


# An Analysis of West Virginia's Minority Health Issues: **Black Americans**

*Prepared by the  
West Virginia University  
Institute for Health Policy Research*





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## Introduction


The *West Virginia Healthcare Survey, 2001* has given a face to the problem of uninsurance and underinsurance among West Virginia residents. The survey of over 16,000 households around the state also represents the first large-scale look at the health of West Virginians. Reports have been published that examine the state's children, adult, and older adult populations. With funding support from West Virginia's Community Voices Partnership, the Institute for Health Policy Research analyzed the survey data to learn more about the state's largest minority population, African Americans (AA).

West Virginia's "minority" populations are decidedly in the minority. The state's population is overwhelmingly Caucasian (95.0 percent). African Americans account for 3.2 percent of the total population. Other races account for 1.8 percent of the state's population.

At the time of the 2000 Census, 57,232 African Americans lived in West Virginia. The percent and number in each county of the state is listed in Table 1. The distribution may be better visualized by looking at Map 1 on page 7.

**Table 1**  
**Number and Percent African Americans in Each County**  
**Census 2000**

<b>County</b>	<b>Number of African Americans</b>	<b>Percent of County's Population that is AA</b>
McDowell	3,250	11.9
Raleigh	6,753	8.5
Kanawha	13,955	7.0
Jefferson	2,571	6.1
Monroe	872	6.0
Mercer	3,668	5.8
Fayette	2,650	5.6
Berkeley	3,558	4.7
Cabell	4,150	4.3
Ohio	1,691	3.6
Monongalia	2,763	3.4
Marion	1,823	3.2
Greenbrier	1,048	3.0
Logan	975	2.6
Mineral	690	2.5
Hancock	752	2.3
Mingo	661	2.3
Summers	280	2.2
Pendleton	174	2.1
Hardy	244	1.9
Harrison	1,105	1.6
Randolph	302	1.1
Wood	887	1.0
Gilmer	65	0.9
Brooke	216	0.8
Hampshire	167	0.8
Pocahontas	71	0.8
Taylor	134	0.8
Boone	167	0.7
Braxton	101	0.7
Grant	76	0.7
Morgan	89	0.6
Putnam	287	0.6
Upshur	144	0.6
Wyoming	161	0.6
Barbour	77	0.5
Mason	130	0.5
Pleasants	36	0.5
Marshall	153	0.4
Doddridge	20	0.3
Preston	86	0.3
Wirt	17	0.3
Roane	34	0.2
Calhoun	8	0.1



Clay	8	0.1
Jackson	23	0.1
Lewis	22	0.1
Lincoln	13	0.1
Nicholas	14	0.1
Ritchie	14	0.1
Tucker	5	0.1
Wayne	54	0.1
Wetzel	15	0.1
Tyler	2	0.0
Webster	1	0.0
<b>West Virginia</b>	<b>57,232</b>	<b>3.2</b>



# *West Virginia Healthcare Survey, 2001*

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**T**he *West Virginia Healthcare Survey, 2001* was undertaken to learn about West Virginians who do not have health insurance — who they 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.

The *West Virginia Healthcare Survey, 2001* over-sampled African Americans (AAs) in Raleigh and McDowell counties in order to generate a sample large enough to be able to generalize to the entire state. Preliminary analysis of the survey data showed significant differences between the AA populations in these two counties, representing 73.7 percent of the AA participating in the survey, and those in the rest of the state. The results presented in this report are therefore limited to Raleigh and McDowell counties, where 20.4 percent of the state's African Americans reside. The authors used non-AA county residents as the comparison group against which to assess the relative health of the AA residents and separately examined the health of children less than 18 years of age, adults ages 19 to 64, and older adults ages 65 and older.

A complete description of study methods, including over-sampling and weighting, is included in Appendix A. The tables that compare the over-sampled AA population to the AA population in the rest of the state are located in Appendix B.





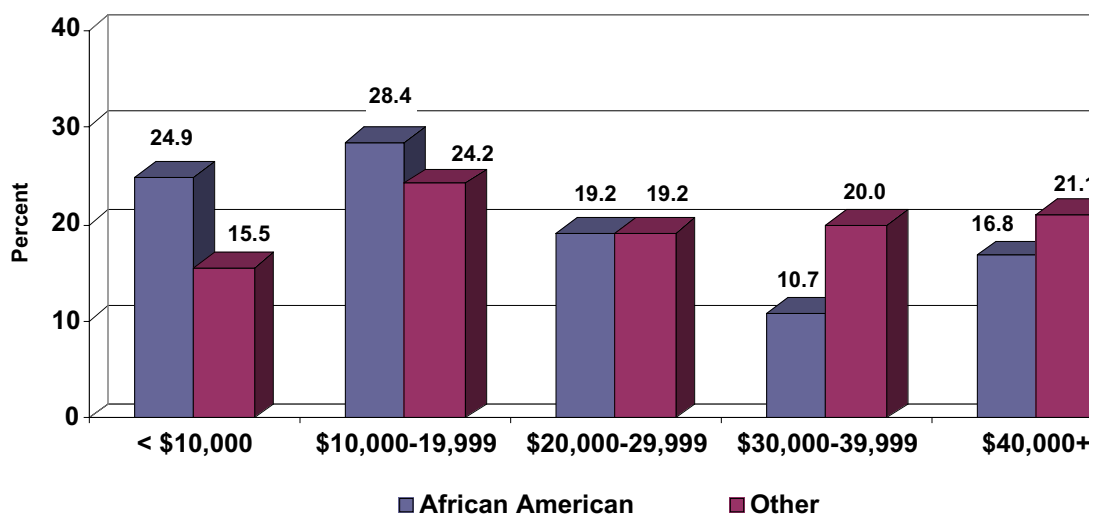
## African Americans Compared to Non-African Americans in Raleigh and McDowell Counties: Children (Ages 0-18)



AA children (ages 0-18) differed from other (*i.e.*, non-AA) children in several key characteristics.

AA children tended to live in households with lower incomes than non-AA children. Almost one-quarter (24.9 percent) of AA children lived in households with an annual income of less than \$10,000, compared to 15.5 percent of non-AA children (see Figure 1). AA children were also more likely (77.6 percent versus 70.7 percent) to live in households with annual incomes below 200 percent of the federal poverty level (FPL).

**Figure 1**  
**Children (Ages 0-18)**  
**Household Income Level**



<b>Insurance Type</b>	<b>Percent of AA Children with This Type of Insurance</b>	<b>Percent of Other Children with This Type of Insurance</b>
Medicaid	57.5	39.8
Insurance through a Job	32.2	39.1
CHIP	2.5	4.9
Medicare <65	1.0	0.9
Self-Purchased	1.0	2.3
COBRA	0.8	0.0
UMWA/RR	0.6	1.5
VA/CHAMPUS	0.0	1.1
Uninsured	4.5	10.4

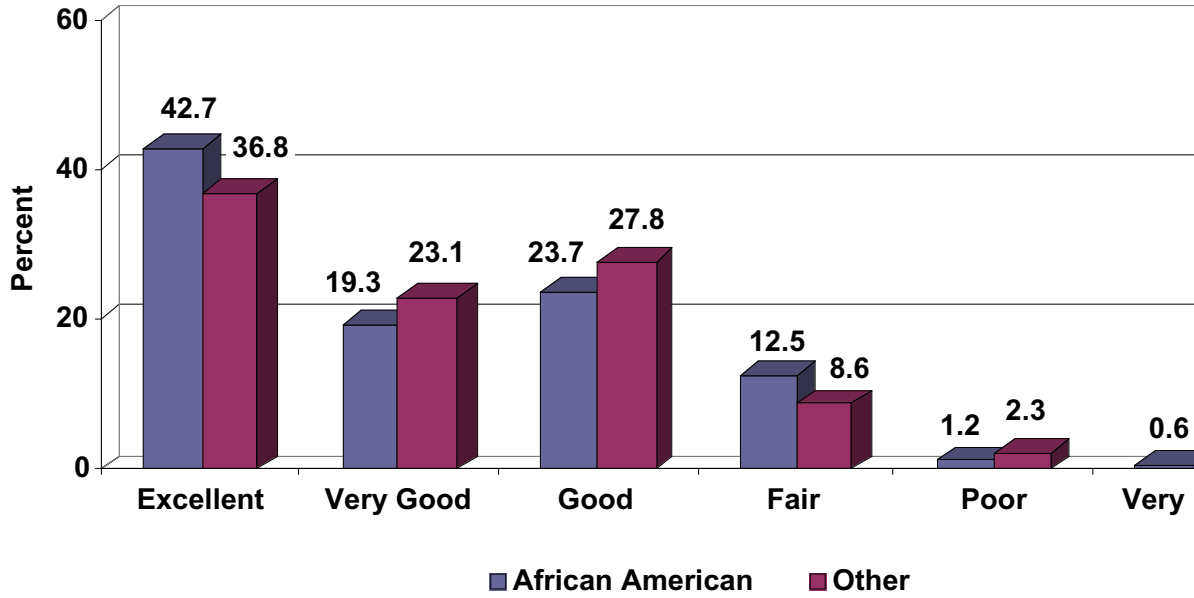
AA children were *less* likely to be uninsured than non-AA children (4.5 percent versus 10.4 percent). More AA children were enrolled in Medicaid than non-AA children (57.5 percent versus 39.8 percent). However, more non-AA children were enrolled in CHIP than AA children (4.9 percent versus 2.5 percent). See Table 2.

Medicaid and CHIP benefits include dental insurance and prescription drug coverage. Therefore, AA children were more likely to have dental insurance (67.5 percent versus 62.3 percent) and prescription drug coverage (97.7 percent versus

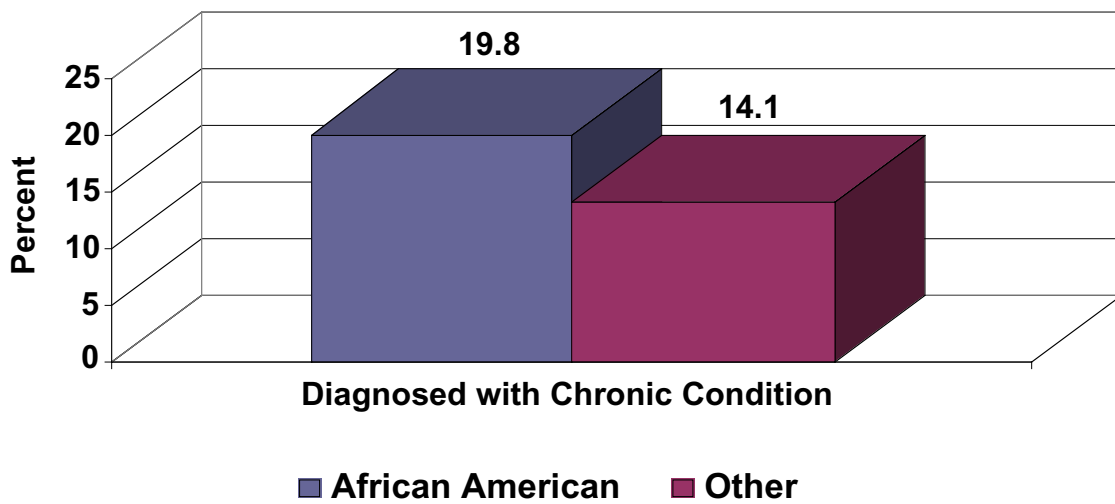
Both populations of children had about the same rating of their general health. About 62.0 percent of AA children were reported to be in very good to excellent health, compared to 59.9 percent of non-AA children. Approximately 36.2 percent of AA children were reported to be in fair to good health and 1.8 percent were in poor to very poor health, compared to 36.4 percent and 2.3 percent of non-AA

AA children were more likely to be diagnosed with a chronic health condition or disability than non-AA children (see Figure 3).

**Figure 2**  
**Children (Ages 0-18)**  
**General Health Ratings**



**Figure 3**  
**Children (Ages 0-18)**  
**Diagnosed with Chronic Condition or Disability**





All children were equally likely to have seen a physician, physician’s assistant, or nurse practitioner during the past six months (78.7 percent for African Americans versus 77.6 percent for others), regardless of their race. Where they saw a provider differed among those children who had a visit in the preceding six months (see Table 3). AA children were more likely to visit a school clinic or public health department. Non-AA children were more likely to visit a doctor’s office, urgent care center, or hospital outpatient clinic.

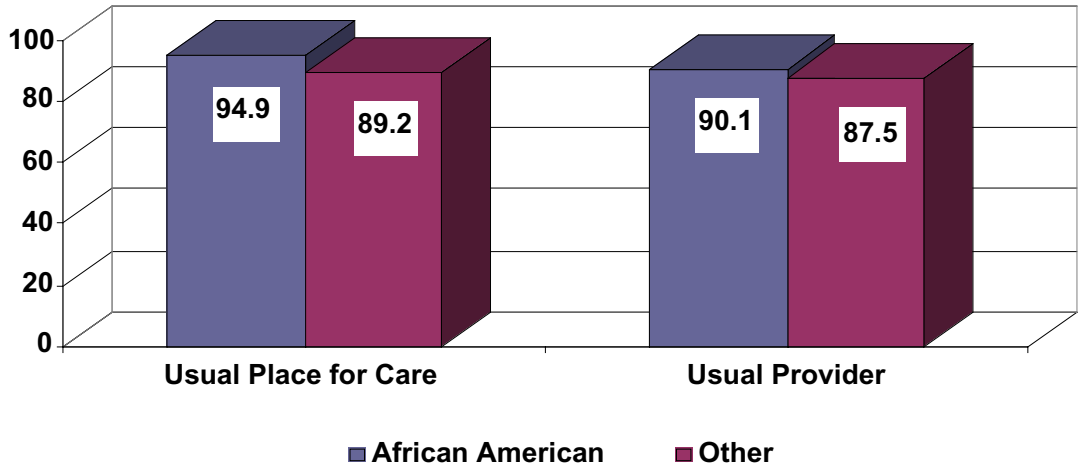
AA children were more likely to have a usual place for medical care (94.9 percent versus 89.2 percent), and were more likely to have a usual healthcare provider (90.1 percent versus 87.5 percent). See Figure 4.

AA children were also more likely to have visited the dentist in the preceding six months than non-AA children (63.4 percent versus 49.6 percent).

