in WV, by Gender (%)



Source: West Virginia Healthcare Survey, 2001. Analysis conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data. Results are statistically significant at the $p \leq .001$ level.

The risk of uninsurance and sources of health insurance coverage also varied significantly among the near elderly by other demographic characteristics (see Table 5). The near elderly who did not attend higher education; who were separated or divorced; or who were unemployed or self-employed were more likely to be uninsured. Higher rates of uninsurance also were evident for the near elderly who were of a race/ethnicity other than black or white (not-Hispanic) and who were living in rural areas. Additionally, compared to other income groups, the near elderly with the lowest family incomes (< \$20,000) were more likely to be uninsured. The percentage of near elderly in this income bracket lacking insurance was particularly noticeable among *2003 West Virginia Healthcare Survey* near elderly respondents, 40% of whom reported being uninsured at the time of the interview (see Appendix B).

Table 5. Health Insurance Coverage of the Near Elderly (50-64 years) in WV, by Select Demographic Characteristics (%)

Characteristic	Uninsured (n=630)	Insured ^a		
		Employer (n=2,916)	Public (n=643)	Self-Purchased (n=317)
Race**				
White, not Hispanic	12.4	68.8	11.9	7.0
Black	12.9	59.4	24.5	3.2
Other	15.7	59.9	17.6	6.8
Education***				
Postgraduate training	2.7	89.1	2.3	5.9
College graduate	7.0	83.9	3.7	5.3
Some college	9.9	76.7	6.1	7.3
High school/GED	15.5	65.6	11.9	7.0
Not H.S. degree	18.5	40.0	33.9	7.5
Marital Status***				
Married	11.2	73.6	8.4	6.9
Divorced	19.6	49.9	24.1	6.3
Separated	26.6	28.8	37.3	7.3
Widowed	12.8	50.8	27.3	9.1
Never Married	11.8	61.9	21.8	4.5
Employment Status***				
Employed, full-time	3.9	94.0	0.5	1.7
Employed, part-time	16.8	77.2	0.4	5.6
Self-employed	29.3	49.7	1.4	19.5
Unemployed	49.3	33.7	10.3	6.7
Retired	10.1	69.6	8.2	12.1
Other not in labor force ^b	13.9	42.8	36.1	7.2
Worker Status^{c***} (base= workers only)				
High income workers	5.9	83.6	4.4	6.1
Low income workers ^d	29.9	31.0	32.7	6.4
Family Income^{c***}				
\$50,000+	2.3	92.2	1.3	4.2
\$35,000-49,999	2.7	88.1	3.3	6.0
\$20,000-34,999	12.4	70.4	8.8	8.4
< \$20,000	29.9	31.0	32.7	6.4
Urbanicity***				
Rural	13.9	65.0	14.7	6.4
Urban	10.7	72.3	9.6	7.5

Source: West Virginia Healthcare Survey, 2001. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.

^aRefers to insurance status at time of interview. Employer includes FEHB, PEIA, private employer, UMWA/RR, and VA/CHAMPUS. Public includes Medicare and Medicaid. Self-purchased includes self-purchased and COBRA.

^bIncludes homemakers, full-time students, and those not working due to disability.

^cFamily income was missing for approximately 15% of the sample.

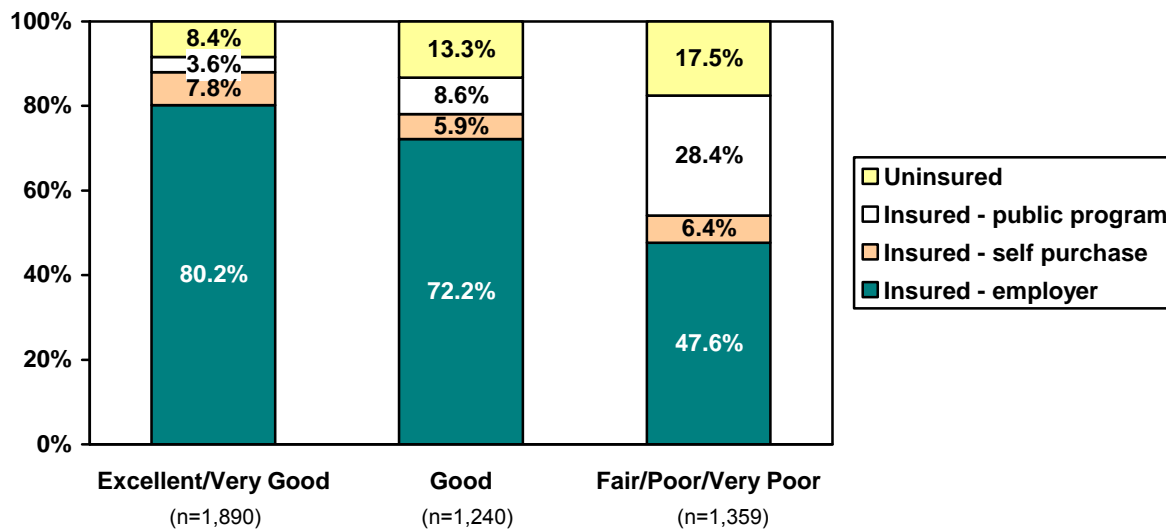
^dRefers to workers with family incomes less than \$20,000.

*p≤.05 **p≤.01 ***p≤.001

Among the near elderly, the rate of employer-based coverage in 2001 was consistently higher for each higher education category (from 40% for those without a high school degree to almost 90% for those with postgraduate training) and was higher among white, married, employed or retired near elderly as well as those with higher overall family incomes. Public insurance was most common among near elderly who were black (24.5%), lacked a high school degree (33.9%), were not married, were outside the labor force (36.1%), and had very low incomes (32.7%). Self-purchased insurance coverage was particularly high among the self-employed near elderly (19.5%) and early retirees (12.1%).

Figures 5 and 6 examine risk of uninsurance and type of insurance coverage among the near elderly by health and disability status. Higher rates of uninsurance were evident for near elderly West Virginians who reported fair to very poor overall health (17.5%) compared to those with good (13.3%) to excellent (8.4%) health. Employer-based and public insurance coverage also varied consistently by health status. While employer-based coverage was highest for near elderly with excellent or very good health (80.2%) and lowest among those with fair to very poor health (47.6%), the opposite pattern was true for public insurance coverage: 3.6% of those with excellent/very good health compared to over a quarter of those with fair or worse health had public insurance. The percentage of near elderly without insurance did not vary meaningfully by disability status (almost 13% of those with and without a disability or chronic condition were uninsured), but this is due in part to the role public insurance programs have in providing coverage to those with disabilities (Figure 6). Almost a quarter of near elderly who reported a disability/chronic condition (compared to approximately 4% of those without) were covered by Medicare or Medicaid.

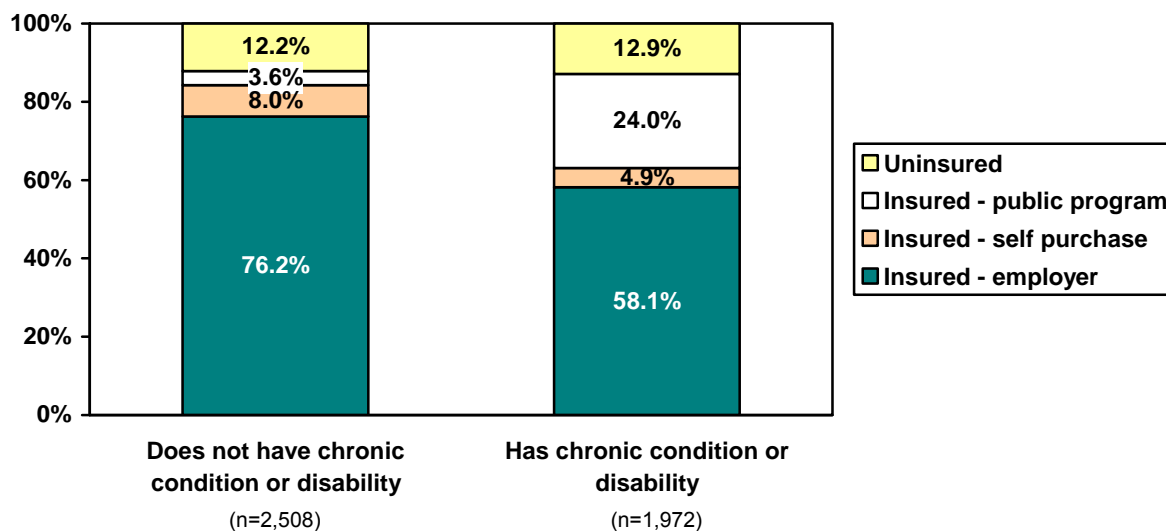
Figure 5. Health Insurance Coverage^a of the Near Elderly (50-64 years) in WV, by Overall Health Status (%)



Source: West Virginia Healthcare Survey, 2001. Analysis conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data. Results are significant at the $p \leq .001$ level.

^aRefers to insurance status at time of interview. Employer includes FEHB, PEIA, private employer, UMWA/RR, and VA/CHAMPUS. Public includes Medicare and Medicaid. Self-purchased includes self-purchased and COBRA.

Figure 6. Health Insurance Coverage^a of the Near Elderly (50-64 years) in WV, by Disability Status (%)



Source: West Virginia Healthcare Survey, 2001. Analysis conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data. Results are significant at the $p \leq .001$ level.

^aRefers to insurance status at time of interview. Employer includes FEHB, PEIA, private employer, UMWA/RR, and VA/CHAMPUS. Public includes Medicare and Medicaid. Self-purchased includes self-purchased and COBRA.

Differences in the insurance status among the near elderly by health and disability status appear to have persisted in 2003. A higher percentage (52.9%) of near elderly respondents with fair/poor/very poor health in the later survey had employer-based insurance coverage. However, more near elderly in this health status group also reported being uninsured (23.3%). The drop in coverage was associated with fewer near elderly relying on public (22.9%) and self-purchased (less than 1%) forms of insurance. A higher percentage of near elderly with good health (17.8%) also reported being uninsured in 2003. Although the percentage of disabled near elderly who had employer insurance in 2003 was similar to that observed in the 2001 data, fewer had public insurance (20.1%) and more reported being uninsured (17.8%) in the later survey. Appendix B contains the 2003 data tables.

While the intent of the preceding tables and figures has been to examine demographic differences in insurance coverage among different near elderly groups, the following table (Table 6) summarizes the demographic profile of those near elderly who did lack insurance (compared to those with coverage). Not surprisingly, women made up a slightly larger proportion of the uninsured near elderly (58%). Almost three-fourths of the uninsured near elderly had a high school degree or less, and one out of five were divorced. The uninsured near elderly also included a relatively high percentage of unemployed and self-employed individuals (and only 11% were full-time employed), and the overwhelming majority (91%) had family annual incomes less than \$35,000. Further, two thirds of uninsured near elderly *workers* had low family incomes (less than \$20,000), in contrast to less than a quarter of insured near elderly workers. Over 40% of all uninsured near elderly, compared to approximately 29% of those with insurance, had fair/poor/very poor health. The opposite pattern was observed for those with better health. Fewer than a third of the uninsured near elderly reported excellent/very good health, compared to 44% of the insured. However, disability status did not differ meaningfully: Over 40% of those insured and uninsured reported a chronic condition or disability (data not shown in table). Again, the availability of public insurance programs (e.g., Medicare) for individuals with certain disabilities may be a contributing factor in this result.

Table 6. Characteristics of the Insured and Uninsured^a Near Elderly (50-64 years) in WV (%)

Characteristic	Insured (n=3,885)	Uninsured (n=630)
Gender ***		
Male	50.4	42.4
Female	49.6	57.6
Race		
White	92.9	91.7
Black	3.4	3.6
Other	3.6	4.7
Education***		
Postgraduate training	9.5	1.9
College graduate	14.1	7.5
Some college	22.6	17.3
High school/GED	37.8	48.3
Not H.S. degree	16.0	25.1
Marital Status***		
Married	77.0	67.5
Divorced	11.7	20.0
Separated	1.0	2.4
Widowed	6.2	6.3
Never Married	4.1	3.9
Employment Status***		
Working, FT	39.7	11.2
Working, PT	7.0	9.9
Working, self-employed	7.3	20.9
Unemployed	2.0	13.9
Retired	15.5	12.1
Other not in labor force ^b	28.5	32.1
Worker Status^{c***} (base=workers only)		
High income workers	76.1	32.0
Low income workers ^d	23.9	68.0
Family Income^{c***}		
\$50,000+	31.6	5.0
\$35,000-49,999	19.8	3.6
\$20,000-34,999	24.6	23.4
< \$20,000	24.0	68.0
Residence***		
Rural	56.4	63.5
Urban	43.6	36.5
Health Status***		
Excellent/Very Good	44.1	28.3
Good	27.2	29.2
Fair/Poor/Very poor	28.7	42.5

Source: West Virginia Healthcare Survey, 2001. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.

^aRefers to insurance status at time of interview.

^bIncludes homemakers, full-time students, and those not working due to disability.

^cFamily income was missing for approximately 15% of the sample.

^dRefers to workers with family incomes less than \$20,000.

*p≤.05 **p≤.01 ***p≤.001

Finally, more uninsured (63.5%) than insured (56.4%) near elderly reported living in rural areas. Appendix C provides information about the geographic distribution of the uninsured near elderly across the state's public health service regions.

While the number of uninsured near elderly respondents in the 2003 survey was small (n=59), therefore offering limited statistical power, the data suggest that a higher percentage of the uninsured near elderly were unemployed (18.9%) or not in the labor force (40.7%) and that fewer were retired (2.0%) at the time of the later survey. More of the uninsured near elderly in 2003 were also in the lowest income bracket (72.6%). Although the percentage of the uninsured near elderly who were in good health was higher in 2003 (34.7%), fewer reported excellent/very good health (20.7%). See Appendix B for these results.

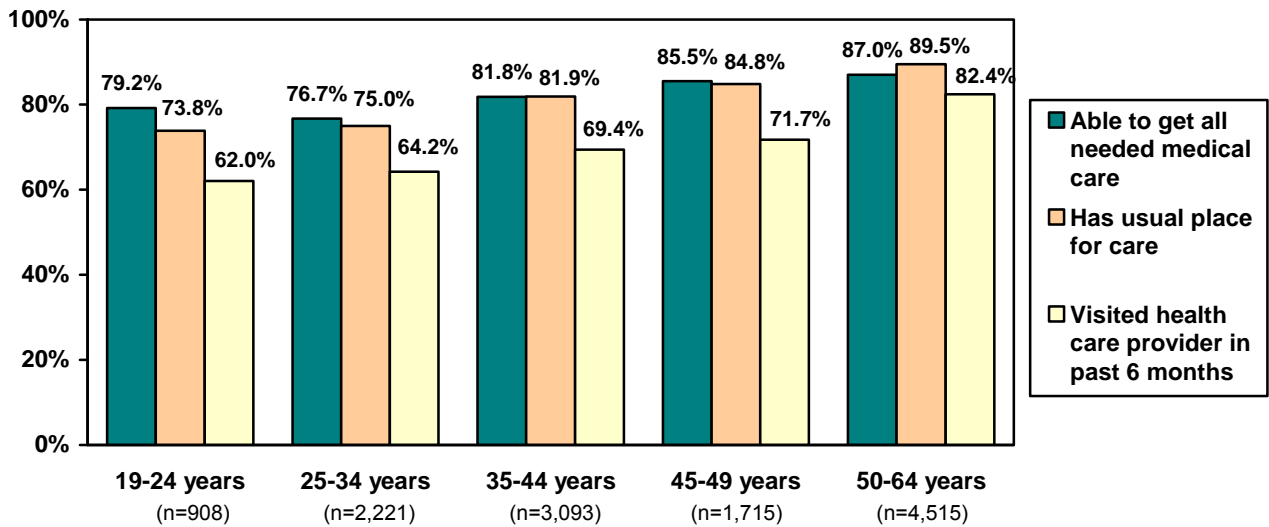
VII. WHERE DO THE NEAR ELDERLY GO FOR HEALTH CARE WITHIN WEST VIRGINIA?

The *2001 West Virginia Healthcare Survey* also allows us to examine health care access and utilization of all non-elderly adults, including the near elderly (see Figure 7).

- **Overall, the near elderly reported greater access and utilization than all other non-elderly adults: More near elderly were able to get all of their needed medical care, had a usual place for care, and recently visited a health care provider.**

At least three quarters of individuals in all non-elderly age groups reported being able to get all of their needed medical care and having a usual source of care, with the highest percentage observed among the near elderly (over 85%). The near elderly were also the most likely to report visiting a health care provider in the past six months: Whereas over 80% of the near elderly had seen a provider, this percentage was as low as 62.0% for the other age groups. Overall, rates of health care access and utilization were slightly lower in the 2003 survey data, but the same age group differences – with the near elderly reporting greater access and utilization – were evident.

