Health Insurance in West Virginia: The Older Adult Report

West Virginia University
INSTITUTE FOR HEALTH POLICY RESEARCH

Robert C. Byrd Health Sciences Center

Charleston Division
3110 MacCorkle Avenue SE
Charleston, West Virginia 25304-1299

This report was prepared by:

Sally K. Richardson, Executive Director
Raymond L. Goldsteen, Dr.P.H., Director of Research
Melissa Kolb McCormick, M.A.
West Virginia University Institute for Health Policy Research

Karen Goldsteen, Ph.D.
Charleston Area Medical Center (CAMC) Health Education and Research Institute

January 2003

Reprinted May 2003

Partnerships

The West Virginia Healthcare Survey was sponsored and supported by the following:

West Virginia Department of Health and Human Resources
West Virginia Health Care Authority
West Virginia Public Employees Insurance Agency
Robert Wood Johnson Foundation's State Coverage Initiatives

The West Virginia Healthcare Survey was conducted by:

Taylor Nelson Sofres Intersearch (TNSI)

Acknowledgements

The West Virginia Healthcare Survey would not have been possible without the vision and endorsement of Governor Bob Wise and the active support of the Governor's Health Umbrella Group:

Nancy Atkins, Commissioner, Bureau for Medical Services, DHHR
Fred Boothe, Commissioner, Bureau for Children and Families, DHHR
Sharon Carte, Director, Children's Health Insurance Program (CHIP)
Sonia Chambers, Chair, Health Care Authority
Jane Cline, Commissioner, Insurance Commission
Jerry Lovrien, Commissioner, Bureau for Behavioral Health and Health Facilities, DHHR
Phil Lynch, Deputy Secretary, Department of Health and Human Resources
Paul Nusbaum, Secretary, Department of Health and Human Resources
Renate Pore, Director, Governor's Cabinet on Children and Families
Phil Shimer, Deputy Director, Public Employees Insurance Agency (PEIA)
Robert Smith, Commissioner, Bureau of Employment Programs
Ann Stottlemyer, Commissioner, Bureau of Senior Services
Tom Susman, Executive Director, Public Employees Insurance Agency
Henry Taylor, M.D., Commissioner, Bureau for Public Health, DHHR

In addition, the survey methodology was greatly enhanced by advice and counsel from the Data Group, an ad hoc committee made up of the data officers of the Bureau for Public Health, the Governor's Cabinet on Children and Families and the Health Care Authority.

Finally, the Institute would particularly like to thank Robert D'Alessandri, M.D., Vice President for Health Sciences and Dean of the School of Medicine at West Virginia University for his excellent assistance in providing public endorsement of the survey and in publicly encouraging the participation of all West Virginians. Thanks to his appearances on our behalf, the survey experienced a high level of participation from those who were called.

Table of Contents

	Page
Executive Summary	6
Introduction	8
What Is the Health Insurance Status of Older Adults in West Virginia?	9
How Important Is Health Insurance to Older West Virginians?	14
Which Older Adults Are More Likely to Have Each Type of Insurance?	19
Does Type of Insurance Affect Older Adults' Access to Healthcare?	28
Does Type of Insurance Affect Older Adults' Utilization of Healthcare?	36
What Is the Health Status of Older Adults?	45
Summary	52
Appendix:	54
Study Methods	
Sample Design and Collection	
Data Collection	
Interviewer Training and Preparation	
Computer-Assisted Telephone Interviewing (CATI)	
Sample Control	
Definition of Terms	

Executive Summary

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

The third report based on the West Virginia Healthcare Survey, *Health Insurance in West Virginia: The Older Adult Report*, differs from the two previous reports because members of its focus population – West Virginians over 65 years of age – are virtually all eligible for Medicare health insurance.

Medicare provides Part A acute care health insurance to every 65-year-old Social Security beneficiary at no charge. Part B is an elective coverage for outpatient services paid for by a modest premium deducted from monthly Social Security checks. Approximately 89,910 West Virginians had Part A and B coverage, and another 13,577 had Part A only. Although it masks some access issues for the latter number, these two groups were combined and reported as "Medicare only."

Approximately 99,345 older West Virginians had purchased supplemental health insurance policies to fill the gaps in Medicare coverage. Another 41,777 had access to supplemental coverage because their low incomes made them dually eligible for Medicaid as well. These are called "Medicare & Supplement" and "Medicare & Medicaid," respectively.

Finally, a significant number of older West Virginians (32,286) were insured by the United Mine Workers Welfare and Retirement, Railroad Workers Funds or another union policy, all of which contract with Medicare to provide health insurance for members and their dependents. Some of the most remarkable findings related to the differences between this group and their over-65 peers.

Therefore, this report does not deal with uninsurance as much as it does with the differences in circumstances, access and health status among Medicare beneficiaries who had insurance that supplements Medicare and those that did not. The report includes the following findings about the 276,895 older West Virginians:

- Approximately 37.4 percent of older adults did not supplement Medicare coverage, which – in general – does not cover prescription drugs and many primary care services. Income did make a difference since those with incomes over $30,000 were most likely to have purchased their own supplemental coverage.

- About 16.2 percent of older adults had purchased catastrophic coverage that pays for high-cost illnesses or lengthy hospital stays, 24.4 percent had long-term care insurance and 12 percent had dental insurance.

- Women, who were 54 percent of the older adult population, predominated in every coverage group.

- Cost was the reason cited by 44 percent of all older adults for not getting needed medical care; for those with Medicare only, this percentage was 57.3. However, for those with Medicare & Medicaid, transportation was the most frequently cited reason (52 percent). For all older adults, 10.7 percent found transportation a problem in getting care.

- About 74.7 percent of older West Virginians counted themselves in fair to very good health, although those in very good to excellent health were more likely to be under 75 than those ages 75 and older. Those older adults insured by Medicare & Medicaid and by UMWA were the most likely to be in poor to very poor health (16.8 and 17.4 percent, respectively).

- Approximately 44.4 percent – nearly half of all older West Virginians – had been diagnosed with a chronic condition or disability. Remarkably, this finding did not vary by age across the population, although it did vary by type of insurance.

Introduction

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

Health Insurance in West Virginia: The Older Adult Report is the third in a series of reports about health insurance in the state. It paints a broad picture of the health insurance issue among adults 65 years of age and older. It provides information about the participation of older adults in health insurance and in the healthcare system of our communities and state.

The Institute's first report was on our population of children 0 to 18 years old. The second report was on non-elderly adults ages 19 to 64. There are two reports on the adult population because the health insurance situation is vastly different for people 65 and older, virtually all of whom are eligible for health insurance through the Medicare program. Now that these more general reports on the uninsured and underinsured have been made public, the Institute will begin a series of special reports dealing with a range of topics including Children with Special Needs, Employment-based Insurance, Participation in Medicaid and others. The Institute has established a website where all reports will be available to the public: www.wvhealthpolicy.org.

About the methods used in this report:

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

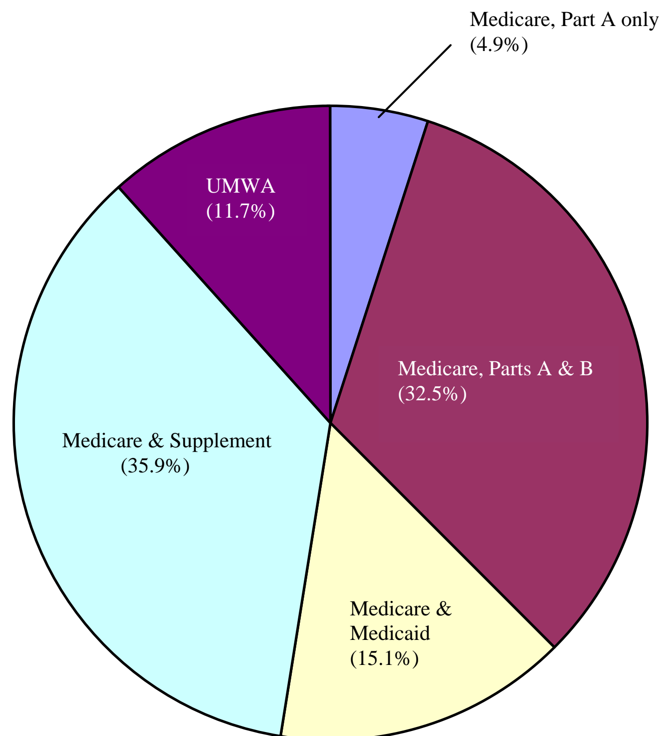
When data collection was completed, the data were weighted for the probability of selecting each household, and then adjusted so that the age and sex distribution for each county matched the 2000 Census. Finally, the data were adjusted to account for households without telephone service – approximately 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, 65 years and older, from the 2000 Census (276,895 people, per Census 2000 Summary File 2; 100 Percent Data, Table PCT3 Sex by Age: Total Population; accessed May 2003). Certain discrepancies within the report are due to rounding. Some figures are calculated using all response options, including don't know/refused; however, not all of these responses are necessarily shown in every illustration. A detailed discussion of the study design and data collection can be found in the Appendix.

What Is the Health Insurance Status of Older Adults in West Virginia?

This section of the report will discuss the kinds of health insurance older adults (ages 65+) had at the time of the survey interviews.

Even though virtually all older adults had Medicare, many also had another policy. At the time of survey interviews, 35.9 percent of older West Virginians (99,345) had Medicare with a supplemental policy. This group will be called "Medicare & Supplement" in the report. Another 32.5 percent of older West Virginians (89,910) had Medicare, Parts A & B, without an additional insurance policy. About 4.9 percent of older adults (13,577) had Medicare, Part A only. Since such a small percentage of the population had Medicare, Part A only, this group was combined with the group having Medicare, Parts A and B only. This combined group will be called "Medicare only" in the remainder of the report. About 15.1 percent of older West Virginians (41,777) had Medicare and Medicaid, which will be called "Medicare & Medicaid" in the report. Another 11.7 percent of older West Virginians (32,286) had Medicare through federal agreement with the United Mine Workers of America (UMWA), Railroad Retirement or another union program. This group will be called "UMWA" in the report since the percentage with Railroad Retirement and other union programs was so small. See Figure 1.

Figure 1.
Percent of Older Adults with Each Type of Health Insurance
West Virginia, 2001



Type of insurance varied by Public Health Service Region. Public Health Service Regions I and IV, in the southern and southeastern parts of the state, had the highest percentages (27 and 21.6 percent, respectively) of older adults with UMWA. Regions V, VI and VIII (in the northwestern part of the state, Northern Panhandle and Eastern Panhandle, respectively) had the highest percentages of older adults with Medicare & Supplement (45.4, 43.9 and 41.2 percent, respectively). Region III, in the south-central part of the state, had the highest percentage of older adults with Medicare & Medicaid (20.2 percent). Regions II (in the southwestern part of the state), V and VIII had the highest percentages of older adults with Medicare only (42.9, 40.9 and 40.1 percent, respectively).
See Table 1.

Table 1.
Type of Insurance by Public Health Region
West Virginia, 2001

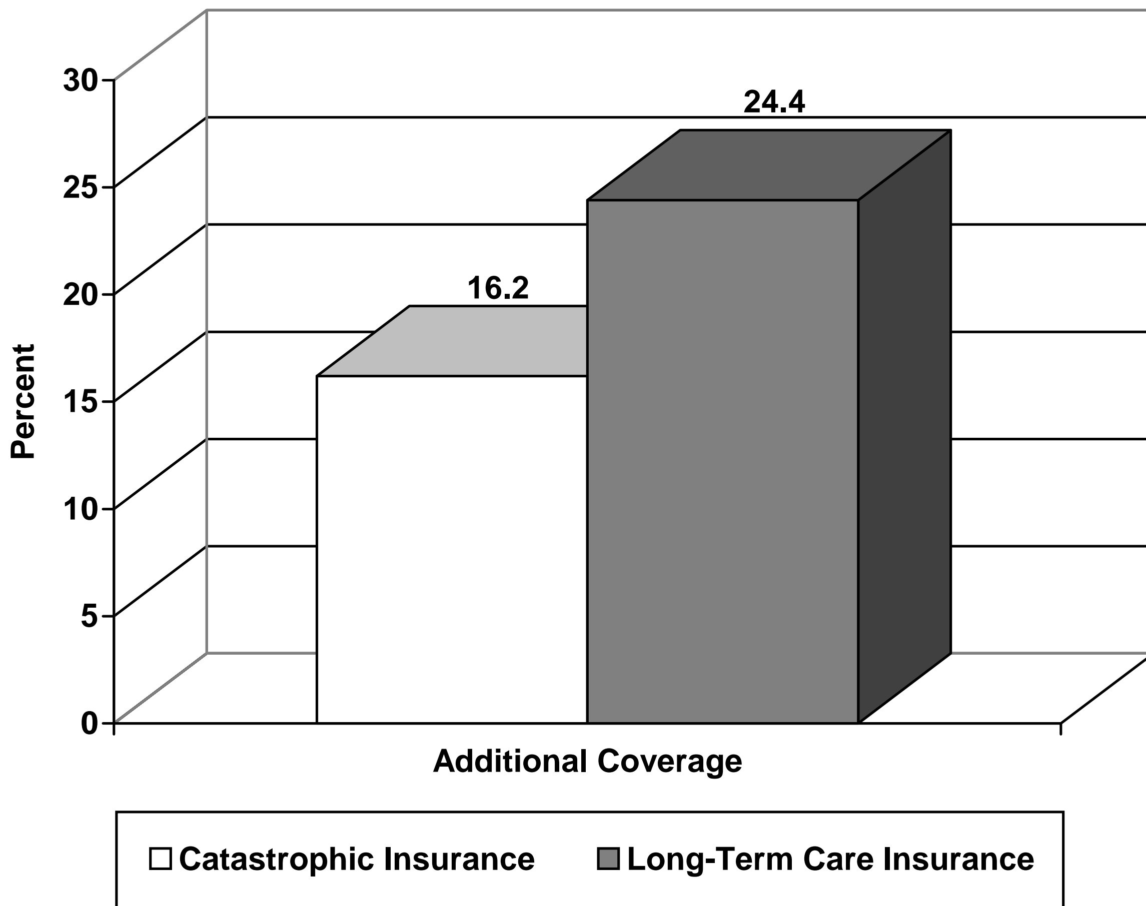
Public Health Region	Percent of Sample with UMWA	Percent of Sample with Medicare & Supplement	Percent of Sample with Medicare & Medicaid	Percent of Sample with Medicare Only
I	27.0	29.2	13.5	30.3
II	13.8	27.4	15.8	42.9
III	8.3	36.3	20.2	35.3
IV	21.6	26.5	15.9	36.0
V	2.0	45.4	11.8	40.9
VI	4.2	43.9	13.4	38.5
VII	11.2	38.4	13.7	36.8
VIII	3.7	41.2	15.0	40.1

Public Health Regions

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

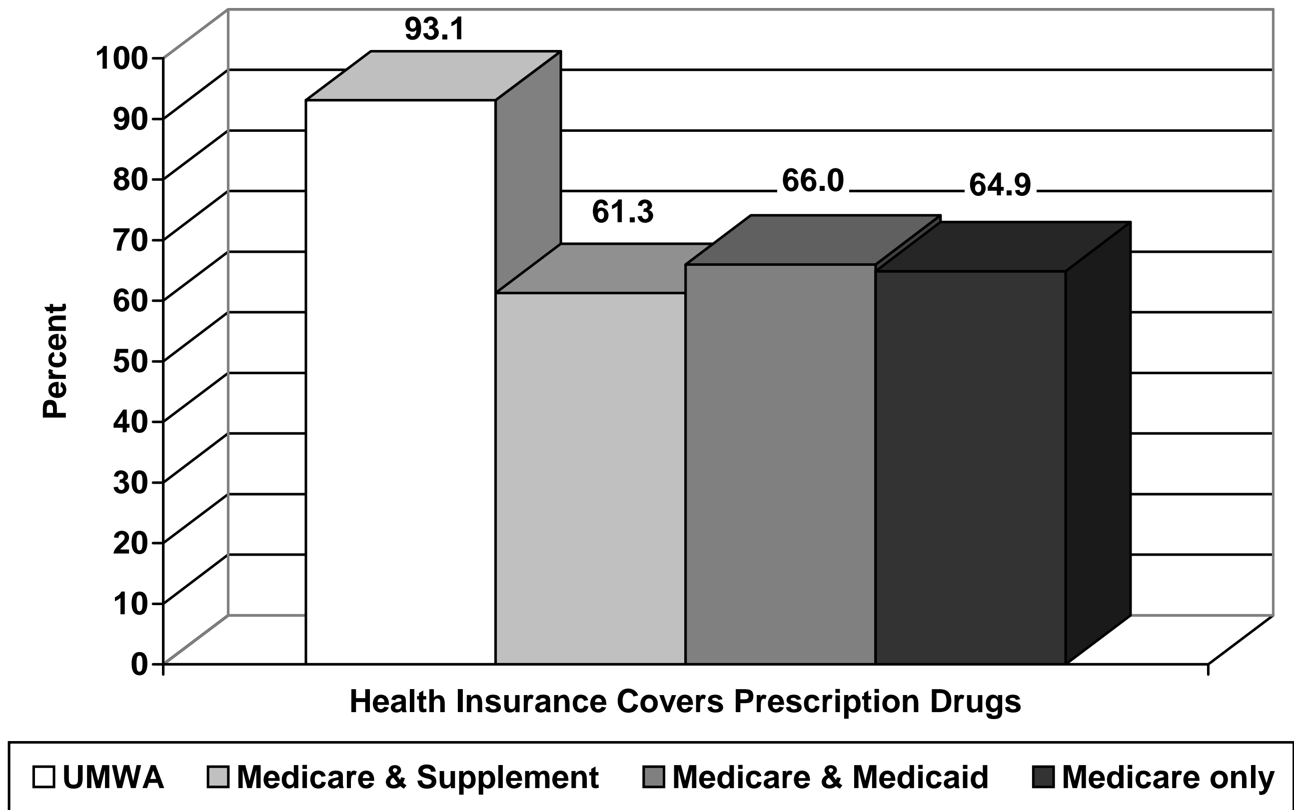
About 16.2 percent of older adults said they had catastrophic insurance – a policy that pays only for certain illnesses or dread diseases (such as cancer or a stroke) or major accidents, or only gives the person extra cash if he or she is in the hospital. About 24.4 percent of older adults said they had long-term care insurance (see Figure 2).

Figure 2.
Percent of Older Adults with Additional Coverage
West Virginia, 2001



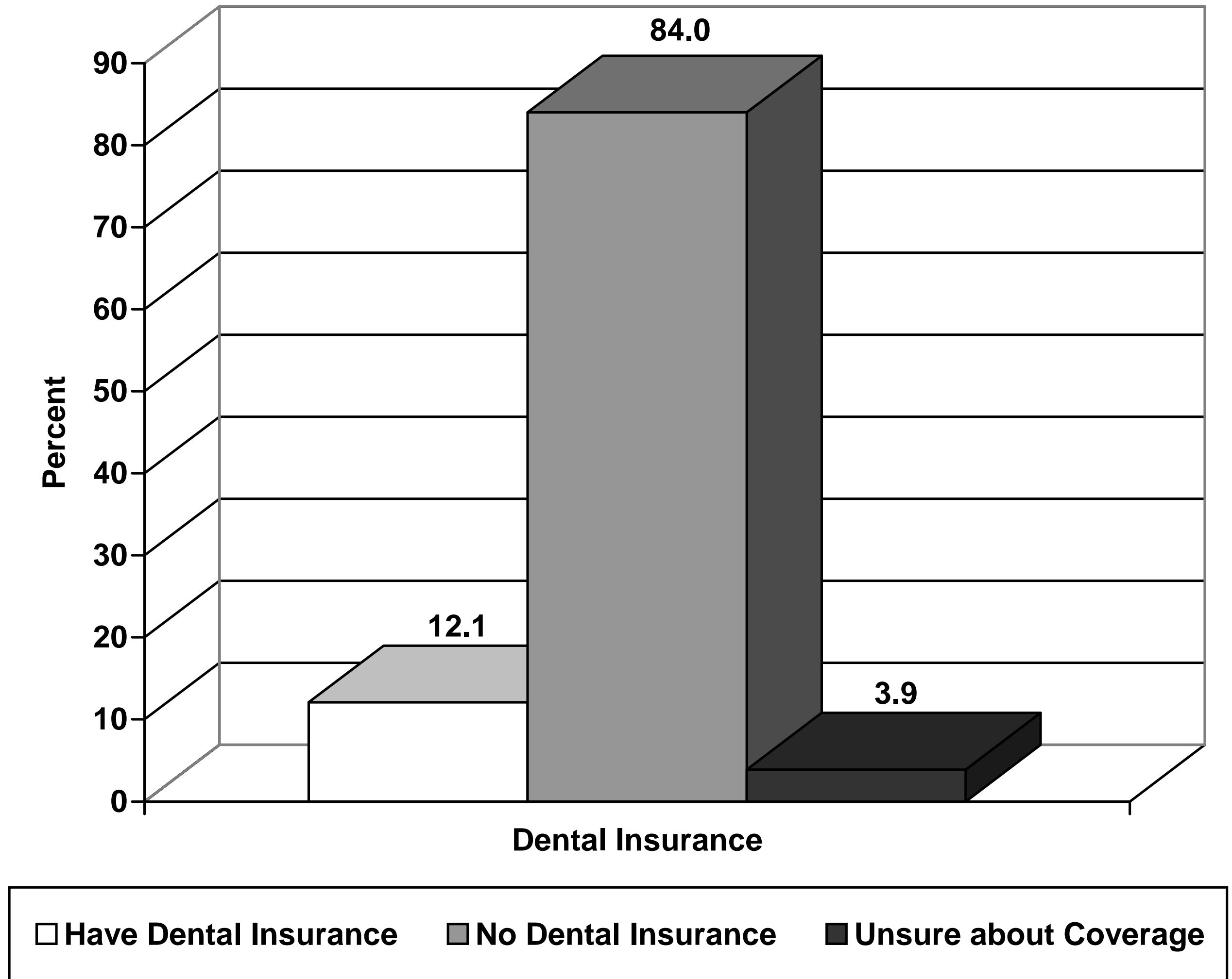
Although approximately 67 percent of older West Virginians had health insurance that covered prescription drugs, this varied by insurance type. Those with UMWA were much more likely to have insurance that covered prescription drugs (93.1 percent). While the Medicaid program covers prescription drugs for older adults, 34 percent were not knowledgeable about that coverage. This may represent confusion between two programs with very similar names (Medicare and Medicaid). See Figure 3.

