

Working Adults and Health Insurance in West Virginia



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Executive Summary

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

West Virginia has 1,103,570 adults who are between the ages of 19 and 64. They were the subject of our second report. Of these non-elderly adults, 727,044 (65.9 percent) either work for themselves or for someone else. The remainder classify themselves as homemakers, disabled, retired, student, or unemployed. This report, *Working Adults and Health Insurance in West Virginia*, focuses on the State's working non-elderly adults.

- On any given day, 133,030 working West Virginians are uninsured. For some part or all of last year the number of uninsured rose to 180,684 (25 percent). 110,415 of those currently uninsured have been uninsured for more than one year, and of those, 37.8 percent, or 41,737, have been without insurance for ten years or more.
- The average percent of uninsured workers per county is 18.3 percent. Of West Virginia's 55 counties, Pocahontas County had the highest percent of uninsured workers at 30.5 percent, while Marshall County had the lowest percent of uninsured workers at 9.0 percent.
- While workers in the 19 to 25 age bracket were more likely to be uninsured, since workers 35 to 44 years of age had the largest numbers of workers, that age group had the larger share of uninsured (27.6 percent).
- Males were more likely to be uninsured than their female working counterparts, and constituted a greater number of uninsured workers (56.7 percent).
- While only 17.9 percent of the State's white population is uninsured, because of the State's small numbers of other races and ethnic groups, 90.7 percent of uninsured workers are white.
- Although 58.0 percent of workers who make less than \$10,000 are uninsured, they are only 13.5 percent of all uninsured workers. The largest numbers of uninsured workers are those whose earnings are between \$10,000 and \$29,999 (63.7 percent).
- 31.7 percent of part-time workers employed less than 40 hours were uninsured, compared to 11.8 percent of those who worked full time (40 hours or more).
- Overall, 73.3 percent of workers worked for an employer that offered health insurance: 93.2 percent of their workers were insured.
- Among uninsured workers, only 27.1 percent of them worked for an employer that offered health insurance. Only 54.6 percent of those workers were eligible, and the reasons were primarily because they had not worked for their employer long enough (39.8 percent) or they did not work enough hours (30.3 percent).
- 30.0 percent of uninsured workers were employed by companies that had between 10 and 49 workers. The second largest group of uninsured workers (25.2 percent) worked for employers with less than 10 employees.

Introduction

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

Working Adults and Health Insurance in West Virginia is the fourth in a series of reports about health insurance in the state. It focuses our attention on the working uninsured, their employment and demographic circumstances, and how they perceive, as well as access, the healthcare system.

About the methods used in this report:

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

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

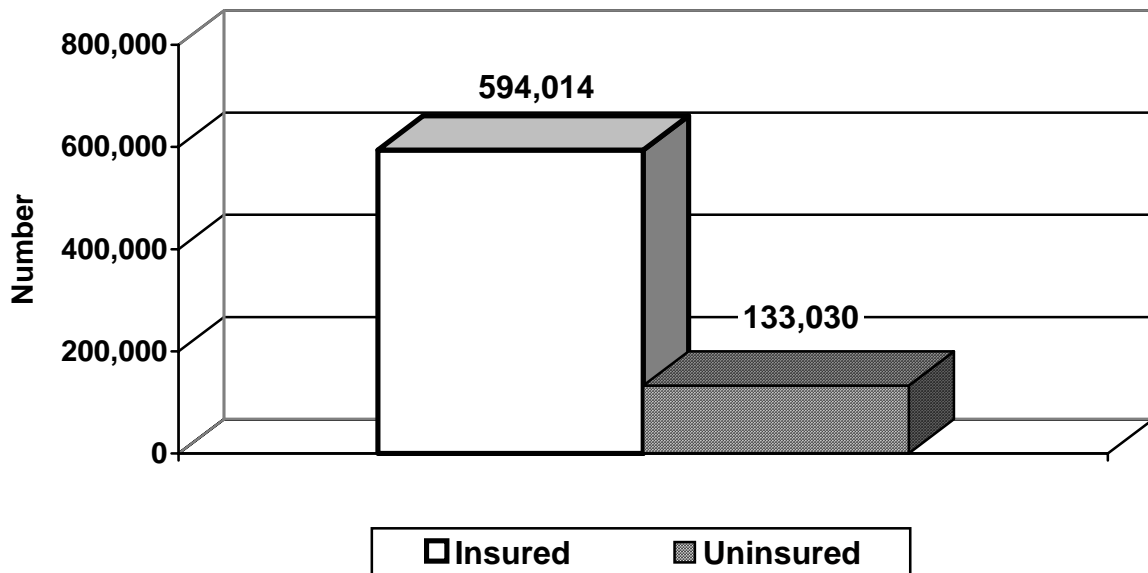
What Is the Prevalence of Uninsurance Among West Virginia's Workers?

This section will report the following:

- How many workers ages 19 to 64 were uninsured at the time of the survey
- Which counties had the highest percentage of uninsured workers
- How many workers were not insured for some part or all of 2001
- How long uninsured workers were without healthcare coverage
- Reasons that uninsured workers were without healthcare coverage

At the time of the survey, there were 1,103,570 adults ages 19 to 64 in West Virginia. As reported in *Health Insurance in West Virginia: The Non-Elderly Adult Report*, 19.9 percent of these adults (approximately 219,971) were uninsured. Of all adults, ages 19 to 64, 727,044 (65.9 percent) were either self-employed or employed by someone else. These adults will be referred to as workers for the remainder of the report. 18.3 percent (approximately 133,030) of these workers were uninsured (see Figure 1).

Figure 1
Number of Insured and Uninsured Workers
West Virginia, 2001

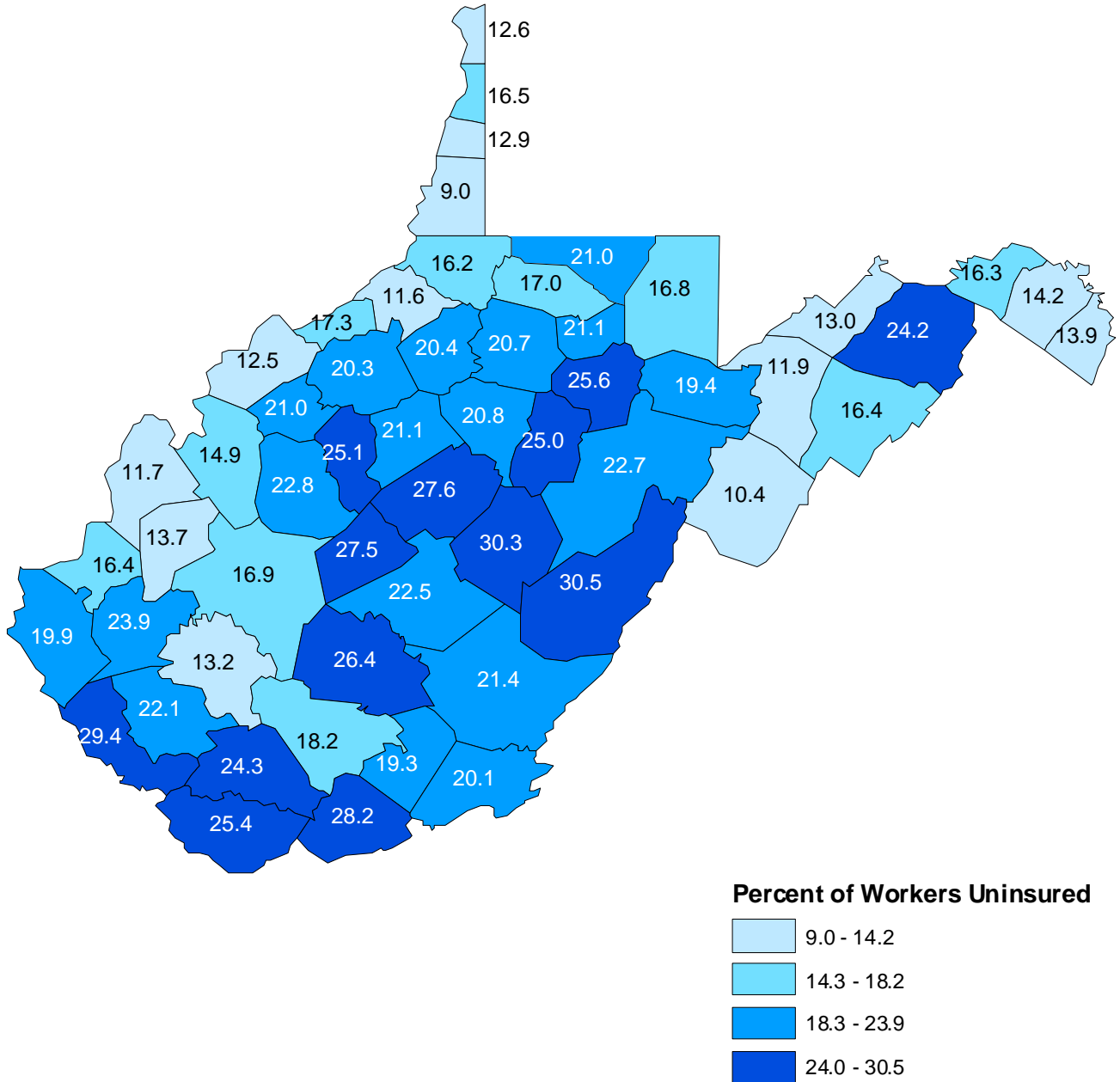


Some counties had a higher percentage of uninsured workers than others. Specifically, Pocahontas, Webster, Mingo, Mercer, Braxton, and Clay counties had an uninsurance rate of 27.0 percent or higher. Marshall, Pendleton, Tyler, Mason, and Grant counties had the lowest percentage of uninsured workers, each with less than 12.0 percent uninsured (see Table 1 and Map 1).

County	Percentage of Workers Uninsured *	Estimated Number of Workers Uninsured
Pocahontas	30.5	1,258
Webster	30.3	984
Mingo	29.4	2,757
Mercer	28.2	7,194
Braxton	27.6	1,621
Clay	27.5	842
Fayette	26.4	4,466
Barbour	25.6	1,598
McDowell	25.4	1,918
Calhoun	25.1	655
Upshur	25.0	2,608
Wyoming	24.3	1,964
Hampshire	24.2	2,084
Lincoln	23.9	1,707
Roane	22.8	1,255
Randolph	22.7	2,941
Nicholas	22.5	2,353
Logan	22.1	2,710
Greenbrier	21.4	2,818
Gilmer	21.1	518
Taylor	21.1	1,530
Monongalia	21.0	7,236
Wirt	21.0	488
Lewis	20.8	1,375
Harrison	20.7	5,529
Doddridge	20.4	583
Ritchie	20.3	792
Monroe	20.1	1,305
Wayne	19.9	3,112
Tucker	19.4	636
Summers	19.3	941
Raleigh	18.2	5,559

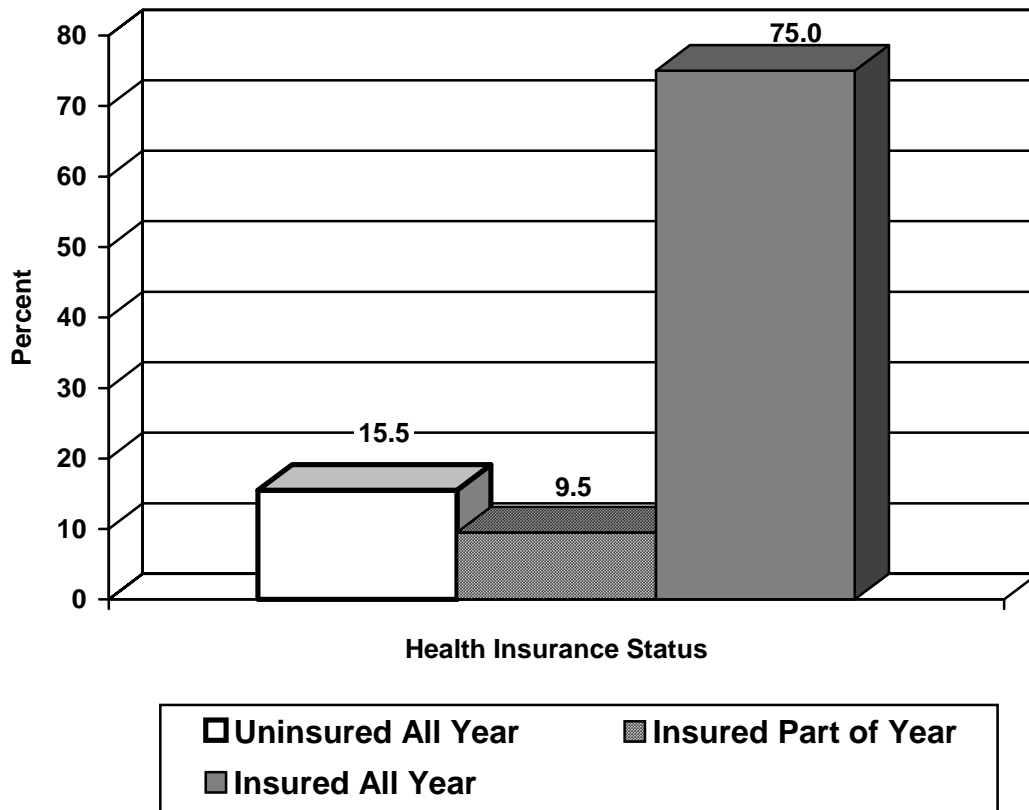
County	Percentage of Uninsured Workers*	Estimated Number of Uninsured Workers
Pleasants	17.3	555
Marion	17.0	3,871
Kanawha	16.9	12,953
Preston	16.8	1,995
Brooke	16.5	1,712
Cabell	16.4	7,188
Hardy	16.4	926
Morgan	16.3	1,013
Wetzel	16.2	1,088
Jackson	14.9	1,609
Berkeley	14.2	4,872
Jefferson	13.9	2,854
Putnam	13.7	3,276
Boone	13.2	1,272
Mineral	13.0	1,583
Ohio	12.9	2,626
Hancock	12.6	1,816
Wood	12.5	4,801
Grant	11.9	639
Mason	11.7	1,149
Tyler	11.6	421
Pendleton	10.4	399
Marshall	9.0	1,075
TOTAL	18.3	133,030
Source: West Virginia Healthcare Survey, 2001		
Key to table:		
* Represents the percent of workers in the West Virginia Healthcare Survey who were uninsured in each county.		

Map 1
Percent of Uninsured Workers in Each County
West Virginia, 2001



About 9.5 percent of workers were insured only part of 2001, while 15.5 percent had no insurance all year. This means that approximately 180,684 workers (25 percent) were without health insurance for at least part of that year, and approximately 111,880 of those had no health insurance during the entire year (see Figure 2).