<b>Site of Care</b>	<b>Percent of AA Children with a Visit During the Previous Six Months*</b>	<b>Percent of Non-AA Children with a Visit During the Previous Six Months*</b>
Doctor’s Office	86.1	93.0
Urgent Care Center	17.5	26.1
Hospital Emergency Room	25.0	26.4
Community or Free Clinic	21.9	23.2
Hospital Outpatient Clinic	11.6	22.6
Mental Health Center	5.7	6.8
School or Public Health Clinic	8.5	4.4

\* Denominator is population that has visited any of these locations in the past six months.

**Figure 4**  
**Children(Ages 0-18)**  
**AA children were more likely to have a usual place for**  
**medical care and a usual healthcare provider.**

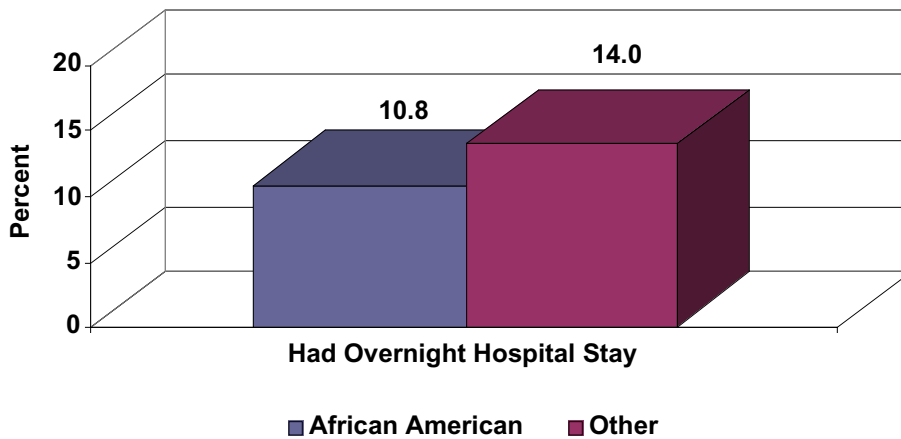


Among children with an identified “medical home,” the majority of children, regardless of race, specified a doctor’s office as their usual place for care. However, AA children were more likely to identify a community health center or local clinic, in contrast to non-AA children who specified a hospital outpatient center as their usual place for care (see Table 4).

<b>Place of Care</b>	<b>Percent of AA Children with this as Their Usual Place for Care</b>	<b>Percent of Non-AA Children with this as Their Usual Place for Care</b>
Doctor’s Office	72.1	73.6
Community Health Center, Local Clinic, or Free Clinic	24.3	18.4
Hospital Outpatient Clinic	2.6	5.7
Hospital Emergency Room	0.0	0.6
School Clinic or Public Health Department	0.3	0.0
Community Mental Health Center	0.0	1.0
VA Medical Center	0.1	0.0
Other	0.6	0.8

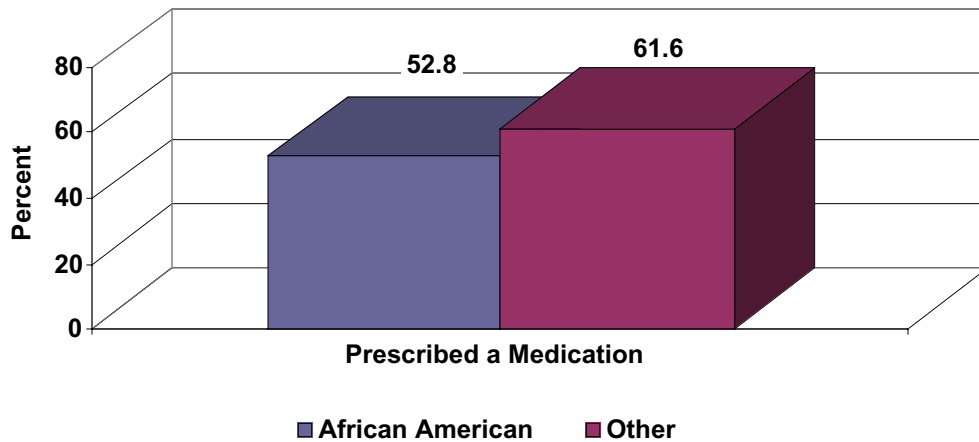
AA children were less likely than non-AA children to have had an overnight hospital stay during the previous year (10.8 percent versus 14.0 percent). See Figure 5.

**Figure 5  
Children (Ages 0-18)  
Overnight Hospital Stay**



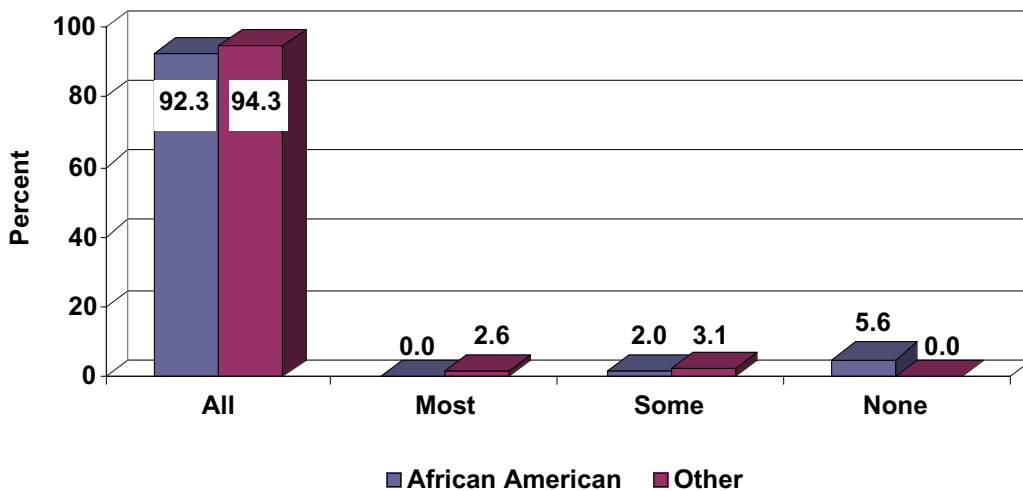
Fewer AA children had a medication prescribed for them during the past six months (52.8 versus 61.6 percent). See Figure 6. About 92.3 percent of AA children filled all of their prescriptions, compared to 94.3 percent of non-AA children (see Figure 7).

**Figure 6**  
**Children (Ages 0-18)**  
**Prescribed a Medication**



■ African American ■ Other

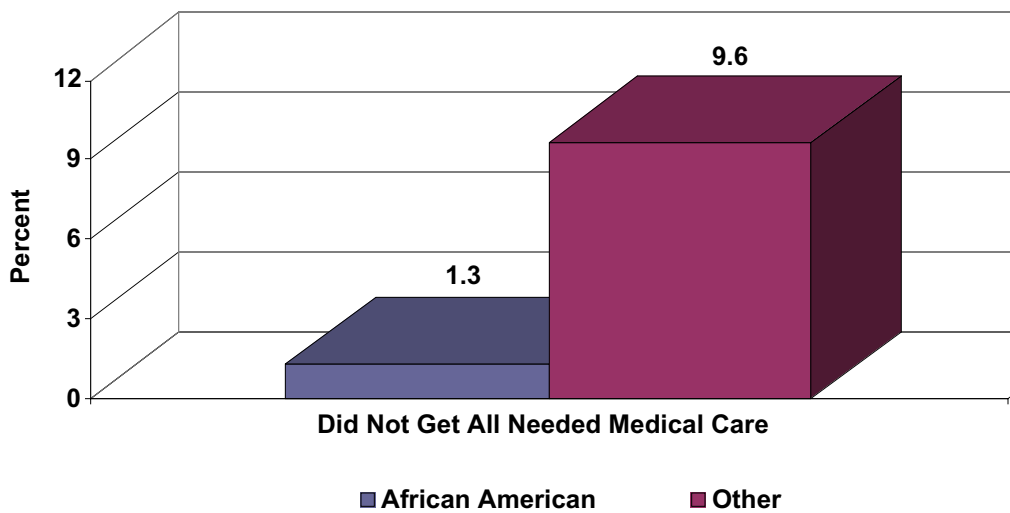
**Figure 7**  
**Children (Ages 0-18)**  
**Filled Prescriptions**



■ African American ■ Other

Although most children received all of the medical care that they needed during the past year, 9.6 percent of non-AA children **did not** get needed medical care at some time during the previous year, compared to only 1.3 percent of AA children (see Figure 8). As noted earlier, a significantly higher percentage of AA children have health coverage through Medicaid (57.5 percent versus 39.8 percent), which could account for the difference in access to needed care.

**Figure 8**  
**Children (Ages 0-18)**  
**Did Not Get All Needed Medical Care**



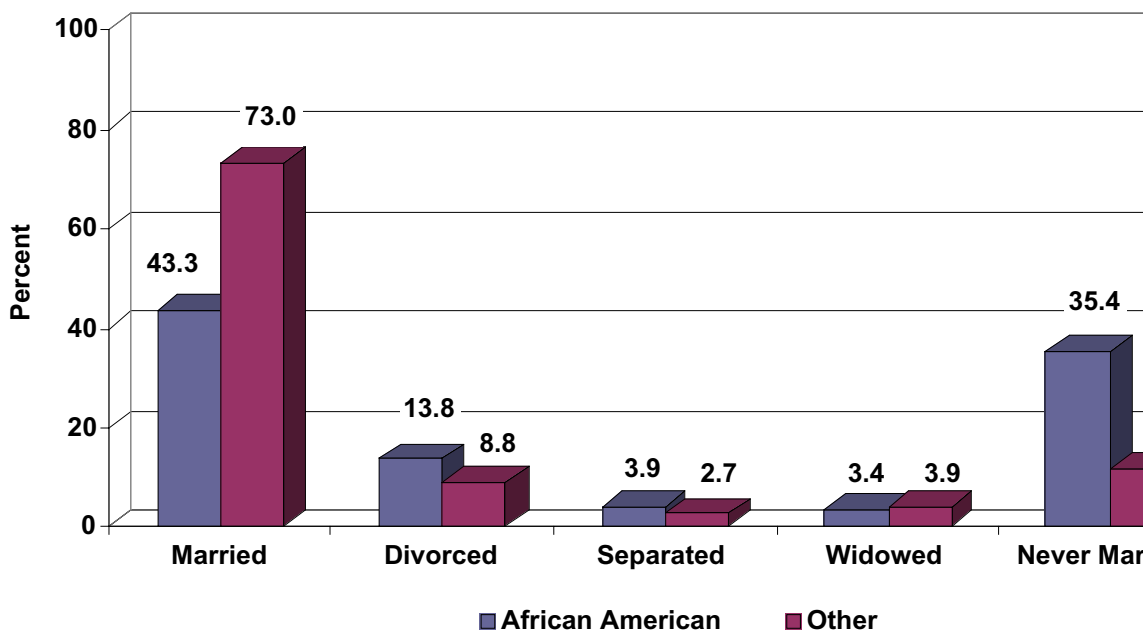


## African Americans Compared to Non-African Americans in Raleigh and McDowell Counties: Non-Elderly Adults (Ages 19-64)



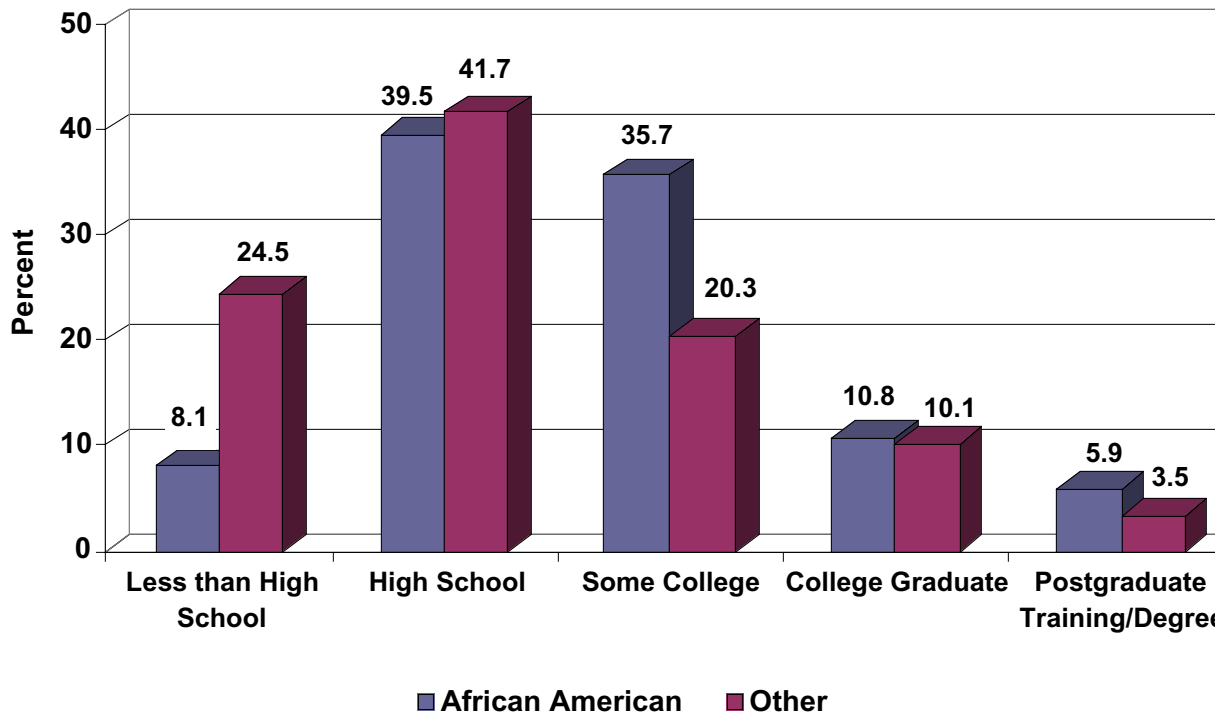
Like the children, the two populations of non-elderly adults (ages 19-64) differ in several key characteristics. AA adults were more likely than non-AA adults to be divorced or never married. Non-AA adults were more likely than AA adults to be married (see Figure 9).