Figure 3.
Older adults with UMWA were most likely to have health insurance that covered prescription drugs.
West Virginia, 2001



Although dental care is very important for older adults, 84 percent of West Virginians over age 64 did not have dental insurance. Only 12.1 percent had dental insurance (see Figure 4).

Figure 4.
Most older adults did not have dental insurance.
West Virginia, 2001



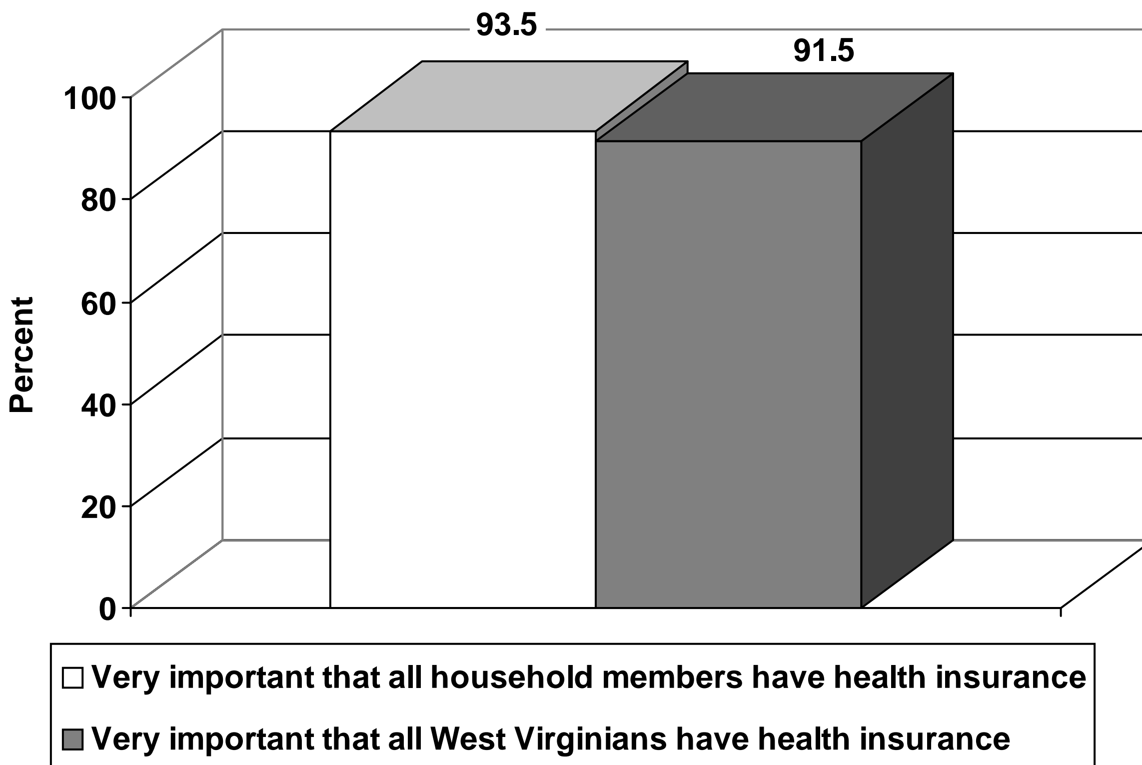
How Important Is Health Insurance to Older West Virginians?

This section of the report will discuss the following:

- The importance of having health insurance to older West Virginians
- The trust that older adults have in the healthcare system in West Virginia
- The satisfaction of older adults with the healthcare system

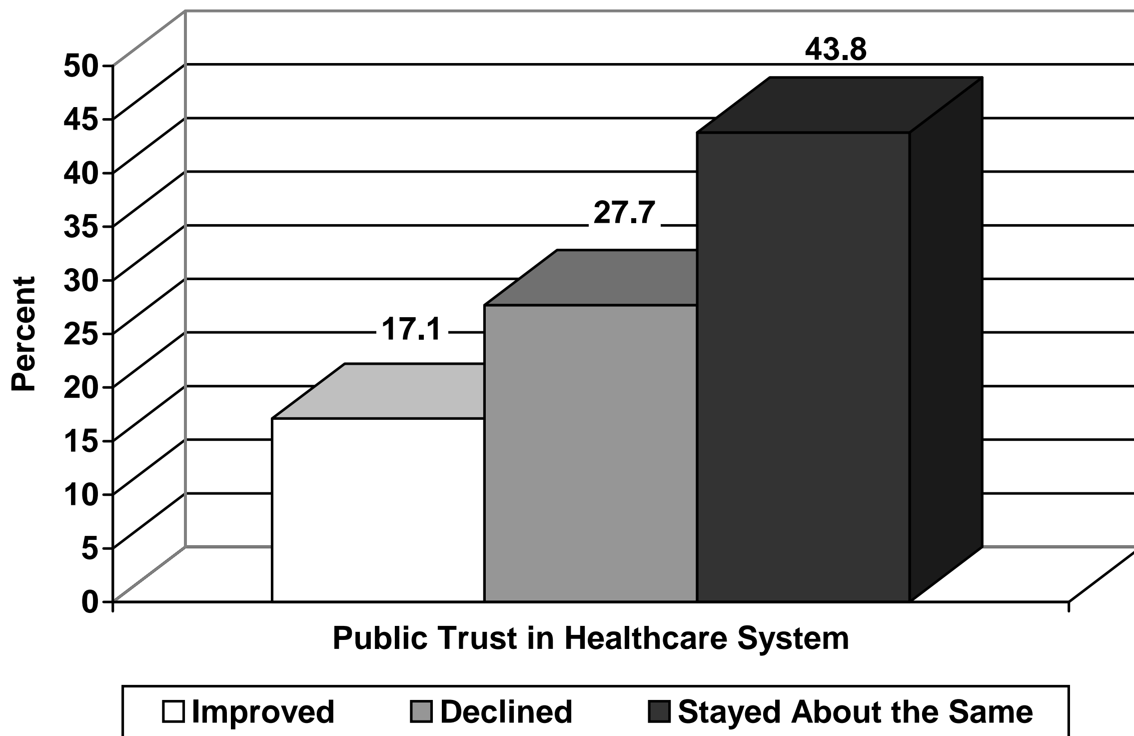
About 93.5 percent of older West Virginians responded that it was very important to them that all members of their household have health insurance. In addition, 91.5 percent said that having all West Virginians covered by health insurance was very important to them (see Figure 5).

Figure 5.
Older adults thought it was very important to have health coverage for all of their household members and all West Virginians.
West Virginia, 2001



Older adults were asked, "Compared to five years ago, do you think public trust in the healthcare system has improved, declined or stayed about the same?" Only 17.1 percent of all older adults believed that the healthcare system had improved, while 27.7 percent felt it had declined (see Figure 6).

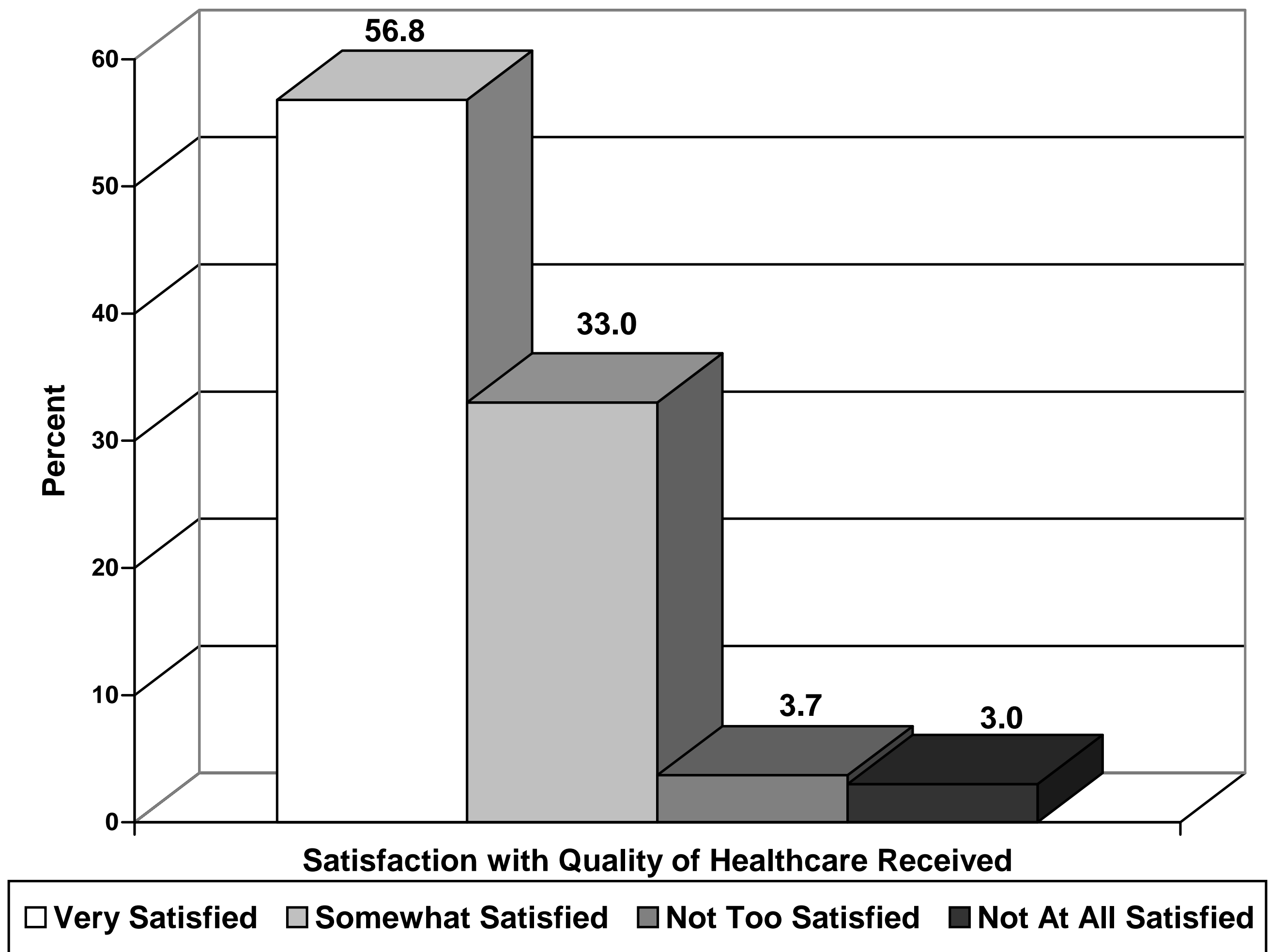
Figure 6.
Public Trust in the Healthcare System
West Virginia, 2001



Older adults were asked about their satisfaction with the quality, availability and cost of healthcare services. They were most satisfied with the quality of the healthcare they receive (56.8 percent were very satisfied), followed by the kinds of services available to them (49.9 percent were very satisfied) and then by the cost of healthcare (35.5 percent were very satisfied).

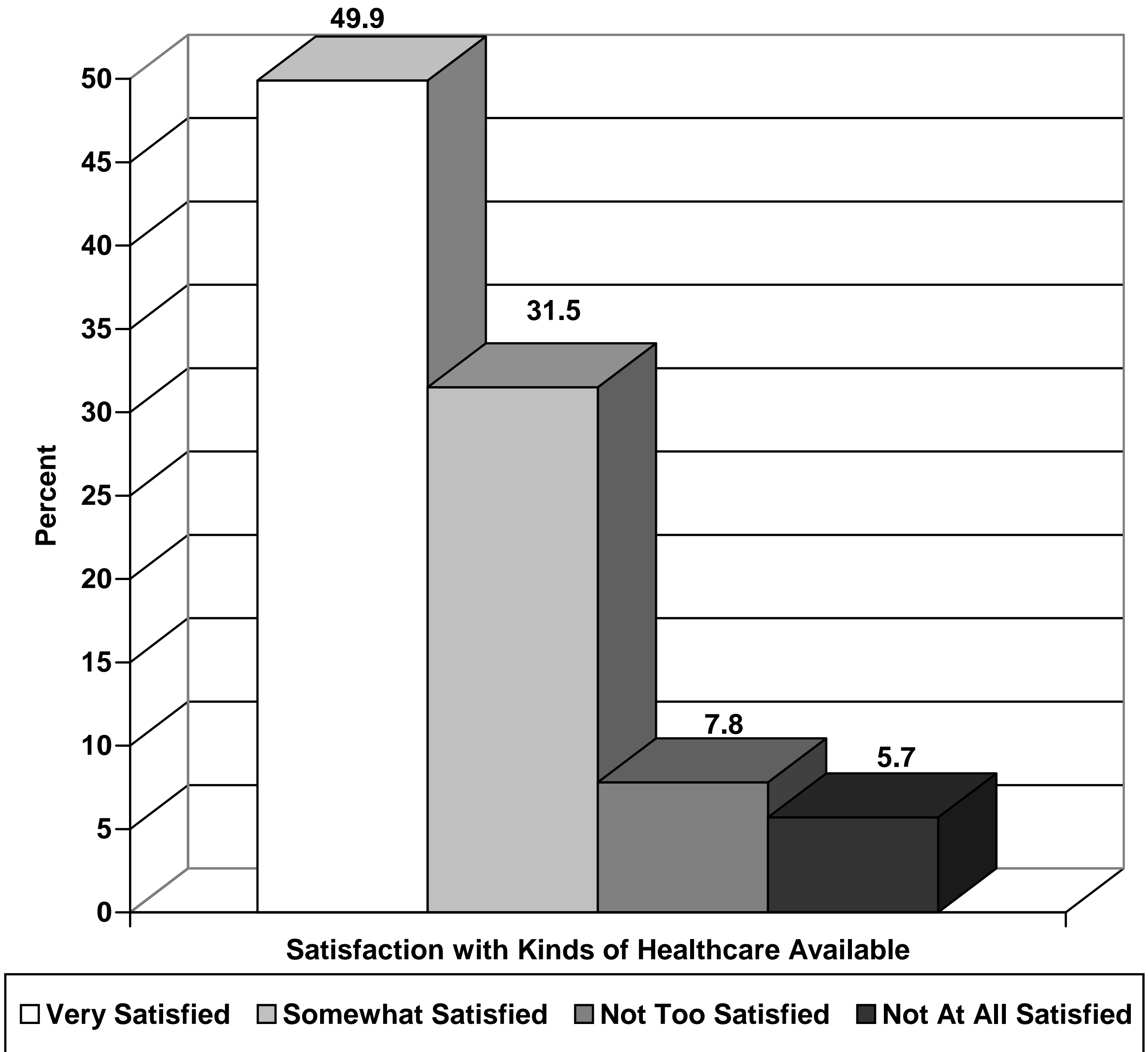
Insurance type made little difference in satisfaction with the quality of healthcare received. Figure 7 shows the satisfaction of all older adults in West Virginia with the quality of healthcare they receive.

Figure 7.
Satisfaction with Quality of Healthcare Received
West Virginia, 2001



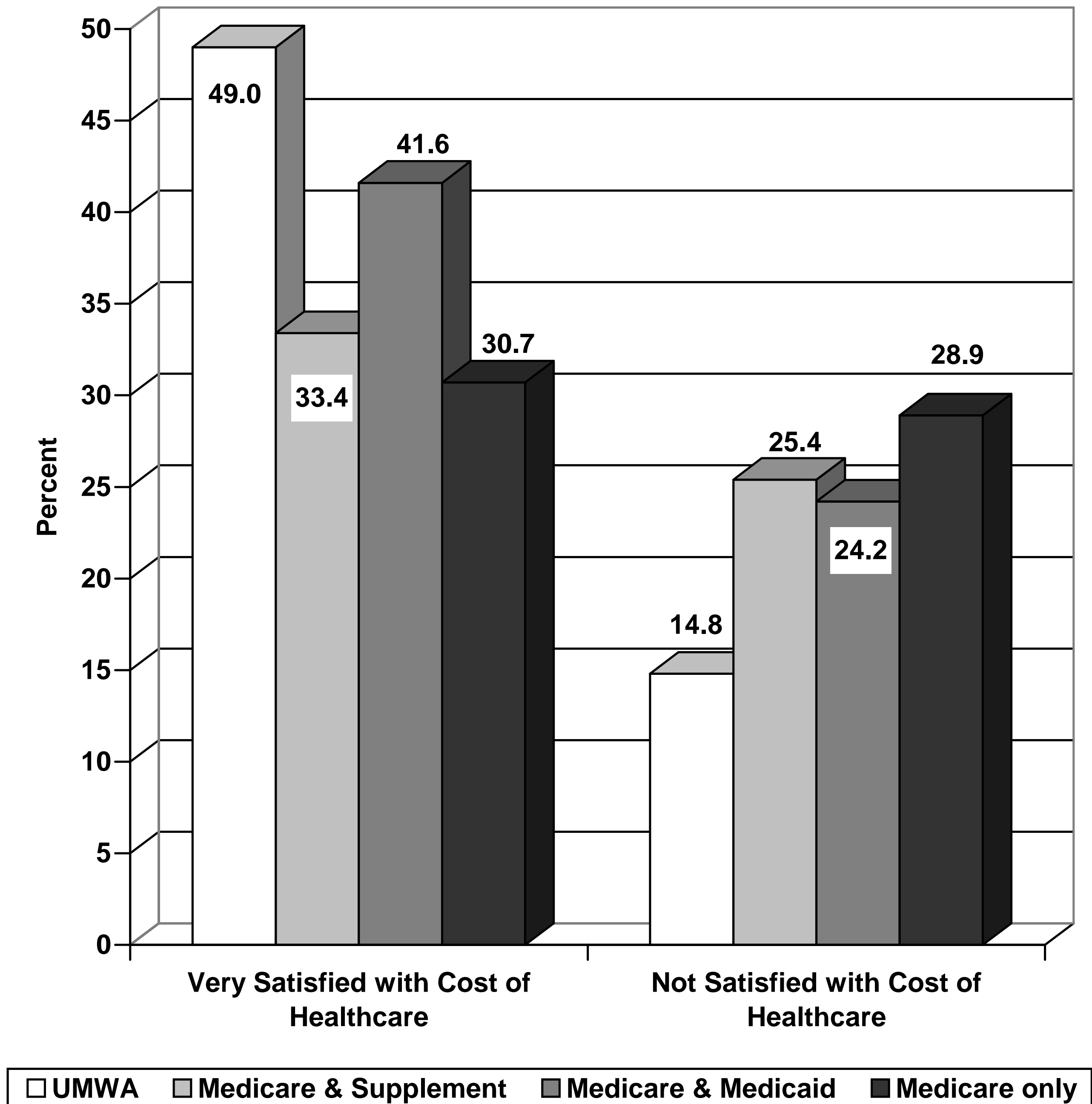
Overall, 49.9 percent of older adults were very satisfied with the kinds of healthcare available to them and 13.5 percent were not satisfied (see Figure 8).