Figure 2
Percent of Workers Uninsured, Partly Insured, and Insured All Year
West Virginia, 2001



Among uninsured workers, about 83.0 percent had been without health insurance for a year or more (including 10.9 percent who had never had health insurance). 15.0 percent of workers had been uninsured for less than one year (see Table 2).

Table 2	
Length of Time Workers Had Been Uninsured	
West Virginia, 2001	
Length of Time Uninsured	Percent of Sample
Less than 1 Year	15.0
1 – 5 Years	34.9
More than 5 – 10 Years	16.7
More than 10 – 15 Years	8.0
More than 15 Years	12.5
Never had health insurance	10.9
Do not know	2.0
Total	100.0
Source: West Virginia Healthcare Survey, 2001	

Uninsured workers were asked why they did not have health insurance. The most frequently given reason was the high cost of health insurance premiums, co-payments, and deductibles, cited for half of all workers (see Table 3). Another 21.0 percent said they had no health insurance because of employment-related issues, including being ineligible for their employer’s insurance plan or having a job that did not offer health insurance.

Table 3 Reasons Given for Being Uninsured West Virginia, 2001	
Reason Given	Estimated Percentage of Uninsured Adults
High cost of premiums, co-payments, and deductibles	50.0
Employment-related reasons (no family member has job that offers insurance or no employed family member is eligible for employment-based insurance)	17.9
Have not been contacted by an insurance company	2.8
Do not know how to get an insurance policy	1.3
Do not need insurance because healthy	1.1
Uninsurable due to health problems	0.7
Other expenses more important	0.7
Can get free care from providers	0.6
Have enough money to pay for healthcare	0.3
Lost relationship to insured person	0.2
Other	19.2
Don't know why	5.2
TOTAL	100.0
Source: West Virginia Healthcare Survey, 2001	

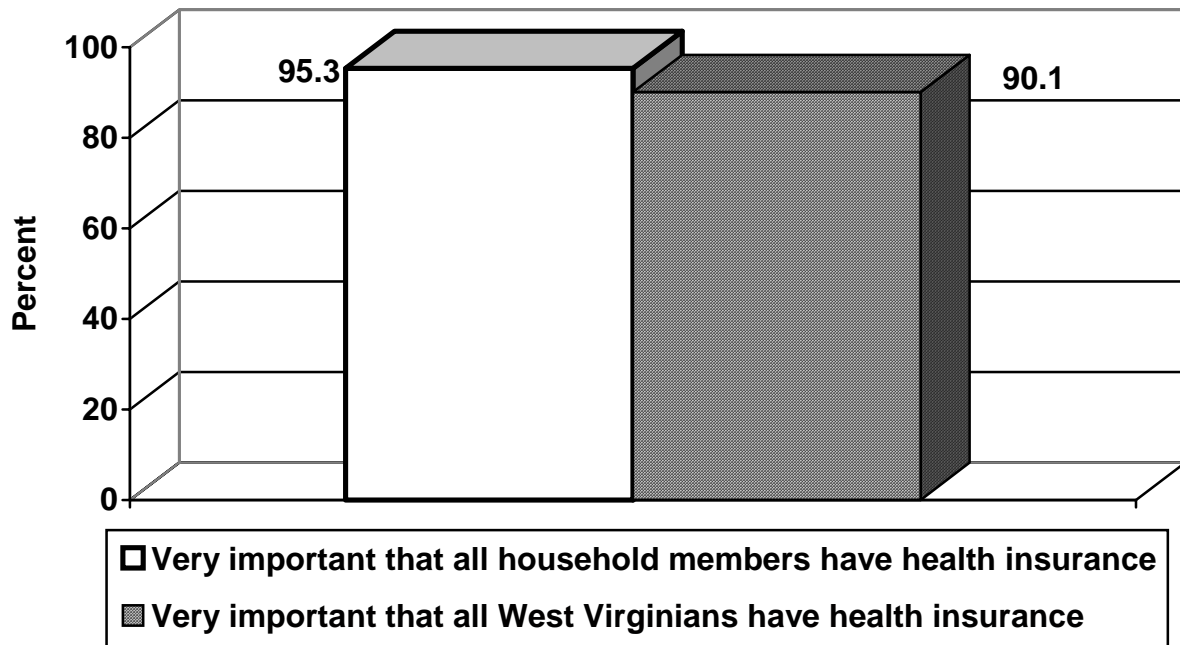
What Are the Effects of Uninsurance on West Virginia's Workers?

In this section of the report, we will discuss:

- The importance of having health insurance to West Virginia's workers
- Workers' confidence in paying for healthcare expenses
- The burden of paying for healthcare costs that are not covered by insurance
- Workers' satisfaction with the cost of healthcare

Overall, 95.3 percent of workers felt that having health insurance for all of their household members was very important. 90.1 percent felt that it was very important that all West Virginians have health insurance (see Figure 3).

Figure 3
Workers felt that it was very important for all of their household members
and all West Virginians to have health insurance.
West Virginia, 2001



Overall, 35.0 percent of workers were very confident that they could pay for the healthcare expenses of all family members. Another 38.4 percent were somewhat confident. Approximately 25.5 percent were not too confident or not at all confident about the ability to pay for healthcare (see Figure 4). Uninsured workers were much less confident than insured workers that they could pay for healthcare expenses of their families. Only 10.5 percent of uninsured workers compared to 40.5 percent of the insured were very confident about their ability to pay for healthcare expenses. About 31.5 percent of the uninsured were not at all confident, compared to only 5.6 percent of the insured (see Figure 5).

Figure 4
Workers' Confidence in Being Able to Pay for Healthcare Expenses
West Virginia, 2001

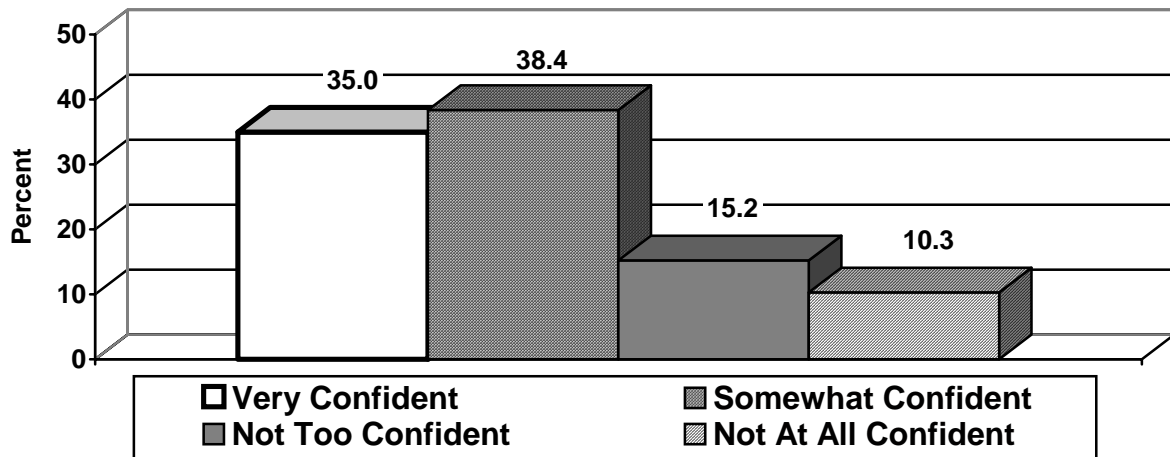
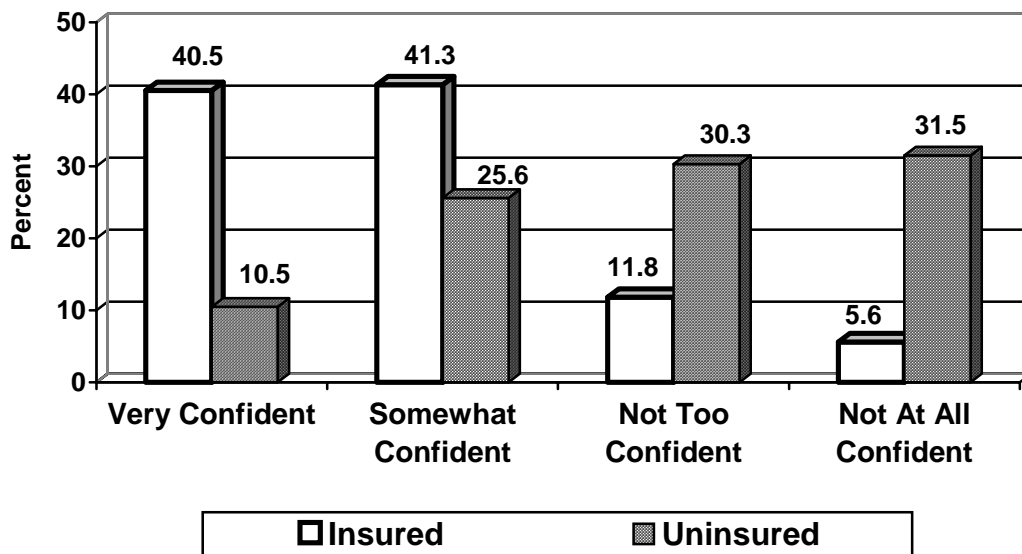
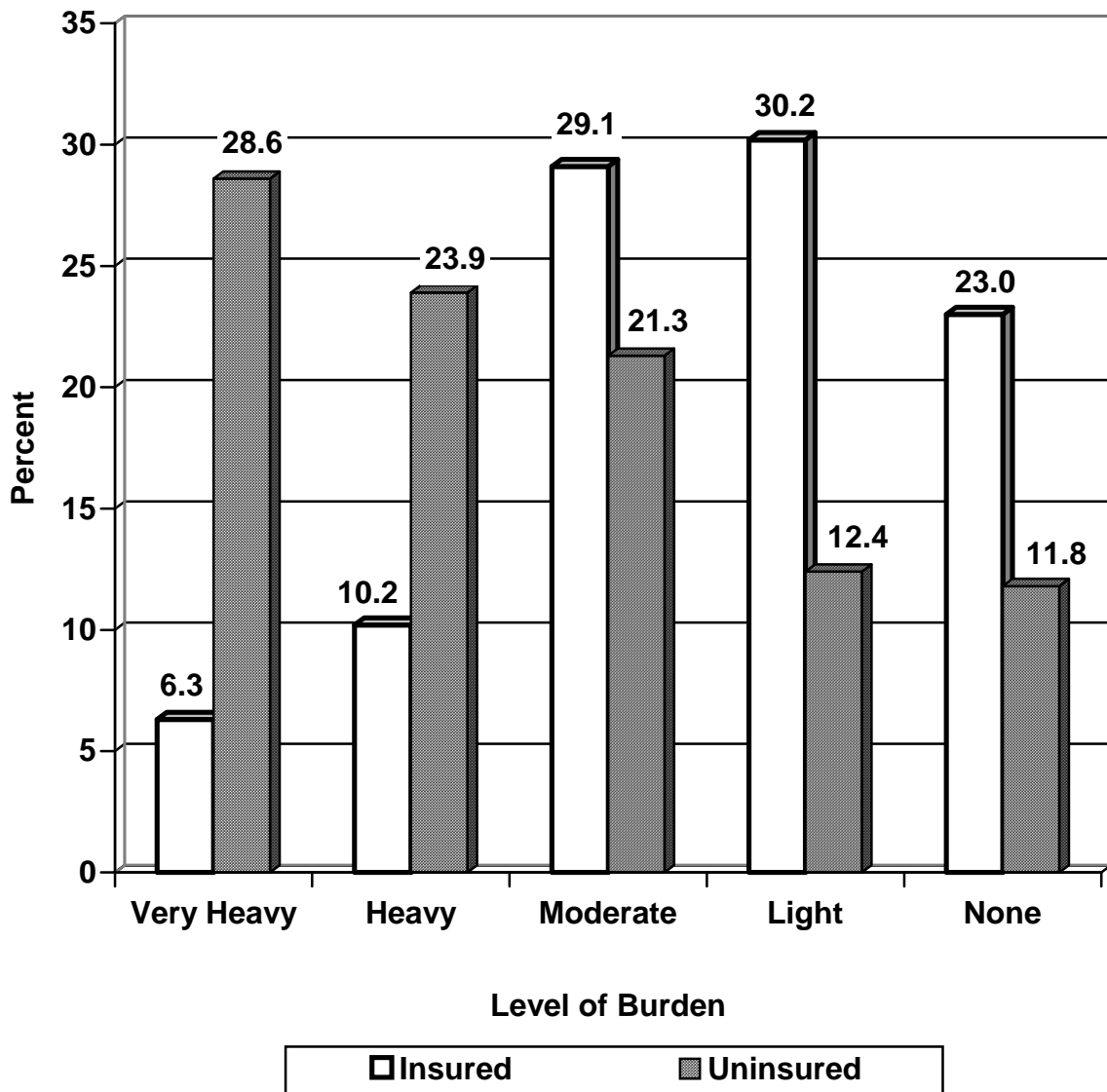


Figure 5
The uninsured were less confident that they could pay for healthcare expenses.
West Virginia, 2001



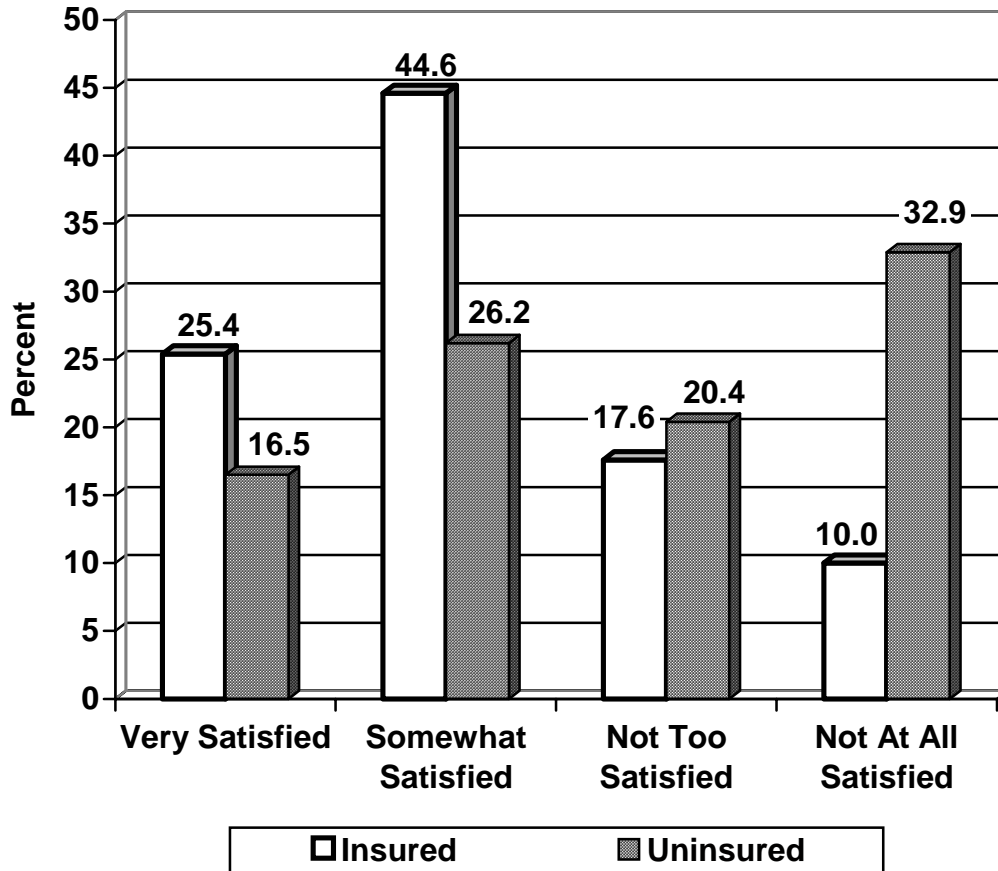
Among all workers, 23.0 percent found out-of-pocket healthcare costs a heavy or very heavy burden. However, for 52.5 percent of uninsured workers, out-of-pocket healthcare costs were a heavy or very heavy burden (compared to 16.5 percent of those with health insurance). See Figure 6.

