

Revised DRAFT

2003 Virgin Islands Health Care Insurance and Access Survey: Select Results

Funded by the 2002 HRSA State Planning Grant

Report to:



Bureau of Economic
Research U.S. Virgin
Islands

Bureau of Economic Research
Office of the Governor
St Thomas, U.S. Virgin Islands
Phone 340-714-1700

Prepared by:



State Health Access Data
Assistance Center

State Health Access Data Assistance Center
University of Minnesota School of Public Health
2221 University Avenue SE Suite345
Minneapolis, Minnesota
Phone 612 624 4802

April 24, 2003

Table of Contents

Executive Summary	i
Chapter 1	1
Introduction.....	1
Why Conduct a Survey of Health Insurance Coverage in the U.S. Virgin Islands?.....	1
Why is Health Insurance Important?	1
Who Conducted the 2003 Virgin Islands Health Care Insurance and Access Survey?.....	2
Chapter 2	3
Who is Uninsured in the U.S. Virgin Islands?	3
What is the Overall Level of Uninsurance in the U.S. Virgin Islands?	3
What Are the Characteristics of the Uninsured in the U.S. Virgin Islands?.....	6
Where Do the Uninsured in the U.S. Virgin Islands Live?.....	11
Chapter 3	12
What are Some Potential Sources of Care for the Uninsured in the U.S. Virgin Islands?	12
Why Don't Uninsured Individuals Participate in Employer-Sponsored Coverage?	13
Why Don't Uninsured Individuals Participate in Public Programs?.....	13
Chapter 4	15
How are the Uninsured Getting Their Medical Needs Met?.....	15
Do the Uninsured Have a Regular Source of Care?	15
Where Do the Uninsured Go for Health Care?	16
Chapter 5	17
What is the Employer Coverage Situation in the Virgin Islands?.....	17
What are the Characteristics of Firms That Do Not Offer Coverage, As Compared to Firms That Do?.....	17
Chapter 6	Error! Bookmark not defined.
Summary and Conclusion.....	Error! Bookmark not defined.

Appendix A.....	Error! Bookmark not defined.
Survey Methodology.....	21
Data Collection.....	21
Sampling Methodology.....	21
Weighting the Survey Data	22
Income Imputation	23
Appendix B	26
Survey Instrument – 2003 Virgin Islands Health Care Insurance and Access Survey.....	26
Appendix C.....	42
Baseline Information.....	42
Appendix D.....	47
Select Survey Results by Age, Race and Island	47

Executive Summary

Health insurance coverage matters. Lack of health insurance is associated with a host of unwanted sequelae. 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.

While several national surveys enumerate the uninsured, states also continue to conduct their own surveys. This activity is partly stimulated by the Health Resources and Services Administration (HRSA) State Planning Grant (SPG) program that began in the fall of 2000, but some states have had ongoing health insurance coverage surveys for years. States conduct their own surveys because the sample size for a given state is typically larger in a state survey than in a national one; and, larger sample sizes provide better estimates of uninsurance and better information about the health insurance status of subpopulations. In addition, by allowing state analysts to do “hands-on” data work, such surveys foster state-specific policy development, including simulation of health insurance coverage policy options, marketing and outreach of public programs.

With its SPG grant, the Bureau of Economic Research, U.S. Virgin Islands conducted the 2003 Virgin Islands Health Care Insurance and Access Survey, the largest and most comprehensive survey on health insurance ever conducted in the Virgin Islands. With these survey data, the Virgin Islands 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. This report presents the results of the 2003 Virgin Islands Health Care Insurance and Access Survey.

The survey found that 24.1% of Virgin Islands residents did not have health insurance at the time of the telephone interview. This estimate is high compared to the mainland U.S. but low relative to historical precedents in the Virgin Islands. The survey also identified several population groupings that will be important in the development of coverage expansion options because of their disproportionately high rates of uninsurance. This suggests that health insurance coverage options will have to be tailored to particular groups of people. Important groupings include:

- 18-24 year olds
- Individuals below 300% of the Federal Poverty Line (FPL); especially those with annual incomes below 100% FPL, or \$8,500 for a family of four.
- Unemployed or unpaid individuals and self-employed and temporary workers
- Employees of firms with 10 or fewer employees

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

- Approximately 30% 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 the Virgin Islands 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.

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 business and personal service industry sector 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, expenditure growth in health care, and increased unemployment means that efforts to increase health insurance coverage in the Virgin Islands 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 be made easier. In the meantime, because of the administration of the 2003 Virgin Islands Health Care Insurance and Access Survey, the Virgin Islands can now monitor coverage over time and measure the effects of any expansion strategies that might be undertaken.

Chapter 1

Introduction

Why Conduct a Survey of Health Insurance Coverage in the U.S. Virgin Islands?

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, an additional ten states and the U.S. Virgin Islands received HRSA State Planning Grants (SPG). The aim of the U.S. Virgin Islands SPG was to measure and describe the uninsured in the U.S. Virgin Islands and to develop and evaluate a wide range of policy options using both quantitative and qualitative data.

Historically, the U.S. Virgin Islands has had limited information about territorial rates of uninsurance. Two independent surveys have been conducted in the territory. First, the 1997 Virgin Islands Consumer Expenditure Survey, conducted by the Eastern Caribbean Center at the University of the Virgin Islands, estimated an uninsurance rate of 35% in the territory. The survey also found that in the 65% of households where at least one household member was insured, 96% were covered through a private carrier. Next, the Virgin Islands Behavioral Risk Surveillance System (BRFSS) survey, with funding from the U.S. Centers for Disease Control and Prevention (CDC) is the only source of ongoing estimates of uninsurance in the territory. The BRFSS estimated uninsurance rates in the territory at 28% in 2001.

The in-depth data collection and analysis conducted under the 2003 Virgin Islands Health Care Insurance and Access Survey will equip the U.S. Virgin Islands to develop strategies to assure access to health insurance for all citizens of the territory.

Why is Health Insurance Important?

There are a host of reasons for concern about access to health insurance and many problems associated with being uninsured. Uninsured adults and children receive less medical care, overall, than their insured counterparts. They are also less likely to have a regular physician or source of care to which they go for care, and they are less likely to receive preventive health care services.¹ People without health insurance coverage often seek medical services much later than the ideal, and they are prone to incur the higher costs of serious medical conditions, which might have been prevented with earlier treatment.

In addition, health care cost increases, changes in the market, and reductions in employer-sponsored health insurance have raised concerns about the deterioration of our current system of employer-sponsored coverage. According to a recent survey by the Employee Benefit Research Institute, between 2001 and 2002, 19% of small employers offering health benefits made changes to their health

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

plans – 65% increased deductibles and co-pays, 30% increased the employee share of premiums, and 29% reduced benefits.²

Uninsured persons have higher rates of avoidable hospitalization and they have higher rates of emergency room use – a high-cost method of receiving care.³ Recent research also suggests that providing health coverage to the uninsured may result in cost-savings by decreasing hospital expenditures on uncompensated care.⁴ Another cost associated with uninsurance is a loss of productivity. Adults who do not receive needed medical care may be less well equipped to do their jobs and may miss days from work. Recent research also 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

Who Conducted the 2003 Virgin Islands Health Care Insurance and Access Survey?

The Eastern Caribbean Center (ECC) at the University of the Virgin Islands (UVI) conducted the field survey for this study. The State Health Access Data Assistance Center (SHADAC) completed the data analysis and worked with the Virgin Islands Bureau of Economic Research 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 the Virgin Islands.

The 2003 Virgin Islands Health Care Insurance and Access Survey was a random digit dial (RDD) telephone survey. The survey completed interviews with 2,073 people from the territory, of which 239 were Hispanic (11.5% of the survey respondents.) The survey specifically over sampled children, who have historically had higher rates of uninsurance, and Hispanics, another population of primary concern in the territory. (Appendix A provides a detailed description of the sampling and weighting methodologies employed.) The survey was conducted in both English and Spanish, although only 27 completed interviews were conducted in Spanish due to the vast number of bilingual speakers who preferred to answer the survey in English. 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. The overall response rate was 65.7%.

² Employee 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.

³ Ahern M, McCoy HV. Emergency Room Admissions: Changes During the Financial Tightening of the 1980s. *Inquiry*. 1992; 26:67-79.

⁴ Blewett L, et al. Hospital Provision of Uncompensated Care and Public Program Enrollment. *Medical Care Research and Review*. Forthcoming Fall 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.cmwf.org March 30, 2003.

Chapter 2

Who is Uninsured in the U.S. Virgin Islands?

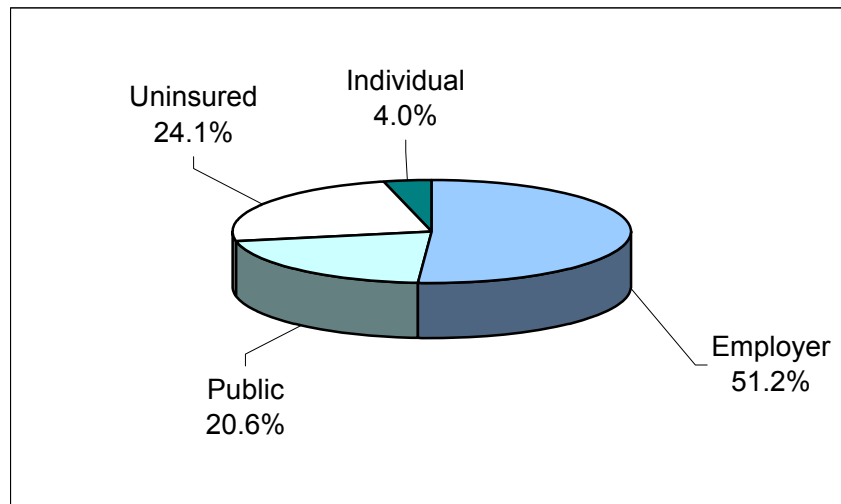
This section of the report presents the territorial findings of the 2003 Virgin Islands Health Care Insurance and Access Survey. It examines the overall level of uninsurance and presents detailed information regarding the characteristics of the uninsured in the Virgin Islands based on the household data.

In addition to the basic health insurance data collection, this survey also gathered information about other types of coverage that are of particular interest to policy makers. More detail on the data related to these types of coverage is included later in this section.

What is the Overall Level of Uninsurance in the U.S. Virgin Islands?

According to the 2003 Virgin Islands Health Care Insurance and Access Survey, more than half (51.2%) of the people in the U.S. Virgin Islands indicated that they were covered by health insurance through an employer. This level of employer coverage is 18% below the U.S. average reported figure of 62.5%. Four percent purchased private individual insurance; and public programs cover 20.6% of the population. Overall, 24.1% of people in the U.S. Virgin Islands were uninsured at the time of the survey. The rates associated with the various sources of coverage are displayed in Figure 2-1.

Figure 2-1. Sources of Health Insurance in the U.S. Virgin Islands, 2003



Several general time referents can be used to define health insurance coverage. Surveys can measure coverage during an entire year, a portion of the year, at any single point during the year, or at the current moment or point-in-time. Most surveys measure uninsurance at a point-in-time by asking a person about the coverage he or she has at the time of the interview. This approach reduces the

concern about requiring the respondent to think back in time, asking instead about the current moment only.

Table 2-1 displays the range of commonly used definitions of coverage. Clearly, the proportion of people who are uninsured at some point during the year is the largest, as it incorporates the full year and part year uninsured, as well as anyone who was uninsured for *any* length of time during the period covered by the survey.

Table 2-1. Alternative Definitions of Insurance Rates in the U.S. Virgin Islands Compared to the Entire United States, 2003

Definition	US VI Uninsurance Rate	US Uninsurance Rate*
Point-in-Time	24.1%	17.3%
Uninsured All Year	21.0%	12.2%
Uninsured Part Year	6.9%	-
Uninsured at Some Point During Year	27.9%	25.0%

* US uninsurance rates from 1999 Medical Expenditure Panel Survey (MEPS)

The uninsurance rate for the Virgin Islands using the point-in-time estimate is 24.1%. This estimate is 7% higher than the rate for the entire U.S., according to the 1999 Medical Expenditure Panel Survey (MEPS). It is nearly 10% higher than the Current Population Survey (CPS) which estimates the U.S. uninsurance rate at 14.6% in 2001 (data not shown).

The survey found that approximately 21% of the population was uninsured for the entire year. This estimate is 9% higher than the equivalent measurement for the entire U.S. population. The proportion of people from the U.S. Virgin Islands that were uninsured for part of the year – insured at the time of the survey, but uninsured at some point in the past year – was only 6.9%. This figure is low compared to those who were uninsured all year. This could be a reflection of the job market in the U.S. Virgin Islands where people are contracted to work for entire years with or without health insurance. Throughout this report, unless otherwise indicated, the analyses refer to the point-in-time uninsured.

The overall uninsurance rate in the U.S. Virgin Islands was found to be 24.1% (point-in-time). Table 2-2 summarizes the uninsurance rates by selected population groups such as age, race/ethnicity, marital status, family income (as a percentage of Federal Poverty Level or FPL), level of education, and employment status. FPL is a guideline for income levels used by the federal government in determining eligibility for certain federal programs.

Using point-in-time estimates, Table 2-2 provides information about uninsurance rates according to gender, age, race, country of origin, marital status, health status, and income as a percent of FPL. About half of the people between the ages of 18 and 24 are uninsured according to the survey; and over half the people below 100% FPL are uninsured, with high levels of uninsurance found among people at or below the 300% FPL level.

Table 2-2. Virgin Islands Uninsurance Rates by Selected Population Groups, 2003

Uninsurance Rate	
Total Population	24.1%
Age	
0 - 5 years	22.5%
6 - 17 years	19.4%
18 -24 years	50.4%
25 -34 years	29.9%
35-54 years	25.9%
55-64 years	23.1%
65 years and over	4.5%
Race/Ethnicity	
African American/Black	23.3%
American Indian	21.1%
Asian*	34.4%
Hispanic**	32.0%
White	25.6%
Other	30.5%
Marital Status	
Widowed	15.6%
Married	19.6%
Divorced	18.0%
Separated	30.8%
Living with Partner	34.1%
Single	32.1%
Family Income (% of FPL)	
<100%	52.9%
101-200%	37.7%
201-300%	39.3%
301-400%	24.4%
>400%	13.4%
Level of Education	
Less than High School	39.3%
High school graduate	25.1%
Some College	17.6%
College Graduate	12.1%
Postgraduate	3.1%
Employment Status	
Self-Employed	40.3%
Employed by Someone Else	16.8%
Not Employed/Unpaid worker	52.5%
Retired	7.0%
Student	37.0%

* This figure is artificially high due to the small number of Asian respondents in the survey

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

What Are the Characteristics of the Uninsured in the U.S. Virgin Islands?