Figure 8.
Satisfaction with Kinds of Healthcare Available
West Virginia, 2001



Overall, 35.5 percent of older adults were very satisfied with the cost of healthcare and 25.2 percent were not satisfied. This varied by type of insurance. Older adults with UMWA were the most satisfied with the cost of their healthcare coverage (49 percent were very satisfied). Those with Medicare only were the least satisfied (28.9 percent were not satisfied). See Figure 9.

Figure 9.
Satisfaction with Cost of Healthcare
West Virginia, 2001



Which Older Adults Are More Likely to Have Each Type of Health Insurance?

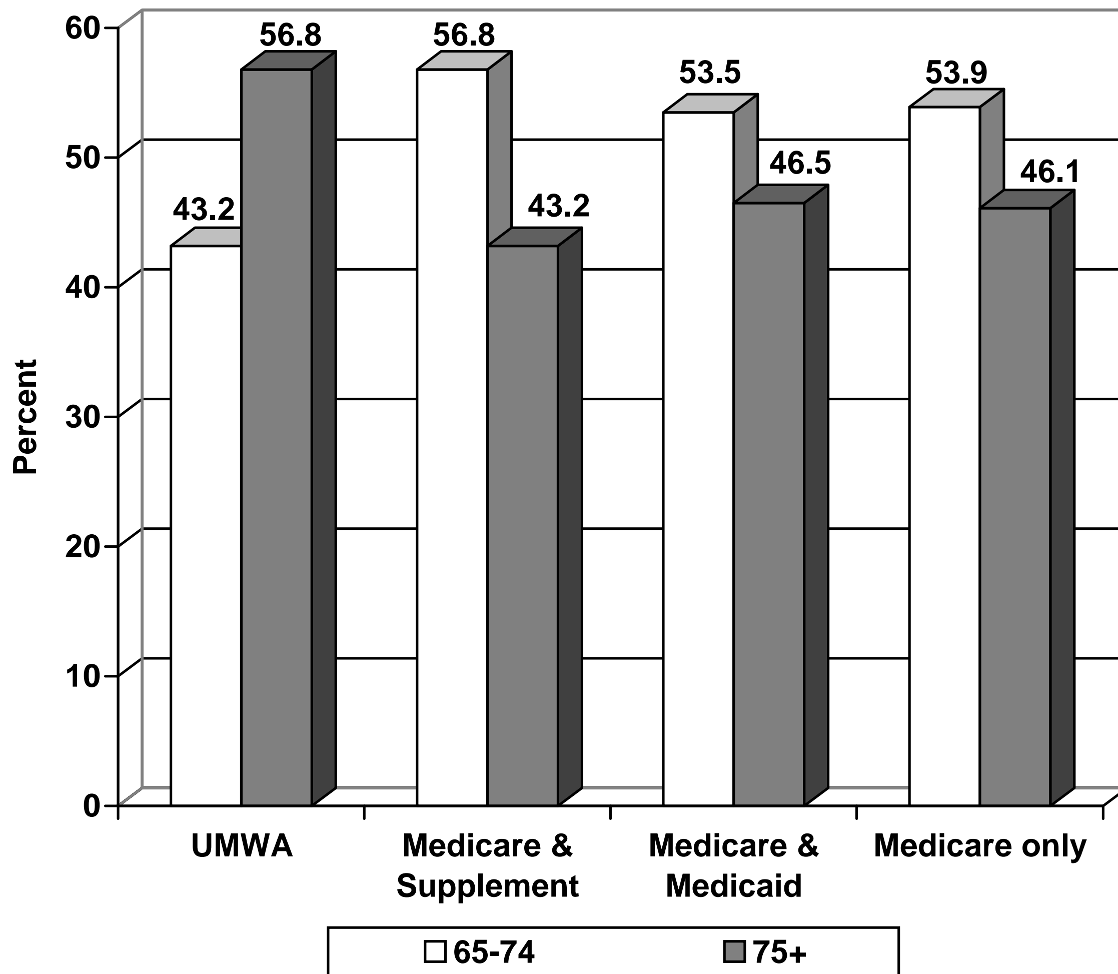
This section of the report will discuss the likelihood of having each type of health insurance for older adults defined by the following demographic characteristics:

- Age
- Sex
- Race
- Marital status
- Education
- Older adult's household income
- Household size
- Federal Poverty Level (FPL)

This section of the report provides the demographic profile of older adults within each type of insurance; that is, what is the percentage of older adults with each type of insurance across each demographic.

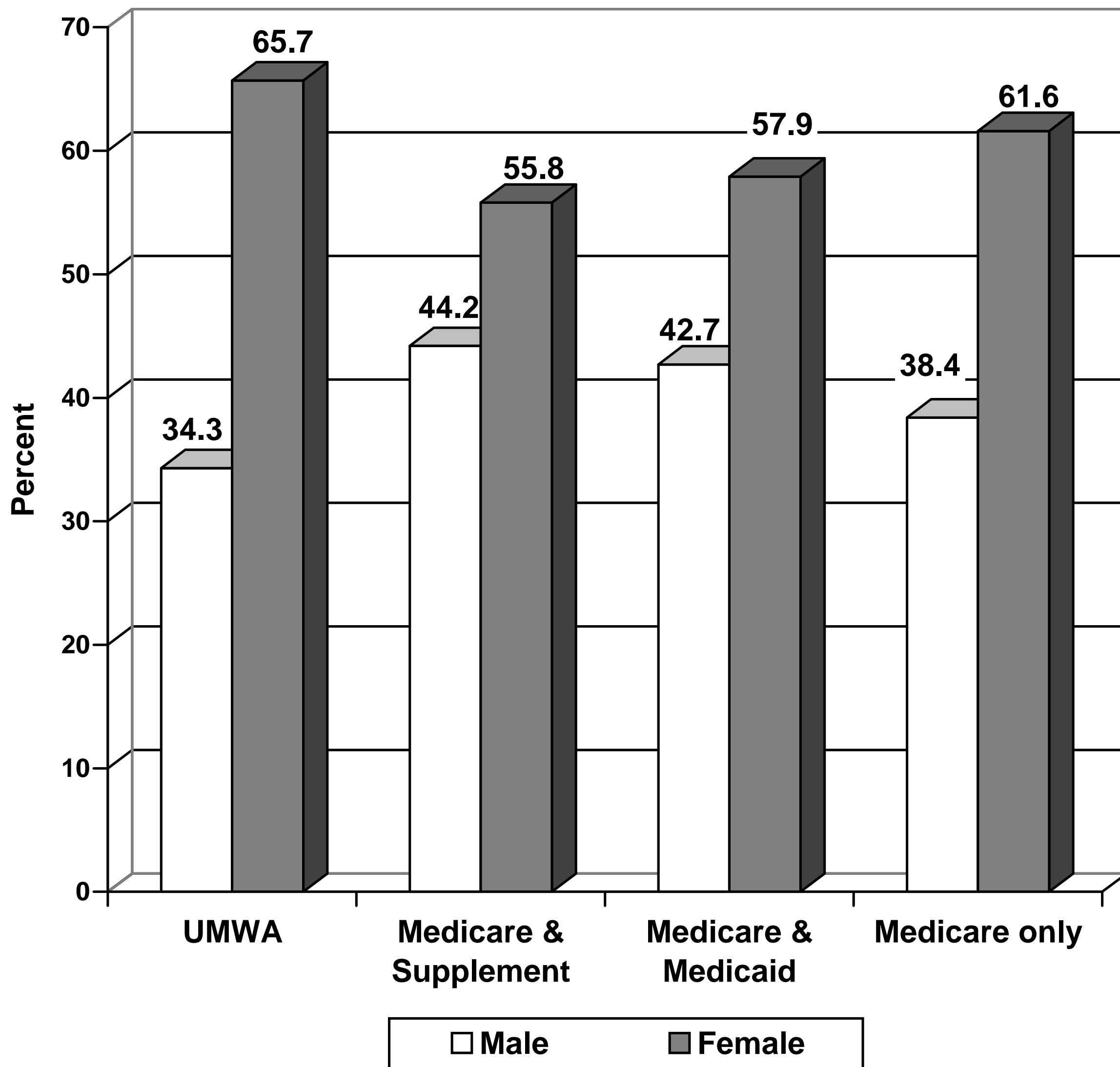
About 53.6 percent of older West Virginians were between the ages of 65 and 74. The distribution of older West Virginians with Medicare & Medicaid and Medicare only matched this population age distribution. Those with UMWA were older than the other groups (56.8 percent were ages 75+), and those with Medicare & Supplement were younger than the other groups (56.8 percent were ages 65-74). See Figure 10.

Figure 10.
The Age Profile of Older Adults with Each Type of Insurance
West Virginia, 2001



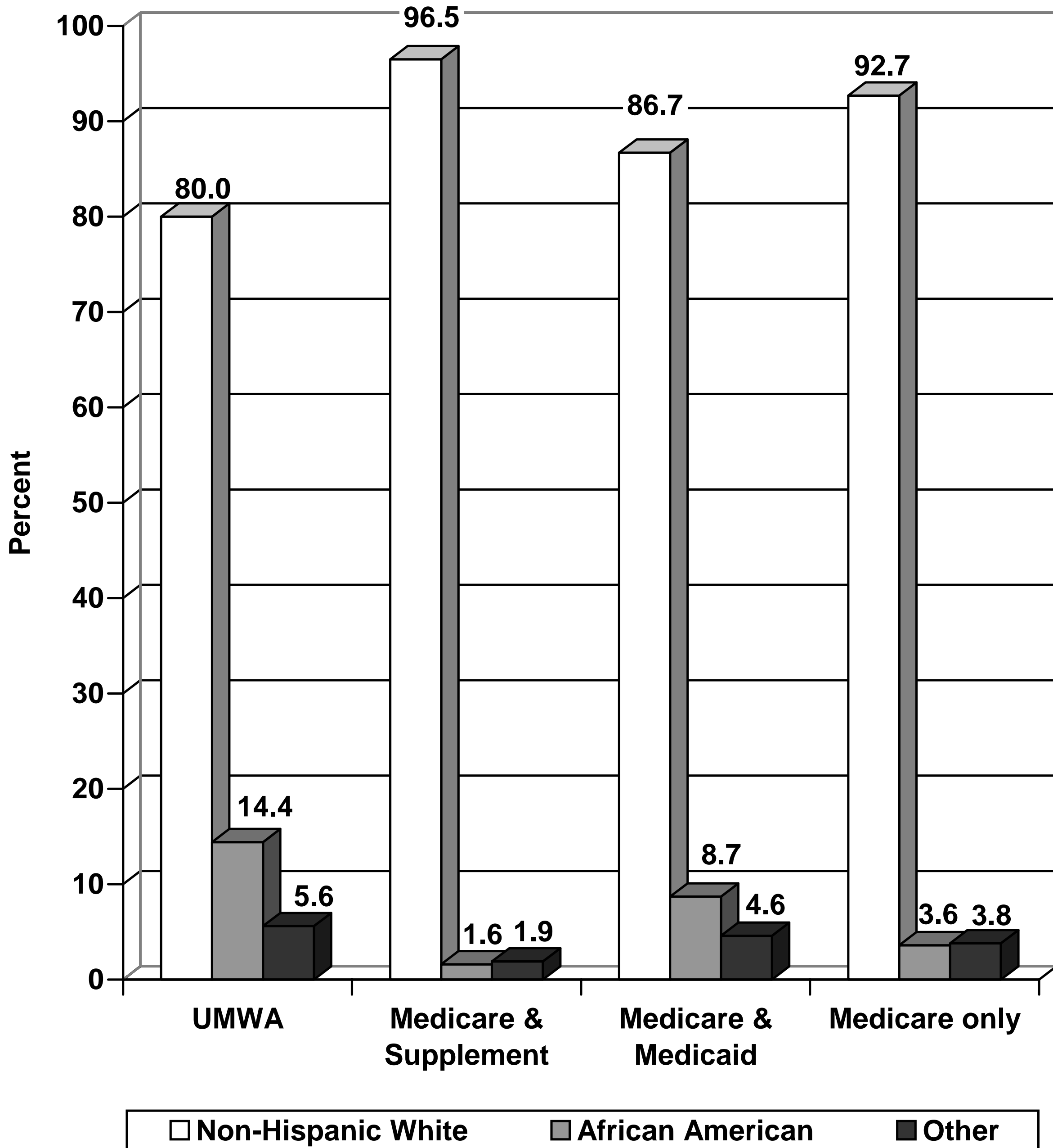
Females accounted for 59.4 percent of the older population in West Virginia, and therefore they predominated in each insurance group. The sex distribution in the Medicare & Supplement, Medicare & Medicaid and Medicare only groups approximately matched the population sex distribution. There were many more females with UMWA insurance (see Figure 11).

Figure 11.
The Sex Profile of Older Adults with Each Type of Insurance
West Virginia, 2001



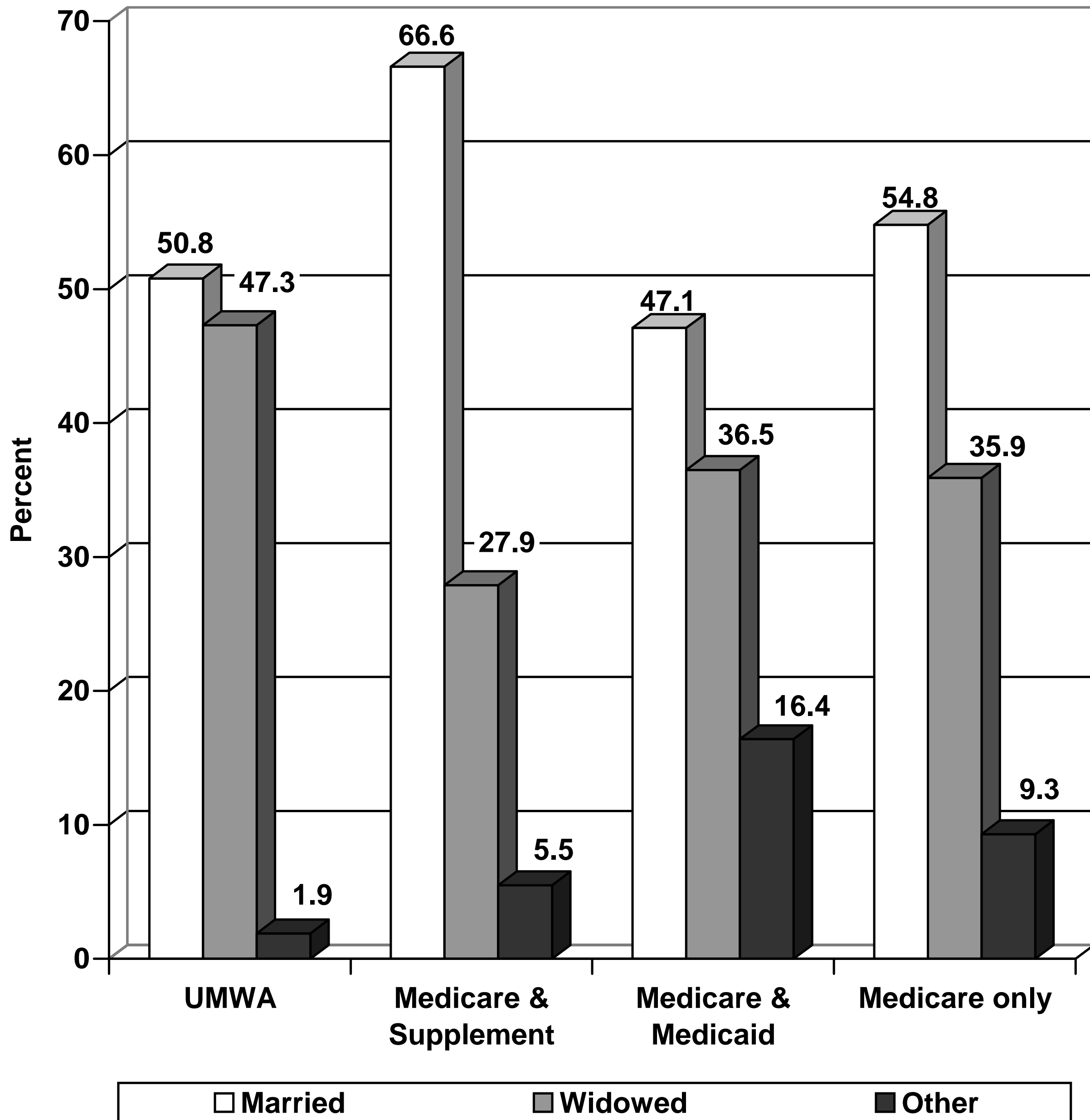
Since the older adult population in West Virginia was 96.5 percent non-Hispanic white, this population made up the majority of the insured for all insurance types. However, there were more minorities with UMWA and Medicare & Medicaid than the population's racial distribution would predict (20 and 13.3 percent minority, respectively). See Figure 12.

Figure 12.
The Racial and Ethnic Profile of Older Adults with Each Type of Insurance
West Virginia, 2001



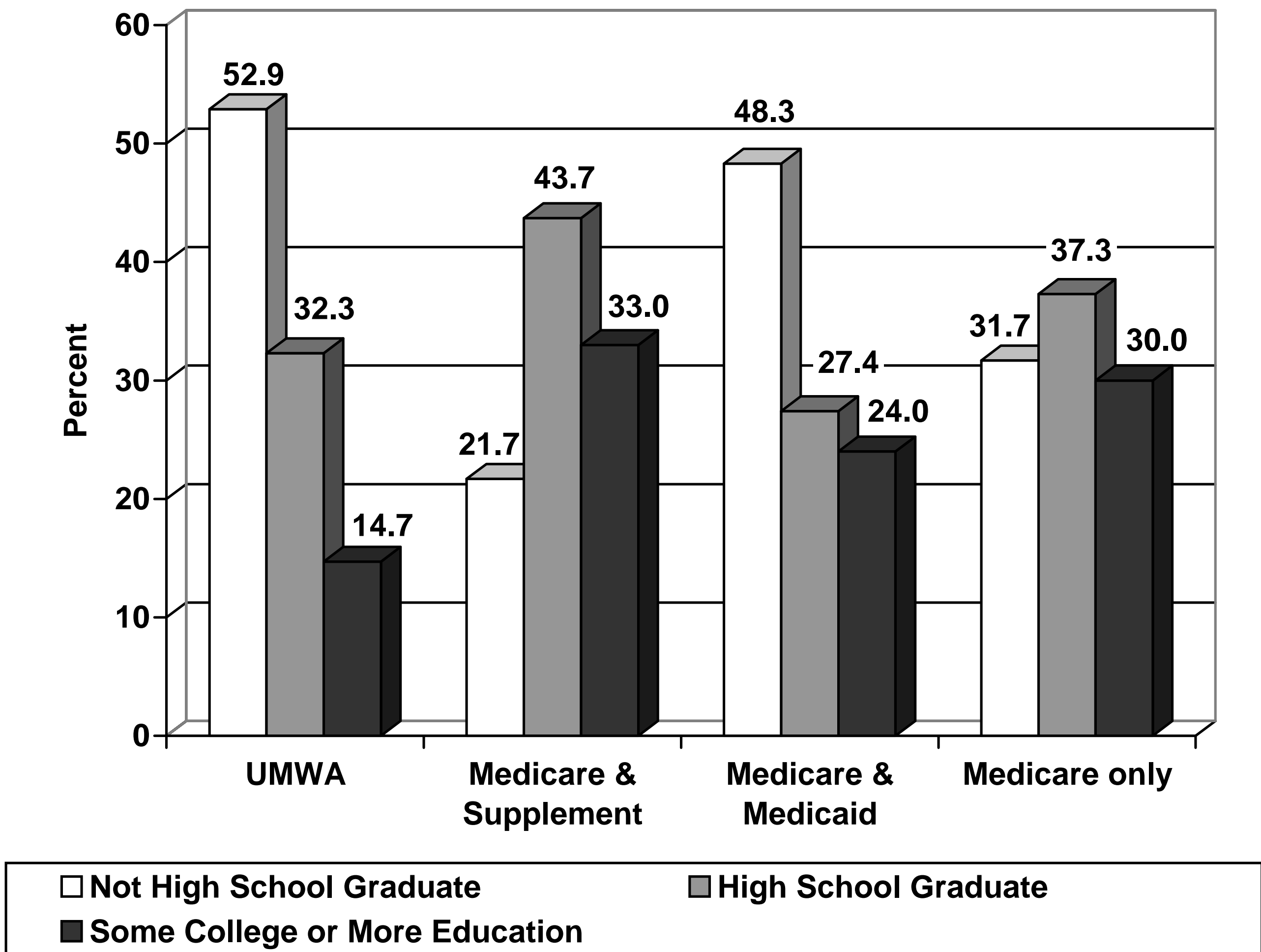
Since most older adults were married, married people made up the majority of the insured for all types of insurance. Since the next largest portion of older adults was widowed, they made up the second largest group of insured members for all insurance types (see Figure 13).