Figure 6
Healthcare costs were a heavier burden for the uninsured.
West Virginia, 2001



Overall, 64.9 percent of workers were very or somewhat satisfied with the cost of healthcare. Uninsured workers were less likely to be satisfied with the cost of healthcare. Only 16.5 percent of uninsured workers were very satisfied with the cost of their healthcare, compared to 25.4 percent of the insured (see Figure 7).

Figure 7
Satisfaction with the Cost of Healthcare
West Virginia, 2001



Who Are West Virginia's Uninsured Workers?

This section of the report will discuss the risk of being uninsured for workers defined by the following demographic characteristics:

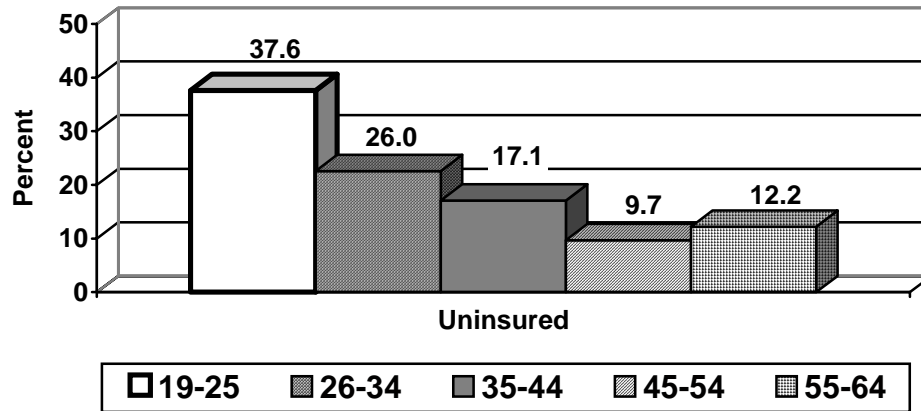
- Age
- Sex
- Race
- Marital status
- Education
- Annual income of worker's household

This information describes which workers have the greatest chance (or likelihood) of being uninsured.

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

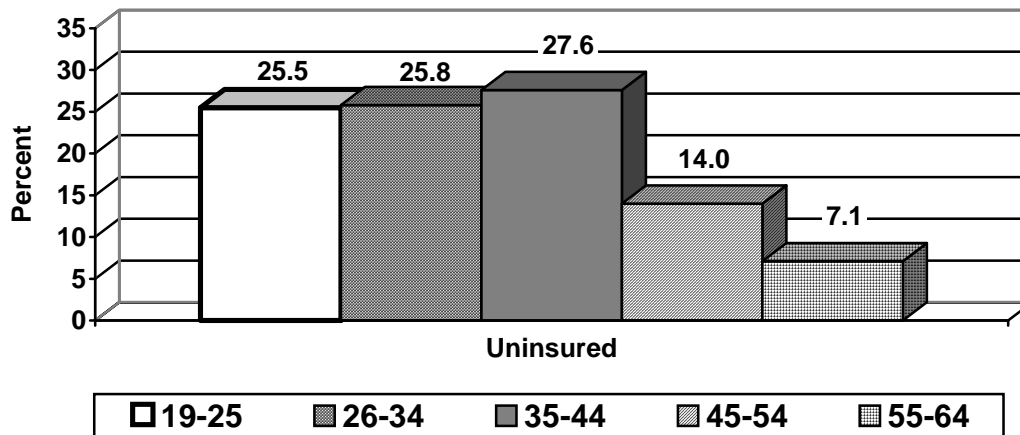
Workers between the ages of 19 and 25 were the most likely to be uninsured (37.6 percent). Those least likely to be uninsured were those workers 45 to 64 years old. Only 9.7 percent of 45 to 54-year-olds and 12.2 percent of 55 to 64-year-olds were uninsured (see Figure 8).

Figure 8
The Percent of Workers in Each Age Group Who Were Uninsured
West Virginia, 2001



12.4 percent of the state's workers were between the ages of 19 and 25, but they account for 25.5 percent of the uninsured. Workers between the ages of 25 and 34 made up 20.9 percent of the state's workers (and 25.8 percent of the uninsured), those between 35 and 44 made up 29.5 percent of the population and 27.6 percent of the uninsured, those between 45 and 54 made up 26.5 percent of the population and 14.0 percent of the uninsured, and those between the ages of 55 and 64 made up 10.6 percent of the population and 7.1 percent of the uninsured (see Figure 9).

Figure 9
The Age Profile of Uninsured Workers
West Virginia, 2001



Male workers were more likely to be uninsured than female workers (19.1 percent versus 17.4 percent). See Figure 10. Because 54.4 percent of workers in West Virginia were males, about that many (56.7 percent) of all uninsured workers were male (see Figure 11).

Figure 10
The Percent of Workers in Each Sex Group Who Were Uninsured
West Virginia, 2001

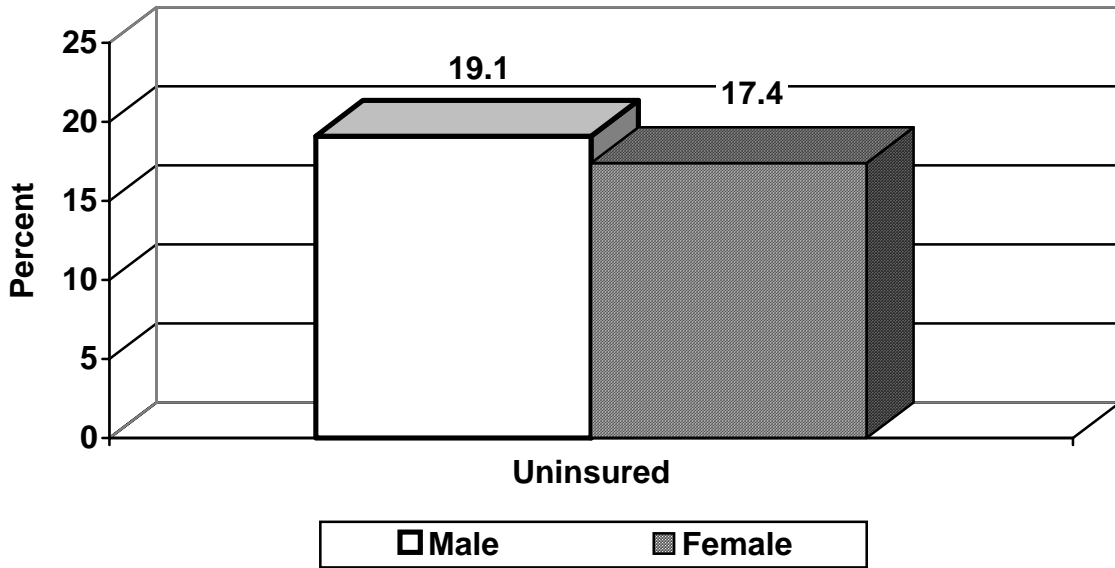
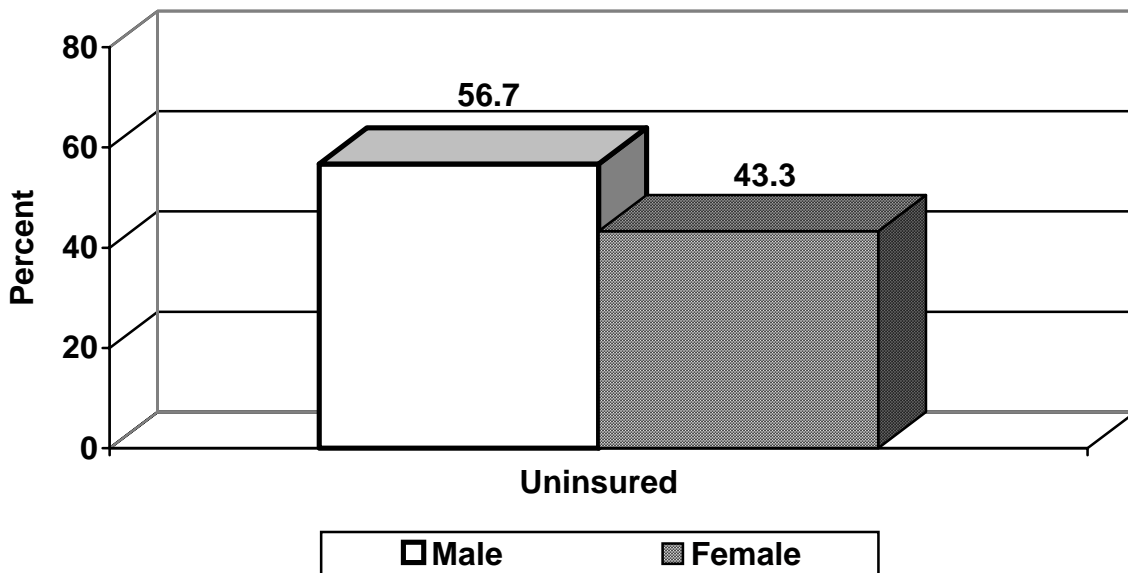


Figure 11
The Sex Profile of Uninsured Workers
West Virginia, 2001



Race and ethnicity were related to the likelihood of being uninsured, with 17.9 percent of all white workers, 22.3 percent of all African-American workers, and 24.6 percent of all other minority workers being uninsured (see Figure 12). Nevertheless, because 92.7 percent of the state’s workers were white, 4.1 percent were African-American, and 3.2 percent were another race, the racial profile of the uninsured reflects disparity as well. 90.7 percent of uninsured workers were white, 5.0 percent were African-American, and 4.4 percent were another race (see Figure 13).

Figure 12
The Percent of Workers in Each Racial and Ethnic Group Who Were Uninsured
West Virginia, 2001

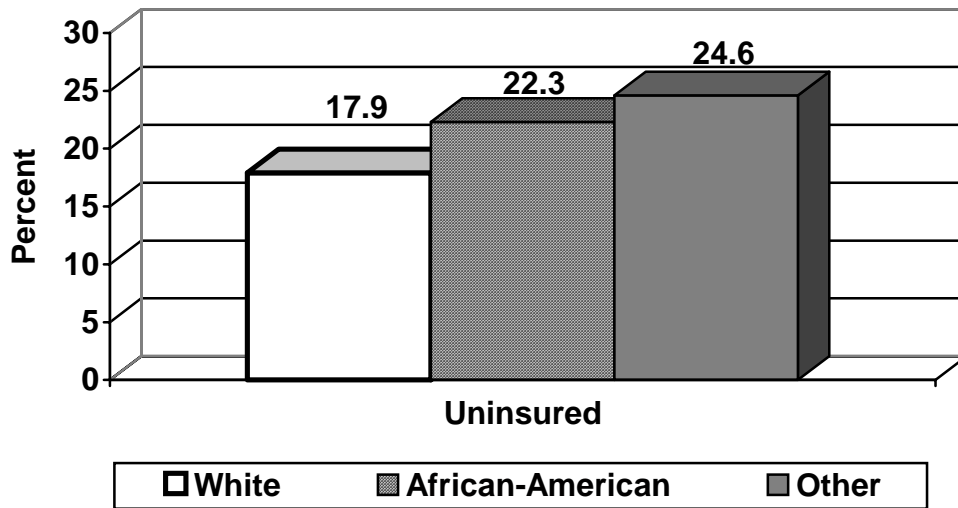
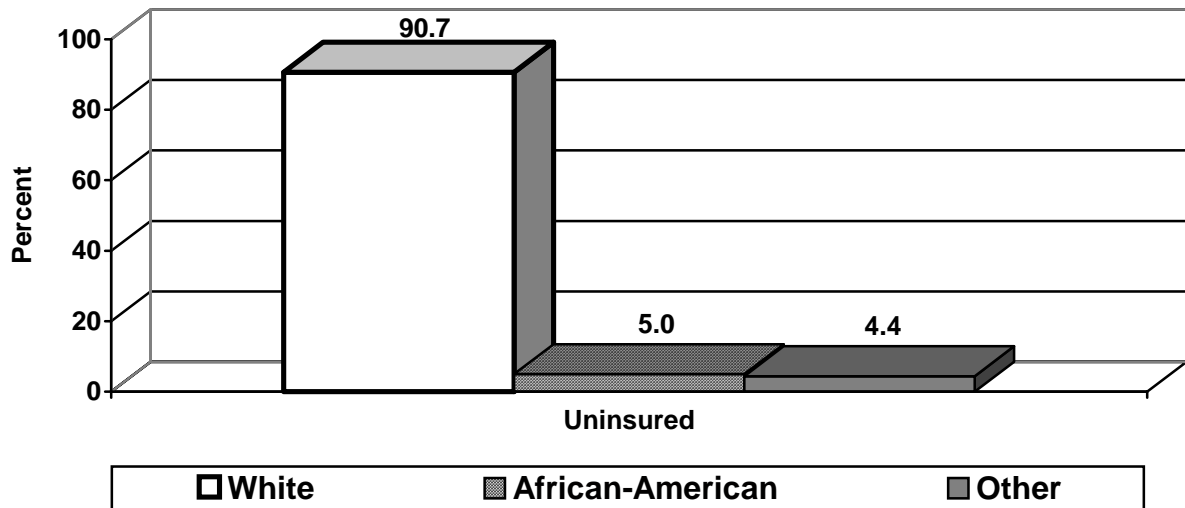
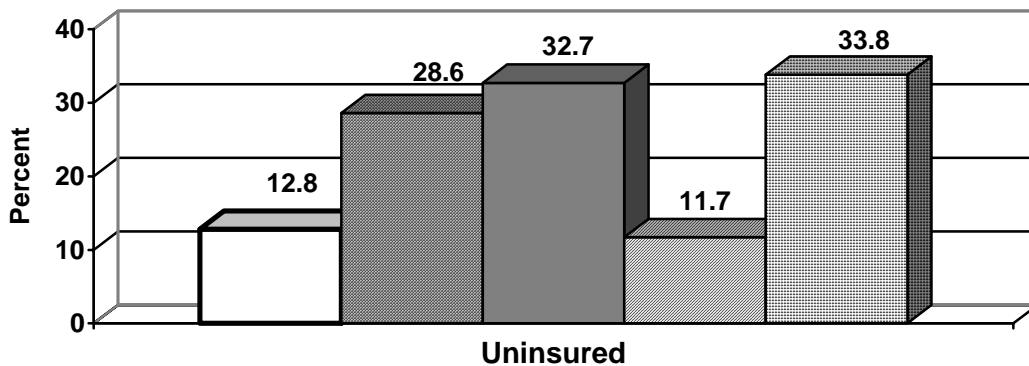