Figure 7. Health Care Access and Utilization of Non-Elderly Adults in WV, by Age Group (%)



Source: West Virginia Healthcare Survey, 2001. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data. Results are statistically significant at the $p \leq .001$ level.

Table 7 provides additional data on health care access and utilization and shows that the type of usual care provider (for those who reported a usual source of care) and type of provider visited in the past 6 months (for those who reported such a visit) varied to some degree by adult age group. These data indicate that

- As with other adults, more near elderly reported going to a physician’s office than any other type of provider.
- Although few adults overall reported a Veteran’s Administration (VA) medical center as their provider, the near elderly were most likely to do so.
- The near elderly did not differ from other non-elderly adults in their confidence in paying for their health care expenses.
- The near elderly did not differ from other non-elderly adults in their reasons for not getting the care they needed.

Table 7. Health Care Access and Utilization among Non-Elderly Adults in WV, by Age Group (%)

Indicator	Total (n=12,454)	19-24 years (n=908)	25-34 years (n=2,221)	35-44 years (n=2,094)	45-49 years (n=1,716)	50-64 years (n=4,515)
Type of Usual Source of Care*** (base = those who have usual place for care)						
Physician's office	72.2	63.1	66.4	74.8	75.3	76.0
CHC	12.1	14.3	14.5	12.5	12.7	9.3
Hospital outpatient	7.3	8.9	9.7	5.5	6.4	7.0
ER	2.5	3.7	3.9	3.2	1.5	1.1
Urgent care center	1.9	3.5	2.8	1.8	1.5	0.8
VA medical center	1.9	0.2	0.9	0.8	0.9	4.3
Public health dept.	0.6	3.7	0.6	0.1	0.0	0.1
Free clinic	0.4	0.3	0.3	0.4	0.4	0.4
Mental health center	0.2	0.2	0.3	0.1	0.6	0.2
Other	0.9	2.1	0.5	0.8	0.6	0.8
Type of Provider Visited in Past 6 Months (base = those who visited a provider)						
Doctor's office***	92.0	84.6	88.9	92.6	92.1	95.7
CHC or free clinic***	10.4	16.3	13.1	8.4	11.1	8.0
Hospital outpatient***	21.2	16.9	20.8	19.6	23.6	23.2
ER***	24.9	36.1	32.3	23.8	22.3	18.8
Urgent care center***	16.7	25.0	21.7	18.4	14.1	11.0
VA medical center***	3.5	1.1	1.8	1.7	2.1	6.9
Public health clinic***	3.7	10.0	2.9	2.4	2.6	3.4
Mental health center	5.2	6.8	4.8	4.2	5.5	5.5
Chiropractor***	7.1	3.9	7.7	8.1	7.1	7.0
Reason for Not Getting Needed Medical Care (base = those who could not get needed care)						
Cost	64.7	58.9	70.2	66.3	60.8	61.5
Services lacking	4.1	5.6	3.9	3.9	3.1	4.1
Transportation	1.1	0.6	0.7	0.7	2.0	2.0
Couldn't get appointment	2.6	2.9	1.3	1.9	2.9	4.6
Didn't have time	3.8	4.7	3.1	3.8	3.6	4.0
Too far	0.8	0.1	1.2	1.1	0.0	0.5
Provider not open	3.2	6.7	0.7	2.6	2.6	4.9
Other	19.2	19.4	18.8	18.4	24.1	18.2

Source: West Virginia Healthcare Survey, 2001. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.

*p≤.05 **p≤.01 ***p≤.001

For both usual care provider and type of provider recently visited, physician office visits were the most common for all non-elderly adults, and this was especially the case for older adult age groups including the near elderly. In contrast, compared to younger adults, the near elderly were less likely to report a community health center (CHC), emergency room, or urgent care center as a provider. Among respondents who reported not being able to get the health

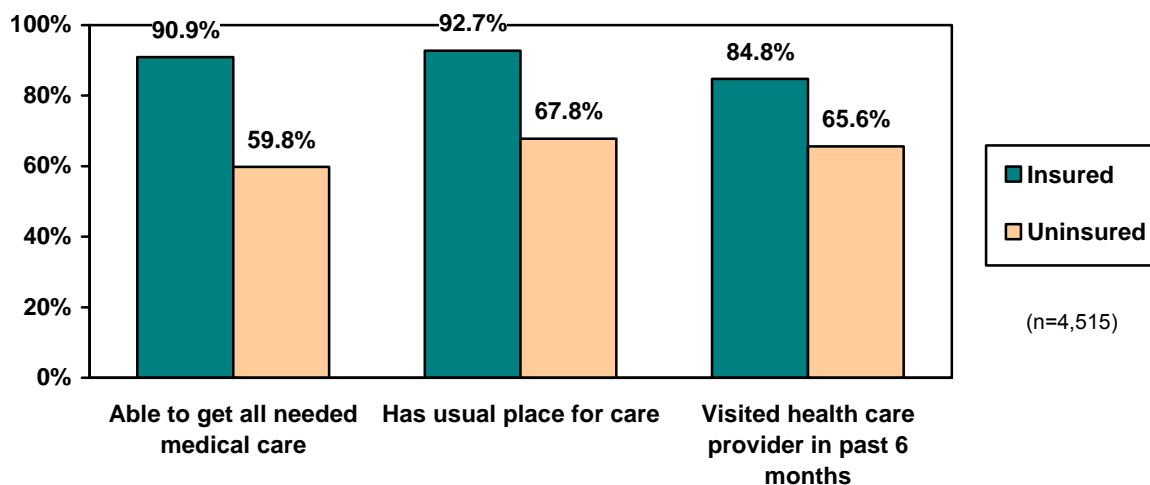
care they needed, the near elderly did not differ significantly from other adult age groups in their reasons for not getting this care. Most of all adults (approximately 60% or more in each age group) indicated cost as the reason. Compared to younger adults, the near elderly also did not differ in their confidence in paying costs for health care expenses (data not shown in table). Overall, 69.8% of all non-elderly adults reported this confidence. (In the 2003 data, this percentage was 64.3%).

Focusing specifically on the near elderly, Figure 8 and Table 8 examine health care access and utilization by insurance coverage. Not surprisingly, access and utilization varied significantly by whether or not a person had insurance:

- **On average, the uninsured near elderly reported less access to health care and had lower utilization rates than the insured near elderly.**
- **The uninsured near elderly relied more on one safety net provider in particular, community health centers.**
- **Not surprisingly, the uninsured near elderly were much less likely to feel confident in their ability to pay for their health care expenses.**
- **Among the uninsured, cost was the most commonly cited reason for not getting the care they needed.**

The overwhelming majority (over 90%) of insured near elderly were able to get the care they needed and had a usual source of care. In contrast, only 60% of uninsured near elderly reported being able to get their needed medical care and slightly more than 65% reported having a usual source of care (Figure 8). Further, 85% of insured near elderly visited a health care provider in the past 6 months, compared to approximately 66% of those without insurance.

Figure 8. Health Care Access and Utilization among the Near Elderly (50-64 years) in WV, by Health Insurance Coverage^a (%)



Source: West Virginia Healthcare Survey, 2001. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data. Results are significant at the $p \leq .001$ level.
^aRefers to insurance status at time of interview.

Similar differences in health care access and utilization care for insured and uninsured near elderly were observed in the 2003 *West Virginia Healthcare Survey* data (however, the sample size for uninsured near elderly was particularly small (n=59)). The percentage of both insured *and* uninsured near elderly with a usual source of care was higher in 2003 (94.7% and 77.4%, respectively), but the percentage of uninsured near elderly who reported being able to get all needed medical care was lower in the later survey (45.1%). Interestingly, while the percentage of uninsured near elderly who visited a health care provider within the past 6 months was higher in 2003 (70.7%), fewer *insured* near elderly reported seeing a provider (80.7%) (see Appendix B).

Table 8 shows significant provider differences between the uninsured and insured near elderly in 2001. For example, the near elderly without insurance were less likely to report a physician's office (56.3% vs. 78.0%) and more likely to report a CHC (20.9% vs. 8.0%), hospital outpatient clinic (10.9% vs. 6.6%), and a free clinic (3.2% vs. 10%) as their usual source of care. Among the near elderly who had visited a health care provider in the past 6 months, the uninsured were less likely to have gone to a physician's office (86.8% vs. 96.7%) and hospital outpatient clinic (18.9% vs. 23.6%) and more likely to have visited a CHC (21.4% vs. 6.5%).

Table 8. Health Care Access and Utilization among Near Elderly (50-64 years) in WV, by Health Insurance Coverage^a (%)

Indicator	Insured (n=3,798)	Uninsured (n=604)
Type of Usual Source of Care*** (base = those who have usual place for care)		
Physician's office	78.0	56.3
CHC	8.0	20.9
Hospital outpatient clinic	6.6	10.9
ER	1.0	2.2
Urgent care center	0.9	0.8
VA medical center	4.2	5.2
Public health department	0.1	0.3
Free clinic	0.1	3.2
Mental health clinic	0.2	0.0
Other	0.9	0.3
Type of Provider Visited in Past 6 Months*** (base = those who visited a provider)		
Doctor's office***	96.7	86.8
CHC***	6.5	21.4
Hospital outpatient**	23.6	18.9
ER	18.5	21.4
Urgent care center	10.5	15.1
VA medical center	6.9	6.7
Public health clinic	3.3	4.4
Mental health center	5.6	4.1
Chiropractor	6.9	7.8
Confident in Paying Costs for Health Care Expenses***	74.8	24.4
Reason for Not Getting Needed Care Medical Care*** (base = those who could not get needed care)		
Cost	45.6	85.7
Services lacking	6.2	1.0
Transportation	3.0	0.5
Couldn't get appt.	6.7	1.4
Didn't have time	5.6	1.6
Too far	0.9	0.0
Provider not open	7.8	0.4
Other	24.0	9.4

Source: West Virginia Healthcare Survey, 2001. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.

^aRefers to insurance status at time of interview.

*p≤.05 **p≤.01 ***p≤.001

Uninsured and insured near elderly also differed in their confidence in paying for health care expenditures and their reasons for not being able to get necessary medical care. Only a quarter of uninsured near elderly, compared to 75% of those insured, were confident in affording their health care costs. Cost was an overwhelming reason why uninsured near elderly (85%) were unable to get their needed care. In contrast, fewer than half of the insured near elderly cited cost as a barrier.

VIII. WHAT IS THE USE OF INPATIENT HOSPITAL SERVICES AMONG THE NEAR ELDERLY IN WEST VIRGINIA?

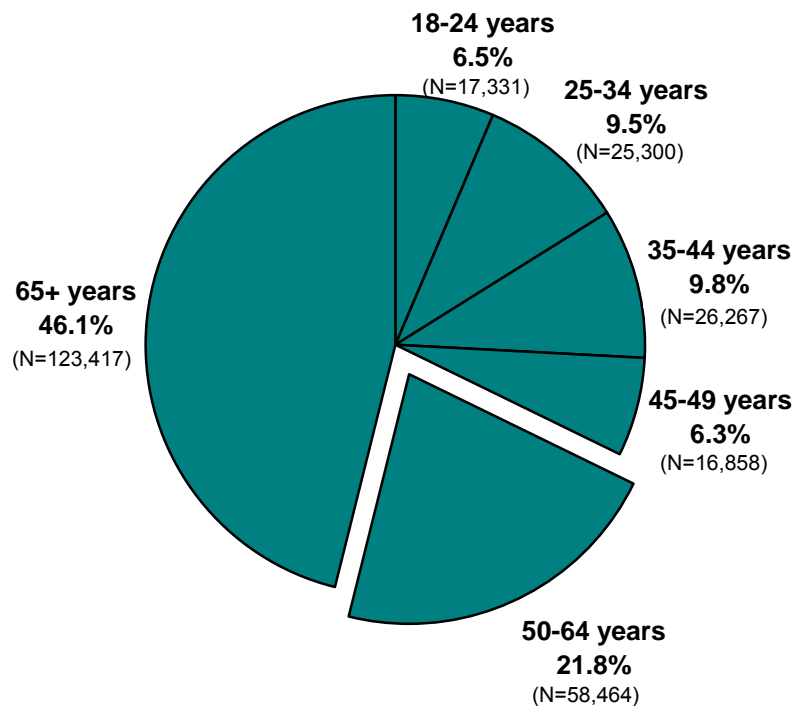
Hospitals are a significant provider of medical care for the uninsured and underinsured. In fact, it has been estimated that as much as 63% of all uncompensated care costs (i.e., both charity care and care not paid for by the patient due to bad debt) in the U.S. are borne by hospitals.¹⁵ For this reason, we analyzed 2003 UB hospital discharge data to examine the inpatient hospital care received by adults in West Virginia, with special attention given to the near elderly and to discharges lacking health insurance as the primary payer. While the discharge data do not allow for uncompensated care costs to be examined explicitly (as these data contain information on patient *charges* and not costs ultimately incurred by a payer), the data do provide the opportunity to examine charity care discharges (or care provided by hospitals with no expectation of payment) and self-pay discharges (care paid out-of-pocket by the patient instead of an insurance payer). To simplify the presentation of results, we refer to these two types of inpatient hospital discharges as “uninsured,” but it is important to note that our analyses likely fail to capture all un- or underinsured patients. For example, even discharges with an insurance company as the primary payer may eventually result in out-of-pocket expenses for a patient and lead to bad debt costs for hospitals. Such cases cannot be determined within the UB data.

In this section of this report, we present three types of information for adult patients discharged from inpatient hospital care in 2003. We first consider the insurance status and primary payer types of patients to examine variations in insurance coverage across adult age groups. We next analyze data on admission types, diagnostic conditions and severity, and

length of stay, all as characteristics of the hospital care required and received among adults. Finally, we review the hospital charges incurred by adults discharged during the year.

Figure 9 shows the age composition of *all* adult inpatient hospital discharges included in our analyses. Overall, the number of discharges amounted to 267,637. While the elderly (adults aged 65+) comprised the largest percentage of all discharges (46.1%, or 123,417 discharges), **near elderly patients made up the second largest group** and the largest non-elderly group – 21.8%, or 58,464 discharges.

Figure 9. 2003 Adult Inpatient Hospital Discharges in WV, by Age Group (n=267,637)



Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

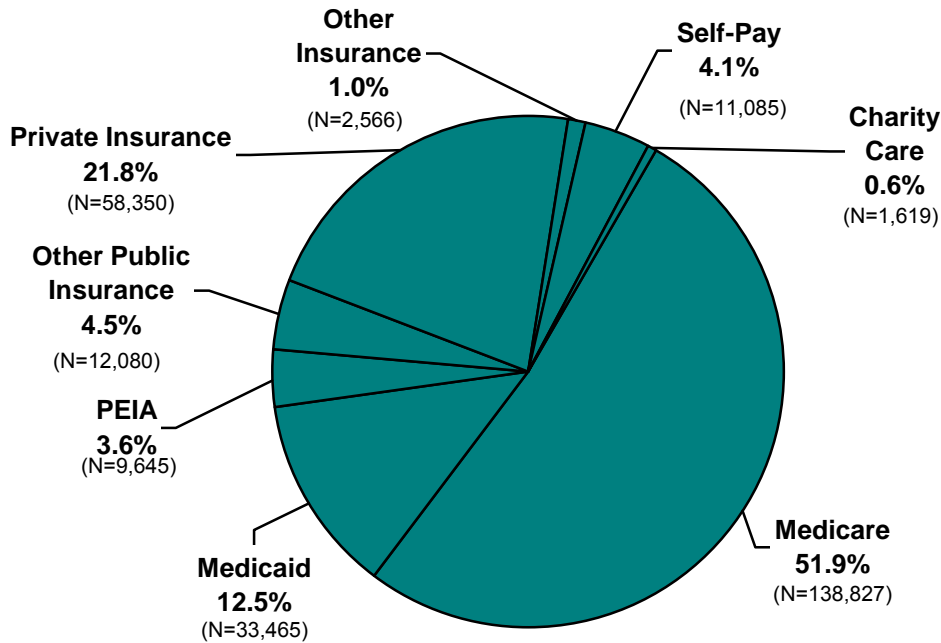
Insurance Status

Working from the UB payer codes, we applied eight primary payer categories within our analysis: Medicare, Medicaid, other public insurance, PEIA, private insurance, other insurance, self-pay, and charity care. The Medicaid category pertains to those covered by West Virginia’s Medicaid program. Other public includes federal insurance programs other than

Medicare (Department of Labor Black Lung, Railroad Workers, United Mine Workers of America (UMWA) trusts, Veterans Administration, Federal Bureau of Corrections, and CHAMPUS). Other public also includes West Virginia Workers' Compensation; other West Virginia government programs through Maternal and Child Health, Department of Corrections, and county/local departments of corrections; as well as *other states'* government programs, namely their Medicaid and Workers' Compensation programs. Private insurance includes commercial insurance (e.g., Acordia, Prudential); non-profit insurance (e.g., AARP, Blue Cross); and employer/union coverage (such as Teamsters, UMWA, National Association of Letter Carriers). The "other insurance" category refers to discharges for which the payer was unknown or was not elsewhere classified. As specified above, charity care (one of our uninsured categories) refers to care donated by hospitals with no expectation of payment, and self-pay (the other uninsured category) refers to care paid out-of-pocket by the patient instead of an insurance payer.