Several characteristics of the Virgin Islands' population were analyzed in addition to basic health coverage information. Demographics and employment status were examined, with respect to both the uninsured population in the Virgin Islands 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.

Table 2-3. Demographic Characteristics of the Uninsured in the Virgin Islands, 2003

Characteristic	Proportion of Uninsured	Distribution of the Survey Population
Gender		
Male	51.2%	46.1%
Female	<u>48.8%</u>	<u>53.9%</u>
	100.0%	100.0%
Age		
0 – 5 years	7.3%	7.8%
6 – 17 years	17.9%	22.2%
18 –24 years	16.2%	7.8%
25 –34 years	13.1%	10.6%
35-54 years	30.8%	28.8%
55-64 years	12.9%	13.4%
65 years and over	<u>1.8%</u>	<u>9.4%</u>
	100.0%	100.0%
Race/Ethnicity		
African American/Black	69.6%	72.2%
American Indian	0.8%	0.6%
Asian	0.5%	0.4%
Hispanic*	16.9%	13.4%
White	9.7%	11.1%
Other	<u>2.5%</u>	<u>2.4%</u>
	100.0%	100.0%

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

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

Table 2-3. Demographic Characteristics of the Uninsured in the Virgin Islands, 2003 –(continued)

Characteristic	Proportion of Uninsured	Distribution of the Survey
Country of Origin	Not tested for significance due to too few observations in some cases	
U.S. Virgin Islands	41.0%	52.3%
United States	13.3%	13.1%
Puerto Rico	4.0%	3.4%
British Virgin Islands	1.7%	2.0%
Eastern Caribbean	29.7%	21.2%
Dominican Republic	4.1%	2.0%
Haiti	0.4%	0.0%
Cuba	0.0%	0.1%
Canada or Europe	0.7%	0.7%
Asia	2.1%	0.7%
Other	<u>3.1%</u>	<u>0.4%</u>
	100.0%	100.0%
Marital Status		
Widowed	2.6%	4.0%
Married	41.0%	50.5%
Divorced	5.3%	5.3%
Separated	3.4%	3.4%
Living with Partner	7.4%	5.2%
Single	40.4%	<u>30.5%</u>
	100.0%	100.0%
Level of Education		
Less than High School	44.4%	27.2%
High school graduate	32.8%	31.4%
Some College	13.0%	17.8%
College Graduate	9.1%	18.0%
Postgraduate	0.7%	<u>5.6%</u>
	100.0%	100.0%
Health Status		
Excellent	24.1%	27.5%
Very Good	26.5%	27.5%
Good	27.1%	27.4%
Fair	17.3%	14.0%
Poor	<u>5.0%</u>	<u>3.6%</u>
	100.0%	100.0%
Family Income (% of FPL)		
<100%	16.8%	7.6%
101-200%	21.3%	13.7%
201-300%	19.4%	11.9%
301-400%	12.4%	12.2%
>400%	30.3%	<u>54.6%</u>
	100.0%	100.0%

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

In Table 2-3, the *Distribution of the Survey Population* column shows the distribution of the entire population within the survey. 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. However, if there is a significant difference between a group's representation in the uninsured and in the total population, then something is influencing that group's under- or over-representation within the uninsured population.

For example, Table 2-3 shows that 18-24 year olds made up 7.8% of the survey's population. The *Proportion of the Uninsured* column shows, however, that 18-24 year olds made up 16.2% of the total uninsured population. In other words, uninsured 18-24 year olds represent a significantly larger proportion of the uninsured population than the proportion they represent in the entire survey population. Specifically, something is causing a larger than expected proportion of 18-24 year olds to be uninsured. As such, survey findings indicate that young adults (ages 18-24) were more likely to be uninsured than any other age group. By contrast, the uninsured are less likely to be elderly (age 65 and over) most likely due to enrollment in Medicare.

Examining the marital status of the uninsured also contributes to our understanding of the characteristics of the uninsured. Although many uninsured people in the Virgin Islands are married (41%) this figure is disproportionately lower than the proportion of married people represented in the 2003 Virgin Islands survey (51%). Individuals who are single have a significantly higher representation among the uninsured (40%) than they do as a proportion of the survey population as a whole (31%).

Education is an important factor in understanding the uninsured in the Virgin Islands. Relative to the survey population, the uninsured were disproportionately likely not to have graduated from high school. That is, 27% of the survey population has less than a high school education, but 44% of the uninsured population has less than a high school education.

Over half (58%) of uninsured people are below 300% FPL according to the survey, almost twice that of the distribution of the survey population at or below the 300% FPL. Conversely, the uninsured were significantly less likely to have annual family incomes above 400% FPL. To better understand these levels, Table 2-4 translates the FPL percentages into dollar equivalents for the Virgin Islands and the mainland U.S.

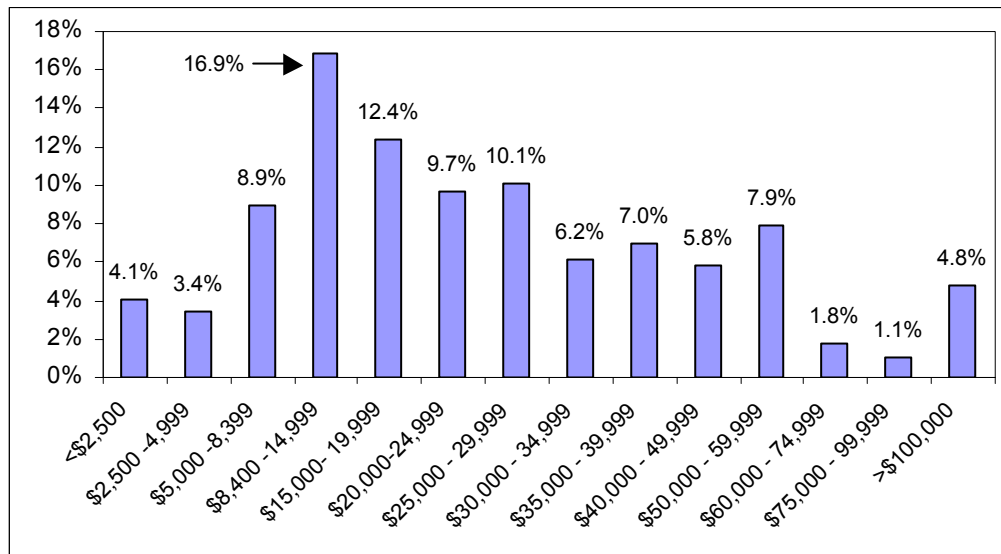
Figure 2-2 depicts uninsurance rates by annual family income. Individuals in families with lower incomes are more likely to be uninsured: 16.9% of individuals in families earning between \$8,400-\$14,999 per year are uninsured, while only 1.1% of individuals in families earning \$75,000-\$99,999 are uninsured. The \$8,400 - \$14,999 income bracket is important because the federal poverty levels that the U.S. Virgin Islands currently use are appropriate for all families up to 200% FPL (except for families of 4 or more.)

Table 2-4. Federal Poverty Levels in the U.S. Virgin Islands and the 48 Contiguous States, 2003

	Dollar Value U.S. Virgin Islands	Dollar Value US 48 Contiguous states 2003
100% FPL		
1 person	\$5,500	\$8,890
2 people	\$6,500	\$12,120
3 people	\$7,500	\$15,260
4 people	\$8,500	\$18,400
200% FPL		
1 person	\$11,000	\$17,780
2 people	\$13,000	\$24,240
3 people	\$15,000	\$30,520
4 people	\$17,000	\$34,000
300% FPL		
1 person	\$16,500	\$26,670
2 people	\$19,500	\$36,360
3 people	\$22,500	\$45,780
4 people	\$25,500	\$55,200

Source for US FPL Levels: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Accessible at <http://aspe.os.dhhs.gov/poverty/03poverty.htm>.

Figure 2-2. Percent of Families in the U.S. Virgin Islands who are Uninsured by Annual Family Income



As shown in Table 2-5, the employment status of the uninsured was also established. The uninsured are more likely to be unemployed or be unpaid workers relative to their representation in the entire survey population. People who work less than 40 hours a week (part-time workers), particularly if they

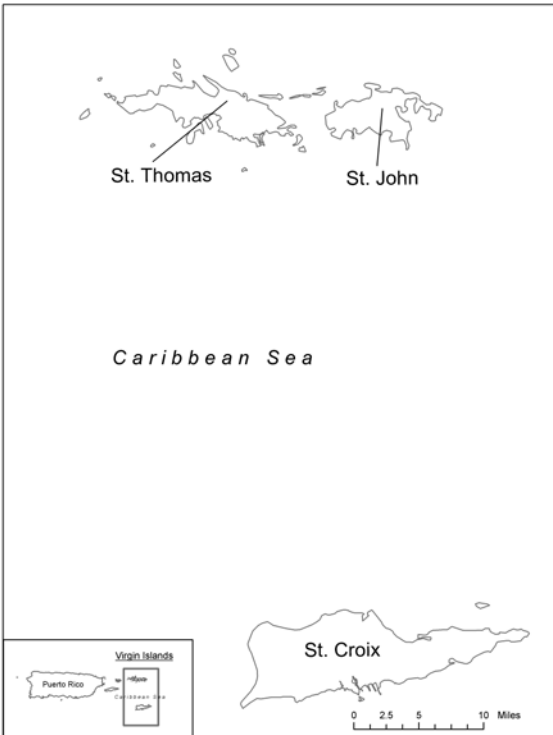
work between 11 and 30 hours, are much less likely to have health insurance coverage than full-time workers (40+ hours per week). The uninsured are more likely to be temporary and seasonal workers than those with permanent employment. Employer size is a major contributing factor to insurance status. The uninsured are more likely to be employed by a firm with fewer than ten employees. Conversely, people with health insurance are significantly more likely to be employed by large firms (more than 50 employees).

Table 2-5. Employment Status of the Uninsured, 2003

	Proportion of Uninsured	Distribution of the Survey Population
Employment Status		
Self-Employed	20.0%	12.0%
Employed by Someone Else	40.2%	58.4%
Not Employed/Unpaid worker	32.4%	14.9%
Retired	3.5%	12.2%
Student	<u>3.8%</u>	<u>2.5%</u>
	100.0%	100.0%
For Those Who are Employed		
Number of Jobs		
One Job	85.5%	84.9%
Multiple Jobs	<u>14.5%</u>	<u>15.1%</u>
	100.0%	100.0%
Hours Worked per Week		
	Not tested for significance due to too few observations in some cases	
Fewer than 10	1.3%	0.9%
11 to 20	5.7%	2.1%
21 to 30	13.4%	6.7%
31 to 39	11.2%	5.6%
40 or more	<u>68.4%</u>	<u>6.8%</u>
	100.0%	100.0%
Type of Job		
Permanent	78.6%	92.7%
Temporary	17.7%	5.5%
Seasonal	<u>3.6%</u>	<u>1.8%</u>
	100.0%	100.0%
Size of Employer		
<10 employees	56.5%	26.0%
10 - 50 employees	22.7%	17.2%
>50 employees	<u>20.7%</u>	<u>56.8%</u>
	100.0%	100.0%

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

Where Do the Uninsured in the U.S. Virgin Islands Live?



There are three regions of geographic interest in the U.S. Virgin Islands, which comprise of the Islands of St. Croix, St. John and St. Thomas. The island of St. Croix is host to the largest of the three island populations comprising 49.0% of the Virgin Islands' population, according to the 2000 CPS.

Table 2-6 provides the uninsurance rates for the Virgin Islands by island, using various definitions of uninsurance. The rates were quite similar across the three islands.

Table 2-7 displays the proportion of the survey population who are insured and uninsured by island. People on the Island of St. Thomas are more likely to be uninsured than those on either St. Croix or St. John, but the differences are slight.

Table 2-6. Uninsurance Rates by Island, 2003

	Point in time	All Year	Part Year	Some Point in Year
Island				
St Croix	22.4%	18.2%	8.3%	26.5%
St John	22.5%	21.6%	4.0%	25.7%
St Thomas	26.1%	23.8%	5.7%	29.5%
All Islands	24.1%	21.1%	6.7%	27.8%

Table 2-7. Geographic Distribution of the Survey Population

Geographic Area	Proportion of Uninsured	Distribution of Survey Population
Island		
St. Thomas	51.0%	47.1%
St. John	3.6%	3.9%
St. Croix	<u>45.4%</u>	<u>49.0%</u>
	100.0%	100.0%

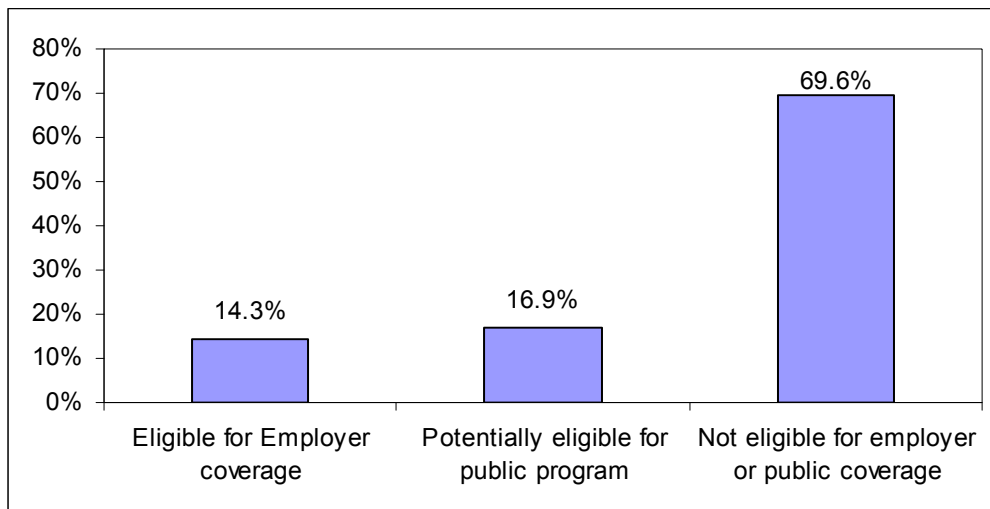
Chapter 3

What are Some Potential Sources of Care for the Uninsured in the U.S. Virgin Islands?

