

# Health Insurance in West Virginia: The Children's Report



West Virginia University

INSTITUTE FOR HEALTH POLICY RESEARCH

**Robert C. Byrd Health Sciences Center**

Charleston Division  
3110 MacCorkle Avenue SE  
Charleston, WV 25304-1299

**This report was prepared by:**

Sally K. Richardson, Executive Director  
Raymond L. Goldsteen, Dr.P.H., Director of Research  
Robert Fulda, Dr.P.H.  
West Virginia University Institute for Health Policy Research

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

**April 2002**

**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)  
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 Stottlemeyer, 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	7
What Is the Health Insurance Status of Children in West Virginia?	9
Which Children Are More Likely to be Uninsured?	20
Why Are Some Children Uninsured?	25
Does Being Uninsured Affect Children’s Access to Healthcare?	28
Does Being Uninsured Affect Children’s Utilization of Healthcare Services?	35
What Is the Health Status of Uninsured and Insured Children?	39
Summary	42
Appendix:	44
Study Methods	
Sample Design and Selection	
Data Collection	
Interviewer Training and Preparation	
Computer Assisted Telephone Interviewing	
Sample Control	
Definitions and Terms	

## Executive Summary

The West Virginia Healthcare Survey is the largest and most comprehensive survey of health insurance ever completed in this state. The survey was commissioned by the leadership of the state agencies that pay for, provide or regulate the healthcare delivery system. The survey was conducted in order 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 coverage of the uninsured and profiles their employers. It examines how people use the healthcare system, and whether or not their access is impacted by their health insurance status. The survey will give the state's healthcare programs new information about who, where and even how to target populations that are most in need.

The first report based on the West Virginia Healthcare Survey, *Health Insurance in West Virginia: The Children's Report*, includes the following findings:

- 6.6 percent of West Virginia's 427,879 children under 19 years of age (28,371 children) are without health insurance on any given day
- At least another 28,000 have insurance that only pays for catastrophic illnesses or healthcare costs
- Nearly 60,000 children in West Virginia are likely to have been without health insurance for part or all of last year
- While nearly 59 percent of children are insured through a family member's employment, 31 percent depend on public programs – primarily Medicaid and the Children's Health Insurance Program (CHIP) – for their healthcare coverage
- Approximately 80 percent of uninsured children are between the ages of 6 and 18
- Children in low-income working families are disproportionately more likely to lack insurance
- While the good news is that 93 percent of the state's children have a usual source of medical care, nearly 26 percent of our uninsured children do not
- Uninsured children are substantially less likely to have seen a doctor in the last half of 2001 than insured children

Our state does better than the national average (11.2 percent) in making sure that most of our children are insured, but the second survey report about adults, ages 19 to 64, will tell a very different story. It will show that one out of every five adult West Virginians has no health insurance.

## Introduction

The West Virginia Healthcare Survey was undertaken to learn about West Virginians who do not have health insurance – who they are, what the circumstances of their lives are 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 Children's Report* is the first in a series of reports that will be released over the next several months about health insurance in the state. *The Children's Report* paints a broad picture of the health insurance issue among children 0 to 18 years old. It provides information about the participation of children in health insurance and in the healthcare system of our communities and state. It indicates that substantial progress in improving coverage for children has occurred in our state, but concerns remain.

The Institute's second report is on our adult population, 19 to 64 years old, and a third report on our adult population over 65 years old will follow shortly. There will be two reports on the adult population because the health insurance situation is vastly different for people 65 and older, virtually all of who are eligible for health insurance through the Medicare program. Once 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 will also establish a website where all reports will be available to the public.

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 of 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. This adult respondent provided all information about one, randomly selected child, 0 to 18 years old, in the household. This information included the child's health insurance status, his or her access to healthcare, his or her utilization of healthcare and his or her health status. The survey provides information about 5,291 West Virginian children. Since over 93 percent of the responding adults were the child's parent, we refer to these adults as parents throughout the report.

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 matches the 2000 Census. Finally, the data were adjusted to account for households without telephone service – approximately 12 percent of all West Virginia households with a child under 19 years old, according to the Current Population Surveys for 2000 and 2001. The 95% confidence interval for state-level estimates in the report is less than  $\pm 2$ . For the uninsured rate, the confidence interval is  $\pm 1$ . 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 more detailed discussion of the study design and data collection can be found in the Appendix.

One other methodological issue should be noted. There were 427,879 children in West Virginia at the time of the 2000 Census (per **Census 2000 Summary File 2; 100 Percent Data, Table PCT3 Sex by Age: Total Population**; accessed May 2003). Therefore, the estimates of number of children contained in this report will total 427,879, except where information is missing for some children. In cases where information is missing, the denominator for the percentages and the estimated number of children reported will differ from the 2000 Census figure.

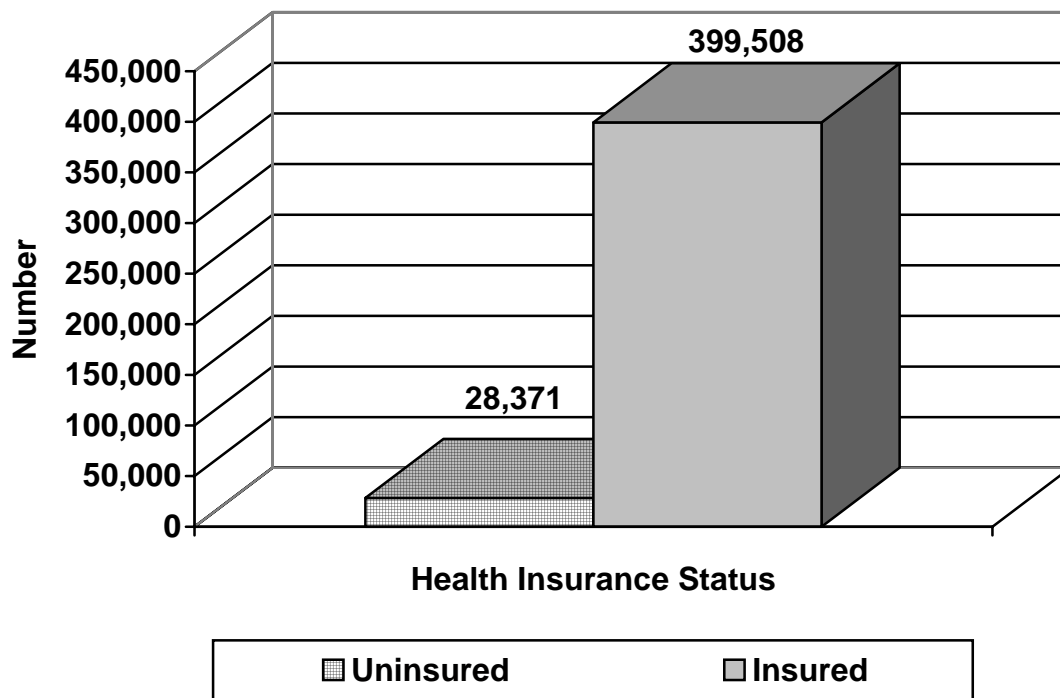
## What Is the Health Insurance Status of Children in West Virginia?

This section of the report will discuss:

- How many children were uninsured at a point in time during the past year
- What counties and Public Health Service Regions had the highest percentage of uninsured children
- How many children were not insured for some or all of the past year
- How long uninsured children were without healthcare coverage
- What kinds of health insurance *insured* children had
- How satisfied adults were with their children's health insurance

On any given day in the past year, 6.6 percent of West Virginia's children were without health insurance. Although this percentage is not large, it represents an estimated 28,371 children (see Figure 1).

**Figure 1.**  
**Estimated Number of Uninsured Children on Any Given Day**  
**West Virginia, 2001**



Some counties had a higher percentage of uninsured children than others. Over 11 percent of children in Pocahontas, Wayne, Calhoun, Lewis, Mingo and Summers counties were uninsured at some point in time during the past year. Counties with the lowest percentage of uninsured children were Ritchie, Wirt, Doddridge, Kanawha, Marshall, Boone, Brooke, Pendleton and Harrison – each with less than 4 percent uninsured (see Table 1). In all counties, most uninsured children were living in households that were at or below 250 percent of the Federal Poverty Level (FPL).

<b>County</b>	<b>Percent of Children Uninsured*</b>	<b>Estimated Number of Uninsured Children**<sup>a</sup></b>	<b>Estimated Number of Uninsured Children At or Below 250% FPL***<sup>b</sup></b>
Pocahontas	12.3	245	224
Wayne	12.3	1,308	1,034
Calhoun	12.0	216	207
Lewis	12.0	477	431
Mingo	11.5	838	566
Summers	11.1	315	315
Morgan	10.8	376	285
Randolph	10.3	688	653
Preston	9.8	719	236
Upshur	9.6	547	547
Roane	9.5	361	336
Wood	9.5	2,030	1,624
Mineral	9.3	630	251
Taylor	9.1	356	356
Mercer	9.0	1,268	1,268
Hampshire	8.7	466	295
Cabell	8.4	1,765	1,218
Raleigh	8.3	1,497	1,395
Logan	7.9	704	654
Fayette	7.9	868	706
Barbour	7.5	285	255
Wetzel	7.5	334	334
Monongalia	7.4	1,269	1,144
Gilmer	7.2	115	115
Hancock	7.1	507	443
Monroe	6.9	214	196
Tucker	6.9	113	103
Putnam	6.8	924	486
Lincoln	6.7	373	327

**Table 1 (continued).  
Percent and Number of Children Without Health Insurance by County  
West Virginia, 2001**

County	Percent of Children Uninsured*	Estimated Number of Uninsured Children**, <sup>a</sup>	Estimated Number of Uninsured Children At or Below 250% FPL***, <sup>b</sup>
Hardy	6.4	200	200
McDowell	6.2	416	373
Berkeley	6.1	1,250	1,084
Jackson	6.1	430	340
Jefferson	6.1	651	651
Pleasants	6.1	115	88
Wyoming	6.0	363	231
Nicholas	5.6	365	324
Webster	5.3	125	103
Greenbrier	5.2	414	306
Tyler	5.1	120	93
Clay	4.9	138	94
Braxton	4.4	155	155
Ohio	4.4	480	480
Mason	4.3	266	249
Grant	4.2	114	82
Marion	4.1	516	516
Ritchie	3.8	95	81
Wirt	3.7	58	46
Doddridge	3.6	72	60
Kanawha	3.6	1,626	772
Marshall	2.5	217	217
Boone	2.1	133	133
Brooke	1.5	82	0
Pendleton	1.0	19	19
Harrison	#	#	#
Total	6.6	28,228	22,701

Source: West Virginia Healthcare Survey, 2001

Key to Table:

\* This is the percent of children in the West Virginia Healthcare Survey who were uninsured in each county

\*\* Estimates were calculated by multiplying the percent of uninsured children in the survey by the West Virginia population, 0-18 years, in each county (Census 2000).

\*\*\* Estimates were calculated by multiplying the percent of uninsured children at or below 250% FPL in the survey by the number of children estimated to be uninsured in each county (from \* above).

# Too few observations to perform calculations.

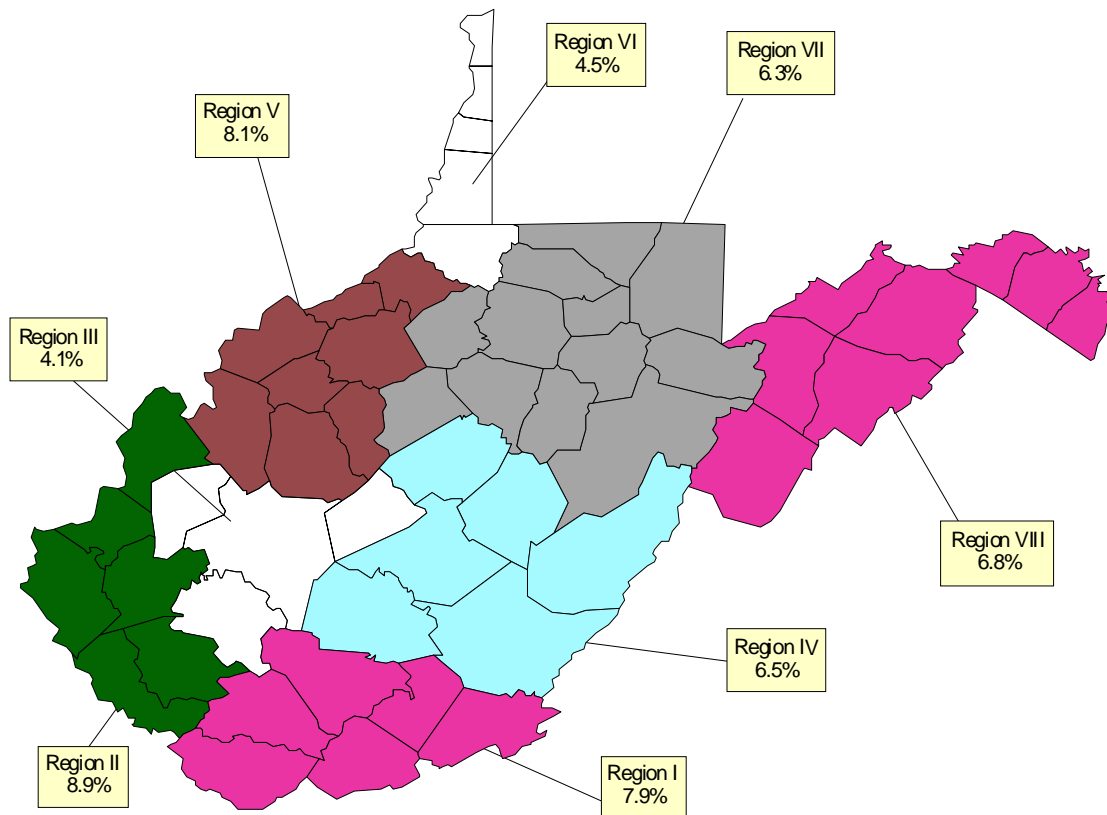
<sup>a</sup> Estimates have not been adjusted for differential telephone coverage in the counties.