Figure 13
The Racial and Ethnic Profile of Uninsured Workers
West Virginia, 2001



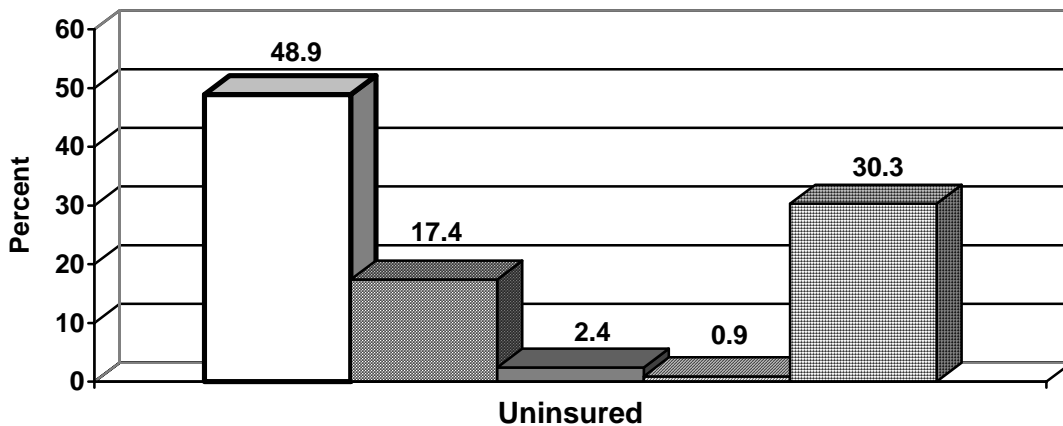
Workers that were never married, divorced, or separated were the most likely to be uninsured (see Figure 14). Nevertheless, since 69.8 percent of the state’s workers were married, they accounted for 48.9 percent of the uninsured. 11.1 percent of the state’s workers were divorced, and they made up 17.4 percent of the uninsured. 1.4 percent of the state’s workers were separated, and they made up 2.4 percent of the uninsured. 1.4 percent of the state’s workers were widowed, and they made up 0.9 percent of the uninsured. 16.4 percent of the state’s workers had never been married, but they made up 30.3 percent of the uninsured (see Figure 15).

Figure 14
The Percent of Workers in Each Marital Group Who Were Uninsured
West Virginia, 2001



Married
 Divorced
 Separated
 Widowed
 Never Married

Figure 15
The Marital Profile of Uninsured Workers
West Virginia, 2001



Married
 Divorced
 Separated
 Widowed
 Never Married

Workers with more education were less likely to be uninsured (see Figure 16). Since those with a high school diploma or less education made up 45.5 percent of the state's workers, these groups were the most likely to be uninsured. They made up 65.8 percent of the uninsured workers in West Virginia (see Figure 17). Because high school graduates made up over one-third of the workforce (37.8 percent), almost half of the state's uninsured workers were high school graduates.

Figure 16
The Percent of Workers at Each Education Level Who Were Uninsured
West Virginia, 2001

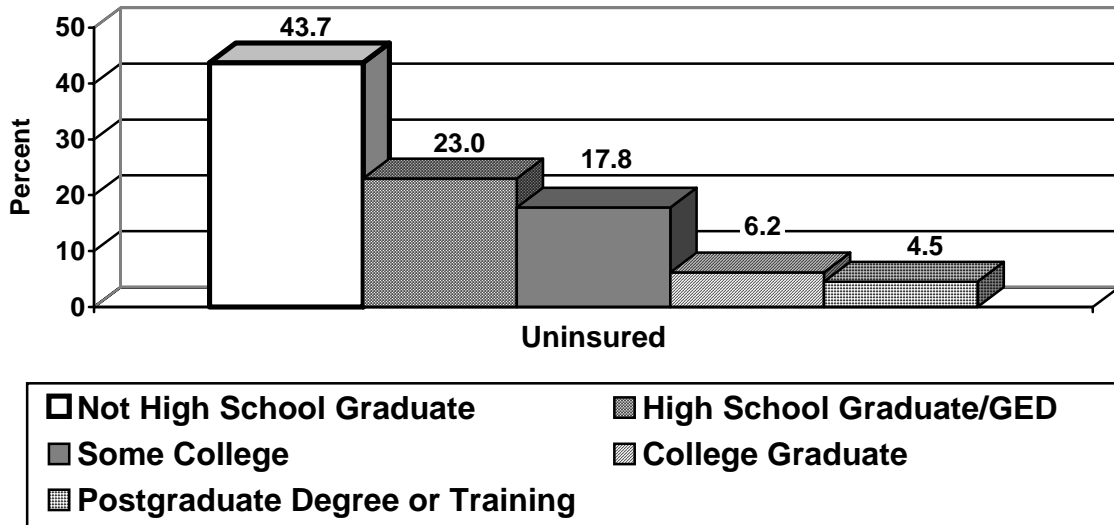
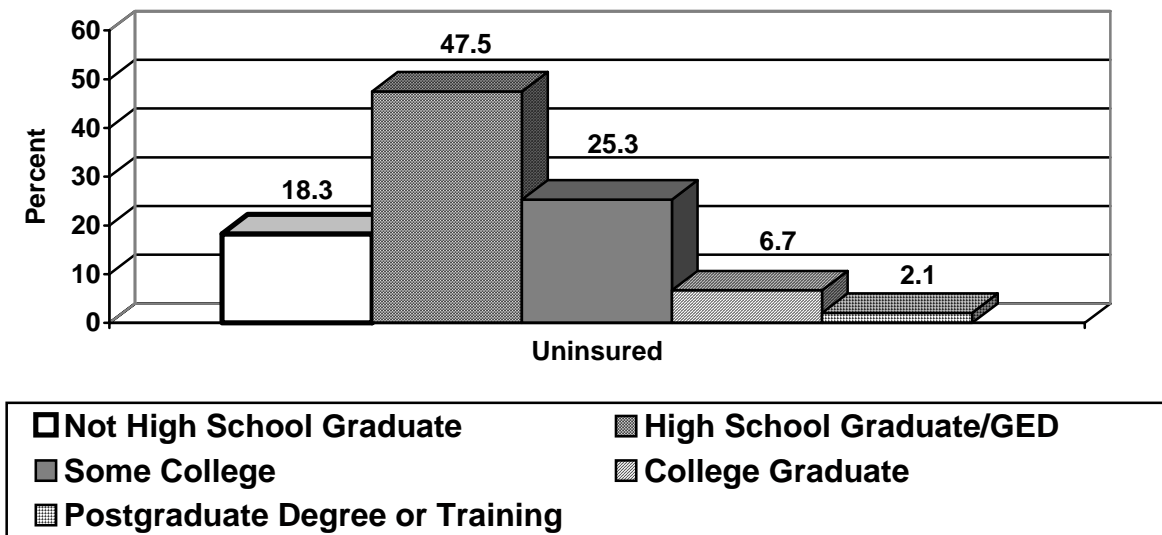


Figure 17
The Education Profile of Uninsured Workers
West Virginia, 2001



Workers in the highest income groups were least likely to be uninsured, with 6.0 percent uninsured in households with an annual income of \$40,000 to \$49,999 and 3.0 percent uninsured in those with incomes of \$50,000 or more (see Figure 18). Although those with household incomes of less than \$30,000 make up only 36.5 percent of the state's workers, they are the most likely to be uninsured and make up 77.2 percent of the state's uninsured workers overall (see Figure 19).

Figure 18
The Percent of Workers in Each Income Group Who Were Uninsured
West Virginia, 2001

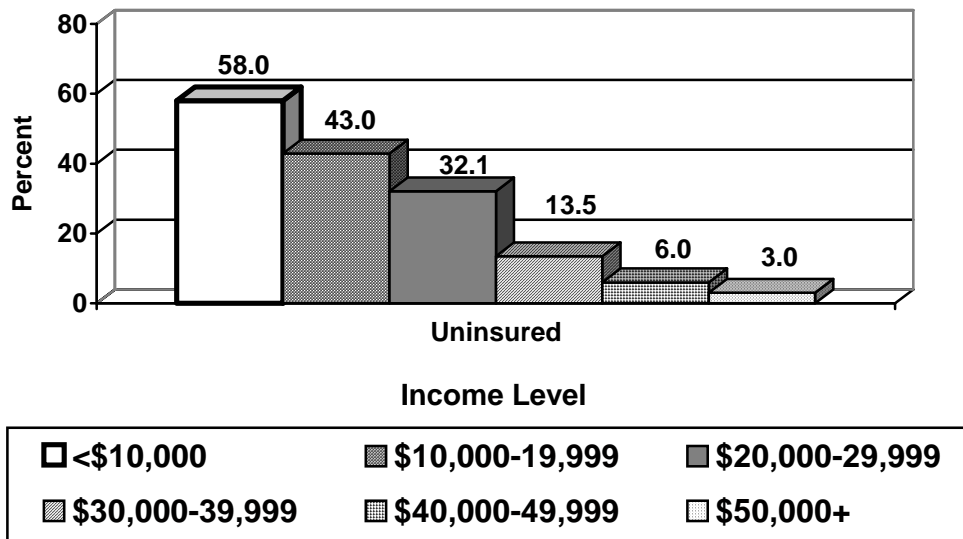
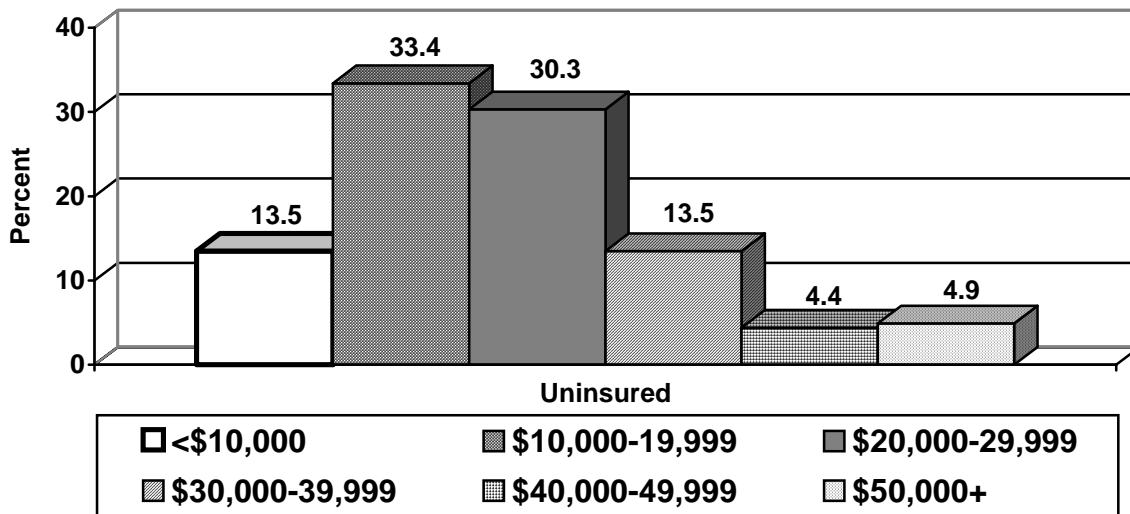


Figure 19
The Income Profile of Uninsured Workers
West Virginia, 2001



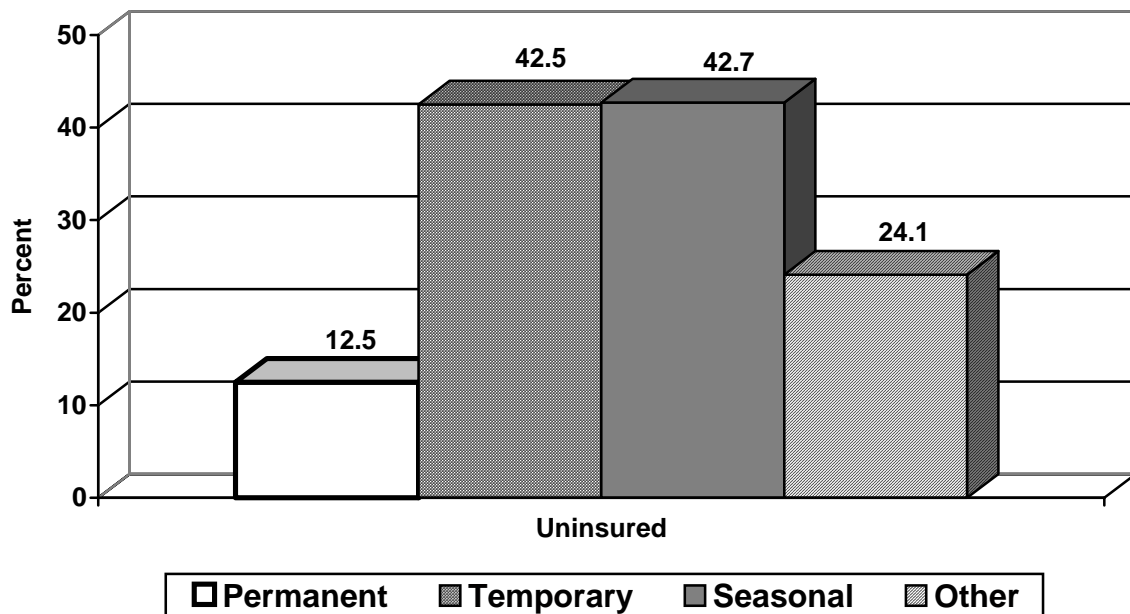
West Virginia's Uninsured Workers and Employment