Figure 13.
The Marital Status Profile of Older Adults with Each Type of Insurance
West Virginia, 2001



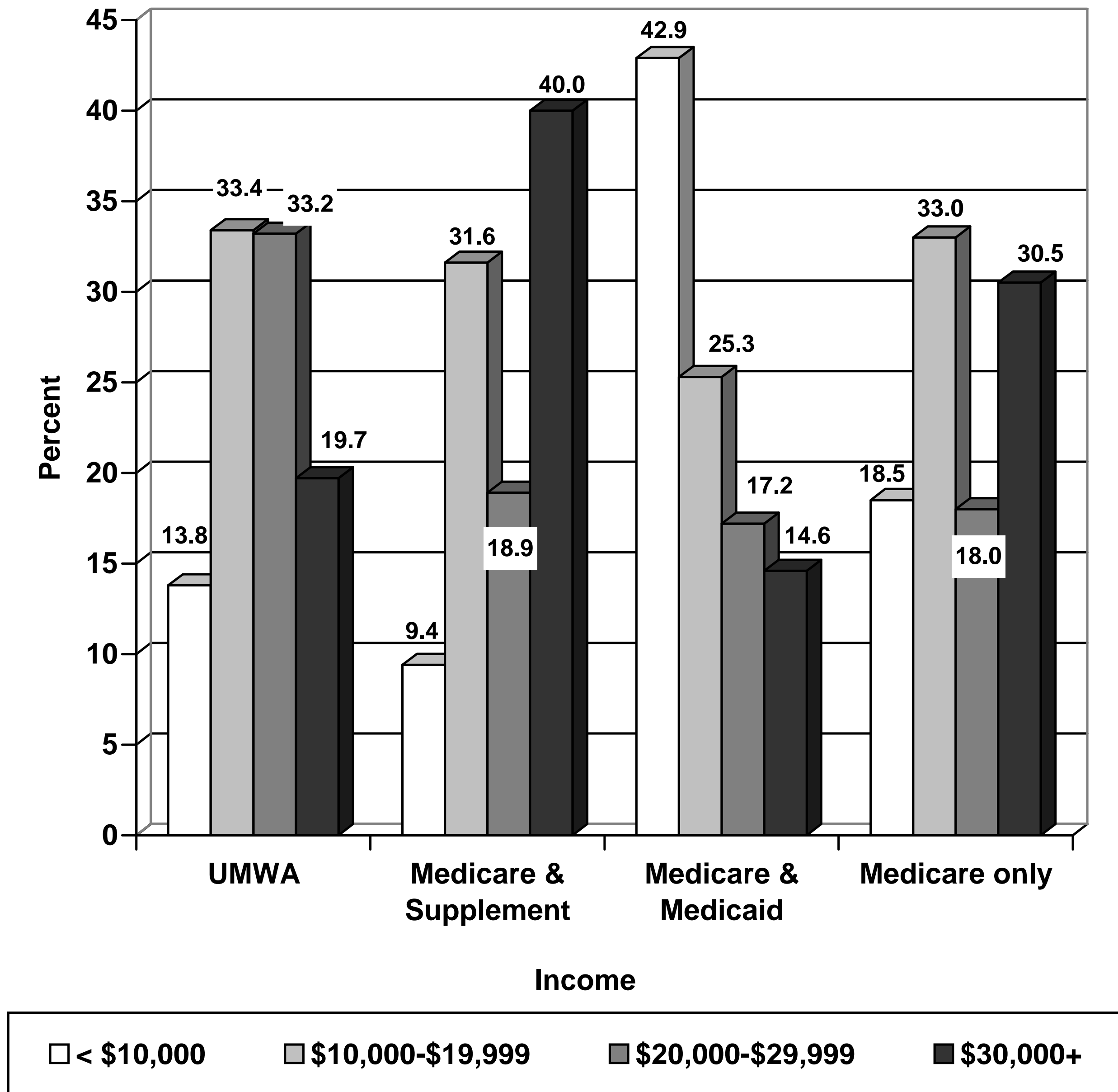
The education profile of older adults with each type of insurance is displayed in Figure 14. People without a high school diploma made up 45.2 percent of the older population. Those with a high school diploma made up 33 percent of that population. These two groups combined were the majority of those insured for all types of insurance. Those without a high school diploma were less likely to have Medicare & Supplement or Medicare only. Those with a high school diploma were more likely to have Medicare & Supplement and Medicare only. Those with some college or more education were less likely to have UMWA and more likely to have Medicare & Supplement and Medicare only (see Figure 14).

Figure 14.
The Education Profile of Older Adults with Each Type of Insurance
West Virginia, 2001



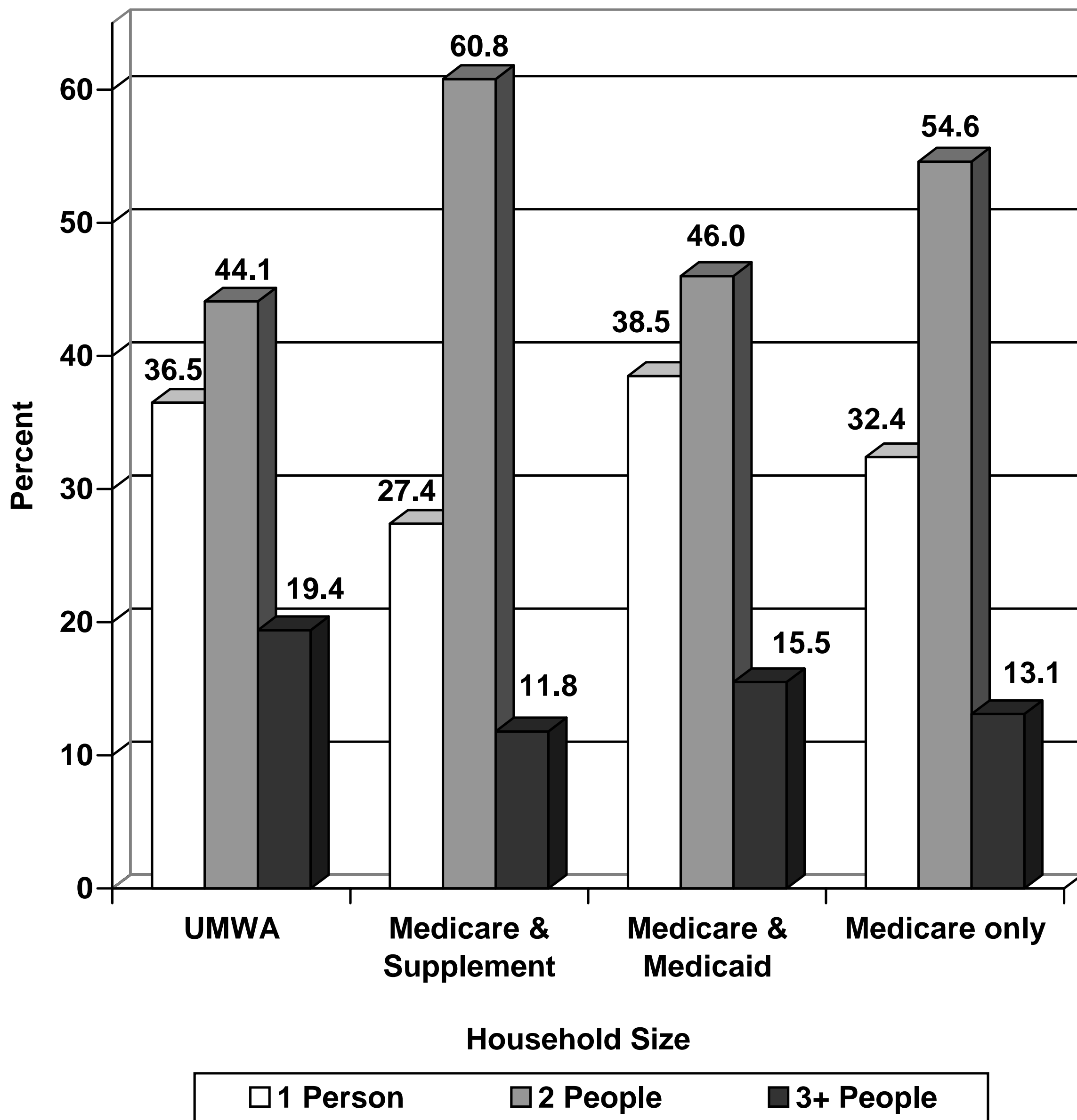
Approximately 67.3 percent of older adults lived in households with an annual income below $30,000. Because of this, they made up over half of those insured for each type of insurance. Those with Medicare & Supplement were more likely to have a higher income than the population income distribution would predict. Those with UMWA and Medicare & Medicaid had a lower income than this distribution would predict (see Figure 15).

Figure 15.
The Income Profile of Older Adults with Each Type of Insurance
West Virginia, 2001



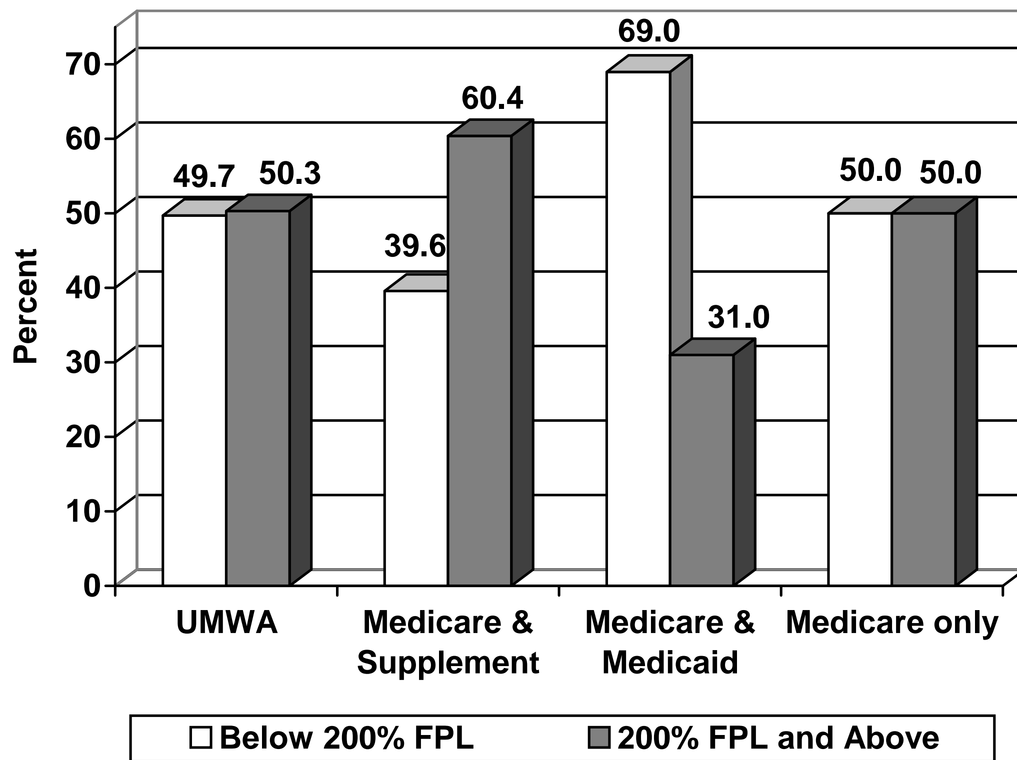
Since most households had two members, this population had the majority of the insured for each type of insurance. Households with one member made up the second largest percentage of the older population and also made up the second largest group of those insured for each insurance type (see Figure 16).

Figure 16.
The Household Size Profile of Older Adults with Each Type of Insurance
West Virginia, 2001



About 49.3 percent of older West Virginians were below 200 percent of the Federal Poverty Level (FPL), and about 50.7 percent were at 200 percent FPL or above. Because they represent relatively equal percentages of the older population, they should make up relatively the same percentage of the older population with each type of insurance, but this is not the case. Those at 200 percent FPL and above were more likely to have Medicare & Supplement. They were also less likely to have Medicare & Medicaid (see Figure 17).

Figure 17.
The Federal Poverty Level Profile of Older Adults with Each Type of Insurance
West Virginia, 2001



Does Type of Health Insurance Affect Older Adults' Access to Healthcare?

This section of the report will discuss:

- Having a usual place to go for medical care
- Seeing the same healthcare provider
- Ability to obtain needed medical care
- Reasons for being unable to obtain needed medical care
- Transportation issues
- The burden of paying for healthcare costs that are not covered by health insurance
- Confidence in paying for healthcare

Most older West Virginians (92.9 percent) had a usual place to go for their medical care. This percent varied slightly by type of insurance. Those with Medicare & Supplement were the most likely to have a usual place for medical care (95.1 percent). Those with Medicare only were the least likely to have a usual place for medical care (90.3 percent). See Figure 18.

Figure 18.
Older adults with Medicare only were least likely to have a usual place for medical care.
West Virginia, 2001

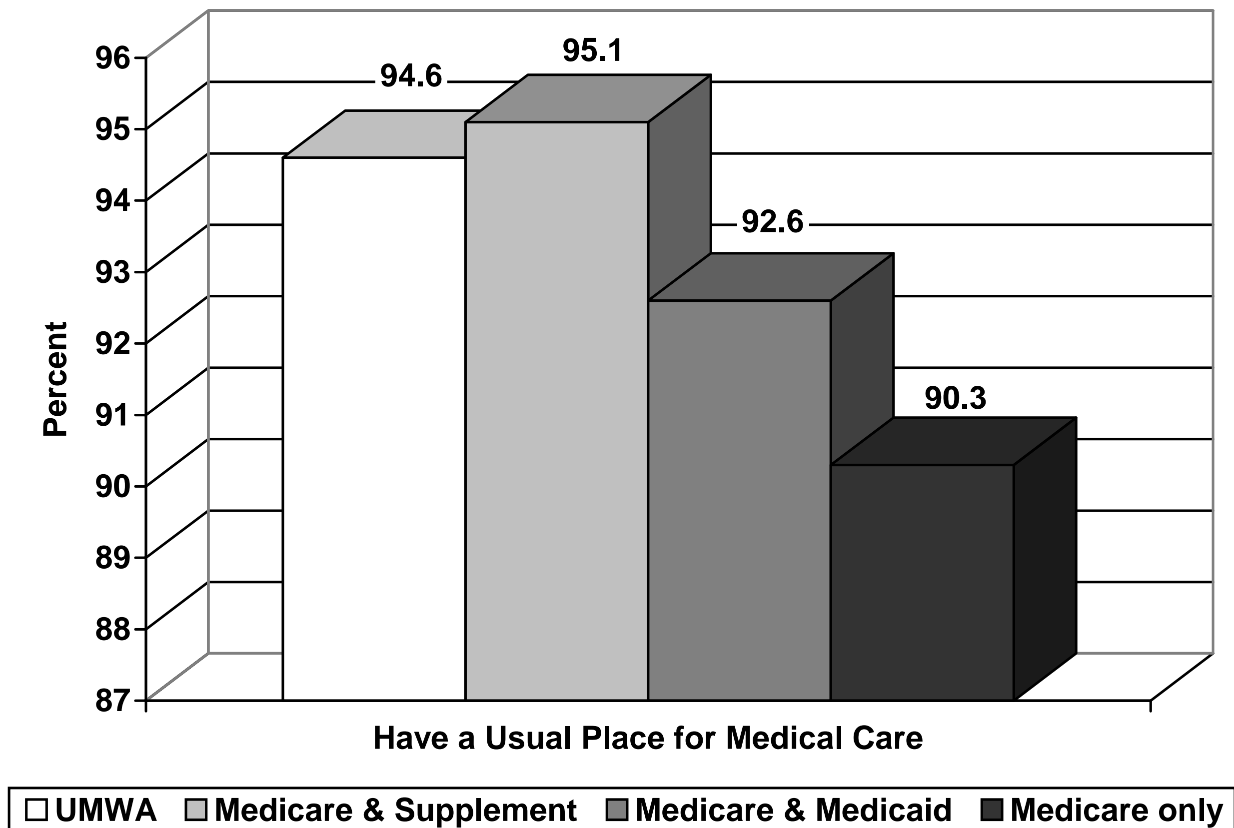


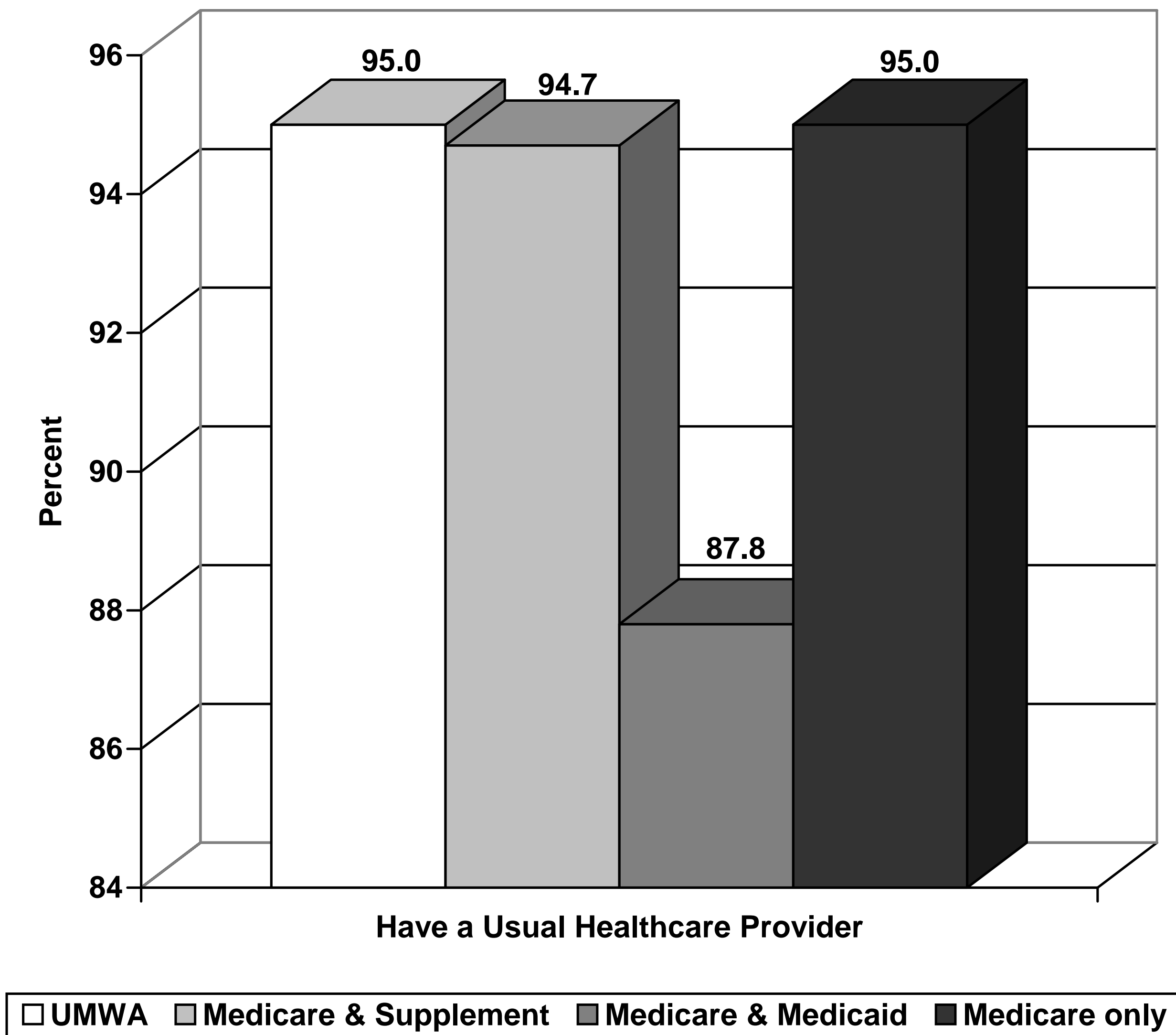
Table 2 shows people's usual place for medical care by age and insurance type. For all ages and types of insurance, a physician's office was the predominant site for usual medical care (69.2 to 84.2 percent of older adults have a physician's office as their usual place for medical care). The next most common places older people go for medical care are community health centers or hospital outpatient clinics. There are some variations in choice of usual place for medical care by age and type of insurance. For example, 3.8 percent of older adults ages 65-74 with Medicare & Supplement go to a VA medical center. Only 1.9 percent of those ages 75+ with Medicare & Supplement go to a VA medical center.