<sup>b</sup> The data used to calculate these estimates exclude children with unknown household income.

The numbers in this table may differ slightly from future calculations because of refinements in weighting that have been made since this report was originally prepared.

The Public Health Service Regions with the highest percent of uninsured children were Regions II and V, in the southwest and west-central parts of the state (see Map 1). In these regions of the state, more than 8 percent of children were without health insurance. The regions with the lowest child uninsured rates were Region III (Kanawha Metropolitan) and Region VI (Northern Panhandle), with less than 5 percent of children uninsured.

**Map 1.**  
**Percent of Uninsured Children in Each Public Health Service Region**  
**West Virginia, 2001**

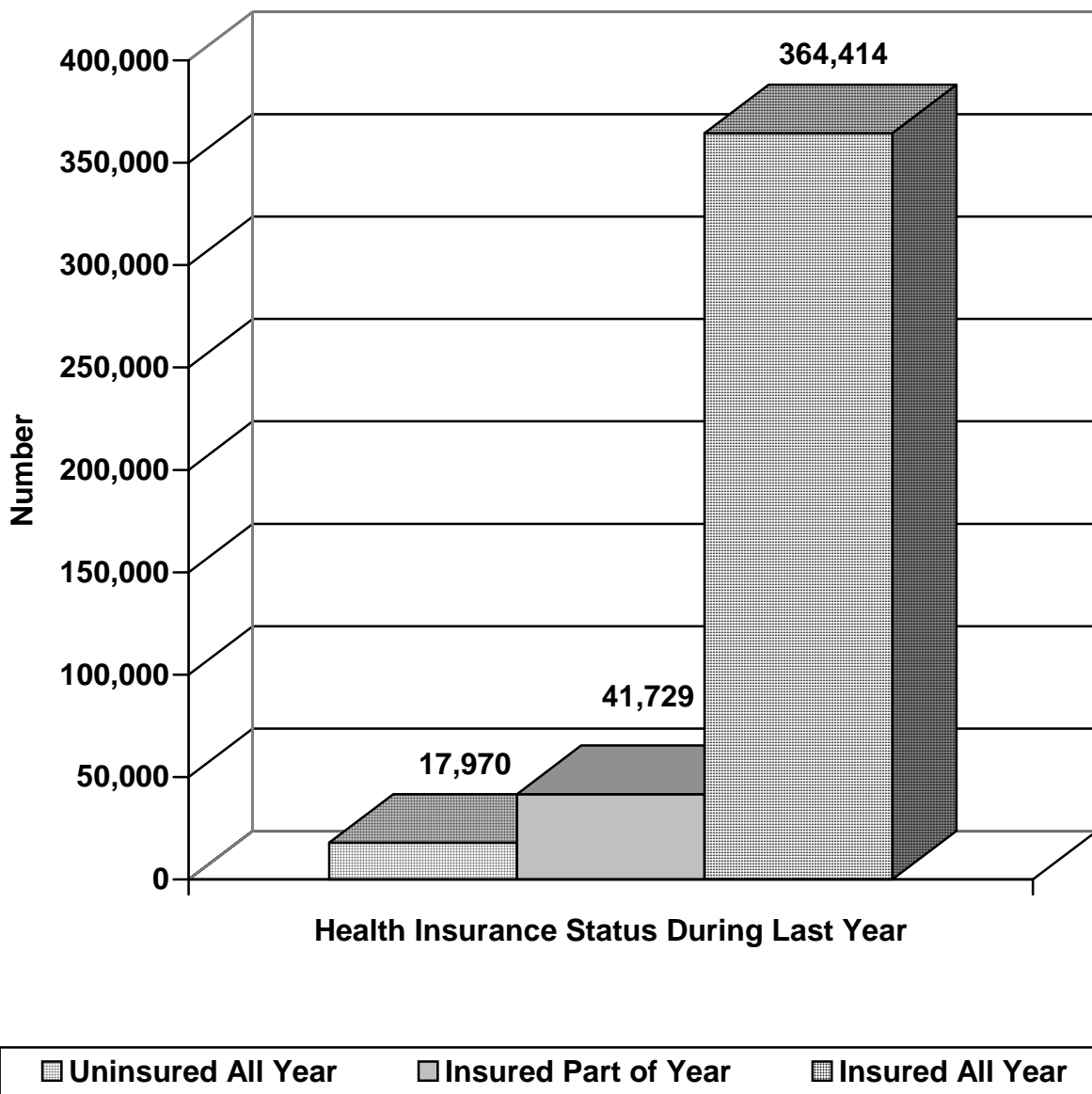


*Public Health Regions*

- 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

Although most children were insured at some point in time in 2001, many were not insured continuously throughout the year. About 9.8 percent of children were insured only part of the year, while 4.2 percent had no insurance all year. This means that approximately 59,699 children were without health insurance for at least part of last year, and 17,970 of those had no health insurance during the entire year (see Figure 2).

**Figure 2.**  
**Number of Children Uninsured, Partly Insured and Insured All Year**  
**West Virginia, 2001**



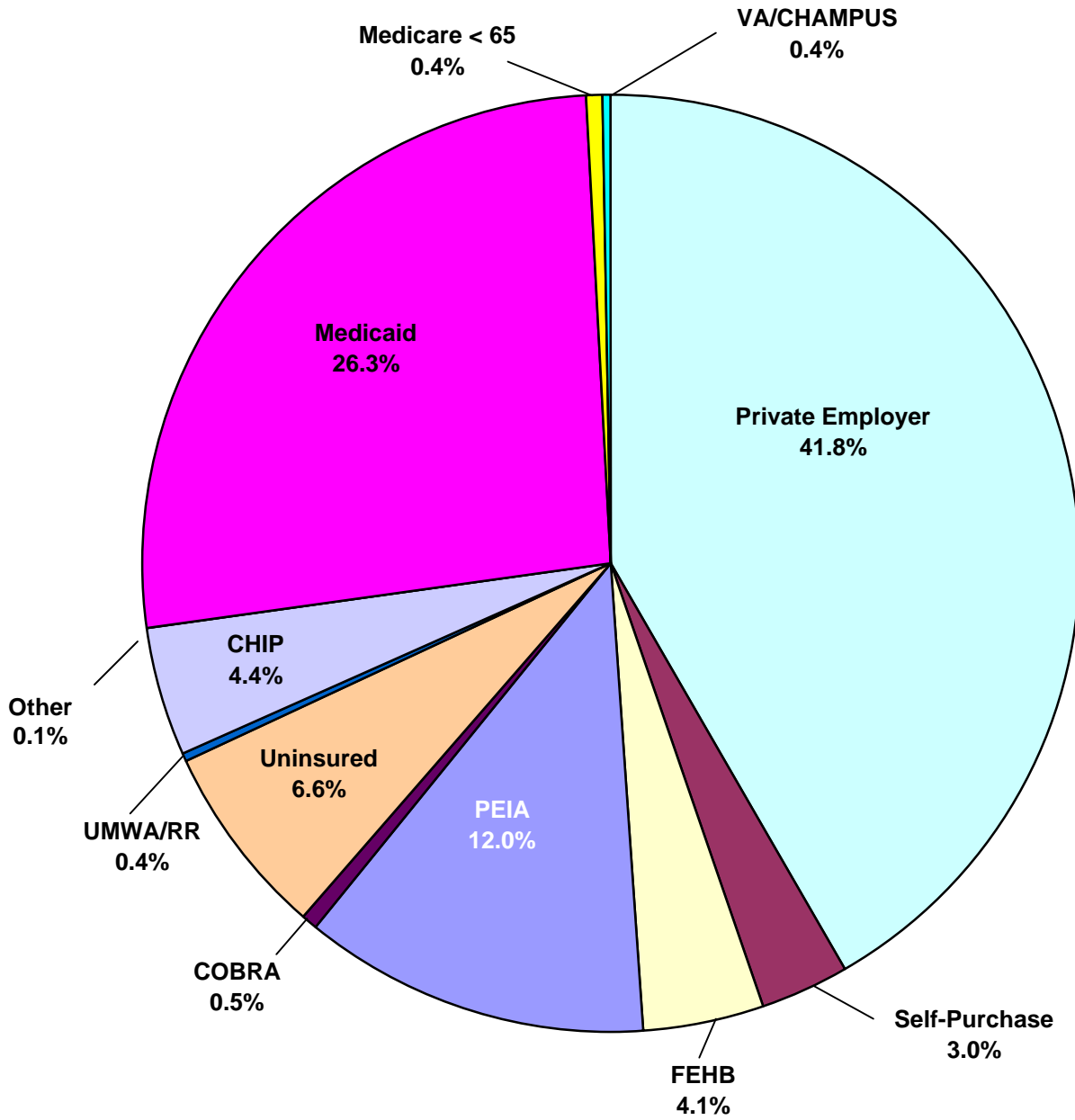
Among the uninsured children surveyed, over 63 percent had been without health insurance for a year or more, 33.2 percent had been uninsured for less than one year and 8.4 percent never had health insurance (see Table 2).

<b>Table 2.</b> <b>Length of Time Children Had Been Uninsured</b> <b>West Virginia, 2001</b>		
<b>Length of Time Uninsured</b>	<b>Percent of Sample</b>	<b>Estimated Number of Children*</b>
0-1 Month	7.1	2,018
2-6 Months	23.0	6,517
7-12 Months	3.1	868
13-24 Months	15.2	4,311
Between 2 and 5 Years	20.7	5,878
More than 5 Years	19.0	5,394
Never Had Health Insurance	8.4	2,387
Don't Know	3.5	998
<b>Total</b>	<b>100.0</b>	<b>28,371</b>
Source: West Virginia Healthcare Survey, 2001		
Key to Table:		
* Estimates were calculated by multiplying the survey percent for length of time uninsured by the West Virginia population, 0-18 years (Census 2000).		

Among children with health insurance, most were covered by employment-based plans and Medicaid. Employment-based health insurance covered 58.7 percent of all children, while 31.1 percent were covered by public programs (Medicaid, CHIP and Medicare). About 41.8 percent of children were insured by private employer plans, 26.3 percent of West Virginia children received healthcare coverage through Medicaid and the Children’s Health Insurance Plan (CHIP) covered about 4.4 percent (see Figure 3). About 16 percent of children were covered by public employer insurance, including the Public Employees Insurance Agency (PEIA) and the Federal Employees Health Benefits (FEHB). The estimated number of children covered by each of these plans is displayed in Table 3.

