



*"People
helping people
help
themselves"*

Frank O'Bannon, Governor
State of Indiana

Indiana Family and Social Services Administration
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John Hamilton, Secretary

July 28, 2003

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Current Grant Number: 1 PO9OA 00050 01

Dear Mr. Poole,

On behalf of the State of Indiana, I am pleased to submit our interim report per the requirements of the Health Resources and Services Administration State Planning Grant for July 2002 – July 2003. This report summarizes our progress to date and addresses HRSA's data request. We anticipate our grant activities to be completed by July 1, 2004.

Sincerely,

Cynthia Collier
Director Policy, Planning and Communication
Family and Social Services Administration

Seema Verma
Project Director
Indiana State Planning Grant



**Indiana Planning Grant
Interim Report
July 2002-2003**

EXECUTIVE SUMMARY

The State of Indiana, through the Family and Social Services Administration, received a State Planning Grant from the Health Resources and Services Administration in July of 2002. The State has been granted a 12-month extension through July 2004, and has submitted a request for supplemental funding. The purpose of this report is to summarize our progress to date and to address HRSA's data request.

Our grant was off to a late start due to some significant contracting issues and general budget issues of the State. After a long negotiation, the fiscal agent we had identified in our original proposal chose not to participate in the State Planning Grant. This caused significant delays in our contracting process. However, all the consultants continued working toward completing the goals and objectives of the grant. The State of Indiana is now administering the contract. Despite this delay, the State Planning Grant, has been an exciting and promising endeavor for the State of Indiana. There is growing enthusiasm for this effort amongst the Health Insurance for Indiana Families (HIIF) committee, which is our external group of stakeholders that guide the grant activities.

Indiana Political Environment

The State of Indiana like other States has been faced with significant budget crisis. Efforts of legislators and policy makers have been focused on the overall economy of Indiana. During the past legislative session, despite significant efforts on the part of the current Administration, the legislators voted to maintain the current Medicaid budget. With the increasing number of eligible citizens, this will result in a cut to the current budget. The legislature also passed HB 1643, Health Indiana, introduced by Representative Hasler. This legislation calls for the State to assist with the implementation of Project Health and specifically for FSSA to conduct eligibility for the program, and a not-for-profit to operate the plan. Project Health is a volunteer physician program similar to programs implemented in Kentucky and South Carolina, or the local based program in Buncombe County, North Carolina. Physicians agree to provide services to medically indigent patients, and pharmaceutical companies also dispense free pharmaceuticals to patients, courtesy of bulk replacements. The HIIF committee has been identified as a vehicle to develop the program, as many members are key stakeholders. Therefore, the HIIF committee will be developing a committee to identify key implementation issues, and help coordinate the implementation of the program across the State.

Despite, the successful passage of 1643, the Indiana political environment has made the challenge for the HIIF committee significant. Early in the process, there was reluctance on the part of the Committee members to actively engage in the process, because of the political environment, and a feeling that there was not widespread support to address the uninsured. The Committee has been able to move past that; with the notion that short-term options will be developed that do not require a contribution from the State budget. They are also committed to developing longer term solutions that address the core causes of uninsurance and to proposing solutions

that can be considered when the economic picture for Indiana changes. This will be discussed in more detail in the policy development section.

At the same time the legislature flat lined the Medicaid budget, press coverage and overall interest in the health care issues for the uninsured has increased. There were many well attended events that took place throughout Indiana for the Robert Wood Johnson Covering the Uninsured Week that helped raise awareness about the uninsured. The Governor of Indiana also used his weekly radio address to focus on the uninsured in Indiana and issued a "Covering the Uninsured Week" proclamation. This is a testament to the growing concern and momentum around the State for this issue. The leaders and citizens that attended were very passionate about this issue. Additionally, the phone surveyors reported having very high response rates, even though Indiana has a "no-call," list, and phone solicitation is prohibited for citizens that sign up. They also reported a high level of interest of the survey participants.

Project Update

HIIF and TAG Committees

To date, the two major committees identified in our proposal, Technical Assistance Group-TAG (internal working group) and the HIIF (external stakeholders) have met almost monthly. The early months of the project were spent on developing both groups and a representative from the Indiana Minority Health Coalition, Department of Insurance, the Robert Wood Johnson Covering Kids and Families Coalition, and additional representation from a hospital outside the State capitol were added. Subcommittees, which meet monthly, have also been developed around the key policy areas.

Household Survey

Our original proposal indicated that we would be repeating the Florida household survey that was conducted in Indiana in 2000 in order to update our projections of uninsured in Indiana, in light of the economic changes in our State. The survey that was conducted had many sampling issues, and we questioned the validity of the survey results. After much discussion, we decided not to use the Florida instrument, and to instead use the Minnesota Household Survey instrument, so that we could also assure comparison with other States. The survey was initiated in November and the final report is attached and will be discussed in Section 1 of this report.

Key Informant Interviews

Approximately 22 key informant interviews were held with a variety of organizational leaders to get perspectives from a range of players, including providers, uninsured, minority groups, insurance companies, the School of Medicine, small and large business organizations, hospitals, safety net clinics, and federally qualified health centers. We have had much success with this endeavor, as participants are eager to provide information and we have contacted a wide range of the major health players in Indiana for their input on key issues of the uninsured. The key informant interviews have been very helpful in identifying participants for the focus groups.

Focus Groups:

Under our proposal, we planned on conducting 60 focus groups throughout the state of Indiana in the 10 regions designated by the Indiana State Department of Health. These regions are concurrent with those used in the 10,000 household survey. There are three types of focus groups that are being conducted: business (focus on small business), uninsured (with focus on Latino subset), and physician provider groups. We have used connections from the medical societies, Indiana Health and Hospital Association, Indiana Minority Health Coalition (IMHC), Indiana Association of Health Underwriters, and the Community Access Program (CAP) Grant Meetings. Letters were sent to the directors and CEO's requesting assistance with setting up the focus group comprising of their members. As of to date, there have been a total of 22 focus groups completed. The questionnaires were developed for each of the individual focus groups: provider, business, and the uninsured focus groups. There has been considerable difficulty in physicians and small businesses representation at the focus groups. Currently, we are using our resources on the Health Insurance for Indiana Families Committee (HIIF) with the Indiana State Chamber of Commerce and the National Federation of Independent Business to obtain representation from both small and large businesses. The focus group vendor, Health Evolutions has begun the data collection effort developing an Excel document with all data divided by focus group type, district, question, and comment. The final report and presentation to the HIIF Committee will be delivered in September 2003.

Safety Net Assessment, Market Assessment, State Programs, Federal & State Options:

The safety net report involved examination and analysis of data and information that has not been done by other SPG grantees. The vendor we have hired looked at the core safety net in Indiana and has completed a detailed analysis in four different geographic areas. Service utilization data was combined with information with recent survey data analysis looking at potential demand. The vendor has reviewed the demographic and market information, media accounts, key informant interviews with local area experts. The report is in final draft form, and is being reviewed by SPG staff, FSSA, and HIIF members. The HIIF committee members will be given a presentation on key results in August of 2003.

The vendor has begun work on the market assessment; specifically examining the movement towards single specialty hospitals and its effect on market changes. We will be expanding this particular area, based on the additional funds requested from HRSA. We have not begun the report on the State programs or the Federal and State options, however, the staff continues to review periodicals and other reading materials, and has shared model programs with the HIIF members. These reports will likely be complete by the end of the year.

Policy Options:

Another key output the State Planning Grant project is the development of potential policy options. The HIIF committee has already defined eight potential options. With the State's budget crisis the committee has sought to focus on low-cost or no-

cost options. However, the Committee is also interested in developing long-range options, so that when the economy and political will are aligned there is a plan in place or a "blueprint," to address the uninsured. Therefore, the options that are ultimately defined by the committee will likely include long-range options, as well as short-term options. At this time, the eight policy options that are being considered need significant study before the HIIF committee can fully recommend them. Some of the areas being explored are developing the Indiana safety net, local and State partnerships to enhance federal funding, changes to the high-risk pool, tax credits, and reinsurance options, and options for small businesses. These will be discussed in more detail in Section 4. HIIF has also decided to develop a Strategies Committee that will specifically look at developing the political will and organizing a communications strategy for the State. Subcommittee chairpersons, and additional members have been identified, and these group have started to meet. They will be giving regular updates at each Committee meeting for each of the subcommittees.

Section 1: Uninsured Individuals & Families

Overall, 9.2% of Indiana residents are uninsured according to the 2003 Health Insurance for Indiana's Families Survey. Over three-fifths (61.2%) of the people in Indiana are covered by health insurance through an employer. An additional 3.5% purchased private individual insurance. Indiana's public programs cover 26.2% of the population. For context, the U.S. Census Bureau's Current Population Survey (CPS) 2001 estimate of uninsurance for Indiana is 11.8%. The charts below indicate data on the characteristics of the uninsured, including income, age, gender, family composition, health status, and employment status. We did not include any questions on immigration status for fear this would result in lower response rates.

Table 1 Indiana's Uninsurance Rates by Selected Population Groups

	Uninsurance Rate
Total Population	9.2%
Age	
0 - 5 years	4.9%
6 - 18 years	5.5%
19 -24 years	26.8%
25 -34 years	15.1%
35-54 years	9.8%
55-64 years	7.0%
65 years and over	1.1%
Race/Ethnicity	
Black/African American	14.1%
American Indian	7.9%
Asian	3.2%
Hispanic*	11.5%
White	8.7%
Other	8.4%
Marital Status	
Widowed	4.6%
Married	5.7%
Divorced	13.3%

Table 1 Indiana's Uninsurance Rates by Selected Population Groups

	Uninsurance Rate
Separated	12.6%
Living with Partner	25.7%
Single	19.4%
Family Income (% of FPL)	
<50%	16.8%
50-99%	22.6%
100-132%	21.4%
133-184%	17.6%
185-199%	14.3%
200-249	7.6%
250-299%	6.8%
=300%	4.0%
Level of Education	
Less than High School	16.5%
High School Graduate	11.5%
Some College	8.1%
College Graduate	5.6%
Postgraduate	1.7%
Health Status	
Excellent	7.6%
Very Good	7.5%
Good	10.6%
Fair	16.5%
Poor	10.5%
Chronic Condition	
Functional impairment	10.1%
Asthma	12.0%
Diabetes	3.9%
Heart disease	4.1%
High cholesterol or blood pressure	6.6%
Stroke	1.5%

*For those reporting Hispanic ethnicity and some other race, Hispanic was selected as racial classification

Table 2. Uninsurance Rates in Indiana for Single Parents Under 65 Years

Uninsurance Rate	
	Uninsurance Rate
Total Population	9.2%
Employment Status	
self-employed	13.3%
Employed by Someone Else	7.4%
Not Employed/Unemployed Worker	21.2%
Retired	3.4%
Student	8.5%
For Those Who are Employed	
Number of Jobs	
One Job	8.0%
More than one job	8.3%
Hours Worked per Week	
0-10	6.4%
11-20	11.1%
21-30	14.1%
31-340	7.8%
41 hours or more	6.1%
Type of Job	
Permanent	7.1%
Temporary	23.3%
Seasonal	18.6%
Full - Time	6.4%
Part - Time	12.6%
Size of Employer	
<11 employees	16.0%
11-50 employees	11.2%
>50 employees	7.7%

Kids in Household	53.8%	46.2%
No kids in Household	50.1%	49.9%

Availability of Private Coverage: The survey found that just over 40% of people in Indiana have potential access to either private or public health insurance coverage. An estimated 3 in 10 uninsured Hoosiers (31.1%) are potentially eligible for employer-sponsored insurance because their employer, or their spouse’s employer, offers coverage. An additional 12.7% are potentially eligible for coverage by a public program. However, 59.7% of people are not deemed eligible for either program. Uninsured adults are deemed eligible if their household income is 23% FPL or lower. Uninsured children are deemed eligible if household income is 200% FPL or less. A person, currently without insurance,

was regarded as ineligible if he or she did not meet either requirement for public or employer-sponsored coverage.

Availability of Public Coverage: The survey asked respondents whether they had ever asked for or been given information about one of Indiana's public health care programs, such as Medicaid. There was 70% of the survey population that reported not having received such information from any of the public health insurance programs. About three-quarters (73%) of uninsured people surveyed are willing to enroll in a public program if they learned they were eligible. When asked if they would enroll if the programs were free, this figure increases to 91%. These results indicate that the "eligible but not enrolled" group would enroll if they were learned more about public health care programs.

Geographic Location: People living in non-MSA areas have slightly higher uninsurance rates than those who live in the MSA areas. Using point-in-time estimates, the areas with the highest levels of uninsurance are in the eastern portion of the State (11.2%) and Northwest region (10.7%) respectively. By contrast, the Southeast region (8.3%) and the Northeast (8.4%) have the lowest rates of uninsurance among the geographic regions examined in this analysis. A map of the State is contained in the Appendix. Among the MSAs, the highest rates of uninsurance were observed in the Gary (11.1%) and Muncie (10.5%) MSAs; and the lowest rate was seen in Lafayette (4.5%).

- 1.3 We have just completed review of the report, but our initial focus will be on the unemployed and small businesses.
- 1.4 Affordable coverage is based on a percentage of income.
- 1.5 The key informant interviews indicated that most people don't participate in programs, due to stigma, or not being aware of the programs that are available. Some immigrant populations are also distrustful of public programs. However, the survey data conflicted with this (see Appendix).
- 1.6 Many are unaware they are disenrolled, or they do not understand the reapplication process.
- 1.7 Almost all those that participated in the key informant interviews agreed that cost is the major reason. Some populations may also not value health insurance, or think they need it. Those in lower socioeconomic levels may not value health care in the context of other priorities, such as food and clothing.
- 1.8 The key informant interviews unanimously agreed that most people are comfortable with employer-sponsored insurance, rather than a government sponsored program.
- 1.9 There is some interest in subsidies, however tax credits were not considered to be an incentive, as they are difficult to implement.

- 1.10 Value: some people do not value health insurance over other life necessities. This may be especially true with younger populations.
- 1.11 Medical needs are being met through the emergency rooms or by the safety net system
- 1.12 Our committee has not yet addressed benefits at this time.
- 1.13 This issue created a lot of discussion. As premiums have increased significantly in Indiana, many employers have shifted costs to their employees through higher deductibles, and copays. So while people may have insurance their costs are so significant, they are deterred from seeking health care. We were not able to define this, but recognize that this is a growing issue in Indiana.

Section 2: Employer-Based Coverage

We are currently in the process of collecting information on this section, and do not have any data to report at this time. By the end of this year we will have qualitative data collected from focus groups with small businesses, insurance brokers, as well as large employers. Additionally, we have submitted a request to HRSA for supplemental funding to in part conduct a formal analysis of the MEPS data to identify the extent of employer coverage that is available in Indiana. We anticipate all of these results to be part of our final report to the Secretary.

Section 3: Summary of Findings: Health Care Marketplace

As part of our original proposal, we will be developing a market analysis that will address the questions identified by HRSA. This report is not yet completed. The results of the key informant interviews with insurance companies, the Department of Insurance, as well as employers indicated that there is a range of insurance products available in the State. Indiana has over 700 employers in the State, so the issue is not the availability of products, but is the price. This issue will be discussed in more detail in our final report.

Section 4: Options for Expanding Coverage

At this time, the HIIF committee has begun to identify broad policy areas, and some programs that require investigation. Subcommittees have been formed, but these groups are just beginning and have not fully agreed on recommendations or developed an implementation plan per the questions identified by HRSA in their report outline. Below is a description of the options that are beginning to be explored by HIIF.

The HIIF committee is significantly challenged with developing options as the State budget crisis has only worsened over the past year, and it is clear that the State budget cannot support additional entitlement programs, nor is there political will to do so. Therefore, the options that are developed cannot have a significant price tag or they will not likely be implemented. HIIF is subsequently considering low-cost or no cost options, and is looking for revenue sources other than the State budget.

The HIIF committee is also aware that in addition to the policy options they develop, they must also develop a parallel strategy to help those options come to fruition, by focusing on educating legislators and the community at large to create political will to address the issues of the uninsured.

Finally, the HIIF committee discussions have centered on developing a long-term strategy to address the uninsured, while also considering low-cost and no cost in the short term. The long-term strategy is geared creating a "blueprint," to address the uninsured in Indiana. While the short-term options are being developed, longer-term strategies are also being considered, so that when the political will or budget allows, there is a plan in place. The HIIF committee has recently developed sub-committees and these committees are just beginning to explore plausible options for Indiana. Descriptions of each committee are below.

A. Indiana Safety Net

This committee will focus on providing access to comprehensive healthcare for low-income families in areas across the State of Indiana where there has been identified lack of access to primary care services.

Currently, there is no comprehensive or coordinated system of care allowing access to an adequate or rational system of healthcare in many parts of the State. As a result, many individuals and families who are uninsured or become eligible for some form of health insurance (Medicaid or CHIP), or who may be recently insured through an employer program do not have access to adequate health care service networks.

Additionally, Indiana's health centers continue to operate under a "catch-22" situation. While there is documented need across the State for increasing the number of areas served by Federally Qualified Health Centers (FQHCs), the existing centers are underfunded compared to national statistics. In fact, the State of Indiana ranks at the bottom of the list of states receiving HRSA funding for primary care programs as compared to the size of the State's population. This inequity in funding is cause of great concern.

It is imperative to bring additional resources to our health centers in order to develop a comprehensive primary care strategy for the State. While the existing centers continue to deliver quality health and social support services to people who otherwise would face major financial, social, cultural and language barriers, many of the outlying areas in the State are experiencing increasing numbers of uninsured people and lack of access to comparable health services. It is critical that we design and develop a statewide system of access to primary and preventive healthcare for low-income and uninsured Hoosiers with an emphasis on areas of established need.

This committee is charged with developing a comprehensive primary care strategy for the State of Indiana that targets residents with difficulty accessing care: those that are located in the inner cities, isolated in rural areas, and migrant farm worker communities.

This committee will focus on specifically addressing the alternative payment system for FQHCs, but will also address broader policy issues for the Indiana Safety Net.

B. Leveraging Federal Resources through Local Initiatives

The State of Indiana budget continues to face major deficits, and the Legislature in its last session, flat lined the Medicaid budget, which amounts to a budget cut with the increasing number of Medicaid eligible persons in Indiana. This has made the challenge for the HIF committee quite significant, as not only are there no dollars to work with, there also appears to be a lack of political will to address the uninsured in Indiana. This committee is focused on how federal funding can be leveraged through existing funding streams, without increasing the State budget. This Committee will examine options available through the Medicaid program. This Committee will explore current local funding streams, as well as the various options available through recent changes on the federal level to the Medicaid program. There is specific interest in exploring HIFA waivers. This Committee will also have a broader focus on examining all potential resources at the local and state level and ways to increase the federal funding in Indiana to expand coverage. Currently the committee is composed of the Indiana Primary Health Care Association (IPHCA), the School of Medicine, representatives from federally qualified health centers, and the Department of Health.

C. Options for Small Businesses

As Indiana has a large number of small employers, who do not offer insurance, this committee will focus on specifically developing options to encourage small businesses to offer and finance health insurance. The Committee is currently composed of the CEO of one of the major insurance companies in Indiana, the State Chamber of Commerce, the National Federation for Independent Businesses, and the Department of Insurance. This diverse team is very interested in developing solutions and has just begun to consider options. They are exploring such possibilities as employer and employee subsidies, purchasing pools, and tax credits. They are also examining the State's high-risk pool and reinsurance options to lower costs for all businesses, but with a special focus on small businesses. Programs, such as the one implemented statewide in New Mexico and in counties in Michigan, where employees pay 1/3 of the premium (through payroll deductions), employers pay another 1/3, and the final 1/3 is subsidized is also being explored.

D. Provider Incentives & Project Access

During the 2003 legislative session, HB 1643 was passed. This legislation calls for the State to assist with the implementation of Project Health and specifically for FSSA to conduct eligibility for the program, and a not-for-profit to operate the plan. Project Health is a volunteer physician program similar to programs implemented in Kentucky and South Carolina, or the local based program in Buncombe County, North Carolina. Physicians agree to provide services to medically indigent patients, and pharmaceutical

companies also dispense free pharmaceuticals to patients, courtesy of bulk replacements. The HIIF committee has been identified as a vehicle to develop the program, as many members are key stakeholders. Therefore, the HIIF committee will be developing a committee to identify key implementation issues, and help coordinate the implementation of the program across the State. There are many policy issues to contend with including target group, benefits, and local coordination, as well as getting providers to participate, and fundraising for on-going administrative costs. Representative Hasler, who sponsored the legislation, is coordinating most of these efforts, and he is very keen on having HIIF support the process, and to offer recommendations in the development of the program. SPG staff has also worked to coordinate some of the efforts already going on in the State around this type of program. There are at least two Community Access Program grants that have started to implement these programs, and an effort of the nationally based Hudson Institute to initiate such a program within Indianapolis and Marion County. The Hudson Institute has interests in working with Representative Hasler and Project Health. Those conversations are on going, and have been coordinated by SPG staff.

E. Strategies

With the recent activity of the legislature which did not support increases to the Medicaid program, and in fact flat lined the program, the HIIF members were keenly aware that a focus on raising awareness and support for the issues of the uninsured is needed. While all the committees will focus on the strategy to implement their options, this committee will focus more specifically and broadly, on how the HIIF committee can work to create political will to address the uninsured. This committee will also address the long-range planning for the uninsured and consider making recommendations to address the health system issues. The Strategies Committee will also provide recommendations for the townhall meetings that will occur per our project plan in 2004.

Section 5: Consensus & Building Strategy

5.1 The Indiana Family and Social Services Administration serves as the State Planning Grant recipient and also provides key leadership to the project. The Governor's Office has assigned a contact person from the Governor's Office to represent him in the deliberations of the HIIF. FSSA staff contributes to the project, as well as outside consultants. The project is guided by the Health Insurance for Indiana Families (HIIF) Committee, a task force appointed by the Secretary of FSSA, which includes representation from: large and small employers (National Federation of Independent Businesses, and the State's Chamber of Commerce), insurance agencies, physicians (Medical Association) hospitals (Hospital Association, as well as some hospital Administrators), safety net providers, including federally qualified health centers, consumer advocates, the Indiana Minority Health Coalition, Medicaid managed care organizations, and the State's only Medical School. The Department of Health and the State's Department of Insurance also have representation on the HIIF committee. At this time we have not included any legislators as HIIF members, but there are efforts to keep key legislators aware of HIIF's activities, through key informant interviews, and other briefings. The goal has been to use this broad-based approach to include many diverse

interests and points of view throughout the process and to assure that stakeholders have an opportunity to participate.

5.2 At this time, we have not yet the process of obtaining input from the public, as the policy recommendations are not yet complete. The Strategies Committee will spearhead this effort. We have already decided to delay some of the focus groups, until the policy recommendations are developed, so that we may gain some input. We also plan on conducting town hall meetings.

5.3 Currently, the FSSA website contains all meeting notices, meeting minutes, background reading materials. As the data reports are developed, these will also be posted on the website. Household survey participants showed an interest in obtaining the results, and have been directed to the website. We have also requested use of carryover funds toward printing, as we anticipate developing brochures and short policy briefs on the key results of our data collection efforts (survey, focus groups, etc).

5.4 At this time, the planning effort has not significantly affected the policy environment. We anticipate however, that it will play a larger role in the next legislative session when the majority of our data will be collected analyzed, and the policy recommendations will be complete.

Section 6: Lessons Learned & Recommendations to States

As we have not yet completed the project, it is difficult to answer all the questions in this section, but we will attempt to answer those that are appropriate.

6.1 The State specific data is very useful to our process, as knowing that the data is specifically pertinent to Indiana has encouraged participation and discussion with the HIIF members.

6.2 & 6.3 At this time we have not completed all the data collection, so it is difficult to interpret the effects of the data collection.

6.4 We were surprised with the success of the participation rates of the household survey. Evidently, the surveyors were able to contact people eager to discuss the issue of uninsurance. We did not do any advertising and this was most likely a phenomenon of public concern for this issue. The focus groups are still in process, but we have found that working with existing meetings of providers and small businesses will be helpful. We are giving incentives for the uninsured groups, which appear to be effective.

6.5 The initial focus of the Indiana State Planning Grant has been to develop solutions for the uninsured. As the Governor appointed task force began to delve into these issues, it became clear that while the Committee is discussing solutions in the short term for the

uninsured, there is a need to concurrently address the core causes of uninsurance and how the recent market changes in Indiana are affecting the rates of uninsurance. Over the past five years Indiana has experienced significant increases in health care premiums. The number of uninsured has increased, and at the same time there has been a proliferation of specialty and boutique hospitals around the State. Indiana health status indicators show higher than average rates of diabetes, obesity and heart disease. How these variables have affected the current rates and future rates of uninsurance is unclear.