Figure 10 summarizes the insurance status and primary payer types of the discharged patients included in our analyses. Across all adult age groups, over half of the discharges were Medicare-covered (51.9%), followed by private insurance (21.8%), and Medicaid (12.5%). Just over 4% of the discharges were covered by another form of public insurance, and another 4% were covered by PEIA. About 5% of all discharges were associated with patients who lacked insurance as the primary payer: 4.1% were self-pay and less than 1% were charity care discharges.

Figure 10. Distribution of Primary Payer Types^a for Adult Hospital Discharges in WV



Source: 2003 West Virginia UB hospital discharge data. Includes acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.
^aMedicaid includes WV Medicaid. Other Public includes Workers' Compensation, other Federal Government, other WV Government, and other States' Government. Private includes commercial, non-profit, and employer/union insurance. Other includes other and unknown.

Table 9 presents the age breakdown for adult discharges under each of the eight primary payer types. Overall,

- **The near elderly represented the largest share of all insured discharges (with the exception of Medicare-covered discharges).**
- **Approximately one out of every five self-pay and charity care (i.e., uninsured) discharged patients were near elderly.**

Specifically, we find that while the elderly made up the dominant share of Medicare-covered discharges (81.9%), the near elderly represented the second largest group within this payer type (12.2%), presumably as a result of the availability of Medicare for individuals with disabilities. Importantly, the near elderly made up the *largest* share of discharges covered by other payers, particularly PEIA (48.1%), private insurance (36.1%), and “other” insurance sources (30.8%) but

also Medicaid (26.5%) and other public forms of insurance (25.9%). Together, adults aged 25-34 years, those aged 35-44 years and the near elderly comprised the majority of patients without insurance, with the near elderly making up over a fifth of both self-pay and charity care discharges. The near elderly's contribution to all and uninsured discharges across the public health service regions is depicted in a map within Appendix C.

Table 9. Adult Hospital Discharges in WV, by Primary Payer Type^a and Age Group (%)

Age Group	Medicare (N=138,827)	Medicaid (N=33,465)	PEIA (N=9,645)	Other Public (N=12,080)	Private (N=58,350)	Other (N=2,566)	Uninsured		
							Total (N=12,704)	Self-Pay (N=11,085)	Charity Care (N=1,619)
18-24 years	0.2	24.8	4.3	13.3	8.0	10.1	14.1	14.6	11.1
25-34 years	1.0	20.1	13.7	14.6	18.4	20.5	22.8	22.6	24.2
35-44 years	2.5	17.8	14.7	15.2	17.0	18.6	25.6	25.3	27.5
45-49 years	2.2	9.1	13.3	8.6	11.3	12.0	12.0	11.9	13.0
50-64 years	12.2	26.5	48.1	25.9	36.1	30.8	23.5	23.7	21.7
65+ years	81.9	1.7	6.0	22.4	9.2	8.0	2.0	1.9	2.5

Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.
^aMedicaid includes WV Medicaid. Other public includes Workers' Compensation, other Federal Government, other WV Government, and other States' Government. Private includes commercial, non-profit, and employer/union insurance. Other includes other and unknown.

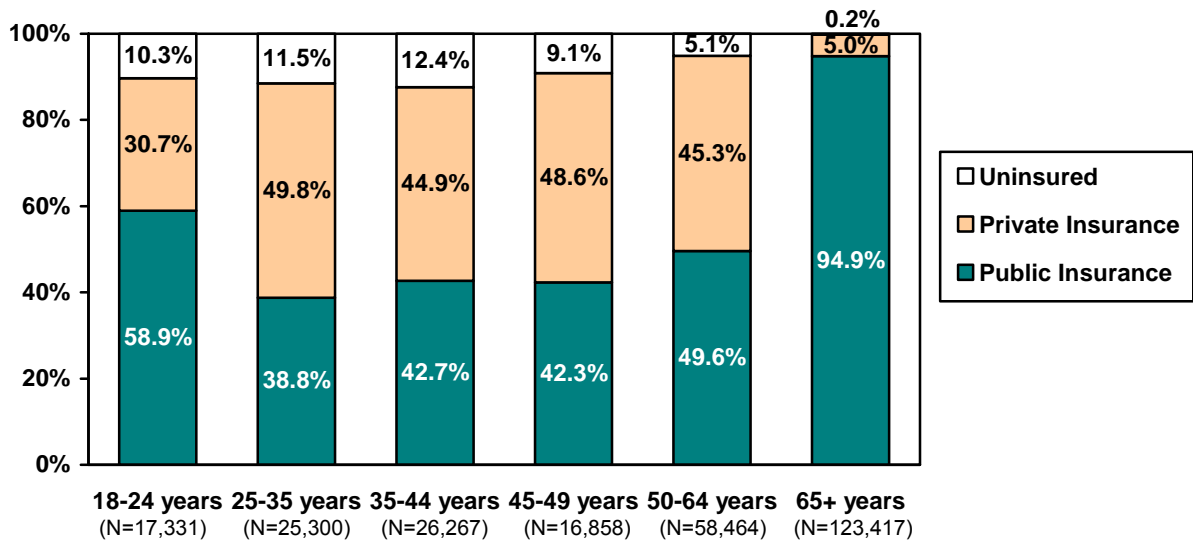
Figure 11 and Table 10 examine the distribution of insurance status and primary payer types *within* each of the adult age groups. Key findings include:

- **In line with the survey results presented earlier, near elderly patients, relative to other non-elderly adults, were most likely to be covered by some form of insurance.**
- **Additionally, compared to other non-elderly adults, near elderly patients were most likely to depend on Medicare and somewhat less likely (with the exception of the youngest adults) to have private insurance.**

Overall, elderly patients were least likely out of all age groups to have self-pay or charity care as their primary payer type (less than 1.0%) (see Figure 11). Among non-elderly patients, the near

elderly were the least likely to be uninsured (5.1% compared to 9.1% or higher for other younger adults). Discharges covered by public insurance were most common for 18-24 year olds (58.9% vs. as low as 38.8% for older non-elderly age groups). In contrast, private insurance was least common among the youngest adults (30.7%) compared to other non-elderly patients.

Figure 11. Overall Insurance Status^a of Adult Hospital Patients in WV, by Age Group (%)



Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

^aUninsured includes self-pay and charity care. Private includes PEIA, commercial, non-profit, employer/union insurance, and other insurance. Public includes Medicare, Medicaid, Workers' Compensation, other Federal Government, other WV Government, and other States' Government.

Looking at more detailed information on insurance sources (see Table 10), the most common payer types for near elderly discharges were private insurance (36.1%), Medicare (29.0%), and Medicaid (15.2%). In contrast to other non-elderly age groups, the near elderly were more likely to be covered by Medicare and PEIA (at least compared to younger adults), and less likely by Medicaid and other forms of public insurance. As mentioned above, compared to other non-elderly age groups, the near elderly also were least likely to be uninsured. In fact, only 4.5% of their discharges were self-pay (compared to as much as 10.7% for 35-44 year olds) and less than 1% were charity care (however, no more than 2% of discharges for any adult age group were charity care).

Table 10. Insurance Status and Primary Payer Types^a of Adult Hospital Patients in WV, by Age Group (%)

Primary Payer	Total (N=273,637)	18-24 years (N=17,331)	25-34 years (N=25,300)	35-44 years (N=26,267)	45-49 years (N=16,858)	50-64 years (N=58,464)	65+ years (N=123,417)
Medicare	51.9	1.8	5.3	13.0	18.0	29.0	92.2
Medicaid	12.5	47.9	26.5	22.7	18.1	15.2	0.5
PEIA	3.6	2.4	5.2	5.4	7.6	7.9	0.5
Other Public Insurance	4.5	9.2	7.0	7.0	6.2	5.4	2.2
Private Insurance	21.8	26.8	42.5	37.7	39.2	36.1	4.4
Other Insurance	1.0	1.5	2.1	1.8	1.8	1.4	0.2
Uninsured	4.8	10.3	11.5	12.4	9.1	5.1	0.2
Self-Pay	4.1	9.3	9.9	10.7	7.8	4.5	0.2
Charity Care	0.6	1.0	1.6	1.7	1.3	0.6	<0.1

Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

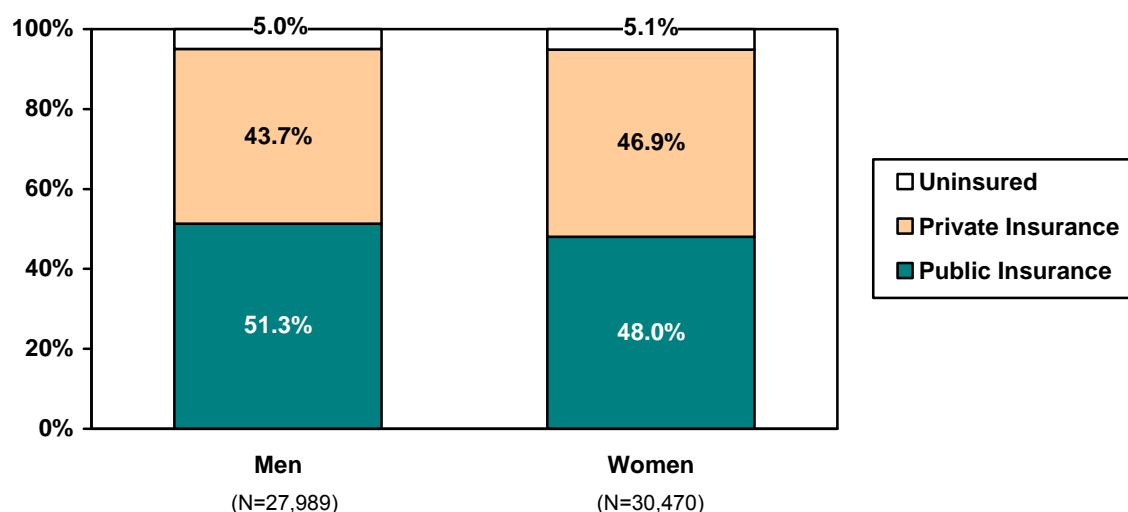
^aMedicaid includes WV Medicaid. Other public includes Workers' Compensation, other Federal Government, other WV Government, and other States' Government. Private includes commercial, non-profit, and employer/union insurance. Other includes other and unknown.

Variations in insurance coverage among the near elderly by gender are considered in Figure 12 and Table 11. Overall,

- **Male and female near elderly patients did not differ dramatically in terms of their insurance status and primary payer types.**

A slightly higher percentage of near elderly women (46.9% vs. 43.7%) had private coverage, whereas slightly more men (51.3% vs. 48.0%) had public insurance (see Figure 12). Roughly 5% of both near elderly male and female patients lacked insurance as a primary payer. Table 11 shows that near elderly men were particularly more likely to have Medicare (34.1% vs. 24.4%) but noticeably more women had Medicaid (19.0% vs. 11.1%) as their primary payer.

Figure 12. Overall Insurance Status^a of Near Elderly (50-64 years) Hospital Patients in WV, by Gender (%)



Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

^aUninsured includes self-pay and charity care. Private includes PEIA, commercial, non-profit, employer/union insurance, and other insurance. Public includes Medicare, Medicaid, Workers' Compensation, other Federal Government, other WV Government, and other States' Government.

Table 11. Insurance Status and Primary Payer Types^a of Near Elderly (50-64 years) Hospital Patients in WV, by Gender (%)

Primary Payer	Men (N=27,989)	Women (N=30,470)
Medicare	34.1	24.4
Medicaid	11.1	19.0
PEIA	7.9	8.0
Other Public Insurance	6.1	4.7
Private Insurance	34.6	37.4
Other Insurance	1.2	1.5
Uninsured	5.0	5.1
Self-Pay	4.5	4.5
Charity Care	0.6	0.7

Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

^aMedicaid includes WV Medicaid. Other public includes Workers' Compensation, other Federal Government, other WV Government, and other States' Government. Private includes commercial, non-profit, and employer/union insurance. Other includes other and unknown.

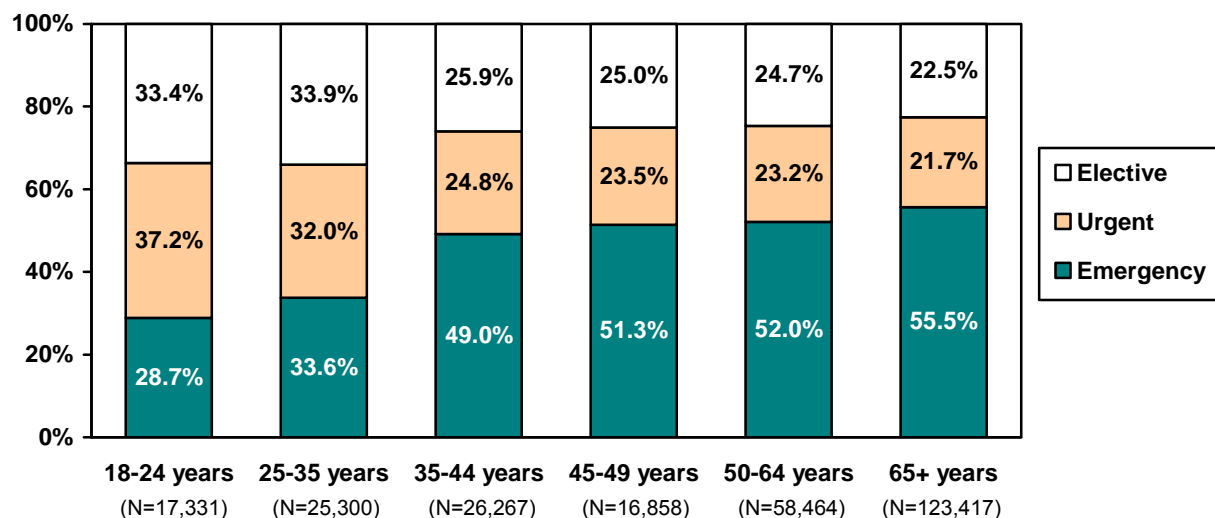
Discharge Characteristics

Type of Admission. Figure 13 summarizes the nature of admission for all patients discharged during 2003, by age group. Three categories of admissions are delineated: emergency, urgent, and elective. According to the Centers for Medicare and Medicaid Services (CMS) claims processing manual for the UB-92 form¹⁶, emergency admissions refer to those that “required immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room” (p. 15). For urgent admissions, “the patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the first available, suitable accommodation” (p. 15). Elective admissions are for patients whose “condition permitted adequate time to schedule the availability of a suitable accommodation” (p. 15). An elective admission may be delayed without major health risk to the individual.

Our analyses of admission type show that:

- **Elective and urgent admissions decreased with each older age group, whereas emergency admissions increased.**
- **The majority of all near elderly discharges were based on emergency and urgent admissions.**

Figure 13. Type of Hospital Admissions among Adult Patients in WV, by Age Group (%)



Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges. Excludes other admissions and admissions for which type was not available (< 1% of all discharges).

The percentage of elective discharges decreased from 33.4% for 18-24 year olds to 22.5% for the elderly, and the percentage of urgent discharges decreased from 37.2% to 21.7%, respectively. In contrast, emergency admissions were more common among older adults, with roughly half or more of all discharges due to an emergency admission for adults aged 35 and above, in comparison to 28.7% for 18-24 year olds and 33.6% for 25-34 year olds.