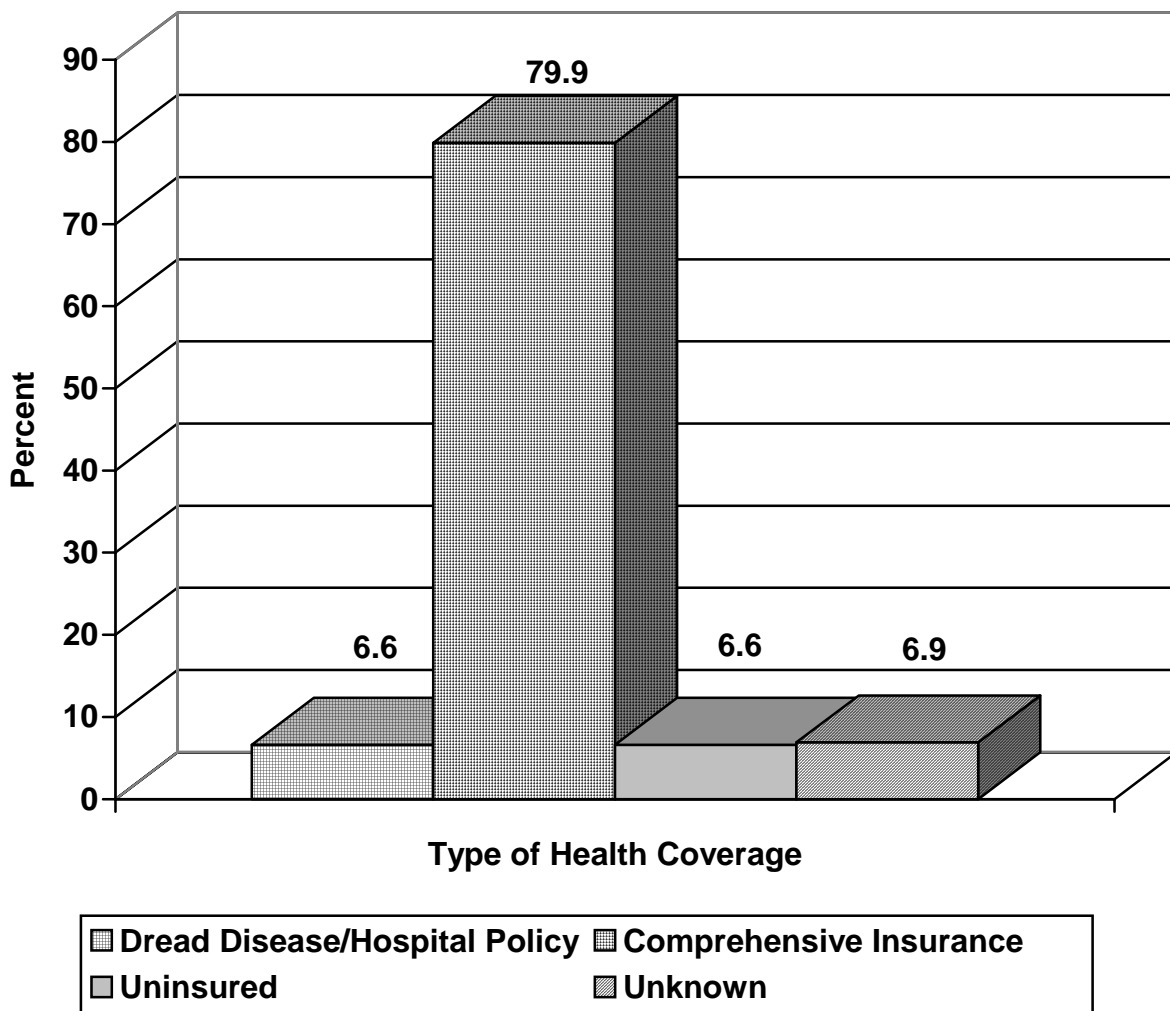
<b>Table 3. Estimated Number of Children with Each Type of Health Insurance West Virginia, 2001</b>	
<b>Type of Insurance</b>	<b>Estimated Number of Children*</b>
Private Employer	178,650
Medicaid	112,716
Public Employer	
PEIA	51,293
FEHB	17,510
Children’s Health Insurance Program (CHIP)	18,737
Self-Purchased Health Insurance	13,014
COBRA	2,063
Military Insurance (VA/CHAMPUS)	1,822
United Mine Workers (UMWA), Railroad Retirement or other union	1,873
Medicare for people < 65	1,546
Other	284
Uninsured	28,371
<b>Total</b>	<b>427,879</b>
Source: West Virginia Healthcare Survey, 2001	
Key to Table:	
* Estimates were calculated by multiplying the sample percent for each type of health insurance by the West Virginia population, 0-18 years (Census 2000).	

Figure 3.  
Type of Health Insurance Coverage Among Children  
West Virginia, 2001



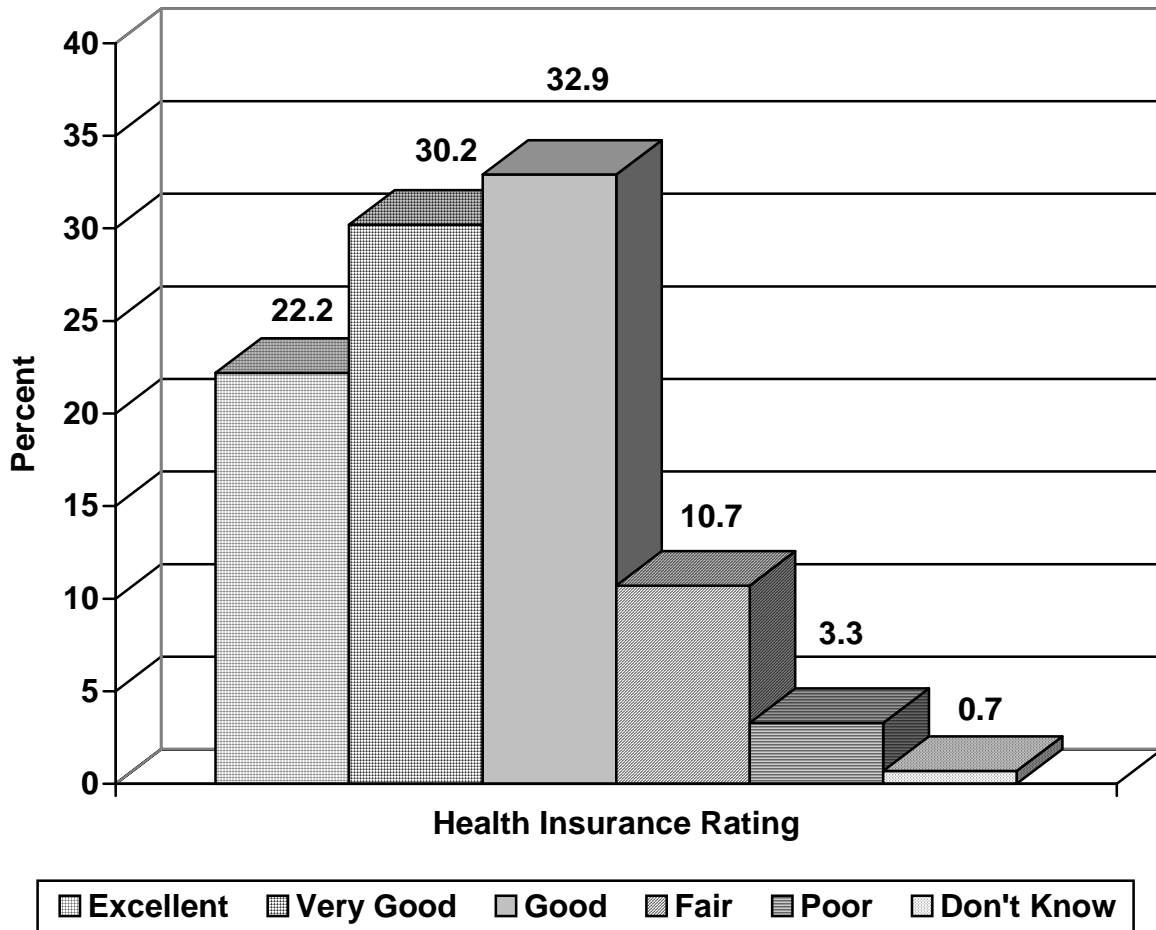
For the survey, inadequate health insurance plans were defined as plans that cover only certain illnesses or dread diseases, such as cancer or major accidents, or only give extra cash for hospitalizations. Children covered by Medicaid, CHIP, Medicare, UMWA or military insurance were assumed to have comprehensive health insurance plans. For children with other kinds of plans, the parent was asked whether the plan was comprehensive. Most children had comprehensive plans (see Figure 4), although 6.6 percent of children had plans that covered only catastrophic health events or provided extra cash for hospital care.

**Figure 4.**  
**Most children were not underinsured.**  
**West Virginia, 2001**



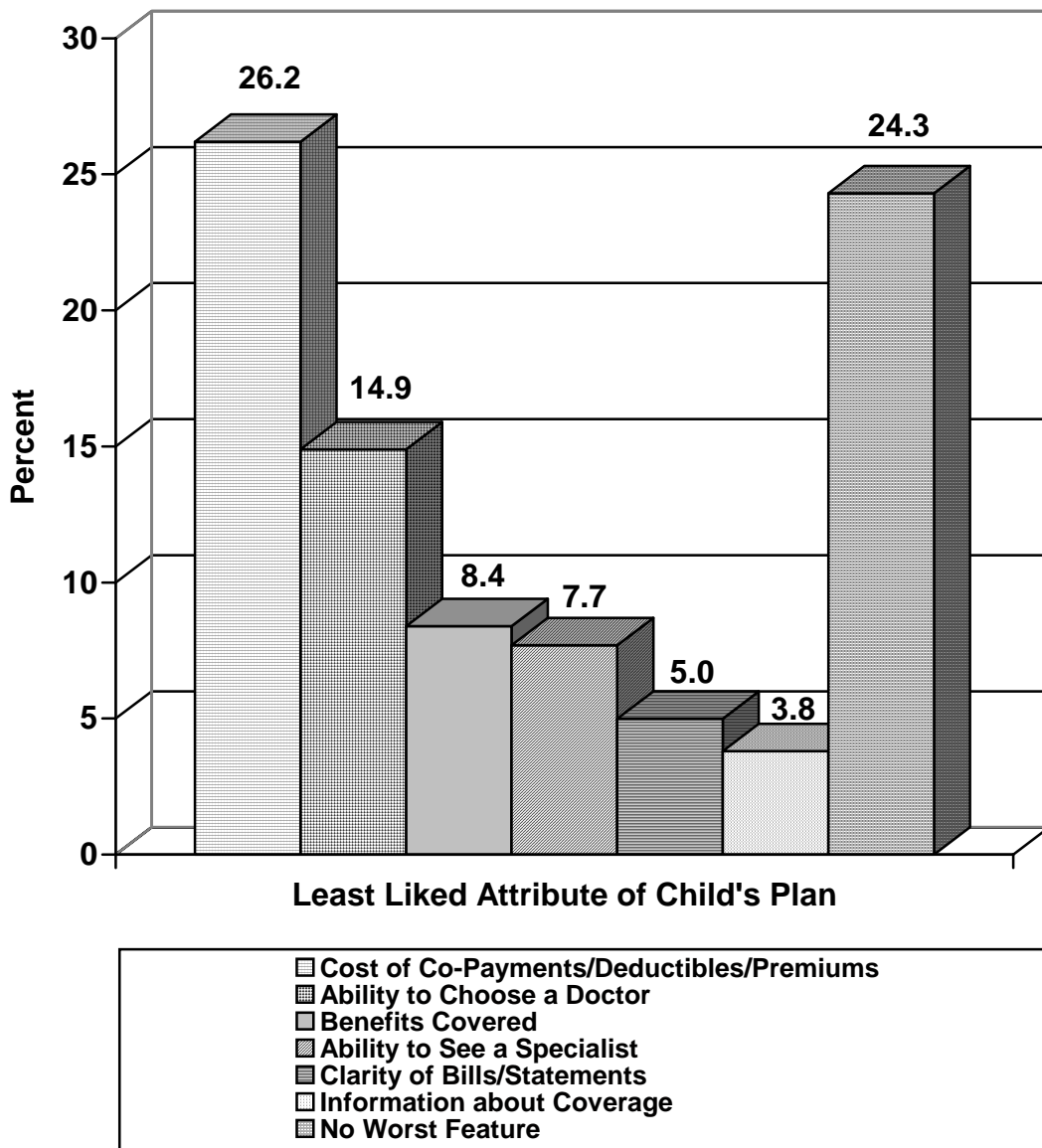
Among insured children, most health insurance plans were rated good, very good or excellent by their parents (see Figure 5).

**Figure 5.**  
**Most health insurance plans were rated as good or better.**  
**West Virginia, 2001**



The features that parents liked least about their child's health insurance plan were the cost of co-payments and deductibles and the ability to choose a doctor. About 24 percent said there was no worst feature of their child's health insurance plan (see Figure 6).

**Figure 6.**  
**Cost was the attribute of their child's insurance that parents like least.**  
**West Virginia, 2001**



## Which Children Are More Likely to be Uninsured?

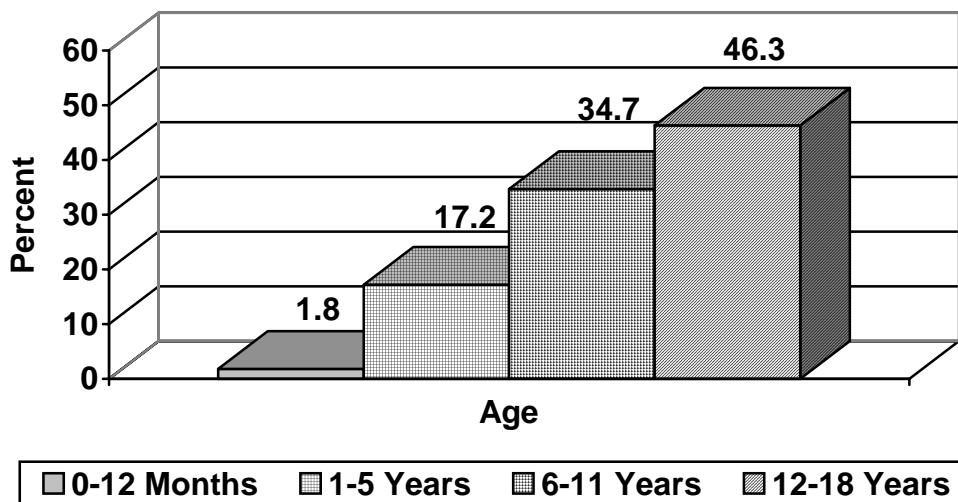
This section of the report will discuss the risk of children being uninsured, defined by the following characteristics:

- Age, sex and race
- Composition of a child's household
- Employment within a child's household
- Annual income of child's household
- Child's household income in relation to CHIP or Medicaid income guidelines

The likelihood of being uninsured was higher among older children. Children between 6 and 18 years old were the most likely to be uninsured. About 7.4 percent of children 6 to 11 years old were uninsured, and 7.6 percent of children 12 to 18 years old were without healthcare coverage. The children least likely to be without health insurance were infants – about 1.7 percent.