Conceptually, we would like to examine a high-level, macro economic view of the health care market place in Indiana and the drivers of these costs. Potentially, costs of care and utilization could be analyzed and compared to other States, and how factors like health status affect these variables. We are interested in examining major segments of the health care market place such as hospitals, pharmaceuticals companies, insurance, and physicians, etc to get a better sense how these industries have fared in the current Indiana market place, and their capacity to address the uninsured. As a result of this analysis, we hope to have a better picture of the key drivers of the health care costs in Indiana. Finally, we would like to examine the impact of the health care economy on Indiana's economy as a whole. Finally, we would like to develop an assessment of employer health spending in the state, including an analysis of trends in employer health care costs. This study will build on the focus groups with employers that have already been conducted, and would include a quantitative analysis of coverage and costs in the state including coverage of workers, dependents and retirees.

6.6/6.7/6.8/6.11 Not applicable at this time

6.9 & 6.10 The HIF committee is significantly challenged with developing options as the State budget crisis has only worsened over the past year, and it is clear that the State budget cannot support additional entitlement programs, nor is there political will to do so. Therefore the options that are developed cannot have a significant price tag or they will not likely be implemented. The HIF Committee is subsequently considering low-cost or no cost options, and is looking for revenue sources other than the State budget. The HIF committee is also aware that in addition to the policy options they develop, they must also develop a parallel strategy to help those options come to fruition, by focusing on educating legislators and the community large to create political will to address the issues of the uninsured. Finally, the HIF committee discussions have centered on developing a long-term strategy to address the uninsured, while also considering low-cost and no cost in the short term. The long-term strategy is geared creating a "blueprint," to address the uninsured in Indiana. While the short-term options are being developed, longer-term strategies are also being considered, so that when the political will or budget allows, there is a plan in place.

Section 7: Recommendations to the Federal Government

As we have not completed our policy development process, we have no recommendations at this time.

Appendix I.

Website Address for the Indiana State Planning Grant:

<http://www.in.gov.fssa/programs/chip/insurance/minutes>

Appendix II.

Results of the Household Survey

2003 Health Insurance for Indiana's
Families Survey

Funded by the 2002 HRSA State Planning Grant

Report to:



**Indiana Family and Social
Services Administration**

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The 2003 Health Insurance for Indiana's Families Survey, was fielded by the Indiana University Public Opinion Laboratory (IUPOL) at the Indiana University-Purdue University Indianapolis. The authors would like to acknowledge the work of IUPOL, in particular Dr. Brian Vargus and Andy Hutcherson.

This project was funded by the Indiana Family and Social Services Administration under the State Planning Grant from the Health Resources and Services Administration, U.S. Department of Health and Human Services. The authors would like to acknowledge the ongoing work of the staff at the Indiana Family and Social Services Administration (FSSA), especially Cindy Collier, and consultants to FSSA, Seema Verma and Katie Humphries.

Executive Summary

More than 41 million Americans are uninsured and these numbers are increasing with the continuing economic downturn. The problem of the uninsured is one of America's biggest health challenges. Relative to their insured counterparts, the uninsured are more likely to miss recommended health screenings, have poor health outcomes, and lack access to important prescription medications. Counting the uninsured is a necessary first step in crafting options to extend health insurance coverage to those who do not have it. Indiana's rate of uninsurance has historically been relatively low, with current estimates ranging from 9.4% to 12.7% depending of the source of the data. This report presents findings from the 2003 Health Insurance for Indiana's Families Survey, conducted between February 2003 and April 2003 by the Indiana Family and Social Services Administration with a grant from the U.S. Health Resources and Services Administration State Planning Grant (SPG) Program. For Hoosiers of all ages, this survey estimates that 9.2% are uninsured. For children ages 0-18, the uninsurance rate is 5.3%; and for adults ages 18-64, the rate is 12.7%. In comparison to the national figures for these age groups, 11.6% for children and 17.6% for adults aged 18-64, Indiana has relatively low uninsurance rates.

With data collected in the 2003 Health Insurance for Indiana's Families Survey, Indiana will better understand the characteristics of the uninsured; improve the focus of programs, policies, and outreach activities; and identify those who may be eligible for private or public health insurance coverage but are not enrolled. The information from the survey can also be used as a baseline for monitoring changes over time.

Because of the way the survey was designed, Indiana is able to make detailed estimates of uninsurance for specific population groups within the state. In addition, the survey collected data about chronic diseases conditions coverage in the state.

The survey identified the following groupings, or sub-populations, that will be important in the development of coverage expansion options because of their disproportionately high rates of uninsurance. Important sub-populations include:

- ✍ 19-24 year olds;
- ✍ Individuals below 200% of the Federal Poverty Level (FPL); especially those with annual incomes below 100% FPL (\$18,100 for a family of four);
- ✍ Unemployed or unpaid individuals and temporary or seasonal workers;
- ✍ Employees of firms with 10 or fewer employees; and
- ✍ Blacks/African Americans.

The survey produced two very important observations that will be critical in developing policies related to health insurance coverage:

- ✍ Approximately 40% of the uninsured have potential access to health care coverage through an employer or a public program. This finding suggests that strategies to improve take-up of already available health insurance should be part of any coverage expansion policy.
- ✍ Many uninsured residents of in Indiana do not have a regular source of care. For the uninsured that do, the emergency room is identified as that regular source of care at a disproportionate level compared to their insured counterparts. This finding suggests that strategies to identify regular source of care for the uninsured – other than an expensive emergency room – may be a future issue that will need to be addressed.

Finally, a number of themes emerged around the issue of employer-based insurance coverage. Comparing firms offering coverage to those that do not, the survey showed that:

- ✍ Larger firms are more likely than smaller firms to offer coverage.
- ✍ Higher wage firms are more likely than lower-wage firms to offer coverage.
- ✍ Firms in the arts, entertainment & recreation and also in the business and personal service industry sectors are the least likely to offer health insurance coverage.
- ✍ Firms that offer coverage tend to employ fewer temporary workers than those that do not offer coverage.

The combination of falling state revenues, growing health care expenditures, and increased unemployment means that efforts to increase health insurance coverage in Indiana will be difficult and that minor incremental strategies may have to be pursued, at least in the short term. Perhaps, as the economic situation improves, the task will become more manageable. In the meantime, because of the administration of the 2003 Health Insurance for Indiana's Families Survey, Indiana can now monitor coverage over time, as well as measure the effects of any expansion strategies that might be undertaken.

Chapter 1

Introduction

Why Conduct a Survey of Health Insurance Coverage in Indiana?

In 2001, the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services issued State Planning Grants (SPG) to twenty states to assist them in determining the status of health insurance at the state level. In 2002, 11 more states and 1 U.S. territory were awarded HRSA SPG grants; Indiana was one of those states. The aim of the Indiana SPG was to measure and describe the uninsured in Indiana and to develop and evaluate a wide range of policy options using both quantitative and qualitative data.

The in-depth data collection and analysis conducted under the 2003 Health Insurance for Indiana's Families Survey will put Indiana in a position to develop strategies to assure access to health insurance for all citizens of the state.

Why Is Health Insurance Important?

There are a host of reasons for concern about access to health insurance and the many problems associated with being uninsured. Understanding the characteristics of both the uninsured and the insured allows policy makers and health care providers to make informed decisions and to better serve the public and anticipate the needs of communities.

Gaining a better understanding of the characteristics of the uninsured is critical to improving access to health care. Uninsured adults and children are less likely to have a regular physician or source of medical care, and they are less likely to receive preventive health care services.¹ In addition, the uninsured often seek medical services much later than the ideal. As a result, many serious medical conditions are identified late and are, therefore, more costly to treat. In addition, uninsured persons have higher rates of avoidable hospitalization and higher rates of emergency room use – a high-cost method of receiving care.² Recent research suggests that providing health coverage to the uninsured may result in cost savings by decreasing hospital expenditures on uncompensated care.³

¹ Brown, et. al. Monitoring the Consequences of Uninsurance: A Review of Methodologies. *Medical Care Research and Review*. 1998; 55:177-210.

² Ahem M, McCoy HV. Emergency Room Admissions: Changes During the Financial Tightening of the 1980s. *Inquiry*. 1992; 26:67-79.

³ Blewett L, et al. Hospital Provision of Uncompensated Care and Public Program Enrollment. *Medical Care Research and Review*. Forthcoming Fall 2003.

Studying health insurance coverage allows analysts to identify trends, e.g., health care cost increases, changes in the market, and reductions in employer-sponsored health insurance. A recent trend is the deterioration of employer-sponsored coverage. According to a survey by the Employee Benefit Research Institute, between 2001 and 2002, 19% of small employers offering health benefits made changes to their health plans – 65% increased deductibles and co-pays, 30% increased the employee share of premiums, and 29% reduced benefits.⁴ Erosion in employer-sponsored coverage directly affects individual employees, but it also affects the overall health and productivity of the business/employer.

Finally, inadequate health insurance coverage can negatively affect other areas of a person's life beyond physical health. For example, recent research shows that the uninsured are three times as likely as the insured to have difficulty paying for basic living costs such as food, rent, heating or electric bills.⁵ Not having insurance strains resources that are needed for other areas in one's life.

Who Conducted the 2003 Health Insurance for Indiana's Families Survey?

The Indiana University Public Opinion Laboratory (IUPOL) at the Indiana University-Purdue University Indianapolis conducted the field survey for this study. The State Health Access Data Assistance Center (SHADAC) completed the data analysis and worked with the Indiana Family and Social Services Administration on interpreting the results of the data collection. The household survey instrument used for the data collection – the Coordinated State Coverage Survey (CSCS) – was developed by SHADAC and tailored to the special needs of Indiana.

The 2003 Health Insurance for Indiana's Families Survey was a random digit dial (RDD) telephone survey. The IUPOL completed interviews with 9965 people from the state, of which 871 were Hispanic (3.6% of the survey respondents.) The survey specifically oversampled children, who have historically had higher rates of uninsurance, and Hispanics, another population of primary concern in the state. (Appendix A provides a detailed description of the sampling and weighting methodologies employed.) One person was randomly selected in each household to complete the telephone survey. If the selected person was a child, an adult was asked to respond on behalf of the child.

⁴Employee Benefit Research Institute. *Small Employers and Health Benefits: Findings from the 2002 Small Employer Health Benefits Survey. EBRI Issue Brief.* January 2003. Accessed at www.ebri.org/findings/health_findings.htm March 20, 2003.

⁵ Lambrew, Jeanne. *How the Slowing U.S. Economy Threatens Employer-Based Health Insurance.* New York: The Commonwealth Fund. November 2001. Accessed at www.cmf.org March 30, 2003.

Chapter 2

Who is Uninsured in Indiana?

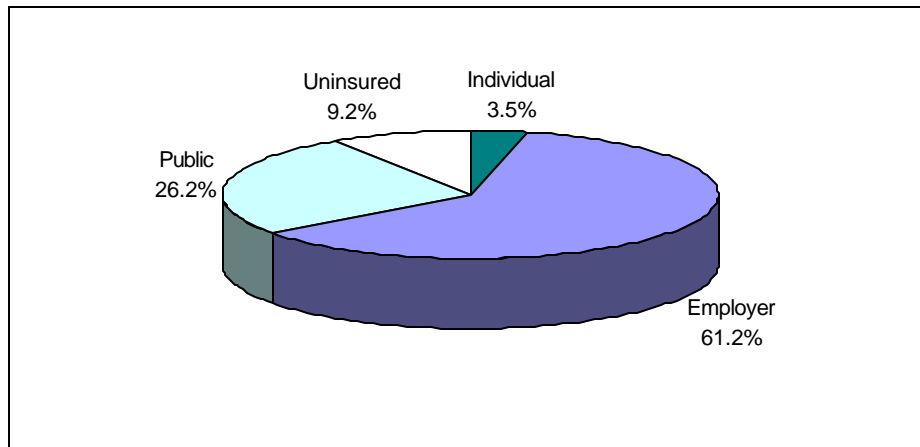
This report presents the findings of the 2003 Health Insurance for Indiana's Families Survey. It examines the overall level of uninsurance and presents detailed information regarding the characteristics of the uninsured in Indiana based on the household data.

Several characteristics of Indiana's population were analyzed in addition to the basic health insurance coverage information. Analysis was performed to determine uninsurance rates according to characteristics such as age, race/ethnicity, employment status, family income, education, and marital status. Likewise, analysis was done to assess whether some groups are disproportionately uninsured compared to their representation in the population as a whole. This latter analysis also includes an assessment of the statistical significance of any observed differences, and is available in tabular form in Appendix D.

What is the Overall Level of Uninsurance in Indiana?

Overall, 9.2% of Indiana residents are uninsured according to the 2003 Health Insurance for Indiana's Families Survey. The rates associated with the various sources of coverage are displayed in Figure 2-1. Over three-fifths (61.2%) of the people in Indiana are covered by health insurance through an employer. An additional 3.5% purchased private individual insurance. Indiana's public programs cover 26.2% of the population. For context, the U.S. Census Bureau's Current Population Survey (CPS) 2001 estimate of uninsurance for Indiana is 11.8%.

Figure 2-1. Sources of Health Insurance in Indiana, 2003



Estimated rates of uninsurance vary with the definitions of “uninsured” which, in turn, depend on the timeframe of the measurement. Four general timeframes or referents are commonly used in measuring coverage – the respondent is asked about his/her insurance status: (1) over an entire year, (2) for a portion of the year, (3) at any single point during the year, or (4) at the time of the survey or point-in-time.

Table 2-1 displays the range of commonly used time referents and the corresponding rates of coverage for Indiana. The “point-in-time” measurement is the most common, asking the respondent about his or her current coverage at the time of the interview. This approach reduces the concern about requiring a respondent to think back in time. The number of people who are uninsured at “some point during the year” is going to be the largest, as it combines the full- and part-year uninsured, along with anyone who was uninsured for *any* length of time during the period covered by the survey. Throughout this report, unless otherwise indicated, the analyses refer to the “point-in-time” uninsured.

Table 2-1. Alternative Definitions of Insurance Rates in Indiana, 2003

Definition	Uninsurance Rate
Point-in-Time	9.2%
Uninsured All Year	6.2%
Uninsured Part Year	6.1%
Uninsured at Some Point During Year	12.3%

What Are the Characteristics of the Uninsured in Indiana?

Table 2-2 displays Indiana’s uninsurance rates among select population groupings. Adults ages 19-24 have the highest rate of uninsurance, at 26.8%, compared to the overall state uninsurance rate of 9.2%. A separate analysis (Appendix D) shows that the uninsured are statistically much more likely to be between the ages of 19-34 years old, and less likely to be uninsured if they under 19 or over 64 years of age. This latter finding is most likely attributable to enrollment in Medicaid/SCHIP or Medicare programs.

The national uninsurance rate in 2001⁶ was 16.5% for people under 65 years of age, whereas the 2003 Health Insurance for Indiana Families survey reported an uninsurance rate of 10.3% for those aged less than 65 years.

Black/African American people have the highest rate of uninsurance (14.1%) among all racial and ethnic groups. And, Hoosiers who are unmarried/living with a partner have higher rates of uninsurance than people who are married or widowed.

⁶ Source: <http://www.census.gov/hhes/hlthins/historic/hihist2.html>

The percentage of single men under 65 who report having no health insurance coverage is 57.5%, which is 15 points higher than the percentage of single females under 65 reporting to have no insurance (42.5%). Table 2-3 shows the proportion of single females in Indiana who have at least one child in the house and who are currently uninsured is 46%, which is much lower than the proportion of single men who have at least one child in the house and are currently uninsured, 54%. The average age of the uninsured under 65 population in Indiana is 30.9 years.

Income is also related to health insurance status. Hoosiers whose family income is less than 133% FPL have higher rates of uninsurance than their more affluent counterparts. A striking 4 in 10 people below 100% FPL are uninsured, while 4 in 100 people above 300% FPL are without health insurance.

In addition to income, educational status is related to rates of insurance coverage. In fact, the level of uninsurance declines as the level of educational attainment increases. People in Indiana who did not graduate from high school are uninsured at a rate over twice that of high school graduates with some college education. Finally, uninsurance rates are highest among the less healthy Hoosiers.

Respondents were asked if they have had difficulty doing various activities, such as dressing, walking, performing a job, as a result of a physical, mental, or emotional condition lasting 6 months or more. If a respondent answered yes to any of those questions, they were considered to have a functional impairment. People who are considered to have a functional impairment have an uninsurance rate consistent with people who are not considered functionally impaired. People who have asthma have a slightly higher (12.0%) uninsurance rate than the observed state rate of 9.2%. People who have or have had diabetes, heart disease or high blood pressure or high cholesterol are less likely to be uninsured.

Table 2-2. Indiana's Uninsurance Rates by Selected Population Groups

	Uninsurance Rate
Total Population	9.2%
Age	
0 - 5 years	4.9%
6 - 18 years	5.5%
19 -24 years	26.8%
25 -34 years	15.1%
35-54 years	9.8%
55-64 years	7.0%
65 years and over	1.1%
Race/Ethnicity	
Black/African American	14.1%
American Indian	7.9%
Asian	3.2%
Hispanic*	11.5%
White	8.7%
Other	8.4%
Marital Status	
Widowed	4.6%
Married	5.7%
Divorced	13.3%
Separated	12.6%
Living with Partner	25.7%
Single	19.4%
Family Income (% of FPL)	
<50%	16.8%
50-99%	22.6%
100-132%	21.4%
133-184%	17.6%
185-199%	14.3%
200-249	7.6%
250-299%	6.8%
=300%	4.0%
Level of Education	
Less than High School	16.5%
High School Graduate	11.5%
Some College	8.1%
College Graduate	5.6%
Postgraduate	1.7%
Health Status	
Excellent	7.6%
Very Good	7.5%
Good	10.6%
Fair	16.5%
Poor	10.5%
Chronic Condition	
Functional impairment	10.1%
Asthma	12.0%
Diabetes	3.9%
Heart disease	4.1%
High cholesterol or blood pressure	6.6%
Stroke	1.5%

*For those reporting Hispanic ethnicity and some other race, Hispanic was selected as racial classification

Table 2-3. Uninsurance Rates in Indiana for Single Parents Under 65 Years		
Uninsurance Rate		
Children in Household	Male	Female

As shown in Table 2-4, the employment status of the uninsured was also established. Unemployed Hoosiers and those who report being unpaid workers are uninsured at a rate almost three times higher than those who are employed by someone else. People working between 11 and 31 hours a week, part-time workers, and the temporarily or seasonally employed are most likely to be uninsured. The rates of uninsurance among people who work in firms with 10 or fewer employees are also higher than among those who work in larger firms with 50 or more employees.

Kids in Household	53.8%	46.2%
No kids in Household	50.1%	49.9%

Table 2 -4. Uninsurance Rates in Indiana by Employment Status	
	Uninsurance Rate
Total Population	9.2%
Employment Status	
Self-Employed	13.3%
Employed by Someone Else	7.4%
Not Employed/Unemployed Worker	21.2%
Retired	3.4%
Student	8.5%
For Those Who are Employed	
Number of Jobs	
One Job	8.0%
More than one job	8.3%
Hours Worked per Week	
0-10	6.4%
11-20	11.1%
21-30	14.1%
31-340	7.8%
41 hours or more	6.1%
Type of Job	
Permanent	7.1%
Temporary	23.3%
Seasonal	18.6%
Full - Time	6.4%
Part - Time	12.6%
Size of Employer	
<11 employees	16.0%
11-50 employees	11.2%
>50 employees	7.7%

What are the Federal Poverty Levels in Indiana?

Almost one-third of the people who are uninsured are below 133% FPL according to the survey, and high rates of uninsurance are found among people at or below the 300% FPL. To set the financial context for these income levels, Table 2-5 translates the FPL percentages into their dollar equivalents for families of various sizes.

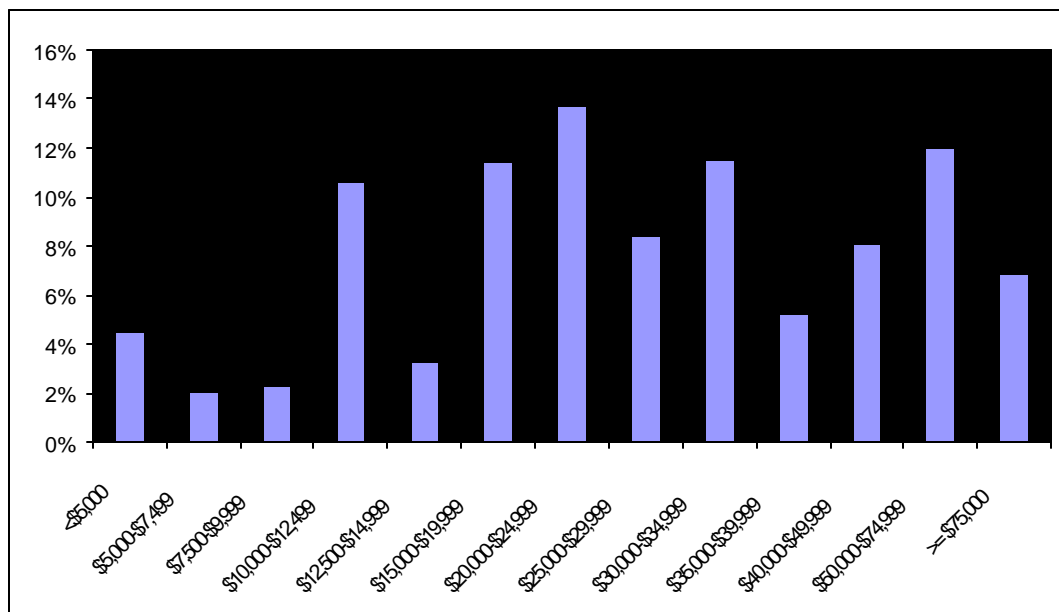
Table 2-5. Federal Poverty Levels in Indiana, 2002

Dollar Value	
100% FPL	
1 person	\$8,860
2 people	\$11,940
3 people	\$15,020
4 people	\$18,100
200% FPL	
1 person	\$17,720
2 people	\$23,880
3 people	\$30,040
4 people	\$36,200
300% FPL	
1 person	\$26,580
2 people	\$35,820
3 people	\$45,060
4 people	\$54,300

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Accessible at <http://aspe.hhs.gov/poverty/02poverty.htm>.

Figure 2-2 depicts uninsurance rates by annual family income. Uninsurance rates quite low among the poorest Hoosiers, likely due to their income eligibility for public coverage, but higher among low to medium income households. For example, 68% of uninsured individuals are in families earning less than \$35,000, while 6.9% of individuals in families earning \$75,000 or more are uninsured.

Figure 2-2. Percent of Indiana Families who are Uninsured by Annual Family Income



Where Do the Uninsured in Indiana Live?

There are ten regions of geographic interest in Indiana, comprised of 92 counties (see Figure 2-3). The Metropolitan Statistical Areas (MSAs), which are geographic entities designated by the federal Office of Management and Budget for use by federal statistical agencies, are also of interest. An MSA consists of one or more counties. In Indiana, there are thirteen MSAs.

Examining the differences between non-MSAs and the MSAs of Indiana also provides interesting information, which may be useful in the analysis of issues related to insurance coverage in the state. Further information on the differences by geographic region is included in Appendix D.

Figure 2-3. Indiana's Geographic Regions of Interest

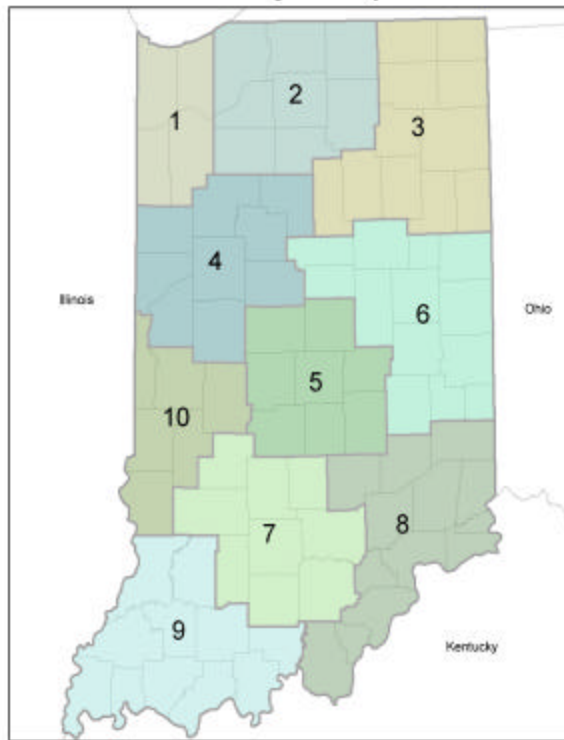


Table 2-6 displays Indiana's uninsurance rates by region. People living in non-MSA areas have slightly higher uninsurance rates than those who live in the MSA areas. Using point-in-time estimates, the areas with the highest levels of uninsurance are Regions 6 (11.2%) and 1 (10.7%) respectively. By contrast, Region 8 (8.3%) and Region 3 (8.4%) have the lowest rates of uninsurance among the geographic regions examined in this analysis. Among the MSAs, the highest rates of uninsurance were observed in the Gary (11.1%) and Muncie (10.5%) MSAs; and the lowest rate was seen in LaFayette (4.5%).