Looking specifically at the near elderly, we find that admission type varied by gender and insurance status:

- **Near elderly men were slightly more likely to be admitted for emergency reasons, whereas elective admissions were slightly more common among near elderly women.**
- **Emergency admissions were most common among self-paying near elderly patients. Urgent admissions were most common among the near elderly receiving charity care. Elective admissions were relatively infrequent for both self-pay near elderly and those receiving charity care.**

Compared to near elderly women, a slightly higher percentage of near elderly male patients had entered the hospital as an emergency admission (53.6% vs. 50.5%), and a slightly higher percentage of near elderly female discharges were based on an elective admission (26.2% vs. 23.0%). The percentage of patients with an urgent admission did not differ, however, for near elderly men and women (approximately 23% for both) (data not shown in table).

Table 12 provides the breakdown of admission type by primary payer for all discharged near elderly patients. Emergency admissions were most common for self-pay cases (63.3%) and least common among charity care patients (29.6%), whereas urgent admissions were most common among the latter (61.3%). Self-pay and charity care admissions were least likely to be elective in nature (12.5% and 9.1%, respectively).

Table 12. Type of Hospital Admissions of Near Elderly (50-64 years) Patients in WV, by Primary Payer Type^a (%)

Admission Type	Medicare (N=16,969)	Medicaid (N=8,877)	PEIA (N=4,637)	Other Public (N=3,133)	Private (N=21,074)	Self-Pay (N=2,632)	Charity Care (N=351)	Other (N=791)
Emergency	56.1	58.4	43.7	51.2	46.6	63.3	29.6	58.5
Urgent	22.6	22.9	23.1	25.6	23.0	23.9	61.3	14.7
Elective	21.1	18.5	33.2	23.2	30.2	12.5	9.1	26.8

Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges. Excludes other admissions and admissions for which type was not available (< 1% of all discharges).

^aMedicaid includes WV Medicaid. Other public includes Workers' Compensation, other Federal Government, other WV Government, and other States' Government. Private includes commercial, non-profit, and employer/union insurance. Other includes other and unknown.

Diagnostic Conditions and Severity. We used the 2003 West Virginia UB discharge data to inspect variations in type and severity of condition across all adult age groups and among the near elderly. Table 13 first presents the top five major diagnostic categories (MDCs) (in volume) for each of the adult age groups. Two top MDCs for all age groups were diseases/disorders of the digestive system (making up between 4.8% to 10.8% of the discharges) and diseases/disorders of the respiratory system (as many as 18.9% for the elderly). Circulatory conditions also made the list for all age groups but the youngest (ranging from 4.7% of discharges for 25-34 year olds to 30.3% for the near elderly). Pregnancy-related discharges were the most common for the two youngest age groups (comprising 43.5% of discharges for 25-34 year olds and over half of the discharges for the youngest adults), and diseases/disorders of the nervous system were only common for the near elderly (6.5%) and elderly (8.1%). The younger age groups also shared in common as a frequent MDC the mental diagnostic category, making up between 8% and 10% of their discharges.

Table 13. Top Five Major Diagnostic Categories (MDCs) for Adult Hospital Patients in WV, by Age Group (%)

Age Group	MDC Number and Category	Incidence	Age Group	MDC Number and Category	Incidence
18-24 years (N=17,331)	14. Pregnancy	59.9	45-49 years (N=16,858)	05. Circulatory	23.9
	19. Mental	8.3		06. Digestive	10.8
	06. Digestive	4.8		04. Respiratory	10.6
	04. Respiratory	2.9		19. Mental	8.2
	01. Nervous	2.8		08. Musculoskeletal	7.3
	08. Musculoskeletal	2.8		13. Female Reproduction	7.3
25-34 years (N=25,300)	14. Pregnancy	43.5	50-64 years (N=58,462)	05. Circulatory	30.3
	19. Mental	8.7		06. Digestive	10.0
	06. Digestive	6.6		04. Respiratory	15.7
	05. Circulatory	4.7		08. Musculoskeletal	8.1
	13. Female Reproduction	4.7		01. Nervous	6.5
	04. Respiratory	4.4			
35-44 years (N=26,266)	05. Circulatory	15.5	65+ years (N=123,387)	05. Circulatory	28.8
	19. Mental	10.7		04. Respiratory	18.9
	06. Digestive	10.1		06. Digestive	10.1
	13. Female Reproduction	8.8		08. Musculoskeletal	9.5
	04. Respiratory	8.5		01. Nervous	8.1

Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

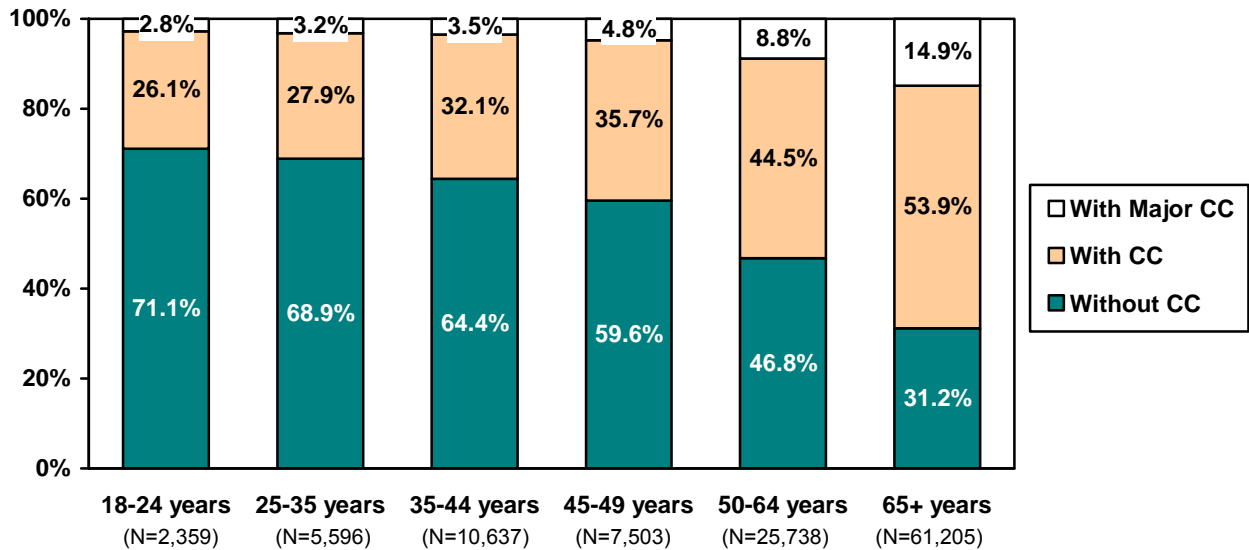
Using All-Payer Severity-Adjusted Diagnosis-Related Groups (APS-DRGs), we also assessed severity for the most common DRGs for all adult age groups combined. To do this, we first identified the top 20 DRGs (in volume) for all discharges (not including pregnancy-related discharges)¹⁷ and then categorized each discharge within this subset as having comorbidities and complications (CC), as having major CC, or as not having CC. Figure 14 shows the results of these analyses by age group. Overall,

- **The presence of comorbidities and complications increased consistently for each older age group.**
- **Over half of the near elderly discharges involved comorbidities and complications, major or otherwise.**

The percentage of top 20 discharges with CC and major CC ranged from as low as 26.1% and 2.8%, respectively, for 18-24 year olds to 53.9% and 14.9% for those aged 65 and above. In

contrast, the share of top 20 discharges without any CC decreased noticeably from 71.1% for the youngest adults to 31.2% for the elderly. Only 46.8% of the near elderly discharges involved no CC, and nearly 9% had major CC.

Figure 14. Presence of Comorbidities and Complications (CC) among Adult Hospital Patients in WV with a Top 20 Diagnosis-Related Group (DRG)^a, by Age Group (%)



Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

^aAnalyses are based on discharges with one of the 20 most common DRGs (not including delivery or cesarean section DRGs) across all age groups.

We also examined more closely the presence of comorbidities and complications within the near elderly, by gender (data not shown) and payer type (see Table 14). These analyses, which focused on the top 20 DRGs for the near elderly only¹⁸, indicate that

- Near elderly men and women differed very little in terms of severity, with the former just slightly more likely to involve CC.
- Lower severity conditions were more common among near elderly charity care discharges.
- Near elderly self-pay discharges were similar to private insurance-covered and PEIA-covered discharges in terms of severity.
- Generally, near elderly discharges covered by public forms of insurance were more likely to have comorbidities and complications.

Table 14 shows that the majority (72.0%) of the near elderly charity care discharges with a top 20 DRG were low-severity cases, more so than top 20 discharges with any other payer type. More than half of the near elderly self-pay discharges involved no CC, somewhat similar to those covered by private insurance and PEIA. The top 20 near elderly discharges covered by Medicare and Medicaid involved comorbidities and complications most often: The two types had the lowest percentage of discharges without CC, over 50% of each had CC, and another approximate 10% were with major CC. In contrast, charity care discharges were least likely to have CC (27.2%) as well as major CC (less than 1%).

Table 14. Presence of Comorbidities and Complications (CC) among Near Elderly (50-64 years) Hospital Patients in WV with a Top 20 Diagnosis-Related Group (DRG)^a, by Primary Payer Type^b (%)

	Medicare (N=8,157)	Medicaid (N=4,375)	PEIA (N=1,972)	Other Public (N=1,302)	Private (N=9,295)	Self-Pay (N=1,210)	Charity Care (N=254)	Other (N=349)
Without CC	37.0	36.4	61.4	49.1	62.4	56.8	72.0	56.7
With CC	52.8	53.9	33.1	43.1	32.6	37.6	27.2	37.5
With Major CC	10.1	9.7	5.5	7.8	5.0	5.6	0.8	5.7

Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

^aAnalyses are based on discharges with one of the 20 most common DRGs among near elderly patients.

^bMedicaid includes WV Medicaid. Other public includes Workers' Compensation, other Federal Government, other WV Government, and other States' Government. Private includes commercial, non-profit, and employer/union insurance. Other includes other and unknown.

Length of Stay. Another proxy measure for severity is how long a patient stays in the hospital. The next two tables present the average length of stay (LOS) for discharged patients by adult age group and examines LOS by gender, payer type and condition severity for the near elderly specifically. Important findings include:

- **LOS increased by age group, with younger adults having shorter stays and elderly patients having the longest on average.**
- **Average LOS did not differ between near elderly men and women.**
- **Near elderly patients covered by Medicare or Medicaid or who received charity care had longer stays on average.**
- **Length of stay varied by condition severity: Average LOS was longest among the near elderly with comorbidities and complications.**

Table 15 shows that the mean LOS in days ranged from less than 4 days for adults younger than 35 years of age to over 6 days for elderly patients. (The median ranged from 2 to 4 days from youngest to oldest adults.) Near elderly patients stayed in the hospital for a mean and median of 5 and 3 days, respectively. According to recent National Hospital Discharge Survey data, the national average LOS is 4.8 overall; 4.9 days for 45-64 year olds, and 5.7 days for the elderly.¹⁹

Table 15. Average Length of Stay (in Days) among Adult Hospital Patients in WV, by Age Group

Length of Stay in Days	Total (N=267,637)	18-24 years (N=17,331)	25-34 years (N=25,300)	35-44 years (N=26,267)	45-49 years (N=16,858)	50-64 years (N=58,464)	65+ years (N=123,417)
Mean	5.3	3.3	3.6	4.4	4.6	5.1	6.2
Median	3	2	2	3	3	3	4

Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

Within the near elderly age group (see Table 16), length of stay did not differ by gender. Some variation was observed, however, by payer type and severity of condition. The average LOS in days was slightly higher for Medicare and Medicaid-covered discharges (mean = approximately 5.5; median = 4) and noticeably higher among charity care discharges (mean = 20.2; median = 16). As expected, near elderly patients with comorbidities and complications, particularly those with major CC, had a longer length of stay on average too (based on top 20 DRG discharges). In fact, those with major CC had a mean LOS of 7.4 days, and a median of 6.0 days.

Table 16. Average Length of Stay (in Days) among Near Elderly (50-64 years) Hospital Patients in WV, by Gender, Primary Payer Type and Presence of Comorbidities and Complications (CC)

	N	Mean	Median
Gender			
Women	30,470	5.0	3
Men	27,989	5.1	3
Payer Type^a			
Medicare	16,969	5.6	4
Medicaid	8,877	5.5	4
PEIA	4,637	4.4	3
Other Public	3,133	5.2	3
Private	21,074	4.4	3
Self-Pay	2,632	4.9	3
Charity Care	351	20.2	16
Other	791	4.5	3
Presence of CC (for Top 20 DRGs)^b			
Without CC	13,329	3.7	3
With CC	11,566	4.7	4
With Major CC	2,019	7.4	6

Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges.

Excludes skilled nursing facility and skilled nursing swing facility bed discharges.

^aMedicaid includes WV Medicaid. Other public includes Workers' Compensation, other Federal Government, other WV Government, and other States' Government. Private includes commercial, non-profit, and employer/union Insurance. Other includes other and unknown.

^bAnalyses are based on discharges with one of the 20 most common Diagnostic-Related Groups (DRGs) among near elderly patients.

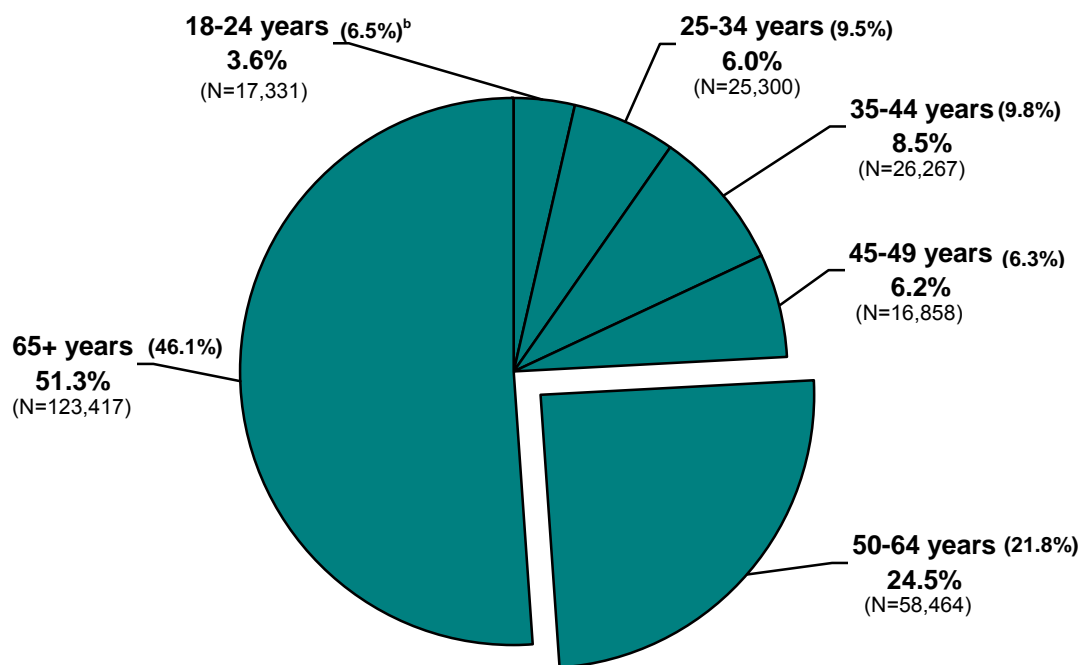
Total Charges

As a final indicator of hospital care received by the near elderly, we used the UB data to examine hospital charges (\$) of adult patients discharged during 2003. Our analyses are based on total charges for each hospital stay, including both ancillary and room charges. While charges represent the pricing associated with the care received by a hospital patient, it is important to highlight that charges are not equivalent to the costs ultimately incurred by a payer. In fact, charge amounts likely exceed actual costs because charges do not factor in the discounts (in some cases substantial discounts) received by some private payers.²⁰

Total hospital charges for all patients included in our analyses amounted to approximately \$3,370 million. Figure 15 presents the breakdown of all charges by age group.

As was the case with the number of discharges, the elderly's share of total charges was the largest (51.3%). The near elderly contributed the second largest proportion (24.5%) and had the largest non-elderly share of total charges.

Figure 15. Distribution of Total Hospital Charges^a for Adult Discharges in WV, by Age Group (%)



Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

^aBased on total charges (including both ancillary and room charges).

^bThe percentage shown is each age group's share of the total hospital charges across all discharges. The percentages shown in parentheses refer to each age group's share of the total number of discharges.

Relative to the proportion of discharges (in number) each age group represented (see parentheses next to each age group within Figure 15), older adults contributed disproportionately more to total charges, whereas younger adults represented smaller shares. Young adults (18-24 years of age), for example, comprised 6.5% of all discharges in 2003 but made up less than 4% of the charges. The elderly, on the other hand, represented 46.1% of all discharges during the year, but contributed 51.3% of total charges. Likewise, the near elderly made up 21.8% of all discharges, yet comprised 24.5% of total charges.