Table 2.
Usual Place for Medical Care by Age and Type of Insurance
West Virginia, 2001

Usual Place for Medical Care	Type of Insurance				
	Age	**UMWA**	**Medicare & Supplement**	**Medicare & Medicaid**	**Medicare Only**
Community Health Center	**65-74**	12.0	4.2	10.4	7.1
	75+	14.8	5.8	12.1	6.4
Free Clinic	**65-74**	0.8	0.0	0.0	0.0
	75+	0.0	0.0	0.0	0.3
Physician's Office	**65-74**	71.9	84.2	72.9	76.1
	75+	69.2	83.1	72.8	79.5
Urgent Care Center	**65-74**	0.0	0.4	0.0	0.4
	75+	0.2	0.0	0.0	0.1
Hospital ER	**65-74**	0.8	0.4	0.3	0.3
	75+	0.0	1.4	1.1	0.7
Public Health Department	**65-74**	0.0	0.0	0.0	0.1
	75+	0.0	0.0	0.1	0.1
Hospital Outpatient Clinic	**65-74**	10.4	6.5	10.5	7.2
	75+	12.9	6.7	9.6	6.2
Mental Health Center	**65-74**	0.0	0.0	0.0	0.0
	75+	0.0	0.0	0.0	0.0
VA Medical Center	**65-74**	2.6	3.8	5.4	7.2
	75+	2.3	1.9	3.7	5.8
Other	**65-74**	1.5	0.5	0.5	1.6
	75+	0.6	1.1	0.7	1.0

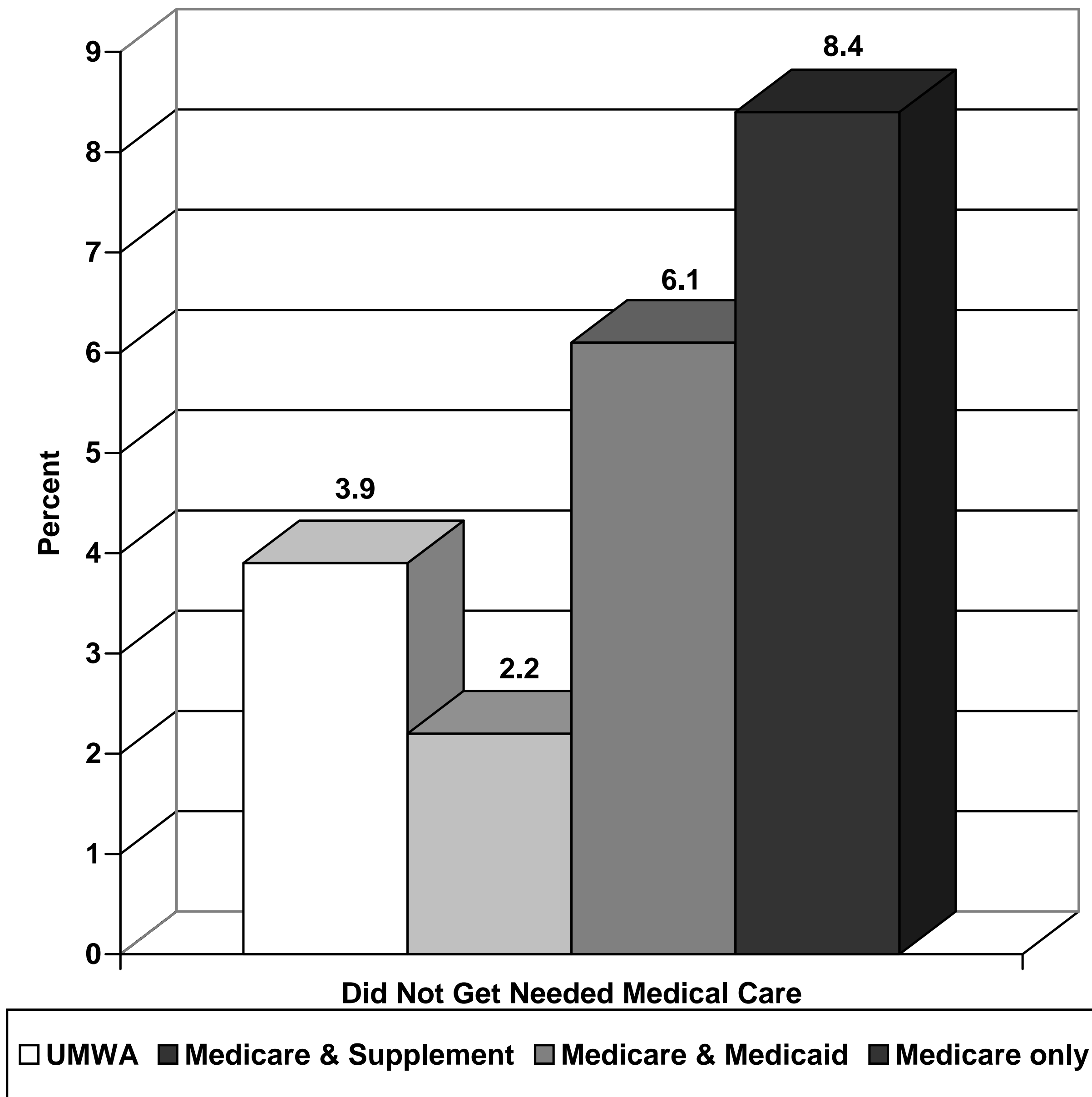
About 93.8 percent of all older adults with a usual place for medical care saw the same healthcare professional when they received care. However, those with Medicare & Medicaid were less likely to have a usual healthcare professional than those with other types of health insurance (see Figure 19).

Figure 19.
Older adults with Medicare & Medicaid were less likely to have a usual doctor or healthcare provider at their regular place for care.
West Virginia, 2001



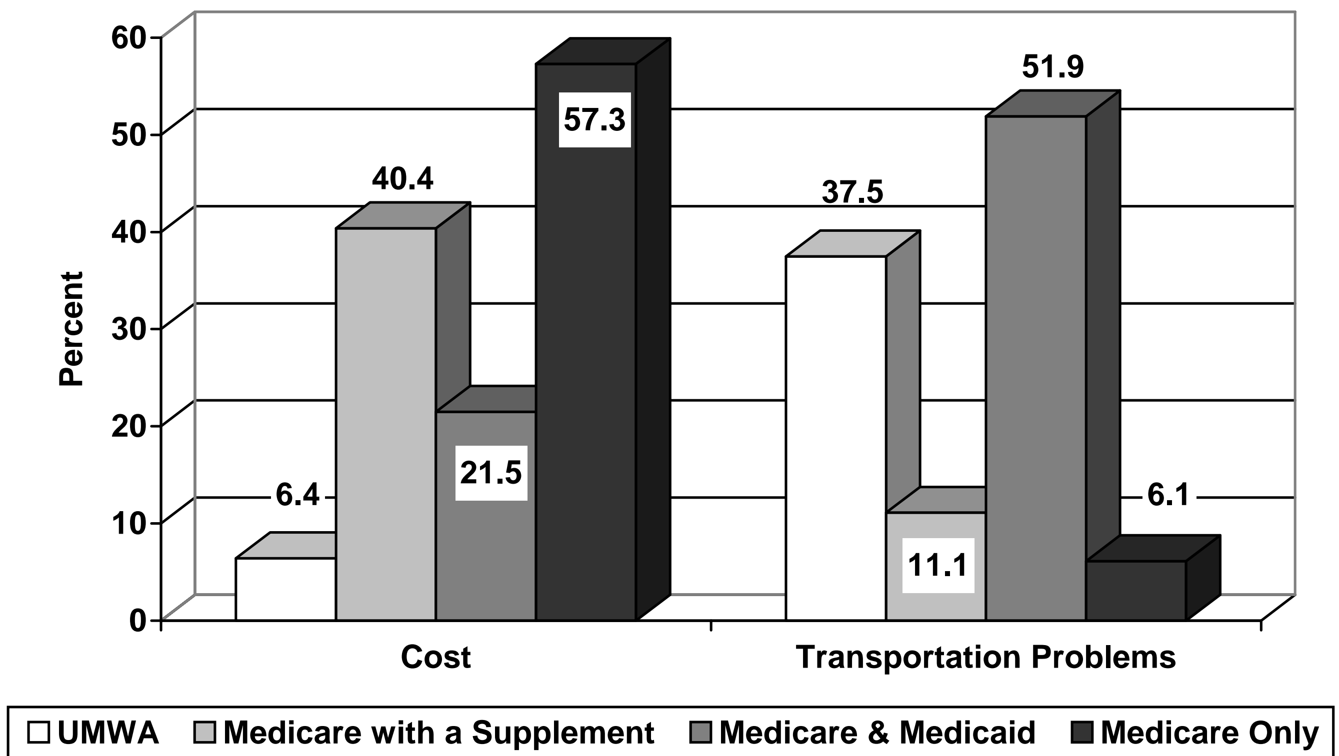
Most older adults in West Virginia (about 94.2 percent) were able to obtain needed medical care in the past year. However, this varied by type of health insurance. About 8.4 percent of those with Medicare only did not receive needed medical care – this is nearly four times the rate of those with Medicare & Supplement (see Figure 20).

Figure 20.
Older adults with Medicare only were least likely to get needed medical care.
Those with Medicare & Supplement were most likely to get needed medical care.
West Virginia, 2001



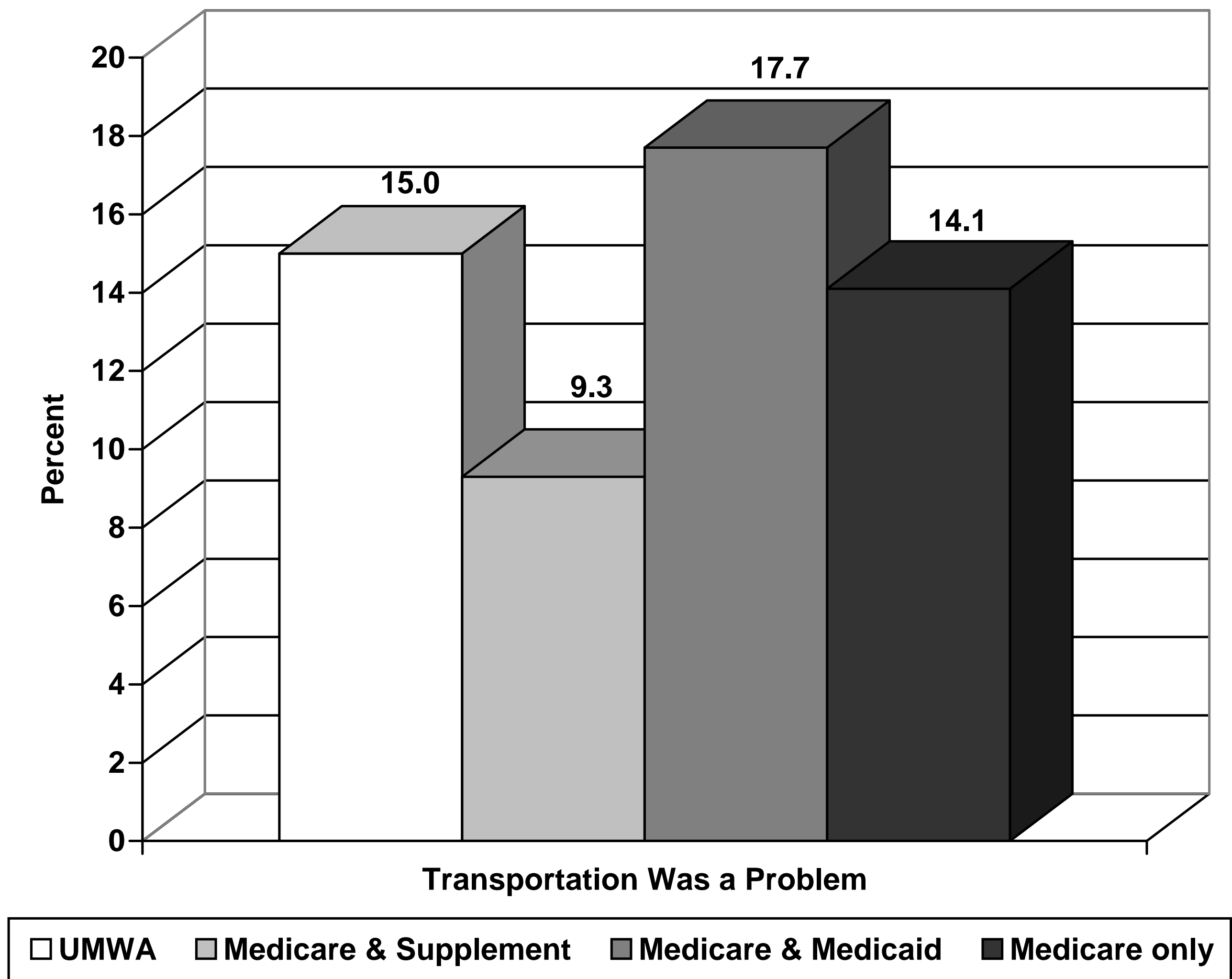
Reason for not getting needed medical care varied by type of health insurance. For those with UMWA, transportation problems and "other" reasons were the main reasons for not getting needed care. For those with Medicare & Supplement, cost was the main reason. For those with Medicare & Medicaid, cost and transportation problems were the main reasons. For those with Medicare only, cost and "other" reasons were the main reasons for not getting needed medical care (see Figure 21).

Figure 21.
Cost and transportation problems were the main reasons older adults did not get needed care.
West Virginia, 2001



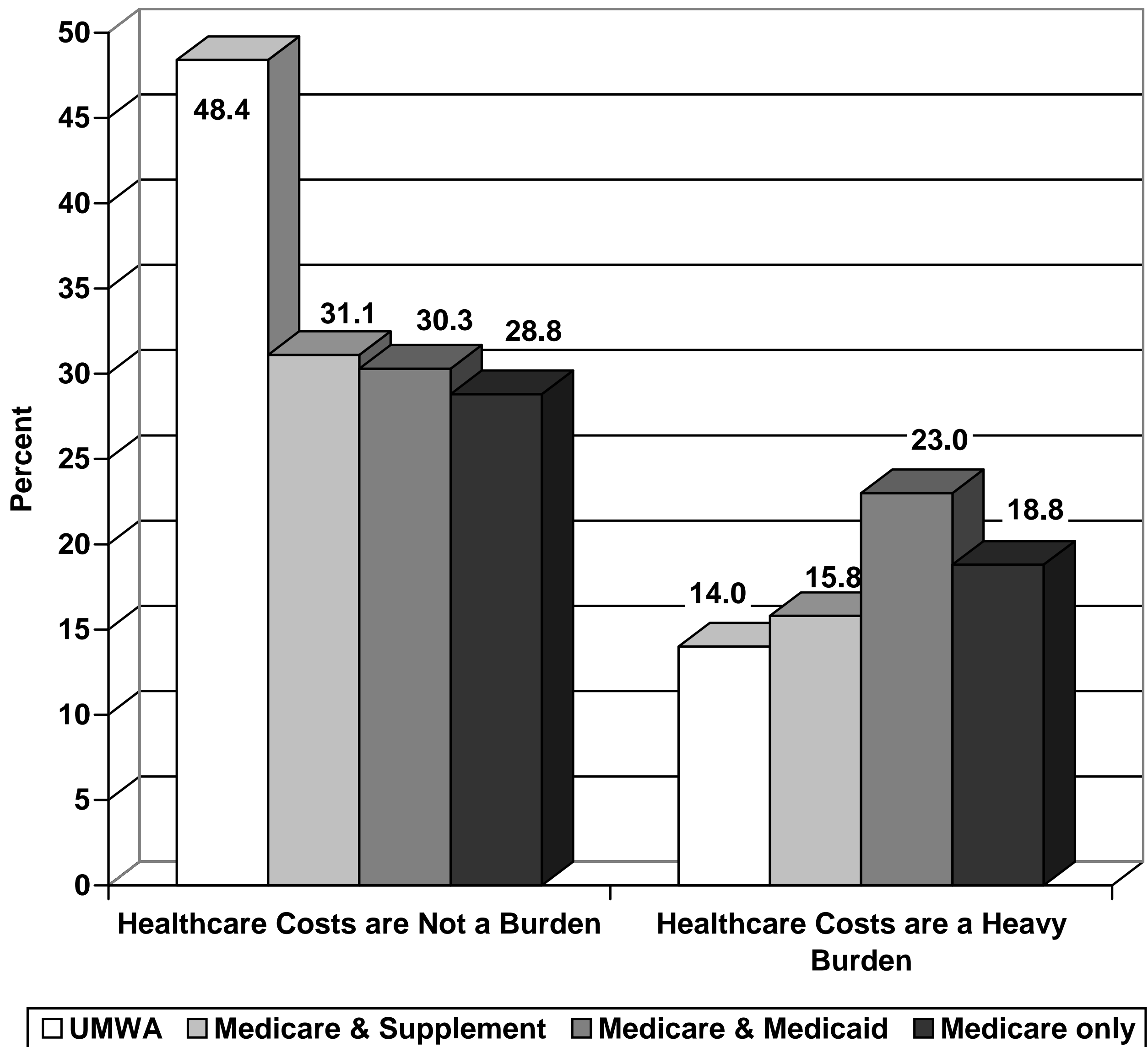
For about 86.1 percent of older adults, transportation was not a problem. It was the largest problem for those with Medicare & Medicaid – 17.7 percent said that it was a problem. It was the smallest problem for those with Medicare & Supplement – only 9.3 percent said it was a problem (see Figure 22).

Figure 22.
Transportation was a greater problem for older adults with Medicare & Medicaid.
West Virginia, 2001



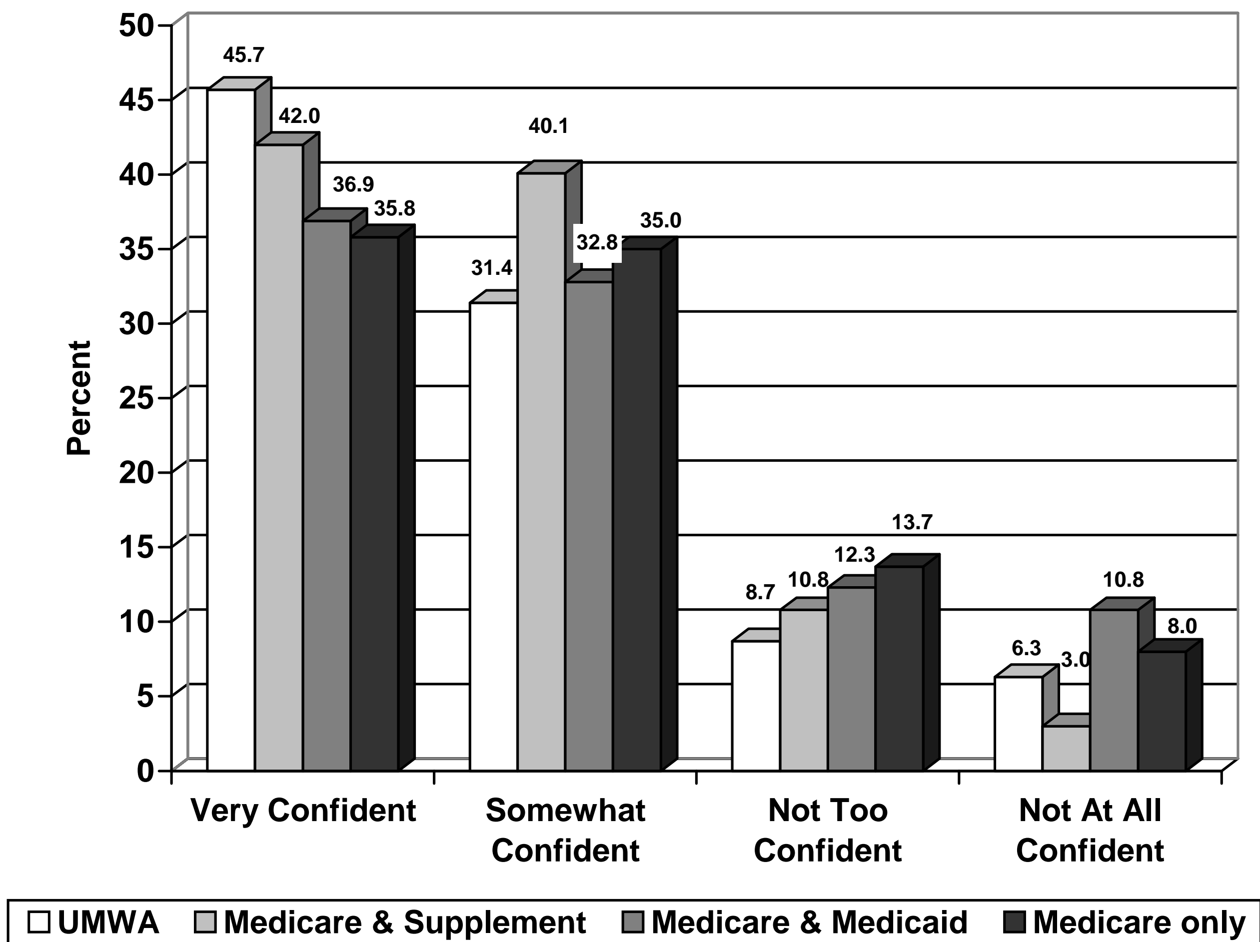
About 17.8 percent of older West Virginians found out-of-pocket healthcare costs to be a heavy or very heavy burden; however, this varied by insurance type. About 48 percent of those with UMWA found out-of-pocket expenses to be no burden at all. Those with Medicare & Medicaid were most likely to find healthcare costs to be a heavy burden – 23 percent (see Figure 23).