Table 2-6. Indiana's Uninsurance Rates by Region, 2003

	Uninsurance Rate
Region	
MSA	8.9%
Non-MSA	9.7%
Region 1	10.7%
Region 2	9.9%
Region 3	8.4%
Region 4	7.8%
Region 5	8.9%
Region 6	11.2%
Region 7	9.2%
Region 8	8.3%
Region 9	7.4%
Region 10	9.4%
MSA	
Gary	11.1%
South Bend	8.2%
Elkhart	9.2%
Fort Wayne	6.3%
Muncie	10.5%
Cincinnati	6.4%
Louisville	9.7%
Evansville-Henderson	6.6%
Bloomington	9.6%
Terre Haute	9.3%
Indianapolis	9.3%
Kokomo	9.5%
La Fayette	4.5%
All Regions	9.2%

Chapter 3

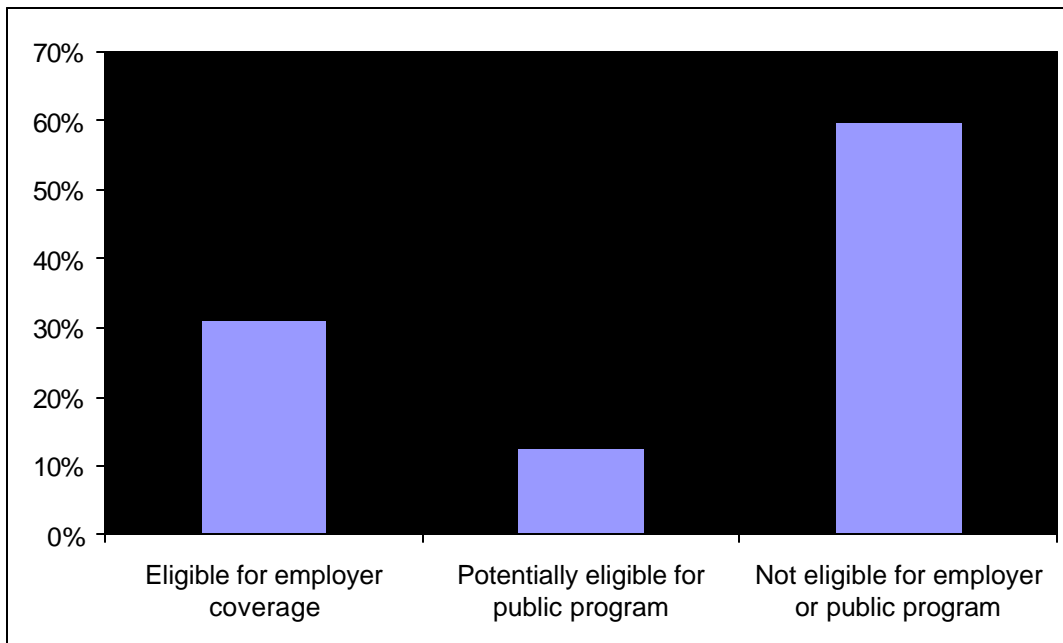
What are Some Potential Sources of Care for the Uninsured in Indiana?

This section of the report discusses the potential sources of care for the uninsured in Indiana. It also describes the public's familiarity with public programs currently available to the population, as well as their willingness to enroll in these programs, if eligible.

What are Some Potential Sources of Coverage for the Uninsured?

The survey found that just over 40% of people in Indiana have potential access to either private or public health insurance coverage. As illustrated in Figure 3-1, an estimated 3 in 10 uninsured Hoosiers (31.1%) are potentially eligible for employer-sponsored insurance because their employer, or their spouse's employer, offers coverage. An additional 12.7% are potentially eligible for coverage by a public program. However, 59.7% of people are not deemed eligible for either program. Uninsured adults are deemed eligible if their household income is 23% FPL or lower. Uninsured children are deemed eligible if household income is 200% FPL or less. A person, currently without insurance, was regarded as ineligible if he or she did not meet either requirement for public or employer-sponsored coverage.

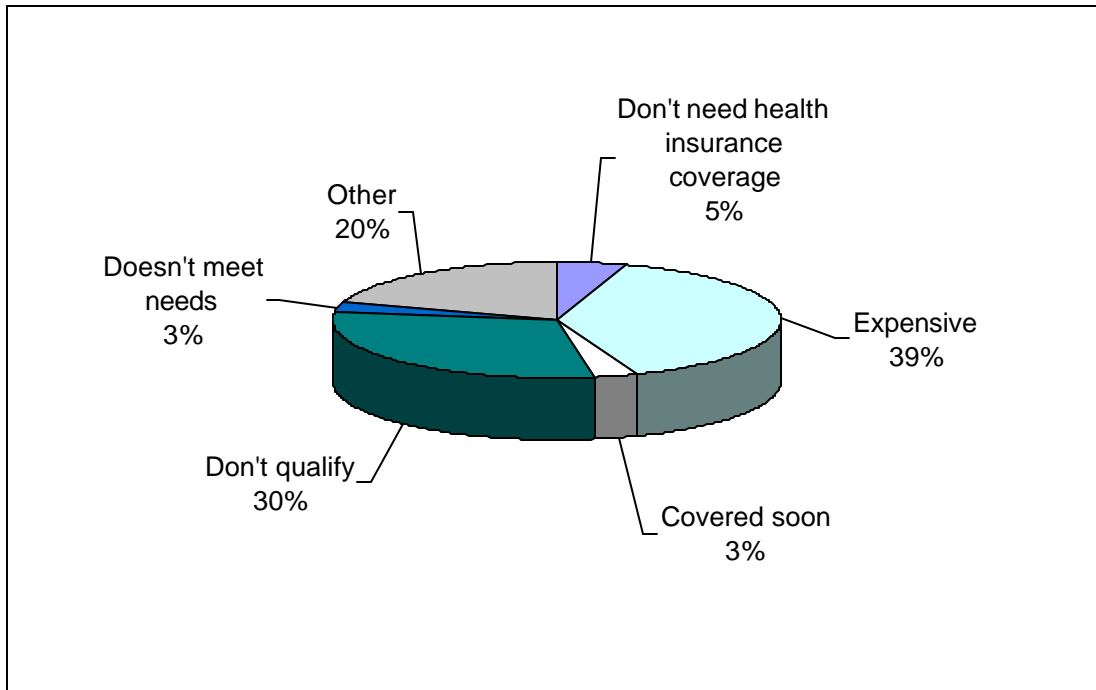
Figure 3-1. Percentage of Uninsured People in Indiana With Potential Access To Coverage



Why Don't Uninsured Individuals Participate in Employer-Sponsored Coverage?

The uninsured respondents were asked why they do not participate in employer-sponsored coverage for which they appear to be eligible. As shown in Figure 3-2, the most common reason is that it is too expensive (39%). The overall number of responses to this question was low (n=251), so the reasons given are grouped under broad categories described below.

Figure 3-2. Uninsured and Eligible: Reasons for Not Enrolling in Employer-Sponsored Coverage



Categories:

- Desire/adequacy (didn't need or want insurance, rarely sick, too much hassle/paperwork, own plan is cheaper, benefits don't meet needs, child is covered under school plan),
- Covered soon (expect to be covered soon, after waiting period will be covered), and
- Don't qualify (don't work enough hours, not worked long enough, parent not eligible)

The "other" category was offered to respondents in conjunction with the option of providing an open-ended narrative response. Very few such responses were given.

Why Don't Uninsured Individuals Participate in Public Programs?

The survey asked respondents whether they had ever asked for or been given information about one of Indiana's public health care programs, such as Medicaid. 70% of the survey population

report not having received such information from any of the public health insurance programs (Figure 3-3).

Figure 3-3. Percentage of Individuals Who Requested or Received Information About One of Indiana's Public Health Care Programs

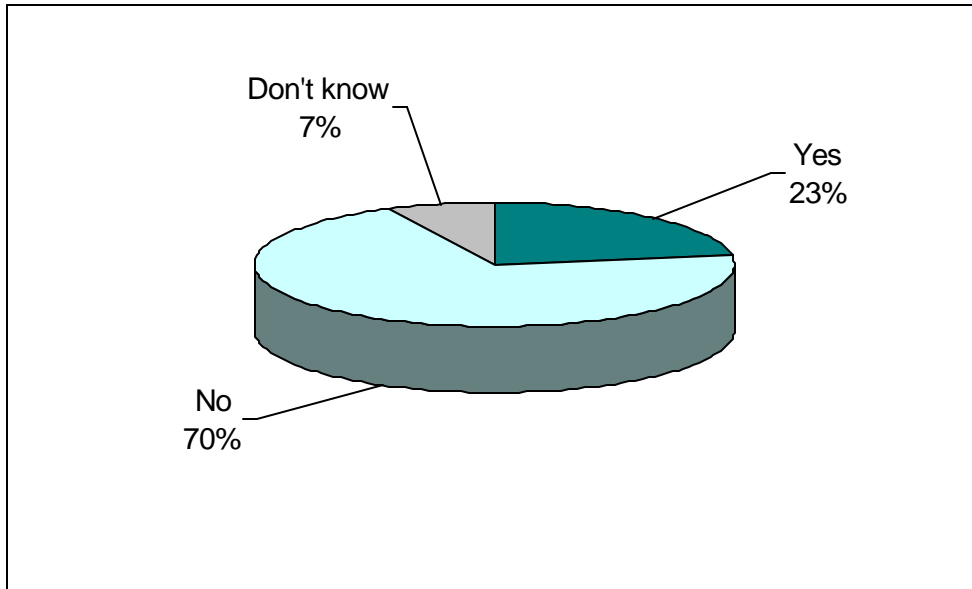
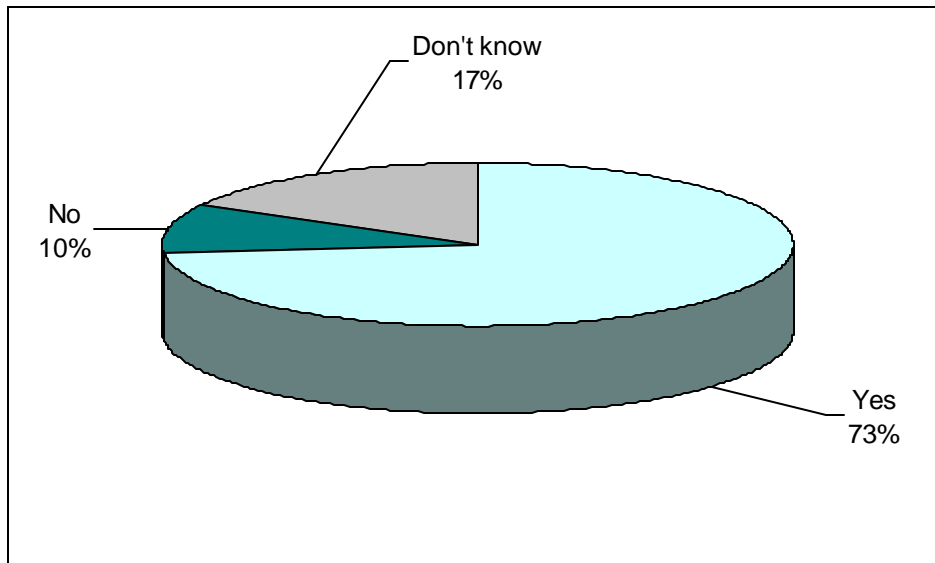


Figure 3-4 shows that just under three-quarters (73%) of uninsured people surveyed are willing to enroll in a public program if they learned they were eligible. When asked if they would enroll if the programs were free, this figure increases to 91%. These results indicate that the “eligible but not enrolled” group would enroll if they were learned more about public health care programs.

Figure 3-4. Percentage of Uninsured Willing to Enroll in a Public Program If Eligible



Chapter 4

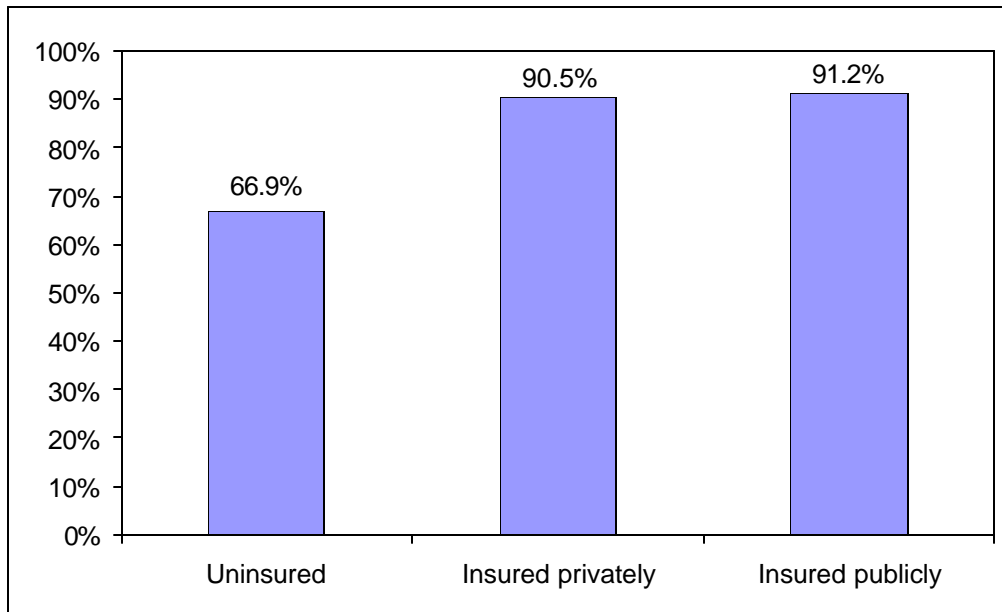
How Are the Uninsured Getting Their Medical Needs Met?

The Indiana Family and Social Services Administration (FSSA) is interested in determining how uninsured people in Indiana are getting their medical needs met. One method for gathering information on this question is to establish whether the uninsured have a regular place to go when in need of medical care.

Do the Uninsured Have a Regular Source of Care?

Having a regular source of care is associated with fewer delays in receiving care, better preventive care, and better treatment. Figure 4-1 shows that the percentage of the uninsured with a regular source of care is far lower than the percentage of people with health insurance from either public or private sources.

Figure 4-1. Indiana Residents with a Regular Source of Care by Type of Coverage



Where Do the Uninsured Go for Health Care?

Respondents, who indicated a regular source of care, were asked where they receive their care. Of this subset of respondents, a clinic is where most people seek medical care, particularly those with private health insurance (see Table 4-1). The uninsured are more likely to use a free clinic than either people who have public or private health insurance. A higher proportion of the uninsured are more likely to use an emergency room as their regular source of care, than people with either private or public coverage.

Table 4-1. Distribution of Health Care Sources for Those with a Regular Source of Care

Source	Type of Insurance		
	Uninsured	Public	Private
Emergency Room	11.1%	5.9%	2.9%
Doctor's Office	19.5%	15.1%	11.0%
Clinic	66.9%	76.9%	85.2%
Other	<u>2.5%</u>	<u>2.1%</u>	<u>0.9%</u>
	100.0%	100.0%	100.0%

Table 4-2 shows that Indiana residents use different type of clinics as their regular source of care. Uninsured people are more likely to use a free clinic, as are public program enrollees. Not surprisingly, people with private health insurance coverage are more likely to use private clinics.

Table 4-2. Distribution of Clinic Types for Those with a Regular Source of Care

Source	Type of Insurance		
	Uninsured	Public	Private
Free Clinic	63.8%	45.8%	28.9%
Hospital Clinic	18.7%	29.2%	28.4%
Private Clinic	16.2%	23.3%	40.3%
Other	<u>1.3%</u>	<u>1.8%</u>	<u>2.5%</u>
	100.0%	100.0%	100.0%

Access to regular care is often affected by proximity of the medical home. As can be seen in Table 4-3, for those who have a regular source of care, there is virtually no difference in the number of miles traveled to access that care when considering insurance status. Almost two-thirds of people travel fewer than 10 miles to access their regular source of care, irrespective of insurance status.

Table 4-3. Miles Traveled for Those with a Regular Source of Care

Miles Traveled	Type of Insurance		
	Uninsured	Public	Private
< 10 miles	65.9%	68.4%	65.6%
10-25 miles	27.8%	25.0%	28.4%
26-50 miles	5.2%	5.0%	5.1%
51-100 miles	0.8%	1.0%	0.7%
>100 miles	<u>0.4%</u>	<u>0.7%</u>	<u>0.2%</u>
	100.0%	100.0%	100.0%

Hoosiers who have a usual source of care and who have either public or private insurance coverage are more likely to have had a routine check-up in the past year than people who are uninsured. Comparing the information in Tables 4-4 and 4-5, people in Indiana who do *not* have a regular source of care are much less likely to have had a routine check up in the past year than their counterparts with a regular source of care. In fact, people who are currently uninsured or who have public coverage are three times more likely to have not had a routine check up for five or more years than people with those types of coverage who have a regular source of care. People with private health insurance, who do not have a regular source of care, are six times more likely to have gone for at least five years without having a routine check up than privately insured people who do have a regular source of care. People

with public insurance coverage are twice as likely to have had a routine check up in the past year than either people who are uninsured and also more likely than those who are currently insured privately.

Table 4-4. Length of Time Elapsed Since Having a Routine Check-Up *With* a Regular Source of Care

Duration	Type of Insurance		
	Uninsured	Public	Private
Within the last 12 months	60.7%	88.8%	80.3%
Within past 2 years	18.2%	5.1%	10.6%
More than 2 and less than 5 years	12.2%	1.5%	4.8%
5 years or more	7.9%	3.2%	3.4%
Never	<u>1.0%</u>	<u>1.4%</u>	<u>0.9%</u>
	100.0%	100.0%	100.0%

Table 4-5. Length of Time Elapsed Since Having a Routine Check-Up *Without* a Regular Source of Care

Duration	Type of Insurance		
	Uninsured	Public	Private
Within the last 12 months	31.2%	62.1%	47.7%
Within past 2 years	22.4%	9.5%	16.4%
More than 2 and less than 5 years	19.2%	14.5%	14.1%
5 years or more	25.6%	10.9%	18.9%
Never	<u>1.6%</u>	<u>3.1%</u>	<u>3.0%</u>
	100.0%	100.0%	100.0%

Chapter 5

What is the Employer Coverage Situation in Indiana?

How Do Firms Offering Coverage Compare to Firms Not Offering Coverage?

Table 5-1 provides information on the health insurance offer rates by employer characteristics. 77% of respondents report working for firms that offer coverage. The likelihood that an employer will offer coverage is related to firm size. Only 44.9% of employees working for firms with fewer than ten employees are offered health care coverage. In larger companies (50+ employees) 86.3% of employees are offered coverage. It is clear from this analysis that there are sizeable differences between the people who are offered health insurance coverage by their employers and those who are not.

Employee income is related to the offer of employer-sponsored health insurance. Just over a third of working people earning below the poverty level are offered health insurance coverage. People earning more than 300% of the federal poverty level are about three times more likely to be working for firms that offer health insurance than those who earn less than 100% FPL.

People in arts and entertainment, recreation, accommodation and food service industries are the least likely to be offered health insurance by their employers. People employed in the construction and business and personal service sectors are also less likely to be able to afford insurance relative to their counterparts in other industries. These individuals are likely to be either self-employed or to work for small employers, so the coverage findings are consistent with the earlier results. Part-time and temporary employees are less likely to be offered coverage than their full-time or permanent counterparts.

Table 5-1. Health Insurance Offer Rates by Selected Employer Characteristics, 2003

	Offer Rate
Overall Rate of Employers Offering Insurance Coverage	77.0%
Employer Size	
<11 employees	44.9%
11-50 employees	73.5%
>50 employees	86.3%
Employee Income (as % of FPL)	
<50%	28.6%
50-99%	36.5%
100-132%	44.0%
133-184%	61.8%
185-199%	71.4%
200-249%	80.4%
250-299%	81.4%
=300%	85.8%
Industry Sector	
Arts & Entertainment, Recreation, Accommodation & Food Service	61.0%
Educational, Health Care & Social Services	80.5%
Agricultural	71.2%
Construction	66.7%
Manufacturing	89.2%
Transportation, Warehousing	81.6%
Retail	72.3%
Finance	81.3%
Public Administration	81.1%
Business and Personal	63.6%
Professional	71.4%
Other	69.2%
Geographic Location	
MSA	78.3%
Non-MSA	74.0%
Type of Employment	
Permanent	78.5%
Temporary	56.5%
Seasonal	54.0%
Full - Time	82.3%
Part - Time	58.4%

Employees of firms offering health insurance coverage were also asked about the level of contribution they must pay, their deductible levels, and benefits packages. This information is included in Table 5-2.

Table 5-2. Benefits of Employer-sponsored Coverage

Benefit options	Insurance Type		
	Employer sponsored	Individual	Public
Deductible to pay	76.0%	92.4%	82.3%
Co-payment to pay	82.0%	73.0%	78.2%
Prescription drug coverage	92.3%	64.9%	94.2%

People with individual coverage are more likely to have deductibles and less likely to make co-payments, compared to those with employer-sponsored coverage or public coverage⁷. Finally, people covered by employer-sponsored insurance or public programs are more likely to have dental coverage than those with individual plans or those on public programs.

⁷ People who are insured by public programs are unlikely to pay deductibles, it is possible that some respondents may have confused premiums and co payments with deductibles.

Chapter 6

Summary and Conclusions

As shown in the preceding chapters, the point-in-time uninsurance rate of 9.2% obtained by the 2003 Health Insurance for Indiana's Families Survey is lower than the U.S. average, 14.1%, from the Census Bureau's Current Population Survey (CPS). State-generated estimates often differ from the annual estimates of uninsurance rates based on national surveys, such as the CPS. Some reasons for the variation between estimates include differences in sample selection and size, survey administration, definitions insured vs. uninsured, and survey question design.

There is ample reason to believe that the findings from the 2003 Health Insurance for Indiana's Families Survey are likely a better estimation of the actual rate of uninsurance in Indiana, largely because this survey focused solely on health insurance. Even when variations in the actual uninsurance estimates are observed, the personal characteristics of the uninsured and the factors associated with being uninsured are consistent across surveys.

The results of the 2003 Health Insurance for Indiana's Families Survey show that there are population groups within Indiana that experience significantly higher rates of uninsurance than the average for the state. Some potentially important groupings when targeting coverage expansion options and/or crafting outreach strategies include adults (19-24 year olds in particular), people with lower incomes, unemployed or unpaid workers, temporary or seasonal workers, and employees of very small firms (ten or fewer employees). It is likely that no single strategy will be effective in expanding coverage for all groups that experience higher rates of uninsurance. Consequently, policy options to extend coverage will need to be tailored to particular groups of people.

A finding of particular interest is that approximately 40% of the uninsured potentially have access to health care coverage through an employer or an existing public program. This finding, coupled with the new information indicating that a majority of the uninsured have little knowledge of public health care programs and that most would enroll in such a program, especially if it were free, strongly suggests that targeted outreach strategies might prove fruitful in reducing the numbers of uninsured in Indiana. Strategies to improve take-up of already available coverage should be part of any coverage expansion option.

The need for reducing uninsurance in Indiana is highlighted by the relative lack of a regular source of care among the uninsured when compared to their publicly and privately insured counterparts. As stated earlier, having a regular source of care is associated with fewer delays in getting care, better preventive care, and better treatment. Providing insurance coverage will not guarantee a regular source of care (research has shown that many people do not see the need for a regular source of care because they seldom or never get sick⁸). However, providing coverage will foster the attainment of a regular source of care and the concomitant benefits of having one. The finding that many of the uninsured who report having a regular source of care also report seeking care in an emergency room only adds to the concern about the uninsured in Indiana.

⁸ RWJF Synthesis Project, September 2001 http://www.rwjf.org/publications/synthesis/reports_and_briefs/issue1.html

Finally, the state of employer coverage in Indiana is not altogether different from that in the rest of the country. Health insurance offer rates among firms vary according to the type of business: larger firms are more likely than smaller firms to offer coverage, higher wage firms are more likely than lower wage firms to offer coverage, entertainment, recreation, construction, and business and personal service industry sector firms are less likely than firms in other sectors to offer coverage, and temporary employees are less likely to be offered coverage by their employer.

In an attempt to increase employer offer rates, especially among small employers, some states are considering a host of direct and indirect subsidies to employers. Examples of direct subsidies include direct payments and tax incentives while indirect subsidies include options such as increased use of reinsurance. States are also considering purchasing pools for small employers and buy-in demonstrations whereby small employers insure their workers through Medicaid or the Federal Employees Health Benefits Program⁹.

The challenge of covering the uninsured has recently been exacerbated by the combination of falling revenues and expenditure growth in health care at the state and local levels. As a result, many states are focusing on minor incremental strategies in increase coverage, at least in the short term. Moreover, the current economic recession and rising unemployment will negatively impact employers' willingness to offer coverage over time. Further research and monitoring will be needed in Indiana to determine the impacts of these social forces as well as the possible effects of any coverage expansion policies.

⁹ Lambrew J M, Garson G Jr. *Small But Significant Steps To Help The Uninsured*. The Commonwealth Fund. January 2003.