**Figure 9**  
**Non-Elderly Adults (Ages 19-64)**  
**Marital Status**



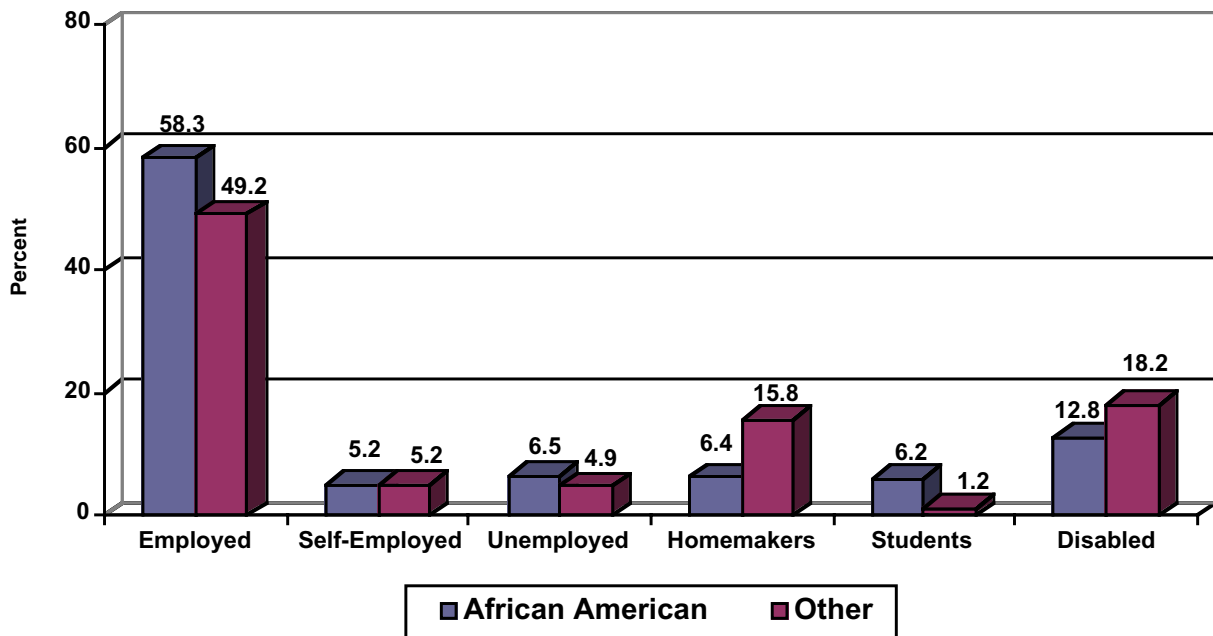
AA adults completed more years of education than non-AAs (see Figure 10). Over one-third (35.7 percent) of AA adults had completed some college, compared to 20.8 percent of non-AA adults. Conversely, non-AA adults were almost three times as likely as AA adults not to have completed high school (24.5 percent versus 8.1 percent).

**Figure 10**  
**Non-Elderly Adults (Ages 19-64)**  
**Education Level**



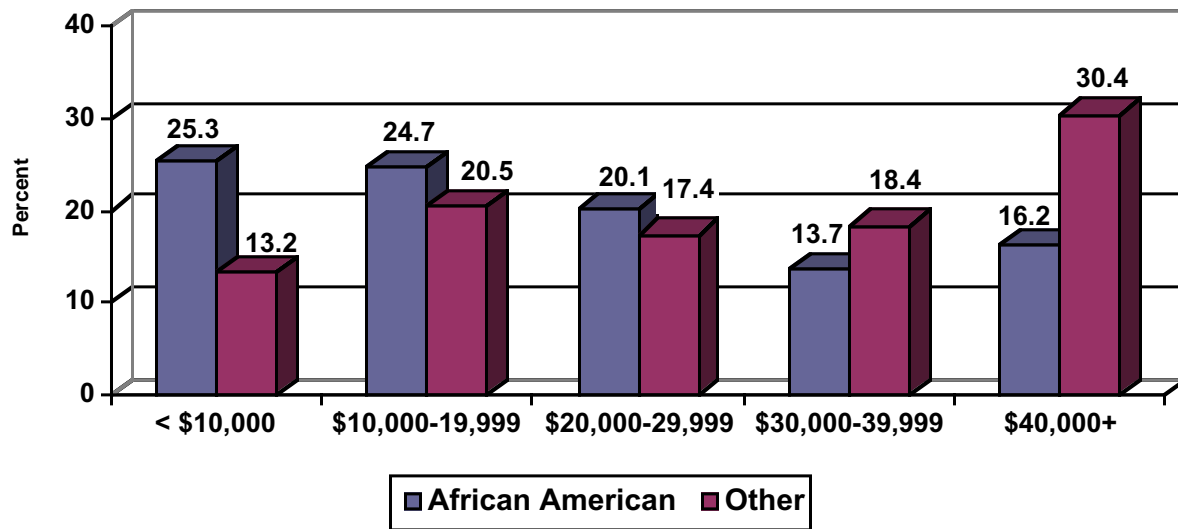
AA adults were more likely to be employed by someone else, unemployed, or students. Non-AA adults were more likely to be homemakers or not working due to a disability (see Figure 11).

**Figure 11**  
**Non-Elderly Adults (Ages 19-64)**  
**Employment Status**



AA adults tended to have lower household incomes than non-AA adults (see Figures 12). Approximately one-quarter (25.3 percent) of AA adults had annual household incomes below \$10,000, compared to 13.2 percent of non-AA adults. Approximately 65.9 percent of AA adults were below 200 percent of the federal poverty level (FPL), compared to 48.7 percent of non-AA adults.

**Figure 12**  
**Non-Elderly Adults (Ages 19-64)**  
**Annual Household Income**

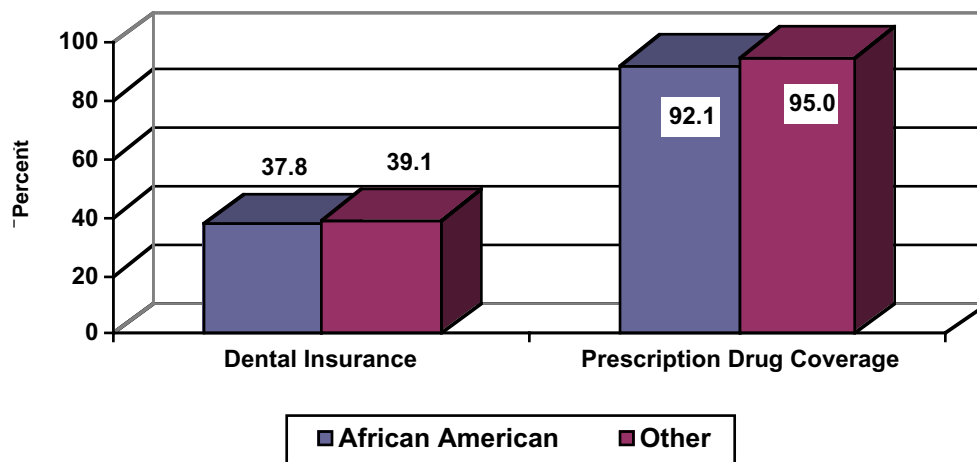


AA adults were more likely to be uninsured (23.6 percent versus 18.5 percent). If they had health insurance, AA adults were more likely to have public employer health insurance (FEHB and PEIA), Medicaid, and self-purchased health insurance. Non-AA adults were more likely to have health insurance through a private employer, UMWA/RR, or VA/CHAMPUS. See Table 5.

Table 5 Non-Elderly Adults (Ages 19-64) Insurance Coverage		
Insurance Type	Percent of AA Adults	Percent of Non-AA Adults
FEHB	11.0	4.2
PEIA	12.0	10.3
Private Employer	25.6	40.1
UMWA/RR	0.2	3.2
Medicaid	18.4	13.9
Medicare <65	3.7	3.6
VA/CHAMPUS	0.8	2.1
Self-Purchase	4.1	3.2
Uninsured	23.6	18.5

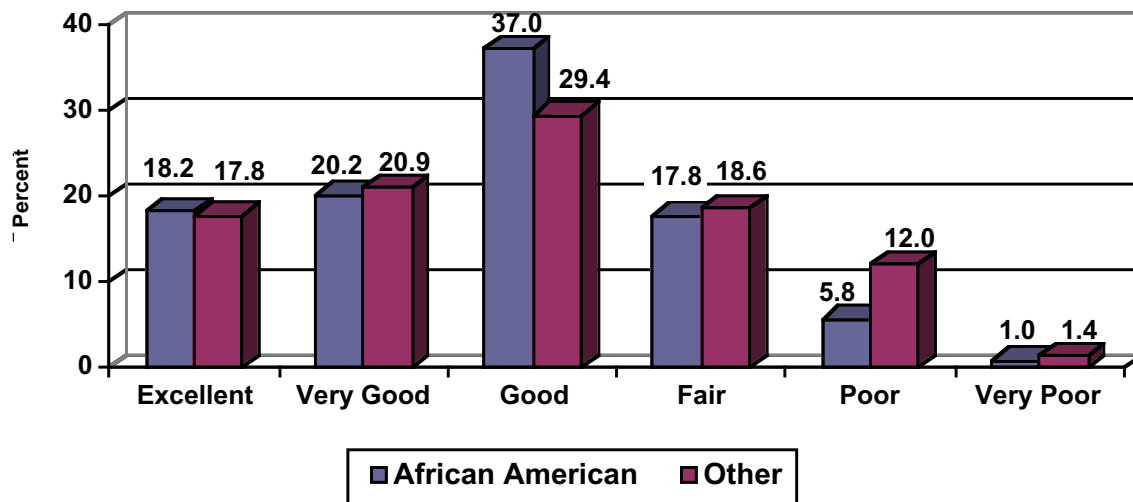
The two populations of adults were similar with respect to prescription drug coverage (92.1 percent of AA adults versus 95 percent of non-AA adults) and dental insurance (37.8 percent of AA adults versus 39.1 percent of non-AA adults). See Figure 13. The two populations of non-elderly adults were also similar in the percent that had gone to the dentist in the last six months (40.7 percent AA versus 40.4 percent non-AA).

**Figure 13**  
Non-Elderly Adults (Age 19-64)  
Prescription Drug Coverage and Dental Insurance



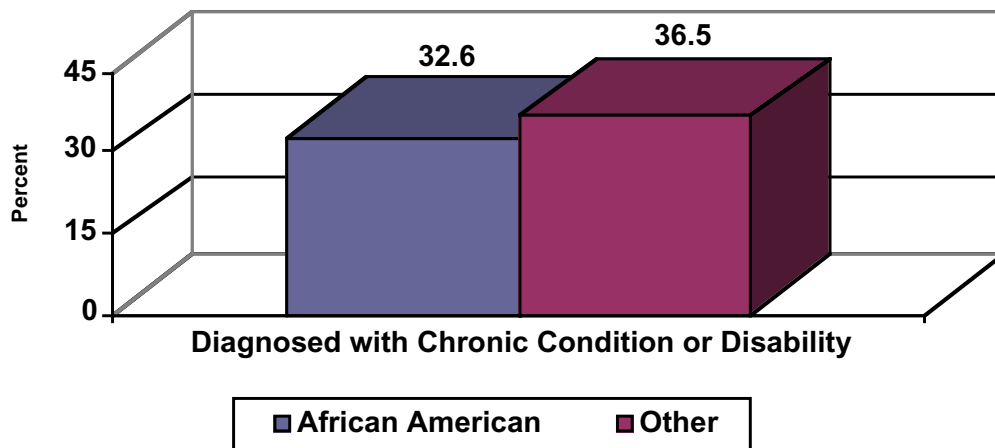
AA adults rated their general health slightly higher than non-AA adults (see Figure 14). About 38.4 percent of AA adults were in very good to excellent health, compared to 38.7 percent of non-AA adults. About 54.8 percent of AA adults were in fair to good health and 6.8 percent were in poor to very poor health, compared to 48.0 percent and 13.4 percent of non-AA adults.

**Figure 14**  
**Non-Elderly Adults (Ages 19-64)**  
**General Health Status**



AA adults were less likely than non-AA adults to have been diagnosed with a chronic health condition or disability (see Figure 15).

**Figure 15**  
**Non-Elderly Adults (Ages 19-64)**  
**Diagnosed with Chronic Condition or Disability**



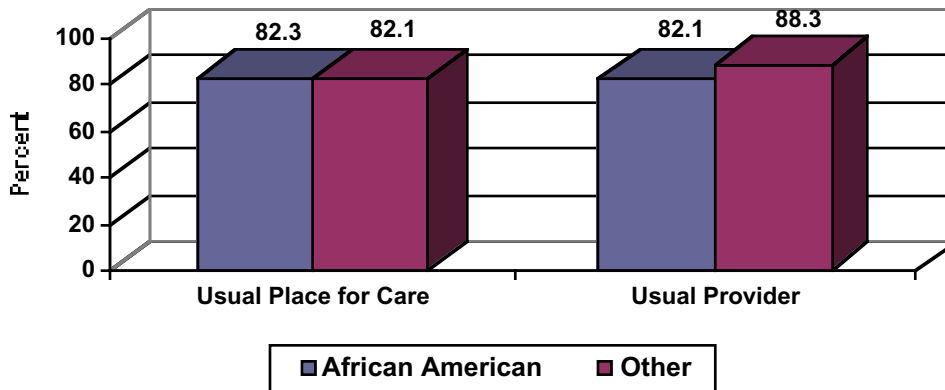
Race was not a factor in the respondents seeing a primary care provider. The two populations were equally likely to have seen a physician, physician’s assistant, or nurse practitioner during the previous six months (69.4 percent of AA adults versus 70.6 percent of non-AA adults). Where they saw health care providers differed between the two groups who had seen a provider in the last six months (see Table 6). AA adults were more likely to visit a hospital emergency room or a community or free clinic. Non-AA adults were somewhat more likely than AA adults to visit a doctor’s office.

<b>Table 6</b> <b>Non-Elderly Adults (Ages 19-64)</b> <b>Percent Who Have Visited a Place During the Previous Six Months</b>		
<b>Site of Care</b>	<b>Percent of AA Adults with a Visit During the Previous Six Months*</b>	<b>Percent of Non-AA Adults with a Visit During the Previous Six Months*</b>
Doctor’s Office	61.7	66.0
Urgent Care Center	13.8	13.4
Hospital Emergency Room	29.4	17.9
Community or Free Clinic	17.3	11.7
Hospital Outpatient Clinic	17.2	15.4
Mental Health Center	8.0	7.3
School or Public Health Clinic	3.9	2.8
Chiropractor’s Office	3.3	3.6
VA Medical Center	4.0	3.9

\*Denominator is population that has visited any of these locations in the past six months.