This section of the report will discuss:

- Employment characteristics of workers
- Characteristics of employers
- Availability and eligibility for employer-sponsored health insurance

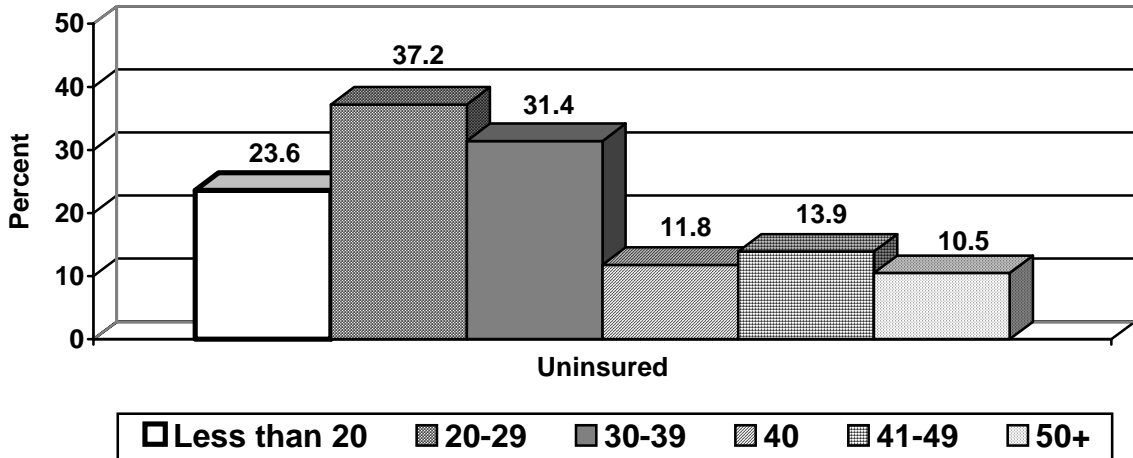
Over 40 percent each of temporary and seasonal workers are uninsured (42.5 and 42.7 percent, respectively), compared to 12.5 percent of those with permanent jobs. See Figure 20.

Figure 20
Percent of Workers in Each Job Category Who Were Uninsured
West Virginia, 2001



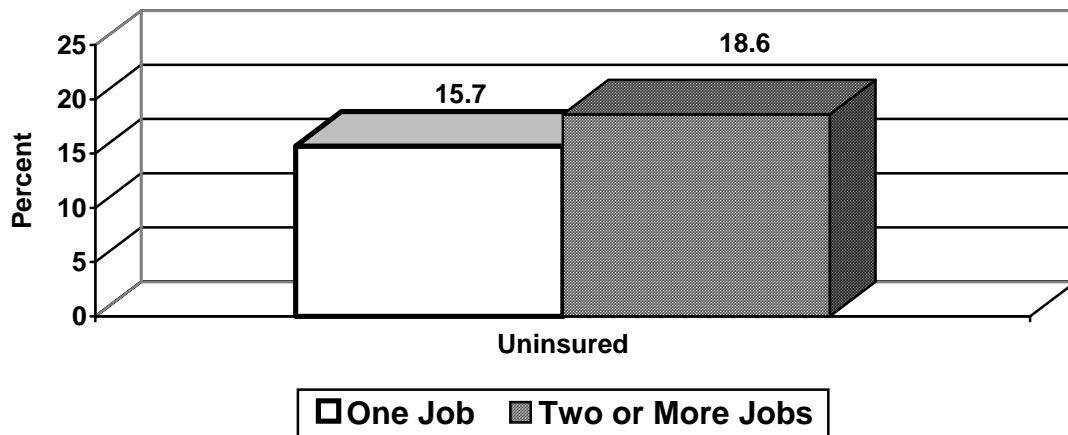
Part-time workers (less than 40 hours per week) were more likely than full-time workers to be uninsured (see Figure 21). Only 11.8 percent of those working 40 or more hours each week were uninsured, compared to 31.7 percent of those who worked less than 40 hours each week. Figure 21 shows this broken down further.

Figure 21
Percent of Workers in Each “Hours Worked” Category Who Were Uninsured
West Virginia, 2001



Workers with two or more jobs were somewhat more likely than those with only one job to be uninsured (18.9 percent versus 15.7 percent). See Figure 22.

Figure 22
Workers with two or more jobs were more likely to be uninsured.
West Virginia, 2001



Overall, 73.3 percent of workers had an employer who offered health insurance. 83.6 percent of insured workers had an employer who offered health insurance. In contrast, only 27.1 percent of uninsured workers had an employer that offered health insurance (see Figure 23). Most workers who worked for an employer who offered insurance were insured (see Figure 24).

Figure 23
Percent of Workers Whose Employer Offered Health Insurance
West Virginia, 2001

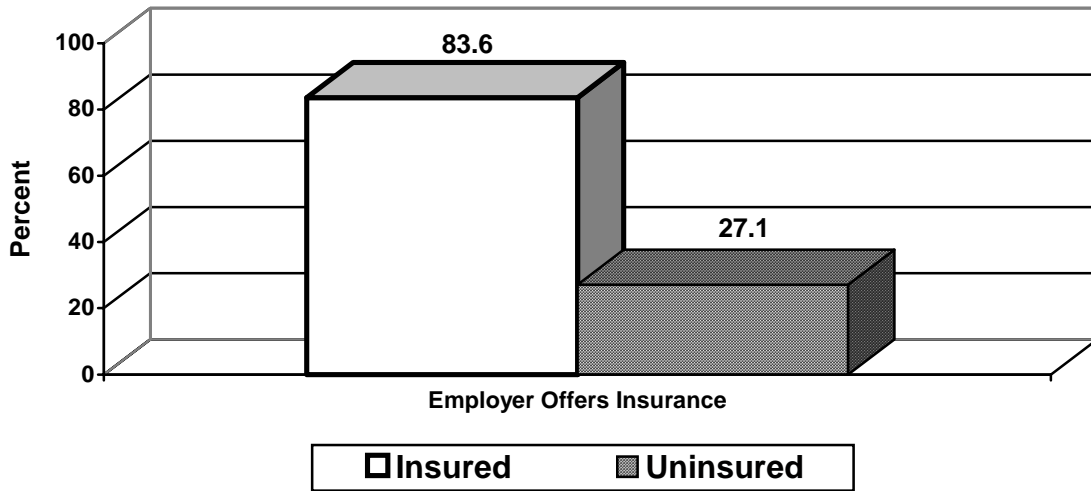
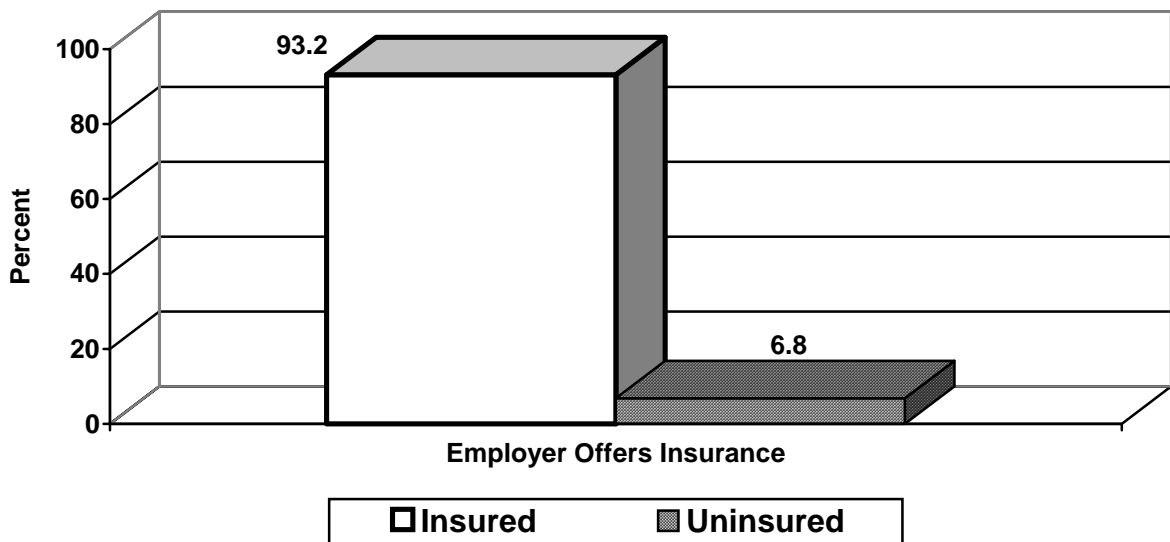
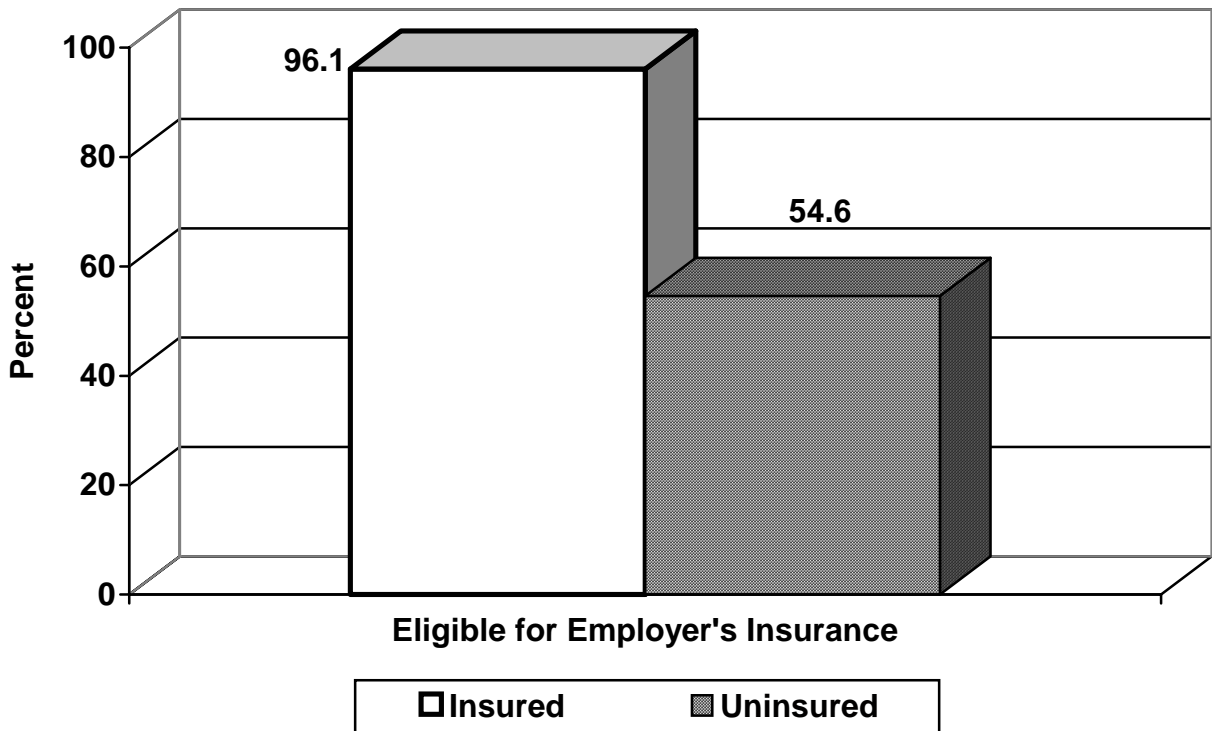


Figure 24
Most workers employed by someone offering health insurance were insured.
West Virginia, 2001



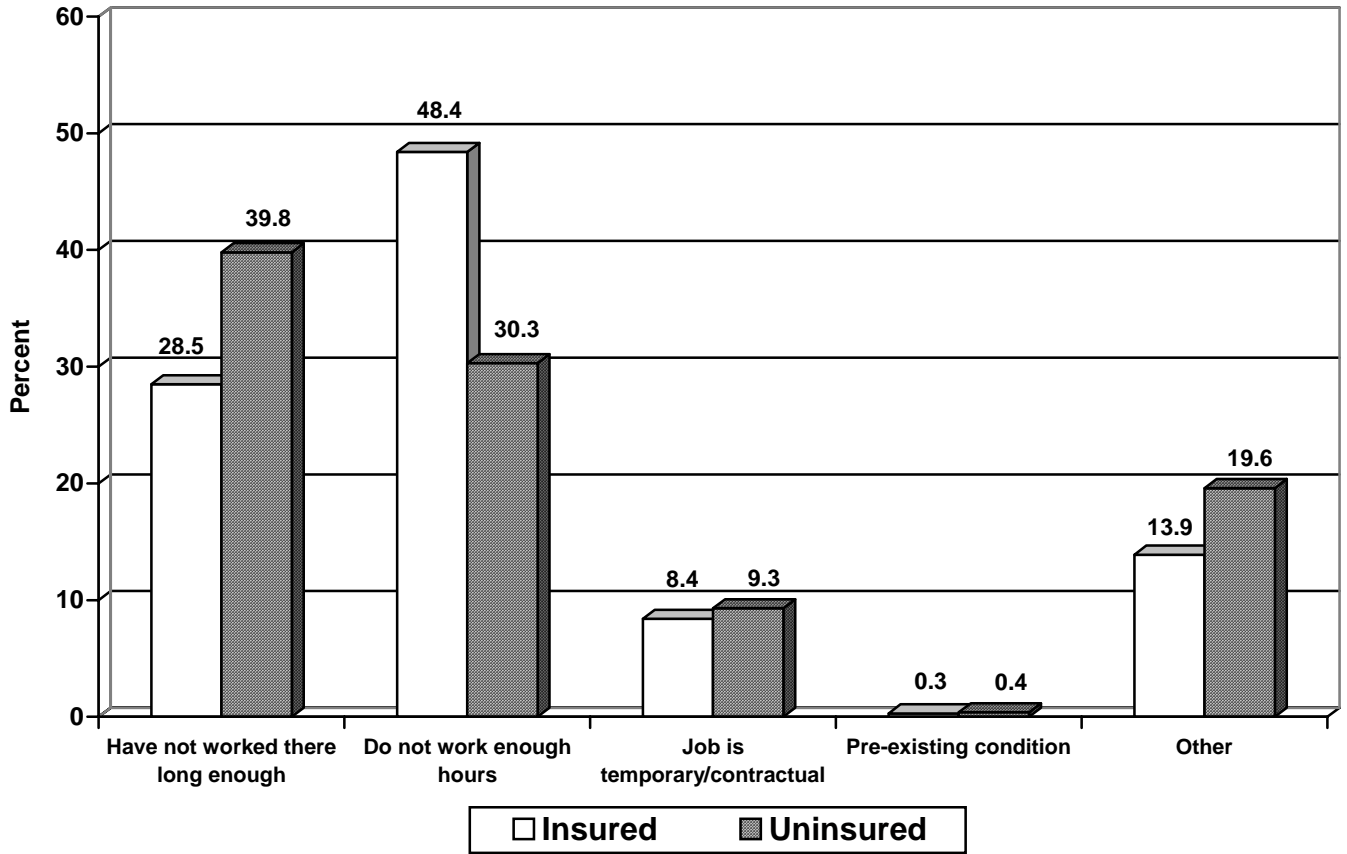
While 93.3 percent of all workers whose employer offered health insurance were eligible for it, 96.1 percent of insured adults were eligible for their employer's insurance, compared to 54.6 percent of uninsured workers that were eligible for it (see Figure 25).