Table 17 shows total charges and the median charge amount for all discharges by age group.

- **The total charges for the near elderly exceeded the charges for all younger adults combined. Likewise, the charges for all elderly discharges exceeded those of all younger adults combined, including the near elderly.**
- **The higher charge amounts among near elderly and elderly patients were a function of not only their larger number of discharges but also median charge amounts, which increased from youngest to oldest age group.**

The near elderly in West Virginia incurred approximately \$825 million in total hospital charges during 2003. As a comparison, charges for all younger adults *combined* totaled \$817.7 million. The median charge amount varied from \$4,573 for the youngest adult group to \$8,765 for the elderly. The median for the near elderly closely resembled that of the elderly. In fact, it was only \$40 less, at \$8,726.

Table 17. Total Hospital Charges^a for Adult Patients in WV, by Age Group

	18-24 years (N=17,331)	25-34 years (N=25,300)	35-44 years (N=26,267)	45-49 years (N=16,858)	50-64 years (N=58,464)	65+ years (N=123,417)
Total charges (millions)	\$122.7	\$201.0	\$286.6	\$207.4	\$824.6	\$1,727.7
Median charge amount	\$4,573	\$5,184	\$6,882	\$7,736	\$8,726	\$8,765

Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

^aBased on total charges (including both ancillary and room charges).

Table 18 isolates the total charges and median charge amount, by age group, for uninsured (that is, self-pay and charity care) patients specifically. It also shows each age group's share of the total charges for both types of discharges.

- **Not surprisingly (given the availability of Medicare), the elderly represented a relatively small share of the self-pay and charity care charges (compared to their share of charges from all discharges overall). All other age groups made up for this with disproportionately higher contributions to self-pay and charity care charges. The near elderly represented the largest share of uninsured total charges.**
- **The median charge for uninsured discharges increased with age, but this pattern was only observed through the near elderly. The elderly's median**

charge amount was lower than that of any other age group.

- A total of approximately \$40 million in self-pay and charity care charges were attributed to near elderly patients in 2003.

Table 18. Self-Pay and Charity Care Hospital Charges^a for Adults Patients in WV, by Age Group

Age Group	Self-Pay (N=11,085)	Charity Care (N=1,619)	Total (Self-Pay and Charity Care) (N=12,704)
Overall			
Total charges (millions)	\$112.5	\$21.4	\$133.9
Median charge amount	\$6,542	\$8,550	\$6,654
18-24 years			
Charges (millions)	\$13.8	\$1.9	\$15.7
Median charge amount	\$5,142	\$6,580	\$5,251
% of total charges	12.3%	8.7%	11.7%
25-34 years			
Charges (millions)	\$20.8	\$4.7	\$25.5
Median charge amount	\$5,649	\$6,902	\$5,754
% of total charges	18.5%	22.0%	19.0%
35-44 years			
Charges (millions)	\$27.7	\$5.7	\$33.4
Median charge amount	\$6,662	\$9,059	\$6,771
% of total charges	24.6%	26.6%	25.0%
45-49 years			
Charges (millions)	\$14.0	\$3.3	\$17.4
Median charge amount	\$7,244	\$12,223	\$7,481
% of total charges	12.5%	15.6%	13.0%
50-64 years			
Charges (millions)	\$34.1	\$5.4	\$39.5
Median charge amount	\$8,059	\$11,378	\$8,185
% of total charges	30.3%	25.4%	29.5%
65+ years			
Charges (millions)	\$2.1	\$0.4	\$2.5
Median charge amount	\$5,142	\$800	\$4,330
% of total charges	1.9%	1.8%	1.9%

Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.

^aBased on total charges (including both ancillary and room charges).

Almost 30% of all self-pay and charity care charges combined were for near elderly patients, followed by 25.0% for 35-44 year olds and 19.0% for 25-34 year olds. These percentages are higher than each age group's contribution to charges for all discharges (see Table 18: 24.5%, 8.5%, and 6.0%, respectively). Although 18-24 and 45-49 year olds contributed

relatively less to uninsured charges (12 and 13%, respectively), their share was nonetheless also greater than their contribution to charges overall (3.6% and 6.2%, respectively). In contrast, whereas the elderly's contributed over 50% to hospital charges overall, their share of self-pay and charity care charges combined was only about 2%.

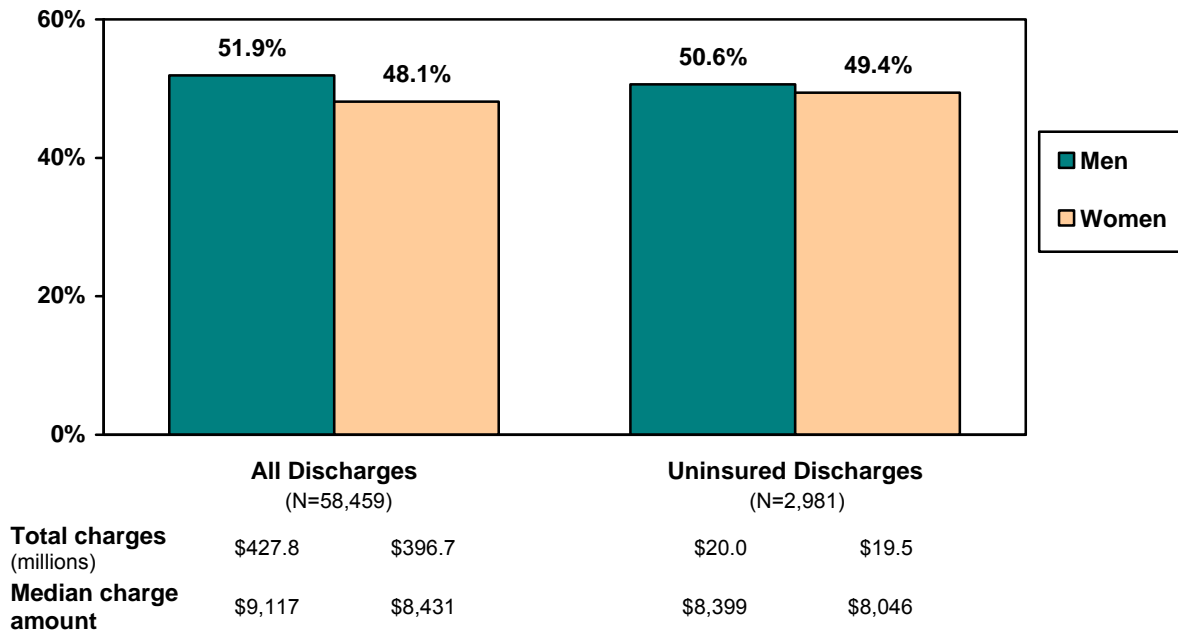
The median uninsured charge across all age groups was \$6,654, and ranged from under \$5,500 for the youngest adults to over \$8,100 for the near elderly. Overall, charity care charges were higher than self-pay charges, and this was the case for all adults except the elderly. For the near elderly, the median self-pay charge amount was approximately \$8,000; the median charity care charge amount was just over \$11,000.

Finally, looking more closely at the near elderly, Figures 16 and 17 examine all total charges and total charges for uninsured discharges by patient gender and condition severity. (For data on regional differences in near elderly charges, see Appendix C.)

- **Men contributed to a slightly higher percentage of all and uninsured near elderly total charges and had a higher median charge.**
- **Near elderly patients with comorbidities and complications contributed a smaller percentage to uninsured total charges than to total charges for discharges overall. For patients without CC or with CC, the median charge amount was higher for uninsured discharges. In contrast, the average charge amount for those with major CC was lower among uninsured discharges as opposed to discharges overall.**

Men contributed almost 52% of all near elderly total charges and 51% of uninsured (self-pay and charity care) near elderly charges. Overall, their median charge amount was almost \$700 more than that of women (\$9,117 vs. \$8,431). For uninsured discharges, their median charge was \$8,399 compared to \$8,046 for near elderly women.

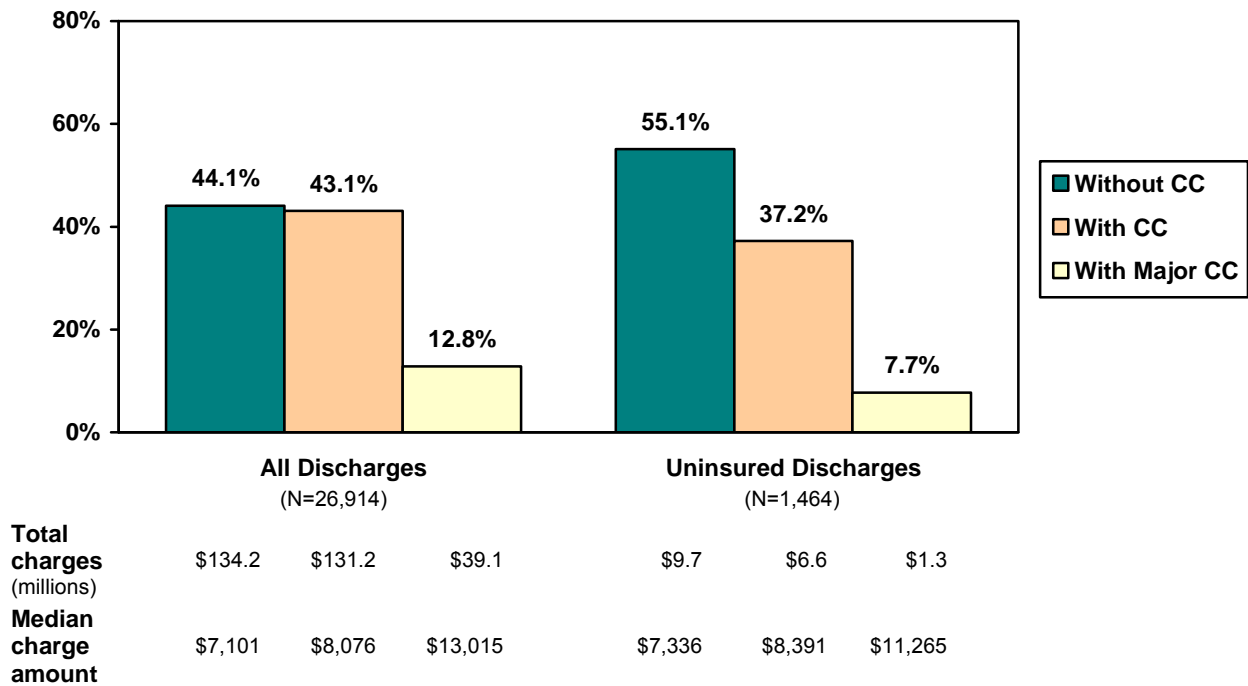
Figure 16. Total Hospital Charges^a for Near Elderly (50-64 years) Patients in WV, by Gender



Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges.
^aBased on total charges (including both ancillary and room charges).

Focusing on near elderly discharges with a top 20 DRG only (Figure 17), over half (55.9%) of these total charges were for patients with comorbidities and complications or major CC. For the uninsured top 20 discharges, under half (44.9%) of the total charges were for near elderly patients with at least some CC. Relative to the percentage of top 20 DRG discharges involving major CC (7.5% overall and 4.7% uninsured), major CC patients contributed to a slightly higher share of related charges (12.8% and 7.7%, respectively). This is reflected in the median charge by CC status, which increased from \$7,336 to over \$11,000 for uninsured top 20 DRG discharges and from \$7,101 to over \$13,000 for the top 20 DRG discharges overall.

Figure 17. Total Hospital Charges^a for Near Elderly (50-64 years) Patients in WV, by Presence of Comorbidities and Complications (CC)^b



Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing swing facility bed discharges.

^aBased on total charges (including both ancillary and room charges).

^bAnalyses are based on discharges with one of the 20 most common Diagnosis-Related Groups (DRGs) among near elderly patients.

IX. SUMMARY OF FINDINGS AND CONCLUSION

The intent of this report was to provide information to the West Virginia Health Care Authority and the WVU Institute for Health Policy Research with information concerning the health policy needs of West Virginia’s near elderly population. Specifically, this report put to use two state data sources (the West Virginia Healthcare Survey and UB hospital discharge data) to examine access to health insurance and health care among the insured and uninsured near elderly in the state.

Similar to the near elderly in the U.S. overall, near elderly West Virginians are *not* at greater risk of being uninsured compared to other non-elderly adults, but instead face circumstances that make affordable and adequate health insurance coverage less accessible to them, namely weaker labor force ties, lower family incomes, and poorer health status. Vulnerabilities among the near elderly are somewhat more pronounced in West Virginia than

the rest of the country. Nonetheless, the findings in this report comparing West Virginia's near elderly to younger adults resemble non-elderly comparisons observed at a national level (refer to literature summarized in Appendix A). Key take away messages from the data presented are the following:

- According to data from the *West Virginia Healthcare Survey*, approximately 13% of the near elderly in West Virginia lacked health insurance in 2001. The later version of the survey suggests that the rate of uninsurance was higher in 2003 for all non-elderly adults, including the near elderly.
- Although relative to other non-elderly adults, the near elderly in West Virginia did *not* have a higher rate of uninsurance (evident in both the survey and hospital discharge data presented in this report), they had somewhat different types of insurance coverage at least compared to other middle-aged adults. According to the survey, the near elderly relied slightly less on employer-based insurance and slightly more on public and self-purchased forms of insurance. Although the UB hospital discharge data did not afford the same insurance categorization as the survey data, the former also showed that more near elderly patients than other non-elderly patients over the age of 25 years were covered by public insurance.
- Among the near elderly, higher rates of employer-based coverage were observed within the survey results for those who had higher levels of education, were married, were employed or retired, who had higher incomes, who lived in urban areas, and who had excellent/very good health. Public insurance was most common among near elderly without a high school degree, not in the labor force, with very low incomes, living in rural areas, and with fair or worse health. The self-employed near elderly and early retirees were most likely to have self-purchased insurance coverage.
- In contrast to the insured near elderly, the uninsured were made up of more women, individuals with lower levels of education, divorced individuals, the self-employed/unemployed/part-time employed, rural residents, and low-income individuals. The risk of uninsurance among the low-income near elderly was particularly high (40%) in the *2003 West Virginia Healthcare Survey* data.
- Importantly, the uninsured near elderly also were more likely to suffer from fair or poor health. Poorer health status among the near elderly in general was evident in both the survey results and the results from the discharge data analyses. Near elderly hospital patients were more likely than other non-elderly adults to have been admitted for emergency conditions, have comorbidities and complications, have longer hospital stays, and incur higher hospital charges on average.

- On the other hand, the survey data presented indicated that the near elderly, compared to younger adults, have greater health care access and utilization. For example, more near elderly were able to get all of their needed medical care, had a usual source of care, and had recently visited a health care provider. Additionally, they did not differ from other non-elderly adults in their confidence in paying for their health care expenses and in their reasons for not getting the care they needed.
- However, there were important differences in access and utilization *among* the near elderly, according to insurance status. First, the uninsured near elderly reported less access to health care and lower utilization rates. Second, the uninsured near elderly relied more on community health centers. Finally, the uninsured were much less likely to feel confident in their ability to pay for their health care expenses, and cost was the most commonly cited reason among the uninsured near elderly for not getting the care they needed.
- Focusing specifically on hospital care in the state, the near elderly made up the second largest adult group and the largest non-elderly group of all inpatient hospital discharges (in terms of the number of discharges and the total charges associated with the discharges). Although near elderly patients were most likely among all non-elderly patients to have insurance as their primary payer, based on their large numbers alone, they represented the second largest group (in volume) of uninsured – that is, self-pay and charity care – discharges. Taking into consideration their higher charges on average, the near elderly incurred a total of just under approximately \$40 million in self-pay and charity care charges, the largest amount in uninsured charges for all age groups.

The number of uninsured continues to increase in the U.S. with 45.8 million without health insurance coverage in 2004.²¹ The characteristics of the uninsured are diverse but there are particular subgroups of the uninsured who have unique needs. The near elderly have been highlighted nationally as one of those groups, and we have documented the needs of the near elderly in West Virginia.

The uninsured pose significant costs to the health care system where hospitals provide the majority of care to the uninsured. The costs of providing hospital care to the uninsured near elderly in West Virginia are significant. According to our analysis, the near elderly represent almost one-third of hospitals' non-covered care. Many of these costs may go without payment, leaving West Virginia hospitals with high rates of uncovered care. In turn, these costs are

passed on to insured patients, increasing health care costs for all. The uninsured pose access issues but also finance issues for community hospitals that provide needed care.