The two populations were equally likely to have visited the dentist in the last six months (40.7 percent versus 40.4 percent) and to have a usual place for medical care (82.3 percent for AA adults and 82.1 percent for non-AA adults). AA adults, however, were somewhat less likely than non-AA adults to have a usual healthcare provider (82.1 percent versus 88.3 percent). See Figure 16.

**Figure 16**  
**Non-Elderly Adults (Ages 19-64)**  
**Usual Place for Medical Care and Usual Provider**



Among adults with an identified “medical home,” AA adults were more likely to identify a hospital emergency room or community health center or free clinic as their usual place for care. Non-AA adults were more likely to identify a doctor’s office as their usual place for medical care (see Table 7).

**Table 7**  
**Non-Elderly Adults (Ages 19-64)**  
**Usual Site of Medical Care**

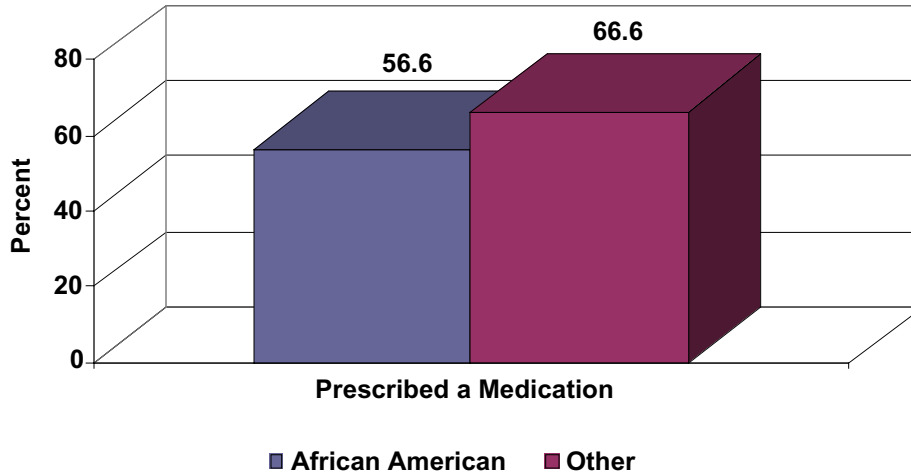
Site of Care	Percent of AA Adults with this as Their Usual Site of Care	Percent of Non-AA Adults with this as Their Usual Site of Care
Doctor s Office	54.8	61.8
Urgent Care Center	1.2	1.3
Hospital Emergency Room	5.5	1.8
Community Health Center or Free Clinic	25.4	20.5
Hospital Outpatient Clinic	9.6	11.1
Mental Health Center	0.5	0.0
VA Medical Center	2.7	2.5
Public Health Department	0.1	0.3
Other	0.2	0.6



AA adults were somewhat more likely (15.8 percent versus 10.3 percent) to have had an overnight hospital stay at some point during the previous year.

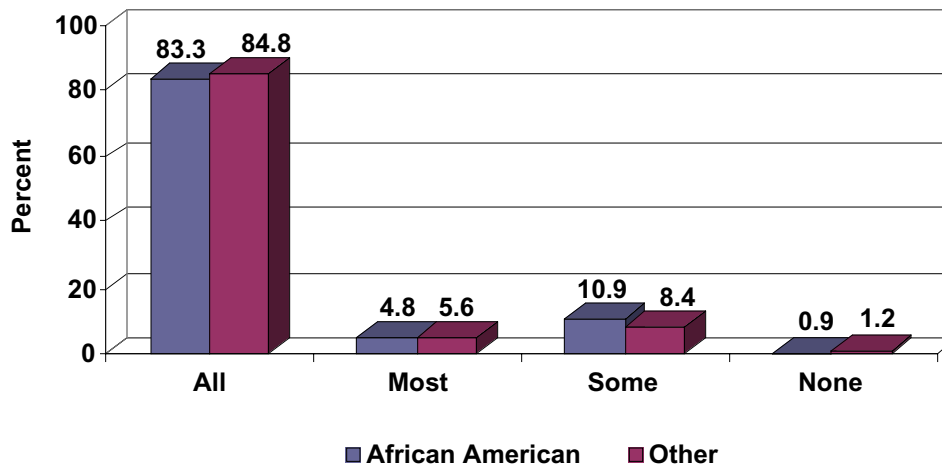
Two-thirds (66.6 percent) of non-AA adults were prescribed a medication during the previous six months compared to 56.6 percent of AA adults (see Figure 17).

**Figure 17**  
**Non-Elderly Adults (Ages 19-64)**  
**Prescribed a Medication**



About 83.3 percent of AA adults filled all of their prescriptions, compared to 84.8 percent of non-AA adults (see Figure 18).

**Figure 18**  
**Non-Elderly Adults (Ages 19-64)**  
**Filled Prescriptions**

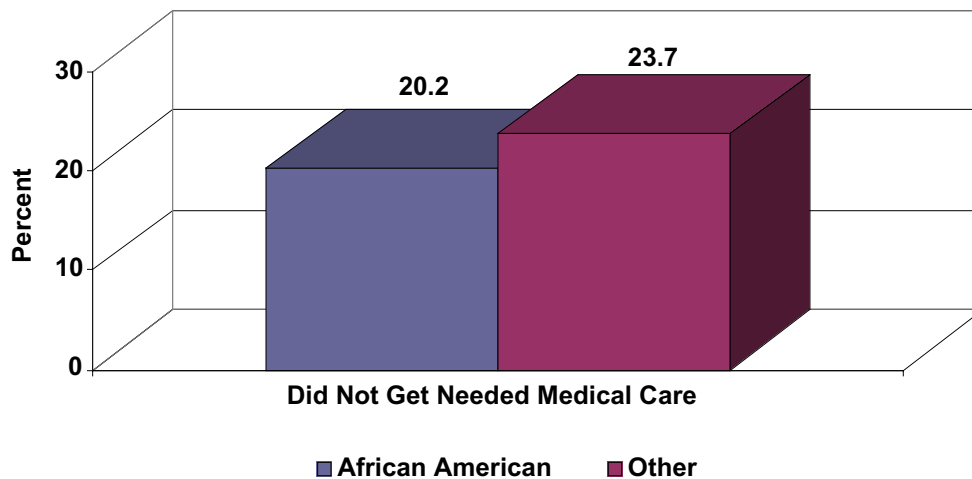


Cost was the main reason for not filling all prescriptions for both groups (71.4 percent of AA adults and 80.5 percent of non-AA adults). Waiting to see if they got better before filling a prescription was the reason given by 7.2 percent of AA adults and 2.1 percent of non-AA adults (see Table 8).

<b>Table 8</b> <b>Non-Elderly Adults (Ages 19-64)</b> <b>Reasons for Not Filling All Prescriptions</b>		
Reason	Percent of AA Adults	Percent of Non-AA Adults
Too expensive	71.4	80.5
Bad reaction to the medication the first time	0.0	0.5
Too inconvenient	1.5	0.0
Waited to see if got better without medication	7.2	2.1
Other	17.7	16.9

Approximately 20.2 percent of AA adults did not receive needed medical care at some point during the previous year, compared to 23.7 percent of non-AA adults (see Figure 19).

**Figure 19**  
**Non-Elderly Adults (Ages 19-64)**  
**Did Not Get Needed Medical Care**

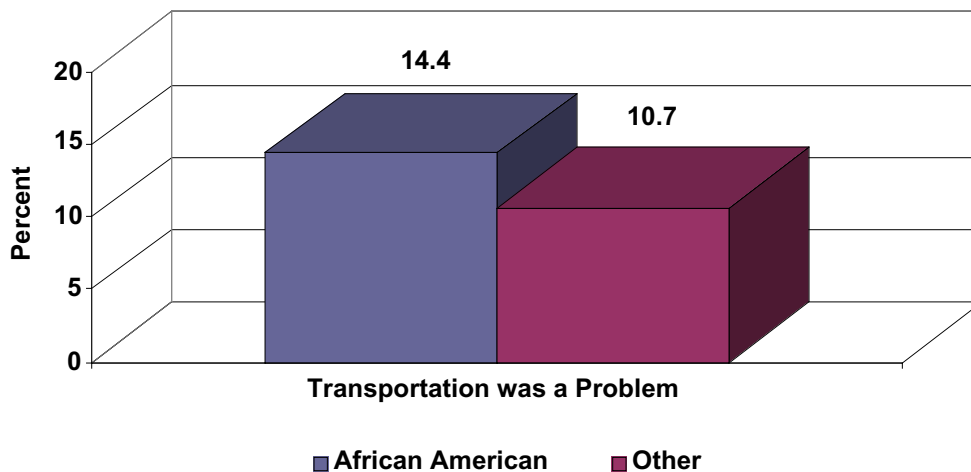


Cost was the main reason given for not getting needed medical care by 58.5 percent of AA adults and 64.3 percent of non-AA adults. About 14.4 percent of AA adults did not get needed care because they could not get an appointment, while 9.4 percent of non-AA adults did not get needed medical care because health services in the area were lacking (see Table 9).

Reason	Percent of AA Adults	Percent of Non-AA Adults
Cost	58.5	64.3
Health services in area lacking	4.3	9.4
Could not get appointment	14.4	0.7
Did not have time	1.3	2.7
Provider not open when available	2.6	1.4
Transportation problem	3.6	0.0

Transportation was given as a reason for not getting needed medical care by 3.6 percent of AA adults. Transportation to a healthcare provider was a larger problem for AA adults than it was for non-AA adults (see Figure 20).

**Figure 20**  
**Non-Elderly Adults (Ages 19-64)**  
**Problem with Transportation to Healthcare Provider**



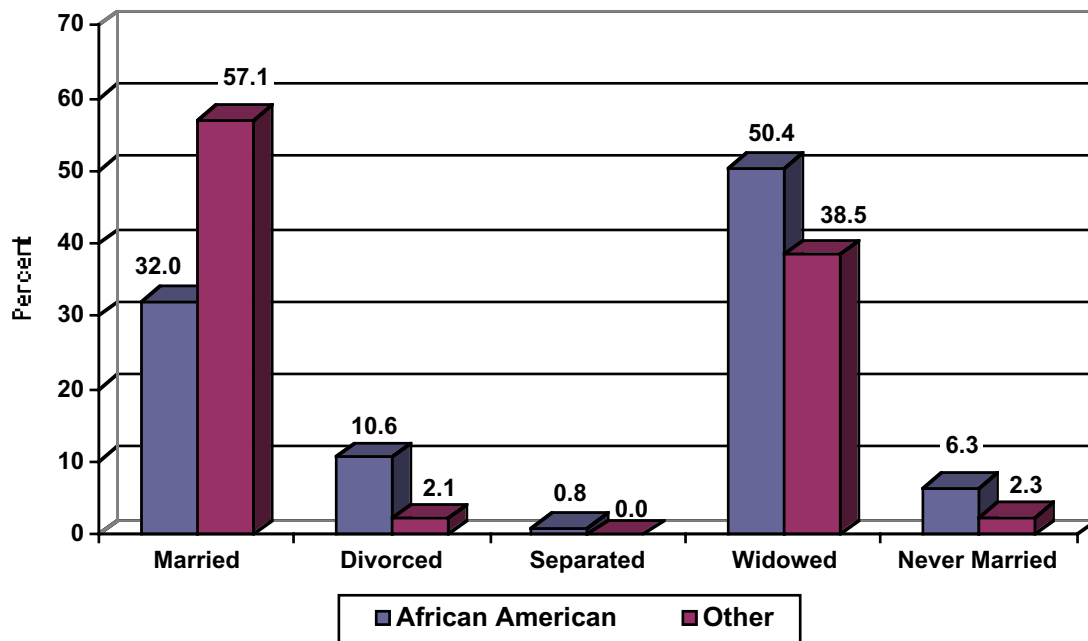
## African Americans Compared to Non-African Americans in Raleigh and McDowell Counties: Older Adults (Ages 65+)

The AA and non-AA populations of older adults (ages 65+) also differed on several key characteristics.

AA older adults were more likely to be divorced, widowed, or never married. Non-AA older adults were more likely than AA older adults to be married (see Figure 21).

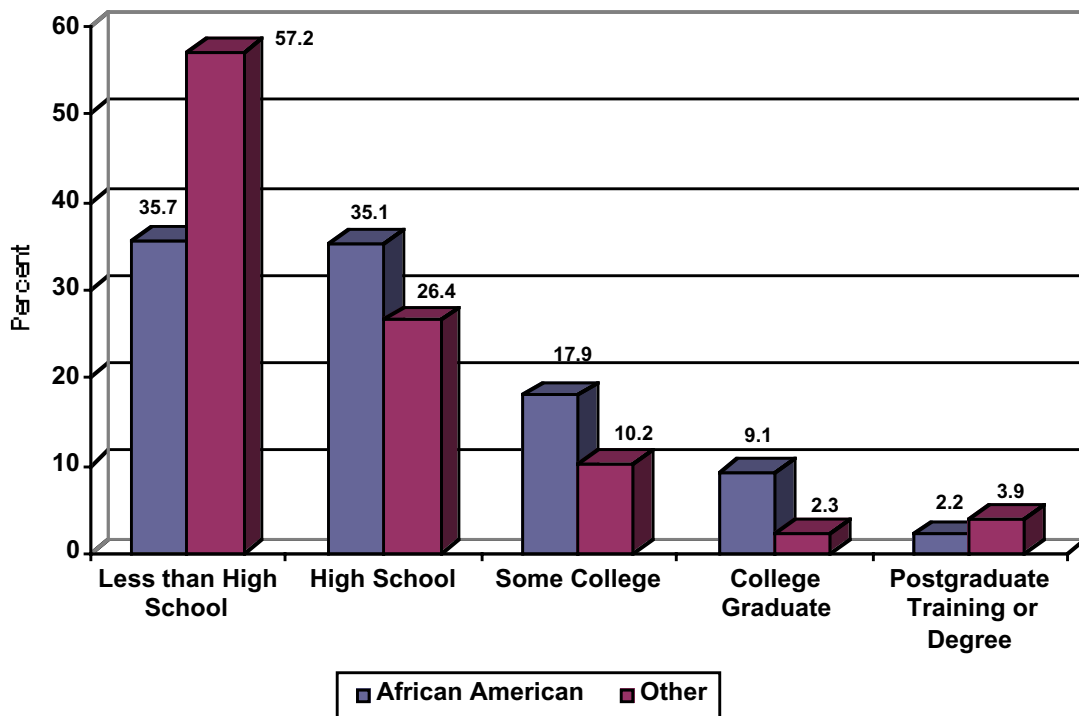


**Figure 21**  
**Older Adults (Ages 65+)**  
**Marital Status**



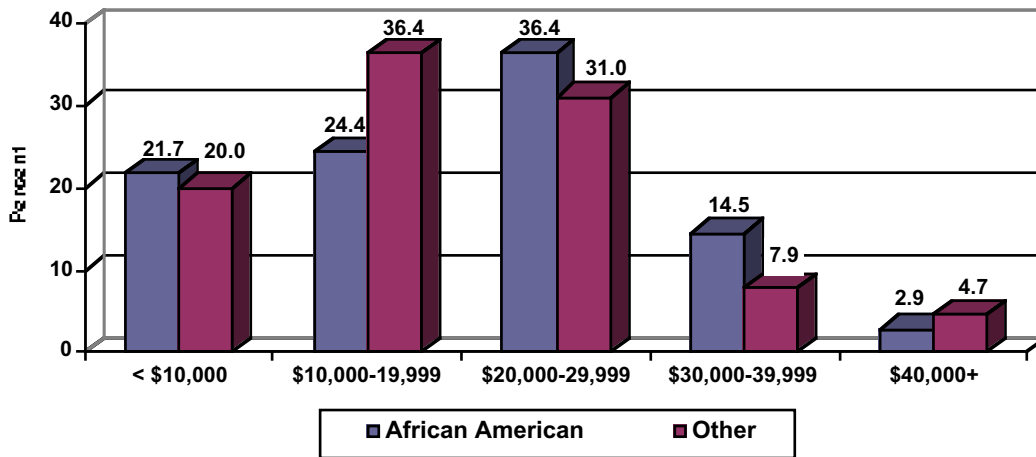
AA older adults tended to be more educated than non-AA older adults (see Figure 22). Only 35.7 percent of AA adults did not graduate from high school, compared to 57.2 percent of non-AA adults.