This section of the report discusses the potential sources of care for the uninsured in the U.S. Virgin Islands. It also describes familiarity with public programs currently available to the population, as well as their willingness to enroll in these programs.

The survey found that over 30% of people in the U.S. Virgin Islands have potential access to either private or public health insurance coverage. As illustrated in Figure 3-1, an estimated 14.3% of the uninsured population in the U.S. Virgin Islands is potentially eligible for employer-sponsored health insurance because they work for an employer that offers coverage. Nearly 17% (16.9%) are potentially eligible for coverage by a public program. However, almost 70% of people are not deemed eligible for either program. A person, currently without insurance, was regarded as eligible for enrollment in a public program if their income was less than or equal to 100% FPL. A person, currently without insurance, was regarded as ineligible if they did not meet either requirement for public or employer sponsored coverage.

Figure 3-1. Percentage of Uninsured People in the U.S. Virgin Islands with Potential Access to Coverage

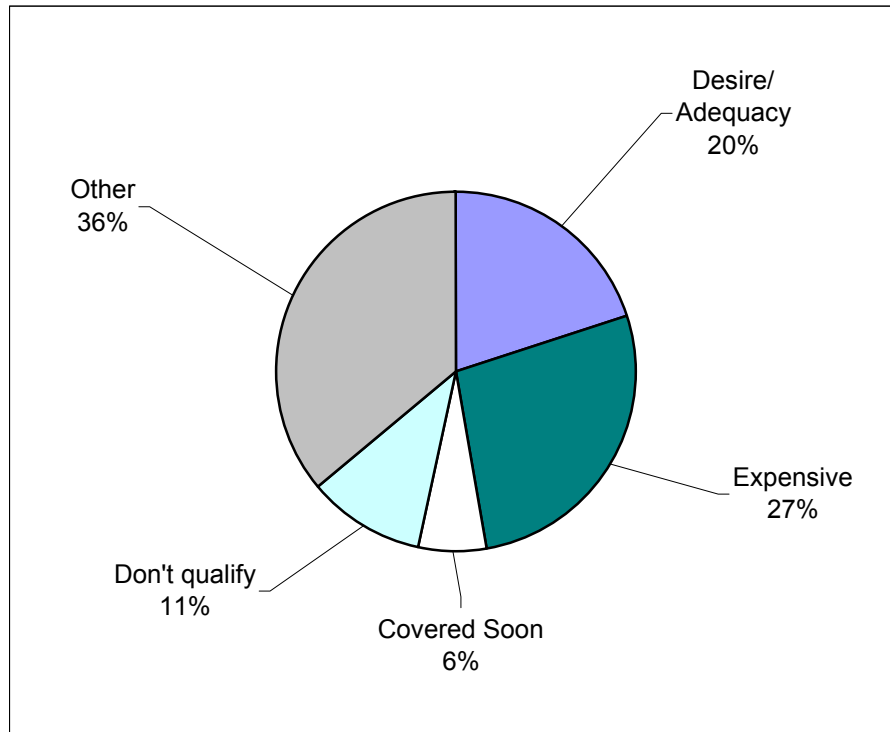


Why Don't Uninsured Individuals Participate in Employer-Sponsored Coverage?

The uninsured respondents were asked why they do not participate in employer-sponsored coverage for which they were eligible. As can be seen in Figure 3-2, the most common, single response was that it was too expensive (27%). The overall response to this question was low, so the reasons given are grouped under broad headings shown in Figure 3-2. Categories include:

- 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),
- Don't qualify (don't work enough hours, not worked long enough, parent not eligible), and
- Other (e.g., afraid of doctors, no particular reason, goes to naturalist, uses walk in clinics, etc.).

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



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 the U.S. Virgin Island's public health care programs, such as Medicaid. Almost two-thirds of the survey population had not heard of any of the public health insurance programs (Figure 3-3).

Figure 3-3. Percentage of Individuals Who Requested or Received Information About One of the U.S. Virgin Islands' Public Health Care Programs

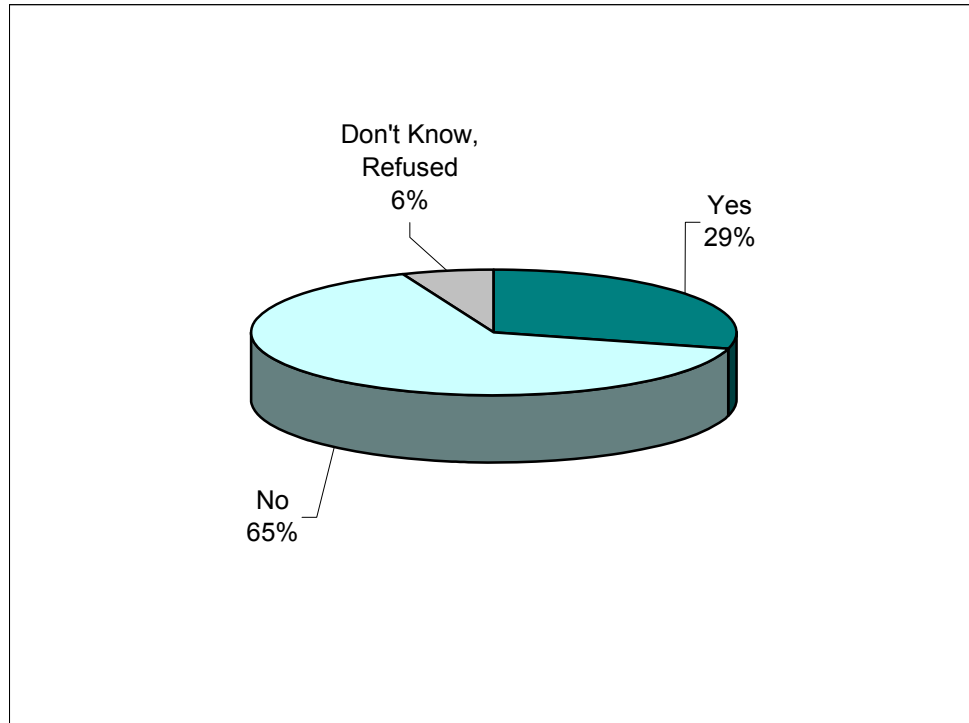
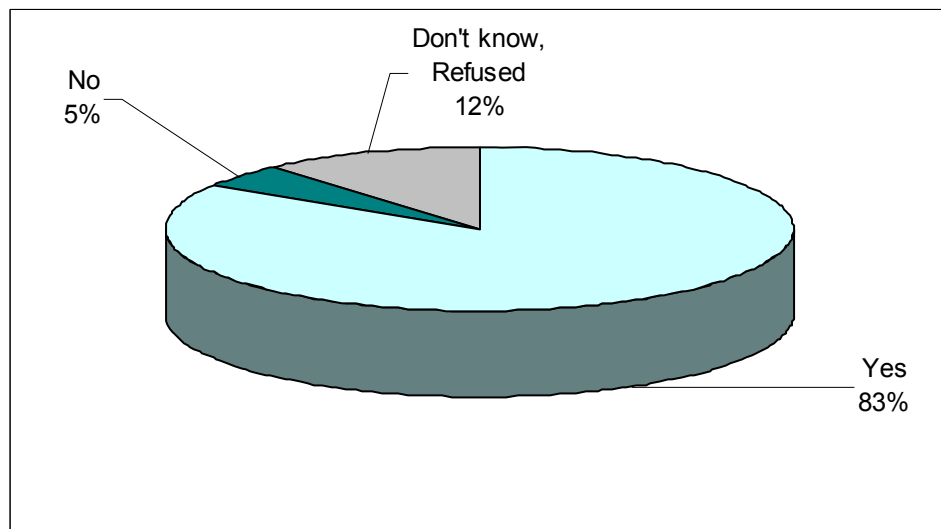


Figure 3-4 shows that an overwhelming 83% of uninsured people surveyed said they would enroll in a public program if they learned they were eligible. When asked if they would enroll if the programs were free, this figure increased to 91%. Clearly, if the uninsured who are eligible but not enrolled were to learn more about public health care programs, they would enroll.

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



Chapter 4

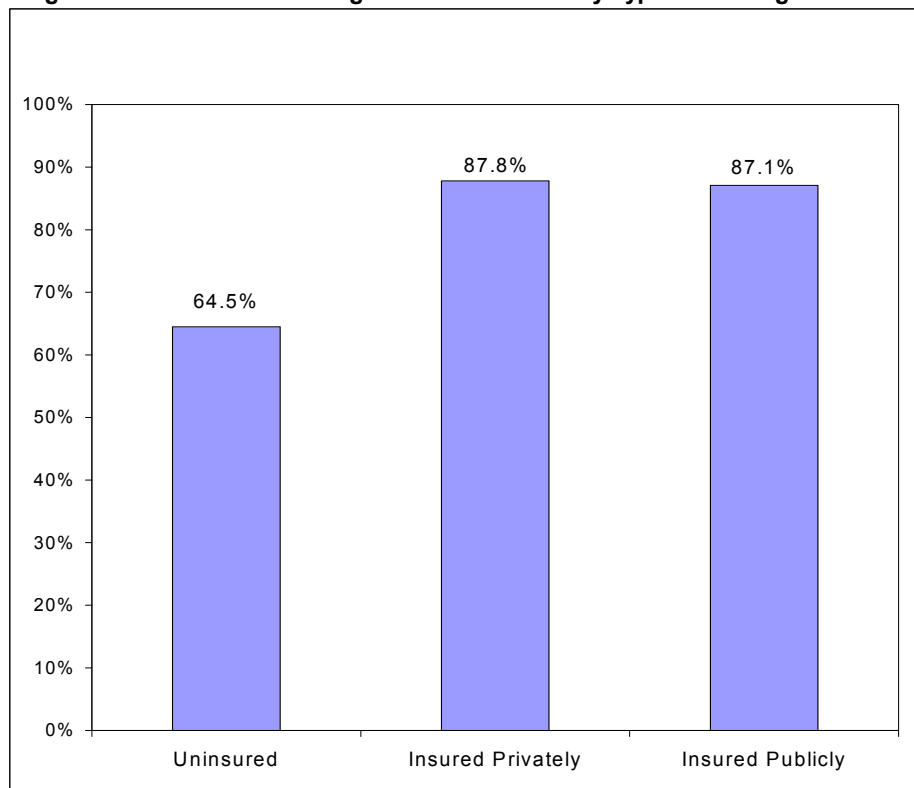
How are the Uninsured Getting Their Medical Needs Met?

The Bureau of Economic Research (BER) is interested in determining how the uninsured people in the U.S. Virgin Islands is getting their medical needs met. One method for gathering information on this issue 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 place to go for medical care is far lower than those who were insured, either privately or publicly.

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



Where Do the Uninsured Go for Health Care?

For survey respondents with a regular source of care, the distribution of where they obtain that care is displayed in Table 4-2. Uninsured individuals and public program enrollees are less likely to see a particular health care professional (78% and 81% respectively) than their privately insured counterparts (93%). A doctor's office is where most people seek medical care, particularly those with private health insurance. Public program enrollees, as well as the uninsured, are likely to use a public health or community clinic. A higher proportion of the uninsured are more likely to use an emergency room than people with either private or public coverage.

Table 4-2. Distributions of Health Care Sources for those with a Regular Source of Care

Source	Type of Insurance		
	Uninsured	Public	Private
Emergency Room	8.0%	4.3%	1.4%
Public Health, Community or free clinic	25.0%	33.0%	10.2%
Doctor's Office	61.9%	50.1%	76.2%
Off Island	4.5%	11.4%	12.1%
Other	<u>0.6%</u>	<u>1.5%</u>	<u>1.6%</u>
	100.0%	100.0%	100.0%

Chapter 5

What is the Employer Coverage Situation in the Virgin Islands?

What are the Characteristics of Firms That Do Not Offer Coverage, As Compared to Firms That Do?

Table 5-1 provides health insurance offer rates by employer characteristics in the Virgin Islands. More than half (52%) of respondents reported working for firms that offer coverage, and the proportion of employed survey respondents is 55%. Whether an employer offers coverage depends upon the size of the firm. Among employers with fewer than ten employees, 25% of employees are offered coverage. In larger companies (50+ employees) 89% of employees are offered coverage. It is clear from this analysis that there are significant differences between the people who are offered health insurance coverage by their employers and those who are not.

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

Employer Characteristics	Offer Rate
Overall Rate of Employers Offering Insurance Coverage	52.0%
Employer Size	
<10 employees	25.3%
10-49 employees	69.2%
≥50 employees	89.4%
Employee Income (as % of FPL)	
<100%	31.7%
101-200%	50.6%
201-300%	65.1%
301-400%	86.6%
>400%	84.5%
Industry Sector	
Arts & Entertainment, Recreation, Accommodation & Food Service	68.6%
Educational, Health Care & Social Services	85.2%
Agricultural	63.8%
Construction	70.2%
Manufacturing	89.3%
Transportation, Warehousing	81.1%
Retail	55.5%
Finance	93.3%

Employer Characteristics	Offer Rate
Business and Personal	45.3%
Professional	76.6%
Other	74.5%
Public Administration	89.3%
Geographic Location	
St. Croix	72.8%
St. John	72.1%
St. Thomas	82.0%
Type of Employment	
Permanent	80.1%
Temporary	28.5%
Seasonal	**
Full-Time	82.0%
Part-Time	54.4%

** Too few cases to support comparison.

Employee income is related to the offer of employer-sponsored health insurance. People earning more than 300% of FPL were about three times more likely to be offered health insurance by their employers than their counterparts making less than 100% of FPL. People in service or repair jobs, such as mechanics, electricians or plumbers, house cleaners or stylists, were the least likely to be offered health insurance coverage. Small businesses are common in these industries, so these findings are consistent with the results for employer size. Part-time and temporary employees are less likely to be offered coverage than their full-time or permanent counterparts.