The age profile for uninsured children is the result of two factors: (1) the risk of being uninsured within each age group and (2) the percentage of children in each age group. Since about 70 percent of children in West Virginia are over 5 years old and the risk of being uninsured is greatest for this age group, the population of uninsured children in the state is largely made up of those who are 6 years old or older. Therefore, 34.7 percent of uninsured children were between the ages of 6 and 11, and 46.3 percent were between the ages of 12 and 18 (see Figure 7).

**Figure 7.**  
**The Age Distribution of Uninsured Children**  
**West Virginia, 2001**

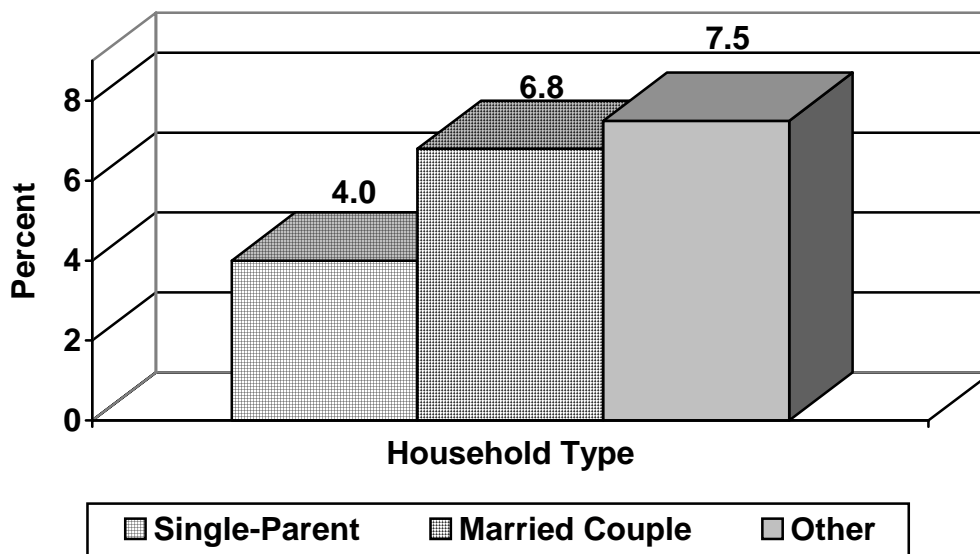


A child's race did not affect the likelihood of being uninsured, with 6.1 percent of African-American children, 6.7 percent of non-Hispanic white children and 6.5 percent of all other children being uninsured. These are not statistically significant differences. However, African-American children and children of other races were more likely to be covered by Medicaid (47 percent and 42 percent, respectively) than non-Hispanic white children (24.2 percent). There was no difference between girls and boys in their likelihood of being uninsured.

Most children (71 percent) lived in a household with their married parents. Some of these households also included other adults, such as grandparents, older siblings or other relatives. About 15 percent of children lived with one parent and no other adult, while 14 percent lived in some other household type, including households with unmarried couples or some combination of one parent, grandparents and other relatives.

A child's being uninsured differed by family composition. Children in single-parent homes were least likely to be uninsured (see Figure 8). About 41 percent of children in single parent homes received Medicaid. Children not living with their married parents or not in a single-parent household were most likely to be uninsured (7.5 percent). A large percentage of these children also received Medicaid (49 percent). Children living with their married parents were most likely to be covered by employment-based health insurance (66.3 percent).

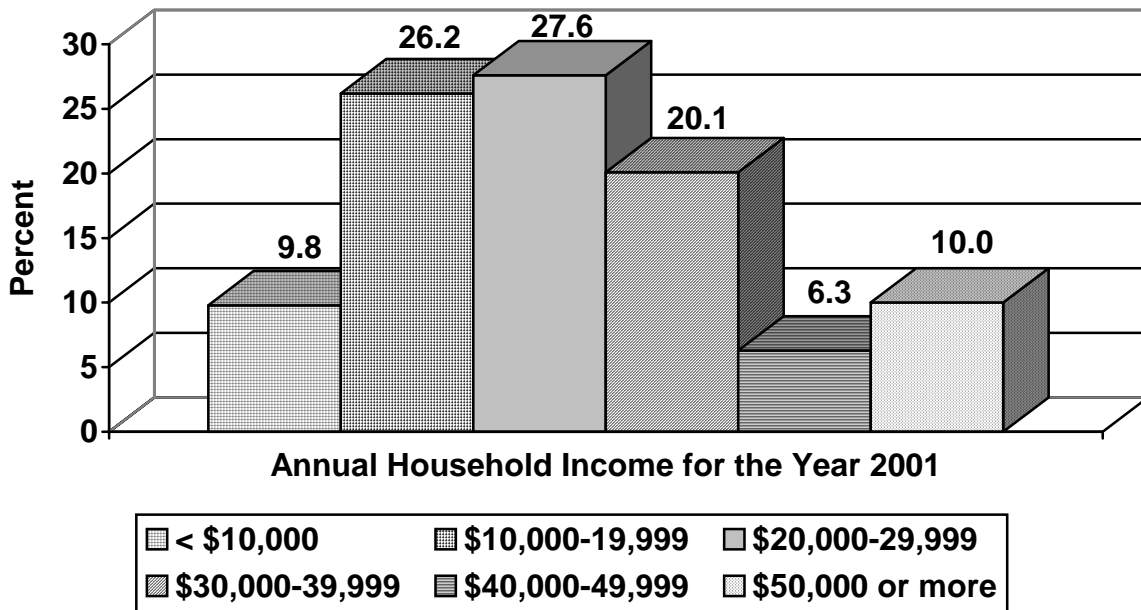
**Figure 8.**  
**Percent of Children Who Were Uninsured in Each Household Type**  
**West Virginia, 2001**



The likelihood of being uninsured varied by household income. Children in the highest income groups were least likely to be uninsured, with 3.5 percent uninsured in households with an annual income of \$40,000 to \$49,999 and 2.6 percent uninsured in those with incomes of \$50,000 or more. Children living in households with an annual income between \$20,000 and \$29,999 were more likely to be uninsured than all other children (9.6 percent uninsured), followed by children in households with an annual income between \$10,000 and \$19,999 (8.5 percent uninsured). Among children in households with an income of less than \$10,000, 6.8 percent had no health insurance.

As a result of the risk of being uninsured in each income category and the percentage of children in each, most uninsured children lived in low to middle income households. Approximately 53.8 percent of uninsured children lived in households with an annual income between \$10,000 and \$29,999 (see Figure 9). These findings likely result from the fact that Medicaid covers very low-income children, and higher-paying jobs are more likely to also provide health insurance. Therefore, children in very low-income households (less than \$10,000 annually) are more likely to be eligible for Medicaid, while those in higher-income households (\$30,000 or more annually) are more likely to be covered by employer-based insurance plans. Children in the low to middle income brackets may not be eligible for public programs nor have parents with jobs that offer health insurance.

**Figure 9.**  
**The Income Distribution of Uninsured Children**  
**West Virginia, 2001**



The survey asked about the employment status of up to two adults in the household. Most children, insured and uninsured, had an employed adult in the home. About 73.4 percent of uninsured children and 74.3 percent of children with health insurance were living with at least one adult who was either self-employed or employed by someone else (see Figure 10). This difference is not statistically significant. In the remaining households, the adults surveyed were students, homemakers, retired people, people unable to work because of a disability or people currently out of work but seeking employment.

Since we did not elicit employment information about all adults in the household, it is possible that an even higher percentage of households with children contained at least one employed adult. Further, the study results provide no reason to believe that uninsured and insured children would differ substantially in this regard if we had employment information about all adults in the household. Children's lack of insurance is not explained by the employment status of their parents as much as by their parents' type of employment.

**Figure 10.**  
**The Employment Status of Adults in Household with Children**  
**West Virginia, 2001**



Children’s health insurance status was also related to their household’s income relative to the CHIP and Medicaid income guidelines. Overall, children in households at or above 176 percent of the Federal Poverty Level (FPL) were the most likely to be insured (see Table 4). However, children under 6 years old and at the lowest FPLs (133 percent FPL or lower) were also very likely to be insured. Yet, as poor children get older, their chance of being uninsured increases.

<b>Table 4. Percent of Children Who Were Uninsured Within Each Age and Federal Poverty Level Category West Virginia, 2001</b>					
<b>Percent of Children Uninsured</b>					
<b>Federal Poverty Level (FPL) of Household**</b>	<b>Age of Child*</b>				
	<b>0-12 Months</b>	<b>1-5 Years</b>	<b>6-11 Years</b>	<b>12-18 Years</b>	<b>All Children</b>
<b>0-99%</b>	0.2	4.1	7.0	11.3	7.4
<b>100-133%</b>	3.2	3.6	6.3	16.1	8.7
<b>134-175%</b>	7.6	8.4	16.0	8.7	11.3
<b>176% and above</b>	1.8	4.9	5.8	3.2	4.2
<b>All Children</b>	1.7	5.0	7.4	7.6	

Source: West Virginia Healthcare Survey, 2001

Key to Table:

\* Denominator excludes children with unknown age.  
 \*\* Denominator excludes children with unknown household income.

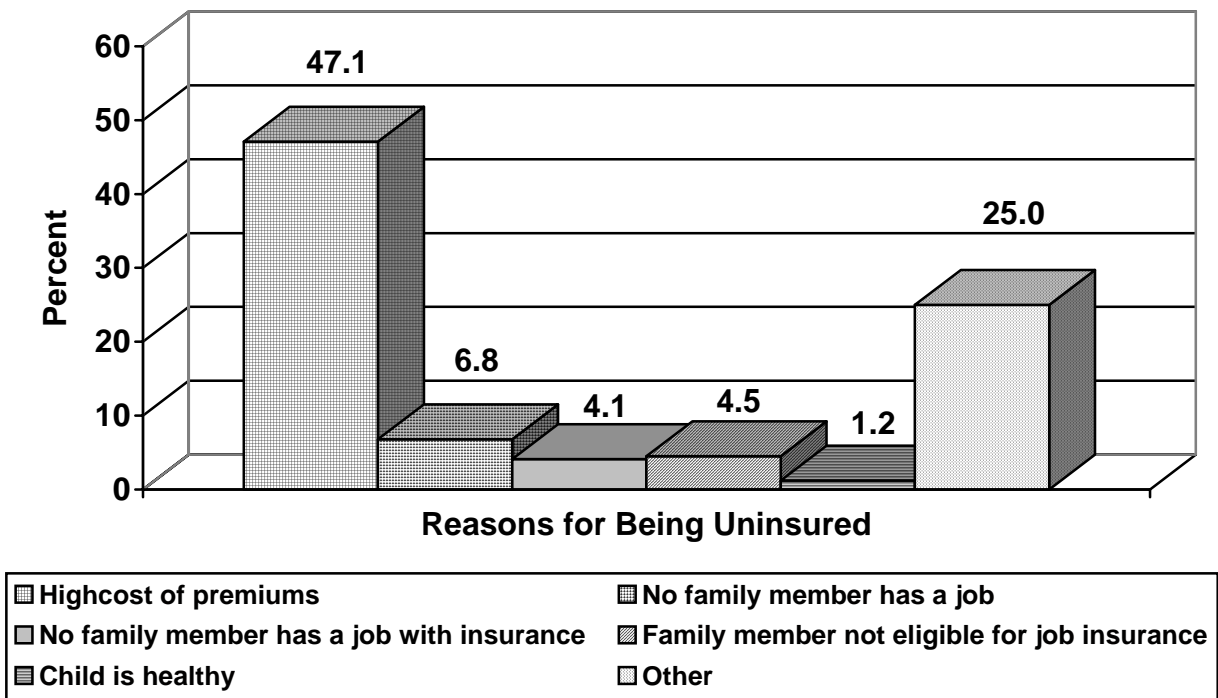
## Why Are Some Children Uninsured?

This section of the report will discuss:

- Reasons for children being uninsured
- Why parents have not applied for Medicaid when the child may be eligible
- Why parents have not applied for CHIP when the child may be eligible

The parents of uninsured children were asked why their child did not have health insurance. The most frequently given reason was the high cost of health insurance premiums, cited by nearly half the parents (see Figure 11). Another 15.4 percent said that the child had no health insurance because of job-related problems among parents – parents were unemployed, did not have a job that offered insurance or were not eligible for employer insurance.