**Figure 22**  
**Older Adults (Ages 65+)**  
**Education Level**

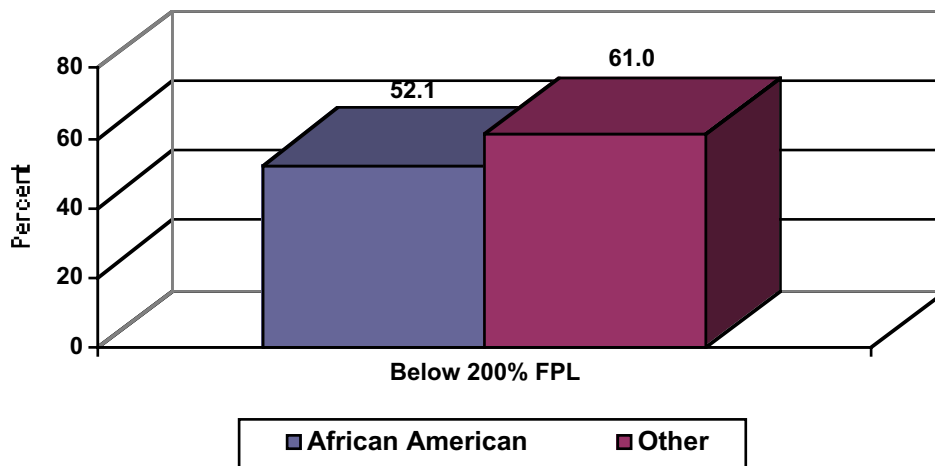


AA and non-AA older adults had similar household income levels (see Figure 23). Somewhat fewer AA older adults were below 200% FPL than non-AA older adults (see Figure 24).

**Figure 23**  
**Older Adults (Ages 65+)**  
**Income Level**



**Figure 24**  
**Older Adults (Ages 65+)**  
**Below 200% Federal Poverty Level**

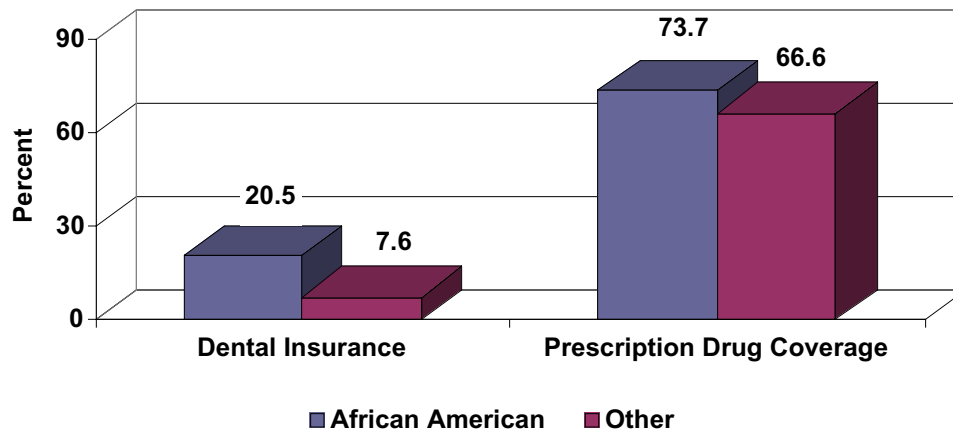


AA older adults were more likely to have health insurance through UMWA/RR, Medicare only, and Medicaid. AA older adults were less likely than non-AA older adults to have Medicare with a supplement (see Table 10).

<b>Table 10</b> <b>Older Adults (Ages 65+)</b> <b>Insurance Coverage</b>		
Insurance Type	Percent of AA Older Adults	Percent of Non-AA Older Adults
UMWA/RR	45.3	34.8
Medicare Only	27.0	25.1
Medicare & Supplement	16.1	31.9
Medicare & Medicaid	11.7	8.3

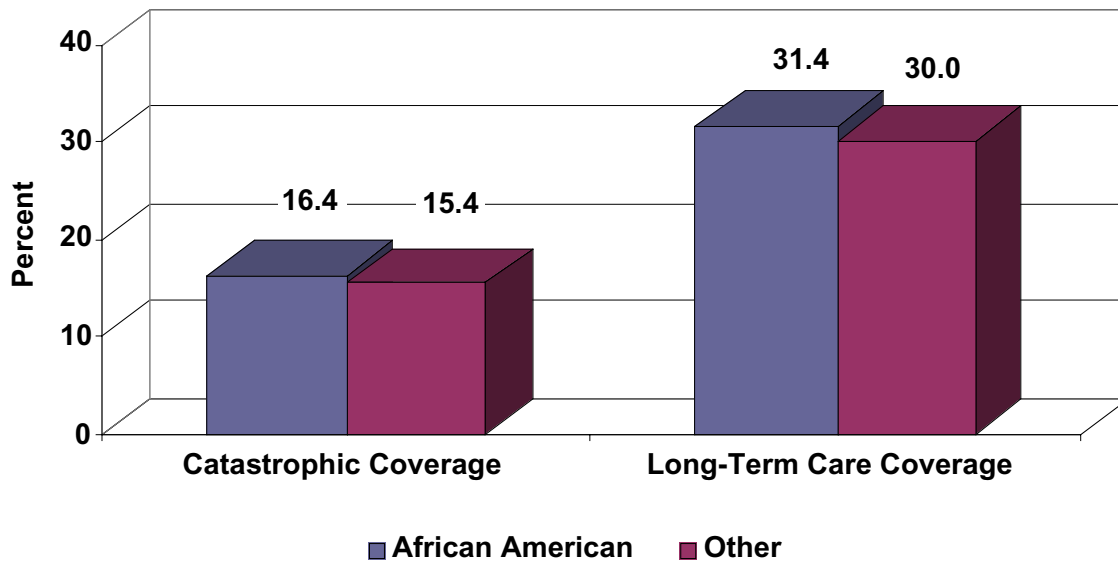
AA older adults were more likely to have prescription drug coverage and dental insurance (see Figure 25). Although AA older adults were more likely to have dental insurance coverage (20.5 percent versus 7.6 percent), they were less likely to have visited the dentist in the last six months (27.9 percent versus 30.4 percent).

**Figure 25**  
**Older Adults (Ages 65+)**  
**Prescription Drug Coverage and Dental Insurance**



AA and non-AA older adults were about equally likely to have catastrophic coverage and long-term care coverage (see Figure 26).

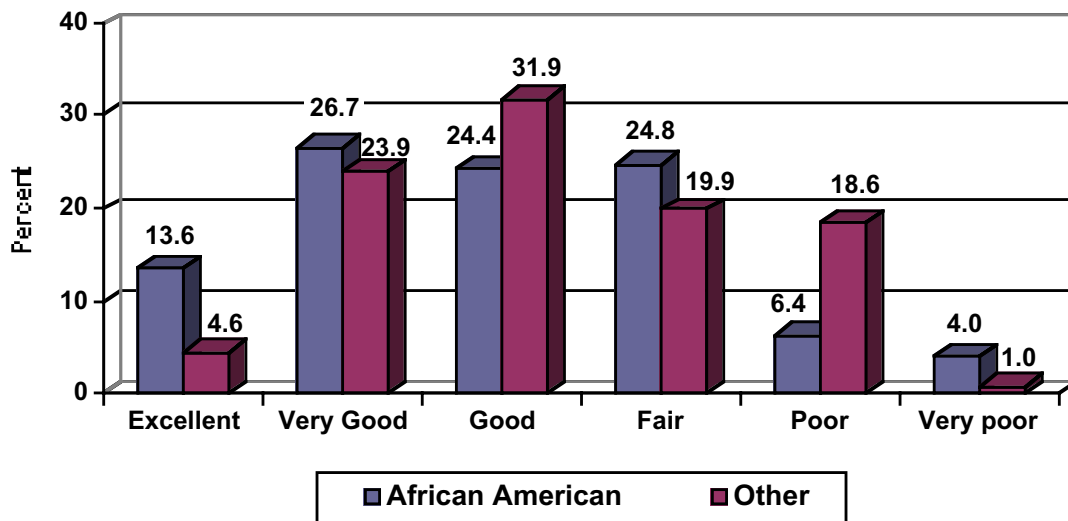
**Figure 26**  
**Older Adults (Ages 65+)**  
**Catastrophic and Long-Term Care Coverage**





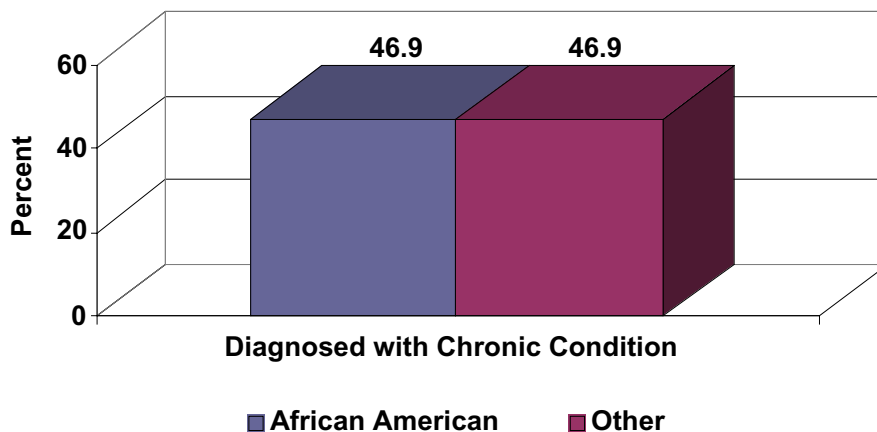
AA older adults tended to rate their general health better than non-AA older adults did (see Figure 27). About 40.3 percent of AA older adults were in very good to excellent health, compared to 28.5 percent of non-AA older adults. About 49.2 percent of AA older adults were in fair to good health, compared to 51.8 percent of non-AA adults. About 10.4 percent of AA adults were in poor to very poor health, compared to 19.6 percent of non-AA older adults.

**Figure 27**  
**Older Adults (Ages 65+)**  
**General Health Status of Older Adults**



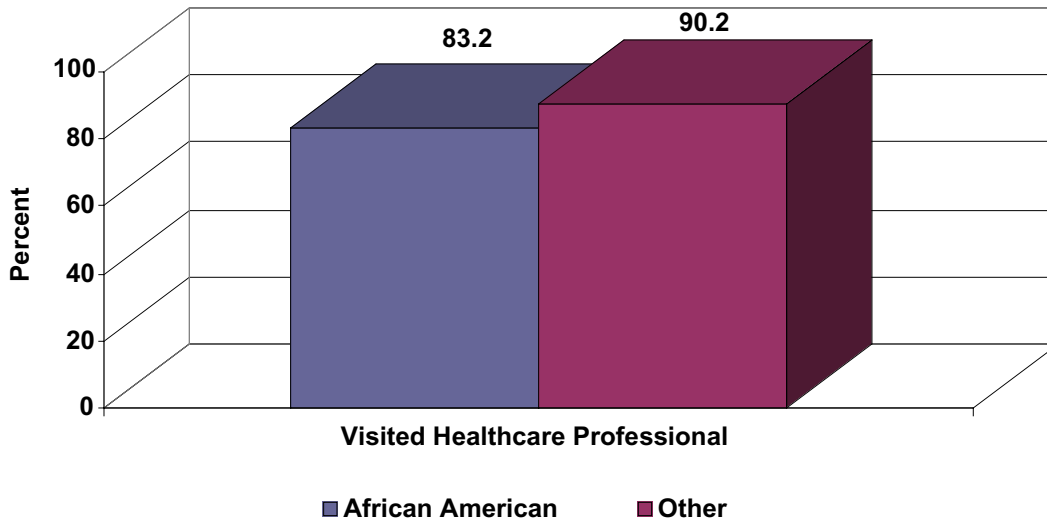
AA and non-AA older adults were equally likely to have been diagnosed with a chronic health condition or disability (see Figure 28).

**Figure 28**  
**Older Adults (Ages 65+)**  
**Diagnosed with Chronic Condition or Disability**



AA older adults were less likely to have visited a physician, physician’s assistant, or nurse practitioner during the previous six months (see Figure 29).