Respondents from firms offering health insurance coverage were asked about the levels of required employee contributions, deductible levels, and benefits packages. Information is included in Table 5-2.

Table 5-2. Benefits of Employer-sponsored Coverage

Characteristic	Insurance type		
	Employer - sponsored	Individual	Public
Deductible to pay	83.6%	58.0%	52.4%
Dental Coverage	88.7%	22.5%	60.4%
Prescription drug coverage	87.4%	37.0%	95.8%

People covered under public programs or individual coverage were less likely to have deductibles than those with employer-sponsored coverage. In general, people with employer-sponsored coverage had lower deductibles than public program enrollees.

People covered by employer-sponsored insurance or public programs are more likely to have prescription drug coverage than those with individual plans. Dental coverage is not as frequently offered as prescription drug coverage, except for those with employer-sponsored coverage.

Chapter 6

Summary and Conclusions

As shown in the preceding chapters, the point -in-time uninsurance rate of 24.1% obtained by the 2003 Virgin Islands Health Care Insurance and Access Survey is high relative to estimates seen in the mainland U.S., but comparable to recent estimates from the 2001 Behavioral Risk Factor Surveillance System (BRFSS) survey in the Virgin Islands. State-generated estimates often differ from the annual estimates of uninsurance rates based on national surveys, such as the BRFSS. Some reasons for the variations between estimates include differences in sample selection and size, survey administration, definitions of the uninsured, and survey question design.

There is ample reason to believe that the findings from the 2003 Virgin Islands Health Care Insurance and Access Survey are likely a better estimation of the actual rate of uninsurance in the Virgin Islands, largely because this survey focused solely on health insurance. Nonetheless, even when variation in uninsurance estimates are observed, the correlates of uninsurance are often robust so that characterizing who is uninsured within a certain state or territory can be done with confidence.

The results of the 2003 Virgin Islands Health Care Insurance and Access Survey show that there are population groups within the Virgin Islands that experience significantly higher rates of uninsurance than the average for the territory. Some potentially important groupings when targeting coverage expansion options and/or crafting outreach strategies include young adults (18-24 year olds in particular), singles, people with lower incomes, self-employed, unemployed, temporary workers, and employees of very small firms (fewer than 10 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 30% 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 the Virgin Islands. Strategies to improve take-up of already available coverage should be part of any coverage expansion option.

The need for reducing uninsurance in the Virgin Island 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 sick). 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 report having a regular source of care seek care in an emergency room only adds to the concern about the uninsured in the Virgin Islands.

Finally, the state of employer coverage in the Virgin Islands is not altogether different from that in the mainland U.S. 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, 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 Program.

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 the Virgin Islands to determine the impacts of these social forces as well as the possible effects of any coverage expansion policies. The 2003 Virgin Islands Health Care Insurance and Access Survey is a strong first step in the

right direction.

Appendix A

Survey Methodology

Data Collection

The 2003 Virgin Islands Health Care Insurance and Access Survey was a random digit dial (RDD) telephone survey. The survey was conducted in English and Spanish by the Eastern Caribbean Center between October and December 2002. 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 2,073 interviews were conducted for an overall response rate of 65.7%. The cooperation rate was 83.4%.

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 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 Virgin Islands sample did not draw actual people, but randomly drew telephone numbers. Telephone numbers consist of a three-component identifier: XXX-YYY-ZZZZ. The three-digit component XXX is referred to, as the “area code,” the three-digit YYY component is “the exchange,” and the four-digit component ZZZZ is “the stem.” The sample was drawn from telephone numbers that were in an active area code together with exchange groupings within the Virgin Islands. These groups of numbers were assigned to one of three islands: St. Croix, St. John, or St. Thomas as shown in Table 1. The island of St. John was over-sampled in order to complete as many surveys as possible with people living on the island. Although St. John has less than five percent of the population, it has over 20 percent of the sampled numbers. After the numbers were generated, they were run through an initial screening process¹ to reject business numbers and inactive telephone numbers. The remaining numbers were used to complete the surveys. There were 7,460 records in the St. Thomas-St. Croix stratum after an initial screening of the telephone numbers and there were 1,811 numbers in the St. John stratum after screening.

Each of the three islands was assigned to one of two strata. St. Croix and St. Thomas represent one stratum and St. John represents the other. An important assumption in the weighting scheme was each telephone number, randomly generated within a stratum, has an equal probability of selection.

¹ Marketing Systems Group's screening process is called “ID-plus” and it screens out business numbers through cross listing the numbers with listed businesses. ID-plus also screens numbers for disconnected lines by dialing each number. Numbers not associated with listed business numbers nor found to be disconnected remain in the sample

TABLE 1: Working Prefix and Suffix Combinations in the U.S. Virgin Islands by Island

Island	Area Code	Prefix	Suffix Combination		
St. John	340	693	5000 to 5999		
			7000 to 7999		
			8000 to 8999		
	340	776	6000 to 6999		
	340	779	4000 to 4999		
St. Croix	340	772	0000 to 5999		
			9000 to 9999		
		773	0000 to 9999		
			778	0000 to 9999	
		779	3000 to 3999		
		692	0000 to 9999		
		713	9000 to 9999		
		St. Thomas	340	774	0000 to 9999
					0000 to 9999
776	0000 to 5999				
	7000 to 9000				
777	0000 to 9999				
779	0000 to 1999				
693	0000 to 1999				
713	9000 to 9999				

Weighting the Survey Data

The aim of this part of the study was to weight the respondents selected to take part in the Virgin Islands household survey to represent the entire population of the U.S. Virgin Islands. This is accomplished by weighting respondents relative to their probability of selection into the sample. Weighting the respondents relative to their probability of selection into the sample accomplishes the two key goals of (1) controlling for the fact that the respondents did not all have the same probability of selection into the sample, and (2) having the sampled respondents represent the entire population of the U.S. Virgin Islands.

The process of weighting the data 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 number of telephone lines connected to a household, the number of people living in a household, and the island people lived on. Each of these issues is discussed in more detail in the following paragraphs.

Within a stratum, we assume that 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 to achieve a level of precision within the various strata.

$$\text{Probability of Selecting a Phone Number (PSPN)} = \frac{\text{total number of telephone numbers sampled}}{\text{total number of telephone numbers from which the sampled numbers were drawn}}$$

The entire list of telephone numbers from which the sampled numbers were drawn was determined by how many numbers were in the Virgin Islands active area code together with the exchange groupings (see Table 1). The total count of telephone numbers selected into the sample was determined by

counting the numbers left after the initial screening in the two strata. For the St. John stratum the PSPN was 1811/5000, and for the St. Croix-St. Thomas stratum the PSPN was 7406/80000.

Adjusting for Multiple Telephone Lines. In order to get the probability of selecting a household from the PSPN we need to adjust for the number of phone lines leading to a household. The PSPN is not equal to the probability of selecting any one household because households have an unequal number of telephone lines leading to them. The number of telephone lines connected to a household was used to adjust a household's probability selection into the sample. The information on the number of telephone lines connected to each household¹ in the sample and the following adjustment was made to the PSPN:

$$\text{Probability of selecting a household} = (\text{number of telephone lines within a selected household}) * (\text{PSPN})$$

Adjusting for Multiple People in the Household. 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 selection.² Thus the ultimate probability of selecting a person is equal to:

$$\text{Probability of selecting a person} = (\text{Probability of selecting a household}) * (1/\text{The number of people living in the household})$$

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

$$\text{Basic Person Weight} = 1/\text{Probability of selecting a person}$$

Adjusting for the Island People Lived On (Post-stratification). The goal of post-stratification is to adjust the person weights to match known population distributions of a given group.

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

Post-stratifying the basic person weights ensures that the sum of person weights will equal known population distributions. For the Virgin Islands survey data, the number of weighted people was adjusted within a stratum to be equal to the Census 2000 estimates for the number of people living on each island. St. Croix was set to 53,234, St. Thomas was set to 51,181 and St. John was set to 4,197.

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 the 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 the estimates deriving from this assumption will be biased.

For the U.S. Virgin Islands survey data we use “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 and 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 mechanism. 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.

Implementing the “hot deck” procedure. We implemented the “hot deck” using STATA version 7’s hot deck imputation procedure (available for download from the STATA web site). The survey has both a categorical income question and a continuous income question. If the continuous income question is refused (roughly 45 percent), the respondent is asked to put his or her income into a category. If they refuse to categorize their income then the data are completely missing (roughly 20 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 categorical income for the 20 percent of cases missing both a categorical and continuous income amount. 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 imputation used the following variables with the following hierarchy for each imputation iteration (variables 1-4 were always in the hot deck and the procedure went through 4 iterations). The island variable was the first removed, and so on down the list until the number of people variable was removed.

- Age (1. Less Than 18, 2. 17-30, 3. 31-64, 4. 65 and Over)
- Education (1. Less Than High School, 2. High School, 3. At Least Some College)
- Race (1. Black, 2. Other)
- Insurance Coverage (1. Any Public Coverage, 2. Private Coverage Only, 3. Uninsured)
- Number of people living off the income (1. One Person, 2. Two People, 3. Three or More People)
- Number of Telephone Lines in the Household (1. One Line, 2. Two or More)
- Geography (1. Saint John, 2. Saint Thomas, 3. Saint Croix)

The same hierarchy was used for the continuous income imputation except that the categorical income variable became Variable 1 in the hierarchy and everything else slid down one spot. 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 7 iterations) until everyone had an imputed continuous income amount.

The categorical income question was ordered in the following manner:

- | | |
|------------------|---------------------|
| 1. 0-2,499 | 8. 30,000-34,999 |
| 2. 2,500-4,999 | 9. 35,000-39,999 |
| 3. 5,000-8,399 | 10. 40,000-49,999 |
| 4. 8,400-14,999 | 11. 50,000-59,999 |
| 5. 15,000-19,999 | 12. 60,000-74,999 |
| 6. 20,000-24,999 | 13. 75,000-99,999 |
| 7. 25,000-29,999 | 14. 100,000 or more |

Appendix B

Survey Instrument – 2003 Virgin Islands Health Care Insurance and Access Survey

GENERAL INTRODUCTION:

Hello, my name is [insert] from the [name of institution]. As you may know, the Virgin Islands is one of several states taking the lead in finding ways to make health care more affordable and easier to obtain. We are doing a survey of people at randomly selected phone numbers for the sponsor of survey to better understand how to improve access to affordable health insurance. I would appreciate a few moments of your time to ask you some questions about the health insurance coverage.

START OF SURVEY:

S1. Is this your year-round 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?**

GET FIRST NAME OF PERSON WHO CAN SPEAK ABOUT INSURANCE

S3A _____

S4. WHICH ISLAND DO YOU LIVE ON?

1 St. Thomas

2 St. John

3 St. Croix

4 Water Island

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. 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.) _____

Now I have a form here that will help select one person. Please tell me the age and sex of each person in the household.

S7. Starting with yourself, what is your age as of your last birthday?
(Record gender) (THIS IS PERSON #1)

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 (TARGET NAME)?

<i>Household Member</i>	AGE	M=male F=female SEX	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	
<i>Person #12</i>	S7_12AGE	S7_12SEX		S7_12REL	

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

1 yes
2 no **GOTO S11**

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

- 1 minor
- 2 college student living away from home
- 3 temporarily living outside home (NOT at college)
- 4 cognitively impaired
- 5 hearing/speech
- 6 language barrier
- 7 too sick to come to phone or answer survey
- 8 TARGET is unavailable
- 9 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

- 1 TARGET/SELF
- 2 Mother/Stepmother
- 3 Father/Stepfather
- 4 Spouse
- 5 Partner/Living together
- 6 Son/Daughter
- 7 Sibling/Sister/Brother
- 8 Grandparent
- 9 Other relative
- 10 NON-RELATIVE
- 11 Foster Parent
- 77 Other

S10B. **INTERVIEWER: RECORD SEX OF PROXY IF KNOWN**

- 1 male
- 2 female
- 77 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 the Virgin Islands?

S11A. _____ # years S11B. _____ # 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 the Virgin Islands?

S12A. _____ years S12B. _____ 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 have (TARGET has) CURRENTLY any of the following. Answer for each type that applies to you (TARGET).

Do you (Does TARGET) CURRENTLY have:		Y	N	D K	REF
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, MEDDRG, THEN H2					
IF ELSE GOTO H2					
	MEDIGAP. Do you (does TARGET) have additional insurance to supplement Medicare, such as a self-purchased Medigap policy, AARP or a retiree benefit?	1	2	7	9
H2	A Railroad Retirement Plan?	1	2	7	9
H3	CHAMPUS, TRICARE Veteran's Affairs or military health care for a service connected disability?	1	2	7	9
H5	Medical Assistance Program (MAP) or Medicaid	1	2	7	9
H9	Health insurance through your (TARGET's) 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 (TARGET)?	1	2	7	9
H12	Health insurance bought directly by someone else?	1	2	7	9
	IF H11 OR H12 YES & H1~=1 GOTO POLICY IF H11 OR H12 YES & H1=1 GOTO H15 ELSE GOTO H13				
POLICY	Is this an individual or family policy? 1 individual policy 2 family (covers more than one person) 7 don't know 9 refused				
DED	Does your (TARGET'S) 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. 1 yes GOTO DED2 2 NO GOTO H15 7 don't know GOTO H15 9 refused GOTO H15				
DED2	How much is that (READ: DO NOT INCLUDE PREMIUM EXPENSES)? \$ _____				

	777 don't know 999 refused					
H13	According to the information you provided, you do (TARGET does) not have health insurance coverage. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital? IF YES GOTO H14 IF NO/DK/REF GOTO H19	1	2	7	9	
IF YES TO H4 (Indian Health Service) BUT NO TO ALL OTHER FORMS OF INSURANCE GOTO H13A.						
H13A	You've just told me you receive (TARGET receives) services through the Indian Health Service but do (does) not have health INSURANCE. Does anyone else pay for your (TARGET's) bills when you (they) 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	1	2	7	9	
H14	And who is that? (DO NOT READ, SELECT ANSWER) 1 Medicare 2 Railroad Retirement Plan 3 CHAMPUS, TRICARE, military health care, or Veteran's Affairs for a service connected disability,? 5 Medical Assistance Program (MAP) or Medicaid 9 Health insurance through your (TARGET) work or union 10 Health insurance through someone else's work or union 11 Health insurance bought directly by you (TARGET) 12 Health insurance bought directly by someone else 13 Student health insurance coverage 14 COBRA (insurance through a former employer) [15-17 ARE NOT CONSIDERED INSURANCE FOR SURVEY, BUT SELECT IF MENTIONED] 15 Workers compensation for specific injury/illness 16 Employer pays for bills, but not an insurance policy 17 Family member pays out of pocket for any bills 19 No Private or Public Insurance IF 1-14 → GOTO H15 IF 15-17, 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 (Has TARGET) 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 (TARGET was) not covered by insurance? GOTO STAT	1	2	7	9	
H19	Have you (Has TARGET) been covered by any health Insurance IN THE PAST 12 MONTHS?	1	2	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?