Figure 25
Percent of Workers Eligible for Employers' Health Insurance
West Virginia, 2001



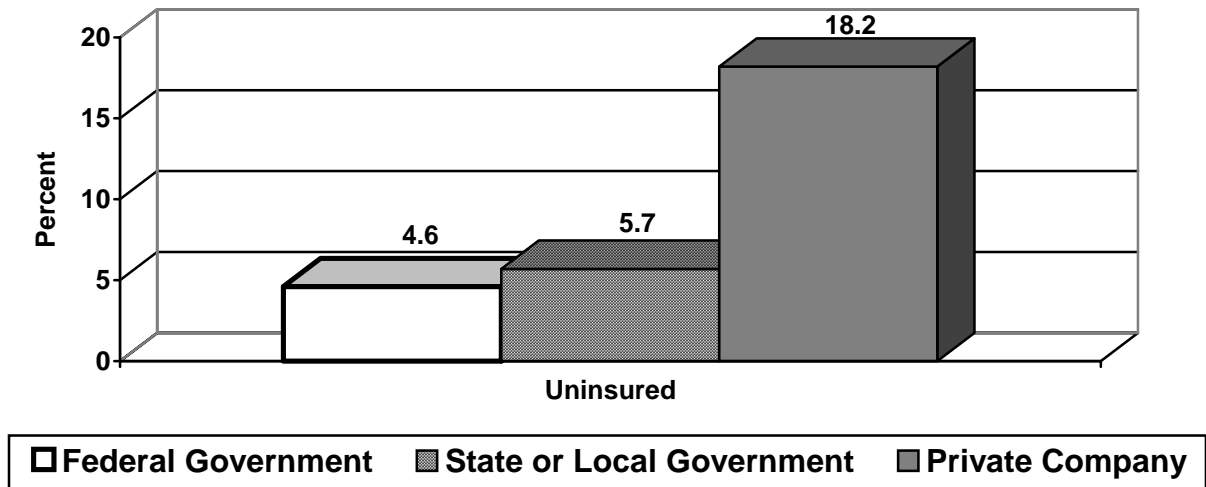
Of those workers whose employer offered insurance, most employees who were not eligible either had not worked there long enough or did not work enough hours (see Figure 26).

Figure 26
Reasons Workers Were Not Eligible for Employer's Insurance
West Virginia, 2001



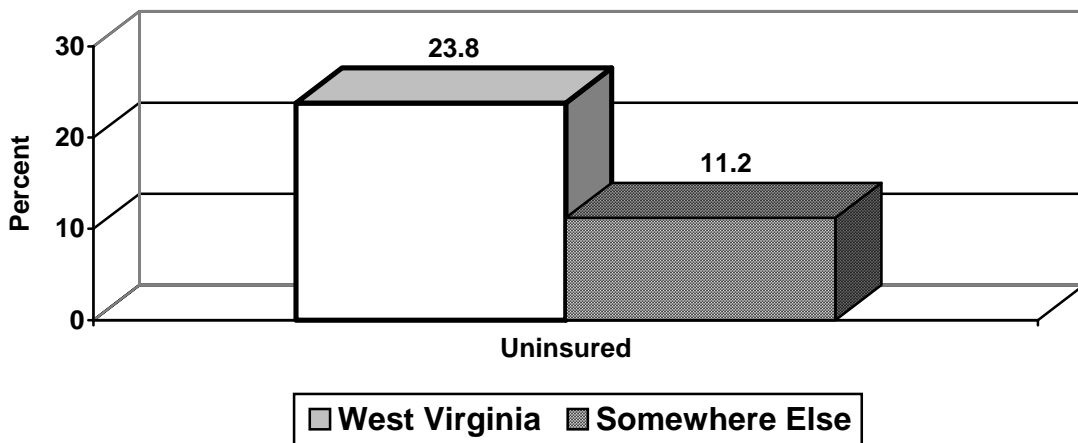
Workers employed by a private company were more likely to be uninsured than those working for the federal, state, or local government (see Figure 27).

Figure 27
Workers employed by private companies were more likely to be uninsured than federal, state, or local government employees.
West Virginia, 2001



Workers employed by companies that were headquartered in West Virginia were more likely to be uninsured than those working for companies headquartered somewhere outside of West Virginia (see Figure 28).

Figure 28
Percent of Workers Who Were Uninsured by Headquarters Location
West Virginia, 2001



Workers employed by firms with 100 or more employees were much less likely to be uninsured (6.5 percent) than those in firms with less than ten employees (34.6 percent). See Figure 29. 55.2 percent of uninsured workers work in firms with less than 50 employees (see Figure 30).

Figure 29
The Percent of Workers in Each Firm Size Who Were Uninsured
West Virginia, 2001

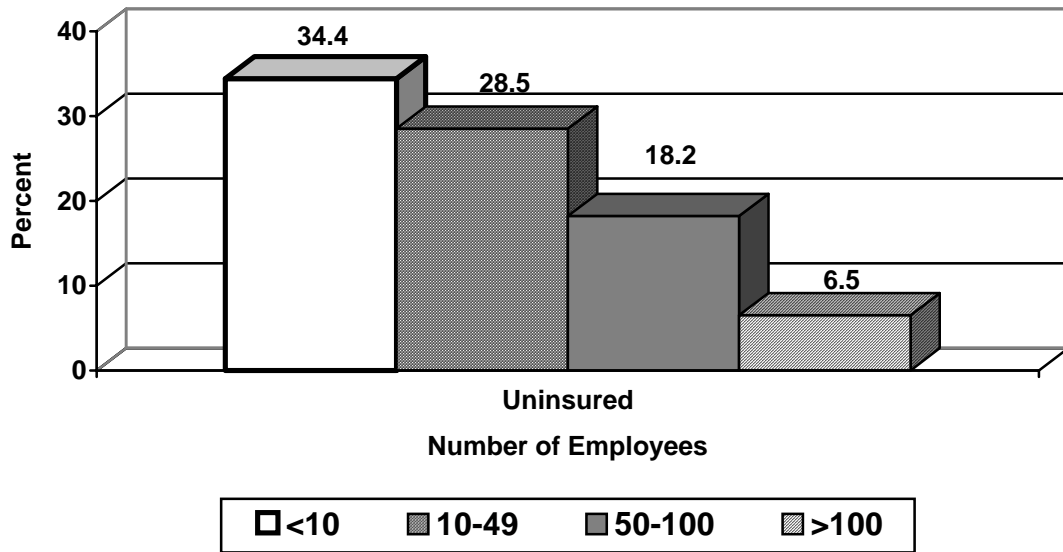
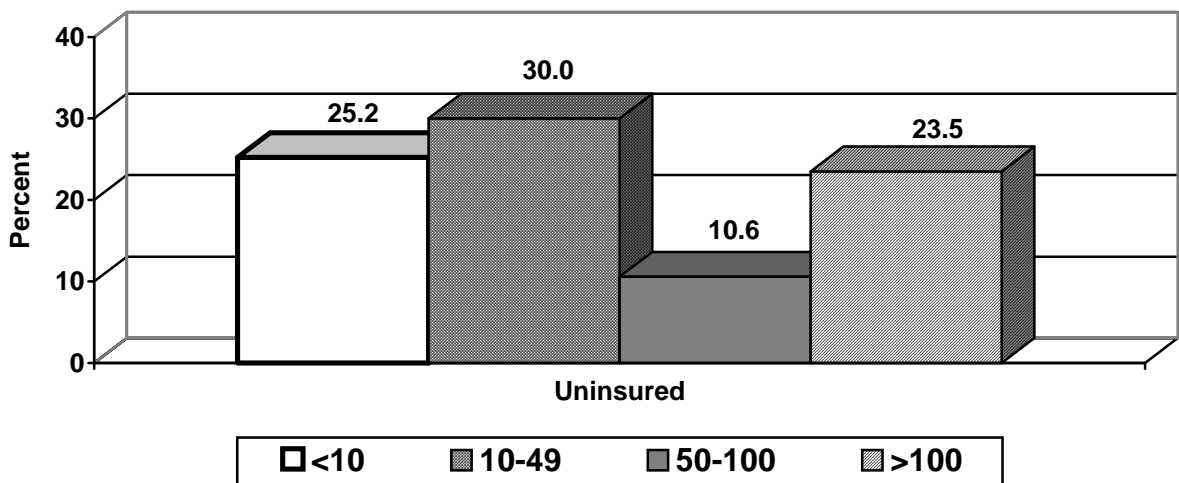


Figure 30
The Firm Size Profile of Uninsured Workers
West Virginia, 2001



Most uninsured workers were in the restaurant/food service (13.8 percent), construction/home repair (11.4 percent), healthcare (10.8 percent), and other (17.8 percent) industries. The fewest number of uninsured workers were in the radio/television/newspaper (0.3 percent), police/fire (0.3 percent), and legal services (0.4 percent) industries. See Table 4.

Table 4 Uninsured Workers by Industry West Virginia, 2001	
Industry	The Percent of Uninsured Workers Who Were Employed in Each Industry
Restaurant/Food Services	13.8
Construction/Home Repair	11.4
Healthcare	10.8
Other Retail	6.2
Services such as Telemarketing	4.9
Sales, Other than Retail	4.8
Other Manufacturing	4.4
Transportation	3.9
Automotive	3.7
Entertainment	2.3
Forestry	2.1
Gas Station/Convenience Store	2.0
Insurance	1.7
Mining	1.7
Public Utilities	1.6
Communications	1.3
Community and Social Services	1.2
Financial and Business Service	1.0
Chemical	0.9
Farming	0.6
Education	0.6
Oil and Gas	0.6
Legal Services	0.4
Police/Fire	0.3
Radio/TV/Newspaper	0.3
Other	17.8

Low-income workers, those with an income of less than \$20,000, were much more likely to be uninsured (46.4 percent) than high-income workers (12.2 percent). See Figure 31. Although only 18.9 percent of all workers were low-income workers, 46.9 percent of uninsured workers were low-income workers (see Figure 32).

Figure 31
Low-income workers were more likely to be uninsured.
West Virginia, 2001

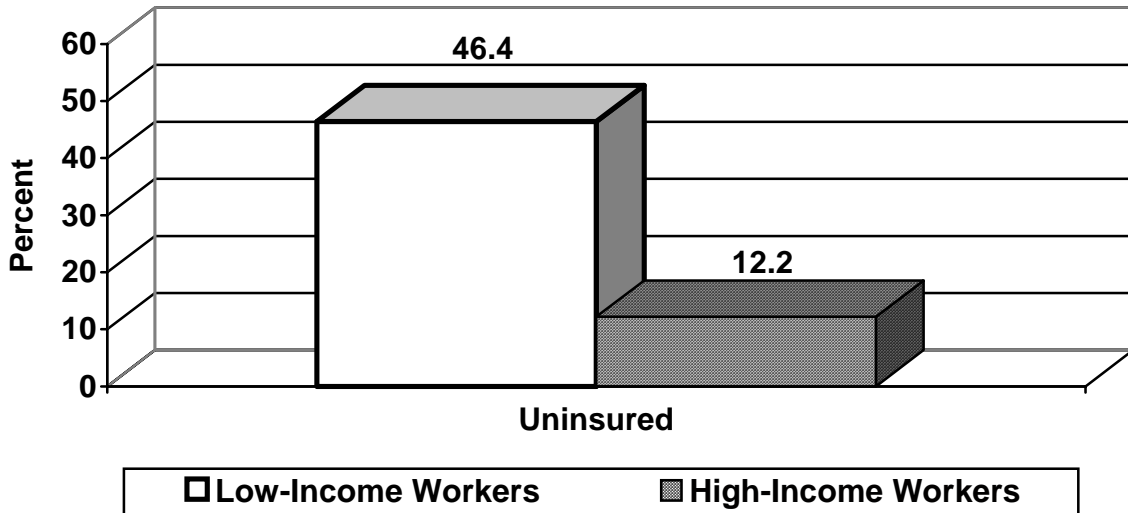
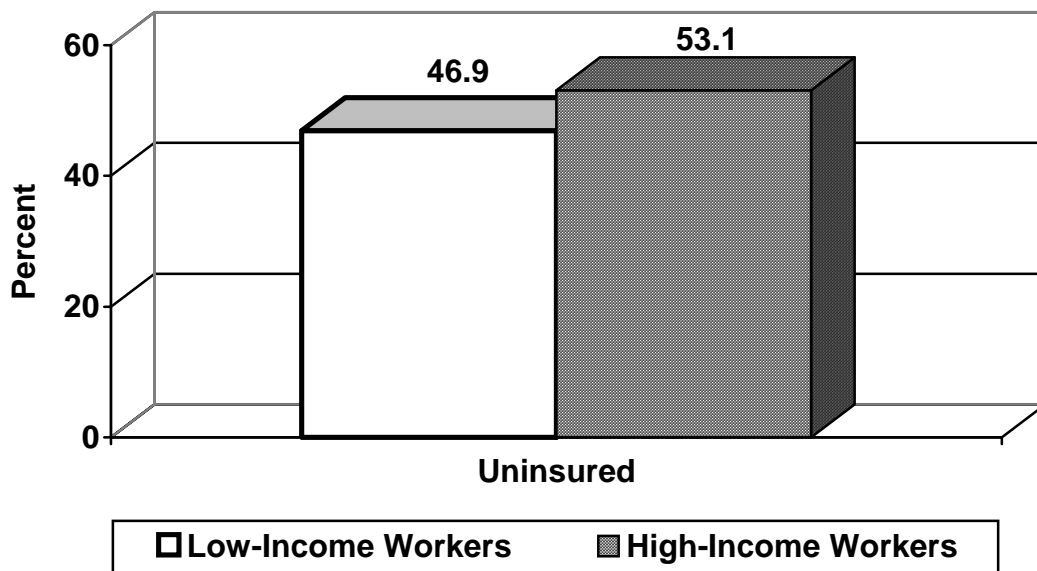