Appendix A

Survey Methodology

Data Collection

The 2003 Health Insurance for Indiana's Families Survey is a random digit dial (RDD) telephone survey. The Indiana University Public Opinion Laboratory (IUPOL) at the Indiana University Purdue University Indianapolis (IUPUI) conducted the survey between November 2002 and April 2003. Interviews were completed with one randomly selected person in each household. If the person selected was a child, then an adult was asked to respond on behalf of the child. A total of 9,965 interviews were conducted.

The survey instrument used in the current study is the Coordinated State Coverage Survey (CSCS). The CSCS is a household telephone survey developed by staff at the State Health Access Data Assistance Center (SHADAC) located at the University of Minnesota School of Public Health, Division of Health Services Research and Policy. The CSCS is designed for estimating health insurance coverage at the state level. It is modeled after the state household survey used to monitor the uninsured for the state of Minnesota since 1989. The CSCS has been revised and tested over the years to confirm its validity and ability to measure coverage, particularly among low-income populations like the Medicaid-eligible. A copy of the survey instrument is available in Appendix B.

Sampling Methodology

The Indiana Health Insurance for Indiana's Families (HIIF) project team was interested in obtaining health insurance coverage estimates for 10 geographic regions within Indiana. Counties in Indiana were allocated to 10 different geographic strata as directed by the Families and Social Services Administration in Indiana (see Table A-1).

As the geographic areas contain varying proportions of the state's population (e.g., 1,523,000 live in the geographic strata containing region 5, while only 223,000 live in the geographic strata containing region 10), the Indiana sample used a disproportionate percentage of people from each of these areas so that roughly the same number of people were interviewed in each stratum.

This stratification allows the Indiana Health Insurance project team to make reasonably sound estimates of health insurance coverage for Black/African Americans in each of the ten regions. In addition to the geographic strata, the project team also wanted to obtain a reasonably sound statewide estimate of health insurance coverage for persons of Hispanic origin and of those living at or below 200% FPL.

Table A1 Indiana Bio-terrorism Districts by County

Indiana County Population Estimates and Population Change: July 1, 2001 to July 1, 2002		
County	Bio-Terrorism Region	July 1, 2002 Population
INDIANA		6,159,068
Jasper	1	30,815
Lake	1	487,016
Newton	1	14,360
Porter	1	150,403
Elkhart	2	186,465
Fulton	2	20,728
Kosciusko	2	74,794
LaPorte	2	110,384
Marshall	2	45,735
Pulaski	2	13,731
St. Joseph	2	267,120
Starke	2	22,832
Adams	3	33,500
Allen	3	337,512
DeKalb	3	40,525
Huntington	3	38,243
LaGrange	3	35,410
Miami	3	36,199
Noble	3	47,209
Steuben	3	33,429
Wabash	3	34,655
Wells	3	27,796
Whitley	3	31,339
Benton	4	9,207
Carroll	4	20,226
Cass	4	40,752
Clinton	4	33,972
Fountain	4	17,700
Montgomery	4	37,957
Tippecanoe	4	152,001
Warren	4	8,747
White	4	24,985
Boone	5	48,277
Hamilton	5	205,610
Hancock	5	58,343

Table A1 Indiana Bio-terrorism Districts by County

Indiana County Population Estimates and Population Change: July 1, 2001 to July 1, 2002		
County	Bio-Terrorism Region	July 1, 2002 Population
Hendricks	5	114,301
Johnson	5	121,604
Marion	5	863,429
Morgan	5	67,791
Shelby	5	43,674
Blackford	6	13,804
Delaware	6	118,197
Fayette	6	25,249
Grant	6	72,189
Henry	6	47,983
Howard	6	84,838
Jay	6	21,631
Madison	6	132,068
Randolph	6	27,191
Rush	6	17,918
Tipton	6	16,534
Union	6	7,440
Wayne	6	70,547
Brown	7	15,211
Greene	7	33,155
Jackson	7	41,557
Lawrence	7	46,097
Martin	7	10,370
Monroe	7	121,229
Orange	7	19,433
Owen	7	22,541
Washington	7	27,618
Bartholomew	8	71,636
Clark	8	98,198
Dearborn	8	47,333
Decatur	8	24,515
Floyd	8	71,633
Franklin	8	22,585
Harrison	8	35,244
Jefferson	8	32,113
Jennings	8	28,192

Table A1 Indiana Bio-terrorism Districts by County

Indiana County Population Estimates and Population Change: July 1, 2001 to July 1, 2002		
County	Bio-Terrorism Region	July 1, 2002 Population
Ohio	8	5,804
Ripley	8	27,525
Scott	8	23,334
Switzerland	8	9,410
Crawford	9	11,076
Daviess	9	29,851
Dubois	9	40,015
Gibson	9	32,590
Knox	9	38,531
Perry	9	18,827
Pike	9	12,908
Posey	9	26,990
Spencer	9	20,353
Vanderburgh	9	171,744
Warrick	9	53,624
Clay	10	26,357
Parke	10	17,262
Putnam	10	36,440
Sullivan	10	21,825
Vermillion	10	16,499
Vigo	10	105,078

Base population estimates for the strata were taken from Census 2000 data for Indiana. Given the desired sample size of 10,000 and the need for geographic representation and over-sampling of Black/African Americans, Hispanics and those under 200% FPL, the project team considered several different options for allocating the sample across the strata. Table A-2 shows the sample design that the project team settled on. The associated tables contain several columns: 1) a total column is the estimated number of completed surveys within each of the stratum; 2) a total Black/African Americans column is the estimated number of completed surveys for Black/African American people within each the stratum; 3) a Hispanic column is the estimated number of completed surveys for Hispanics within each of the strata and 4) a 200% FPL column is the estimated number of completed surveys for people living at or below 200% FPL within each of the strata.

Table A-2. Stratified RDD with 600 Cases Allocated to Listed Telephone Numbers With Hispanic Surnames

Bio Terrorism Region or Strata	Target Completes for Stratified RDD and Hispanic Surname List				
	Total	Respondents in each stratum	Black/African Americans	Hispanics	Under 200% FPL
1	800	461	150	81	215
2	800	761	54	42	228
3	800	729	45	26	207
4	800	740	10	38	257
5	800	477	115	21	193
6	800	927	39	11	249
7	800	899	11	10	283
8	800	945	19	10	210
9	800	812	28	9	235
10	800	919	32	8	293
Black/African American Stratum	1,000	1121	500	0	350
Hispanic Stratum	1,000	1194	0	600	350
Indiana Total	10,000	9985	1,003	856	3070

The sample design was implemented by drawing a Stratified Random Digit Dial (RDD) telephone frame with 800 targeted completes targeted to each of the 10 Bio-Terrorism regions and 1000 completes targeted to densely Black/African American areas and 1000 completes targeted to the Hispanic surname list and people living at or below 200% FPL.

Weighting the Random Digit Dial Portion of the Indiana Survey

The aim of this part of the study was to weight the respondents selected to take part in the Health Insurance for Indiana’s Families Survey to represent the entire population of the state of Indiana. This is accomplished by weighting respondents relative to their probability of selection into the sample. This process is made more difficult by the fact that not all the respondents have the same probability of inclusion into the sample. The probability of selection varied by the bio-terrorism region people live in, whether the respondent was selected as part of the Hispanic surname list of telephone numbers, whether the respondent was selected as part of the Black/African American over-sample, how many phone lines were connected to a household, and the number of people living in a household (each of these is discussed in more detail below).

Weighting the respondents relative to their probability of selection into the sample accomplishes two key goals: (1) having the sampled respondents represent the entire population of Indiana, and (2) controlling for the fact that the respondents did not all have the same probability of selection into the sample.

The Indiana sample design did not draw actual people, but rather it randomly drew phone numbers. Phone numbers consist of three pieces: XXX-YYY-ZZZZ. The XXX is called an “area code,” the YYY is called an “exchange,” and the ZZZZ is called a “stem.” The RDD Sample was drawn from phone numbers that are in active area code plus exchange groupings within the state of Indiana. These active (area code + exchange) phone groupings are stratified by geography. For sampling purposes each (area code +

exchange) grouping is assigned to the county in the state that it is most heavily associated with (actual geographic analysis should use the self-reported county when the two are in disagreement). The counties are assigned differing sampling fractions dependent on the sample design. In the final step of drawing numbers, the stems are divided up into 100 groups of 100 consecutive telephone numbers (called 100 banks) and telephone numbers are randomly drawn from groups of 100 consecutive numbers in the active (area code + exchange) grouping that have at least one listed telephone number in the interval.

In the Indiana survey there are two non-overlapping RDD samples. The first is all telephone area code plus exchange groupings. The first set of area code plus exchange groupings were allocated to the Black/African American stratum if they were estimated to be 30 percent Black/African American or more. All the remaining area code plus exchange groupings were allocated to the 10 Bio Terrorism Regional strata within Indiana.

The Hispanic surname numbers were drawn from a list of listed telephone numbers in Indiana that had a Hispanic surname on the listing. There was a total of 30,749 numbers on the Hispanic Surname list in Indiana and 1,194 completes were generated from this list.

Basic Probability

Each of the counties is assigned to be in one of 10 Bio-terrorism Regions within Indiana (see Table A-1). These 10 Bio-terrorism Regions are mutually exclusive strata and each (area code plus exchange) grouping is assigned to one of the strata. The 11th stratum is the Black/African American over-sample, which is mutually exclusive from the Bio Terrorism Regional Strata. The 12th stratum was the Hispanic surname stratum and it covers the entire state of Indiana. Any Hispanic surname telephone number sampled as part of the RDD was reclassified to be part of the Hispanic surname sample in order to control for the double probability of selection for Hispanic surname telephone numbers.

An important assumption in our weighting scheme is that each phone number randomly generated within a stratum has an equal probability of selection. The basic probability is calculated in each one of the strata. Within a stratum each number has an equal probability of selection, however, a number from stratum A has a different probability of selection than a number from stratum B. These strata probability differences were designed by the researcher to achieve a level of precision within the various strata (see Table A-3).

Probability of Selecting a Phone Number (PSPN) = (total number of phone numbers selected into the sample / total number of phone numbers from which the sampled numbers were drawn)

The total number of phone numbers from which the RDD sampled numbers were drawn, is determined by how many “100 banks” were used by the vendor (Survey Sampling International). All possible numbers from an (area code + exchange) combination are broken down into intervals of 100 (for example, 651-625-0000 to 651-625-0099). If there is a listed telephone number within the block of 100 numbers then numbers within the “100 bank” are eligible to be sampled. The denominator is, therefore, the number of “100 banks” used for sampling within a strata multiplied by 100. Because three separate samples were drawn at different times resulting in a different number of 100 banks available. Thus the average number of 100 banks available over the period is used as the base (see column 2 in Table A-3).

The total number of phone numbers selected into the sample is determined by counting the number of numbers actually called as part of the survey¹⁰. Table A-3 contains the number of telephone numbers that were in the sample after and the total number of telephone numbers possible for inclusion into the sample.

Table A-3. Probability of Selecting a Phone Number Table

¹⁰ SSI's screening process screens out business numbers through cross listing the numbers with listed businesses.

Stratum	Total Phone Numbers in Stratum	Numbers Selected Into Sample	Probability of Selecting a Phone Number
Bio Terrorism 1	448200	461	.00103
Bio Terrorism 2	623700	761	.00122
Bio Terrorism 3	529000	729	.00138
Bio Terrorism 4	338100	740	.00219
Bio Terrorism 5	1142900	477	.00042
Bio Terrorism 6	528600	927	.00175
Bio Terrorism 7	289200	899	.00311
Bio Terrorism 8	391000	945	.00242
Bio Terrorism 9	417500	812	.00195
Bio Terrorism 10	240700	919	.00382
Black/African American	436700	1121	.00257
Hispanic Surname List	30749	1194	.03883

Phone Line Adjustment

The non-response and ineligible phone number adjusted basic probability is not equal to the probability of selecting any one household because households have an unequal number of phone lines leading to them. We can use the number of phone lines connected to a household to adjust a household's probability selection into the sample¹¹. We have information on the number of phone lines connected to each household in our sample and the following adjustment was made to the PSPN:

Probability of selecting a household=(number of phone lines within a selected household)(non-response and ineligible phone number adjusted basic probability)*

Basic Person Probability

The purpose of the weighting scheme was to develop person weights. Within each household only one person was selected for an in depth interview. People in larger households have a smaller probability of being included than people in smaller households. The number of people living in the household was determined in the survey and is used to adjust the probability of selection¹². Thus the ultimate probability of selecting a person is equal to:

Probability of selecting a person=(Probability of selecting a household)(1/The number of people living in the household)*

Basic Person Weight

The weight is equal to the inverse probability of selecting a person, or:

Basic Person Weight=1/Probability of selecting a person

Post-stratification

¹¹ This number was not be allowed to exceed three, even though some households have more than 3 phone lines.

¹² This number is limited to 6 to avoid large amounts of variance in the weights due to very large household sizes.

The goal of post-stratification is to adjust the person weights to match known population distributions of a given group.

$$\text{Post-stratified Weight} = (\text{Basic person weight of the person in a group}) * (\text{Known population distribution for group} / \text{Sum of the basic person weights in a post-stratified grouping})$$

Post-stratifying the basic person weights ensures that the sum of person weights will equal known population distributions. For Indiana, the initial post-stratification sets the population for each of the 10 geographic strata equal to the 2001 Census Bureau population estimates for those areas (see Table A-4). In order to do this, respondents from the Hispanic surname stratum were merged in with the other 10 geographic strata based on the county in which they reported living. Also, those respondents that reported living in a geographic stratum that was different from the one used to draw their telephone number into the sample, were assigned to the geographic stratum that they reported living in during the survey interview¹³.

Two additional post-stratification adjustments were made to the data. The first used the 2002 Current Population Survey's Annual Demographic Supplement (CPS-ADS) estimate of the number of people without phones in Indiana to perform the non-telephone coverage adjustment on the data. The basic assumption is that those people who lacked phone service for a week or longer during the past year are very similar to those who do not have service. People who did not lack phone service differ with respect to health insurance coverage from those who did or those who did not have phones at all. Thus, the 5.3 percent of people in Indiana who live in households without phone service, are added to the weight total of those who lacked phone service for a week or longer (see Davern, et al. 2002 for a detailed description of this technique as applied to a state survey of health insurance coverage).

The final post-stratification adjustment set the percent of Black/African American, and the percent Hispanic to the 2001 Census Supplementary Survey (CSS) control percentages. According to the 2001 CSS Black/African Americans make up 8.6 percent of the population and Hispanics make up 3.6 percent.

Table A-4. 2001 Population Estimates for the Ten Geographic Regions in Indiana

Stratum	2001 Population Estimate
Region 1	682,594
Region 2	741,789
Region 3	695,817
Region 4	345,547
Region 5	1,523,029
Region 6	655,589
Region 7	337,211
Region 8	497,522
Region 9	456,509
Region 10	223,461
Total	6,159,068

Source: Census population estimates, July 2001

¹³ The self-reported geography of residence is superior to the one assigned by Genesys Marketing Systems Group because telephone area code + exchange combinations cross geographic boundaries used to draw the initial sample, and therefore the self-report is considered more reliable and was used for analyses.

Income Imputation

In survey research there is a substantial amount of missing data for certain types of items (e.g., income) because survey respondents refuse to answer them for some reason. If the organization collecting the data decides to not impute missing values, they have made an assumption that the respondents with missing data are no different from the people with reported data. This assumption does not hold up under examination. For example, on average in a recent Colorado Household Survey the respondents with missing data on income had higher levels of education than those without missing income data. Higher levels of education are related to higher levels of income. Thus, the assumption that the respondents with missing data are no different than the respondents with reported data is incorrect and estimates derived from this assumption will be biased.

For the Indiana survey data, we used “hot deck” imputation. Hot deck is a process by which a respondent’s valid value for a specific variable is assigned to another respondent who does not have a valid value for this variable. The respondent with the valid value is called a “donor” and a person with a missing value is called a “recipient.” For example, if the donor is 35 years old, then the recipient (respondent with missing age) is given a value of 35 and the donor maintains the age of 35.

The process of selecting a donor is the most important component of the “hot deck” procedure. Potential donors are sectioned into homogeneous groups called “cells” defined by many parameters. For example, all white, unemployed, college educated, males over the age of 65 with a valid value for the specific variable can be placed into one cell, while all non-white, unemployed, college educated, males over 65 can be placed into another cell. Recipients are matched to these homogenous cells of donors based on their characteristics. A random donor selected from the matching group supplies his/her value to the recipient. The characteristics used to group the respondents should be highly correlated with the variable being imputed. For example, when imputing income, donors are matched with recipients based on highest educational level because education is highly correlated with income. The variables chosen to match the donors and the recipients form the basis of a “model” for predicting the imputed variable. A good imputation procedure should provide unbiased estimates of the mean and variance of the variable by correcting for potential distributional differences between people with and without reported data. The basic underlying assumption is that the value of the variable being estimated (such as state rates of health insurance coverage) is not conditional on (i.e., moderated by) the missing data mechanism¹⁴. For example, all those respondents with missing health insurance data do not have a different relationship between health insurance coverage and state than all the respondents with reported data.

Although properly specified imputation can alter basic distributional summary statistics (means and variances) from the statistics calculated using complete cases only, it should not transform the relationships among variables. If there was a relationship between two variables in the reported data it should be the same in the imputed data, and no new relationships should appear after the imputation. The basic idea of model-based (and particularly, “hot deck”) imputation is to use the existing relationships within the reported data to adjust for distributional differences among those who are likely to report data and those who are less likely.

The hot deck is limited in the number of “variable levels” it can have. For example, the variable “highest degree attained” can be broken down into three variable levels (or cells) for the hot deck; less than high school, high school diploma and college degree. The number of hot deck cells is equal to the product of the number of variable levels (e.g., covered, not covered) used to match donors with recipients. If there are too many variable levels used in the hot deck, then many of the cells will not be populated with donors. The more variable levels that are used (i.e., the more hot deck cells), the more donors are needed for the hot deck to work.

¹⁴ Little, R. and Rubin, D. (1987). *Statistical Analysis With Missing Data*. New York: Wiley.

Implementation of the Hot Deck

We implemented the hot deck using STATA version 7's hot deck imputation procedure (available for download from the STATA web site¹⁵). The survey has both a categorical income question and a continuous income question. If the continuous income question is refused (roughly 42 percent), the respondent is asked to put their income into a category. If they refuse to put their income into a category then the data are completely missing (roughly 19 percent). Using the categorical income question to help impute continuous income is called the "unfolding bracket" methodology.

The first step of the imputation implementation is to classify all the people who reported continuous income into the appropriate category and impute the missing 19 percent of categorical income. Then the fully imputed categorical income question is used to impute a continuous income for each respondent. The imputation is done iteratively with variables removed from the procedure one at a time until each person receives an imputed value. The variables used are described below:

The categorical income question is calibrated to poverty level used the following the total income and size of the family living off the income. To impute the categorical income poverty level the following hierarchy for each imputation iteration (variables 1-4 were always in the hot deck and the procedure went through 4 iterations). The region variable was the first removed, and so on down the list until the number of people variable was removed.

1. Age (1. Less Than 18, 2. 17-30, 3. 31-64, 4. 65 and Over)
2. Education (1. Less Than High School, 2. High School, 3. At Least Some College)
3. Race (1. Black, 2. Other)
4. Insurance Coverage (1. Any Public Coverage, 2. Private Coverage Only, 3. Uninsured)
5. Number of people living off the income (1. One Person, 2. Two People, 3. Three or More People)
6. County

The same hierarchy was used for the continuous income imputation except that the categorical income variable became the variable one in the hierarchy, the total number of people living in the house was variable two and everything else slid down two spots. The categorical income, question was never removed during the iterations for the imputation of continuous income but each of the others were (for a total of six iterations) until everyone had an imputed continuous income amount.

? Categorical Income Question: Poverty Levels

- 1 = Less Than 50% of the Federal Poverty Level (FPL)
- 2 = Between 50% to 100% FPL
- 3 = Between 100% to 133% FPL
- 4 = Between 133% to 185% FPL
- 5 = Between 185% to 200% FPL
- 6 = Between 200% to 250% FPL
- 7 = Between 250% to 300% FPL
- 8 = Over 300% FPL

¹⁵ www.stata.com

Appendix B

Survey Instrument

Health Insurance for Indiana's Families

GENERAL INTRODUCTION:

Hello, my name is _____. I am calling from Indiana University-Purdue University Indianapolis for a very important health study. Your household has been randomly selected to take part in this state sponsored research on health costs and insurance for Indiana residents. Your answers are essential so all tax payers in Indiana are heard on these issues. I promise I am not trying to sell anything and all of your answers will remain completely anonymous and confidential. This survey should only take about 8-10 minutes.

START OF SURVEY:

S1. Is this your year-round (main) residence?

1 yes

2 **No** THANK YOU. WE ARE ONLY INTERVIEWING PEOPLE AT THEIR MAIN RESIDENCE.

We would like to ask some questions about HEALTH INSURANCE for people in your household.

S2. Can you answer questions about HEALTH INSURANCE for people in this household?

1 yes

GOTO S4

2 no

S3. Is another adult available who could answer questions about HEALTH INSURANCE?

1 yes

GET PERSON ON PHONE AND GOTO S4

2 no

CALL BACK Who should I speak with? What is a good time to call back?

S4. WHAT COUNTY DO YOU LIVE IN?

1 COUNTY

7 Don't know

9 Refused

GOTO S4B

GOTO S4B

S4B. Is your household located in Indiana?

1 yes? **GOTO S5**

2 no

Thank you. We are only interviewing people who reside in Indiana.

S5. What is your zip code? ____ ____ ____ ____

- 1 Zip?
- 7 Don't Know
- 9 Refused

We will gather information about the insurance status of one household member in detail, but will need some brief information on the other members as well. I just need a complete list of people in the house so that one person can be picked at random to talk about their access to health insurance.

S6. Including yourself, how many people currently live or stay in this house, apartment, or mobile home? (PROBE: Include in this number children, foster children, roomers, or housemates not related to you, college students living away while attending college. Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the Armed Forces living somewhere else.) _____

- 1 People:
- 7 Don't Know
- 9 Refused

Please tell me the age and gender of each person in the household.

S7. Starting with yourself, what is your age as of your last birthday?

- 1 Years:
- 7 Don't Know
- 9 Refused
- 1 Male
- 2 Female

And the next person's age?

Is this (child/person) (a boy or a girl/male or female)?

NOTE: IF ONLY 1 PERSON IN HOUSEHOLD, FILL IN AGE AND GENDER UNDER S7 GOTO S8

The program has randomly selected the (age) year old (sex).

NAME. What is the first name or initials of the person I selected?

FIRST NAME OF TARGET: _____ (PERSON SELECTED IS "TARGET")

Now I need to know each person's relationship to the person selected. What is your (PERSON #1) relationship to the person selected?

FILL IN RELATIONSHIP COLUMN: (READ OFF LIST ONE AT A TIME. START WITH PERSON # 2.)

What is the (AGE) year old's relationship to person selected?

<i>Household Member</i>	<i>Age</i>	<i>M=male F=female SEX</i>	SELECT TARGET AT RANDOM	Relationship to TARGET	Relationship Codes (DO NOT READ)
<i>Person #1</i>	S7_1AGE	S7_1SEX	(S7_NUM)	S7_1REL	1=Self/target
<i>Person #2</i>	S7_2AGE	S7_2SEX	NUMBER__	S7_2REL	2=Mother/Stepmother
<i>Person #3</i>	S7_3AGE	S7_3SEX		S7_3REL	3=Father/Stepfather
<i>Person #4</i>	S7_4AGE	S7_4SEX	(S7_AGE)	S7_4REL	4=Spouse
<i>Person #5</i>	S7_5AGE	S7_5SEX	AGE__	S7_5REL	5=Partner
<i>Person #6</i>	S7_6AGE	S7_6SEX		S7_6REL	6=Son/Daughter
<i>Person #7</i>	S7_7AGE	S7_7SEX	(S7_SEX)	S7_7REL	7=Sibling/Sister/Brother
<i>Person #8</i>	S7_8AGE	S7_8SEX	SEX__	S7_8REL	8=Grandparent
<i>Person #9</i>	S7_9AGE	S7_9SEX		S7_9REL	9=Other relative
<i>Person #10</i>	S7_10AGE	S7_10SEX		S7_10REL	10=NON-RELATIVE
<i>Person #11</i>	S7_11AGE	S7_11SEX		S7_11REL	97=Don't know
<i>Person #12</i>	S7_12AGE	S7_12SEX		S7_12REL	99=Refused

S8. INTERVIEWER: IS A PROXY SPEAKING FOR THE TARGET?

1 yes

2 no

GOTO S11

S9. INTERVIEWER: REASON FOR PROXY (SELECT ONE):

01 minor

02 college student living away from home

03 temporarily living outside home (NOT at college)

04 cognitively impaired

05 hearing/speech

06 language barrier

07 too sick to come to phone or answer survey

08 TARGET is unavailable

09 proxy can provide information about health insurance

10 other _____

I need to indicate who is answering questions for TARGET.