There has been very limited state or national policy activity to specifically address the unique access issues of the uninsured near elderly. During discussions of state and national health reform in the early 1990s, there were several proposals that would expand Medicare to cover the near elderly to allow this population group to buy-in to the program. These discussions have taken a back seat, however, to the expansion of the Medicare program to provide a new prescription drug benefit. Due to the costs of this new benefit, it is not likely that additional expansions of the Medicare program will occur in the near future.

Most state reform activity has not specifically targeted the near elderly per se but has addressed more generally the concerns of employment transitions, pre-existing conditions, and costs of health insurance coverage. Insurance reforms make up the most of the recommended or implemented state options including rating restrictions and reforms, guaranteed issue and open enrollment periods, and limitations on preexisting condition restrictions. Again, these more general insurance reforms have not addressed the near elderly specifically but may help in improving access to affordable health insurance.

Finally, many states have established high-risk pools that provide subsidized health insurance products to assist those with health conditions in purchasing affordable health coverage. These programs may also help the near elderly in an indirect way. West Virginia recently established a high-risk pool, AccessWV, which provides “health insurance to West Virginians who have been unable to find or who have been denied health insurance in the private market because of a medical condition.”²² While the premiums may still be too costly for some, they do provide access to coverage for those who can afford it.

The uninsured near elderly are a unique population with unique health care needs. They face significant barriers to both affordable health insurance coverage and access to needed health care services. This report has highlighted information about the near elderly in West Virginia and the unique obstacles they face when uninsured. This information is intended to be used to inform policy discussions about increasing access to care for uninsured West Virginians.

X. ENDNOTES

¹ See, for example, Holahan 2004; Weller, Wenger and Gould 2004; Ziller and Coburn 2003; Pol, Mueller and Adidam 2002; Monheit, Vistnes and Eisenberg 2001; Brennan 2000; Budetti et al. 2000; Powell-Griner, Bolen and Bland 1999; Cunningham 1998; GAO 1998; Sloan and Conover 1998.

² Hoffman, Carbaugh and Cook 2004.

³ Sloan and Conover 1998.

⁴ Holahan 2004; Monheit, Vistnes and Eisenberg 2001; Brennan 2000; Cunningham 1998; GAO 1998.

⁵ Budetti et al. 2000; Powell-Griner, Bolen and Bland 1999; Cunningham 1998; GAO 1998.

⁶ Data for all age groups not shown in table. In WV, the uninsurance rate was 36.0% for 19-24 year olds, 29.9% for 25-34 year olds, 22.8% for 35-44 year olds, 15.3% for 45-49 year olds, and 17.0% for 50-64 year olds. For the rest of the US, the rate from youngest to oldest adult age group was 31.7%, 24.7%, 16.4%, 13.8%, and 13.7%. For both WV and the remainder of the US, the uninsurance rate for the near elderly was better (significantly different at the $p \leq .05$ level) than 19-24, 25-34, and 35-44 year age groups. In contrast, the uninsurance rate for near elderly was not significantly different from that of the 45-49 years olds. (Source: 2004 Current Population Survey.)

⁷ Richardson et al., forthcoming.

⁸ This increase was disproportionately greater than the growth (12%) observed in the near elderly's share of the population in general.

⁹ For more information about this survey, see Richardson et al. 2002.

¹⁰ For more information about West Virginia UB discharge data, see West Virginia Health Care Authority 2001.

¹¹ Of these 267,637 inpatient hospital discharges, 96.1% (or 257,294) were acute/critical access discharges, less than 1% (or 277) were long-term acute care discharges, 1.7% (or 4,475) were rehabilitation discharges, and 2.1% (or 5,591) were psychiatric discharges.

¹² While chi-square is useful in assessing whether two variables are related in a population, the statistic does not provide information about the strength of the relationship. Also, when there are multiple categories for a variable being tested (e.g., the age groups of 19-24, 25-34, 35-44, 45-49, and 50-64 years), the statistic does not assess statistically significant differences for specific comparisons of any two groups.

¹³ The size of the available 2001 survey sample varied for different analyses presented within a table or graph (e.g., due to missing data or due to the sample being filtered or subsetted as a result of respondents' legitimate answers to a screener question). To simplify the presentation of results, we present the largest n sizes across all analyses within a table or graph but include a note when more than 5% of the data are missing for any particular analysis.

¹⁴ Given that many 19-24 year olds were likely attending college at the time of the survey, we would expect a higher percentage of this group to be out of the labor force or unemployed.

¹⁵ See Hadley and Holahan 2003, who estimated that 63% of uncompensated care costs in the U.S. in 2001 were absorbed by hospitals, 19% by clinics, and 18% by physicians.

¹⁶ CMS 2004.

¹⁷ The top 20 DRGs overall were simp pneu, plrsy, instit dis age > 17, chronic obstr pulmonary, heart failure and shock, esphgitis, me, misc dig dis >17, psychoses, chest pain, uter&adnex proc for non-malig, cardiac arrhythmia & conductin disor, circ disor w ami disch alive, GI Hemorrhage, nutrition and misc metab disorder, kidney, urin tract infect age > 17, atherosclerosis, maj join/lim reattach, low extre, intracran jem & stroke, cellulites age >17, resp infect & inflame age >17, circ dis ex ami w cath wo comp dx, septicemia, and syncope and collapse wo cc.

¹⁸ The top 20 DRGs for the near elderly discharges were chronic obstr pulmonary, chest pain, simp pneu, plrsy, instit dis, esphgitis, me, misc dig dis >17, heart failure and shock, psychoses, atherosclerosis, circ disor w ami disch alive, cardiac arrhythmia and conduction disorder, major joint limb reattach, lower extremity, circ dis ex ami w cath wo comp dx, perc cv pr w non drug stent wo ami, circ dis ex ami w cath and comp dx, uter&adnex proc for non-malig, nutrit and misc metab disor, GI Hemmorage, ceullulitis age >17, perc cv pr w drug stent wo ami, intran cran jem & stroke, and coronary bypass.

¹⁹ DeFrances, Hall and Podgornik 2005.

²⁰ See, for example, Finkler 1982.

²¹ U.S. Census Bureau 2005.

²² Information about AccessWV is available at <http://www.wvinsurance.gov/accesswv/>

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**APPENDIX A:
SUMMARY OF SELECT LITERATURE**

Summary of Select Literature on the Near Elderly’s Access to Health Insurance and Health Care
(See report references for full citations)

Author(s), Year	Purpose	Definition of Near Elderly	Data	Key Measures	Select Findings
Brennan, 2000	<ul style="list-style-type: none"> Examined the relationship between health insurance coverage and health care access/utilization among low-income near elderly 	55-64 years of age	1997 National Survey of America’s Families (NSAF)	<p><u>Insurance Coverage:</u></p> <ul style="list-style-type: none"> Employer Nongroup Medicaid Medicare Uninsured <p><u>Health Status:</u></p> <ul style="list-style-type: none"> Fair/poor health Presence of disability limiting work <p><u>Health Care Access:</u></p> <ul style="list-style-type: none"> No usual source of care Unmet medical care Unmet dental care Unmet prescription drug need Not confident in ability to access care Not satisfied with quality of care received <p><u>Health Care Utilization:</u></p> <ul style="list-style-type: none"> Any hospital visit Any ER visit Any doctor visit Any dental visit Any pap smear Any breast exam 	<ul style="list-style-type: none"> Although near elderly had lower rates of uninsurance than other non-elderly age groups, they were more likely to be in fair/poor health and to have limiting conditions. The insurance coverage of the near elderly varied significantly by state. Insurance coverage was positively related to health care access and utilization for the near elderly.

Author(s), Year	Purpose	Definition of Near Elderly	Data	Key Measures	Select Findings
Budetti et al., 2000	<ul style="list-style-type: none"> Identified health insurance and health care experiences at midlife 	45-64 years (midlife)	1999 National Survey of Workers' Health Insurance (The Commonwealth Fund)	<p><u>Health Status:</u></p> <ul style="list-style-type: none"> Subjective (excellent/good fair/poor) Disability limiting daily activities <p><u>Insurance Coverage:</u></p> <ul style="list-style-type: none"> Uninsured/insured Employer-based plan offer and eligibility <p><u>Health Care Experiences:</u></p> <ul style="list-style-type: none"> Went without needed care due to costs Problems paying medical bills Satisfaction with quality of care received 	<ul style="list-style-type: none"> Adults aged 45-64 were more likely to report poor/fair health than other non-elderly adults. Nearly a third of midlife adults were not working in past year. Just over 10% were retired. 25% of those aged 55-64 were retired. Risk of uninsurance was particularly high for midlife adults with health problems. 21% of all midlife adults did not access (went without) health care due to costs. 26% of all midlife adults obtained care but had problems paying their bills. 33% of midlife adults (and over 70% of those uninsured) had either the access or medical care problem. Over a third of midlife adults reported family incomes of less than \$35,000. Roughly 25% of insured midlife adults rated their insurance coverage negatively.

Author(s), Year	Purpose	Definition of Near Elderly	Data	Key Measures	Select Findings
Cunningham, 1998	<ul style="list-style-type: none"> Examined the vulnerability of the near elderly and young adults regarding insurance coverage, need for care, and ability to obtain insurance Made the point that vulnerability is not just risk of being uninsured but also the health and financial ramifications of not having insurance Called for less attention given to who is most vulnerable and more to how different age groups may be uniquely vulnerable 	55-64 years	1996-1997 Community Tracking Study – Household Survey	<p><u>Insurance Coverage:</u></p> <ul style="list-style-type: none"> Uninsurance Employer-based offers and eligibility <p><u>Health Status:</u></p> <ul style="list-style-type: none"> Subjective (Fair/poor) <p><u>Health Care Use:</u></p> <ul style="list-style-type: none"> High use (10+ physician visit or hospital stays in last year) <p><u>Access to Care:</u></p> <ul style="list-style-type: none"> Difficulty in getting medical care (those who did not receive care because of cost, uninsurance, referral problems, insurance problems, inconvenience, provider availability, transportation/work problems) Usual source of care 	<ul style="list-style-type: none"> The near elderly were the least likely to be uninsured. However, the uninsured near elderly may have increased difficulty in obtaining insurance independently. Employment (or spouse employment) decreased with age. Moreover, rates of employer-sponsored insurance offers were lower among those in their 50s and older. Uninsured near elderly reported lower average family incomes compared to uninsured 35-54 year olds. Average family income was particularly low for the uninsured near elderly with health problems. The near elderly were more likely to suffer from poor health status compared to other non-elderly age groups. The near elderly had higher rates of health care use. Relative to other non-elderly adults, the near elderly were less likely to report difficulty in getting medical care and were more likely to have a usual source of care. In sum, while not at greater risk of uninsurance, uninsured near elderly were among the poorest and sickest of all uninsured.

Author(s), Year	Purpose	Definition of Near Elderly	Data	Key Measures	Select Findings
GAO, 1998	<ul style="list-style-type: none"> • Studied near elderly’s ability to obtain employer-based or individually-purchased health insurance • Examined the health, employment, income and health insurance status of the near elderly • Looked at early retirees’ ability to obtain employer-based insurance • Estimated the use and costs of private insurance 	55-64 years	1997 March Current Population Survey (CPS) Literature review Interviews Prior GAO reports	<u>Health Status:</u> <ul style="list-style-type: none"> • Subjective (excellent, good, poor) • Specific health conditions <u>Insurance Coverage:</u> <ul style="list-style-type: none"> • Employer-based • Individual • Medicare • Medicaid • Military/VA • Uninsured • Also, employer offers of retiree health benefits • Retirees with employer-based coverage <u>Use of Health Care:</u> <ul style="list-style-type: none"> • Hospital discharges • Days of care • Physician visits • Outpatient department visits • Emergency department visits • Expenditures 	<ul style="list-style-type: none"> • In terms of health insurance coverage, the near elderly did just as well or better compared to other non-elderly age groups. • What distinguished the near elderly from other age groups were their poorer health status, weaker labor force ties, and lower family incomes. • While the majority of near elderly were dependent on employer-based insurance (as were other groups), they were nonetheless less likely to have this source of insurance than other middle-aged adults. • Fewer large employers were offering retiree benefits. Moreover, there has been a push among employers with benefits toward controlling costs. Cost sharing, plan choice, and eligibility requirements place more cost burden on retirees. • Age, poorer health, and lower family incomes make adequate, affordable individual coverage more difficult to obtain, despite state and federal initiatives to improve individual market access.

Author(s), Year	Purpose	Definition of Near Elderly	Data	Key Measures	Select Findings
Holahan, 2004	<ul style="list-style-type: none"> Assessed coverage, access and utilization of near elderly Examined changes in income, health status, and health care spending that occur with aging 	55-64 years	2002 National Survey of America's Families (NSAF) 1998-2000 Medical Expenditures Panel Survey (MEPS)	<p><u>Health Status:</u></p> <ul style="list-style-type: none"> Subjective (excellent, very good, good, fair, poor) <p><u>Insurance Coverage:</u></p> <ul style="list-style-type: none"> Employer-sponsored Medicare State/Medicaid/SCHIP Private non-group Uninsured <p><u>Past Year Utilization and Access:</u></p> <ul style="list-style-type: none"> Doctor visits Usual source of care Unmet need for medical care/surgery, prescription drugs, and dental care Confidence in ability to obtain care Pap smear Breast exam <p><u>Expenditures:</u></p> <ul style="list-style-type: none"> Annual medical expenditures (total, out of pocket, paid by private insurance, paid by public insurance, paid by other sources) 	<ul style="list-style-type: none"> Overall, near elderly had higher rates of coverage than other age groups but are a particularly diverse group. Those too ill or disabled to work did not have low uninsurance rates because of their access to Medicaid/Medicare. Early retirees had high rates of employer-sponsored coverage. The subgroup of near elderly with the highest uninsurance rate was low-income non-retirees. Near elderly had higher medical expenditures than other non-elderly adults. In summary, author found that near elderly with low incomes and those with health problems in the middle income group need help with coverage.

Author(s), Year	Purpose	Definition of Near Elderly	Data	Key Measures	Select Findings
Monheit, Vistnes, and Eisenberg, 2001	<ul style="list-style-type: none"> Examined health insurance status among older workers over time and in comparison to other worker age cohorts and nonworkers 	55-64 years	1987 National Medical Expenditure Survey (NMES) 1996 Medical Expenditures Panel Survey (MEPS)	<u>Insurance Coverage (part year):</u> <ul style="list-style-type: none"> Uninsured Any private (employer vs. outside workplace) Public only (Medicaid, Medicare, state/local, military program) 	<ul style="list-style-type: none"> Near elderly workers were less likely to be uninsured than younger workers. Type of coverage for older and younger workers differed: the former were more likely to be insured by coverage outside workplace, especially women. An overall increase in uninsurance between the two time frames for all workers was observed. For younger workers, this change was attributed to decline in job-based coverage; for older workers, a decline in coverage purchased outside the workplace seemed to be important. Whereas overall, the employer-based coverage rate did not change much over time, there were important gender differences: women's coverage increased, whereas men's decreased. Near elderly nonworkers were more likely to have public coverage compared to near elderly workers. Drop in private, non-employer-based coverage was key to overall decline in insurance rates among near elderly, especially for women. While near elderly workers were not more likely to be uninsured, uninsured near elderly were less able (than younger workers) to get insurance. Older workers had higher expenditures, and this was particularly the case for near elderly women workers with health problems. Near elderly women with health problems were at particular risk of

Author(s), Year	Purpose	Definition of Near Elderly	Data	Key Measures	Select Findings
Pol, Mueller, and Adidam, 2002	<ul style="list-style-type: none"> • Blended two research areas (near elderly and health disparities) • Examined racial/ethnic disparities in health care coverage among near elderly 	55-64 years	March 1996 Current Population Survey (CPS)	<u>Insurance Coverage (past year):</u> <ul style="list-style-type: none"> • Uninsured • Any insurance (private or public) • Private only 	<p>lacking insurance.</p> <ul style="list-style-type: none"> • Non-Hispanic African American and Hispanic near elderly were at greater risk of uninsurance compared to white near elderly. • The effect of race/ethnicity was significant even after controlling for other key predictors.