Figure 32
Income Level Profile of Uninsured Workers
West Virginia, 2001



Workers' Access To and Utilization of Healthcare

This section of the report will discuss:

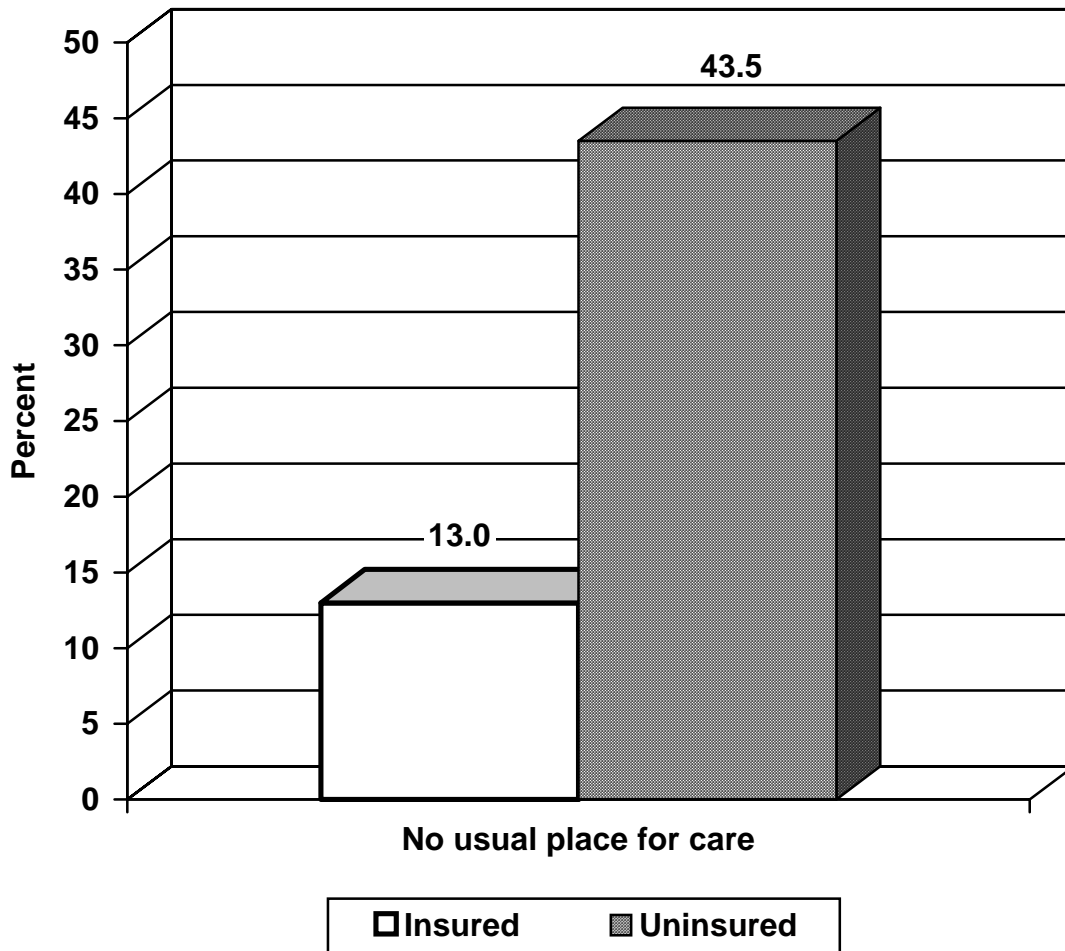
- Usual sites of medical care
- Having a usual healthcare provider
- Obstacles to healthcare access and/or utilization

Most West Virginia workers had a usual place to go for their medical care – about 80.9 percent. Among workers with a usual place to go for care, the most frequently given site of care was a physician's office, followed by a community health center (see Table 5).

Table 5	
Workers' Usual Site of Medical Care*	
West Virginia, 2001	
Usual Site of Care	Percent of Sample
Physician's Office	74.8
Community Health Center	10.9
Hospital Outpatient Clinic	6.9
Hospital Emergency Room	2.6
Urgent Care Center	2.3
VA Medical Center	1.0
Public Health Department	0.2
Free Clinic	0.3
Mental Health Center	0.1
Other	0.9
Total	100.0
Source: West Virginia Healthcare Survey, 2001	
Key to table:	
* Includes only adults who have a usual place for medical care, approximately 80.8% of employed adults.	

Uninsured workers were much more likely *not* to have a usual place for care (see Figure 33). About 43.5 percent of uninsured workers did not have a usual place to go for medical care, compared to only 13.0 percent of insured workers.

Figure 33
Uninsured workers were less likely to have a usual place for medical care.
West Virginia, 2001

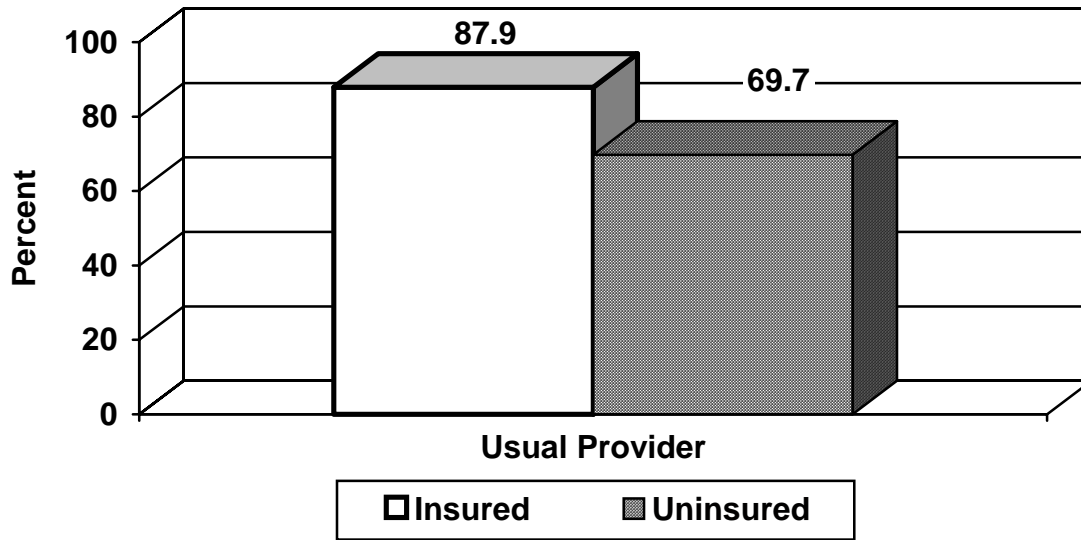


Uninsured workers who had a usual place for medical care were less likely than insured workers to have a physician's office as their site of care. Uninsured workers were more likely to use safety net providers such as community health centers, emergency rooms, and public health or free clinics as their usual place for medical care. They were almost three times as likely to have a community health center as their usual place of care (see Table 6). Uninsured adults were at least three times as likely to receive their care at a public health department or free clinic.

Table 6		
Usual Site of Medical Care Among Insured and Uninsured Workers*		
West Virginia, 2001		
Usual Site of Medical Care	Percent of Adults in Each Category	
	Uninsured	Insured
Physician's Office	49.9	78.3
Community Health Center	24.8	9.0
Hospital Outpatient Clinic	11.8	6.2
Hospital Emergency Room	7.5	1.9
Free Clinic	2.1	0.0
Urgent Care Center	1.7	2.4
VA Medical Center	1.2	1.0
Public Health Department	0.6	0.2
Mental Health Center	0.1	0.1
Other	0.3	0.9
Total	100.0	100.0
Source: West Virginia Healthcare Survey, 2001		
Key to table:		
* Includes only workers who have a usual place for medical care, approximately 80.8% of workers.		

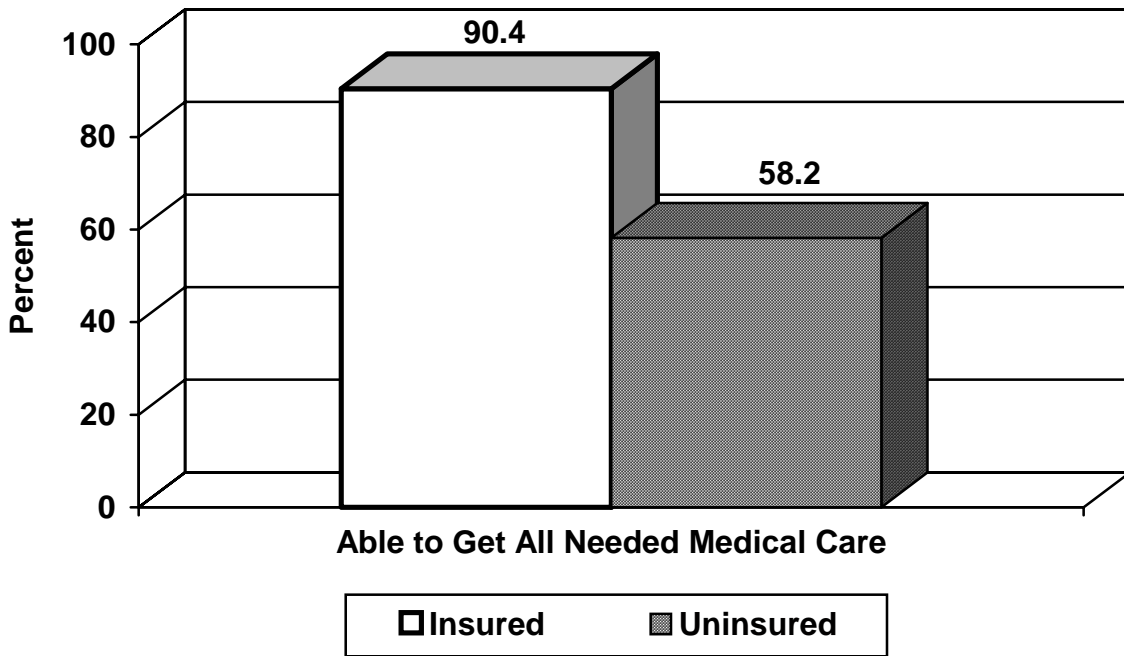
About 85.7 percent of all workers with a usual place for medical care saw the same healthcare professional when they received care. However, uninsured workers were less likely than insured workers to see the same healthcare provider when they obtained medical care (see Figure 34).

Figure 34
Uninsured adults were less likely to have a usual doctor or healthcare provider.
West Virginia, 2001



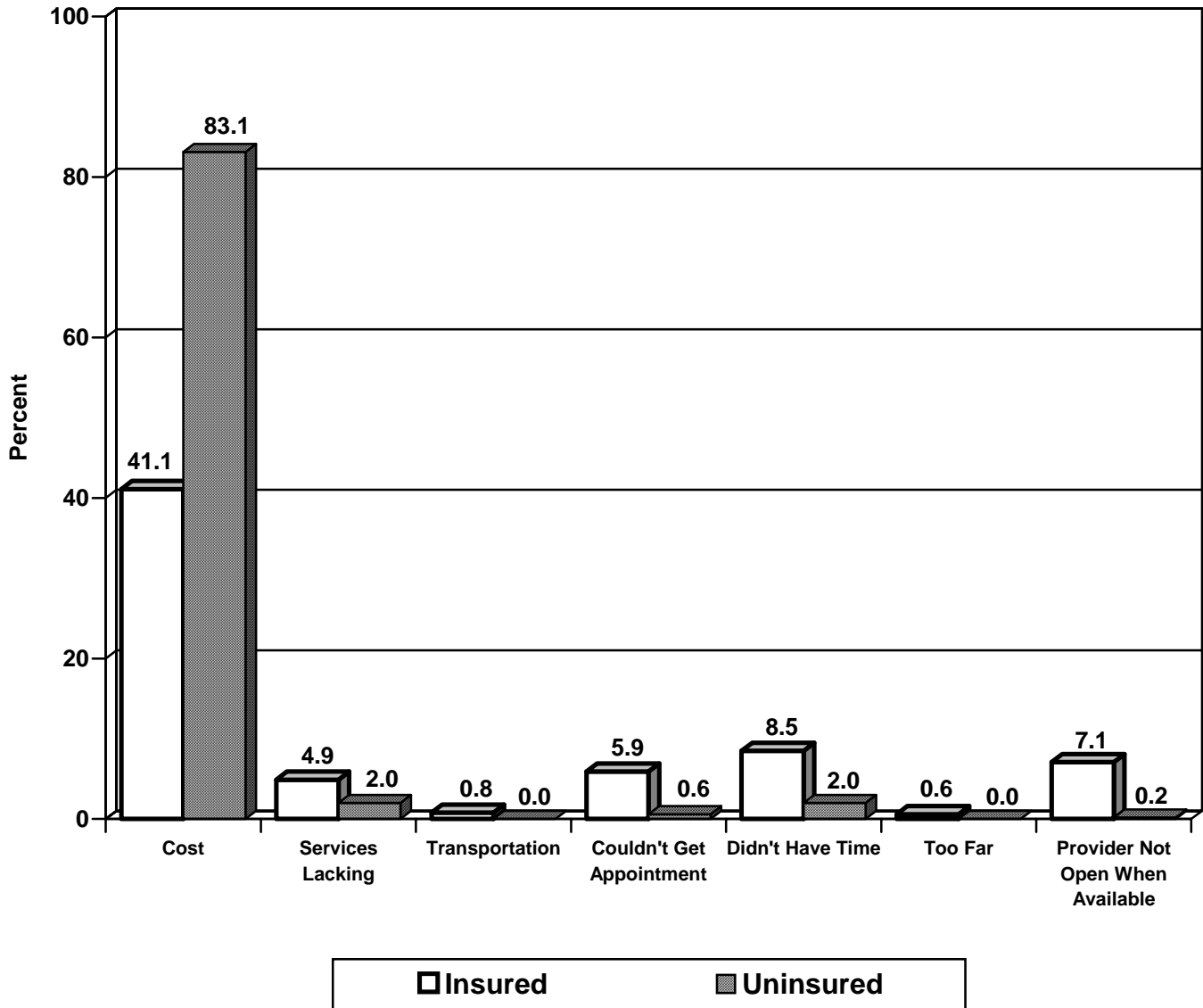
Most workers in West Virginia were able to obtain needed medical care in the past year – about 84.5 percent. However, uninsured workers were less likely to get the medical care they needed (see Figure 35).