S10. What is your relationship to TARGET? (DO NOT READ. MAP TO RESPONSE)

02. Mother/Stepmother

03. Father/Stepfather

04. Spouse

05. Partner

06. Son/Daughter

07. Sibling/Sister/Brother

08. Grandparent

09. Other relative

10. NON-RELATIVE

77. Other

S10B. INTERVIEWER: RECORD SEX OF PROXY IF KNOWN

1 male

2 female

7 cannot ascertain

INSTRUCTIONS: The following questions are about "TARGET".

IF TARGET AGE >2 YRS GOTO S11

IF TARGET AGE =< 2 YRS GOTO S12

S11. How long have you (has TARGET) lived in Indiana?

S11A. _____ # years S11B. _____ # months

1 Years:

2 Months:

7 Don't know

9 Refused

SKIP S12

(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

S12. How long has (TARGET's) parents or guardian lived in Indiana?

S12A. _____ years S12B. _____ months

1. Years:

2. Months

7. Don't know

9. Refused

(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

INSTRUCTIONS:

Section H.

In the following section, each type of insurance should be read:

"Do you (does TARGET) CURRENTLY have (type of insurance)?"

If NO, proceed to next item in the roster. A response of DON'T KNOW or REFUSED should be treated as NO.

If YES, the item should be followed by the PROBE:

"Besides this, do you (does the TARGET) have any other type of health insurance coverage?"

If YES, proceed with roster.

If NO, proceed to H15.

CATI BUILD IN MAX OF 3 TYPES.

The PROBE should not be asked in response to YES to H12.

H. I am going to read you a list of different types of health insurance. Please tell me if you CURRENTLY have any of the following. Answer for each type that applies to you.

NOTE TO STATES ADAPTING THE C3 SOFTWARE: question order and numbering in section H must remain consistent with model below.

Do you (Does TARGET) CURRENTLY have:		YES 1	NO 2	DK 7	RFD 9
H1	Medicare? READ IF NECESSARY: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card.	1	2	7	9
IF YES GOTO MEDIGAP, PUBMEDIGAP, MEDDRG, THEN H2					
IF ELSE GOTO H2					
	MEDIGAP. Do you have additional insurance to supplement Medicare, such as a self-purchased Medigap policy, or a retiree benefit?	1	2	7	9
	PUBMEDIGAP. Do you (does TARGET) have coverage through Medicaid QMB, SLMB, QI1 or QI2?	1	2	7	9
	MEDDRG. Do you (does TARGET) have insurance that pays for prescription drugs?	1	2	7	9
IF TARGET < 18, GO TO H3					
H2	A Railroad Retirement Plan?	1	2	7	9
H3	CHAMPUS, military health care, or Veteran's Affairs for a service connected to a disability?	1	2	7	9
H4	Wishard Advantage or Health Advantage?	1	2	7	9
IF TARGET < 18, GO TO H3					
H5	Medicaid, Medicaid is the government program that pays for health care for low income people	1	2	7	9
H6	Hoosier Healthwise?	1	2	7	9
H9	Health insurance through your work or union?	1	2	7	9
H10	Health insurance through someone else's work or union?	1	2	7	9
H11	Health insurance bought directly by you?	1	2	7	9
H12	Health insurance bought directly by someone else?	1	2	7	9
IF H9, H10, H11 OR H12 YES & H1=1 GOTO POLICY					
IF H9, H10, H11 OR H12 YES & H1=1 GOTO H15					
ELSE GOTO H13					

<p>H12 c1 PREM1 How much do you pay each month for your health insurance premium?</p> <p>1. \$ _____ monthly 2. \$ _____ biweekly 3. \$ _____ quarterly 4. \$ _____ semi-annually 5. \$ _____ annually 7 Don't know 8 N/A: Self employed or no contribution 9 Refused</p>					
<p>H12 C2 PREM2 How much does your employer pay each month for your health insurance premium?</p> <p>1. \$ _____ monthly 2. \$ _____ biweekly 3. \$ _____ quarterly 4. \$ _____ semi-annually 5. \$ _____ annually 7 Don't know 8 N/A: Self employed or no contribution 9 Refused</p>					
<p>H12D DED1. Does your health insurance include a deductible? READ IF NECESSARY: A deductible is the amount of money that you have to pay out of your own pocket each year before your insurance will pay for any services .</p> <p>1 Yes ? GOTO DED2 2 No ? GOTO COPAY 7 Don't know ? GOTO COPAY 9 Refused ? GOTO COPAY</p>					
<p>DED2. How much is that? (please do not include premium expenses)</p> <p>1. DOLLARS\$ _____ 7 DON'T KNOW 9 REFUSED</p>					
<p>COPAY. Does your health insurance include copayments for doctors visits? [PROBE: A copayment is a flat fee you pay out of your pocket each time you visit the doctor]</p> <p>1 Yes 2 No 7 Don't know 9 Refused</p>					
<p>COPAY2 . How much is the copayment for a visit to your regular doctor?</p> <p>1. Dollars 7. Don't know 9 Refused</p>					
<p>DRUG. Does this plan pay for prescription drugs ?</p> <p>1 Yes 2 No 7. Don't know 9 Refused</p>					
<p>GO TO H15</p>					
H13	<p>According to the information you provided, you do not have health insurance coverage. Does anyone else pay for your bills when you go to a doctor or hospital? IF YES GOTO H14 IF NO/DK/REF GOTO H19</p>				
<p>IF YES TO H4 (Indian Health Service) BUT NO TO ALL OTHER FORMS OF INSURANCE GOTO H13A ELSE GO TO H14</p>					
H13A	<p>You've just told me you receive services through the Indian Health Service but do not have health INSURANCE. Does anyone else pay for your bills when you go to a doctor or hospital? NOTE TO INTERVIEWER: Indian Health Service is not considered comprehensive insurance for the purposes of this survey. IF YES GOTO H14 IF NO/DK/REF ≠ GOTO H19</p>				
		1	2	7	9
		1	2	7	9

H14	And who is that? (DO NOT READ, SELECT ANSWER)				
	01 Medicare 02 Railroad Retirement Plan 03 VA Svc connected to disability, military health care, CHAMPUS 05 Medicaid 06 Hoosier Healthwise 09 Health insurance through your (her/his) work or union 10 Health insurance through someone else's work or union 11 Health insurance bought directly by you (him/her) 12 Health insurance bought directly by someone else 13 Student health insurance coverage 14 COBRA (insurance through a former employer) 15 Workers compensation for specific injury/illness * 16 Employer pays fro bills, but not an insurance policy 17 Family member pays out of pocket for any bills 18 Wishard Advantage/Health Advantage 19 No Private or Public Insurance 97 Don't know 99 Refused [* NOT CONSIDERED INSURANCE FOR SURVEY, BUT SELECT IF MENTIONED] IF 1-14 ≠ GOTO H15 IF 15-18, say: "For purposes of this survey, we'll assume you/TARGET (do/does) not have insurance." THEN GOTO H19				
H15-19 establish annual coverage status. Asking H15 and H18 ensures that respondents switching plans part way through the year do not get the uninsured part year long form.		Y	N	DK	REF
H15	Have you had insurance coverage for all of the past 12 months? IF YES GOTO STAT	1	2	7	9
H18	Was there anytime IN THE PAST 12 MONTHS that you were not covered by insurance? IF H18 == 1 GOTO STAT	1	2	7	9
H18B	How many months during the past year were you without coverage?	__ # months		7	9
H19	Have you been covered by any health insurance IN THE PAST 12 MONTHS?	1	2	7	9
H20	How did you obtain that coverage? 1. Employer's or union plan 2. Medicaid or other forms of public insurance 3. PeachCare 4. Individually purchased plan 5. Other 7. Don't know 9. Refused				
H20B	How many months during the past year have you been without coverage?	__ # months		7	9

The next questions concern health insurance that other people in your household may have at this time.

STAT(#). Does the (age) (sex) person currently have health insurance?

- 1 yes ? **GOTO TYPE**
- 2 no ? **REPEAT FOR NEXT PERSON ON ROSTER**
- 7 don't know ? **REPEAT FOR NEXT PERSON ON ROSTER**
- 9 refused ? **REPEAT FOR NEXT PERSON ON ROSTER**

TYPE(#). What type of insurance is this person covered by?

- 01. Medicare
- 02. Some other form of public insurance*
- 03. Insurance through own employer or union
- 04. Insurance through someone else's employer or union
- 05. Insurance bought directly
- 06. Veterans Affairs (VA, Champus, Anything Military Related)
- 07. Student health insurance
- 08 Other...
- 97. Don't know
- 99. Refused

...Please specify

* such as Medicaid or Hoosier Healthwise

[PROCEED DOWN ROSTER. REPEAT FOR EACH PERSON IN HOUSEHOLD EXCEPT TARGET]

INSTRUCTIONS: ASK VERIFY FOR ALL UNCOVERED PERSONS

VERIFY#. According to the information you have provided, (LIST ALL AGE and SEX) currently do not have health care coverage. Is that correct?

- 1 yes? ENTER "O" IN VERIFY COLUMN for EACH UNINSURED
- 2 no? What type of insurance is this person covered by?

<i>Household Member</i>	<i>Age</i>	<i>M=male F=female SEX</i>	<i>Insured 1=yes 2=no</i>	<i>Insurance Type</i>	<i>Insurance Status Codes</i>	<i>Verify 0=yes, uninsured OR Enter type</i>
Person #1	S7_1AGE	S7_1SEX	STAT1	TYPE1	Blank = Uninsured	VERIFY1
Person #2	S7_2AGE	S7_2SEX	STAT2	TYPE2	1=Medicare	VERIFY2
Person #3	S7_3AGE	S7_3SEX	STAT3	TYPE3	2=Other Public	VERIFY3
Person #4	S7_4AGE	S7_4SEX	STAT4	TYPE4	3=Own employer 4=Someone else's employer	VERIFY4
Person #5	S7_5AGE	S7_5SEX	STAT5	TYPE5	5=Individual policy	VERIFY5
Person #6	S7_6AGE	S7_6SEX	STAT6	TYPE6	6=CHAMPUS, VA/any military	VERIFY6
Person #7	S7_7AGE	S7_7SEX	STAT7	TYPE7	8= Student insurance	VERIFY7
Person #8	S7_8AGE	S7_8SEX	STAT8	TYPE8	10= Other	VERIFY8
Person #9	S7_9AGE	S7_9SEX	STAT9	TYPE9	97=Don't know	VERIFY9
Person #10	S7_10AGE	S7_10SEX	STAT10	TYPE10	99=Refused	VERIFY10
Person #11	S7_11AGE	S7_11SEX	STAT11	TYPE11		VERIFY11
Person #12	S7_12AGE	S7_12SEX	STAT12	TYPE12		VERIFY12

CATEGORIZATION OF TARGET RESPONDENT BY ANNUAL INSURANCE COVERAGE

Detailed description of CATI SORT for long form questions:

1. If the TARGET has health insurance through their employer/union or through someone else's employer/union and the TARGET has held this insurance for the past 12 months, then code as "GROUP" and use GROUP long form.

2. If the TARGET has health insurance through their employer/union or through someone else's employer/union but the TARGET has not had insurance for the entire past 12 months, then code as "ON/GROUP" and use UNINSURED PART YEAR long form.
3. If the TARGET has health insurance through some kind of government sponsored program, a self purchased policy, or had someone buy health insurance for them, but the TARGET did not have insurance for the entire past 12 months, then code as "ON/ELSE" and use UNINSURED PART YEAR long form.
4. If the TARGET bought health insurance on their own or someone else bought it for them, and the TARGET had the insurance all of the past 12 months then code as "INDIVIDUAL" and use INDIVIDUAL long form. For the purposes of this survey, AHIP is considered in INDIVIDUAL policy.
5. If the TARGET has not been covered by health insurance in the past 12 months code as "UNINSURED" and use UNINSURED long form.
6. If the TARGET has had health insurance some time during the past 12 months, but does not have insurance now then code as "OFF" and use UNINSURED PART YEAR long form.
7. If the TARGET answers "don't know" or "refuses" to answer the question asking them if they had any health insurance in the past 12 months, or if the TARGET answers "don't know" or "refuses" to answer the question asking if there was a time in the past 12 months that they were not covered by health insurance, then code as "SCREEN" and go to the UTILIZATION AND DEMOGRAPHIC questions.
8. TARGETs currently on a public program and covered all year should be coded "SCREEN" and go to the UTILIZATION AND DEMOGRAPHIC questions.
9. All cases not yet sorted should be coded as "SCREEN" and go to the UTILIZATION AND DEMOGRAPHIC questions..

CATI SORT--

If [H9 or H10 = 1 and H15 = 1] or [H14 = 9,10 and H15 = 1] \neq CODE AS GROUP (Can randomly select respondents for long form rather than all group)

If (H9 or H10 = 1 or H14 = 9,10) and H15 = 2,7,9 and H18 = 1 \neq CODE AS ON/GROUP

If [(ANY H1 -H3, H5 -H7=1 or H14 = 1-6, 13) and H15 = 2,7,9 and H18 = 1] \neq CODE AS ON/ELSE

If [(H11=1 or H12=1 or H14=11,12,14) and H15 = 2,7,9 and H18 = 1] \neq CODE AS ON/ELSE

*** This DO IF/END IF block prevents those who have both work and purchased insurance from * being coded as Individual (they should be Group)**

DO IF NOT [(ANY H9,H10)] AND NOT H15 = 1] OR NOT [H14 = 9,10]

If [(H11 = 1 or H12 = 1) and H15 = 1] or (H14 = 11,12 and H15 = 1) \neq CODE AS INDIVIDUAL

If [H8 = 1 and H15 = 1] or (H14 = 14 and H15 = 1) \neq CODE AS INDIVIDUAL

END IF

If H19 = 2 \neq CODE AS UNINSURED

If H19 = 1 \neq CODE AS OFF

If H18 = 7,9 \neq CODE AS SCREEN

If H19 = 7,9 \neq CODE AS SCREEN

ANY ELSE \neq CODE AS SCREEN

"LONG FORM" questions are available based on the respondent's annual insurance status (e.g., CATISORT)

Four sets of long form sections of the survey are available for those:

1. Uninsured all year [CSCS_uninsured all long.doc]
2. Uninsured part year [CSCS_uninsured part long.doc]
3. Group insured all year [CSCS_group long.doc]
4. Covered by an individual policy all year [CSCS_individual long.doc]

All long form items are optional.

If no long form items are of interest, all respondents go to the UTILIZATION AND DEMOGRAPHIC SECTIONS of the survey

Once long form questions are complete, respondents go to the UTILIZATION AND DEMOGRAPHIC SECTIONS of the survey

EVER. Have you ever been covered by health insurance?

- 1 yes
 - 2 no
 - 7 Don't know
 - 9 Refused
- SKIP TO COV1**
SKIP TO COV1
SKIP TO COV1

PRIOR. Prior to becoming uninsured, what type of insurance did you have?

- 01. Medicare
 - 02. Some other form of public insurance*
 - 03. Insurance through own or someone else's employer or union
 - 04. Student health insurance
 - 05. Insurance bought directly by you or by someone else
 - 06. Veterans Affairs (VA, Champus, Anything Military related)
 - 10. COBRA
 - 11 Other...
 - 97. Don't know
 - 99. Refused
- * ...Please specify – such as Medicaid

YOUNG. Was this insurance coverage through your parents' or guardian's plan?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

PATHU You have just explained to me that currently you are NOT covered by health insurance but were covered at some point in the past 12 months. Is this correct?

- 1 Yes
 - 2 No
 - 7 Don't know
 - 9 Refused
- SKIP TO UNIN1**

RECORD CURRENT AND PAST YEAR INSURANCE STATUS AND TYPE OF INSURANCE AS BEST UNDERSTOOD

UNINSURED

UNIN1 What type of insurance were you covered by most recently? Was it...

- 01. Medicare
- 02. Some other form of public insurance*
- 03. Insurance through own or someone else's employer or union
- 05. Student health insurance
- 06. Insurance bought directly by you or by someone else
- 07. Veterans Affairs (VA, Champus, Anything Military related)
- 08. COBRA
- 10 Other...
- 97. Don't know
- 99. Refused

NAME OF INSURANCE COMPANY (BLUE CROSS OR "MEDICA") IS NOT A SUFFICIENT ANSWER

* ...Please specify – such as Medicaid

UNIN2 And what is the main reason your coverage ended? [DO NOT READ]

- 01 Job that provided coverage ended
- 02 Employer stopped offering coverage but still have job
- 03 Could no longer afford to buy health insurance
- 04 COBRA ran out
- 05 No longer eligible under public insurance program
- 06 Never got around to reapplying for public insurance
- 07 Moved to state recently and haven't gotten new insurance
- 08 Left school, no longer eligible for parents' policy
- 09 Decided no longer needed or wanted insurance
- 10 Other
- 77 Don't know
- 99 Refused

YOUNG2 Was this insurance coverage through your parents' or guardian's plan?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

UNIN3 Did you get insurance coverage less than 12 months ago?

- 1 Yes
- 2 No **Skip to COV1**
- 7 Don't know **Skip to COV1**
- 9 Refused **Skip to COV1**

UNIN4 What was the main reason you got this insurance coverage?

- 01 Got a new job offering insurance
- 02 Family member got a new job with coverage
- 03 Became eligible for insurance through work
- 04 Became eligible for insurance through someone else's work
- 05 Became eligible for public insurance/not eligible before
- 06 Applied for public insurance/knew already eligible
- 07 Could afford to buy health insurance
- 08 Needed or wanted health insurance
- 10 Other
- 77 Don't know
- 99 Refused

UNIN5 Was there another period of time WITHIN THE PAST 12 MONTHS, before you had the coverage we just talked about, that you were not covered by health insurance?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

PATHI You just explained to me that currently you are covered by health insurance but were NOT covered at some point in the past 12 months. Is this correct?

- 1 Yes
- 2 No **SKIP TO PROBLEM2**
- 7 Don't know **SKIP TO PROBLEM2**
- 9 Refused **SKIP TO PROBLEM2**

INSD1 Was there more than one period of time you were not covered by insurance in the past 12 months?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

INSD2 Thinking back to the time you got your current form of insurance, what is the main reason you got coverage at that time?

- 01 Got a new job offering insurance
- 02 Family member got a new job with coverage
- 03 Became eligible for insurance through work
- 04 Became eligible for insurance through someone else's work
- 05 Became eligible for public insurance/not eligible before
- 06 Applied for public insurance/knew already eligible
- 07 Could afford to buy health insurance
- 08 Needed or wanted health insurance
- 09 Became sick
- 10 Other
- 97 Don't know
- 99 Refused

INSD3 Before you got your current coverage, for how many years or months did you go with NO insurance?

- 1 Years:
- 2 Months:
- 7 Don't know
- 9 Refused

[INSTRUCTION: Target may have had another form of coverage prior to the current coverage but still experienced a GAP in coverage DURING THE PAST YEAR. We want to know HOW LONG they were without insurance during their most recent GAP, even if this goes back beyond the past 12 months, as long as some part of the GAP extended into the PAST YEAR]

COV1 Does your spouse or partner have insurance through their work or union?

- 1. Yes
- 2. No **SKIP TO COV3**
- 3. Spouse/partner does not work **SKIP TO OWNCOV**
- 4. No Spouse/partner in the household or area **SKIP TO OWNCOV**
- 7. Don't know **SKIP TO COV3**
- 9. Refused **SKIP TO COV3**

COV2 Could this insurance policy be extended to cover you?

- 1. Yes **SKIP TO COV5**
- 2. No
- 7. Don't know
- 9. Refused

COV3 Is your spouse or partner ELIGIBLE for health insurance through their work or union, but chosen not to sign up for it?

- 1. Yes **SKIP to COV4**
- 2. No
- 7. Don't know

9. Refused

COV4 If that family member were to sign up for that health insurance could the policy be extended to cover you?

1. Yes
2. No
7. Don't know
9. Refused

COV5 What is the main reason you do not get health insurance through that family member?

[PROBE: Can you tell me the primary reason you did not get insurance through this family member?] [DO NOT READ]

01. Do not need or want any health insurance
02. Rarely sick
03. Too much hassle/paperwork
04. Could not afford/too expensive
05. Own plan through work is cheaper/benefits better
06. Expect to get own health insurance soon
07. After waiting period will be covered by family member's policy
08. Benefit package didn't meet needs
09. Doubt eligible/rejected because of health condition
10. Other...
97. Don't know
99. Refused

... Please Specify.

OWN COV What is the main reason you have not bought health insurance on your own?

01. Do not need or want any health insurance
02. Rarely sick
03. Do not know where to begin/where to go
04. Too much hassle/paperwork
05. Could not afford/too expensive
06. Expect to be covered by a health insurance policy shortly
07. Benefit package didn't meet needs
08. Not eligible for reason other than health
09. Doubt eligible/rejected because of health condition
10. Other...
97. Don't know
99. Refused

... Please Specify

EMPCOV1 Does the firm you work for offer health insurance as a benefit to any of its employees?

1. Yes
2. No
7. Don't know
8. Not Applicable, Not Employed
9. Refused

SKIP to EMPCOV2

EMPCOV2 Can your employer coverage be extended to cover dependents?

1. Yes

- 2. No
- 7. Don't know
- 8. Target does NOT have ACCESS to insurance through OWN employer
- 9. Refused

EMPCOV3 Does your employer contribute to health insurance costs for those employees covered by this benefit?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

EMPCOV4 Why aren't you included in your employer's group health insurance plan?

- 01. Do not need or want any health insurance
- 02. Rarely sick
- 03. Too much hassle/paperwork
- 04. Could not afford/too expensive
- 05. Do NOT work enough hours in a week
- 06. Have NOT worked there long enough
- 07. Doubt eligible or rejected because of health condition
- 08. Benefit package didn't meet needs
- 09. Other...
- 97. Don't know
- 99. Refused

... Please Specify

PARCOV1 Does the firm [TARGET'S] parent or guardian works for offer health insurance as a benefit to any of its employees?

[PROBE: IF ONLY ONE PARENT WORKS, ANSWER FOR THIS PARENT'S EMPLOYER. IF BOTH PARENTS WORK, ANSWER FOR THE PRIMARY WAGE EARNER LIVING IN THE HOUSEHOLD]

- 1. Yes
- 2. No **SKIP TO SKIPAT3**
- 3. Parent/guardian Does Not Work **SKIP TO SKIPAT3**
- 7. Don't know **SKIP TO SKIPAT3**
- 9. Refused **SKIP TO SKIPAT3**

PARCOV2 Does this employer contribute to health insurance costs for those employees covered by this benefit?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

PARCOV3 Is [TARGET] covered under this plan?

- 1. Yes **SKIP TO SKIPAT3**
- 2. No
- 7. Don't know **SKIP TO SKIPAT3**
- 9. Refused **SKIP TO SKIPAT3**

PARCOV4 Can this coverage be extended to cover dependents?

- 1. Yes

- 2. No
- 7. Don't know
- 8. Parents/Guardians do NOT have ACCESS to insurance through OWN emp
- 9. Refused

PARCOV5 What is the main reason [TARGET] is not included in this employer's health insurance plan AS A DEPENDENT? [DO NOT READ]

- 01. Child doesn't need insurance
 - 02. Rarely sick
 - 03. Parent is NOT ELIGIBLE to receive coverage
 - 04. Child is covered through another adult's employer plan
 - 05. Too much hassle/paperwork
 - 06. Could not afford/too expensive
 - 07. Their benefit package didn't meet the child's needs
 - 08. Expect this child will be covered by a policy shortly
 - 09. Child is covered under a school plan
 - 10. Other
 - 97. Don't know
 - 99. Refused
- ... Please Specify

OWNCOV2 What is the main reason [TARGET'S] parents or guardian have not bought health insurance for [TARGET] on their own?

- 01. Do not need or want any health insurance
 - 02. Rarely sick
 - 03. Do not know where to begin/where to go
 - 04. Too much hassle/paperwork
 - 05. Could not afford/too expensive
 - 06. Expect to be covered by a health insurance policy shortly
 - 07. Benefit package didn't meet this child's needs
 - 08. Not eligible for reason other than health
 - 09. Doubt eligible/rejected because of a health condition
 - 10. Other...
 - 97. Don't know
 - 99. Refused
- ... Please Specify

PUBLIC

Now I'm going to ask you about public insurance programs available through the state of Indiana for those who are uninsured.

PUB1 Have you ever asked for or been given information about one of the Indiana public health programs?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

PUB2 If you learned that you were eligible for health insurance coverage through a public program, would you enroll?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

PUB3 If you learned that you were eligible for health coverage through a public program at no cost to you or your family, would you enroll?

- 1. Yes **SKIP TO USC**
- 2. No **SKIP TO USC**
- 7. Don't know **SKIP TO USC**
- 9. Refused **SKIP TO USC**

PUB4 Please tell me why you would not enroll?

I:

UTILIZATION ITEMS ASKED OF ALL RESPONDENTS

USC. Is there a regular place that you go for medical care?