- 1 Medicare
- 2 some other form of public insurance such as Medicaid, LIST STATE PROGRAMS BY NAME
- 3 insurance through their own employer or union
- 4 insurance through someone else's employer or union
- 5 insurance bought directly by you or by someone else,
- 6 Veterans Administration (VA, Champus, Anything Military Related)
- 7 Children's Health Insurance Plan
- 8 Student health insurance
- 10 Other (Probe for type) (SPECIFY) _____
- 77 don't know
- 99 refused

[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>
<i>Person #1</i>	S7_1AGE	S7_1SEX	STAT1	TYPE1	Blank = Uninsured	VERIFY1
<i>Person #2</i>	S7_2AGE	S7_2SEX	STAT2	TYPE2	1=Medicare	VERIFY2
<i>Person #3</i>	S7_3AGE	S7_3SEX	STAT3	TYPE3	2=Medical Assistance Program or Medicaid	VERIFY3
<i>Person #4</i>	S7_4AGE	S7_4SEX	STAT4	TYPE4	3=own employer	VERIFY4
<i>Person #5</i>	S7_5AGE	S7_5SEX	STAT5	TYPE5	4=someone else's employer	VERIFY5
<i>Person #6</i>	S7_6AGE	S7_6SEX	STAT6	TYPE6	5=individual policy	VERIFY6
<i>Person #7</i>	S7_7AGE	S7_7SEX	STAT7	TYPE7	6=CHAMPUS, VA/any military	VERIFY7
<i>Person #8</i>	S7_8AGE	S7_8SEX	STAT8	TYPE8	8= student insurance	VERIFY8
<i>Person #9</i>	S7_9AGE	S7_9SEX	STAT9	TYPE9	10= other	VERIFY9
<i>Person #10</i>	S7_10AGE	S7_10SEX	STAT10	TYPE10	77=don't know	VERIFY10
<i>Person #11</i>	S7_11AGE	S7_11SEX	STAT11	TYPE11	99=refused	VERIFY11
<i>Person #12</i>	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.
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] → 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 → CODE AS ON/GROUP

If [(ANY H1-H8=1 or H14 = 1-8) and H15 = 2,7,9 and H18 = 1] → CODE AS ON/ELSE
 If [(H11=1 or H12=1 or H14=11-14) and H15 = 2,7,9 and H18 = 1] → CODE AS ON/ELSE

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

If [H8 = 1 and H15 = 1] or (H14 = 8 and H15 = 1) → CODE AS INDIVIDUAL

If H19 = 2 → CODE AS UNINSURED

If H19 = 1 → CODE AS OFF

If H18 = 7,9 → CODE AS SCREEN

If H19 = 7,9 → CODE AS SCREEN

ANY ELSE → 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

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

- 1 yes
- 2 no **GOTO WHYNOUSC**
- 7 don't know **GOTO WHYNOUSC**
- 9 refused **GOTO WHYNOUSC**

USCKIND. Where does [TARGET usually go/you usually go] for medical care. Is that an:

- 1 emergency room or urgent care center **GOTO USCPERS**
- 2 clinic **GOTO CLINIC**
- 3 doctor's office **GOTO CLINIC**
- 4 or some place else (specify) _____ **GOTO USCPERS**
- 7 don't know **GOTO CONFID**
- 9 refused **GOTO CONFID**

CLINIC. Is this clinic a . . .

- 1 public health, community, or free clinic
- 2 hospital outpatient clinic
- 3 private clinic
- 4 Other (please specify) _____
- 7 don't know
- 9 refused

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

- 1 yes
- 2 no
- 7 don't know
- 9 refused

GOTO CONFID

WHYNOUSC. What is the **main** reason you (TARGET) DO NOT have a regular place that you go for health care?

DO NOT READ. MAP TO RESPONSE.

- 1 can't afford it
- 2 DO NOT have health insurance
- 3 rarely get sick
- 4 clinic hours don't fit my schedule
- 5 transportation difficulties
- 6 language barrier
- 7 do not like/trust/believe in doctors
- 8 clinic I used to go to closed
- 9 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 (specify above)
- 77 don't know
- 99 refused

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

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

P: " I am confident that (TARGET) 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 (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays or emergency room visits.

_____ visits

77 don't know

99 refused

IF NO VISITS GOTO INPUSE

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

_____ visits

77 don't know

99 refused

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

- 1 yes **GOTO INPUSE2**
- 2 no **GOTO ERUSE**
- 7 don't know **GOTO ERUSE**
- 9 refused **GOTO ERUSE**

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

_____ times

ERUSE. During the **past 12 months**, have you (TARGET) been to a hospital emergency room?

- 1 yes
- 2 no
- 22
- 7 don't know
- 9 refused

The following questions are about (TARGET).

HSTAT. Would you say your (TARGET's) 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

RACE1. Are you (Is TARGET) Dominicano, Puerto Rican, Cuban or another Hispanic or Latino group?

- 1 yes, Dominicano
- 2 yes, Puerto Rican
- 3 yes, Cuban
- 4 yes, other Spanish/Hispanic/Latino
- 9 refused

RACE2. Now choose one or more races for yourself (TARGET). Which race or races do you consider yourself (TARGET) to be: [MAY SELECT MORE THAN ONE]

READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.

- 1 Black, African-American
- 2 White
- 3 Asian or Pacific Islander
- 4 American Indian or Alaska Native
- 5 Some other race? What race is that? _____
- 7 don't know
- 9 refused

IF AGE < 18 YEARS GOTO TO CHARGE

MARSTAT. Are you (Is TARGET) currently

- 01 single
- 02 married
- 03 living with partner
- 04 divorced
- 05 separated
- 06 widowed
- 77 don't know
- 99 refused

EDUC. What is the highest level of education you have (TARGET 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 high school equivalency diploma)
- 05 some college/technical or vocational school/training after high school
- 06 college graduate
- 07 postgraduate degree/study
- 77 don't know
- 99 refused

EMPSTAT1. Are you (Is TARGET) currently:

- 01 self employed or own your business
- 02 employed by someone
- 03 an unpaid worker for family business, farm, or home
- 04 retired
- 05 unemployed, or not working
- 06 full-time student (greater than three-fourths time)
- 07 don't know
- 09 refused

**GOTO PHONE
GOTO PHONE
GOTO PHONE
GOTO PHONE
GOTO PHONE
GOTO PHONE**

EMPSTAT2. Do you (Does TARGET) have more than one paying job?

- 1 yes **GOTO EMPHRS**
- 2 no
- 9 refused

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

- _____ hours
- 7 don't know
- 9 refused **GOTO EMPERM**

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

- _____ 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

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

- 1 Just one
- 2 Between 2 and 9
- 3 10 and 49
- 4 50 and 99
- 5 100 and 499
- 6 500 and over
- 8 don't know
- 9 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**)

- 1 Government, public administration
- 2 Health care
- 3 Education
- 4 Social Services
- 5 Agriculture, farming, forestry and fishing
- 6 Construction, mining
- 7 Manufacturing *
- 8 Transportation, communications and utilities**
- 9 Retail and wholesale trade/sales ***
- 10 Banking, finance, insurance, real estate
- 11 Entertainment
- 12 Business and repair services (such as mechanic, electrician, plumber)
- 13 Personal services (such as child care, house cleaning, stylist)
- 14 Professional and related services (such as legal services, financial planning, web design)
- 15 Other (specify) _____

77 Don't know
99 Refused

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

** Public Utilities examples: electric company, air transportation, trucking, busing, television and radio services/broadcasting, telecommunications)

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

**IF TARGET IS >= 18 YEARS GOTO PHONE
LEAD IN FOR CHARGE:**

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 **GOTO YOUAGE**
2 someone else **GOTO ELSAGE**

IF CHARGE IS PERSON ON PHONE, INSERT "YOU" FOR "THIS PERSON" IN ALL HH ITEMS.

YOUAGE. What is your age?

AGE _____

GOTO HHRACE1

ELSAGE. What is their age?

AGE _____

ELSEX. And is this person male or female?

1 male
2 female

HHRACE1 Are you (Is TARGET) Dominicano, Puerto Rican, Cuban or another Hispanic or Latino group?

1 yes, Dominicano
2 yes, Puerto Rican
3 yes, Cuban
4 yes, other Spanish/Hispanic/Latino
9 refused

HHRACE2. Now choose one or more races for yourself (TARGET). Which race or races do you consider yourself (TARGET) to be: [MAY SELECT MORE THAN ONE]

READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.

1 Black, African-American
2 White
3 Asian or Pacific Islander
4 American Indian or Alaska Native
5 Some other race? What race is that? _____
7 don't know
9 refused

HHMAR. Is this person (Are YOU) currently

- 01 single
- 02 married
- 03 living with partner
- 04 divorced
- 05 separated
- 06 widowed
- 77 don't know
- 99 refused

HHEDUC. What is the highest level of education this person has (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 high school equivalency diploma)
- 05 some college/technical or vocational school/training after high school
- 06 college graduate
- 07 postgraduate degree/study
- 77 don't know
- 99 refused

HHEMP1. Is this person (Are YOU) currently:

- 01 self employed or own your business
- 02 employed by someone
- 03 an unpaid worker for family business, farm, or home
- 04 retired
- 05 unemployed, or not working
- 06 full-time student (greater than three-fourths time)
- 07 don't know
- 09 refused

GOTO PHONE
GOTO PHONE
GOTO PHONE
GOTO PHONE
GOTO PHONE
GOTO PHONE

HHEMP2. Does this person (Do YOU) have more than one paying job?

- 1 yes **GOTO HHEMP2B**
- 2 no
- 9 refused **GOTO HHPERM**

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

- _____ hours
- 7 don't know
- 9 refused

GOTO HHPERM

HHEMP2B. For the job they (YOU) work at the most hours, what is the total number of hours usually worked per week?

- _____ 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

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

- 1 Just one
- 2 Between 2 and 9
- 3 10 and 49
- 4 50 and 99
- 5 100 and 499
- 6 500 and over
- 8 don't know
- 9 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**)

1. Government, public administration
2. Health care
3. Education
4. Social Services
5. Agriculture, farming, forestry and fishing
6. Construction, mining
7. Manufacturing *
8. Transportation, communications and utilities**
9. Retail and wholesale trade/sales ***
10. Banking, finance, insurance, real estate
11. Entertainment
12. Business and repair services (such as mechanic, electrician, plumber)
13. Personal services (such as child care, house cleaning, stylist)
14. Professional and related services (such as legal services, financial planning, web design)
15. Other (specify) _____
77. Don't know
99. Refused

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

** Public Utilities examples: electric company, air transportation, trucking, busing, television and radio services/broadcasting, telecommunications)

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

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

- 1 yes
- 2 no **GOTO PHONE3**
- 3 Not Respondent's # **GOTO PHONE3**

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

- Number _____
- 77 don't know
 - 99 refused

PHONE3. Has your telephone been without service for a week or longer during the past year?

- 1 yes **GOTO PHONE4**
- 2 no **GOTO S13**

7 don't know **GOTO S13**
9 refused **GOTO S13**

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

Number _____
1 Days
2 Weeks
3 Months

S13. Where (were you/was TARGET) born?

DO NOT READ. MAP TO RESPONSE.

1 U.S. Virgin Islands **GOTO COUNT**
2 United States **GOTO COUNT**
3 Puerto Rico **GOTO COUNT**
4 Other U.S. Territory * **GOTO COUNT**
5 British Virgin Islands
6 Eastern Caribbean
7 Dominican Republic
8 Haiti
9 Cuba or other Latino/Hispanic country
10 Canada or Europe
11 Middle East
12 India
13 Philippines
14 Other Southeast Asia
15 Other Country (specify) _____
77 don't know
99 refused

ELSE GOTO S14

S14. When did you (TARGET) come to live in the Virgin Islands?
(INTERVIEWER SHOULD SELECT ONE METHOD OF ENTRY)

S14A. Year _____ or
S14B. 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.

COUNT. How many people live on your or your family's income who CURRENTLY LIVE in the household? (PROBE: DO NOT include any children for which a family member currently pays child support, or any children away attending college or boarding school)

_____ people
77 don't know
99 refused

IF COUNT = 1 GOTO INCOME

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

INCOME. What was your household's gross, pretax income from all sources for the year 2000? (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 you are self-employed or own your own business, please report your net income.)

\$ _____, _____
777777 don't know
999999 refused

IF TARGET REFUSES OR CANNOT ESTIMATE INCOME, GOTO INCOME2

INCOME2. I am going to read you a list of income categories. Which category represents your family's income for the year 2001?