Figure 35
Uninsured workers were less likely to get needed medical care.
West Virginia, 2001



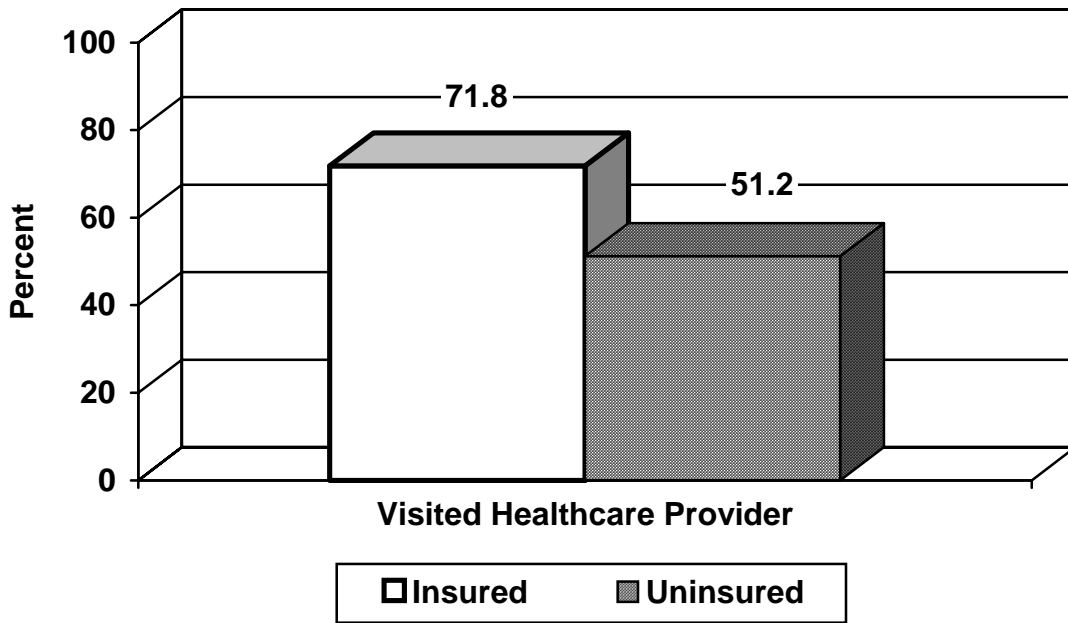
Among all workers who were unable to get needed medical care, cost was the most frequently cited reason (61.9 percent). About 83.1 percent of uninsured workers did not get needed medical care because of cost, compared to 41.1 percent of insured workers (see Figure 36).

Figure 36
Cost was the main reason workers did not get needed medical care.
West Virginia, 2001



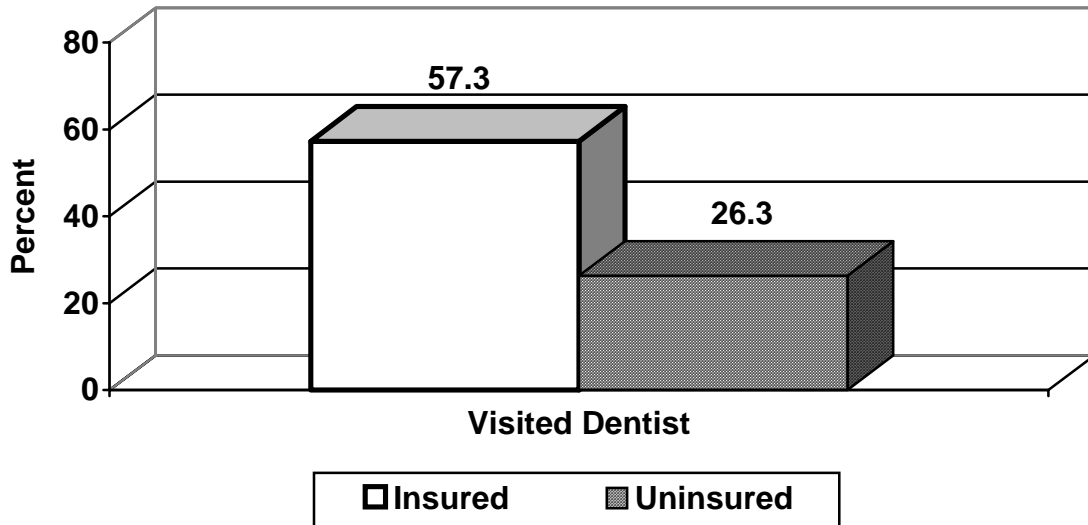
Most West Virginia workers visited a healthcare provider at least once in the previous six months – about 68.0 percent. About 71.8 percent of insured workers and 51.2 percent of uninsured workers made at least one visit to a doctor, physician’s assistant, or nurse practitioner within the past six months (see Figure 37).

Figure 37
Uninsured workers were less likely to visit a healthcare provider in a 6-month period.
West Virginia, 2001



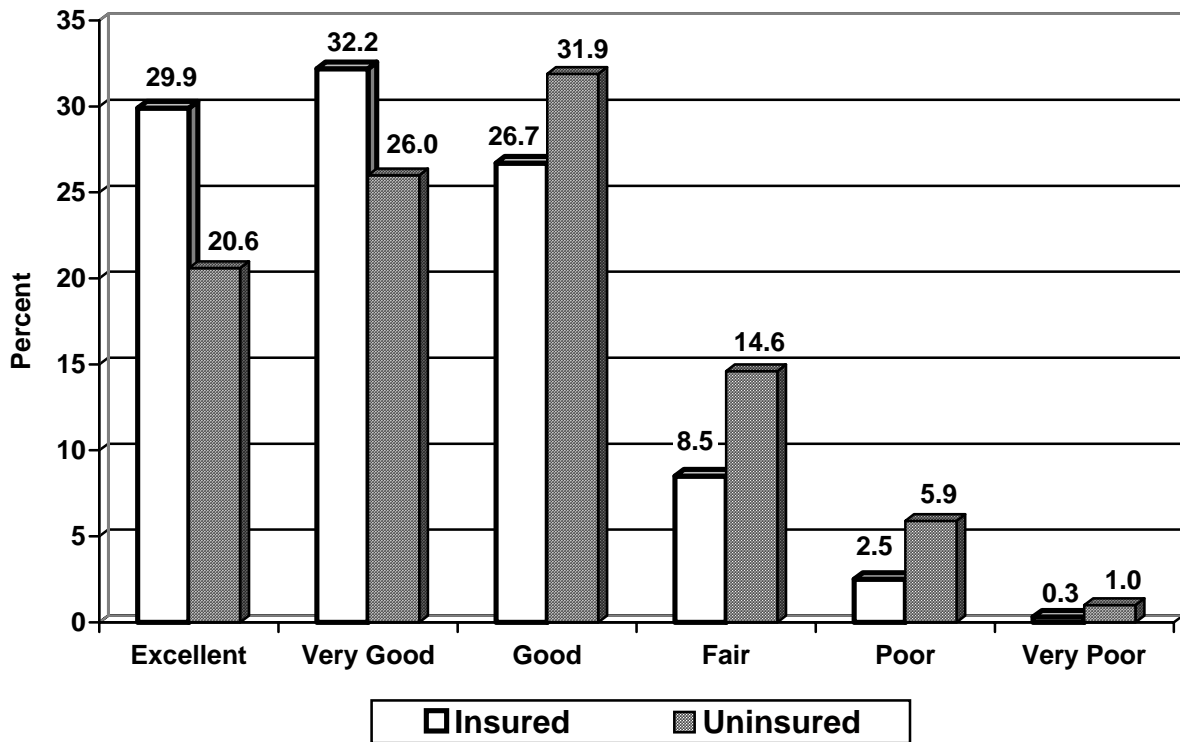
About half of all workers (48.4 percent) visited a dentist within the past six months. Insured workers were more likely than uninsured workers to have visited a dentist (see Figure 38).

Figure 38
Visits to Dentist in Past Six Months
West Virginia, 2001



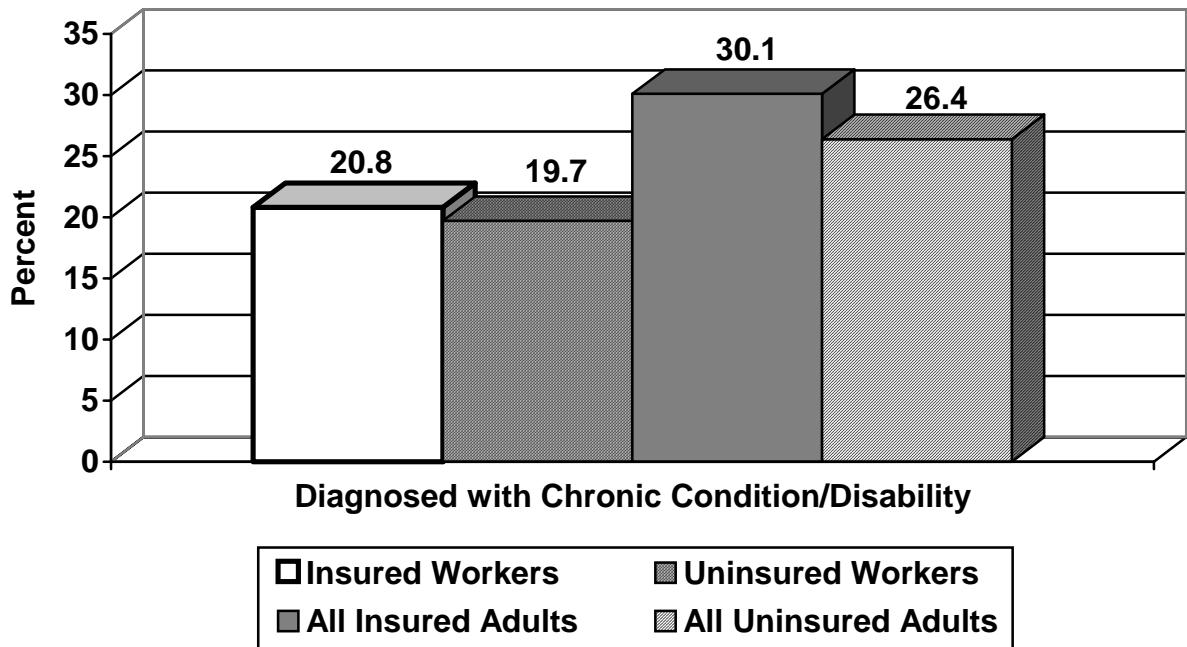
Most workers (87.0 percent) reported themselves to be in excellent, very good, or good health in the past month. However, uninsured workers were less likely to be in excellent or very good health and more likely to be in fair, poor, or very poor health, compared to insured workers (see Figure 39).

Figure 39
Uninsured workers were less likely to be in excellent or very good health.
West Virginia, 2001



Insured workers were slightly more likely than uninsured workers to be diagnosed with a chronic condition or disability (20.8 versus 19.7 percent). Overall, workers (insured or uninsured) were less likely than all non-elderly adults to be diagnosed with a chronic condition. See Figure 40.

Figure 40
Working adults were less likely than adults overall to have been
diagnosed with a chronic condition or disability.
West Virginia, 2001



Summary

In *The Non-Elderly Adult Report*, it became clear that for the 61.1 percent of the West Virginia uninsureds who worked, the employer-based health insurance concept is not working.¹ Working adult numbers, while not as large as numbers in the population as a whole, still demonstrate that a substantial number of working West Virginians are going without health coverage: 133,030 (18.3 percent) are without insurance on any given day, and the number increases to 180,684 – virtually one out of every five workers – when you include the numbers that were uninsured for some part or all of the last year. 83.0 percent of those uninsured workers on any given day had not been insured for more than a year. When asked their reasons for being uninsured, 50.0 percent of the workers cited cost, and another 17.9 percent said job related issues (such as no family member has a job that offers insurance).

Working West Virginians felt as strongly as the rest of their non-elderly adult peers about the importance of health insurance: 95.3 percent said it was very important that all of their household members have health insurance; and 90.1 percent felt the same way about all West Virginians.

Overall, 73.4 percent for working adults felt somewhat or very confident that they could pay for their healthcare expenses. This changed substantially when you looked at the same issue for only the uninsured. In addition, uninsured workers, 61.8 percent, felt not too or not at all confident about being able to pay healthcare expenses; and for 52.5 percent, out of pocket costs were a heavy or very heavy burden.

The survey shows a portrait of uninsured workers in West Virginia that is predominantly white, male, 35 to 44 years of age, married, with a high school or less education, and who earns less than \$30,000 a year. It also demonstrates clearly that health insurance substantially depends on working for an employer who offers it. 73.3 percent of working adults are employed by companies that offer health insurance. Of those workers, 93.2 percent have health insurance – only 6.8 percent do not.

However, when it comes to the bottom line, that is access to healthcare services, these working adults were very similar to all the State's non-elderly adults and had, overall, reasonable access to care. 80.9 percent of West Virginia's working adults had a usual place to go for care, and for 74.8 percent that was a physician's office. Some 85.7 percent of workers with a usual place for care saw the same healthcare professional at that place, and 84.5 percent were able to obtain medical care when they needed it, and most – 68.0 percent – had seen a health professional in the past six months. As a matter of fact, on most of the overall factors related to access, the working adults did slightly better than all non-elderly adults. As in example, while 74.8 percent of working adults used physicians as their usual source of care, only 72.3 percent of all non-elderly used physicians, relying more than working adults on community health centers.

Nevertheless, when you compared the insured to uninsured working adults, the same sharp disparities exist. For working adults:

¹ Health Insurance in West Virginia: The Non-Elderly Adult Report, West Virginia University Institute for Health Policy Research, p.59.

- While only 13 percent of insured workers had no usual place for care, 43.5 percent of uninsured workers did not, and while that usual place of care for 49.9 percent of the uninsured was a physician' office, it was the usual site for 78.3 percent of the insured.
- 90.4 percent of insured workers received needed medical care, while only 58.2 percent of uninsured workers did.
- Uninsured workers were significantly less likely to be in excellent or very good health, 46.6 percent, versus 62.1 percent of the insured.

Appendix

Study Methods

Sample Design and Selection

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

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

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

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

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

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

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

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

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

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

Data Collection

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

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

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

Interviewer Training and Preparation

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

Computer-Assisted Telephone Interviewing (CATI)

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

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

Sample Control

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

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

Definitions of Terms

Household Income

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

Medicaid Eligibility

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

Chronic Condition and Disability

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

Usual Place of Care

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

Weighting

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

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