- 1. Yes
- 2. No **SKIP TO WHYNOUSC**
- 7. Don't know ? **SKIP TO WHYNOUSC**
- 9. Refused **SKIP TO WHYNOUSC**

USCKIND. Where do you usually go/you usually go for medical care. Is that an:

- 1. Emergency room or urgent care center **SKIP TO USCPERS**
- 2. Clinic **SKIP TO USCPERS**
- 3. Doctor's office **SKIP TO USCPERS**
- 4. Some place else ... **SKIP TO USCPERS**
- 7. Don't know **SKIP TO CONFID**
- 9. Refused **SKIP TO CONFID**
- ... Please Specify

CLINIC. Is this clinic a . . .

- 1. Public health, community, or free clinic
- 2. Hospital outpatient clinic
- 3. Private clinic
- 4. Other...
- 7. Don't know
- 9. Refused
- ... Please Specify

USCPERS. Is there a particular health care professional or traditional healer you usually see when you go there?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

MILES. How many miles do you travel for this care?

- 1. Miles:
- 2. Less than 10 miles

3. 10-25 miles
4. 26-50 miles
5. 51-100 miles
6. >100 miles
7. Don't know
9. Refused

GOTO CONFID

WHYNOUSC. What is the main reason you do NOT have a regular place that you go for health care?

[DO NOT READ]

01. Can't afford it
02. Do NOT have health insurance
03. Rarely get sick
04. Clinic hours don't fit my schedule
05. Transportation difficulties
06. Language barrier
07. Do not like/trust/believe in doctors
08. Clinic I used to go to closed
09. Just moved, do NOT have a regular place yet
10. Just switched insurance, do NOT have regular place yet
11. Two or more places depending on what's wrong
12. Other...
97. Don't know
99. Refused
- ... Please Specify

CHOOSE P: IF PROXY, CHOOSE R: IF NO PROXY:

CONFID. Please tell me how strongly you agree or disagree with the following statement:

P: "I am confident that I can get the care she/he needs when she/he needs it."

R: "I am confident that I can get the care I need when I need it."

Do you:

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree
7. Don't know
9. Refused

DOC6M. In the past six months, how many visits did you make to a doctor's office, outpatient clinic, or any other place for medical care due to illness or injury? Do not include overnight hospital stays or emergency room visits.

1. Visits: _____
7. Don't know
9. Refused

IF NO VISITS GOTO INPUSE

DOC3M. In the past three months, how many visits did you make to a doctor's office, outpatient clinic, or any other place for medical care due to illness or injury? Do not include overnight hospital stays or emergency room visits.

1. Visits: _____
7. Don't know
9. Refused

INPUSE. During the past 12 months, have you been a patient overnight in a hospital?

1. Yes

- 2. No
- 7. Don't know
- 9. Refused

SKIP TO ERUSE
SKIP TO ERUSE
SKIP TO ERUSE

INPUSE2. How many times have you been admitted to a hospital DURING THE PAST 12 MONTHS?

- 1. Times:
- 7. Don't know
- 9. Refused

ERUSE During the past 12 months, have you been to a hospital emergency room?

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

PREV. How long has it been since you last visited a doctor or a clinic for a routine check up?

[PROBE: A routine check up is a general physical exam, not an exam for a specific illness or injury or condition]

- 1. Within past year (12 months)
- 2. Within past 2 years
- 3. 2 or more years ago but less than 5 years ago
- 4. 5 or more years ago
- 5. Never
- 7. Don't know
- 9. Refused

ABSENCE During the past 12 months, about how many days of school/work have you missed due to illness or injury?

- 1. Days:
- 7. Don't know
- 8. N/A: Does not work/got to school
- 9. Refused

SCREEN

DEMOGRAPHIC QUESTIONS--Asked of all respondents

The following questions are about (TARGET).

HSTAT. Would you say your health, in general, is excellent, very good, good, fair, or poor?

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 7. Don't know
- 9. Refused

BLIND. Do you have any of the following long-lasting conditions:

a. Blindness, deafness, or a severe vision or hearing impairment?

- 1. Yes
- 2. No
- 7. Don't know
- 9. No answer/Refuse

LIMIT. Do you have any of the following long-lasting conditions:

b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying?

1. Yes
2. No
7. Don't know
9. No answer/Refuse

LEARN. Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty doing any of the following activities:

a. Learning, remembering, or concentrating?

1. Yes
2. No
7. Don't know
9. No answer/Refuse

DRESS. Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty doing any of the following activities:

b. Dressing, bathing, or getting around inside the home?

1. Yes
2. No
7. Don't know
9. No answer/Refuse

SHOP. Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty doing any of the following activities:

c. Going outside the home alone or to shop or to visit a doctor's office?

1. Yes
2. No
7. Don't know
9. No answer/Refuse

JOB. Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty doing any of the following activities:

d. Working at a job or business?

1. Yes
2. No
7. Don't know
9. No answer/Refuse

ASTHMA. Have you ever been told by a doctor, nurse or other health professional that you (HE/SHE) had asthma?

1. Yes
2. No
7. Don't know/Not sure
9. No answer/Refuse

ASTHMA2. Do you still have asthma?

1. Yes
2. No
7. Don't know/Not sure

9. No answer/Refuse

DIAB. Have you ever been told by a doctor that you have diabetes?

1. Yes
2. No
7. Don't know/Not sure
9. No answer/Refuse

DIAB2. Was this only when you were pregnant?

1. Yes
2. Yes, but female told only during pregnancy
3. No
7. Don't know/Not sure
9. No answer/Refused

HEART. Has a doctor, nurse, or other health professional ever told you (TARGET) that you (HE/SHE) had any of the following:

a. A heart attack, also called a myocardial infarction?

1. Yes
2. No
7. Don't know/Not sure
9. No answer/Refused

ANGINA. Has a doctor, nurse, or other health professional ever told you (TARGET) that you (HE/SHE) had any of the following:

b. Angina or coronary heart disease?

1. Yes
2. No
7. Don't know/Not sure
9. No answer/Refused

STROKE. Has a doctor, nurse, or other health professional ever told you (TARGET) that you (HE/SHE) had any of the following:

c. A stroke?

1. Yes
2. No
7. Don't know/Not sure
9. No answer/Refused

PRESSUR. Has a doctor, nurse, or other health professional ever told you (TARGET) that you (HE/SHE) had any of the following:

d. High blood pressure?

1. Yes
2. No
7. Don't know/Not sure
9. No answer/Refused

CHOLEST. Has a doctor, nurse, or other health professional ever told you (TARGET) that you (HE/SHE) had any of the following:

e. High cholesterol?

1. Yes

- 2. No
- 7. Don't know/Not sure
- 9. No answer/Refused

RACE1. Are you Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

- 1. No, not of Hispanic Origin
- 2. Yes, Mexican, Mexican American, Chicano
- 3. Yes, Puerto Rican
- 4. Yes, Cuban
- 5. Yes, other Spanish/Hispanic/Latino
- 7. Don't Know
- 9. Refused

RACE2. Now choose one or more races for yourself. Which race or races do you consider yourself to be:
[MAY SELECT MORE THAN ONE, HOWEVER DO NOT RECORD MORE THAN THREE.]

[READ AS PROBE. LIST IF NECESSARY.]

- 01. White
- 02. Black, African-American
- 03. Asian Indian
- 04. Chinese
- 05. American Indian or Alaska Native
- 06. Korean
- 07. Vietnamese
- 08. Hmong
- 09. Filipino
- 10. Japanese
- 11. Other Pacific Islander
- 12. Some other race...
- 97. Don't know
- 99. Refused

... What race is that?

RACE3. Of those, which do you consider to be the most?

Race:

- 97. Don't Know
- 99. Refused

IF AGE < 18 YEARS GOTO TO CHARGE

MARSTAT. Are you currently

- 1. Single
- 2. Married
- 3. Living with partner
- 4. Divorced
- 5. Separated
- 6. Widowed
- 7. Don't know
- 9. Refused

EDUC. What is the highest level of education you have completed?

- 01. No Formal Education
- 02. Grade School (1 to 8 years)
- 03. Some High School (9 to 11 years)

- 04. High School Graduate or GED (received a HS equivalency diploma)
- 05. Some College/Technical or Vocational School/Training after HS
- 06. College Graduate
- 07. Postgraduate Degree/Study
- 97. Don't know
- 99. Refused

VA. Have you ever served on active duty in the U.S. Armed Forces, military reserves, or National Guard?

[PROBE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.]

- 01. Yes
- 02. No
- 07. Don't know
- 09. Refused

EMPSTAT1. Are you currently:

- 1. Self Employed or Own Your Business
 - 2. Employed by Someone
 - 3. An Unpaid Worker for Family Business, Farm, Home
 - 4. Retired
 - 5. Unemployed, or Not Working
 - 6. Full-Time Student (greater than 3/4 time)
 - 7. Don't know
 - 9. Refused
- [PROBE: "Answer for the job you work at most hours"]

SKIP TO PHONE
SKIP TO PHONE
SKIP TO PHONE
SKIP TO PHONE
SKIP TO PHONE
SKIP TO PHONE

EMPSTAT2. Do you have more than one paying job?

- 1. Yes ? **SKIP TO EMPHRS**
- 2. No
- 9. Refused

HOURS. What is the total number of hours usually worked per week?

- 1. Hours: _____
- 7. Don't know
- 9. Refused

[SKIP TO EMPERM]

EMPHRS. For the job you work at the most hours, what is the total number of hours usually worked per week?

- 1. Hours: _____
- 7. Don't know
- 9. Refused

EMPERM. Is this a permanent, temporary, or seasonal job?

- 1. Permanent
- 2. Temporary
- 3. Seasonal
- 7. Don't know
- 9. Refused

TENURE. How long have you been employed in this position?

- 1. Less than 1 month
- 2. More than 1 month but less than 6 months
- 3. More than 6 months but less than 1 year
- 4. More than 1 year but less than 5 years

- 5. More than 5 years
- 7. Don't know
- 9. Refused

ALLSITES. Thinking about the employer you work for, about how many people are employed there? If you work for a firm that has multiple locations in your city or across states, please include the number of people at ALL locations.

- 01. Just one
- 02. Between 2 and 10
- 03. 11 and 24
- 04. 25 and 50
- 05. 51 and 100
- 06. 101 and 500
- 07. Over 500
- 97. Don't know
- 99. Refused

INDUST. Thinking about the employer you work (TARGET works) for, what industry most closely describes the employer? (**Listen to the whole list of choices before deciding**)

Industry Examples

Manufacturing: factory, textile mill, steel mill, automobile manufacturer, electronic equipment manufacturer, chemical/drug manufacturer food processing, printing, publishing

Public Utilities: electric company, air transportation, trucking, busing, telecommunications, television & radio services/broadcasting

Retail/Wholesale: department stores, restaurants, grocery stores, distributor

Business and repair services: mechanic, electrician, plumber

Personal services: child care, house cleaning, stylist

Professional and related services: legal services, financial planning, web design

- 01. Government, public administration
- 02. Health care
- 03. Education
- 04. Social Services
- 05. Agriculture, farming, forestry and fishing
- 06. Construction, mining
- 07. Manufacturing*
- 08. Transportation, communications and utilities*
- 09. Retail and wholesale trade/sales*
- 10. Banking, finance, insurance, real estate
- 11. Entertainment
- 12. Business and repair services*
- 13. Personal services*
- 14. Professional and related services*
- 15. Other...
- 97. Don't know
- 99. Refused
- ... Please Specify

IF TARGET IS >= 18 YEARS GOTO PHONE

Lead in to CHARGE below:

IF MINOR TARGET CURRENTLY INSURED:

Now I'd like to ask a few questions about the person this child gets their insurance benefits through.

IF MINOR TARGET IS UNINSURED OR PUBLICLY INSURED:

Now I'd like to ask a few questions about the PRIMARY WAGE EARNER in the household. If there is no primary wage earner, we'd like to ask questions about the person RESPONSIBLE for the care of this child.

CHARGE. Would that be you or someone else?

1 person on phone

2 someone else

SKIP TO ELSAGE

[NOTE: "THIS PERSON SHOULD BE THE POLICY HOLDER FOR THE CHILD"]

YOUAGE. What is your age?

1. Years:

9. Refused

SKIP TO HHRACE1

ELSAGE. What is their age?

1. Years:

7. Don't know

9. Refused

ELSEX. And is this person male or female?

1. Male

2. Female

9. Refused

SKIP TO HHRACE1

HHRACE1. Is this person Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

1. No Not of Hispanic Origin

2. Yes, Mexican, Mexican American, Chicano

3. Yes, Puerto Rican

4. Yes, Cuban

5. Yes, Other Spanish/Hispanic/Latino

7. Don't know

9. Refused

HHRACE2. Now choose one or more races for this person. Which race or races do you consider this person to be: [MAY SELECT MORE THAN ONE, HOWEVER DO NOT RECORD MORE THAN THREE.]

[READ AS PROBE. LIST IF NECESSARY.]

01. White

02. Black, African-American

03. Asian Indian

04. Chinese

05. American Indian or Alaska Native

06. Korean

07. Vietnamese

08. Hmong

09. Filipino

10. Japanese

11. Other Pacific Islander

12. Some other race...

97. Don't know

99. Refused

... What race is that?

HHRACE3. Of those, which do you consider yourself to be most?

- 01. Race: _____
- 97. Don't know
- 99. Refused

HHMAR. Is this person currently

- 1. Single
- 2. Married
- 3. Living with partner
- 4. Divorced
- 5. Separated
- 6. Widowed
- 7. Don't know
- 9. Refused

HHEDUC. What is the highest level of education this person has completed?

- 01. No Formal Education
- 02. Grade School (1 to 8 years)
- 03. Some High School (9 to 11 years)
- 04. High School Graduate or GED (received a HS equivalency diploma)
- 05. Some College/Technical or Vocational School/Training after HS
- 06. College Graduate
- 07. Postgraduate Degree/Study
- 97. Don't know
- 99. Refused

HHVA. Has this person ever served on active duty in the U.S. Armed Forces, military reserves or National Guard?

[PROBE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.]

- 1. Yes
- 2. No
- 7. Don't know
- 9. Refused

HHEMP1. Is this person currently:

- 1. Self Employed or Own Your Business
- 2. Employed by Someone
- 3. An Unpaid Worker for Family Business, Farm, Home
- 4. Retired
- 5. Unemployed, or Not Working
- 6. Full-Time Student (greater than 3/4 time)
- 7. Don't know
- 9. Refused

SKIP TO PHONE
SKIP TO PHONE
SKIP TO PHONE
SKIP TO PHONE

SKIP TO PHONE

[PROBE: Answer for the job this person works at the most hours]

HHEMP2. Does this person have more than one paying job?

- 1. Yes **SKIP TO HHEMP2B**
- 2. No
- 9. Refused **SKIP TO HHPERM**

HHOURS. What is the total number of hours usually worked per week?

- 1. Hours:
- 7. Don't know
- 9. Refused

SKIP TO HHPERM

HHEMP2B. For the job this person work at the most hours, what is the total number of hours usually worked per week?

1. Hours:
7. Don't know
9. Refused

HHPERM. Is this a permanent, temporary, or seasonal job?

1. Permanent
2. Temporary
3. Seasonal
7. Don't know
9. Refused

HTENURE. How long has this person been employed in this position?

1. Less than 1 month
2. More than 1 month but less than 6 months
3. More than 6 months but less than 1 year
4. More than 1 year but less than 5 years
5. More than 5 years
7. Don't know
9. Refused

HSITES. Thinking about the employer this person works for, about how many people are employed there? If this person works for a firm that has multiple locations in your city or across states, please include the number of people at ALL locations.

01. Just one
02. Between 2 and 10
03. 11 and 24
04. 25 and 50
05. 51 and 100
06. 101 and 500
07. Over 500
97. Don't know
99. Refused

HINDUST. Thinking about the employer this person works for, what industry most closely describes the employer? (Please listen to the whole list of choices before deciding)

01. Government, public administration
02. Health care
03. Education
04. Social Services
05. Agriculture, farming, forestry and fishing
06. Construction, mining
07. Manufacturing *
08. Transportation, communications and utilities*
09. Retail and wholesale trade/sales *
10. Banking, finance, insurance, real estate
11. Entertainment
12. Business and repair services*
13. Personal services*
14. Professional and related services*
15. Other...
97. Don't know
99. Refused
- ... Please Specify

PRESS F1 FOR EXAMPLES

PHONE. Besides this phone number, are there any other telephone numbers in your household, such as fax or data lines, a children's or business line? Do not include cell phones.

1. Yes
2. No

SKIP TO PHONE3

- 3. Not Target's # **SKIP TO PHONE3**
- 7. Don't know **SKIP TO PHONE3**
- 9. Refused **SKIP TO PHONE3**

PHONE2. How many of these telephone numbers are connected to phones that can be answered by a person?

- 1. Number:
- 7. Don't know
- 9. Refused

PHONE3. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

- 1. Yes
- 2. No **SKIP TO S13**
- 7. Don't know **SKIP TO S13**
- 9. Refused **SKIP TO S13**

PHONE4. Over the past year, what was the total number of days, weeks, or months your household was without telephone service?

- 1 Days: _____
- 2 Weeks: _____
- 3 Months: _____
- 7. Don't know
- 9. Refused

S13. In what country were you born?

- | | | |
|------------------------|-------------------|--------------------------------------|
| 01 United States | SKIP to H1 | 16. Laos |
| 02 Puerto Rico | | 17. Liberia |
| 03 Other US Territory* | | 18. Mexico |
| 04. Cambodia | | 19. Philippines |
| 05. Canada | | 20. Russia, other Eastern European** |
| 06. China | | 21. Somalia |
| 07. Cuba | 22. Sudan | |
| 08. Dominican Republic | | 23. Thailand |
| 09. El Salvador | | 24. Togo |
| 10. Ethiopia | | 25. Tibet |
| 11. Germany | | 26. Vietnam |
| 12. India | | 27. Other... |
| 13. Jamaica | | 97. Don't know |
| 14. Japan | 99. Refused | |
| 15. Korea | | |

* American Samoa, Guam, Marshall Islands, Northern Marianas Island, U.S. Virgin Islands

**Bosnia, Kosovo, Yugoslavia

S14. When did you come to live in the U.S.?

- 1 Year: _____
- 2 Number of Years ago: _____
- 7. Don't know
- 9. Refused

Now I am going to ask some questions about your or your family's income. This income information is important because it helps the state understand how to make health care more affordable.

TOTCNT. How many people live on your or your family's income who CURRENTLY LIVE in the household?
[DO NOT include any children for which a family member currently pays child support]

- 1. People:
- 7. Don't know
- 9. Refused

IF COUNT = 1 GOTO INCOME

KIDCNT. How many of these people are children under age 21?

- 1. Children:
- 7. Don't know
- 9. Refused

INCOME. What will be the estimated household's gross, pretax income from all sources for the year 2002?

[NOTE: "THE HOUSEHOLD" REFERS TO THE INCOME OF THE HOUSEHOLD UNIT JUST DEFINED IN THE PREVIOUS QUESTION]

(This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years or older. If self-employed or they own a business, please report that net income.)

- 1. Dollars: _____
- 7. Don't know
- 9. Refused

[IF REFUSES OR CANNOT ESTIMATE INCOME, SKIP TO INCOME2]

INCOME2. How about if I give you some categories? Would you say your household income is...

- 01. Less than \$ _____
- 02. \$ _____ and \$ _____
- 03. \$ _____ and \$ _____
- 04. \$ _____ and \$ _____
- 05. \$ _____ and \$ _____
- 06. \$ _____ and \$ _____
- 07. \$ _____ and \$ _____
- 97. Don't know
- 99. Refused

[READ THE INCOME CATEGORIES BASED ON FEDERAL POVERTY LEVEL FOR C: HOUSEHOLD SIZE FROM THE TOTAL IN Q129.] C: IF REPOSE TO Q.131A IS BELOW 200%, START AT < 100% OF POVERTY, ELSE C: START AT 275% OF POVERTY]

INCOME3. Would you say your income is below, equal to or above

- 1. Below
- 2. Equal to or above
- 7. Don't know
- 9. Refused

[IF RESPONDENT FAILS TO PROVIDE THE ACTUAL INCOME]

BANKRUPT. At any time during the last 5 years were you or a family member in your household forced to declare bankruptcy as a result of medical expenses?

- 1. Yes
- 2. No
- 7. Don't Know
- 9. Refused

That's all of the questions I have. Thank you for your contribution to this important research. If you have any further comments, I can note them now.

END OF SURVEY.

THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.

Appendix C

Baseline Information

CPS Estimates of Uninsurance in Indiana

Table C-1. CPS Estimates of Health Insurance Coverage for Indiana

Year	Percentage uninsured	Percentage Insured
1994	10.5	89.5
1995	12.6	87.4
1996	10.6	89.4
1997	11.4	88.6
1998	14.4	85.6
1999	10.1	89.9
2000	11.7	88.4
2001	11.8	88.2

Source: <http://www.census.gov/hhes/hlthins/historic/hihist4.htm>

Population Trends

The population in Indiana has been rising steadily since 1970. This is in accordance with the population of the entire United States, although the entire population of the nation has been rising at a faster rate than Indiana.

Table C-2. Historical Trend of Population in Indiana

Year	IN Population	IN % Increase	U.S. % increase
1990	5,544,156	0.4	0.8
1991	5,616,388	1.3	1.7
1992	5,674,547	1.0	1.4
1993	5,739,019	1.1	1.3
1994	5,793,526	0.9	1.2
1995	5,851,459	1.0	1.2
1996	5,906,013	0.9	1.2
1997	5,955,267	0.8	1.2
1998	5,998,880	0.7	1.2
1999	6,044,969	0.8	1.2
2000	6,080,485	0.6	0.9
2001	6,114,745	0.6	1.2

Source: <http://recenter.tamu.edu/data/pops/pops18.htm>

Age Distribution

The age distribution in Indiana according to the 2000 data has a very similar distribution to that of the entire US. This is also the case for gender distributions. There are slightly

more young males than females (less than 40 years old) in both Indiana and also in the US. However, in the over 64-year-old category, there are more females than males.

Table C-3. Age Distribution in 2000 in Indiana

Age Range	Percent of Population
0-5	11.0%
6-18	19.0%
19-39	30.1%
40-64	30.1%
65+	12.4%

Source: U.S. Census 2000 http://factfinder.census.gov/servlet/DTable?_ts=70199423796

Race/Ethnicity Distribution

The profile of race/ethnicity in Indiana is slightly different to the rest of the US whereby 1 in four people are black or African American, compared with 1 on 8 in the rest of the US.

Table C-4. Race/Ethnicity Distribution, 2000

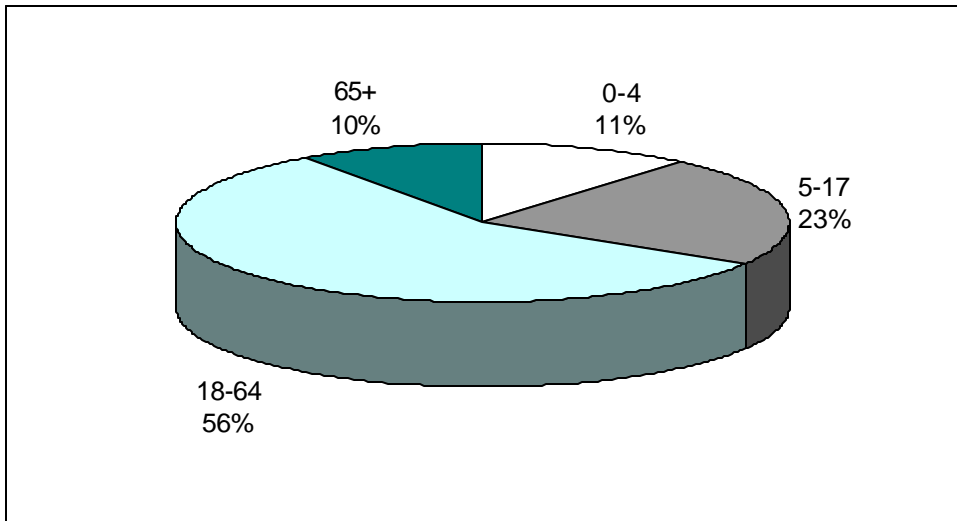
Race	Number of people in IN	% of people in IN
White Alone	5,317,334	75.1%
Black or African American alone	504,449	12.2%
American Indian an Alaskan Native alone	17,168	0.9%
Asian alone	57,193	3.6%
Native Hawaiian or Other Pacific Islander alone	1,762	0.1%
Some other race alone	98,092	5.5%
Two or more races	84,487	2.6%

Source: U.S. Census 2000 http://factfinder.census.gov/servlet/DTable?_ts=70199866718

Percent Living in Poverty

In Indiana 9.5 % of people are living at or below the FPL. This is almost 3% lower than for the entire United States population. Poverty distributions between age bands in the U.S. and in Indiana are very similar. Of the 9.5% of people living in poverty, over half of these people are between the ages of 18 and 64.