- 01 Less than 2,499
- 02 2,500 to 4,999
- 03 5,000 to 8,399
- 04 8,400 to 14,999
- 06 15,000 to 19,999
- 07 20,000 to 24,999
- 08 25,000 to 29,999
- 09 30,000 to 34,999
- 10 35,000 to 39,999
- 11 40,000 to 49,999
- 12 50,000 to 59,999
- 13 60,000 to 74,999
- 14 75,000 to 99,999
- 15 100,000 or more
- 77 don't know
- 99 refused

IF DK OR REFUSED INCOME1 AND INCOME2 GO TO GOVPROG

NOTE: The CATI can be programmed to tailor questions to "income above" or "income below" different federal poverty guideline thresholds – corresponding to existing or anticipated public program eligibility thresholds.

GOVPROG Do you currently receive any of the following:

- 1 Earned Income Tax Credit (EITC)
- 2 Free or reduced school lunches
- 3 Section B housing (HUD, housing assistance, housing voucher)
- 4 Women, Infants, and Children (WIC)
- 5 Head Start
- 6 SSI (Supplemental Security Income), SSDI (disabled)
- 7 AFDC, TANF
- 8 Low income energy assistance
- 9 Food stamps

- 1 yes
- 2 no
- 7 don't know
- 9 refused

END OF SURVEY.
THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.

Appendix C

Baseline Information

Table C-1. Population of Virgin Islands

Year	VI Population	VI % Increase	U.S. Percentage Increase
1990	101,809		0.8
1991	130,353	1.5	1.7
1992	104,931	1.5	1.4
1993	106,543	1.5	1.3
1994	108,190	1.5	1.2
1995	109,677	1.4	1.2
1996	111,180	1.4	1.2
1997	112,683	1.5	1.2
1998	112,830	0.0	1.2
1999	109,870	-2.6	1.2
2000	108,612	-1.1	0.9
2001	122,211	12.5	1.2

Source: <http://www.census.gov/prod/cen2000/island/VIprofile.pdf> for 1990, 2000 & 2001 figures. 1995 & 1997 survey data and estimates for other years were produced by the Eastern Caribbean Center

The population in the Virgin Islands has been rising fairly constantly since 1990 until 1997, which was in accordance with the population of the entire United States. During the period 1998 through 2000, the population depleted slightly in the Virgin Islands until 2001, where there has been a significant increase in the population by 12.5%.

Table C-2. Age Distribution in 2000

Age Range	Number	Percentage
0-5	8,553	7.9%
6-18	25,736	23.7%
19-44	38,171	35.1%
45-64	27,035	24.9%
65+	9,117	8.4%

Source: <http://www.census.gov/prod/cen2000/island/VIprofile.pdf>

The age distribution in the Virgin Islands, according to the 2000 Census data, is similar distribution to that of the entire U.S. However, there appears to be slightly higher proportion of youths (6-18 year olds) with almost 24% of people in the Virgin Islands in this age category compared with only 18.9% in the entire U.S. Likewise, at the other end of the age spectrum, the elderly people who contribute to the Virgin Islands population accounted for 8.4% compared with 12.4% of the entire U.S. population. The gender distribution for Virgin Islands matches the entire U.S. fairly well, with 48% of the Virgin Islands population being male and 49% of the entire U.S. population being male.

Table C-3. Race/Ethnicity Distribution

Race	Number of people in VI	Percentage of people in VI	Percentage of people in US
One Race	104,820	96.5%	97.4%
Black or African American alone	82,750	76.2%	12.2%
White lone	14,218	13.1%	75.1%
American Indian and Alaskan Native alone	320	0.3%	0.9%
Asian alone	1,215	1.1%	3.6%
Native Hawaiian or other Pacific Islander alone	28	0.0%	0.1%
Other Race	6,289	5.8%	5.5%
Two or more races	3,792	3.5%	2.6%

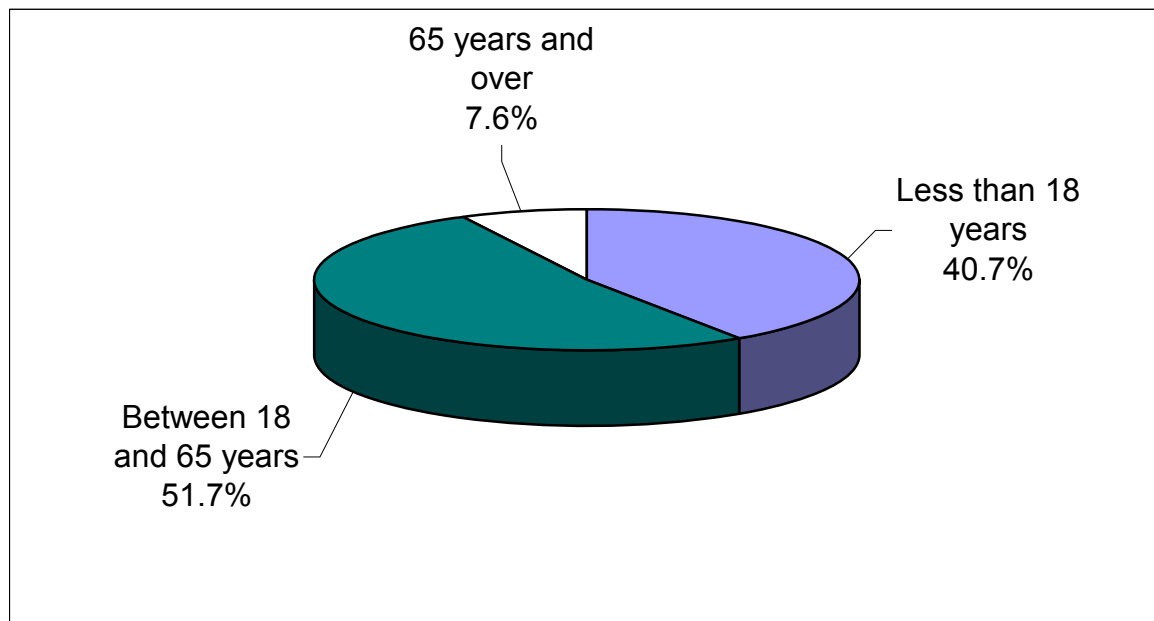
Source: <http://www.census.gov/prod/cen2000/island/VIprofile.pdf>

The profile of race/ethnicity in the Virgin Islands is almost the reverse of the rest of the U.S. In the Virgin Islands, only one in eight people are white and 76% are black, this is almost the opposite of the rest of the U.S., where one in eight people are black and 75% of people are white.

Percent Living in Poverty

In the Virgin Islands in 1999 approximately 32 % of people were living at or below the Federal Poverty Level. This is almost 20% higher than for the entire United States population. Poverty distributions between age bands in the U.S. and the Virgin Islands are very similar.

Figure C-1. Percentage of People Living In Poverty in the U.S. Virgin Islands, 1999



Source: <http://www.census.gov/prod/cen2000/island/VIprofile.pdf>

Table C-4. Primary Industries in the Virgin Islands

Industry	Number of jobs in VI
Arts & Entertainment, recreation, accommodation & food services	7,351 (15.8%)
Educational, health and social services	6,742 (14.5%)
Retail trade	6,476 (13.9%)
Public administration	4,931 (10.6%)
Construction	4,900 (10.5%)
Transportation & warehousing & public utilities	3,321 (7.1%)
Professional, scientific, management, administrative & waste management services	3,058 (6.6%)
Manufacturing	2,754 (5.9%)
Other services (except public administration)	2,535 (5.4%)
Finance, insurance & real estate	2,330 (5.0%)
Information	931 (2.0%)
Wholesale trade	912 (2.0%)
Agriculture, forestry, fishing, hunting & mining	324 (0.7%)

Source: <http://stats.bls.gov/eag/eag.AL.htm>

Medicaid and other Health Care Program Enrollment in the Virgin Islands

According to the Virgin Islands Bureau of Economic Research, the number of eligible enrollees in the Medicaid program during 2001 was 17, 039; and the number of actual recipients was 16,104.

HMO Penetration

There are currently no HMO's in the Virgin Islands.

Map of Medically Underserved Areas (MUA's)

All three islands are Medically Underserved Areas (MUA's) and are shown in the following maps. All three islands are Health Professional Shortage Areas (HSPA's) for mental health. All of St. Croix is an HSPA for dental care. An application is about to be submitted for a dental HSPA designation for all of St. Thomas and St. John. All of those two islands are low-income primary care HPSA. At present, only the Frederiksted Community Health Center market area is a primary care HPSA on St. Croix.

Health Care Facilities

According to the Virgin Islands Bureau of Economic Research, there are currently two Community Health Centers in the Virgin Islands – East End Health Center in St. Thomas and the Fredriksted Health Center on St Croix. There are currently two private nursing homes in the Virgin Islands, both in St. Thomas.