Figure 23.
Healthcare costs were less of a burden for those with UMWA.
West Virginia, 2001



About 39.4 percent of older West Virginians were very confident that they could pay for the healthcare expenses of all family members. About 18.3 percent were not too confident or not at all confident about the ability to pay for healthcare expenses. This varied by type of insurance. Older adults with Medicare & Medicaid or with Medicare only were less confident than those with Medicare & Supplement or UMWA (see Figure 24).

Figure 24.
Older adults with Medicare & Medicaid or Medicare only were less confident that they could pay for healthcare expenses.
West Virginia, 2001



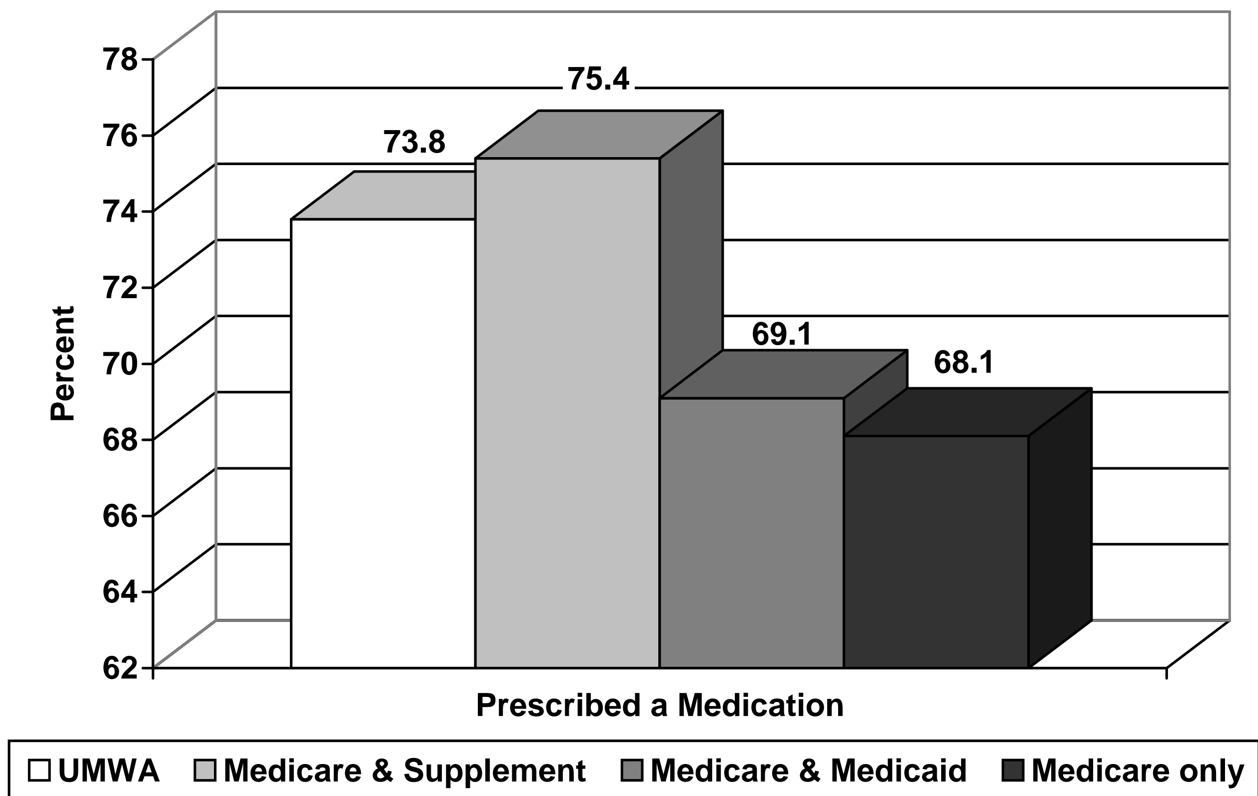
Does Type of Insurance Affect Older Adults' Utilization of Healthcare?

In this section of the report, we will discuss:

- Prescription drug use
- Ambulatory healthcare visits
- Hospitalization

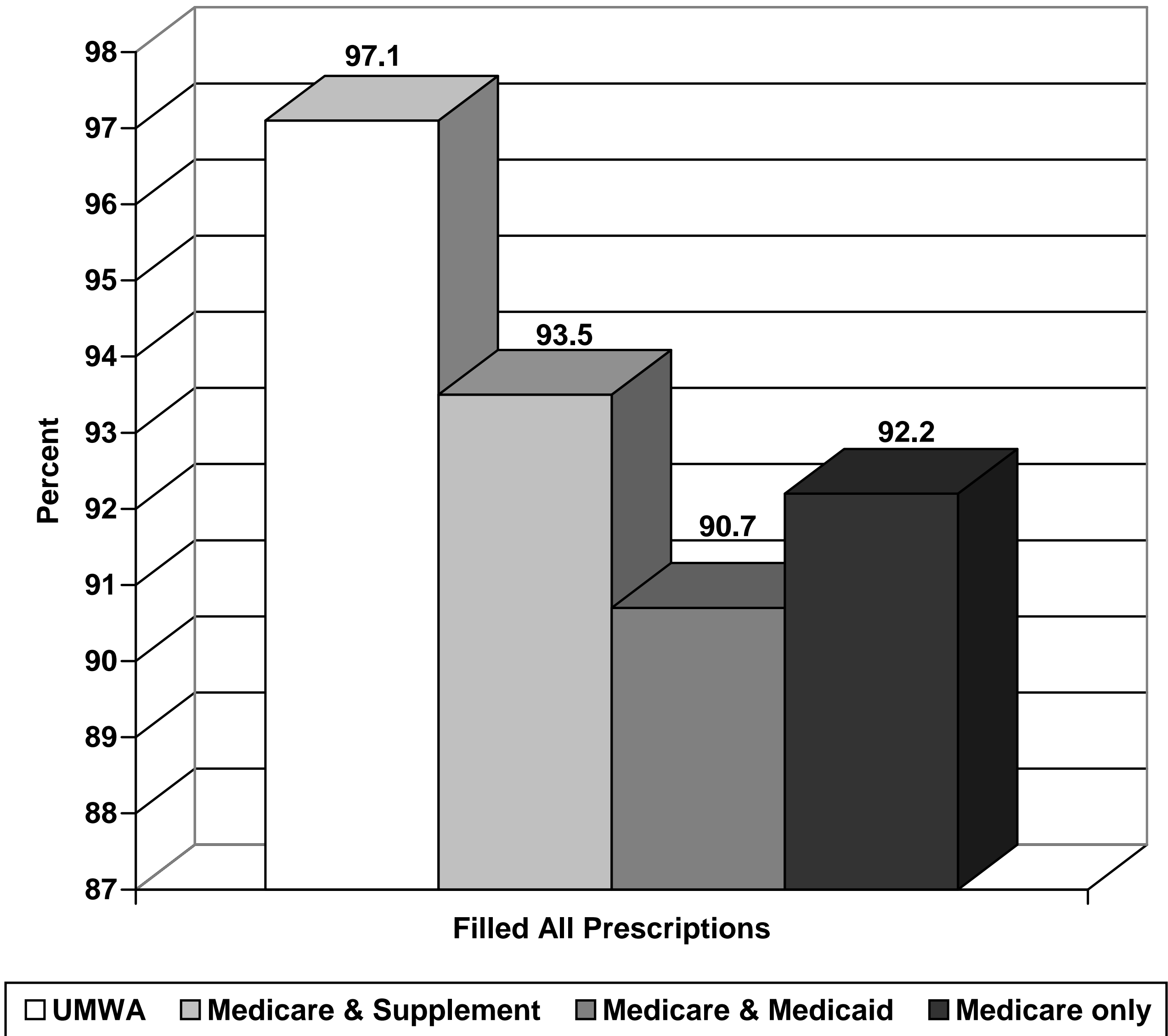
About 71.5 percent of older West Virginia adults were prescribed a medication during the past year. This represents an estimated 197,790 older adults. Older adults with Medicare only were least likely to have a medication prescribed for them. Those with Medicare & Supplement were most likely to have a medication prescribed (see Figure 25).

Figure 25.
Older adults with Medicare & Medicaid or Medicare only were less likely to have a medication prescribed.
West Virginia, 2001



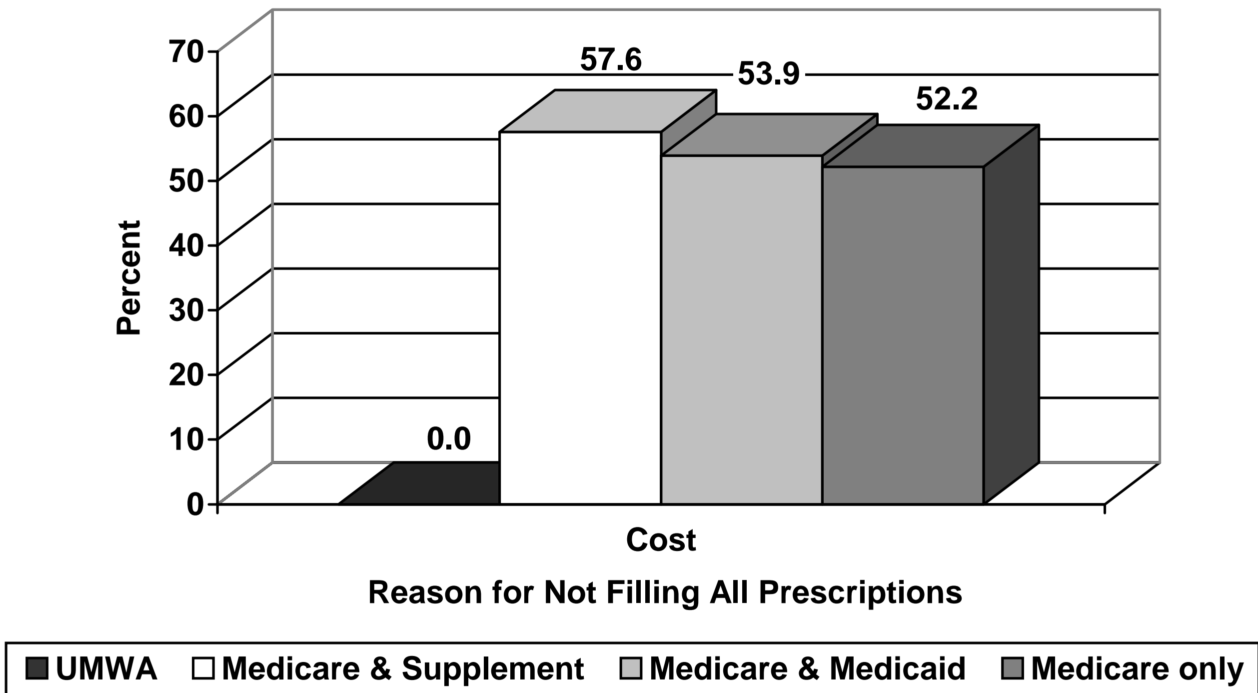
Of the older adults who were prescribed a medication, most filled all of their prescriptions – about 93 percent. Older adults with UMWA were most likely to have filled all of their prescriptions (97.1 percent). Those with Medicare & Medicaid were least likely to fill all of their prescriptions (90.7 percent). See Figure 26.

Figure 26.
Most older adults filled all of their prescriptions.
West Virginia, 2001



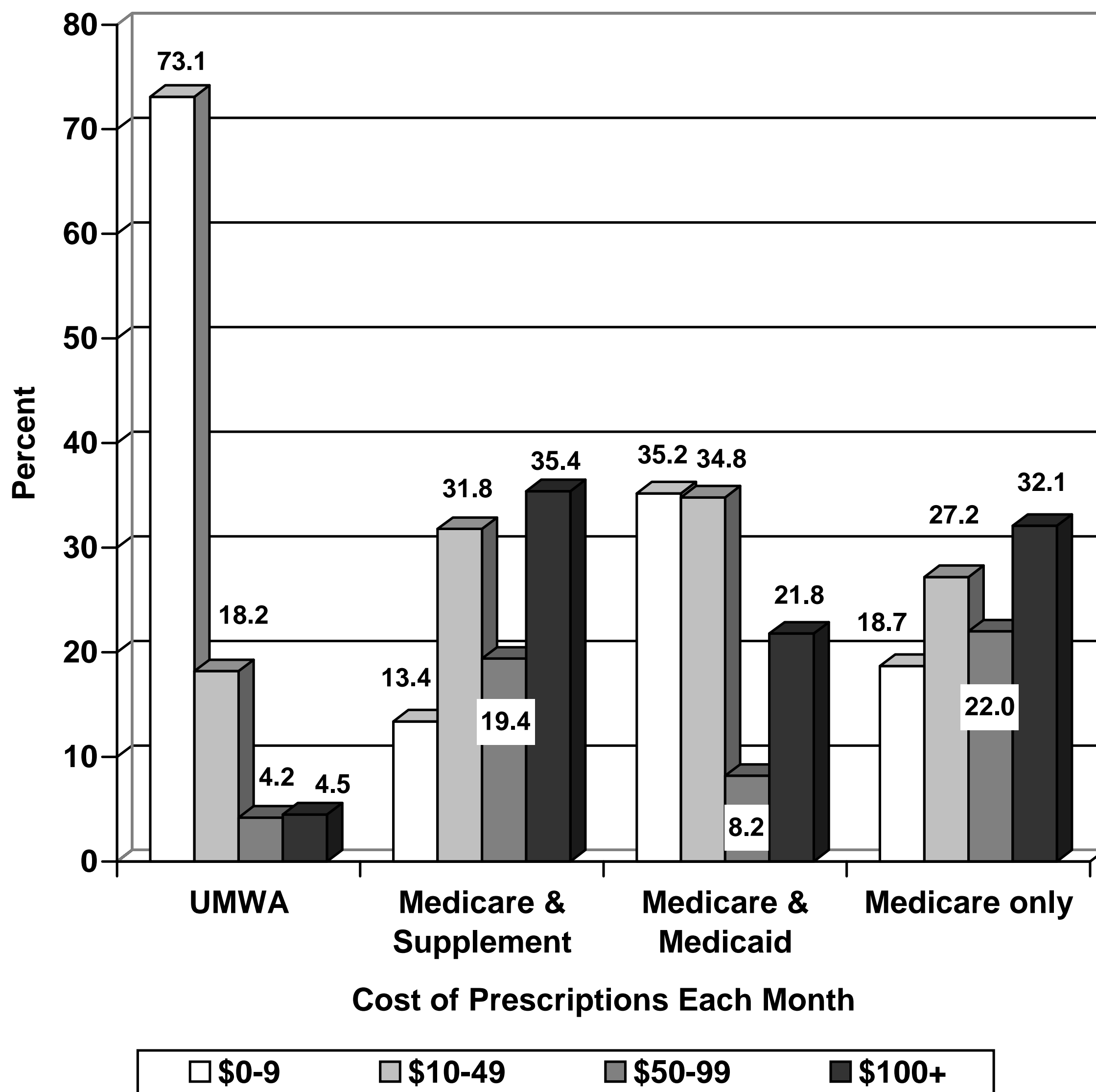
Of the approximately 7 percent of older West Virginians who did not fill all of their prescriptions, the most commonly cited reason was cost (51.9 percent). This varied by type of insurance. Older adults with UMWA did not cite cost as a reason – "other reasons" were why their prescriptions were not filled. For those with all other types of insurance, cost was the number one reason for not filling their prescriptions (see Figure 27).

Figure 27.
Cost was the main reason that most older adults did not fill all of their prescriptions.
West Virginia, 2001



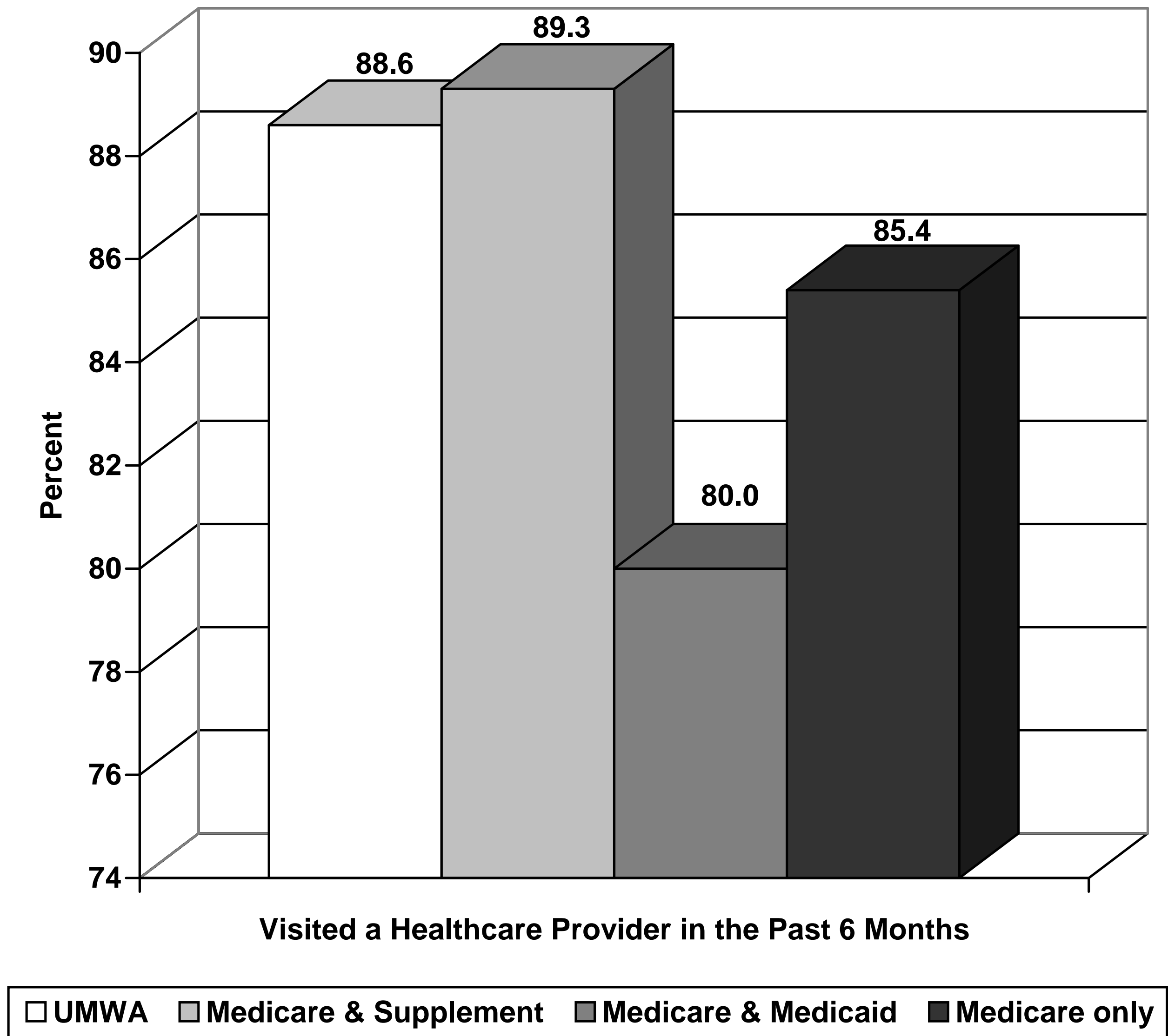
The cost each individual paid each month for his or her own prescription drugs varied by insurance type. Of those older adults who had prescriptions, those with UMWA usually paid $0-9 per month. Those with Medicare & Supplement or Medicare only usually paid $10-49 or $100+ each month. Those with Medicare & Medicaid usually paid $0-49 each month (see Figure 28).