Figure C-1. Percent of People Living in Poverty in Indiana, 1999



Source: U.S. Census 2000 http://factfinder.census.gov/servlet/DTTable?_ts=70201714218

Indiana's Primary Industries

Table C-5. Primary Industries in Indiana, 2000

Industry	Number of jobs in IN
Services	41,185
Trade (wholesale & retail)	29,977
Government – Federal, State & Local	21,260
Manufacturing	16,724
Construction	6,556
Finance, Insurance & Real Estate	7,760
Transport & public utilities	6,773

Source: U.S. Census <http://data.bls.gov/servlet/SurveyOutputServlet>

Medicaid and Other Health Care Program Enrollment in Indiana

According to the Kaiser Family Foundation (KFF) State Health Facts, the monthly Medicaid enrollment in Indiana in 2001 was 598,411. The monthly average figure is the most useful measure of Medicaid coverage because it takes into account the length of eligibility. The average annual growth of Medicaid employees between December 2000 and December 2001 was 7.9%, this was almost 2% lower than the national average for the same period.

The categories of Medicaid eligibility are:

- ? Pregnant women – up to 150% FPL
 - o Up to about 15% FPL
- ? SSI Up to 76% FPL
 - o \$572 for individual, \$849 per couple (2003)
- ? Medicaid for Children (children <20)
 - o Up to 150% FPL
- ? SCHIP (Children up to 18 years of age)
 - o Starts where Medicaid ends up to and including 200% FPL

Sources: <http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=profile&area=Indiana&welcome=1&category=Medicaid+%26+SCHIP>

Estimates of Employer Offer and Employee Take Up Rates from MEPS-IC

Table C-6. Estimates of Private Employer Offer and Employee Take Up Rates in Indiana

Year	Employers Offering	Employees Eligible and enrolled
1996	51.6%	89.1%
1997	55.3%	85.0%
1998	52.9%	86.2%
1999	56.7%	85.4%
2000	58.4%	82.1%

Source: http://www.meps.ahrq.gov/MEPSDATA/ic/2000/Tables_II/TIIA1b.pdf
http://www.meps.ahrq.gov/MEPSDATA/ic/2000/Tables_II/TIIB2a1.pdf

HMO Penetration

Table C-7. HMO Penetration in Indiana and the U.S.

	Indiana	US
Current Rank	36	-
Previous rank	34	-
State penetration	5,943	272,691
Penetration % 1997	18.7%	31.2%
Penetration % 1998	22.1%	36.2%
Penetration % 1999	22.6%	37.9%
Enrollment 1998	1303.7	97,414.44

Source: Aventis Pharmaceuticals Inc. 2000 Source:
<http://www.managedcaredigest.com/edigests/hm2000/hm2000c01s07g01.html>

Table C-8. HMOs in Indiana

	Indiana
Total HMO's 1997	13
Total HMO's 1998	15
Total HMO's 1999	13

Source: <http://www.managedcaredigest.com/edigests/hm2000/hm2000c01s07g01.html>

Appendix D

Statistical Significance Testing and Select Survey Results by Age, Race, Urban/Rural Areas

Several characteristics of Indiana's population were analyzed in addition to basic health coverage information. Many characteristics and population groups were examined with respect to both the uninsured population in Indiana and the entire distribution of the survey population. This analysis was done to assess whether some groups were disproportionately uninsured compared to their representation in the population as a whole, as well as to assign statistical significance to any observed differences.

In Table D-1, the *Distribution of the Survey Population* column shows the distribution of the entire population within the survey. For example, it shows that 19-24 year olds make up 7.9% of the survey's population. The *Proportion of the Uninsured* column represents a subpopulation, the uninsured, within the total survey population. The proportion of the uninsured should be distributed similarly as the overall survey population if there are no factors that influence whether one has insurance. In this case, however, the *Proportion of the Uninsured* column shows, that 19-24 year olds made up 22.9% of the total uninsured population. In other words, uninsured 19-24 year olds represent a significantly larger proportion of the uninsured population than the proportion they represent in the entire survey population.

Statistical Tables

Table D-1. Demographic Characteristics of the Uninsured in Indiana, 2003

Characteristic	Proportion of Uninsured	Distribution of the Survey Population
Gender		
Male	50.7%	48.0%
Female	<u>49.3%</u>	<u>52.0%</u>
	100.0%	100.0%
Age		
0 – 5 years	4.8%	9.0%
6 – 18 years	12.6%	20.9%
19 –24 years	22.9%	7.9%
25 –34 years	19.9%	12.1%
35-54 years	31.4%	29.5%
55-64 years	7.1%	9.2%
65 years and over	<u>1.4%</u>	<u>11.4%</u>
	100.0%	100.0%
Race/Ethnicity		
African American/Black	13.1%	8.6%
American Indian	0.4%	0.4%
Asian	0.2%	0.6%
Hispanic*	4.5%	3.6%
White	79.8%	84.6%
Other	<u>2.1%</u>	<u>2.3%</u>
	100.0%	100.0%
Marital Status		
Widowed	2.2%	4.5%
Married	41.9%	67.8%
Divorced	9.7%	6.7%
Separated	1.8%	1.3%
Living with Partner	11.8%	4.2%
Single	<u>32.7%</u>	<u>15.5%</u>
	100.0%	100.0%

Note: Comparisons in the table are of weighted data and compare the uninsured statewide population to the survey population as a whole. Numbers in bold indicate statistically significant differences (95% level) between uninsured population and survey population. Italicized bold indicates groups that are under-represented among the uninsured; un italicized bold indicates groups that are over-represented in the uninsured population.

* For those reporting Hispanic ethnicity and some other race, Hispanic was selected as racial classification.

Table D-2 Demographic Characteristics of the Uninsured in Indiana, 2003

Characteristic	Proportion of Uninsured	Distribution of the Survey Population *
Level of Education		
Less than High School	18.0%	10.1%
High school graduate	44.2%	35.3%
Some College	23.8%	27.0%
College Graduate	12.7%	21.0%
Postgraduate	<u>1.2%</u>	<u>6.6%</u>
	100.0%	100.0%
Health Status		
Excellent	26.9%	32.5%
Very Good	26.3%	32.1%
Good	26.9%	23.3%
Fair	16.4%	9.1%
Poor	<u>3.5%</u>	<u>3.1%</u>
	100.0%	100.0%
Family Income (% of FPL)		
<50%	6.3%	3.5%
50-99%	17.1%	7.0%
100-132%	13.3%	5.7%
133-184%	19.8%	10.4%
185-199%	5.9%	3.8%
200-249%	8.9%	10.9%
250-299%	7.2%	9.8%
=300%	<u>21.4%</u>	<u>49.0%</u>
	100.0%	100.0%

Note: Comparisons in the table are of weighted data and compare the uninsured state-wide population to the survey population as a whole. Numbers in bold indicate statistically significant differences (95% level) between uninsured population and survey population. Italicized bold indicates groups that are under-represented among the uninsured; un italicized bold indicates groups that are over-represented in the uninsured population.

Table D-3 Demographic Characteristics of the Uninsured in Indiana – Chronic conditions, 2003

Characteristic	Proportion of Uninsured	Distribution of the Survey Population *
Chronic Condition		
Functional Impairment	24.2%	22.0%
Have/had asthma	15.2%	11.7%
Have/had diabetes	2.6%	6.2%
Have/had heart disease	2.4%	5.4%
Stroke	0.3%	2.0%
High cholesterol/blood pressure	17.6%	24.7%

Table D-4. Employment Status of the Uninsured in Indiana, 2003

	Proportion of Uninsured	Distribution of the Survey Population
Employment Status		
Self-Employed	9.5%	6.6%
Employed by Someone Else	50.4%	62.5%
Not Employed/Unpaid Worker	31.9%	13.9%
Retired	5.0%	13.5%
Student	<u>3.3%</u>	<u>3.6%</u>
	100.0%	100.0%
For Those Who are Employed (self employed or employed by someone)		
Number of Jobs		
One Job	89.4%	89.8%
Multiple Jobs	<u>10.6%</u>	<u>10.2%</u>
	100.0%	100.0%
Hours Worked per Week		
Fewer than 10	1.3%	1.6%
11 to 20	7.6%	5.4%
21 to 30	12.9%	7.2%
31 to 40	51.0%	51.1%
41 or more	<u>27.1%</u>	<u>34.7%</u>
	100.0%	100.0%
Type of Job		
Permanent	84.2%	94.1%
Temporary	9.8%	3.4%
Seasonal	6.0%	<u>2.6%</u>
	100.0%	100.0%
Full-time	63.7%	77.5%
Part-time	36.3%	<u>22.5%</u>
	100.0%	100.0%
Size of Employer		
<11 employees	33.9%	16.4%
11 – 50 employees	24.1%	16.6%
>50 employees	<u>42.1%</u>	<u>67.0%</u>
	100.0%	100.0%

Note: Comparisons in the table are of weighted data and compare the uninsured statewide population to the survey population as a whole. Numbers in bold indicate statistically significant differences (95% level) between uninsured population and survey population. Italicized bold indicates groups that are under-represented among the uninsured; un italicized bold indicates groups that are over-represented in the uninsured population.

Survey Results by Age

Figure D-1. Sources of Health Insurance Coverage by Age, 2003

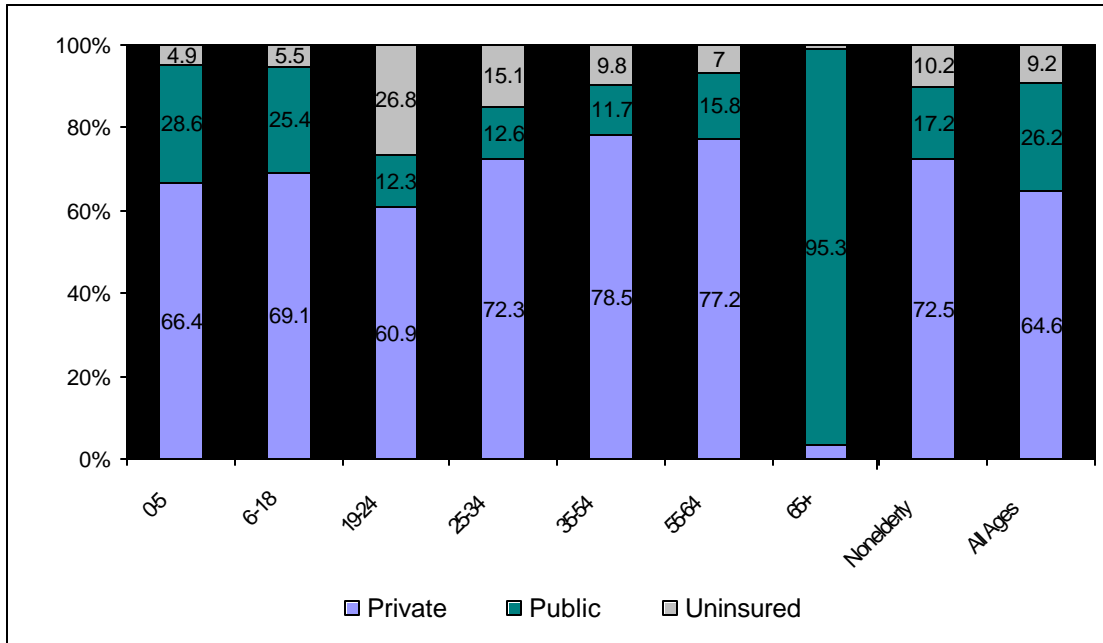


Table D-5. Uninsurance Rates in Indiana by Age, 2003

Age	Point in time	All Year	Part Year	Some point in year
0 – 18	5.3%	3.3%	4.9%	8.2%
19-64	12.7%	8.7%	7.8%	16.5%
19 –24	26.8%	17.8%	15.8%	33.6%
25 –34	15.1%	9.1%	12.4%	21.4%
35-54	9.8%	0.7%	5.6%	12.6%
55-64	7.0%	5.8%	2.0%	7.8%
65+	1.1%	0.9%	0.6%	1.5%
All Ages	9.2%	6.2%	6.1%	12.3%

Table D-6. Demographics Characteristics of Hoosier Uninsured Children, 2003

	Proportion of Uninsured Children	Distribution of Children in Survey Population
Gender		
Male	50.8%	51.1%
Female	<u>49.2%</u>	<u>48.9%</u>
	100.0%	100.0%
Age		
0 – 5 years	27.7%	30.0%
6 – 18 years	<u>72.3%</u>	<u>69.9%</u>
	100.0%	100.0%
Race/Ethnicity		
African American/Black	19.1%	11.3%
American Indian	*	0.5%
Asian	*	0.7%
Hispanic**	6.7%	5.7%
White	73.9%	79.3%
Other	<u>0.3%</u>	<u>2.5%</u>
	100.0%	100.0%
Marital Status of Parents		
Widowed	3.2%	1.1%
Married	46.7%	70.8%
Divorced	11.6%	7.8%
Separated	0.3%	1.7%
Living with Partner	10.3%	4.5%
Single	<u>27.9%</u>	<u>14.1%</u>
	100.0%	100.0%
Health Status		
Excellent	48.9%	52.2%
Very Good	30.2%	29.1%
Good	16.0%	14.9%
Fair	4.2%	3.4%
Poor	<u>0.7%</u>	<u>0.4%</u>
	100.0%	100.0%
Family Income (% of FPL)		
<50%	3.1%	4.1%
50-99%	22.0%	11.4%
100-132%	10.3%	6.3%
133-184%	20.9%	11.2%
15-200%	7.5%	5.7%
185-249%	8.8%	12.6%
250-299%	10.4%	9.2%
=300%	<u>17.1%</u>	<u>39.5%</u>
	100.0%	100.0%

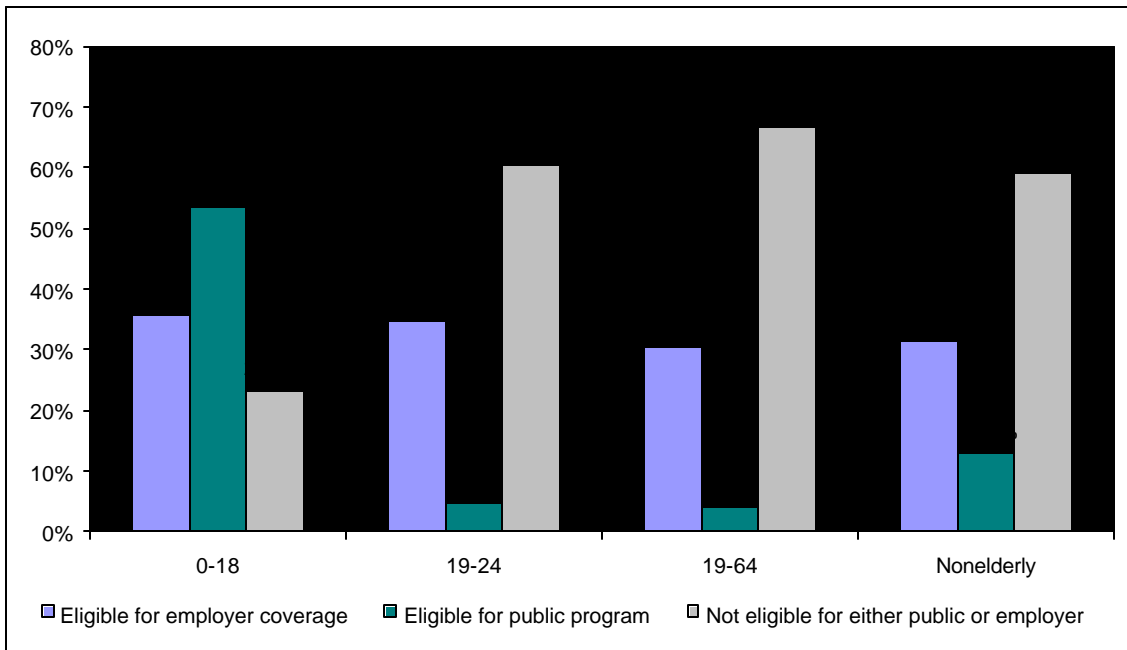
* No observations. ** For race that reported to be Hispanic and other, Hispanic was taken as the predominant race

Table D-7. Employment Status of the Parents of Uninsured Children, 2003

	Proportion of Uninsured	Distribution of Survey Population
Employment Status		
Self-Employed	11.5%	7.9%
Employed by Someone Else	50.6%	72.5%
Not Employed/Unpaid worker	22.2%	13.3%
Retired	12.9%	2.5%
Student	<u>2.8%</u>	<u>3.8%</u>
	100.0%	100.0%
For Those Who are Employed and Uninsured		
Number of Jobs		
One Job	83.7%	89.2%
Multiple Jobs	<u>16.3%</u>	<u>10.8%</u>
	100.0%	100.0%
Hours Worked per Week		
0 to 10	*	2.1%
11 to 20	6.3%	4.6%
21 to 30	4.0%	6.0%
31 to 40	46.2%	51.1%
41 or more	<u>43.6%</u>	<u>36.2%</u>
	100.0%	100.0%
Type of Job		
Permanent	90.5%	95.4%
Temporary	7.7%	2.6%
Seasonal	<u>1.8%</u>	<u>2.0%</u>
	100.0%	100.0%
Full-time	80.7%	79.4%
Part-time	<u>19.3%</u>	<u>20.6%</u>
	100.0%	100.0%
Size of Employer		
<11 employees	36.5%	14.4%
11 – 50 employees	14.9%	15.0%
>50 employees	<u>48.6%</u>	<u>70.6%</u>
	100.0%	100.0%

* No Observations reported

Figure D-2. Potential Health Insurance Coverage for the Uninsured by Age Group, 2003



Survey Results by Race and Ethnicity

Figure D-3. Sources of Health Insurance Coverage for the Uninsured by Race/Ethnicity, 2003

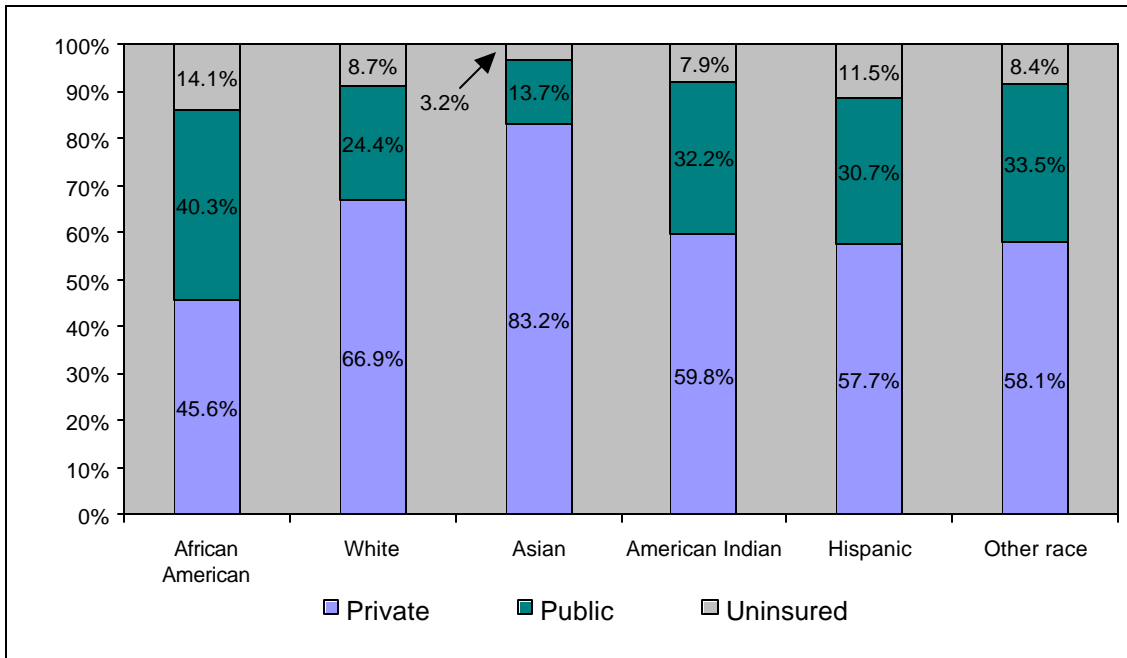


Table D-8. Uninsurance Rates in Indiana by Race/Ethnicity, 2003

	Point-in-time	All Year	Part Year	Some point in year
Race/Ethnicity				
Black	14.1%	10.1%	8.1%	18.3%
White	8.7%	5.7%	5.9%	11.6%
Asian	3.2%	3.2%	3.1%	6.3%
American Indian	7.9%	6.9%	1.0%	7.9%
Hispanic	11.5%	7.9%	8.3%	16.2%
Other	8.4%	7.0%	5.0%	12.0%
All Races	9.2%	6.2%	6.1%	12.3%

Figure D-4. Potential Access to Health Insurance Coverage White and Non-White Uninsured, 2003

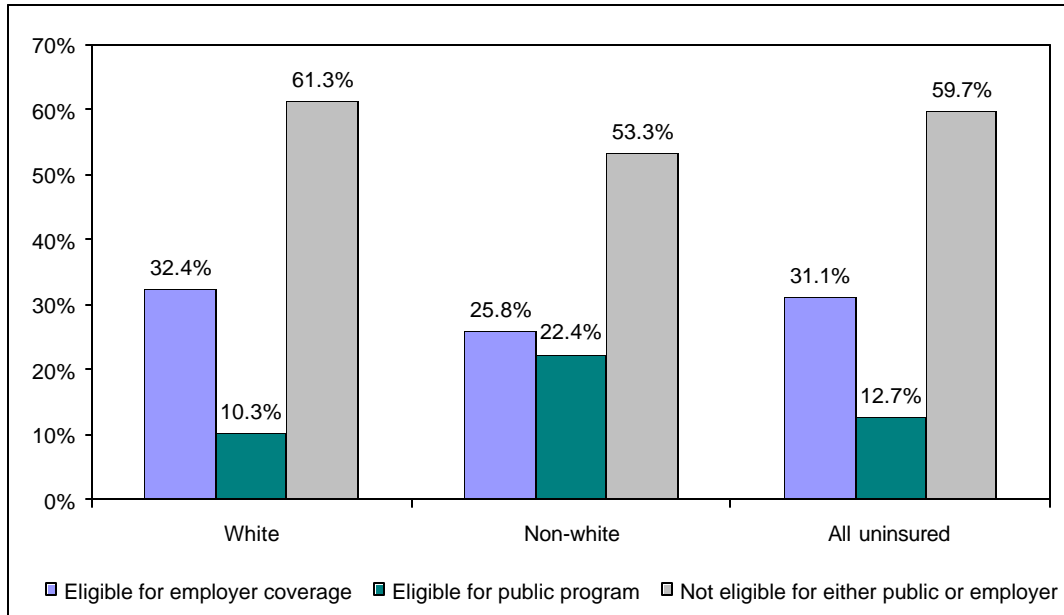


Table D-9. Demographic Characteristics of White and Non-White Uninsured, 2003

	<u>White- Uninsured</u>	<u>Non-White Uninsured</u>
Gender		
Male	49.8%	54.5%
Female	<u>50.2%</u>	<u>45.5%</u>
	100.0%	100.0%
Age		
0 - 5 years	3.3%	10.6%
6 - 18 years	12.7%	11.8%
19 -24 years	23.0%	22.2%
25 -34 years	21.1%	15.1%
35-54 years	32.1%	28.7%
55-64 years	6.4%	9.5%
65 years and over	<u>1.2%</u>	<u>2.2%</u>
	100.0%	100.0%
Marital Status		
Widowed	2.3%	2.0%
Married	44.8%	30.2%
Divorced	10.9%	5.1%
Separated	1.6%	23.8%
Living with Partner	12.1%	10.5%
Single	<u>28.3%</u>	49.9%
	100.0%	100.0%
Education		
Less than High School	14.8%	31.0%
HS Graduate	46.9%	33.2%
Some College	24.3%	22.2%
College Graduate	12.5%	13.6%
Post Graduate	<u>1.5%</u>	<u>0.0%</u>
	100.0%	100.0%
Health Status		
Excellent	26.6%	28.2%
Very Good	27.3%	22.5%
Good	26.3%	29.1%
Fair	16.5%	16.1%
Poor	3.3%	4.2%
	100.0%	100.0%
Family Income (% of FPL)		
<50%	5.7%	8.9%
50-99%	16.6%	19.4%
100-132%	12.3%	17.0%
133-184%	21.5%	13.1%
150-200%	5.7%	6.6%
185-249%	8.4%	11.0%
250-299%	7.3%	6.9%
=300%	<u>22.5%</u>	<u>17.1%</u>
	100.0%	100.0%

Table D-10. Employment Status of White and Non-White Uninsured, 2003

	White Uninsured	Non-White Uninsured
Employment Status		
Self-Employed	10.4%	9.5%
Employed by Someone Else	52.0%	50.4%
Not Employed/Unpaid worker	31.2%	31.9%
Retired	3.0%	5.0%
Student	<u>3.3%</u>	<u>3.3%</u>
	100.0%	100.0%
For Those Who are Employed and Uninsured		
Number of Jobs		
One Job	89.3%	89.7%
Multiple Jobs	<u>10.7%</u>	<u>10.3%</u>
	100.0%	100.0%
Hours Worked per Week		
0 to 10	1.3%	1.4%
11 to 20	7.9%	5.6%
21 to 30	13.8%	7.1%
31 to 40	49.3%	50.1%
41 hours or more	<u>27.8%</u>	<u>35.7%</u>
	100.0%	100.0%
Type of Job		
Permanent	84.1%	83.0%
Temporary	9.5%	11.3%
Seasonal	<u>6.0%</u>	<u>5.7%</u>
	100.0%	100.0%
Full-time	62.5%	77.8%
Part-time	<u>37.5%</u>	<u>22.2%</u>
	100.0%	100.0%
Size of Employer		
<11 employees	34.4%	30.4%
11 - 50 employees	24.7%	20.7%
>50 employees	<u>40.9%</u>	<u>48.9%</u>
	100.0%	100.0%