**Figure 29**  
**Older Adults (Ages 65+)**  
**Had a Visit to Healthcare Professional**



The site for these visits differed between the two groups (see Table 11). AA older adults were more likely than non-AA older adults to visit a hospital outpatient clinic. Non-AA older adults were more likely than AA older adults to visit a doctor’s office, urgent care center, or hospital emergency room.

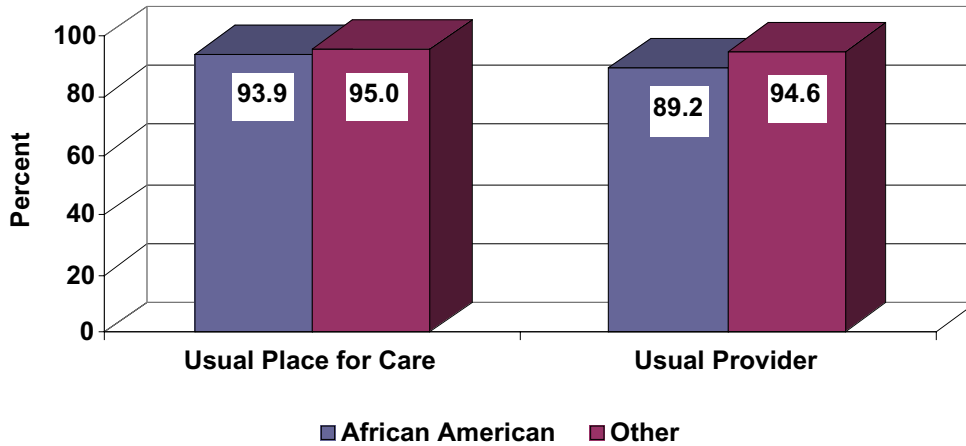
**Table 11**  
**Older Adults (Ages 65+)**  
**Percent Who Had Visited a Place During the Previous Six Months**

Site of Care	Percent of AA Older Adults with a Visit During the Previous Six Months*	Percent of Non-AA Older Adults with a Visit During the Previous Six Months*
Doctor’s Office	75.5	86.8
Urgent Care Center	9.5	11.3
Hospital Emergency Room	11.8	21.8
Community or Free Clinic	9.5	9.7
Hospital Outpatient Clinic	27.3	21.7
Mental Health Center	1.1	1.9
School or Public Health Clinic	1.4	1.5
Chiropractor’s Office	2.4	3.0
VA Medical Center	7.6	5.1

\*Denominator is population that has visited any of these locations in the past six months.

AA older adults were slightly less likely to have visited the dentist in the last six months (27.9 percent versus 30.4 percent). AA and non-AA older adults were almost equally likely to have a usual place for medical care (93.9 percent versus 95.0 percent), but AA older adults were slightly less likely to have a usual healthcare provider (89.2 percent versus 94.6 percent). See Figure 30.

**Figure 30**  
**Older Adults (Ages 65+)**  
**Usual Place for Care and Usual Provider**

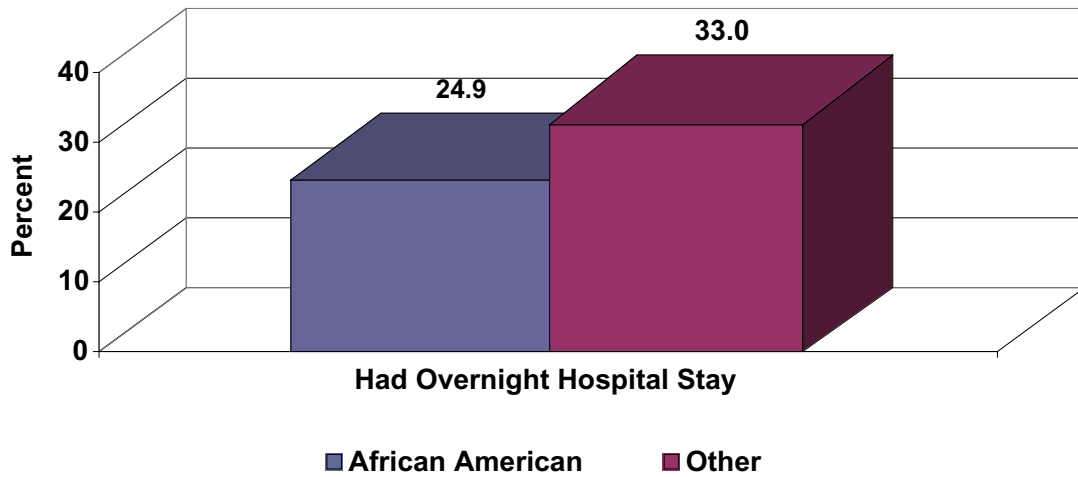


Among those older adults who specified a “medical home,” AA older adults were more likely to identify a hospital outpatient clinic or VA medical center as their usual place for care. Non-AA older adults were more likely to identify a doctor’s office or community health center as their usual place for medical care (see Table 12).

<b>Table 12</b> <b>Older Adults (Ages 65+)</b> <b>Usual Site of Medical Care</b>		
Place for Care	Percent of AA Older Adults with this as Their Usual Place for Care	Percent of Non-AA Older Adults with this as Their Usual Place for Care
Doctor’s Office	57.3	74.1
Urgent Care Center	0.4	0.0
Hospital Emergency Room	0.3	0.6
Community Health Center	13.5	16.1
Hospital Outpatient Clinic	17.7	4.1
VA Medical Center	8.3	3.5

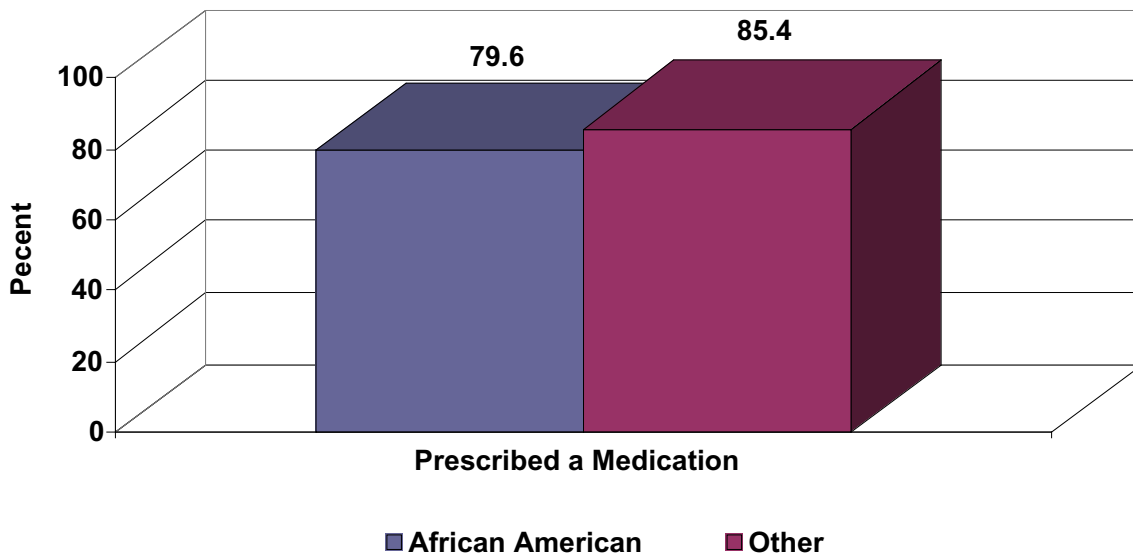
AA older adults were less likely than non-AA older adults to have had an overnight hospital stay during the previous year (see Figure 31).

**Figure 31**  
**Older Adults (Ages 65+)**  
**Overnight Hospital Stay**



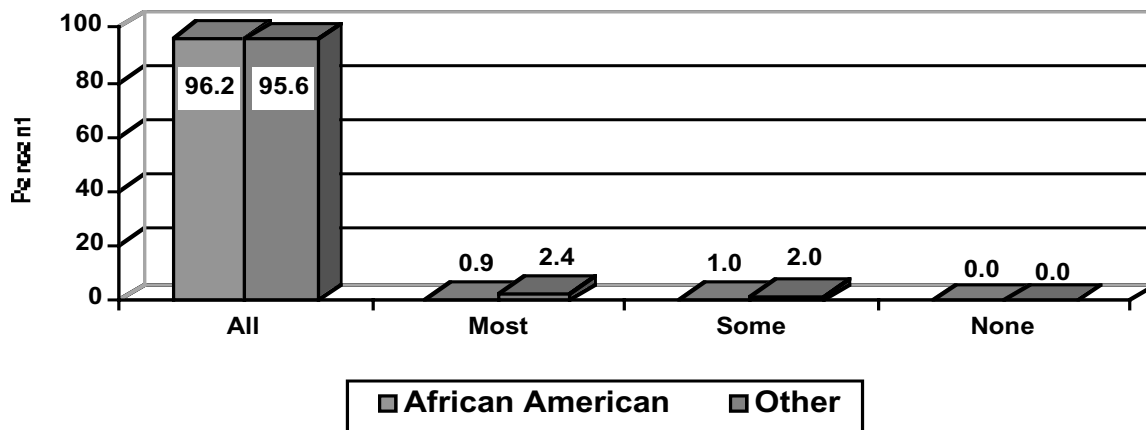
AA older adults were less likely to have been prescribed a medication during the previous six months (see Figure 32).

**Figure 32**  
**Older Adults (Ages 65+)**  
**Prescribed a Medication**



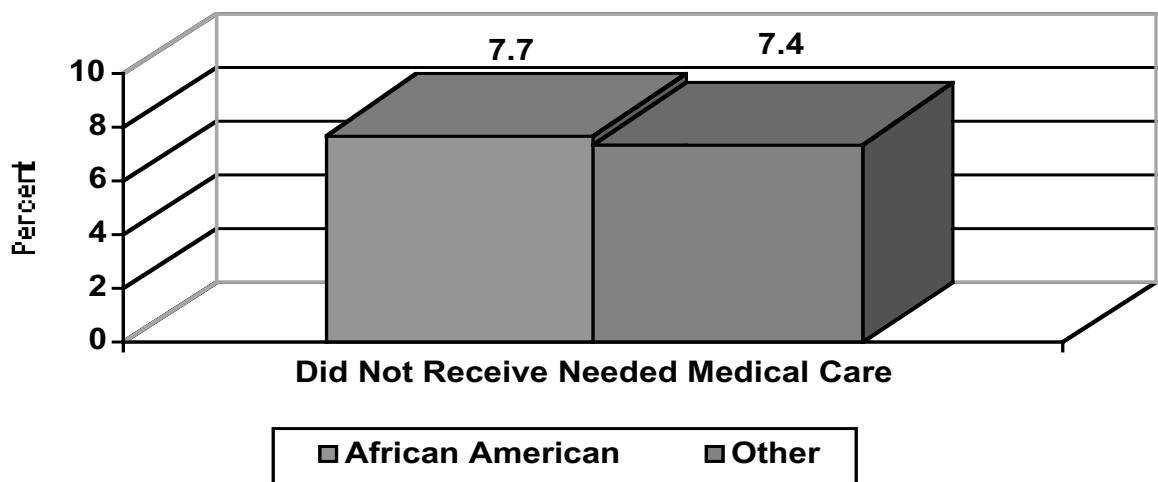
However, both AA and non-AA older adults were about equally likely to fill all of their prescriptions (see Figure 33).

**Figure 33**  
**Older Adults (Ages 65+)**  
**Prescriptions Filled**



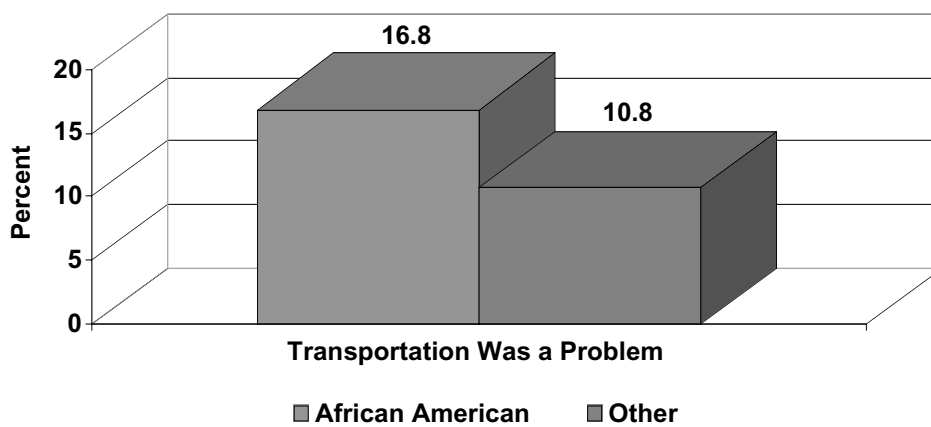
AA and non-AA older adults were almost identical in the percent that did not receive needed medical care at some point during the previous year (7.7 percent versus 7.4 percent). See Figure 34.

**Figure 34**  
**Older Adults (Ages 65+)**  
**Did Not Receive Needed Medical**



Transportation to a healthcare provider was a larger problem for AA older adults than it was for non-AA older adults (see Figure 35).

**Figure 35**  
**Older Adults (Ages 65+)**  
**Transportation to Healthcare Provider Was a Problem**



# Conclusions

**A**frican Americans living in Raleigh and McDowell counties differed from African Americans living in the rest of the state in significant ways (see Appendix B). As a result, it is not possible to generalize what is known about AAs living in Raleigh and McDowell counties to all AA West Virginians.



African Americans in Raleigh and McDowell counties also differed from other residents of those counties in terms of demographic characteristics like poverty, as well as other characteristics, such as usual site for medical care, insurance status, type of insurance, and reported general health status. Not all the differences noted between African American and other West Virginians were to the detriment of the former. For example, while more AA children lived in households with incomes below the poverty level, more of them had health insurance (e.g., Medicaid), visited the dentist, and reported receiving the care they needed during the previous year.

The analysis of the *West Virginia Healthcare Survey, 2001* data, even though it is limited to residents of two of West Virginia's poorest counties, yielded some interesting findings that warrant further study:

- AA children in Raleigh and McDowell counties appear to be diagnosed with a chronic illness or disability more than other children in those counties (19.8 percent versus 14.1 percent), and also more than AA children in the rest of the state (19.8 percent versus 13.3 percent).
- Among older adults (both AA and non-AA) in Raleigh and McDowell counties, having health insurance coverage did not guarantee that they would receive needed medical care; over 7 percent did not receive the care they needed in the past year.
- Cost was the main reason given by non-elderly adults, regardless of race, for not receiving needed medical care during the previous year. However, the second most frequent reason for AA adults was that they could not get an appointment (14.4 percent). The second most frequent reason for non-AA adults was that health services in the area were lacking (9.4 percent).