Figure 28.
Older adults with UMWA paid the least for their prescription medications.
West Virginia, 2001



About 86.4 percent of all older adults had a visit to a doctor, physician's assistant or nurse practitioner in the past six months. Older adults with Medicare & Medicaid were less likely than older adults with other types of health insurance to have a visit (see Figure 29).

Figure 29.
Older adults with Medicare & Medicaid were less likely to visit a doctor, physician's assistant or nurse practitioner in the past six months.
West Virginia, 2001



Most visits to a healthcare provider took place in a physician's office (82.8 percent had at least one visit). The next most common site for healthcare visits was a hospital outpatient clinic (17.9 percent had at least one visit). About 15.4 percent of older adults had at least one visit to a hospital emergency room, 6.1 percent visited an urgent care center and 1.8 percent had a visit to a mental health center (see Table 3).

Table 3.
Ambulatory Healthcare Visits in Previous Six Months by Frequency and Site of Visit*
West Virginia, 2001

		Number** and Percentage*** of Older Adults in Each Category				
		Site of Visit				
Number of Visits		**Physician's Office**	**Hospital Outpatient Clinic**	**Urgent Care Center**	**Hospital Emergency Room**	**Mental Health Center**
1	**Percent of Sample**	20.0	9.0	3.1	10.1	0.4
	Estimated Number of Older Adults	52,609	24,230	8,409	27,735	1,000
2	**Percent of Sample**	24.8	4.1	1.8	3.3	0.7
	Estimated Number of Older Adults	65,127	10,971	4,792	9,136	1,893
3+	**Percent of Sample**	38.0	4.8	1.2	2.0	0.7
	Estimated Number of Older Adults	99,880	12,882	3,233	5,588	1,874
Total	**Percent of Sample**	82.8	17.9	6.1	15.4	1.8
	Estimated Number of Older Adults	217,616	48,083	16,434	42,459	4,767

Source: West Virginia Healthcare Survey, 2001

Key to Table:

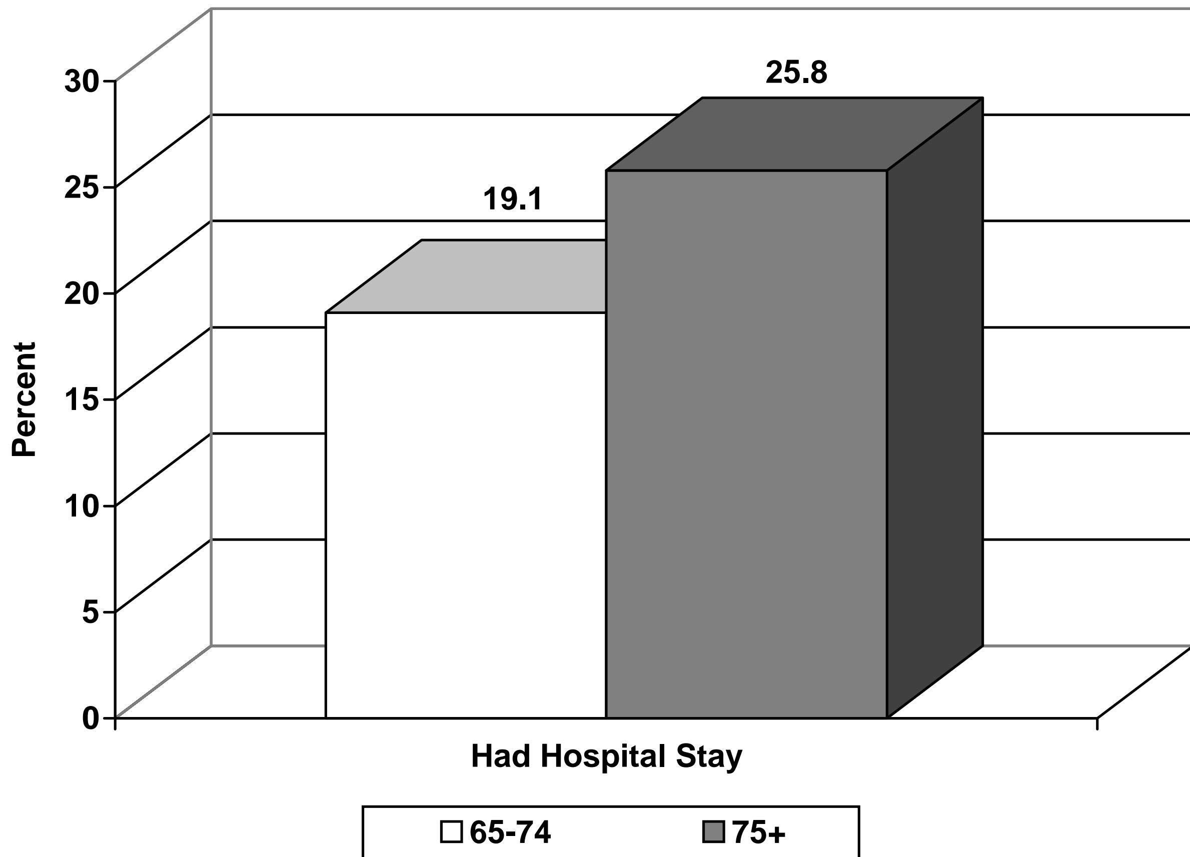
* Older adults may have had an ambulatory visit at more than one site, and therefore, only column percentages and estimates can be totaled.

** Estimates were calculated by multiplying the percent of older adults in each site of visit category by the West Virginia population, 65+ years (Census 2000).

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

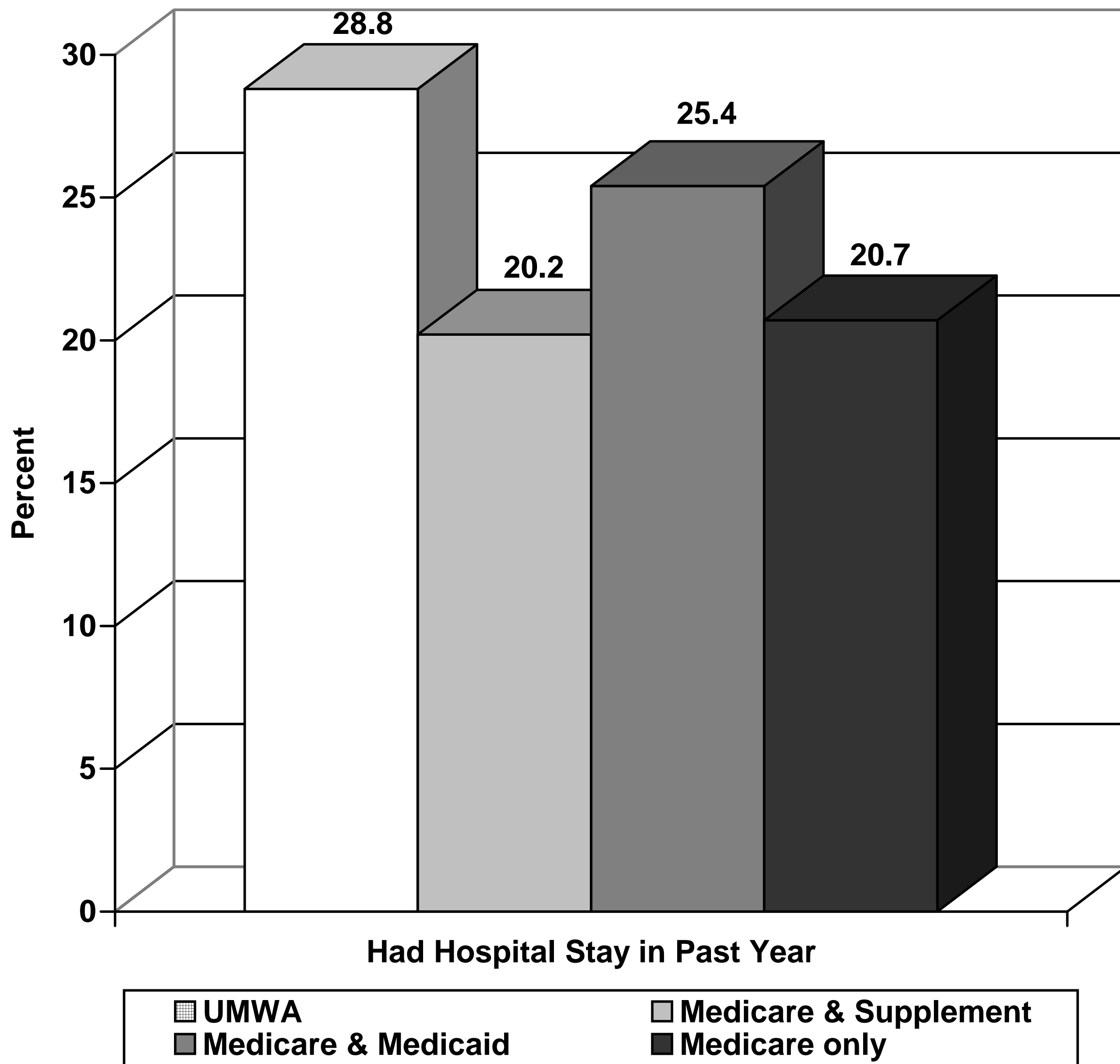
Older adults ages 65-74 were less likely than those age 75+ to have had an overnight hospital stay in the previous year (see Figure 30).

Figure 30.
Older adults ages 65-74 were less likely to have had an overnight hospital stay in the previous year.
West Virginia, 2001



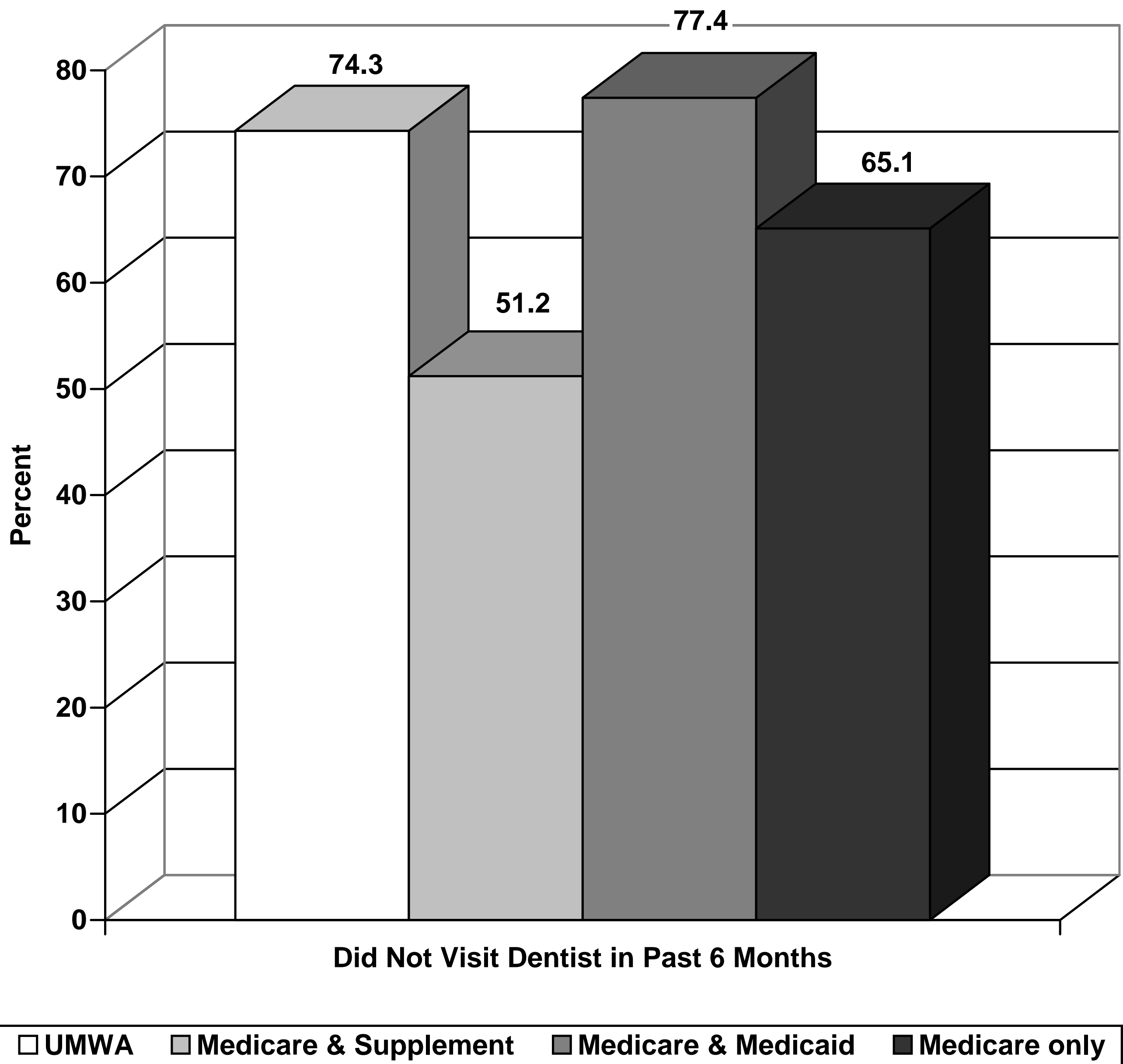
About 22.2 percent of all older West Virginia adults had a hospital stay during the past year. Older adults with Medicare & Supplement or Medicare only were less likely to be hospitalized than adults who had UMWA or Medicare & Medicaid (see Figure 31).

Figure 31.
Older adults with Medicare & Supplement or Medicare only were less likely to have a hospital stay in the previous year.
West Virginia, 2001



Most older West Virginians had not seen a dentist in the previous six months (63 percent). Those with Medicare & Supplement or Medicare only were more likely than others to have had a visit to a dentist (see Figure 32).

Figure 32.
Most older adults did not visit a dentist in the previous six months.
West Virginia, 2001



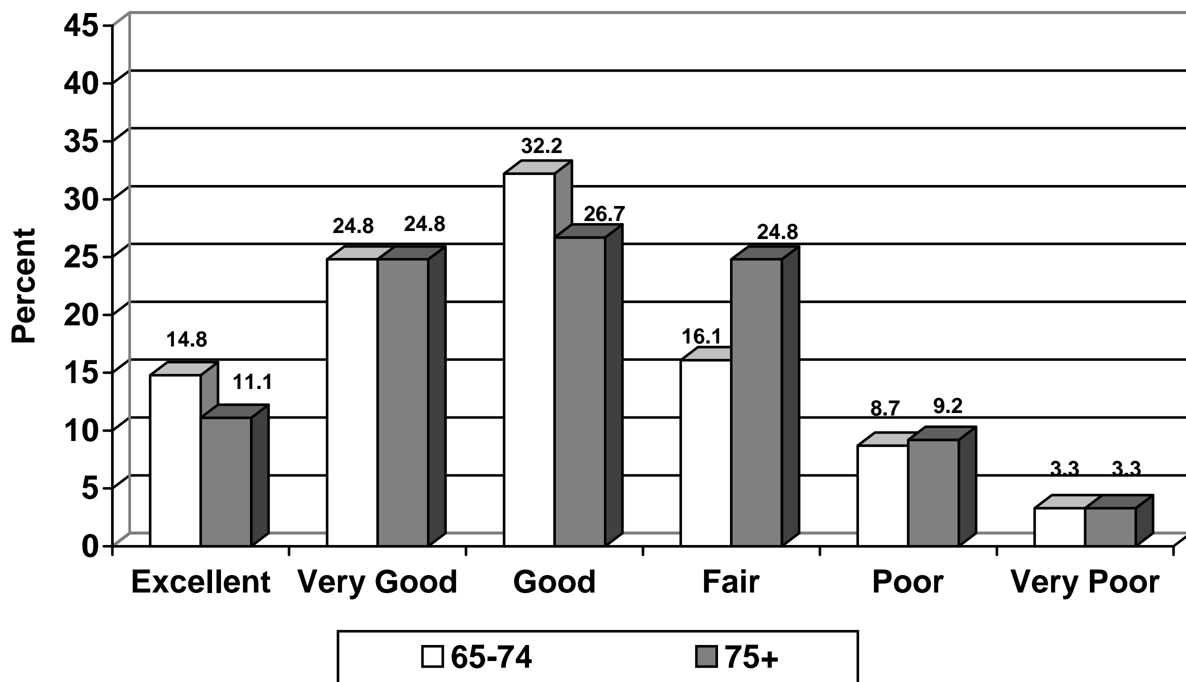
What Is the Health Status of Older Adults?

In this section, we will discuss:

- The overall health status of older adults
- Chronic conditions among older adults

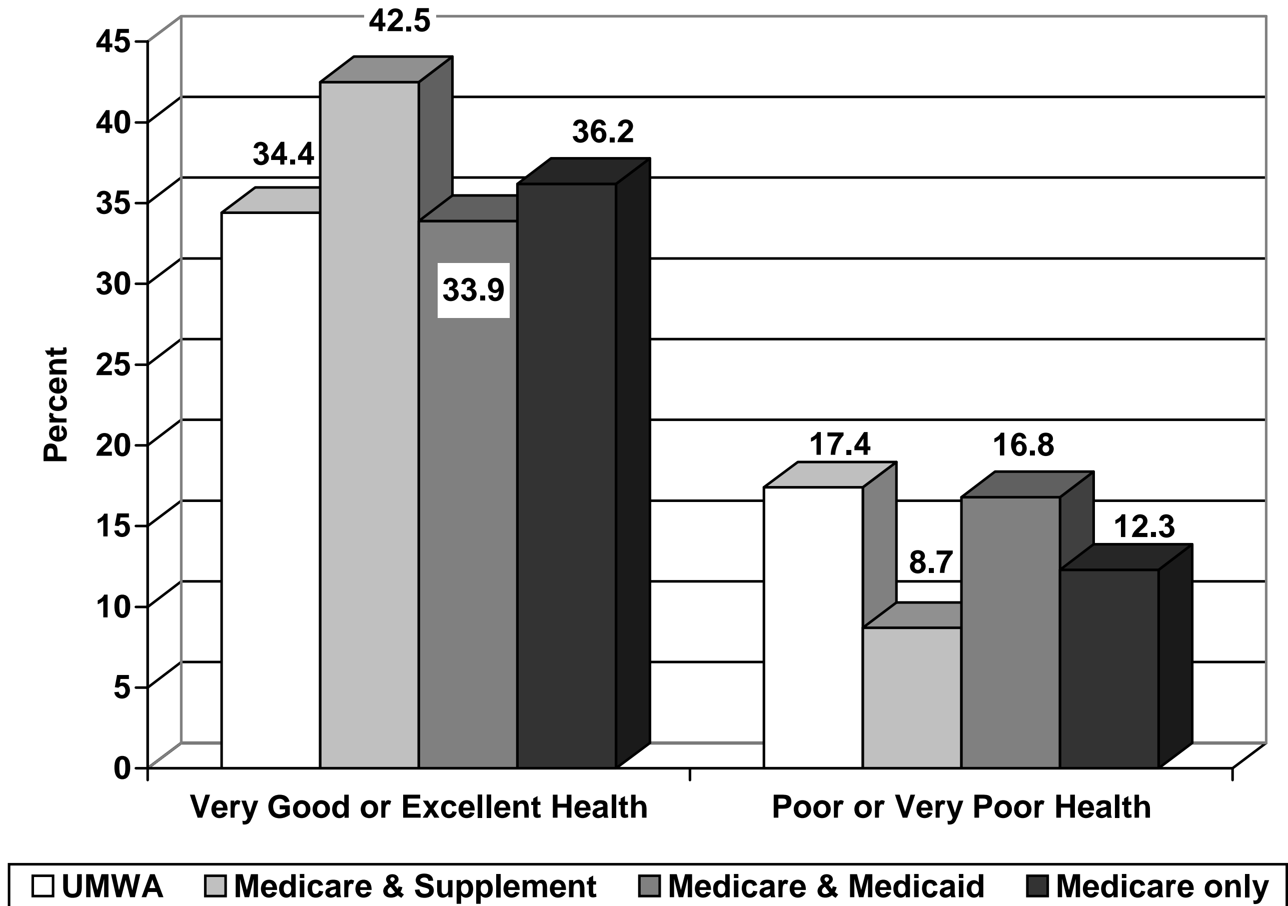
Most older adults (74.7 percent) reported themselves to be in fair to very good health in the past month. Rated health status varied somewhat by age group. Older adults ages 65-74 were somewhat more likely to be in very good to excellent health (see Figure 33).