Author(s), Year	Purpose	Definition of Near Elderly	Data	Key Measures	Select Findings
Powell-Griner, Bolen, and Bland, 1999	<ul style="list-style-type: none"> Studied health insurance coverage by demographic characteristics; the relationship between coverage and the use of preventive health services; the relationship between coverage and health status; and reasons for lack of coverage 	55-64 years	<p>1993-1996 Behavioral Risk Factor Surveillance Survey (BRFSS) (all states and DC)</p> <p>Additional select analyses on just 10 states using 1996 BRFSS data</p>	<p><u>Insurance Coverage:</u></p> <ul style="list-style-type: none"> Uninsured Any coverage <p><u>Reasons for Uninsurance:</u></p> <ul style="list-style-type: none"> Lost/changed jobs (or spouse/parent did) Could not afford costs of premiums Other <p><u>Health Status:</u></p> <ul style="list-style-type: none"> Subjective (excellent, very good, good) <p><u>Use of Services:</u></p> <ul style="list-style-type: none"> Regular source of care Routine checkup \leq 2 yrs. ago Pap smear \leq 3 yrs. ago Mammogram \leq 2 yrs. ago Breast exam \leq 2 yrs. ago Blood pressure check \leq 2 yrs. ago Cholesterol check \leq 5 yrs. ago <p><u>Access to Care:</u></p> <ul style="list-style-type: none"> Could not get needed care because of cost 	<ul style="list-style-type: none"> Estimated that 10% of near elderly are uninsured each year (2.1 million), and additional 5.9% are underinsured. The near elderly least likely to have insurance were Black, Hispanic, those with lower levels of education and income, and the unemployed or self-employed. Almost 50% of near elderly were not in the workforce. Insured near elderly were more likely to report better health, having a regular source of care, and using preventive services. For half of uninsured near elderly, the main reason for lacking coverage was premium costs. Job loss/change was the next most frequent response.

Author(s), Year	Purpose	Definition of Near Elderly	Data	Key Measures	Select Findings
Sloan and Conover, 1998	<ul style="list-style-type: none"> • Explored the demographic and health characteristics of near elderly persons gaining or losing health insurance coverage over time • Assessed the role of health and employment transitions in coverage • Addressed the extent to which public policies protect near elderly against coverage loss 	51-64 years	1992 and 1994 Health and Retirement Study (HRS)	<p><u>Insurance Coverage:</u></p> <ul style="list-style-type: none"> • Private group • Private individual • Medicaid • Medicare • Uninsured • Also, previous insurance coverage <p><u>Health Status:</u></p> <ul style="list-style-type: none"> • Subjective (excellent, very good, good, fair, poor) • Depression <p><u>Functional Status:</u></p> <ul style="list-style-type: none"> • Work disability • ADLs • IADLs <p><u>State Policy-Related Measures:</u></p> <ul style="list-style-type: none"> • Income threshold for SSI eligibility • Section 209b provision allowing more restrictive thresholds for Medicaid eligibility than SSI • Medically needy programs • Low costs plans • Benefit mandates • Subsidized insurance products • Risk pooling • Open enrollment • Continuity of coverage rules 	<ul style="list-style-type: none"> • Less than 20% of near elderly experienced change in health insurance status between the 2 years. No variation in the overall distribution of coverage, however, was observed. A change in employment status was the most common reason for change in coverage status. Over 60% of the uninsured near elderly in the first wave remained uninsured in 1994. • Those with poor health were not less likely to be insured. The authors suggest that availability of public coverage is a factor here. For those whose health worsened and who lost group coverage between the two years, approximately 40% became uninsured. In contrast, for those who lost group coverage but whose health improved, 60% obtained Medicare coverage. • “The extent that public programs serve as a safety net for those losing coverage is heavily contingent on the reasons that coverage is lost.” • Authors concluded that most state policies have not achieved their aims of expanding coverage. “Although the states are laboratories for innovation, to the extent that covering the near elderly is a public policy objective, it seems more appropriate to focus on eligibility for the federal programs.”

Author(s), Year	Purpose	Definition of Near Elderly	Data	Key Measures	Select Findings
Ziller and Coburn, 2003	<ul style="list-style-type: none"> Explored rates and sources of health insurance coverage among rural and urban near elderly Examined the socioeconomic characteristics of rural and urban near elderly associated with lack of insurance within this age group 	55-64 years	1996-1998 Medical Expenditures Panel Survey (MEPS)	<ul style="list-style-type: none"> Community rating <p><u>Insurance Coverage:</u></p> <ul style="list-style-type: none"> Private, group Private, individual Public Uninsured First month, all year, part year, ever Also, eligibility for employment-based coverage and take-up <p><u>Health Status:</u></p> <ul style="list-style-type: none"> Subjective (excellent/very good, good, fair/poor) 	<ul style="list-style-type: none"> Both insurance status and type of insurance significantly differed between rural and urban near elderly: 16% of rural, 13% of urban near elderly were uninsured. More urban than rural near elderly had private group insurance. Rural near elderly were more likely to have non-group and public insurance. Rural near elderly workers were less likely (than their urban counterparts) to be eligible for employer-based insurance but more likely to enroll if eligible. Many risk factors for being uninsured were relevant to both rural and urban near elderly; however some (e.g., poor health status, low education, poverty status) were more pronounced among rural near elderly. Rural part-time workers and urban self-employed were more likely to be uninsured. Age, minority status, and gender (female) put near elderly at higher risk of being uninsured in urban areas, but not rural. Employment and insurance status also were only related among urban near elderly. Employer size and employee wages were the most important predictors of uninsurance for rural and urban near elderly alike.

**APPENDIX B:
SELECT 2003 WEST VIRGINIA HEALTHCARE SURVEY RESULTS**

Select Demographic and Health Characteristics of Non-Elderly Adults in WV, by Age Group (%) – 2003

Characteristic	Total (n=1,207)	19-24 years (n=82)	25-34 years (n=195)	35-44 years (n=285)	45-49 years (n=163)	50-64 years (n=482)
Employment Status***						
Employed, full-time (40+)	44.9	28.1	53.9	49.8	54.4	35.9
Employed, part-time (<40)	10.8	12.8	13.7	12.3	7.5	8.4
Self-employed	8.6	0.0	8.3	10.0	10.5	9.5
Unemployed	7.6	13.0	7.4	8.5	6.9	5.7
Retired	3.9	0.0	0.0	0.0	0.0	12.3
Other not in labor force ^a	24.2	46.1	16.7	19.3	20.7	28.3
Family Income^{b***}						
\$50,000+	30.0	8.6	31.3	34.3	34.2	29.9
\$35,000-49,999	19.0	18.3	20.2	19.8	21.7	16.7
\$20,000-34,999	25.2	22.8	24.5	24.6	27.3	26.0
<\$20,000	25.8	50.3	24.0	21.3	16.9	27.4
Health Status**						
Excellent/Very good	48.9	58.8	50.1	53.1	48.4	42.3
Good	28.3	23.2	29.8	27.9	27.7	29.3
Fair/Poor/Very poor	22.8	18.0	20.1	19.0	23.9	28.5
Disability***						
With chronic condition or disability	30.9	29.3	20.1	26.7	30.0	42.5

Source: West Virginia Healthcare Survey, 2003. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.

^aIncludes homemakers, full-time students, and those not working due to disability.

^bFamily income was missing for approximately 10% of the sample.

*p≤.05 **p≤.01 ***p≤.001

Health Insurance Coverage of Non-Elderly Adults in WV, by Age Group (%) – 2003

Insurance Indicator	Total (n=1,198)	19-24 years (n=81)	25-34 years (n=193)	35-44 years (n=285)	45-49 years (n=161)	50-64 years (n=478)
Insurance Status at Time of Interview***						
Insured ^a	78.0	65.5	71.7	77.4	82.1	85.1
Employer	63.5	37.8	58.6	65.6	72.1	69.3
Public	9.8	21.4	6.1	8.3	7.3	11.5
Self-purchased	4.7	6.3	7.0	3.5	2.7	4.3
Uninsured	22.0	34.5	28.3	22.6	17.9	14.9
Insurance Status During Year***						
Insured all year	71.1	50.5	61.0	70.5	74.5	83.6
Uninsured part of year	10.3	22.3	14.6	9.3	8.7	5.1
Uninsured all year	18.6	27.2	24.4	20.2	16.9	11.3

Source: West Virginia Healthcare Survey, 2003. Analyses conducted by WVU Institute for Health Policy Research.

Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.

^aEmployer includes FEHB, PEIA, private employer, UMWA/RR, and VA/CHAMPUS. Public includes Medicare and Medicaid.

Self-purchased includes self-purchased and COBRA.

*p≤.05 **p≤.01 ***p≤.001

Health Insurance Coverage of the Near Elderly (50-64 years) in WV, by Select Demographic and Health Characteristics (%) – 2003

Characteristic	Uninsured	Insured ^a		
		Employer	Public	Self-Purchased
Family Income^{b***} (n=419)				
\$50,000+	3.1	91.8	1.3	3.9
\$35,000-49,999	3.3	87.1	2.3	7.3
\$20,000-34,999	10.4	81.1	6.7	1.8
< \$20,000	40.5	22.4	33.4	3.7
Health Status^{***} (n=475)				
Excellent/Very good	7.4	80.3	6.4	5.9
Good	17.8	70.0	6.7	5.6
Fair/Poor/Very poor	23.3	52.9	22.9	0.9
Disability Status^{***} (n=473)				
Without chronic condition or disability	13.0	77.8	4.8	4.4
With chronic condition or disability	17.8	57.7	20.1	4.4

Source: West Virginia Healthcare Survey, 2003. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.
^a Refers to insurance status at time of interview. Employer includes FEHB, PEIA, private employer, UMWA/RR, and VA/CHAMPUS. Public includes Medicare and Medicaid. Self-purchased includes self-purchased and COBRA.
^b Family income was missing for approximately 13% of the sample.
 *p≤.05 **p≤.01 ***p≤.001

Select Demographic and Health Characteristics of the Insured and Uninsured^a Near Elderly (50-64 years) in WV (%) – 2003

Characteristic	Insured (n=423)	Uninsured (n=59)
Employment Status^{***}		
Working, FT	40.2	10.5
Working, PT	8.2	9.1
Working, self-employed	7.9	18.7
Unemployed	3.5	18.9
Retired	14.0	2.0
Other not in labor force ^b	26.2	40.7
Family Income^{c***}		
\$50,000+	34.2	6.0
\$35,000-49,999	19.0	3.6
\$20,000-34,999	27.5	17.8
< \$20,000	19.3	72.6
Health Status^{***}		
Excellent/Very Good	46.0	20.7
Good	28.3	34.7
Fair/Poor/Very poor	25.6	44.6
Disability Status		
With chronic condition/disability	41.1	50.8
Without chronic condition/disability	57.9	49.2

Source: West Virginia Healthcare Survey, 2003. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.
^a Refers to insurance status at time of interview.
^b Includes homemakers, full-time students, and those not working due to disability.
^c Family income was missing for approximately 13% of the sample.
 *p≤.05 **p≤.01 ***p≤.001

Health Care Access and Utilization among Non-Elderly Adults in WV, by Age Group (%) – 2003

Indicator	Total (n=1,207)	19-24 years (n=82)	25-34 years (n=195)	35-44 years (n=285)	45-49 years (n=162)	50-64 years (n=482)
Able to get all needed medical care**	80.1	77.4	74.8	79.0	80.3	85.4
Has usual place for care***	82.2	67.1	74.3	82.5	82.2	92.1
Visited health care provider in past 6 months***	68.7	55.2	61.9	65.1	71.0	79.2
Confident in paying costs for health care expenses	64.3	59.0	66.1	65.1	60.4	65.5

Source: West Virginia Healthcare Survey, 2003. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.

*p≤.05 **p≤.01 ***p≤.001

Health Care Access and Utilization among Non-Elderly Adults in WV, by Health Insurance Coverage^a (%) – 2003

Indicator	Insured (n=423)	Uninsured (n=59)
Able to get all needed medical care***	92.4	45.1
Has usual place of care***	94.7	77.4
Visited health care provider in past 6 months	80.7	70.7
Confident in paying costs for health care expenses***	72.0	28.8

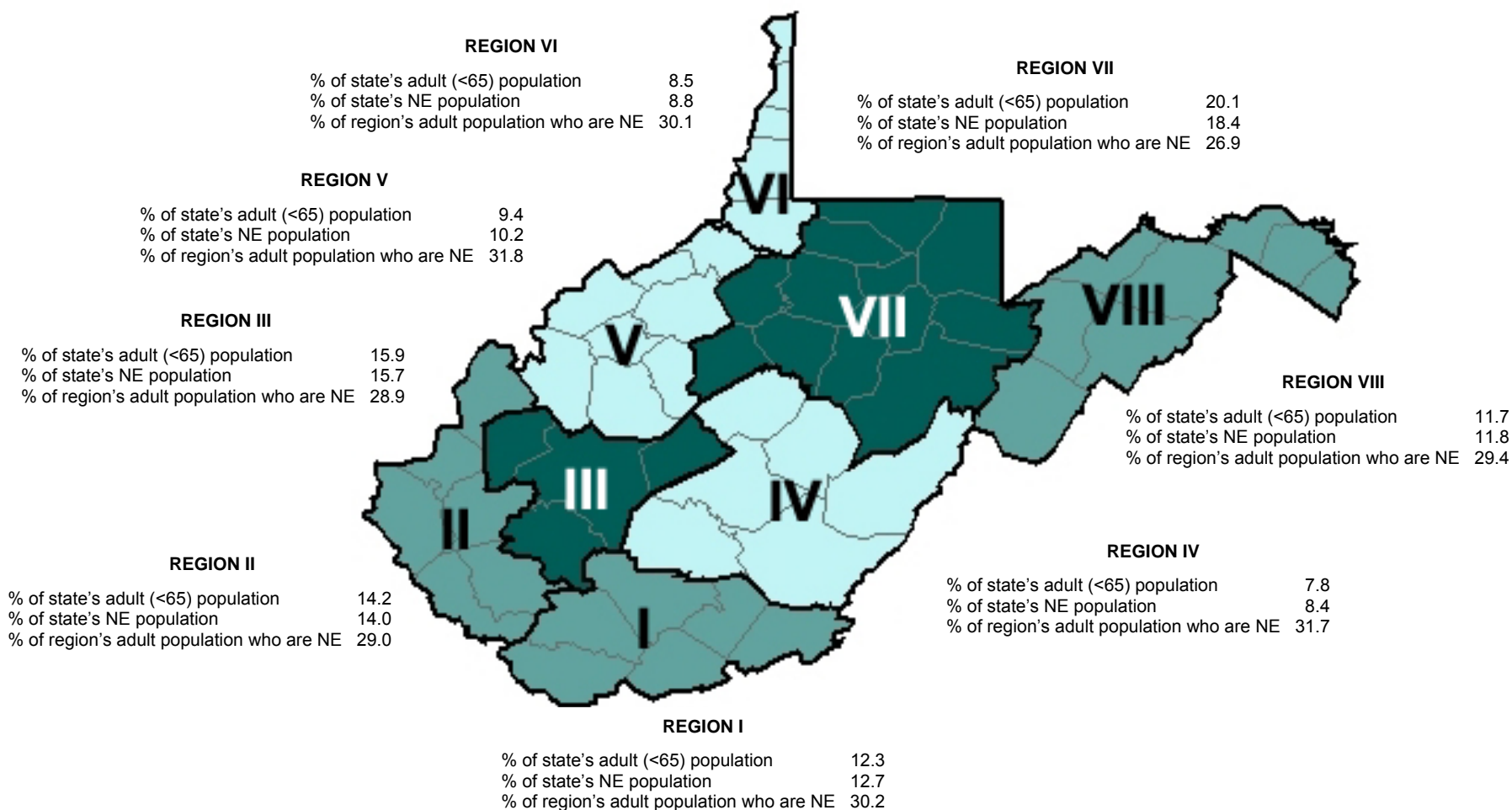
Source: West Virginia Healthcare Survey, 2003. Analyses conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Statistical significance is based on chi-square tests of unweighted data.

^aRefers to insurance status at time of interview.