# Appendix A

## 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 AA households, with a target of 290 interviews with AA 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 AA 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 AA households in the regular sample was 9.5 percent, yielding 262 interviews with non-AA households and 28 interviews with AA households. In order to obtain the additional interviews with AAs, over-samples were drawn from areas known to have a high proportion of AA 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 AA households. A total of 1,757 households were screened in the enhanced sample to yield 280 AA households, of which 262 completed interviews.

In Raleigh County, a pure RDD sample was used. Incidence of AA households was 4.7 percent, yielding 290 interviews with AA households and 276 interviews with non-AA households. A total of 6,014 non-AA 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\_ 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.

### *Chronic Condition and Disability*

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

### *Usual Place of Care*

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

## **Weighting**

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

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

**Percentages in Tables**

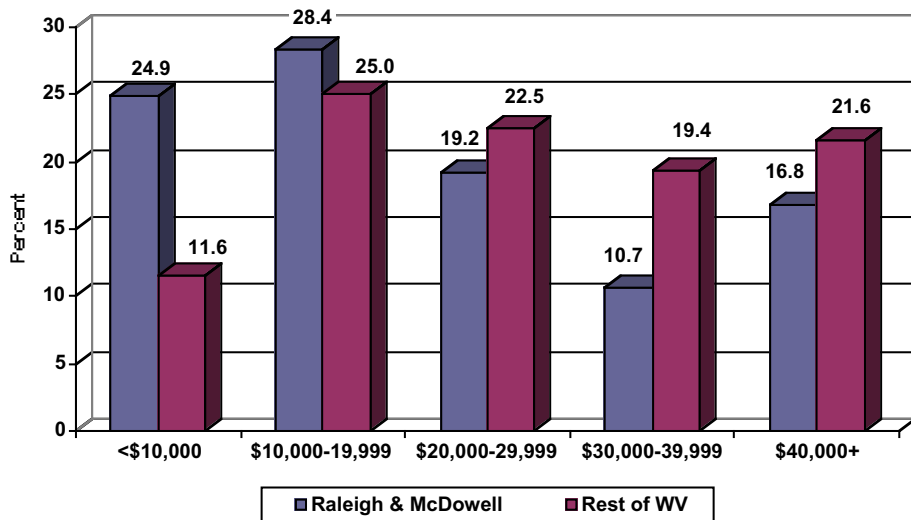
Some of the percentages listed in the tables do not sum to 100.0 percent due to rounding or the elimination of non-significant response options.

# Appendix B

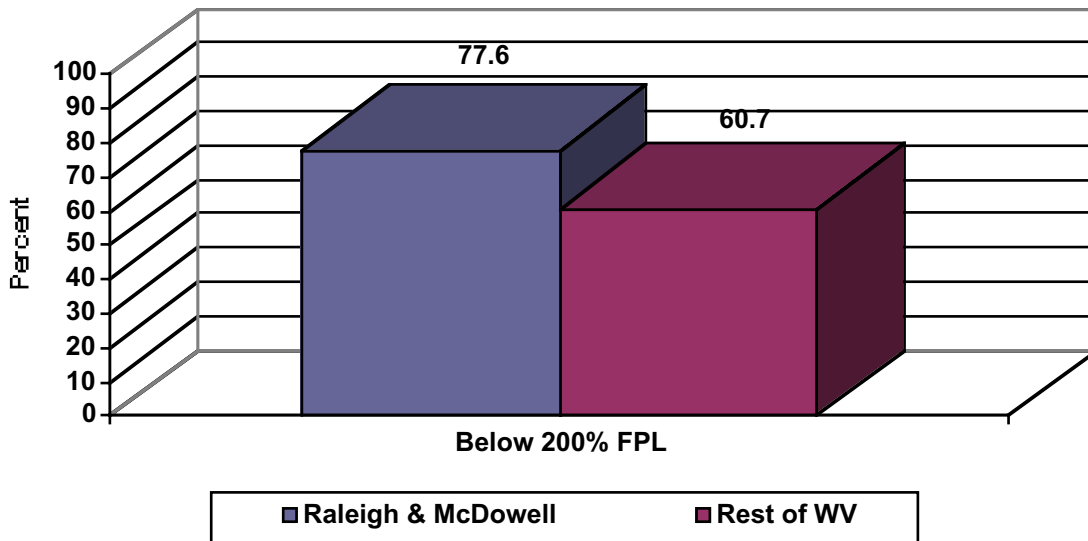
## African Americans in Raleigh and McDowell Counties Compared to Those in the Rest of West Virginia: Children (Ages 0-18)

A preliminary analysis was performed to determine whether those African Americans over-sampled in Raleigh and McDowell counties were similar to those in the remainder of the state. If the two groups had been similar along some important characteristics (e.g., socioeconomic status), the results from these two counties could be generalized to African Americans in the entire state. Preliminary results indicate that AA residents of these two counties differ in significant ways and across age groups when compared to other AA residents around the state.

**Children (Ages 0-18)**  
**Figure B-1**  
**African American Children (Ages 0-18)**  
**Household Income**



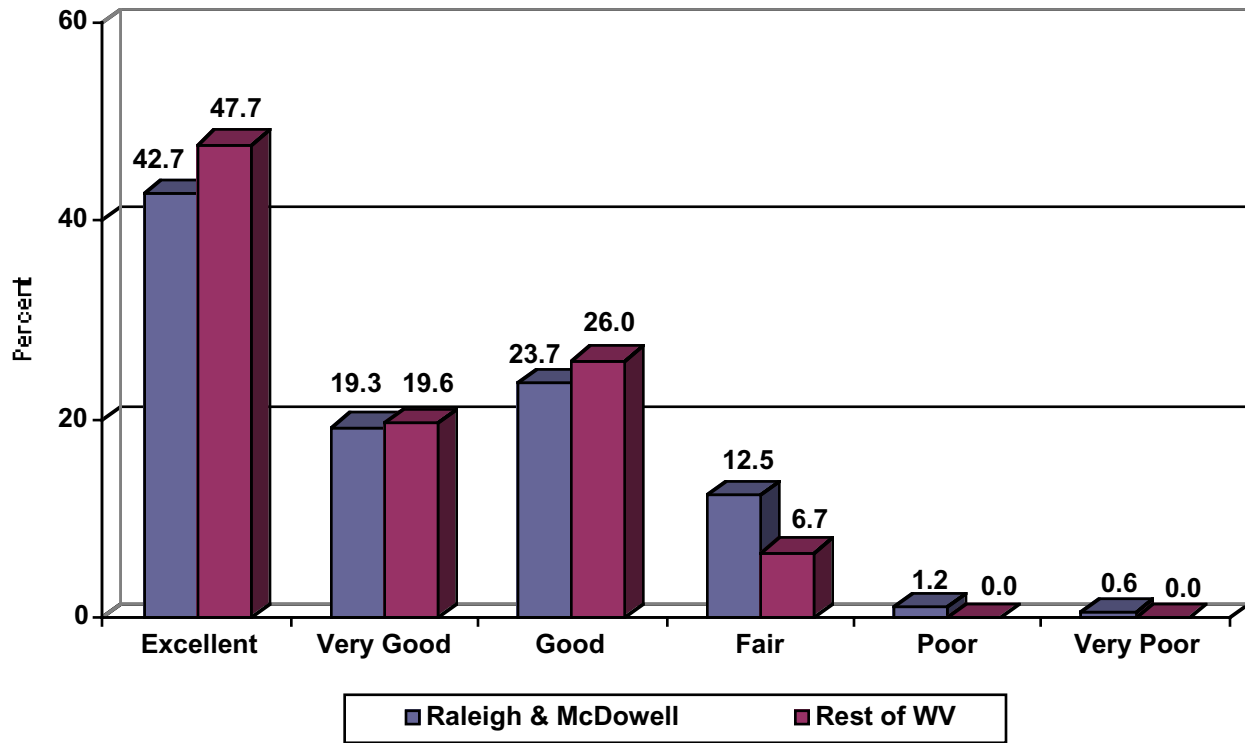
**Figure B-2**  
**African American Children (Ages 0-18)**  
**Below 200% FPL**



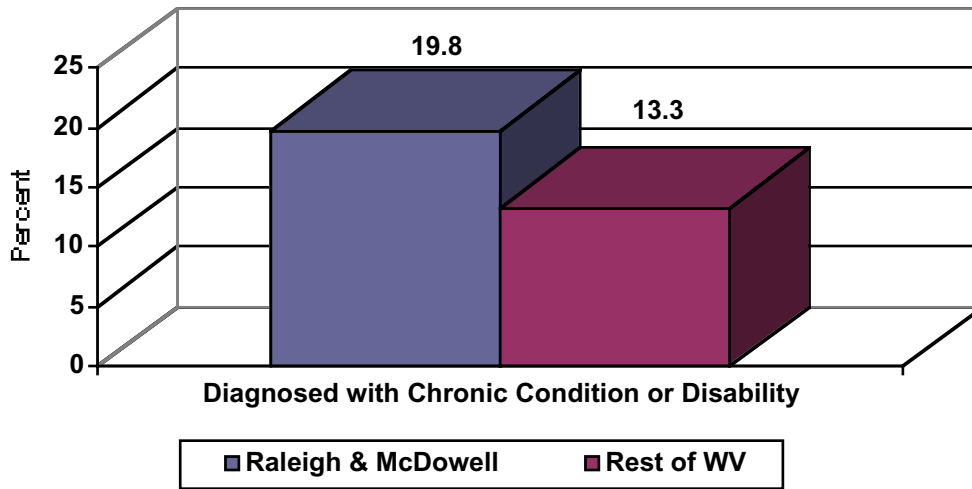
**Table B-1**  
**African American Children (Ages 0-18)**  
**Type of Coverage**

Type	Percent of AA Children in Raleigh and McDowell Counties with This	Percent of AA Children in the Rest of WV with This
Medicaid	57.5	34.6
Through a Job	32.2	47.9
CHIP	2.5	1.7
Medicare <65	1.0	0.0
Self-Purchased	1.0	2.0
COBRA	0.8	3.0
UMWA/RR	0.6	0.0
VA/CHAMPUS	0.0	2.6
Uninsured	4.5	8.0
Dental Insurance	67.5	57.9
Prescription Drug Coverage	97.7	96.7

**Figure B-3**  
**African American Children (Ages 0-18)**  
**General Health Status**



**Figure B-4**  
**African American Children (Ages 0-18)**  
**Diagnosed with Chronic Condition or Disability**



**Table B-2**  
**African American Children (Ages 0-18)**  
**Percent Who Have Visited a Place During the Previous Six Months**

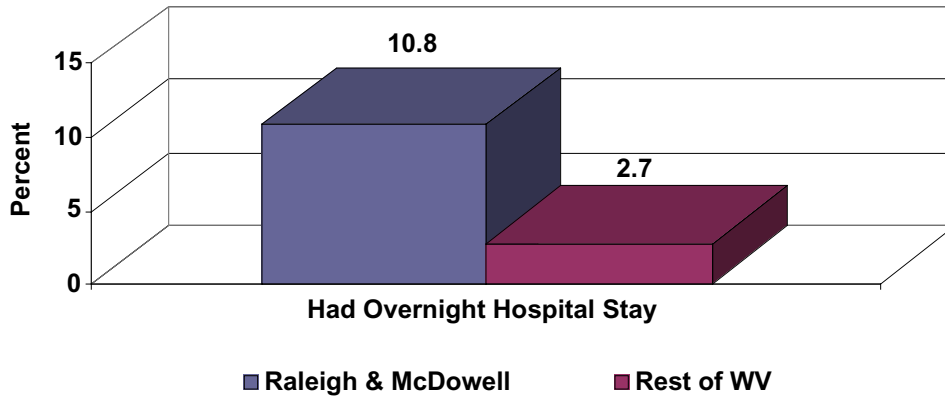
Site of Care	Percent of Children in Raleigh and McDowell Counties with a Visit During the Previous Six Months*	Percent of Children the Rest of WV with a Visit During the Previous Six Months*
Doctor's Office	86.1	87.2
Urgent Care Center	17.5	5.4
Hospital Emergency Room	25.0	22.6
Community or Free Clinic	21.9	11.9
Hospital Outpatient Clinic	11.6	13.2
Mental Health Center	5.7	11.3
School or Public Health Clinic	8.5	3.2
Chiropractor	0.5	0.0
Dentist Office**	63.4	53.2

\*Denominator is children who have visited any of these locations in the past six months.

\*\*Denominator is all children.