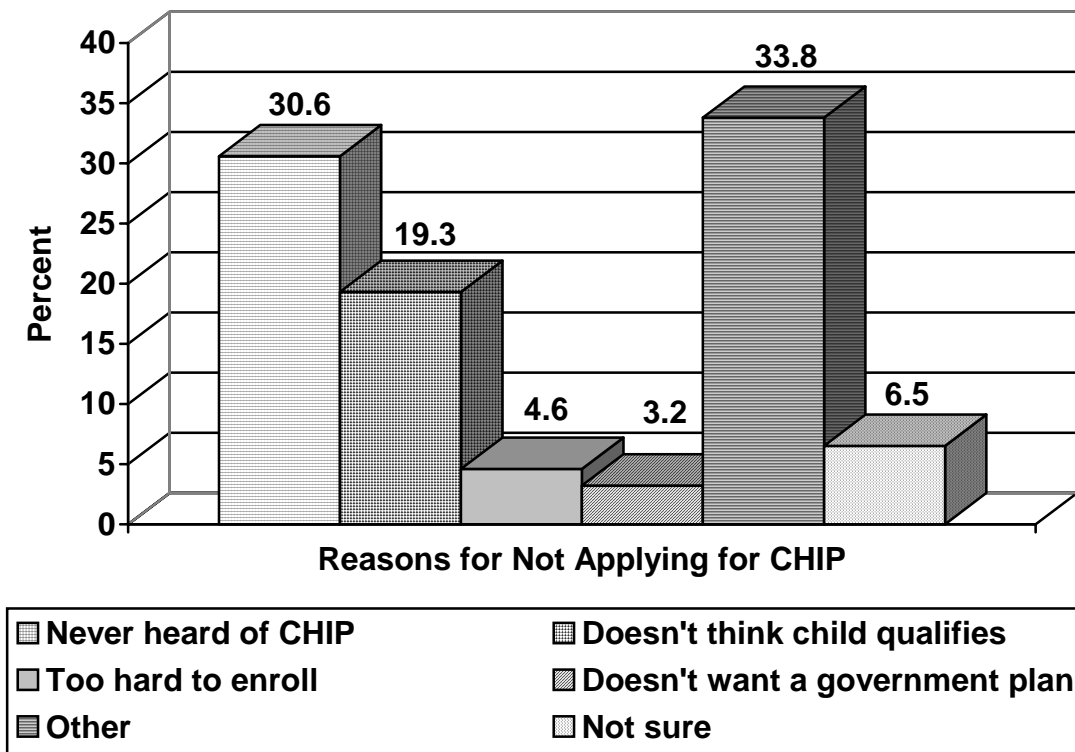
**Figure 11.**  
**Cost and lack of available employer-based insurance were the main reasons**  
**for a child being without health insurance.**  
**West Virginia, 2001**



A little over 74 percent of uninsured children may have qualified for CHIP or Medicaid due to their household's income relative to program guidelines. Parents of uninsured children who may have been eligible for these public programs were asked if they were aware of CHIP and Medicaid, if they had ever applied for them, and if not, why they had not applied.

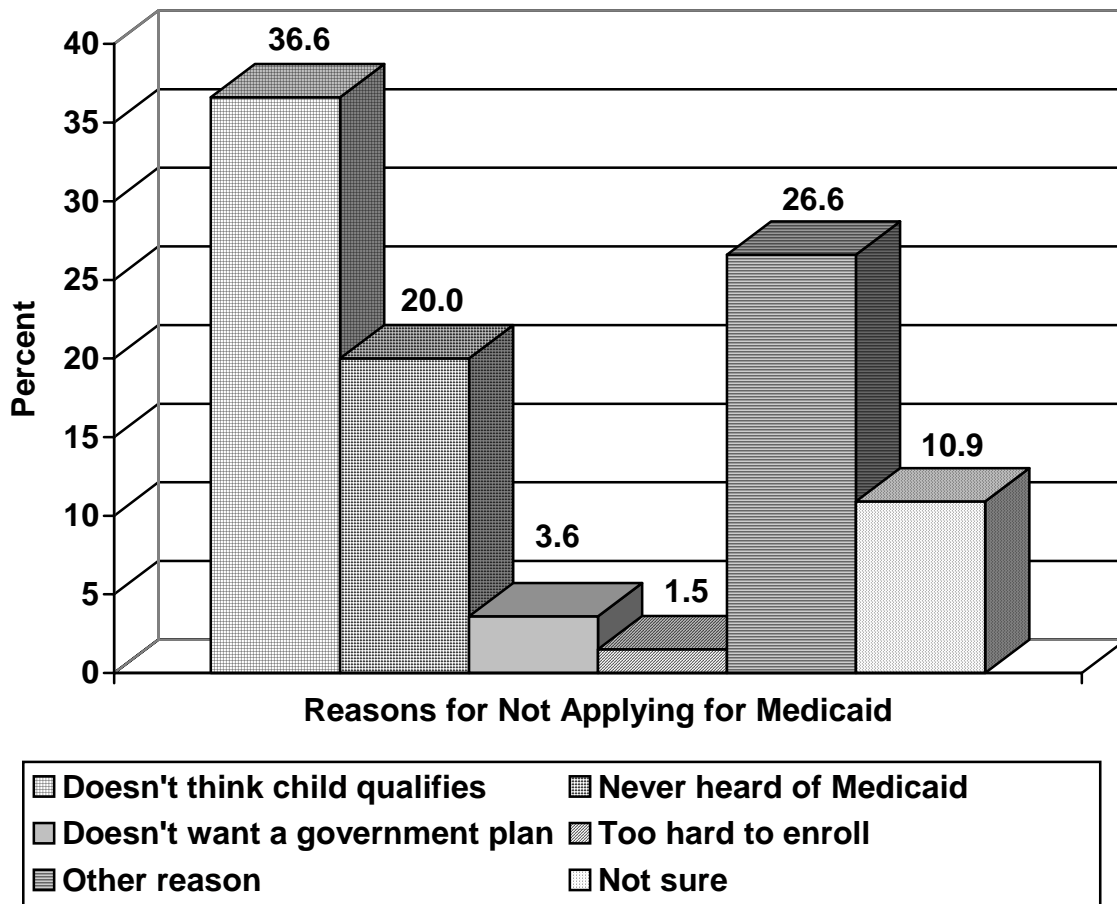
Uninsured children between 200 and 250 percent of the FPL may have been eligible for CHIP (see Appendix: Definition of Terms), although the parents of nearly 69 percent of those children never applied for CHIP. Among the reasons given for not applying for CHIP for the uninsured child, never having heard about CHIP was the most important, followed by not believing the child qualified for the program (see Figure 12). Other reasons given were "too hard to enroll," "don't want a government plan," and "not sure." The content of the "other" category will be addressed in a future technical report.

**Figure 12.**  
**Why Parents Have Not Applied for CHIP when Child May Be Eligible**  
**West Virginia, 2001**



Uninsured children below 200 percent of the Federal Poverty Level (FPL) may have been eligible for Medicaid (see Appendix: Definition of Terms), although the parents of nearly 51 percent of these children had never applied for the program. Among the reasons for not applying for Medicaid for the uninsured child, believing that the child was not eligible for the program was the most important, followed by never having heard about Medicaid (see Figure 13). Other reasons given were “don’t want a government program,” “too hard to enroll,” and “not sure.” The content of the “other” category will be addressed in the future in a technical report.

**Figure 13.**  
**Why Parents Have Not Applied for Medicaid when Child May Be Eligible**  
**West Virginia, 2001**



## Does Being Uninsured Affect Children’s 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

Most West Virginia children had a usual place to go for their medical care – about 93 percent. Among children 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).

<b>Table 5.</b> <b>Children’s Usual Site of Medical Care*</b> <b>West Virginia, 2001</b>		
Usual Site of Care	Percent of Sample**	Estimated Number of Children***
Physician’s Office	78.4	309,653
Community Health Center	12.8	50,393
Hospital Outpatient Clinic	5.0	19,737
Urgent Care Center	1.2	4,554
Hospital Emergency Room	1.2	4,772
Public Health, School or Free Clinic	0.5	1,967
Mental Health Center	0.2	807
Other	0.7	2,983
Total	100.0	394,866

Source: West Virginia Healthcare Survey, 2001

Key to Table:

\* Includes only children who have a usual place for medical care, approximately 93% of children

\*\* The denominator excludes children with an unknown site of medical care.

\*\*\* Estimates were calculated by multiplying the sample percent for the site of usual place of medical care by the West Virginia population, 0-18 years (Census 2000).

This percentage varied by Public Health Service Region (see Table 6). In Region VI (Northern Panhandle), 91.5 percent of children with a usual place for medical care obtained their care in a physician's office. In contrast, about 71 percent of children in Region IV (southeast) and Region VII (north-central) cited a physician's office as their usual place for medical care. In these regions, community health centers complemented physician offices as the usual site for children's medical care.

<b>Table 6.</b>								
<b>Children's Usual Site of Medical Care by Public Health Service Region*</b>								
<b>West Virginia, 2001</b>								
	<b>Percent of Children in Each Category**</b>							
	<b>Public Health Service Region***</b>							
<b>Usual Site of Care</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>V</b>	<b>VI</b>	<b>VII</b>	<b>VIII</b>
Community Health Center	17.5	11.1	9.6	19.6	9.1	4.2	15.0	14.6
Free Clinic	0.2	0.1	0.1	0.1	0.6	–	–	–
Physician's Office	75.0	74.6	84.1	70.6	84.8	91.8	71.6	80.4
Urgent Care Center	0.2	1.1	1.8	0.1	0.3	0.5	2.5	1.0
Hospital Emergency Room	1.7	2.3	0.5	0.8	0.4	–	2.2	0.5
School or Public Health Clinic	0.2	0.9	–	0.9	0.6	–	0.4	0.4
Hospital Outpatient Clinic	3.4	9.0	3.3	6.0	3.8	3.0	7.5	2.1
Mental Health Center	0.4	–	–	–	–	–	0.4	0.5
Other	1.4	0.9	0.6	1.9	0.4	0.5	0.4	0.5
Total	100	100	100	100	100	100	100	100

Source: West Virginia Healthcare Survey, 2001

Key to Table:

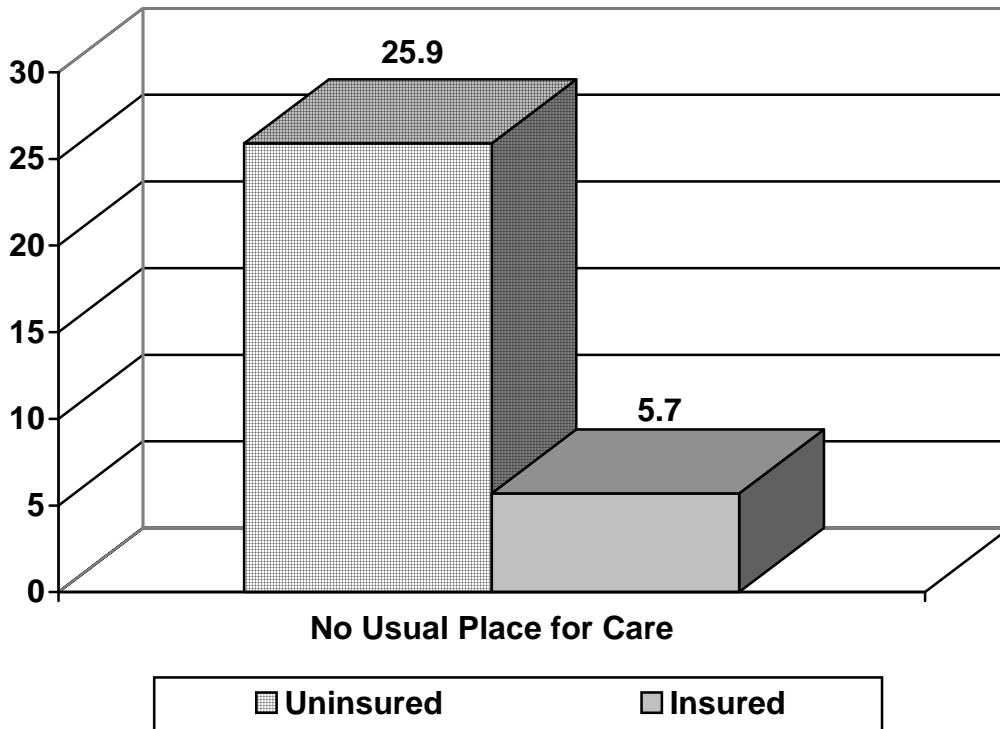
\* Includes only children who have a usual place for medical care, approximately 93 percent of children

\*\* The denominator excludes children with unknown site of medical care.

\*\*\* See Appendix for counties in each Public Health Service Region.

However, uninsured children were much more likely *not* to have a usual place for care (see Figure 14). About 26 percent of uninsured children did not have a usual place to go for medical care, compared to only 5.7 percent of children with health insurance coverage.