*p≤.05 **p≤.01 ***p≤.001

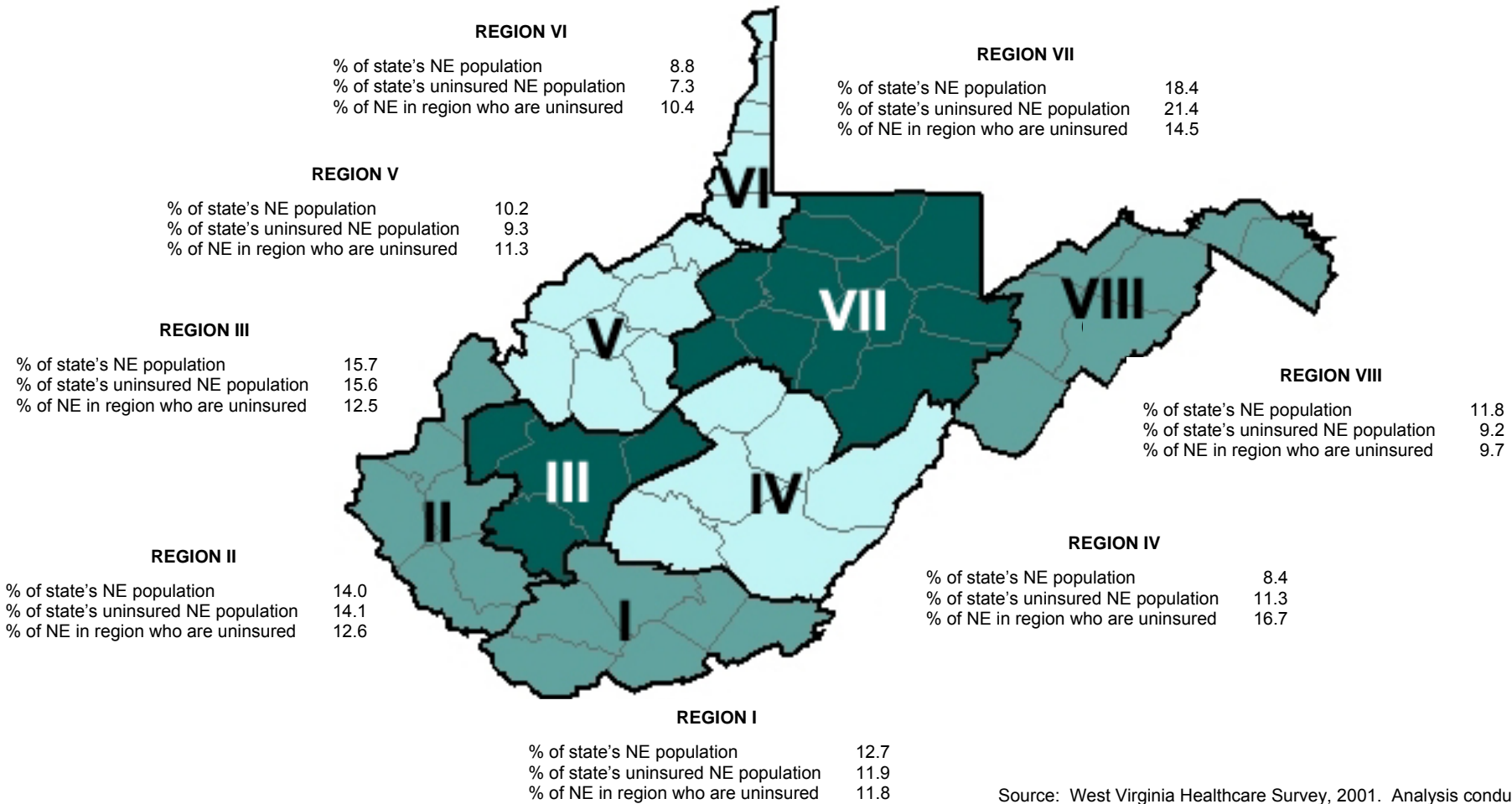
**APPENDIX C:
REGIONAL ANALYSES**

Distribution of Near Elderly (NE) Population (50-64 years) in WV, by Region



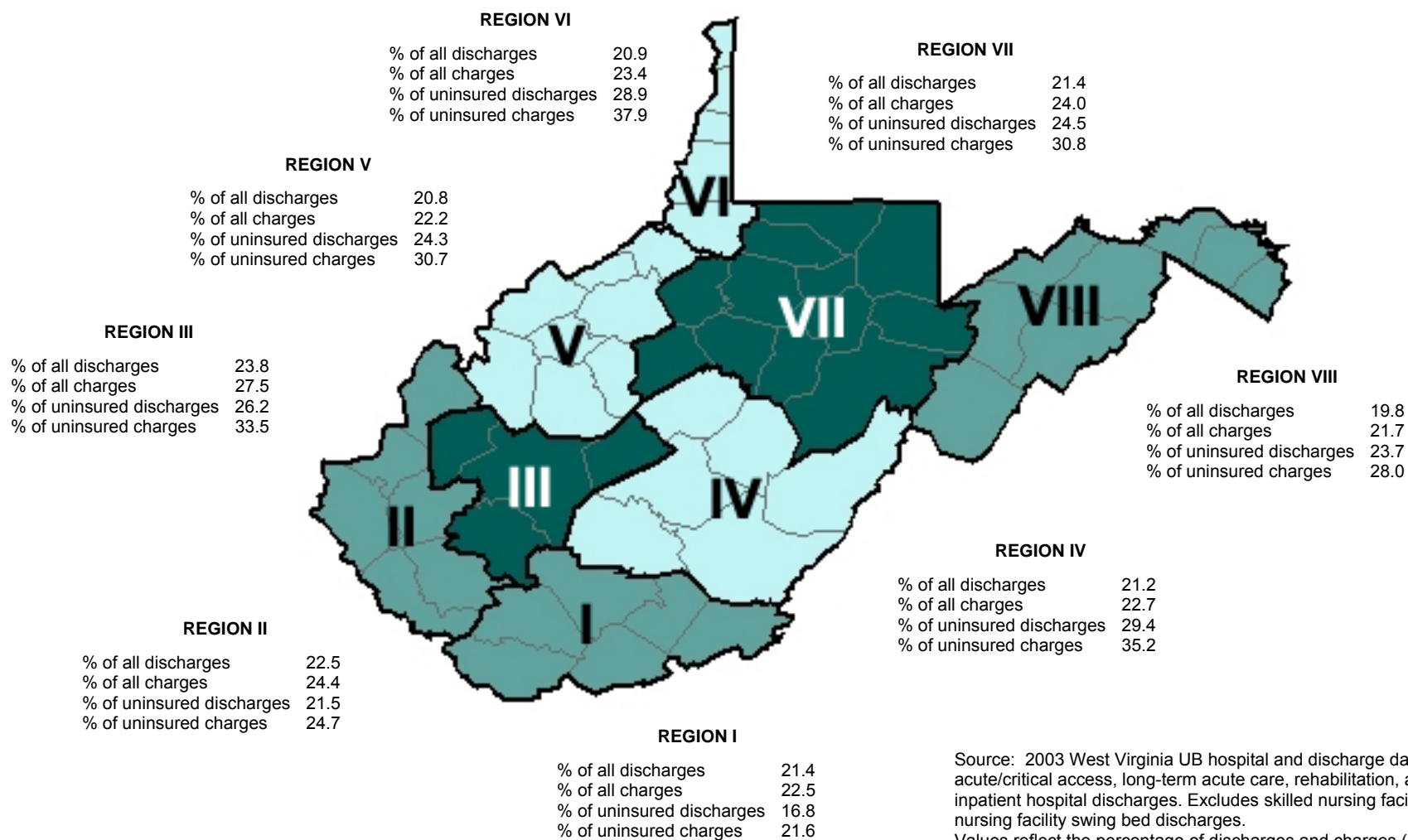
Source: West Virginia Healthcare Survey, 2001. Analysis conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Results are statistically significant at the .001 level.

Distribution of Uninsured Near Elderly (NE) Population (50-64 years) in WV, by Region



Source: West Virginia Healthcare Survey, 2001. Analysis conducted by WVU Institute for Health Policy Research. Percentages shown are based on weighted data. Results are statistically significant at the .001 level.

The Near Elderly's (50-64 years) Contribution to All and Uninsured Discharges and Total Charges in WV, by Region



Source: 2003 West Virginia UB hospital and discharge data. Includes all acute/critical access, long-term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges. Values reflect the percentage of discharges and charges (in each region) that are attributable to the near elderly. Uninsured includes self-pay and charity care discharges. Total charges include both ancillary and room charges.

Regional Contributions to All Near Elderly (NE) (50-64 years) Discharges and Total Charges in WV

REGION VI

Total NE charges (millions)	\$70.7
Median NE charge	\$7,885
% of state's NE discharges	9.9
% of state's total NE charges	8.6

REGION VII

Total NE charges (millions)	\$194.1
Median NE charge	\$8,522
% of state's NE discharges	22.0
% of state's total NE charges	23.5

REGION V

Total NE charges (millions)	\$53.7
Median NE charge	\$7,182
% of state's NE discharges	8.2
% of state's total NE charges	6.5

REGION III

Total NE charges (millions)	\$232.4
Median NE charge	\$11,455
% of state's NE discharges	21.6
% of state's total NE charges	28.2

REGION VIII

Total NE charges (millions)	\$24.2
Median NE charge	\$6,646
% of state's NE discharges	4.3
% of state's total NE charges	2.9

REGION II

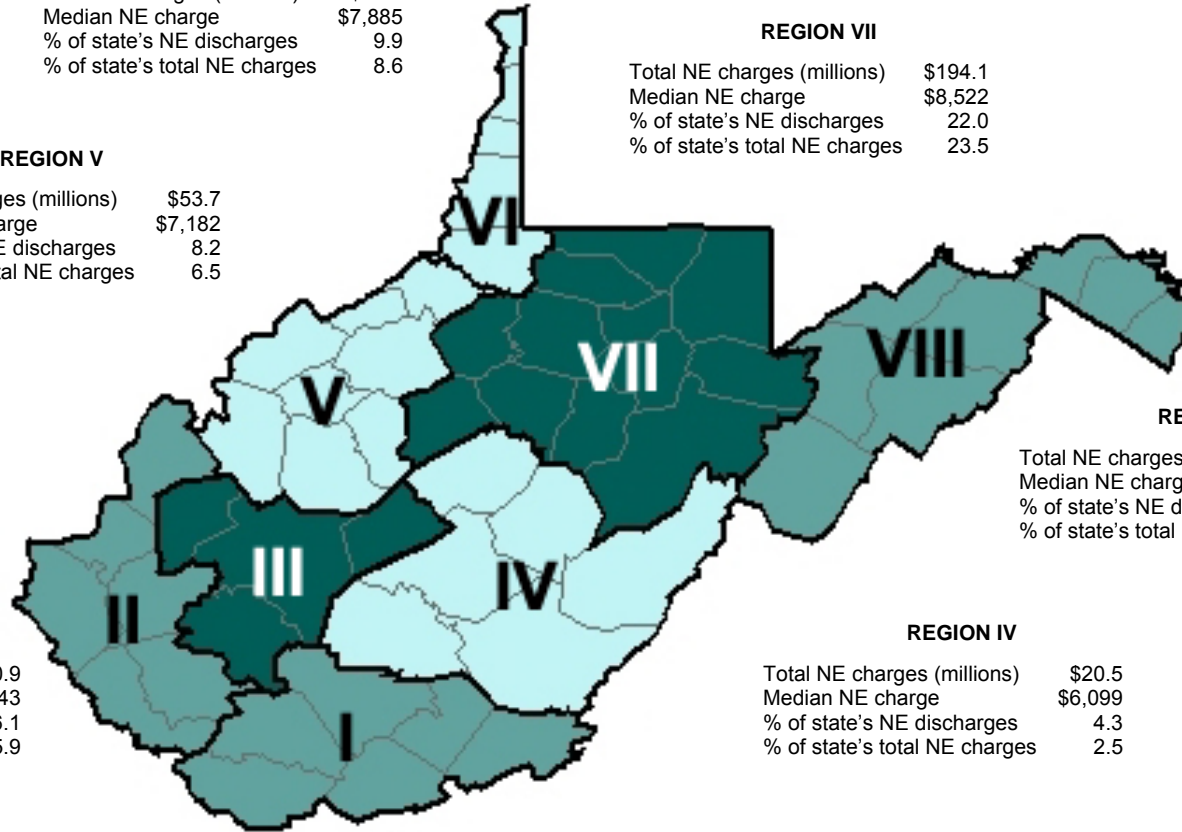
Total NE charges (millions)	\$130.9
Median NE charge	\$9,043
% of state's NE discharges	16.1
% of state's total NE charges	15.9

REGION IV

Total NE charges (millions)	\$20.5
Median NE charge	\$6,099
% of state's NE discharges	4.3
% of state's total NE charges	2.5

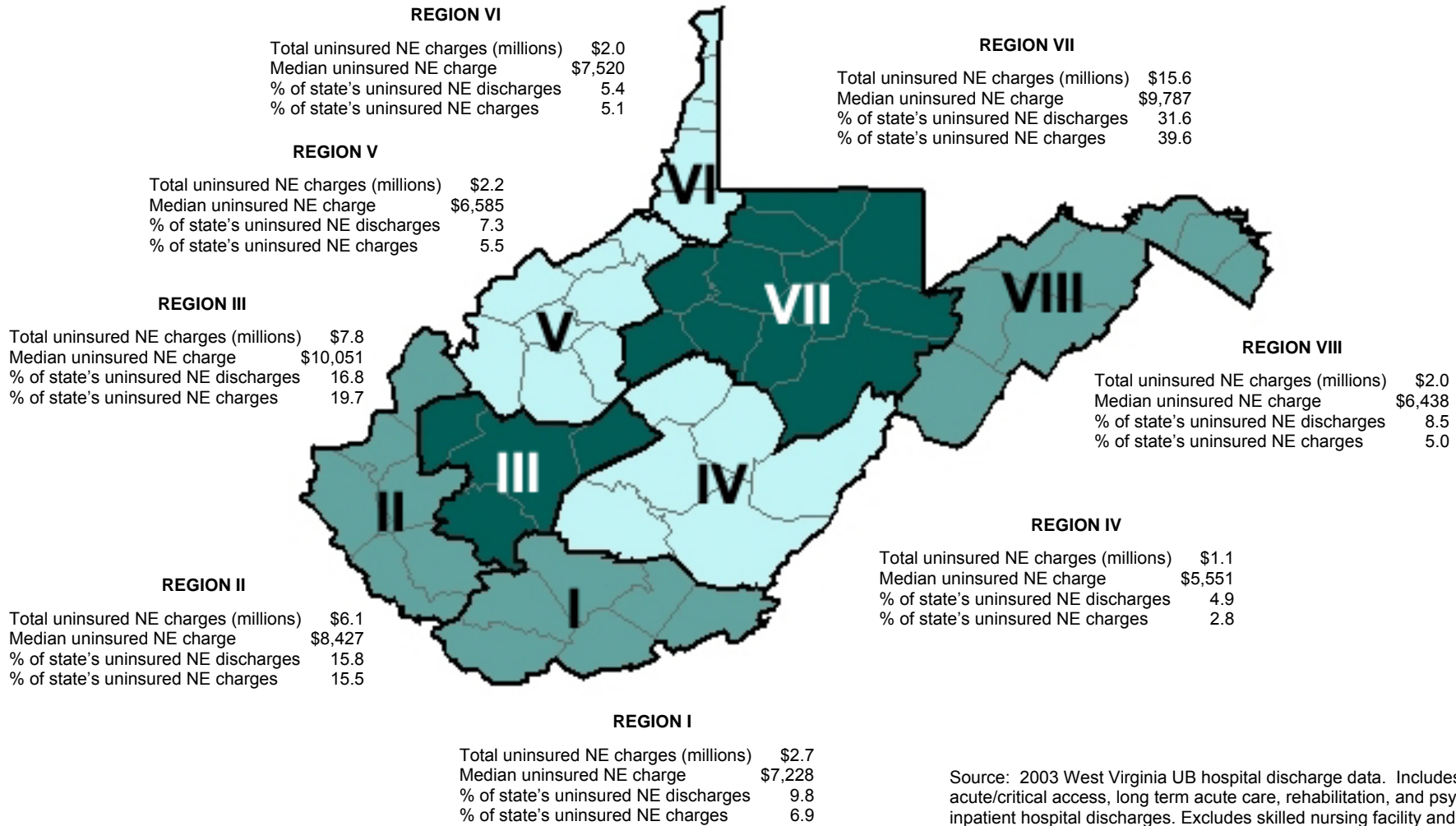
REGION I

Total NE charges (millions)	\$98.1
Median NE charge	\$8,710
% of state's NE discharges	13.7
% of state's total NE charges	11.9



Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long-term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges. Total charges include both ancillary and room charges.

Regional Contributions to Uninsured Near Elderly (NE) (50-64 years) Discharges and Total Charges in WV



Source: 2003 West Virginia UB hospital discharge data. Includes all acute/critical access, long term acute care, rehabilitation, and psychiatric inpatient hospital discharges. Excludes skilled nursing facility and skilled nursing facility swing bed discharges. Uninsured includes self-pay and charity care discharges. Total charges include both ancillary and room charges