Figure 33.
Older adults ages 65-74 were more likely to be in very good to excellent health.
West Virginia, 2001



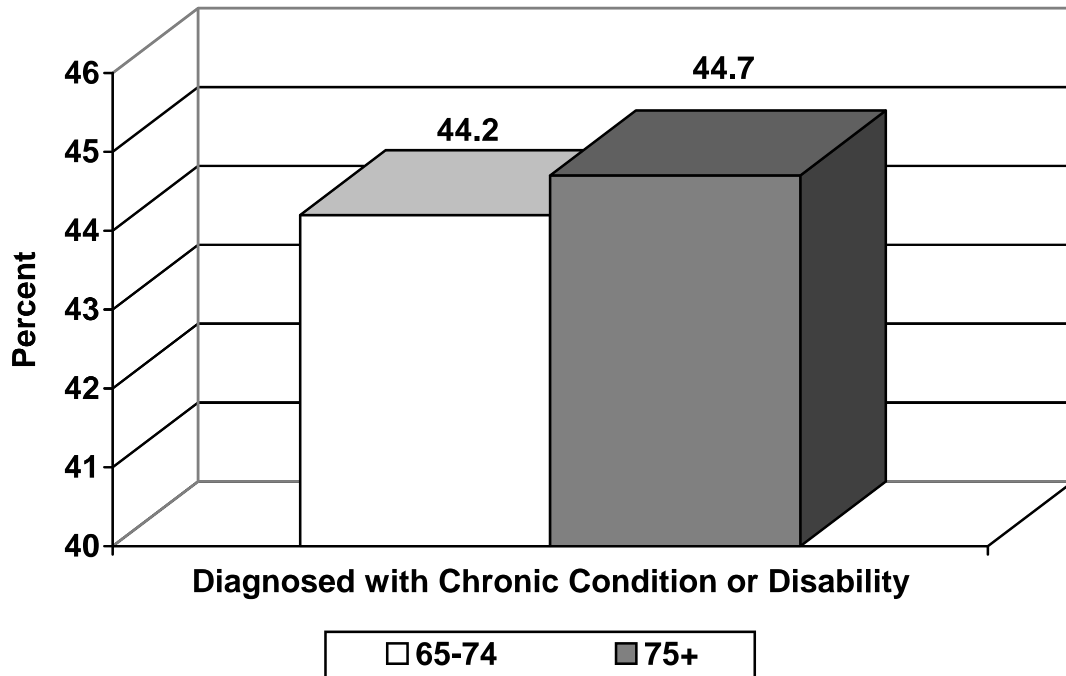
Rated health status also varied by type of insurance. Those with UMWA or Medicare & Medicaid were more likely to be in poor or very poor health. Older adults with Medicare & Supplement were more likely than others to be in excellent or very good health (see Figure 34).

Figure 34.
Older adults with Medicare & Supplement were most likely to be in very good to excellent health.
West Virginia, 2001



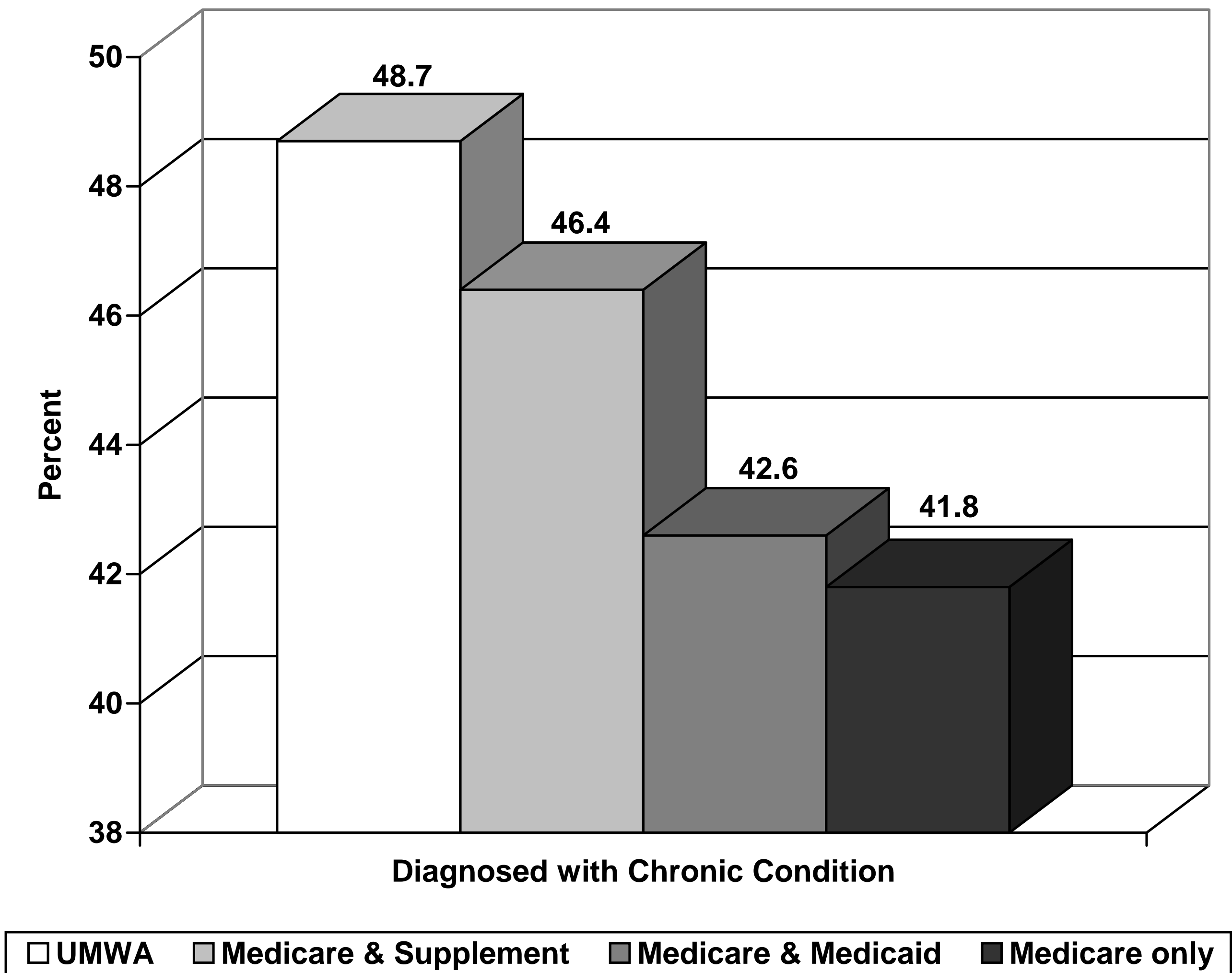
About 122,874 older West Virginia adults (44.4 percent) said they have been diagnosed with a chronic health condition or disability. Being diagnosed with a chronic condition or disability did not vary by age. Older adults ages 65-74 were equally as likely as those age 75+ to be diagnosed with a chronic health problem or disability – 44.2 percent versus 44.7 percent (see Figure 35).

Figure 35.
Being diagnosed with a chronic condition does not vary with age.
West Virginia, 2001



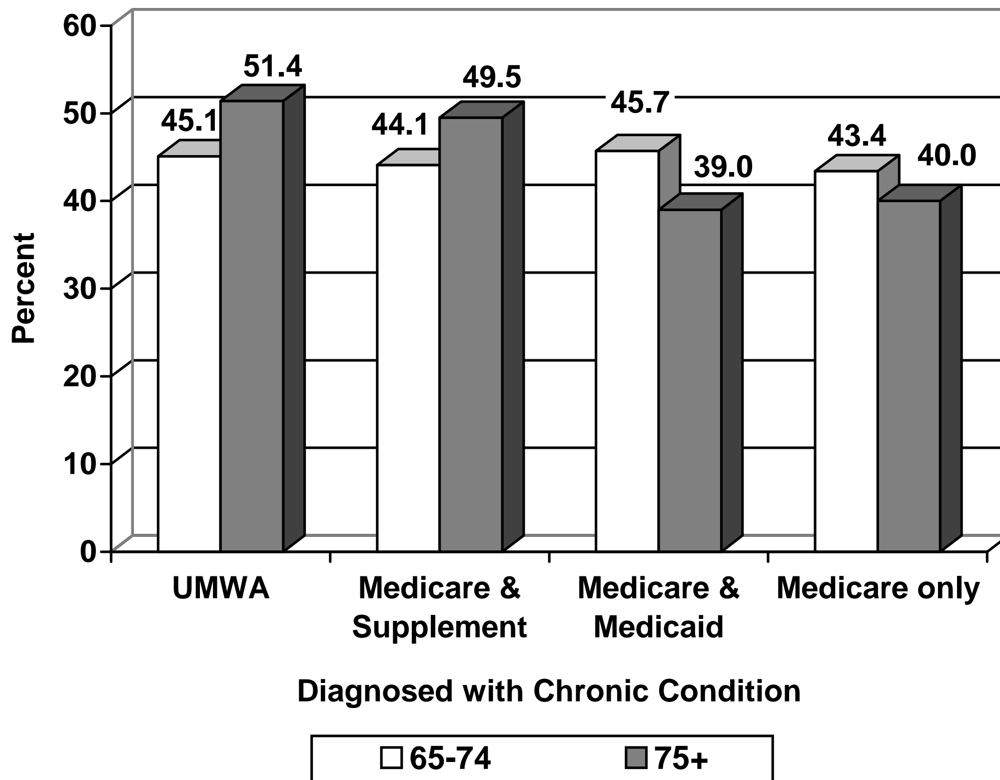
Those with UMWA were most likely to be diagnosed with a chronic health condition or disability (48.7 percent), while those with Medicare only were least likely to be diagnosed with one (41.8 percent). See Figure 36.

Figure 36.
Older adults with UMWA were more likely to be diagnosed with a chronic health condition or disability.
West Virginia, 2001



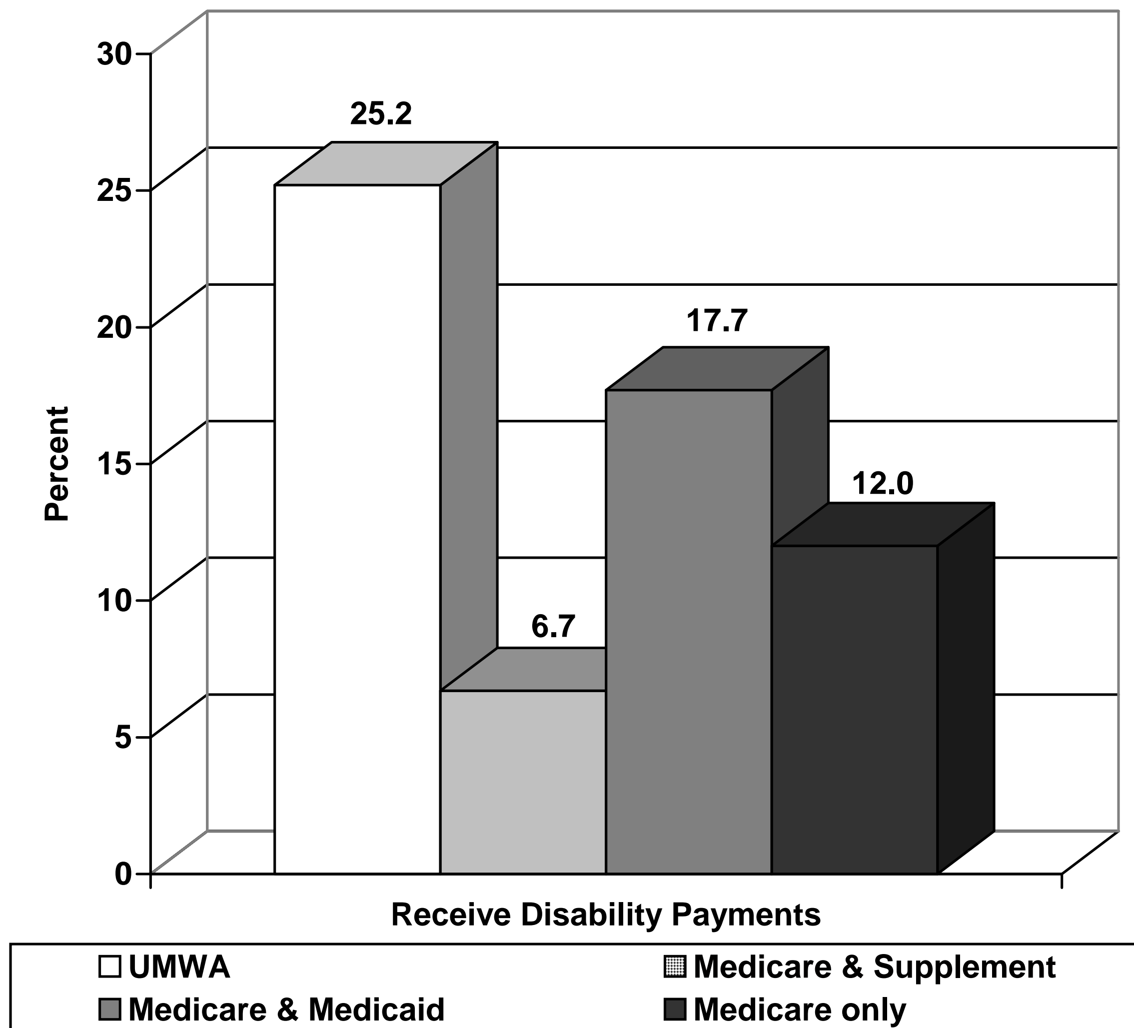
Older adults with UMWA and Medicare & Supplement age 75+ were more likely to be diagnosed with a chronic condition or disability than older adults ages 65-74. This trend reverses for those with Medicare & Medicaid and Medicare only. For these adults, those ages 65-74 were more likely to be diagnosed with a chronic condition or disability (see Figure 37).

Figure 37.
Diagnosed with Chronic Disability by Age and Insurance Type
West Virginia, 2001



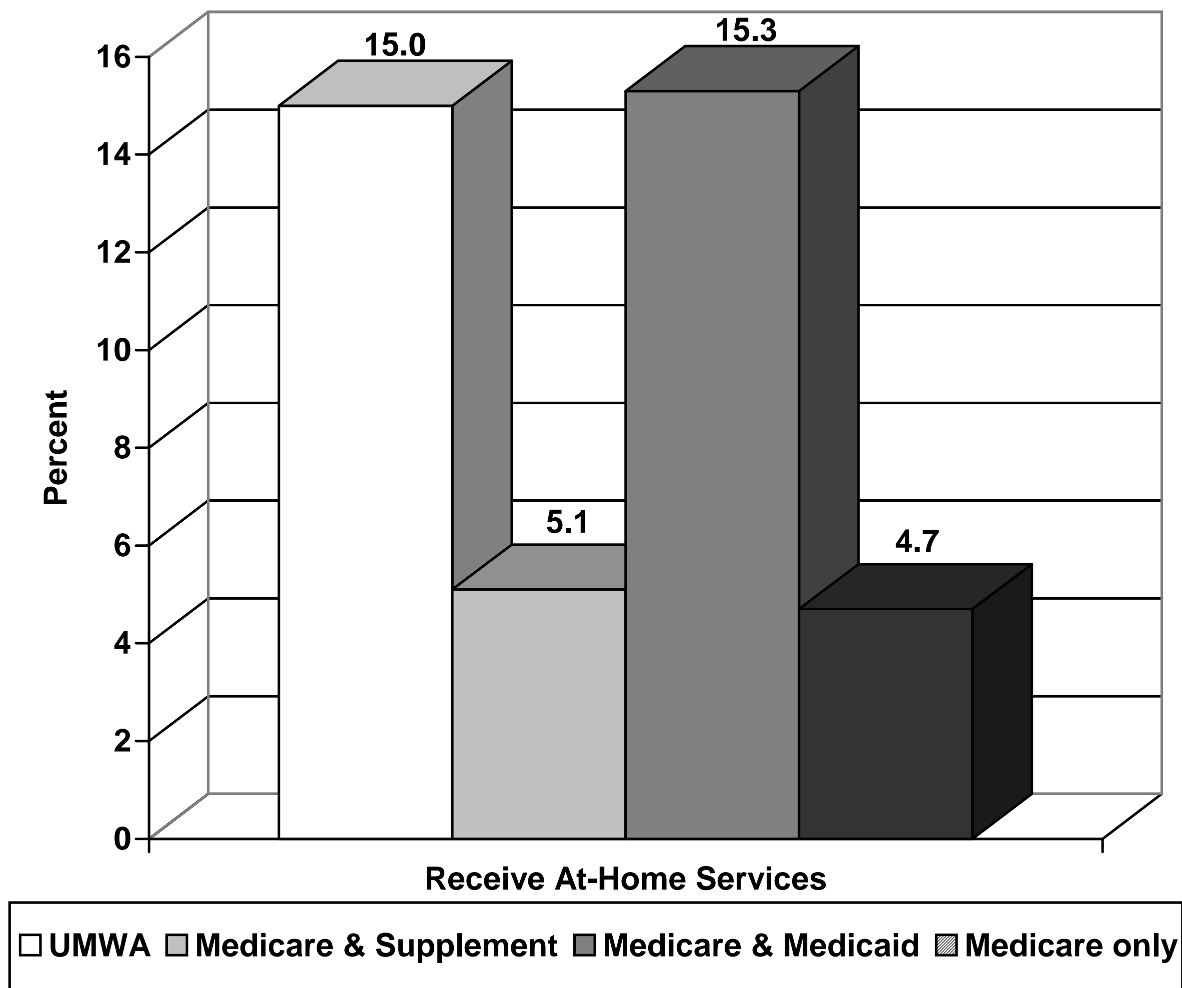
Of those older adults diagnosed with a chronic health problem or disability, 12.5 percent (approximately 15,295 older adults) received disability payments for the condition. This percentage varied by type of insurance. Those with UMWA were most likely to receive payment (25.2 percent), while those with Medicare & Supplement were least likely to receive payment (6.7 percent). See Figure 38.

Figure 38.
Older adults with UMWA were more likely to receive payments for a chronic health condition or disability.
West Virginia, 2001



About 7.7 percent of older adults (approximately 9,467) with a chronic health condition or disability received services at home because of that condition. Those with UMWA and Medicare & Medicaid were about three times more likely than others to receive at-home services (see Figure 39).

Figure 39.
Older adults with UMWA or Medicare & Medicaid were more likely to receive at-home services because of their chronic health condition or disability.
West Virginia, 2001



Summary

The most remarkable finding of the third survey report, *Health Insurance in West Virginia: The Older Adult Report*, is that even though virtually every West Virginian over 65 years of age is covered by health insurance, there are significant differences in their access and use of healthcare services, as well as their health status. These differences appear to be a product not only of their life circumstances, but also of their specific type of Medicare insurance.

Findings about older citizens' experiences with healthcare services include:

- While 93 percent of older West Virginians had a usual place to go for healthcare, those with Medicare & Supplement were substantially more likely to have a usual place (95.1 percent) than those with Medicare only (90 percent).

- For 78.3 percent of older adults, that usual place was a physician's office, but here again, there are differences – UMWA was the lowest at 70.4 percent in a physician's office and Medicare & Supplement was the highest at 83.7 percent. Of those with a usual place for care, 94 percent saw the same provider. Of the 86.4 percent who had visited a provider in the last six months, provider visits for Medicare & Medicaid were the lowest at 80 percent.

- About 63 percent of older adults had not seen a dentist in the last six months. The most likely to have seen a dentist were those with a Medicare & Supplement (51.2 percent), and the least likely were those with Medicare & Medicaid (77.4 percent).

- About 93 percent of older adults with UMWA had prescription drug coverage, compared to 67 percent of all older West Virginians.

- Older adults with Medicare only were the least likely to get medical care (8.4 percent) when they needed it, while only 2.2 percent of those with Medicare & Supplement did not get needed medical care.

- For 48.4 percent of those on UMWA, healthcare costs were not a burden. However, only 28.8 percent of those on Medicare only found costs were not a burden.

- About 75.1 percent of older adults were prescribed a prescription drug. Of those, 93 percent filled all of their prescriptions, although the least likely to do so were those with Medicare & Medicaid (90.7 percent). Those insured by UMWA paid the least for their prescriptions, with slightly over 73 percent paying $0 to $9. Those with Medicare only paid the most – nearly a third (32.1 percent) paid over $100. For those that did not fill all of their prescriptions, 51.9 percent cited cost as the main reason for not doing so.

- Approximately 22.2 percent of older adults had an overnight hospital stay during 2001, with UMWA having the most (28.8 percent) and Medicare & Supplement and Medicare only substantially less at 20.2 and 20.7, respectively.

- Older adults insured by UMWA were the most likely to have been diagnosed with a chronic health condition or disability (48.7 percent, compared to 44.4 percent overall). Those with UMWA were twice as likely as their peers (25.2 versus 12.5 percent, respectively) to receive disability payments. Older adults with UMWA and Medicare & Medicaid were the most likely to receive in-home services (15.0 and 15.3 percent, respectively).

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 8 ½ 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 Healthcare 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.