**Figure 14.**  
**Uninsured children were less likely to have a usual place for medical care.**  
**West Virginia, 2001**



Uninsured children who had a usual place for medical care were less likely than children with health insurance to have a physician’s office as their site of care. Uninsured children were more likely to use safety net providers such as community health centers, emergency rooms and public health, school or free clinics as their usual place for medical care. They were almost two times more likely to have a community health center or hospital emergency room as their usual place of care (see Table 7). Uninsured children were five times more likely to receive their care at a public health, school or free clinic.

<b>Table 7.</b>		
<b>Usual Site of Medical Care Among Insured and Uninsured Children*</b>		
<b>West Virginia, 2001</b>		
<b>Usual Site of Medical Care</b>	<b>Percent of Children in Each Category**</b>	
	<b>Uninsured</b>	<b>Insured</b>
Physician’s Office	66.6	79.1
Community Health Center	22.5	12.2
Hospital Outpatient Clinic	3.7	5.0
Urgent Care Center	1.3	1.1
Hospital Emergency Room	2.1	1.2
Public Health, School or Free Clinic	2.0	0.4
Mental Health Center	0.1	0.2
Other	1.7	0.8
Total	100.0	100.0

Source: West Virginia Healthcare Survey, 2001

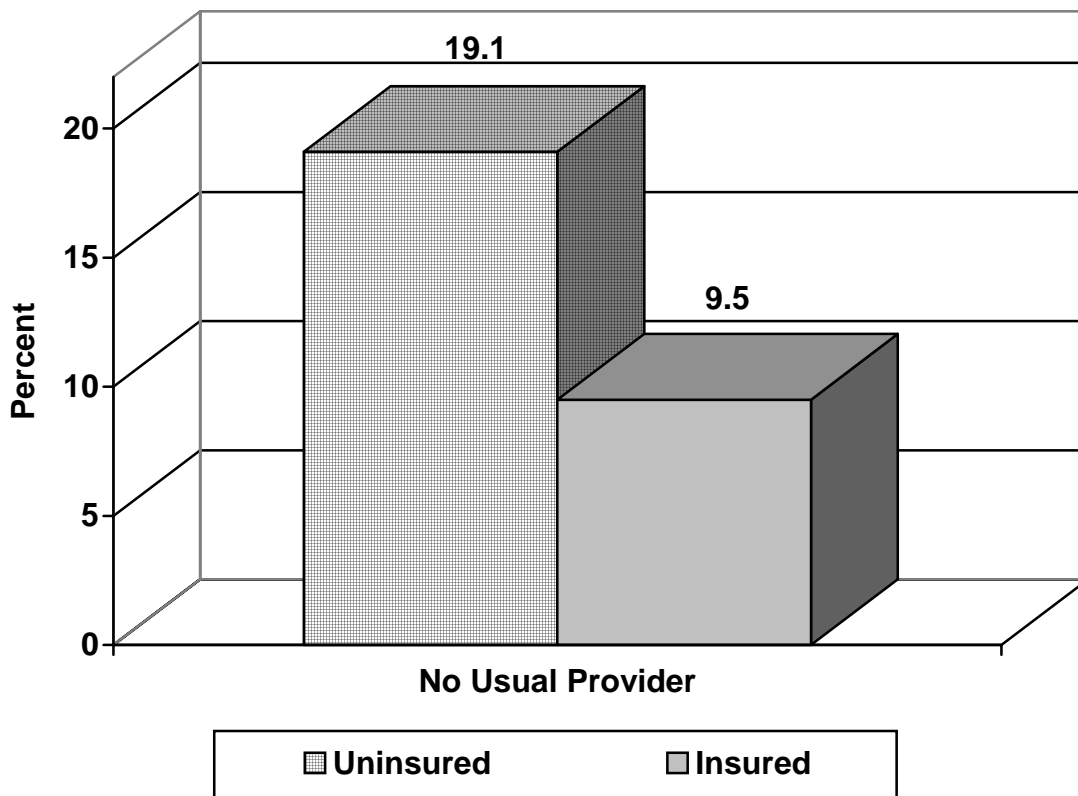
Key to Table:

\* Includes only children who have a usual site for medical care, approximately 93 percent of children.

\*\* The denominator excludes children with unknown usual site of medical care.

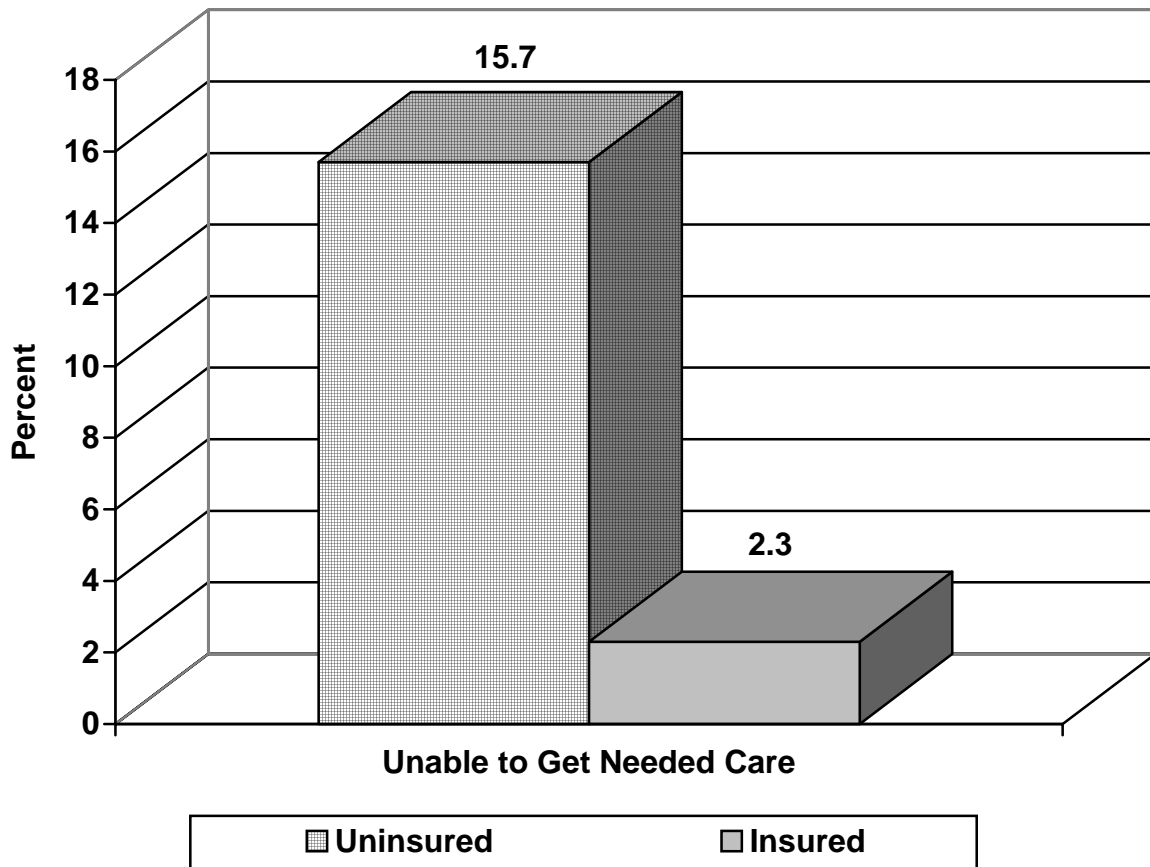
About 89 percent of the children with a usual place for medical care saw the same healthcare professional when they received care. However, uninsured children were more likely *not* to see the same healthcare provider when they obtained medical care (see Figure 15).

**Figure 15.**  
**Uninsured children were less likely to have a usual doctor or healthcare provider.**  
**West Virginia, 2001**



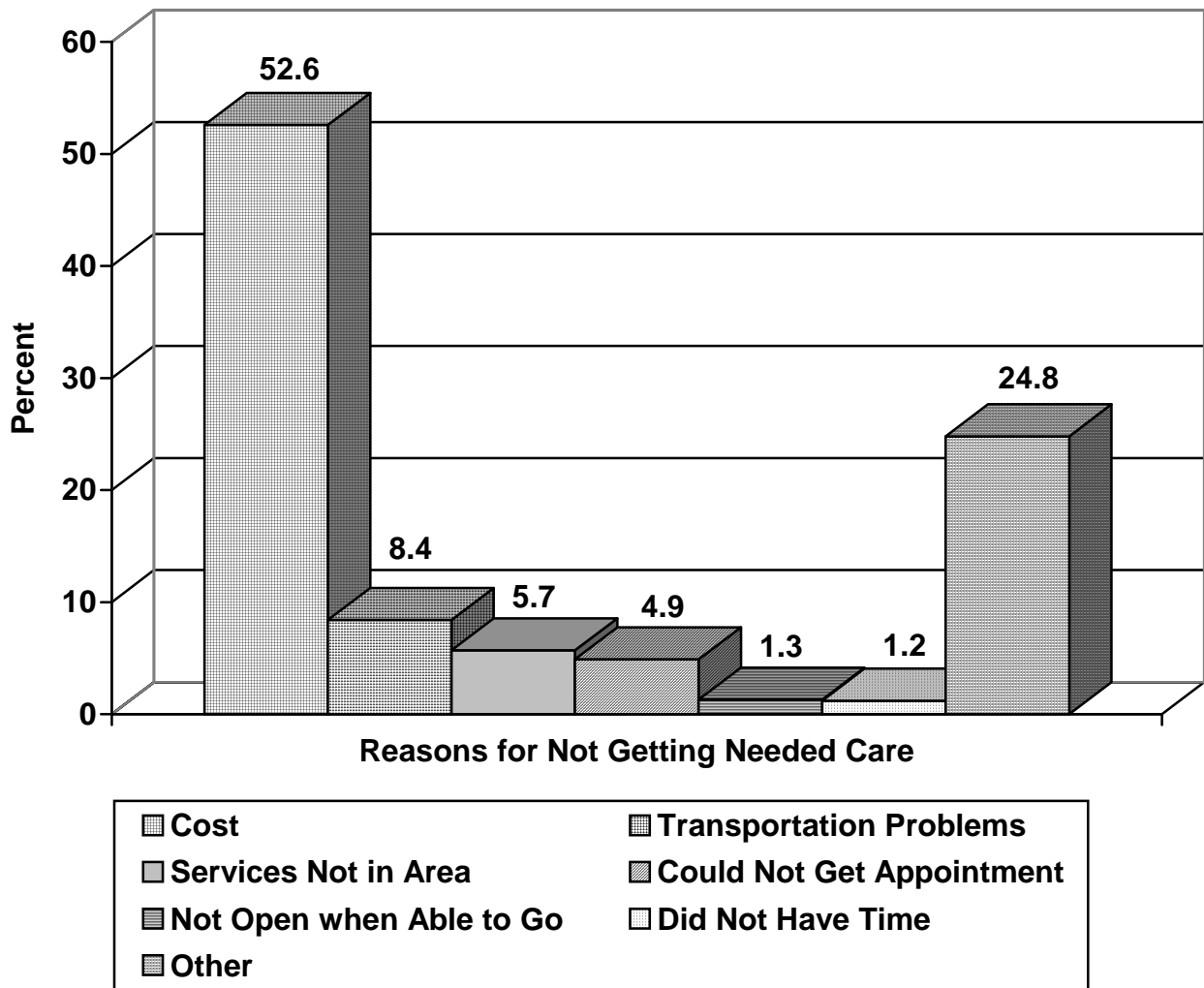
Most children in West Virginia were able to obtain needed medical care in the past year – about 96 percent. However, uninsured children were less likely to get the medical care they needed (see Figure 16).

**Figure 16.**  
**Uninsured children were less likely to get needed medical care.**  
**West Virginia, 2001**



Among all children who were unable to get needed medical care, cost was the most frequently cited reason (see Figure 17). Transportation problem was the next most common response. However, among uninsured children who could not get needed medical care, cost was cited more frequently – 69.3 percent, compared to 44.6 percent for children with health insurance. Furthermore, among uninsured children, transportation and appointment problems were not given as reasons for not getting needed medical care.