Figure C-2. MUA - St John

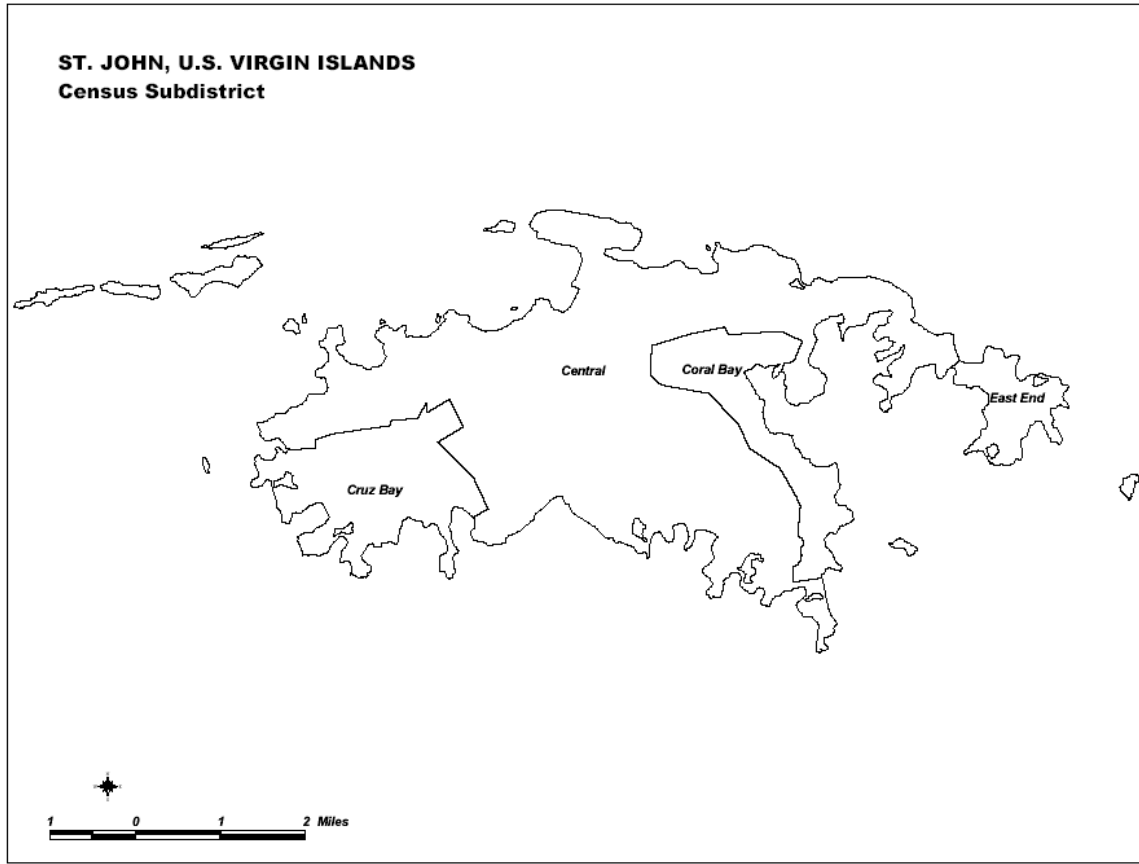


Figure C-3. MUA - St Croix

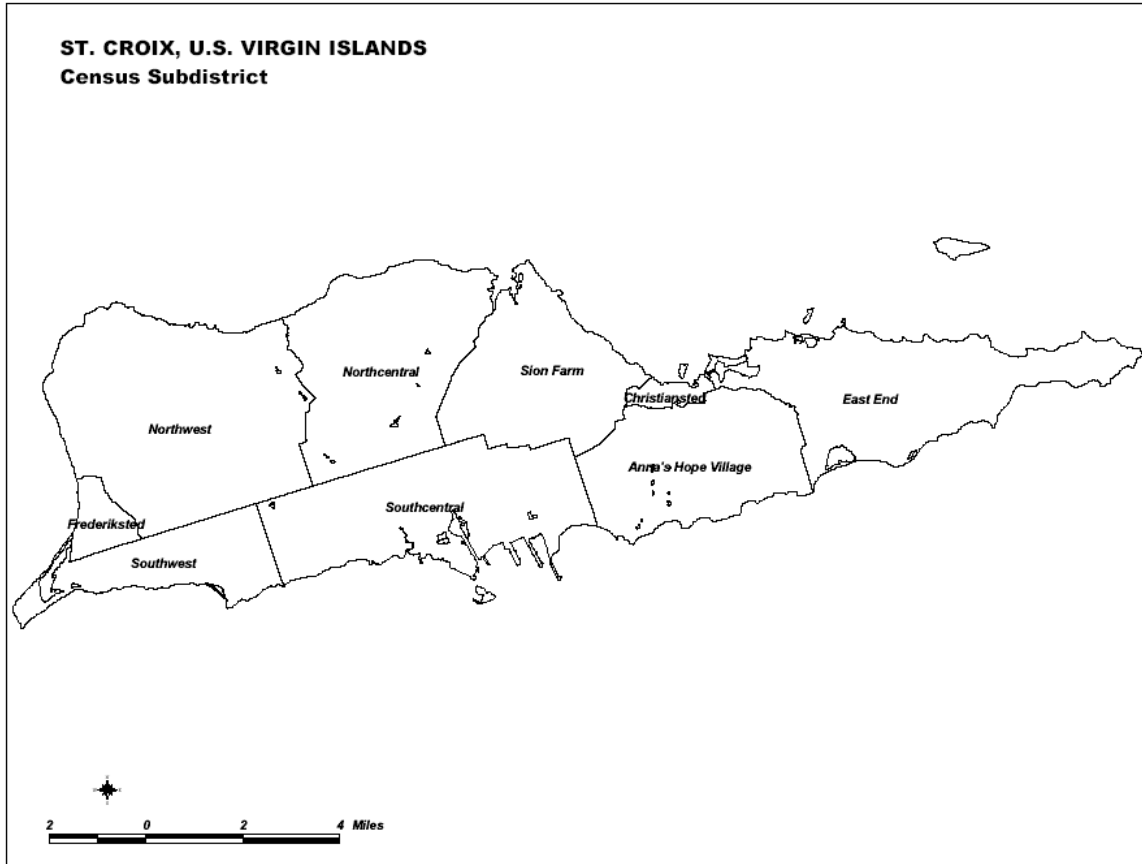
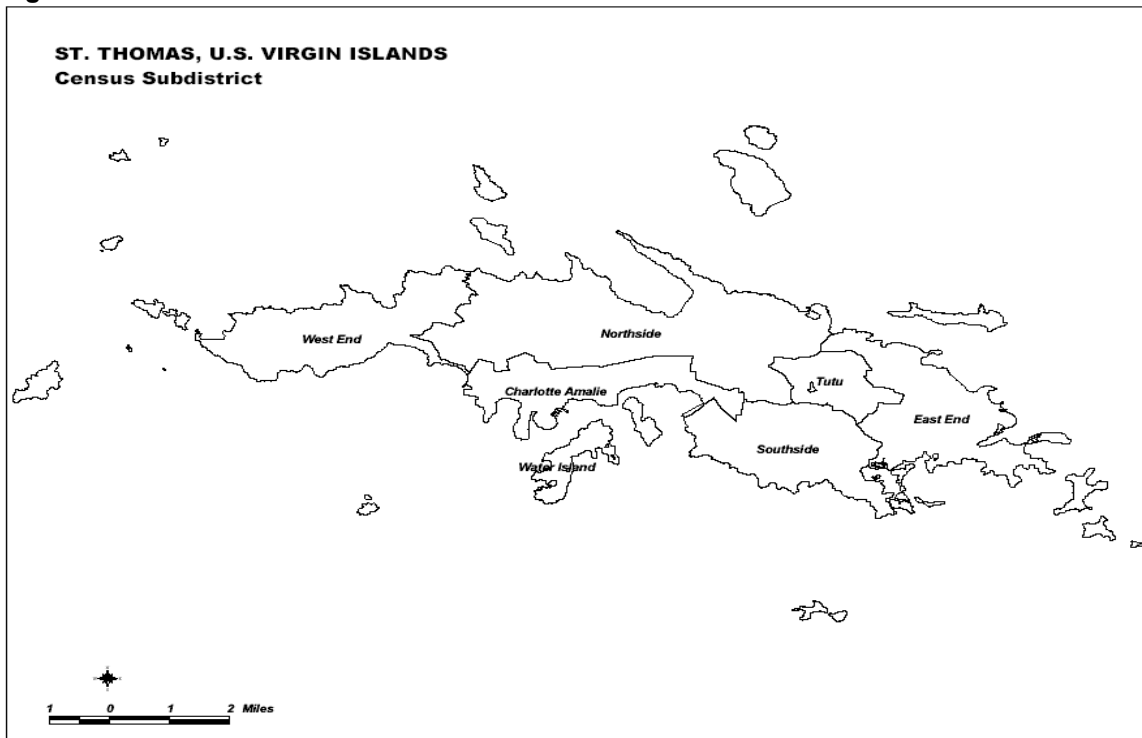


Figure C-4. MUA - St Thomas



Appendix D

Select Survey Results by Age, Race and Island

Survey Results by Age

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

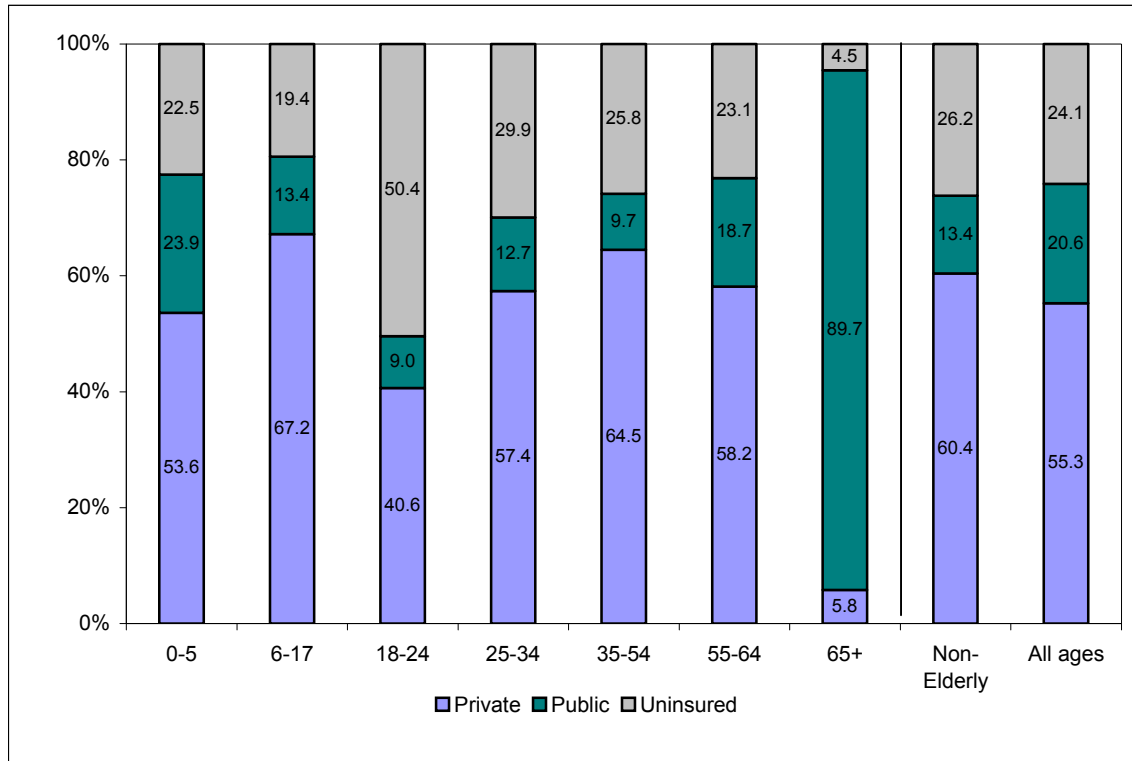


Table D-1. Uninsurance rates in the U.S. Virgin Islands by Age, 2003

Age	Point in time	All Year	Part Year	Some point in year
0 - 17	20.2%	17.1%	9.1%	26.1%
18-64	29.1%	25.4%	6.8%	32.2%
18 -24	50.4%	43.2%	13.4%	56.6%
25 -34	29.9%	26.6%	6.3%	32.9%
35-54	25.8%	23.1%	5.6%	28.7%
55-64	23.1%	19.4%	6.0%	25.3%
65+	4.5%	4.5%	0.8%	5.3%
All Ages	24.1%	21.0%	6.9%	27.9%

Table D-2. Demographics Characteristics of U.S. Virgin Islands Uninsured Children, 2003

	Uninsured Children	Distribution of Children in survey population
Gender		
Male	54.1%	47.3%
Female	<u>45.9%</u>	<u>52.7%</u>
	100.0%	100.0%
Age		
0 - 5 years	29.0%	26.1%
6 - 17 years	<u>71.0%</u>	<u>73.9%</u>
	100.0%	100.0%
Race/Ethnicity		
African American/Black	69.6%	76.2%
American Indian	1.0%	0.2%
Asian	**	**
Hispanic*	18.9%	14.6%
White	6.7%	6.1%
Other	<u>3.8%</u>	<u>2.9%</u>
	100.0%	100.0%
Marital Status of Parent's		
Widowed	4.6%	1.6%
Married	51.6%	52.2%
Divorced	5.7%	6.2%
Separated	4.8%	4.3%
Living with Partner	4.9%	6.7%
Single	<u>28.5%</u>	<u>29.1%</u>
	100.0%	100.0%
Health Status		
Excellent	33.9%	40.7%
Very Good	32.3%	31.5%
Good	21.6%	18.3%
Fair	11.3%	8.9%
Poor	<u>0.9%</u>	<u>0.7%</u>
	100.0%	100.0%
Family Income (% of FPL[†])		
<100%	20.3%	10.5%
101-200%	21.8%	14.9%
201-300%	22.4%	13.7%
301-400%	11.5%	14.2%
>400%	<u>23.9%</u>	<u>46.7%</u>
	100.0%	100.0%

* For race that reported to be Hispanic and other, Hispanic was taken as the predominant race

** Indicates no observations reported.

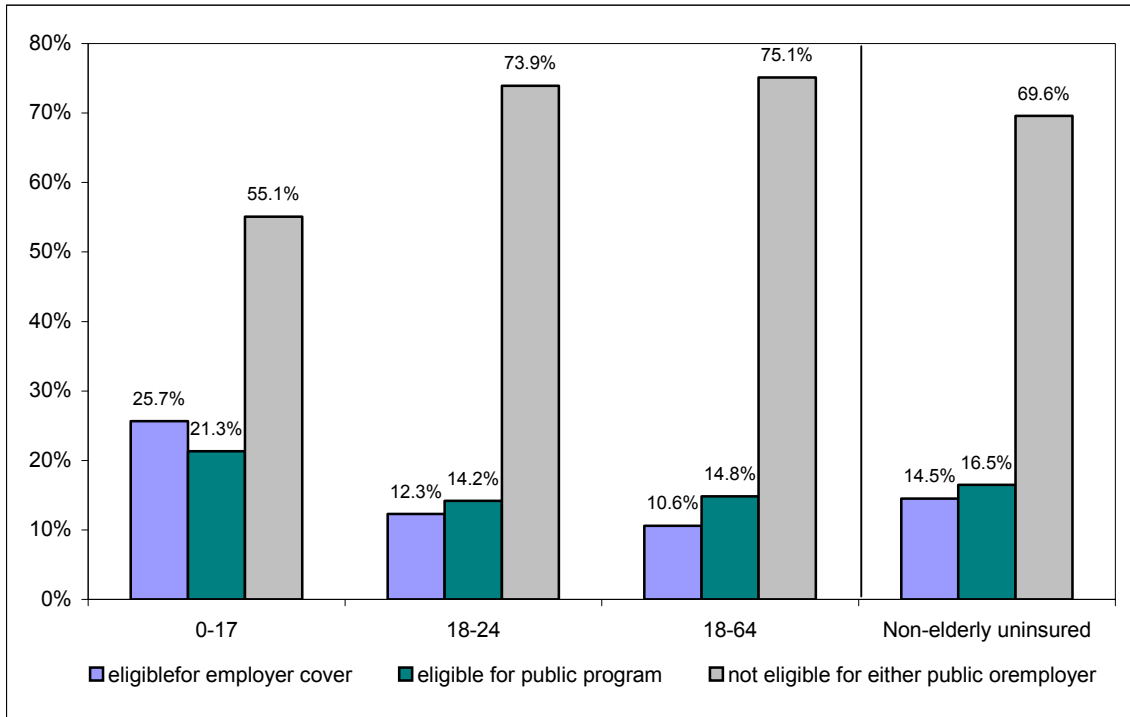
† Federal Poverty Level (FPL)

Table D-3. Employment Status of the Parents of Uninsured Children, 2003

	Uninsured	Distribution of Children in survey population
Employment Status		
Self-Employed	17.0%	7.9%
Employed by Someone Else	53.8%	72.7%
Not Employed/Unpaid worker	26.8%	12.6%
Retired	2.4%	6.3%
Student	** —	<u>0.6</u>
	100.0%	100.0%
For Those Who are Employed and Uninsured		
Number of Jobs		
One Job	76.8%	82.3%
Multiple Jobs	<u>23.2%</u>	<u>17.5%</u>
	100.0%	100.0%
Hours Worked per Week		
0 to 10	0.2%	0.7%
11 to 20	2.9%	1.5%
21 to 30	10.6%	6.4%
31 to 39	14.2%	5.3%
40 or more	<u>70.3%</u>	<u>86.1%</u>
	100.0%	100.0%
Type of Job		
Permanent	80.2%	95.4%
Temporary	16.5%	3.7%
Seasonal	<u>3.2%</u>	<u>0.8%</u>
	100.0%	100.0%
Size of Employer		
<10 employees	40.3%	18.8%
10 - 50 employees	27.1%	17.0%
>50 employees	<u>32.5%</u>	<u>64.0%</u>
	100.0%	100.0%

**Indicates that there were no observations

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

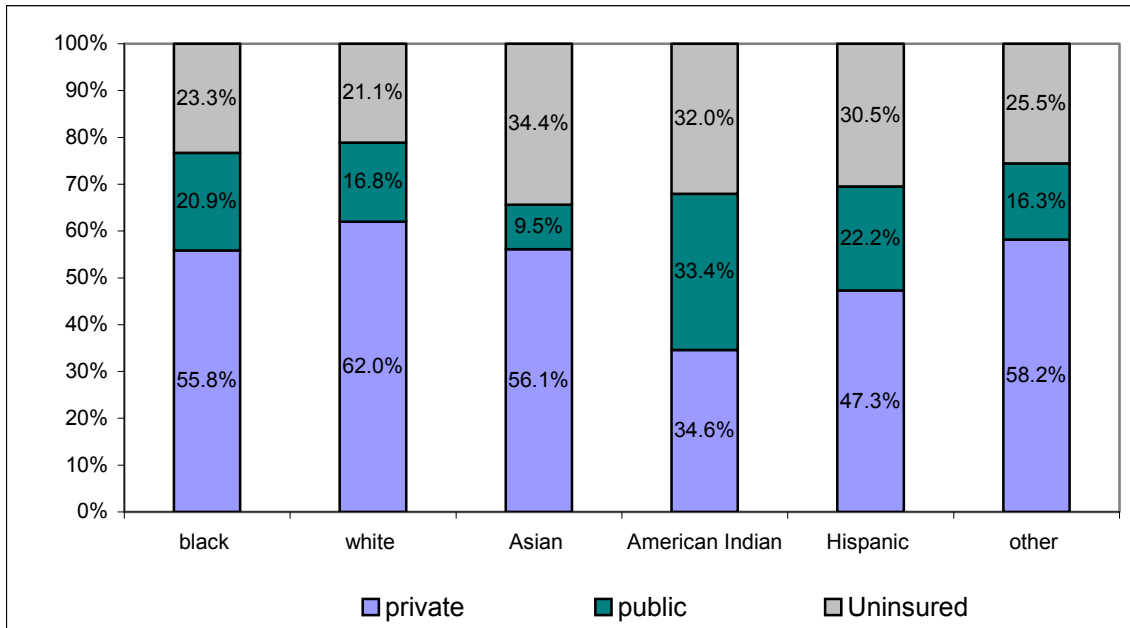


Table D-4. Uninsurance Rates in the U.S. Virgin Islands by Race/Ethnicity, 2003

	Point in time	All Year	Part Year	Some point in year
Race/Ethnicity				
Black	23.3%	20.6%	6.4%	27.1%
White	21.1%	20.4%	5.0%	25.5%
Asian	34.4%	34.3%	0.0%	34.4%
American Indian	32.0%	21.8%	10.3%	32.1%
Hispanic	30.5%	23.6%	10.9%	34.5%
Other	25.5%	16.3%	9.2%	25.5%
All Races	24.1%	21.0%	6.9%	27.9%