Survey Results by Geographic Regions

Table D-11. Counties by Bioterrorism Region, 2003

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Jasper	Elkhart	Adams	Benton	Boone	Blackford	Brown	Bartholomew	Crawford	Clay
Lake	Fulton	Allen	Carroll	Hamilton	Delaware	Greene	Clark	Daviess	Parke
Porter	Kosciusko	DeKalb	Cass	Hancock	Fayette	Jackson	Dearborn	Dubois	Putnam
	LaPorte	Huntington	Clinton	Hendricks	Grant	Lawrence	Decatur	Gibson	Sullivan
	Marshall	LaGrange	Fountain	Johnson	Henry	Martin	Floyd	Knox	Vermillion
	Newton	Miami	Montgomery	Marion	Howard	Monroe	Franklin	Perry	Vigo
	Pulaski	Noble	Tippecanoe	Morgan	Jay	Orange	Harrison	Pike	
	St Joseph	Steuben	White	Shelby	Madison	Owen	Jefferson	Posey	
	Starke	Wabash			Randolph	Washington	Jennings	Spencer	
	Fulton	Wells			Rush		Ohio	Vanderburgh	
		Whitley			Tipton		Ripley	Warrick	
					Union		Scott		
					Warren		Switzerland		
					Wayne				

Table D-12. Counties by MSA Region, 2003

Gary	South Bend	Elkhart	Fort Wayne	Muncie	Cincinnati	Louisville	Evansville-Hederson	Bloomington	Terre Haute	Kokomo	La Fayette	Indianapolis
Jasper	St Joseph	Elkhart	Adams	Delaware	Dearborn	Clark	Posey	Monroe	Clay	Howard	Carroll	Boone
Lake			Allen		Ohio	Floyd	Vanderburgh		Vermillion	Tipton	Clinton	Hamilton
			DeKalb			Harrison	Warrick		Vigo			Hancock
			Huntington			Scott						Hendricks
			Wells									Johnson
			Whitley									Marion
												Morgan
												Shelby

Figure D-5. Variation in sources of Uninsurance Coverage by MSA and Non-MSA Regions, 2003

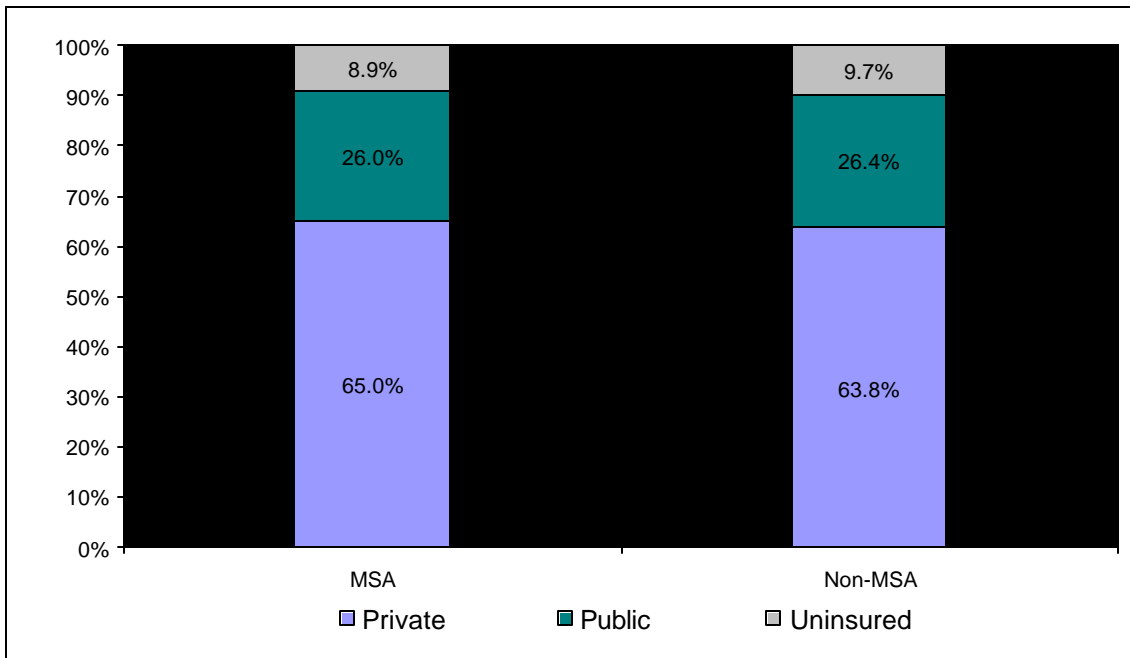


Figure D-6. Variation in sources of Uninsurance Coverage by Region, 2003

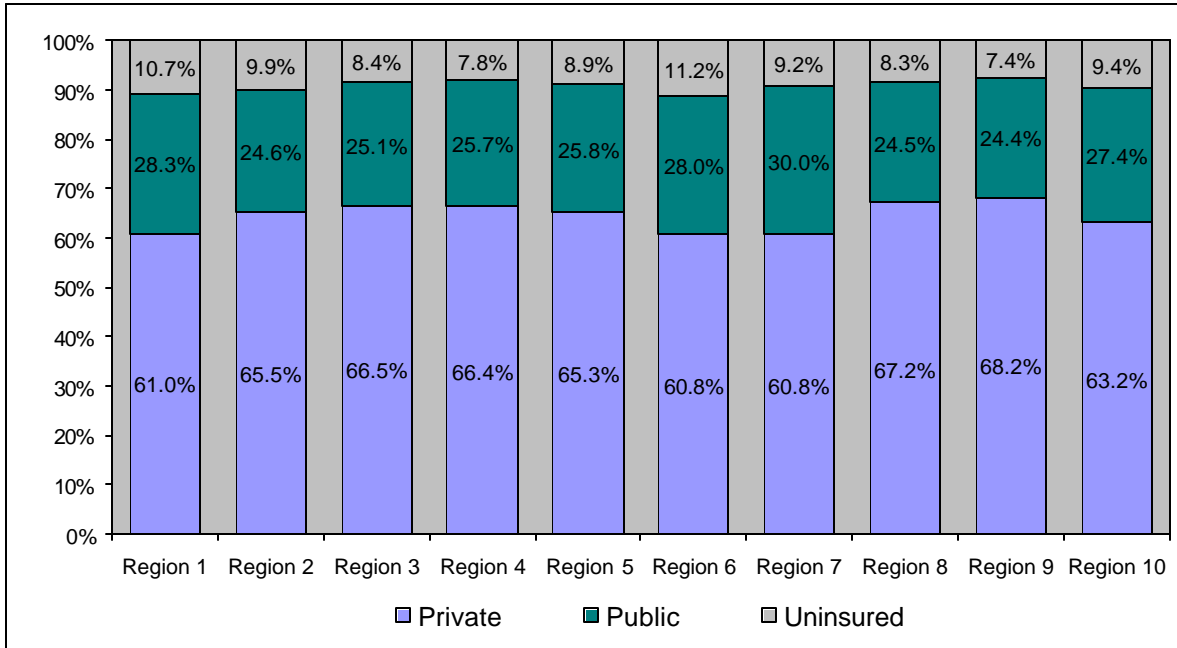


Table D-13. Demographics Characteristics of the Uninsured by MSA and non-MSA regions, 2003

	MSA	Non-MSA
Gender		
Male	55.7%	40.4%
Female	<u>44.4%</u>	<u>59.6%</u>
	100.0%	100.0%
Age		
0 - 5 years	5.5%	3.3%
6 - 18 years	11.9%	14.0%
19 -24 years	25.2%	18.1%
25 -34 years	20.2%	19.2%
35-54 years	29.4%	35.8%
55-64 years	6.3%	8.7%
65 years and over	<u>1.6%</u>	<u>1.0%</u>
	100.0%	100.0%
Race/Ethnicity		
African American/Black	18.8%	1.1%
American Indian	0.5%	0.1%
Asian	0.3%	*
Hispanic*	5.7%	%
White	72.1%	95.9%
Other	<u>2.6%</u>	<u>0.9%</u>
	100.0%	100.0%
Marital Status		
Widowed	1.7%	3.3%
Married	38.5%	48.9%
Divorced	10.1%	9.0%
Separated	2.3%	0.6%
Living with Partner	9.5%	16.4%
Single	<u>37.9%</u>	<u>21.9%</u>
	100.0%	100.0%
Level of Education		
Less than High School	18.6%	16.8%
HS school graduate	43.9%	44.7%
Some College	23.0%	25.5%
College Graduate	13.6%	10.9%
Post Graduate	<u>0.8%</u>	<u>2.1%</u>
	100.0%	100.0%
Health Status		
Excellent	28.3%	24.0%
Very Good	25.8%	27.4%
Good	26.0%	28.7%
Fair	17.1%	15.0%
Poor	<u>2.8%</u>	<u>4.9%</u>

	MSA	Non-MSA
	100.0%	100.0%
Family Income (% of FPL)		
<50%	5.0%	9.2%
50-99%	18.2%	15.0%
100-132%	13.3%	13.2%
133-184%	18.2%	23.2%
15-200%	5.9%	5.9%
185-249%	8.1%	10.7%
250-299%	7.6%	6.4%
=300%	<u>23.7%</u>	<u>16.6%</u>
	100.0%	100.0%

* No observations.

Table D-14. Geographic Distribution of the Uninsured in Indiana

Geographic Area	Proportion of Uninsured	Distribution of Survey Population
Region		
MSA	67.8%	69.7%
Non-MSA	<u>32.2%</u>	<u>30.3%</u>
	100.0%	100.0%
Region 1	12.3%	10.7%
Region 2	13.1%	12.2%
Region 3	10.3%	11.3%
Region 4	4.8%	5.6%
Region 5	2.4%	24.8%
Region 6	13.1%	10.8%
Region 7	5.6%	5.6%
Region 8	7.3%	8.1%
Region 9	6.0%	7.4%
Region 10	<u>3.7%</u>	<u>3.6%</u>
	100.0%	100.0%
MSA's		
Gary	17.7%	14.2%
South Bend	5.4%	5.9%
Elkhart	5.3%	5.2%
Fort Wayne	8.6%	12.2%
Muncie	2.9%	2.5%
Cincinnati	0.7%	1.0%
Louisville	5.7%	5.2%
Evansville	4.1%	5.5%
Bloomington	2.5%	2.4%
Terre Haute	3.5%	3.3%
Indianapolis	40.5%	39.1%
Kokomo	2.6%	2.4%

Geographic Area	Proportion of Uninsured	Distribution of Survey Population
Region		
La fayette	<u>0.6%</u>	<u>0.1%</u>
	100.0%	100.0%

Table D-15. Employment Status of the Uninsured by Urban and Rural, 2003

	MSA	Non-MSA
Employment Status		
Self-Employed	7.9%	13.0%
Employed by Someone Else	49.7%	51.8%
Not Employed/Unpaid worker	32.9%	29.8%
Retired	5.8%	3.3%
Student	<u>3.8%</u>	<u>2.2%</u>
	100.0%	100.0%
For Those Who are Employed and Uninsured		
Number of Jobs		
One Job	87.8%	92.4%
Multiple Jobs	<u>12.2%</u>	<u>7.6%</u>
	100.0%	100.0%
Hours Worked per Week		
0 to 10	1.6%	0.8%
11 to 20	10.0%	3.2%
21 to 30	11.8%	15.0%
31 to 40	53.7%	45.9%
41 or more	<u>22.9%</u>	<u>35.1%</u>
	100.0%	100.0%
Type of Job		
Permanent	82.8%	86.8%
Temporary	10.7%	8.3%
Seasonal	<u>6.5%</u>	<u>5.0%</u>
	100.0%	100.0%
Full - Time	62.2%	66.5%
Part - Time	<u>37.8%</u>	<u>33.5%</u>
	100.0%	100.0%
Size of Employer		
<10 employees	30.6%	39.7%
10 - 50 employees	23.2%	25.7%
>50 employees	<u>46.2%</u>	<u>34.6%</u>
	100.0%	100.0%

Figure D-7. Potential Access to Health Insurance for the Uninsured by MSA and Non-MSA Regions, 2003

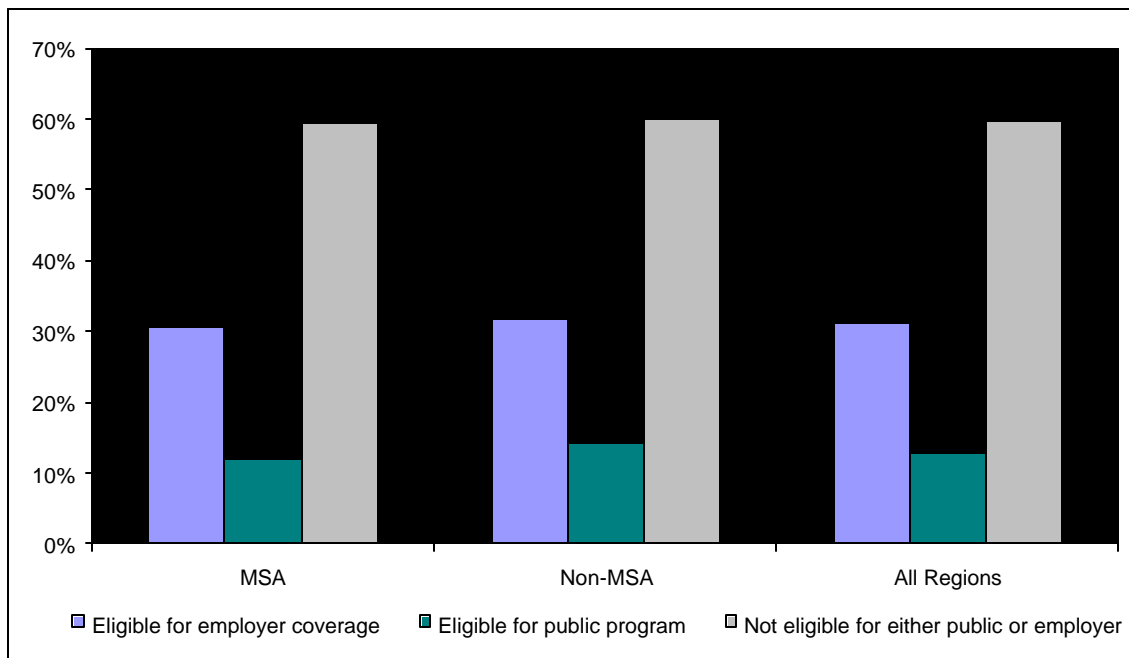


Figure D-8. Potential Access to Health Insurance for the Uninsured by Region, 2003

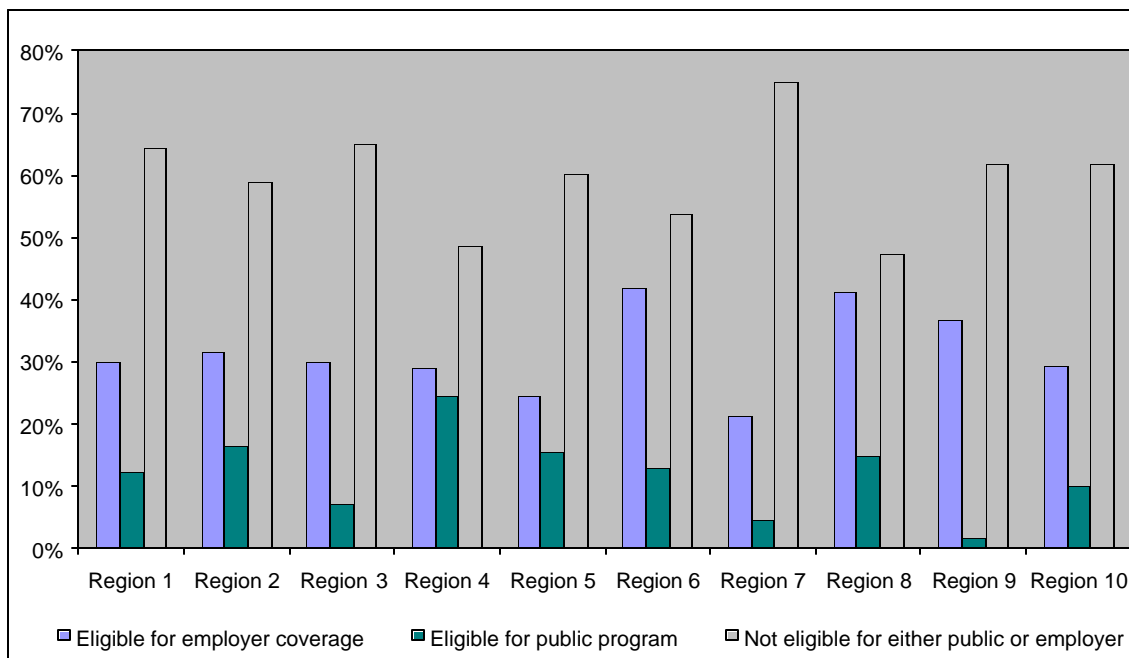


Table D-16. Demographics Characteristics of the Uninsured by Region, 2003

Characteristic	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
Gender										
Male	57.4%	45.5%	50.3%	56.3%	59.5%	45.6%	39.4%	45.9%	48.1%	47.2%
Female	42.6%	54.6%	49.7%	43.7%	40.5%	54.4%	60.6%	54.1%	51.9%	52.8%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Characteristic	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Age (years)									
0-5	3.2%	2.8%	2.4%	7.5%	8.2%	5.2%	1.4%	6.3%	
6-18	11.7%	16.6%	11.1%	20.1%	6.2%	18.3%	13.5%	23.1%	
19-24	22.0%	15.5%	32.3%	18.6%	30.0%	19.5%	18.4%	20.8%	
25-34	13.6%	19.2%	15.5%	27.0%	22.2%	16.5%	26.1%	18.6%	
35-54	40.4%	32.1%	32.7%	19.1%	25.9%	36.5%	31.2%	24.4%	
55-64	8.8%	12.8%	4.3%	7.7%	4.8%	4.1%	8.9%	5.5%	
65 and over	<u>0.5%</u>	<u>1.0%</u>	<u>1.5%</u>	<u>0.0%</u>	<u>1.8%</u>	*	<u>0.5%</u>	<u>1.4%</u>	
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Race/Ethnicity									
African American/Black	24.8%	9.2%	6.2%	3.7%	27.1%	1.5%	3.4%	11.6%	
American Indian	0.8%	0.4%	*	*	*	1.5%	*	*	
Asian	*	1.0%	*	*	*	*	0.0%	0.9%	
Hispanic*	8.0%	7.1%	2.3%	8.8%	4.2%	1.6%	4.6%	5.9%	
White	60.9%	81.0%	89.4%	87.5%	67.5%	92.9%	92.0%	78.7%	
Other	<u>5.6%</u>	<u>1.4%</u>	<u>2.0%</u>	*	<u>1.1%</u>	<u>2.6%</u>	*	<u>2.9%</u>	
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Marital Status									
Widowed	3.0%	1.2%	2.6%	*	1.9%	3.5%	*	3.9%	
Married	47.3%	50.2%	41.9%	29.6%	38.1%	35.0%	52.8%	42.2%	
Divorced	5.4%	9.7%	3.9%	14.0%	6.4%	17.6%	3.5%	10.6%	
Separated	1.3%	3.8%	*	2.1%	1.8%	1.4%	2.3%	3.5%	
Living with Partner	5.3%	13.0%	18.8%	15.4%	10.2%	15.0%	13.4%	8.7%	
Single	<u>37.6%</u>	<u>22.1%</u>	<u>32.8%</u>	<u>39.0%</u>	<u>41.6%</u>	<u>27.6%</u>	<u>28.1%</u>	<u>31.0%</u>	
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Education									
Less than High School	22.6%	8.6%	15.8%	25.8%	22.4%	11.4%	29.0%	17.1%	
HS Graduate	40.2%	43.4%	46.0%	39.5%	39.0%	60.0%	30.1%	54.1%	
Some College	15.7%	36.5%	23.1%	22.8%	25.0%	17.8%	26.1%	18.2%	
College Graduate	19.6%	8.4%	13.8%	7.3%	13.2%	10.7%	13.2%	10.6%	
Post Graduate	1.9%	<u>3.2%</u>	<u>12.8%</u>	<u>4.6%</u>	<u>0.4%</u>	*	<u>1.6%</u>	*	
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Health Status									
Excellent	18.8%	23.0%	40.0%	42.7%	32.3%	25.8%	28.0%	11.7%	
Very Good	13.4%	27.3%	27.0%	20.4%	29.4%	24.4%	29.2%	45.4%	
Good	48.2%	23.2%	19.3%	25.6%	16.0%	33.6%	25.2%	27.1%	
Fair	16.2%	22.2%	6.5%	7.9%	20.7%	13.7%	14.8%	14.8%	
Poor	<u>3.5%</u>	<u>4.3%</u>	<u>7.3%</u>	<u>3.4%</u>	<u>1.6%</u>	<u>2.6%</u>	<u>2.8%</u>	<u>1.1%</u>	
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Family Income (%FPL)									
<50%	1.9%	12.9%	3.0%	12.1%	4.9%	8.6%	5.2%	1.9%	
50-99%	23.2%	3.4%	19.2%	16.4%	22.8%	20.4%	10.3%	11.6%	
100-132%	18.7%	24.0%	12.6%	9.0%	9.8%	8.5%	12.1%	10.1%	
133-184%	16.2%	8.2%	25.5%	18.4%	24.2%	12.7%	22.7%	35.0%	
185-199%	7.4%	5.8%	7.3%	2.6%	5.3%	11.3%	2.8%	2.9%	
200-249%	5.6%	9.6%	6.9%	11.9%	4.9%	12.0%	12.4%	6.3%	
250-299%	5.8%	12.6%	5.1%	2.7%	9.7%	6.0%	6.0%	16.6%	
=300%	<u>21.1%</u>	<u>23.5%</u>	<u>20.4%</u>	<u>26.9%</u>	<u>25.9%</u>	<u>16.9%</u>	<u>28.6%</u>	<u>15.6%</u>	
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table D-17. Employment Status of the Uninsured by Region, 2003

Characteristic	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
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Characteristic	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Employment Status									
Self-employed	8.4%	18.4%	9.4%	10.3%	3.2%	8.6%	17.6%	14.5%	2.7%
Employed by someone else	42.9%	55.1%	51.8%	42.7%	44.5%	60.1%	40.9%	56.2%	60.4%
Not employed/Unpaid worker	44.5%	20.9%	31.7%	36.3%	37.0%	28.2%	31.2%	22.2%	31.6%
Retired	2.1%	3.6%	2.2%	2.0%	11.4%	1.8%	3.1%	4.2%	5.3%
Student	2.0%	2.1%	4.9%	8.8%	3.9%	1.3%	7.2%	2.8%	*
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
For Those who are employed									
Number of Jobs									
One Job	87.7%	85.1%	96.7%	91.6%	86.0%	92.6%	92.0%	86.8%	94.8%
Multiple Jobs	12.3%	14.9%	33.3%	8.5%	14.1%	7.4%	8.0%	13.2%	5.2%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hours Worked per Week									
0-10	0.9%	1.1%	*	1.3%	*	1.1%	0.8%	2.1%	8.8%
11-20	8.1%	3.0%	18.0%	1.4%	14.6%	*	6.3%	7.1%	4.0%
21-30	15.1%	4.0%	23.3%	11.7%	15.4%	12.4%	20.3%	11.2%	7.0%
31-40	50.1%	42.1%	39.1%	59.2%	56.6%	60.5%	36.8	61.4%	49.6%
41 hours or more	25.7%	49.8%	19.6%	26.4%	13.4%	26.0%	35.9%	18.2%	30.6%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Type of Job									
Permanent	85.6%	89.5%	84.2%	74.3%	77.9%	80.9%	94.6%	92.9%	80.1%
Temporary	8.8%	8.3%	11.7%	9.4%	14.1%	11.2%	3.8%	6.4%	10.3%
Seasonal	5.6%	2.3%	4.2%	16.3%	8.0%	7.9%	1.6%	0.7%	9.6%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Full-time	54.3%	22.0%	53.0%	19.4%	38.7%	36.7%	38.0%	27.0%	28.6%
Part-time	45.7%	78.0%	47.0%	80.6%	61.3%	63.4%	62.0%	73.0%	71.5%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Size of Employer									
<11 employees	19.7%	39.7%	39.0%	42.0%	23.3%	36.5%	41.7%	31.5%	41.7%
11-50 employees	33.8%	25.5%	19.3%	12.5%	25.8%	18.1%	22.1%	25.0%	35.9%
>50 employees	46.6%	34.9%	41.8%	45.5%	50.9%	45.4%	36.2%	43.6%	22.4%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%