**Figure 17.**  
**Cost was the main reason why children did not get needed medical care.**  
**West Virginia, 2001**



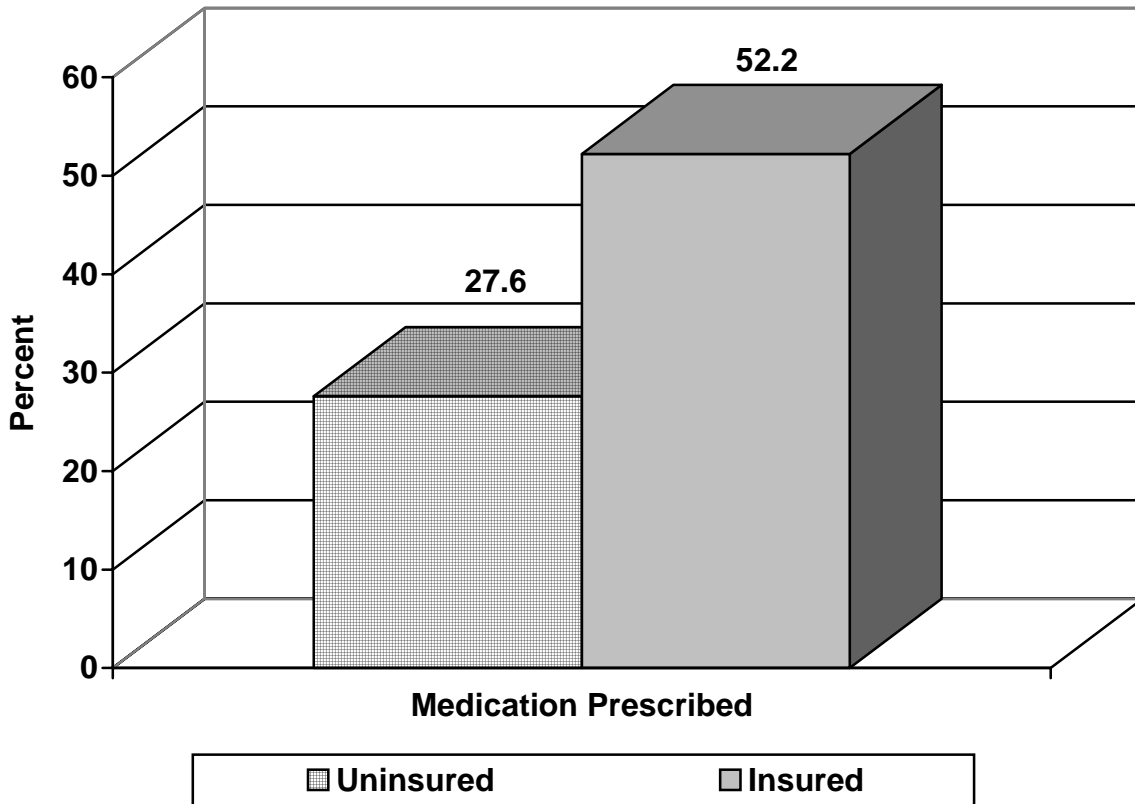
## Does Being Uninsured Affect Children’s Utilization of Healthcare?

In this section of the report, we will discuss:

- Prescription drug use
- Ambulatory healthcare visits
- Hospitalization

Nearly 51 percent of West Virginia children were prescribed a medication during the year. This represents an estimated 216,163 children. However, uninsured children were less likely to have a medication prescribed for them (see Figure 18). Of the children who were prescribed a medication, most filled all of their prescriptions – about 95 percent. However, uninsured children were somewhat less likely to fill all of their prescriptions – 91 percent of uninsured children filled all prescriptions versus 95 percent of insured children. Among uninsured children, the most commonly cited reason for not filling all prescriptions was cost (89.7 percent), while only 37.6 percent of children with health insurance gave cost as the reason for not filling all prescriptions.

**Figure 18.**  
**Uninsured children were less likely to have a medication prescribed.**  
**West Virginia, 2001**



Most West Virginia children visited a healthcare provider at least once in the previous six months – about 74 percent (314,910 children). Most visits took place in a physician’s office (see Table 8). About 22 percent of all children made one visit to a physician’s office, 18 percent made two visits and 28 percent made three or more visits. This represents an estimated 287,768 children who made one or more visits to a physician’s office within the previous six months. The next most common site for healthcare visits was the hospital emergency room. About 11 percent of children had one emergency room visit, 4 percent had two visits and 2 percent made three or more visits to a hospital emergency room. This represents an estimated 70,001 children who made one or more visits to the emergency room in a six-month period.

**Table 8.  
Ambulatory Healthcare Visits in Previous Six Months by Frequency and Site of Visit\*  
West Virginia, 2001**

		Number** and Percent*** of Children 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 Visit	Percent of Sample	22.4	4.3	6.4	11.0	0.6
	Estimated Number of Children	93,823	18,173	27,304	46,761	2,561
2 Visits	Percent of Sample	18.4	1.5	2.5	3.6	0.7
	Estimated Number of Children	77,094	6,376	10,702	15,349	2,838
3+ Visits	Percent of Sample	27.8	1.8	1.9	1.9	2.3
	Estimated Number of Children	116,851	7,607	7,887	7,891	9,895
Total	Percent of Sample	68.6	7.6	10.8	16.5	3.6
	Estimated Number of Children	287,768	32,156	45,893	70,001	15,294

Source: West Virginia Healthcare Survey, 2001

Key to Table:

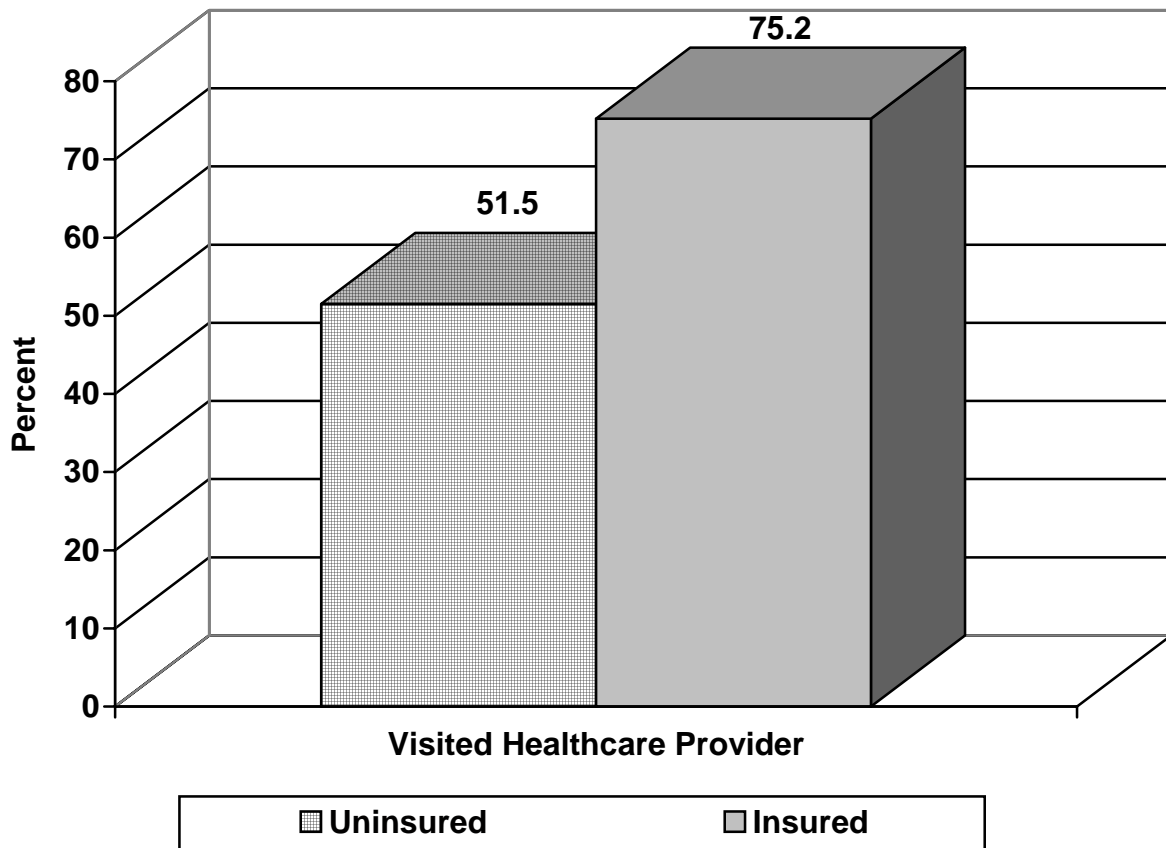
\* Children may have had an ambulatory visit at more than one site, and therefore, only column percentages and estimates can be totaled.

\*\* Estimates were calculated by multiplying the percent of children in each site of visit category in the survey by the West Virginia population, 0-18 years (Census 2000).

\*\*\* The denominator excludes children with unknown site or frequency of ambulatory healthcare visits.

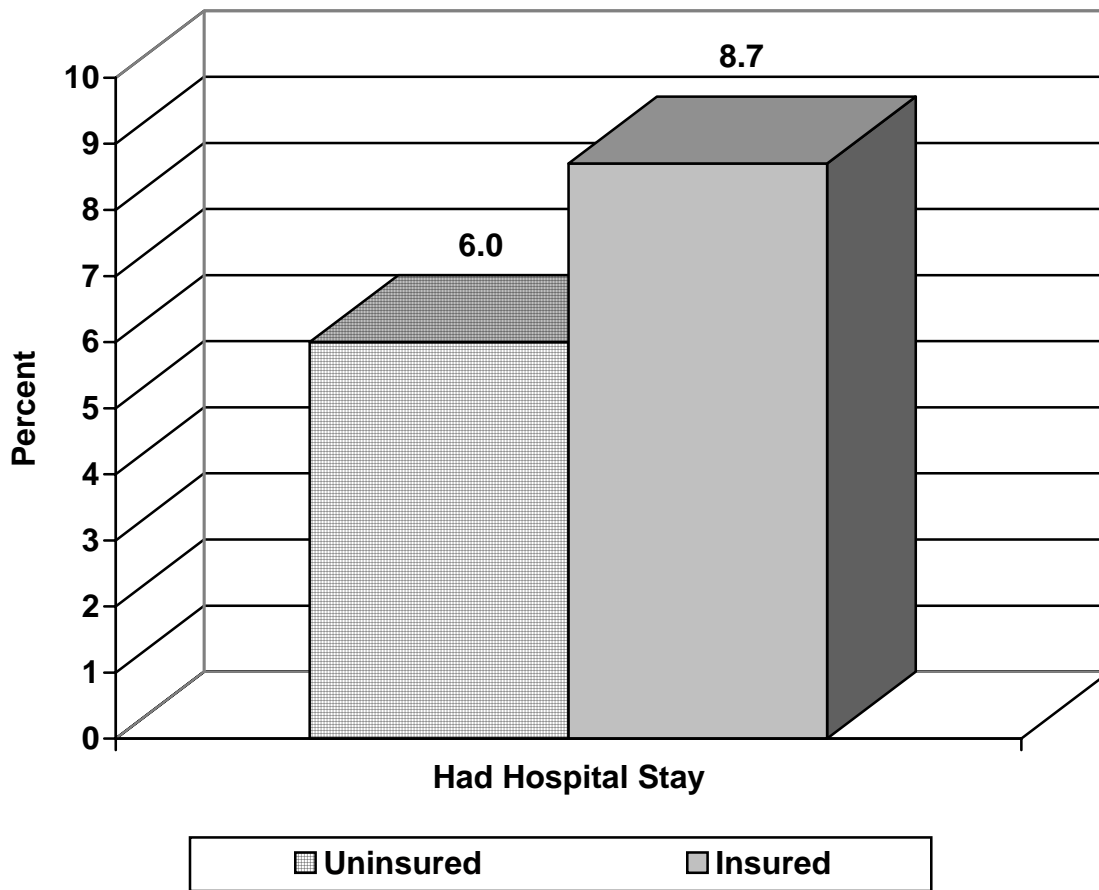
Uninsured children, however, were far less likely than insured children to have any healthcare visits (see Figure 19). About 51 percent of uninsured children saw a healthcare provider at least once during the previous six months, compared to 75 percent of children with health insurance.

**Figure 19.**  
**Uninsured children were less likely to visit a healthcare provider**  
**in a six-month period.**  
**West Virginia, 2001**



About 8.5 percent of West Virginia children had a hospital stay during the past year. Uninsured children were less likely to be hospitalized than children with health insurance. About 6 percent of uninsured children had an overnight hospital stay, compared to 8.7 percent of insured children (see Figure 20).

**Figure 20.**  
**Uninsured children were less likely to have a hospital stay in the previous year.**  
**West Virginia, 2001**



## What Is the Health Status of Uninsured and Insured Children?

In this section of the report, we will discuss:

- Overall health status of children
- Chronic conditions among children

Most children were reported by their parents to be in excellent, very good or good health in the previous month (see Figure 21). However, uninsured children were slightly less likely to be in excellent or very good health than those with health insurance (see Figure 22).