Table D-5. Employment Status of Black and Non-Black Uninsured, 2003

	Black Uninsured	Non-Black Uninsured
Employment Status		
Self-Employed	15.1%	31.1%
Employed by Someone Else	45.0%	29.4%
Not Employed/Unpaid worker	31.2%	35.1%
Retired	4.2%	1.9%
Student	4.4%	2.5%
	100.0%	100.0%
For Those Who are Employed and Uninsured		
Number of Jobs		
One Job	82.8%	83.8%
Multiple Jobs	17.2%	16.2%
	100.0%	100.0%
Hours Worked per Week		
0 to 10	0.1%	**
11 to 20	5.9%	10.6%
21 to 30	10.8%	16.4%
31 to 39	15.0%	16.6%
40 hours or more	68.1%	56.4%
	100.0%	100.0%
Type of Job		
Permanent	80.9%	91.6%
Temporary	18.3%	8.4%
Seasonal	0.8%	**
	100.0%	100.0%
Size of Employer		
<10 employees	33.0%	55.5%
10 – 50 employees	32.6%	24.2%
>50 employees	34.4%	20.3%
	100.0%	100.0%

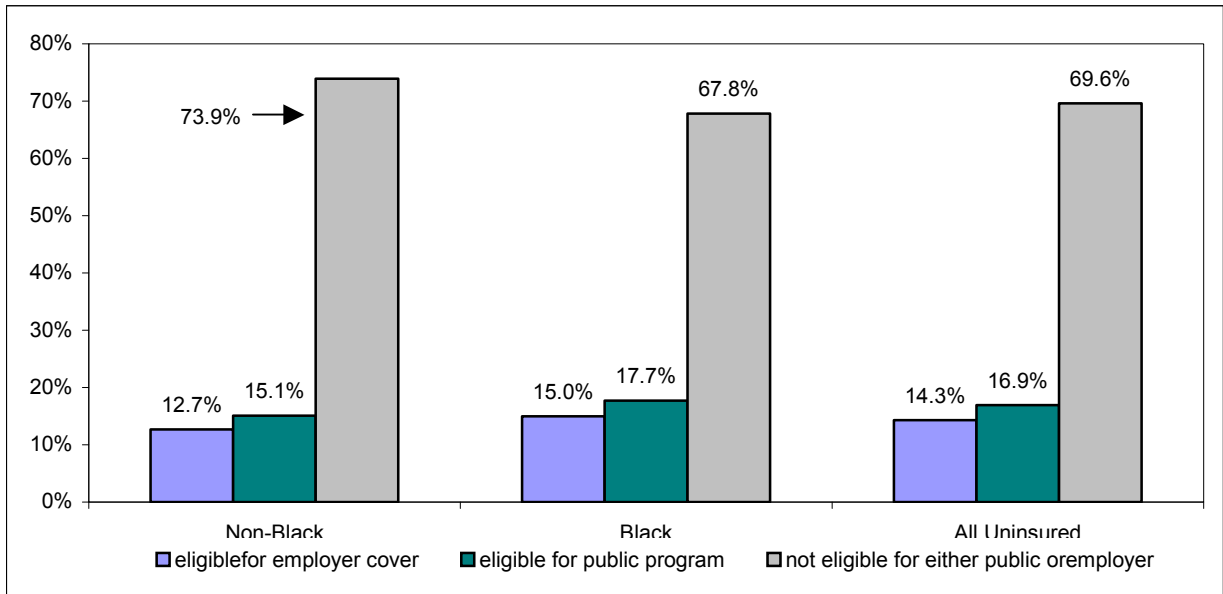
** Indicates no observations reported.

Table D-6. Demographic Characteristics of Black and Non-Black Uninsured, 2003

	Black Uninsured	Non- Black Uninsured
Gender		
Male	48.4%	57.5%
Female	51.6%	42.5%
	100.0%	100.0%
Age		
0 - 5 years	7.9%	6.1%
6 - 17 years	17.3%	19.1%
18 -24 years	15.6%	17.7%
25 –34 years	12.8%	14.0%
35-54 years	31.4%	29.4%
55-64 years	12.5%	13.7%
65 years and over	2.5%	**
	100.0%	100.0%
Marital Status		
Widowed	3.1%	1.6%
Married	37.1%	50.0%
Divorced	5.6%	4.6%
Separated	2.2%	6.0%
Living with Partner	5.2%	12.2%
Single	46.8%	25.7%
	100.0%	100.0%
Education		
Less than High School	50.0%	31.4%
HS Graduate	34.1%	29.7%
Some College	8.5%	23.4%
College Graduate	7.0%	13.9%
Post Graduate	0.3%	1.6%
	100.0%	100.0%
Health Status		
Excellent	22.4%	27.9%
Very Good	24.4%	31.2%
Good	30.5%	19.6%
Fair	17.5%	19.9%
Poor	5.3%	4.4%
	100.0%	100.0%
Family Income (% of FPL)		
<100%	17.7%	14.2%
101-200%	24.8%	13.5%
201-300%	17.7%	23.3%
301-400%	14.3%	7.9%
>400%	25.5%	41.2%
	100.0%	100.0%

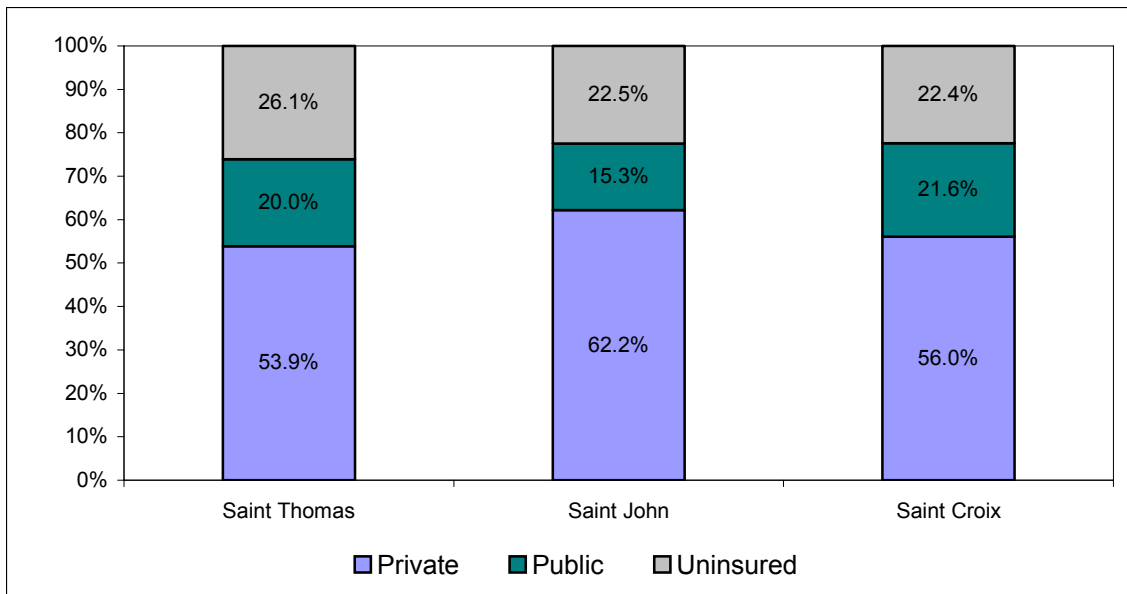
**Indicates that there were no observations

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



Survey Results by Island

Figure D-5. Variation in Sources of Uninsurance Coverage by Island, 2003



St. Thomas, formerly the largest island, has the highest rate of uninsurance (26.1%) and the lowest rate of employer-sponsored insurance coverage (53.9%).

Table D-7. Uninsurance rates in the U.S. Virgin Islands by Island, 2003

	Point in time	All Year	Part Year	Some point in year
Island				
St Croix	22.4%	18.2%	8.3%	26.5%
St John	22.5%	21.6%	4.0%	25.7%
St Thomas	26.1%	23.8%	5.7%	29.5%
All Islands	24.1%	21.1%	6.7%	27.8%

Table D-8. Demographics Characteristics of the Uninsured by Island, 2003

	St Croix	St John	St Thomas
Gender			
Male	52.6%	55.8%	49.6%
Female	<u>47.4%</u>	<u>44.2%</u>	<u>50.5%</u>
	100.0%	100.0%	100.0%
Age			
0 - 5 years	6.8%	11.6%	7.5%
6 - 17 years	17.2%	21.8%	18.2%
18 -24 years	18.5%	8.4%	14.8%
25 -34 years	10.6%	16.6%	15.2%
35-54 years	30.9%	29.7%	30.9%
55-64 years	14.9%	6.0%	11.5%
65 years and over	<u>1.3%</u>	<u>6.0%</u>	<u>1.9%</u>
	100.0%	100.0%	100.0%
Race/Ethnicity			
African	67.1%	57.5%	72.6%
American Indian	1.2%	0.3%	0.5%
Asian	*	1.0%	1.0%
Hispanic*	9.8%	9.8%	11.7%
White	4.6%	31.3%	12.7%
Other	<u>3.7%</u>	<u>*</u>	<u>1.6%</u>
	100.0%	100.0%	100.0%
Nativity			
U.S. Virgin Islands	37.8%	50.9%	43.1%
United States	9.8%	24.6%	15.6%
Puerto Rico	5.5%	*	2.9%
British Virgin Islands	0.7%	0.7%	2.7%
Eastern Caribbean	29.7%	18.2%	23.7%
Dominican Republic	2.8%	2.7%	5.4%
Haiti	*	*	0.8%

Cuba or other Latino	*	*	*
Canada or Europe	0.3%	*	0.1%
Asia	1.7%	*	2.6%
Other	<u>4.2%</u>	<u>3.0%</u>	<u>2.1%</u>
	100.0%	100.0%	100.0%
Marital Status			
Widowed	3.8%	3.3%	1.5%
Married	44.7%	27.9%	38.5%
Divorced	4.1%	15.7%	5.6%
Separated	2.5%	1.0%	4.3%
Living with Partner	7.3%	7.0%	7.5%
Single	<u>37.6%</u>	<u>45.0%</u>	<u>42.6%</u>
	100.0%	100.0%	100.0%
Level of Education			
Less than High School	54.9%	44.5%	35.4%
HS school graduate	31.4%	24.0%	34.5%
Some College	9.0%	11.7%	16.5%
College Graduate	4.5%	18.4%	12.4%
Post Graduate	<u>0.2%</u>	<u>1.4%</u>	<u>1.1%</u>
	100.0%	100.0%	100.0%
Health Status			
Excellent	23.7%	19.4%	24.7%
Very Good	26.0%	28.2%	26.9%
Good	26.9%	37.6%	26.6%
Fair	20.2%	4.4%	15.7%
Poor	<u>3.3%</u>	<u>10.5%</u>	<u>6.1%</u>
	100.0%	100.0%	100.0%
Family Income (% of FPL)			
<100%	22.8%	14.0%	11.4%
101-200%	27.2%	18.4%	16.3%
201-300%	17.3%	22.3%	21.0%
301-400%	7.0%	6.4%	17.6%
>400%	<u>25.7%</u>	<u>38.9%</u>	<u>33.7%</u>
	100.0%	100.0%	100.0%

** Indicates that no observations were reported.

Table D-9. Employment Status of the Uninsured by Island, 2003

	St Croix	St John	St Thomas
Employment Status			
Self-Employed	16.0%	30.0%	22.9%
Employed by Someone Else	30.0%	52.7%	48.4%
Not Employed/Unpaid worker	43.3%	12.0%	24.2%
Retired	3.5%	5.0%	3.5%
Student	<u>7.3%</u>	<u>0.7%</u>	<u>1.0%</u>
	100.0%	100.0%	100.0%
For the Employed and Uninsured			
Number of Jobs			
One Job	91.7%	72.5%	79.0%
Multiple Jobs	<u>8.3%</u>	<u>27.5%</u>	<u>21.0%</u>
	100.0%	100.0%	100.0%
Hours Worked per Week			
0 to 10	0.0%	2.0%	0.0%
11 to 20	17.8%	14.5%	0.8%
21 to 30	19.0%	10.0%	8.6%
31 to 39	19.0%	9.3%	14.0%
40 or more	<u>44.2%</u>	<u>64.3%</u>	<u>76.6%</u>
	100.0%	100.0%	100.0%
Type of Job			
Permanent	75.3%	92.2%	86.7%
Temporary	22.9%	7.8%	13.3%
Seasonal	<u>1.8%</u>	<u>0.0%</u>	<u>0.0%</u>
	100.0%	100.0%	100.0%
Size of Employer			
<10 employees	33.5%	38.1%	40.6%
10 - 50 employees	26.5%	32.2%	33.0%
>50 employees	<u>40.0%</u>	<u>29.8%</u>	<u>26.4%</u>
	100.0%	100.0%	100.0%

Figure D-6. Potential Access to Health Insurance for the Uninsured by Island, 2003