**Figure 21.**  
**Health Status of Children as Reported by Parent**  
**West Virginia, 2001**

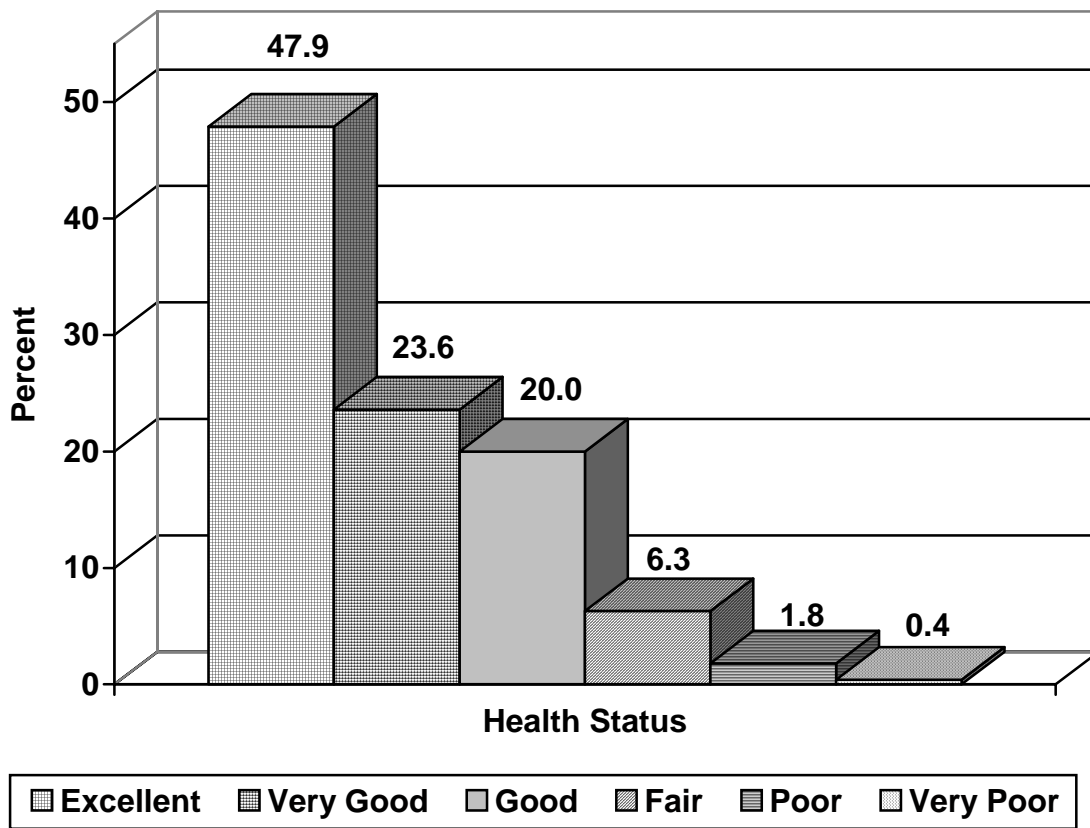
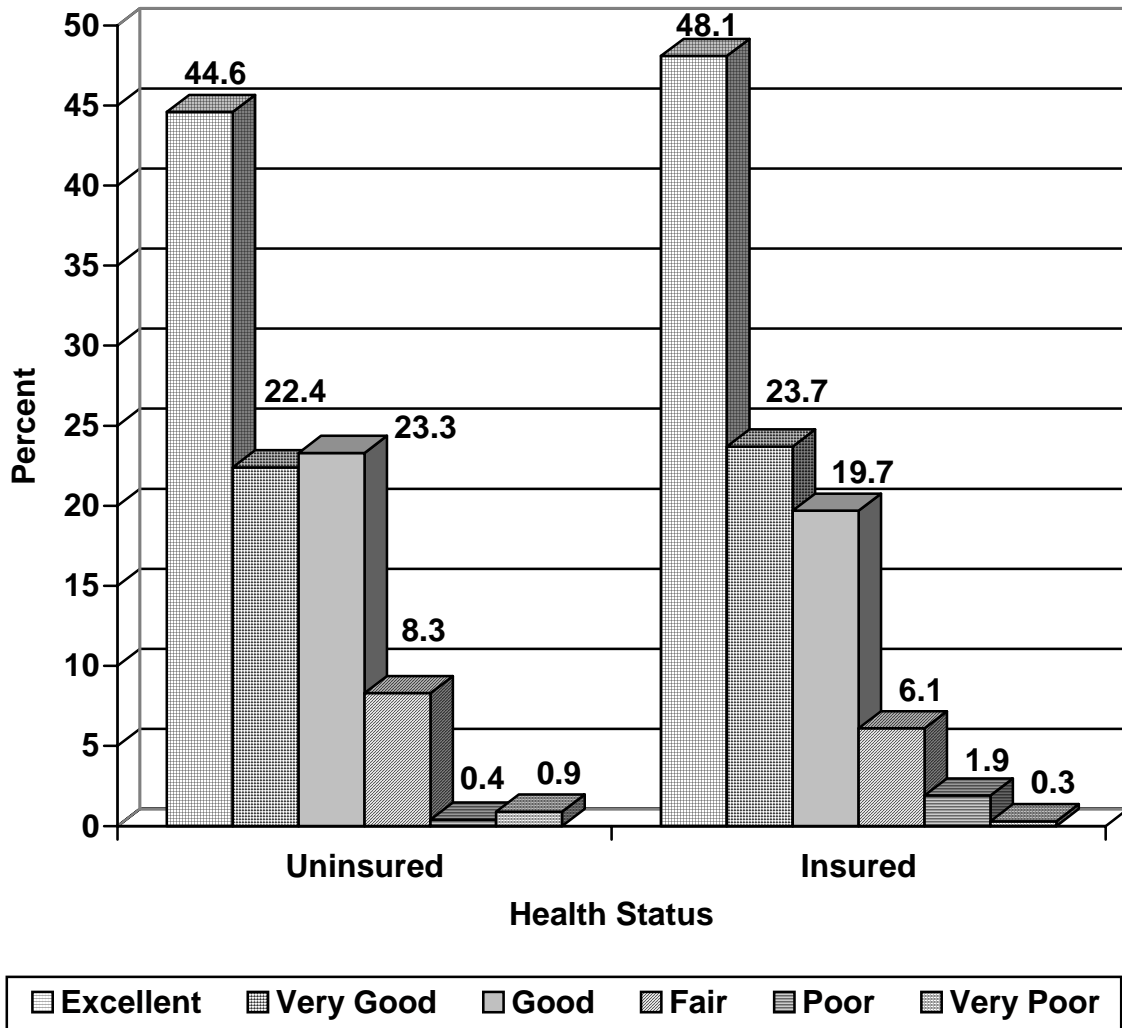
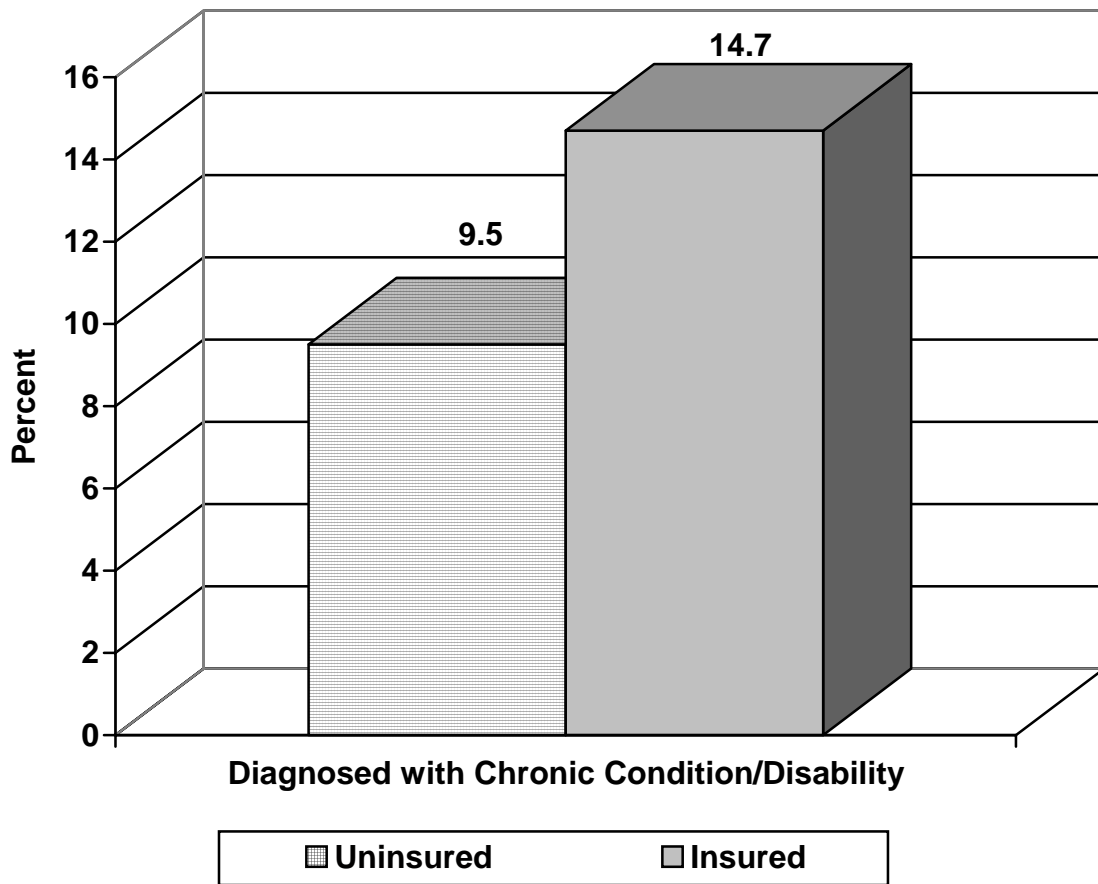


Figure 22.  
 Uninsured children were a little less likely to be in excellent or very good health.  
 West Virginia, 2001



About 14.4 percent of West Virginia children have been diagnosed with a chronic health condition or disability, according to the report of parents in the survey. This represents an estimated 61,391 children. Uninsured children were less likely to have been diagnosed with a chronic condition – 9.5 percent versus 41.7 percent among insured children (see Figure 23).

**Figure 23.**  
**Uninsured children were less likely to be diagnosed with a chronic health condition or disability.**  
**West Virginia, 2001**



## Summary

*The Children's Report* from the West Virginia Healthcare Survey contains very good news, since a substantial number of our children (93.4 percent) have health insurance coverage. On any given day, an estimated 6.6 percent of West Virginia's children (28,371) are uninsured. However, there are several notes of caution in this report. First, an additional 6.6 percent of the state's children are estimated to have insurance that pays only for catastrophic healthcare costs and so are classified as underinsured. Second, about 14 percent (59,699) of children were uninsured for some period of time during 2001.

While about 62.2 percent of insured children are covered through a parent's employment-based or family-purchased health insurance program, nearly a third of West Virginia children are insured by the state's public health insurance programs – Medicaid and CHIP. The survey's estimate of the number of uninsured children gives the state's decision-makers a better target for additional outreach and enrollment efforts, since the survey indicates that a little over 74 percent of uninsured children may be eligible for Medicaid or CHIP on the basis of their family's income. The finding that parents of 31 percent of children who may be eligible for the CHIP program and 20 percent of those who may be eligible for Medicaid have never heard of these programs is notable. The survey indicates that nearly 80 percent of uninsured children are between the ages of 6 and 18 years old, a finding that is significant to the state's policymakers as they address the problem of providing insurance coverage for all children.

The survey provides very good news about West Virginia children's access to healthcare services. About 93 percent have a usual source of care, mainly at a physician's office or at community and other local health clinics, and about 89 percent of those see the same physician when they go for care. Approximately 96 percent of parents, asked if their child was able to receive needed medical care during the past year, responded in the affirmative. It is not surprising that for 52.6 percent of the children who did not get needed medical care during 2001, the main reason was cost.

However, the picture is less positive for uninsured children when they are compared to children with health insurance:

- Prescription drug use – an estimated 216,163 children were prescribed a medication during the year, 52.2 percent of the insured and 27.6 percent of the uninsured
- Healthcare provider visits – an estimated 314,910 children visited a healthcare provider in the last six months of the year, 75.2 percent of the insured and 51.5 percent of the uninsured
- Hospital stays – an estimated 36,261 children had an overnight hospital stay during the year, 8.7 percent of the insured and 6 percent of the uninsured
- Usual place of care – an estimated 6,739 children used the hospital emergency room or a public health clinic as their usual place of care, 1.6 percent of the insured and 4.1 percent of the uninsured
- Needed medical care – an estimated 13,733 children were unable to obtain medical care when they needed it last year, 2.3 percent of the insured and 15.7 percent of the uninsured

- Health status – 71.5 percent of children are estimated by their parents to be in excellent or very good health, 71.8 percent of the insured and 67 percent of the uninsured
- Children with special needs – an estimated 61,391 children were estimated to have a chronic or disabling health condition, 14.7 percent of the insured and 9.5 percent of the uninsured

This information provides an indication of the disparity experienced by West Virginia's uninsured children in both accessing and benefiting from healthcare services.

## Appendix Study Methods

### Sample Design and Selection

The survey was conducted by Taylor Nelson Sofres Intersearch (TNSI). 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 percent 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.

### *Children's Health Insurance Program (CHIP) Eligibility*

Survey estimated CHIP eligibility among uninsured children by estimating FPL household income and number of people in the household. Children in households estimated to be at or below 250 percent FPL were considered potentially eligible. However, this estimate of potential CHIP-eligible children is not precise, since the FPL was based on an income range. Therefore, the number of potential CHIP-eligible children estimated by the survey should not be considered exact.

### *Chronic Health Care 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 health care. If yes, a list of possible sites of care was read.

*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

**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.