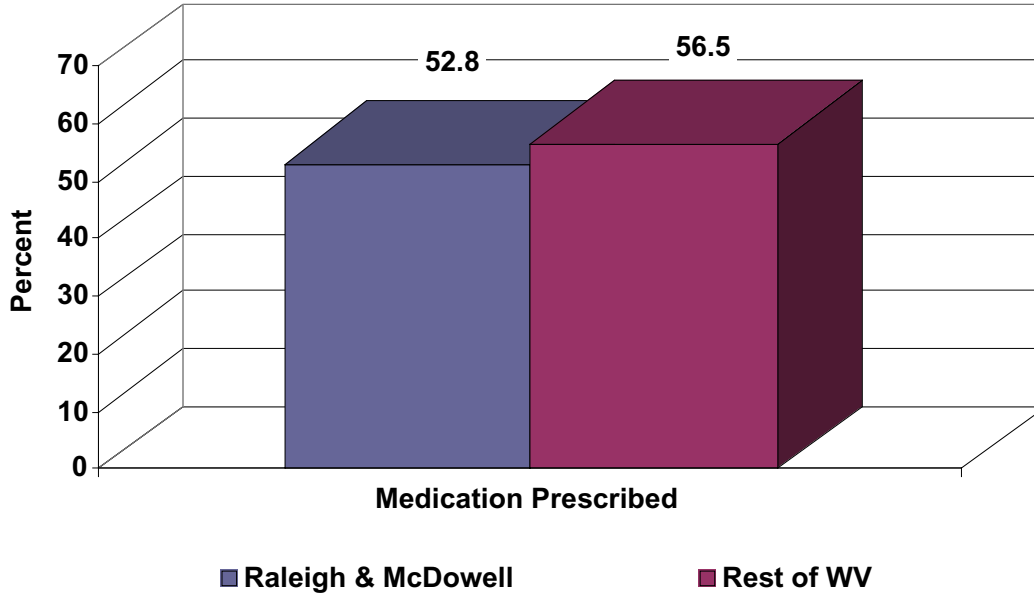
<b>Table B-3</b> <b>African American Children (Ages 0-18)</b> <b>Usual Site of Medical Care</b>		
<b>Place for Care</b>	<b>Percent of Children in Raleigh and McDowell Counties with this as Their Usual Place for Care</b>	<b>Percent of Children in the Rest of WV with this as Their Usual Place for Care</b>
Doctor's Office	72.1	84.7
Community Health Center, Local Clinic, or Free Clinic	24.3	8.2
Hospital Outpatient Clinic	2.6	6.0
School Clinic or Public Health Department	0.3	0.0
VA Medical Center	0.1	0.0
Other	0.6	1.1

**Figure B-5**  
**African American Children (Ages 0-18)**  
**Overnight Hospital Stay**

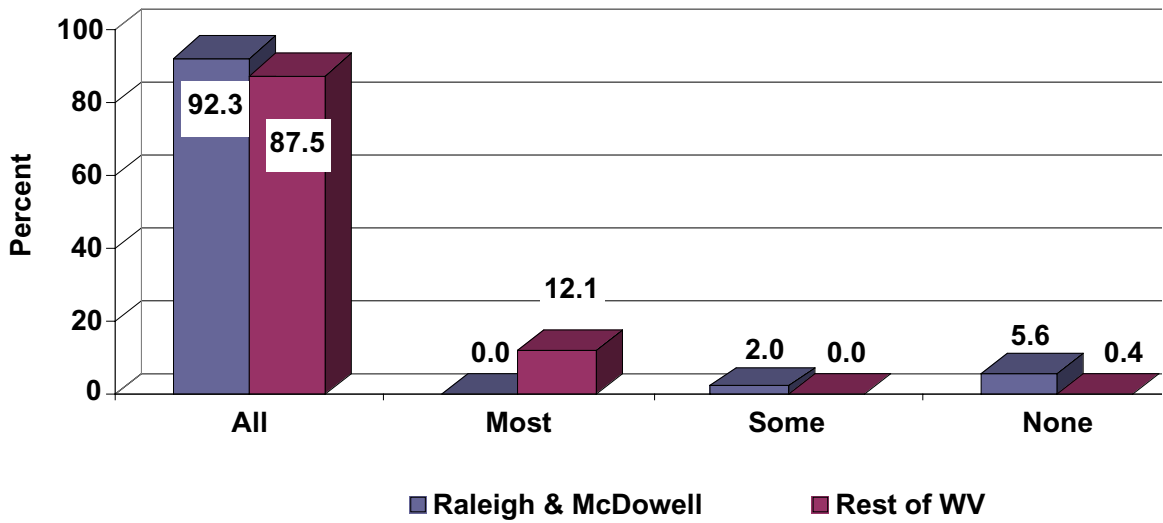




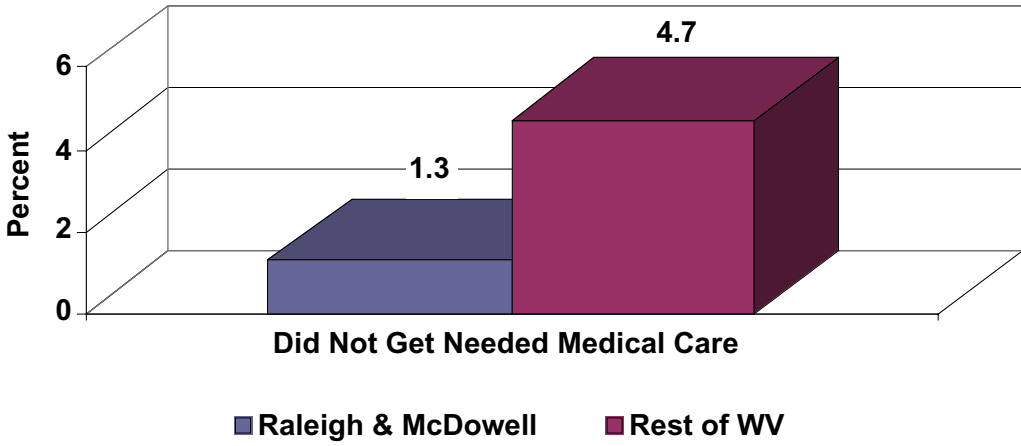
**Figure B-6**  
**African American Children (Ages 0-18)**  
**Medication Prescribed**



**Figure B-7**  
**African American Children (Ages 0-18)**  
**Prescriptions Filled**

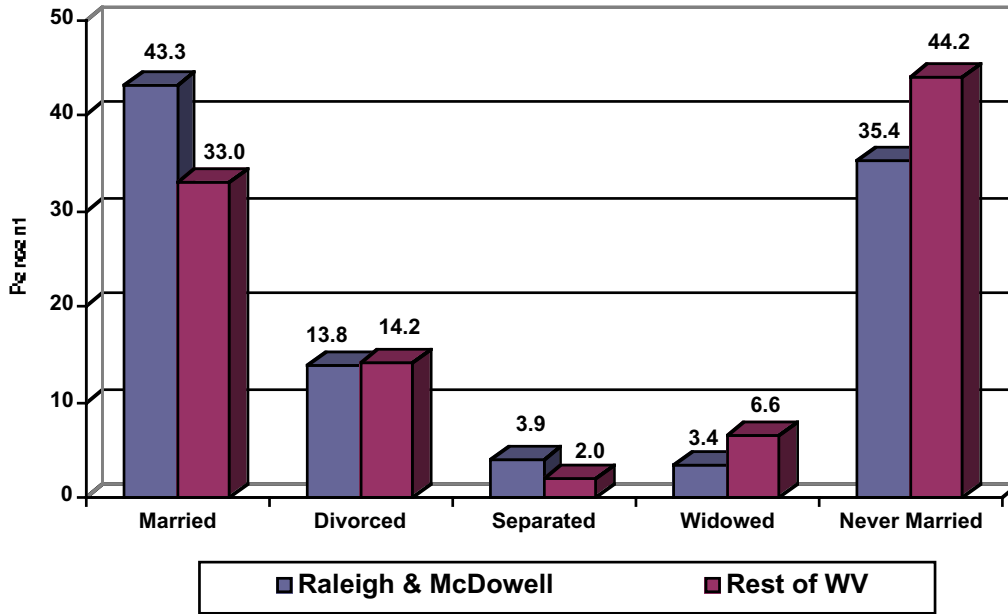


**Figure B-8**  
**African American Children (Ages 0-18)**  
**Did Not Get Needed Medical Care**

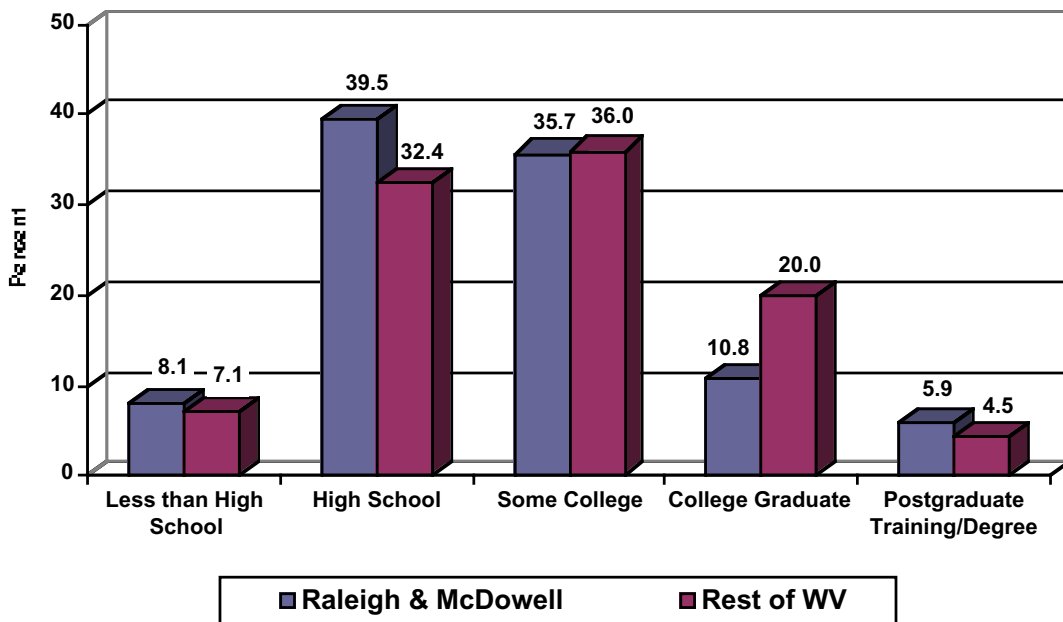


## Non-Elderly Adults (Ages 19-64)

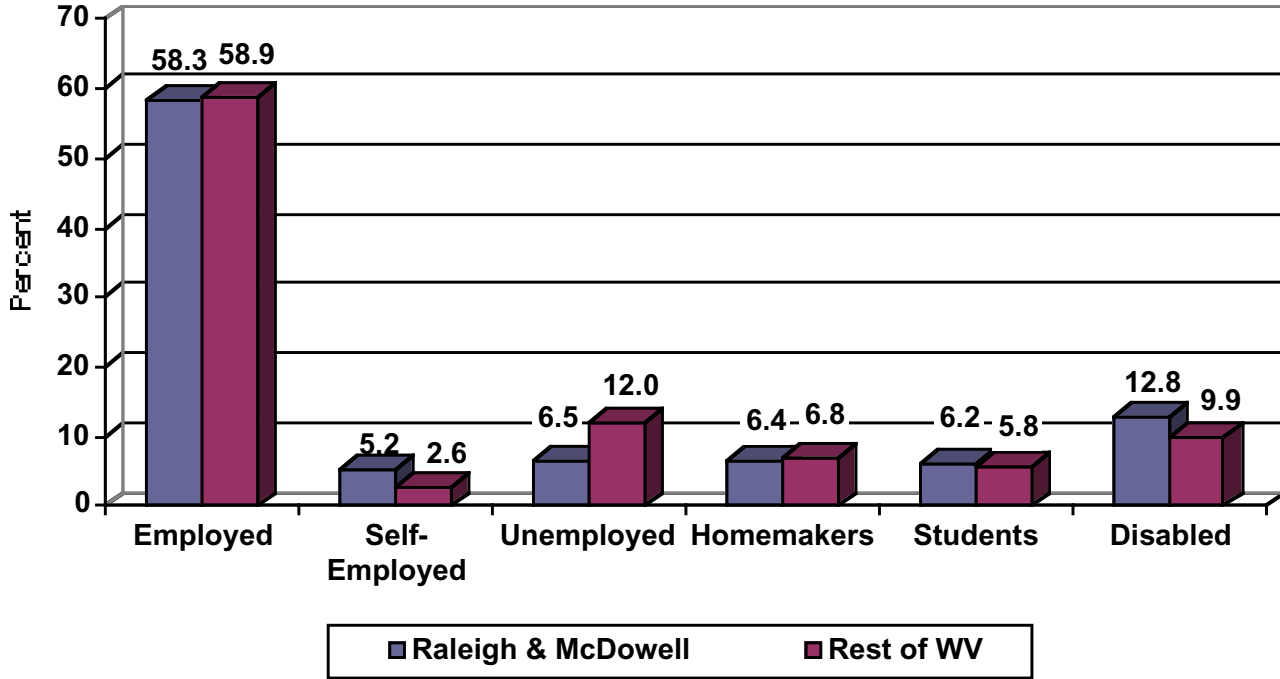
**Figure B-9**  
**African American Non-Elderly Adults (Ages 19-64)**  
**Marital Status**



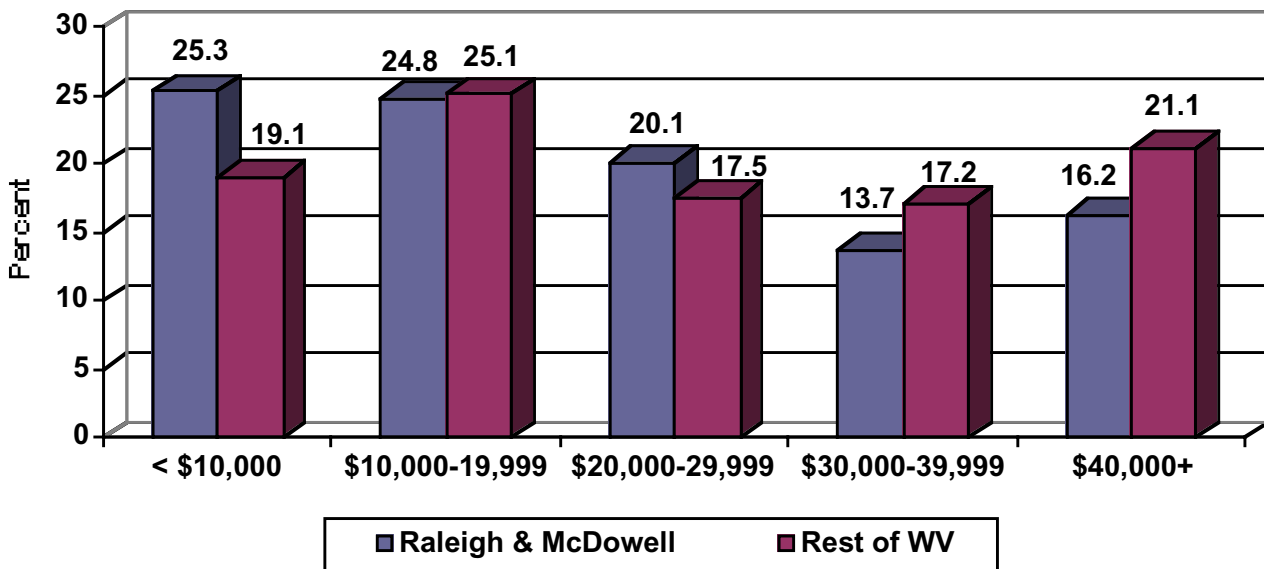
**Figure B-10**  
**Non-Elderly Adults (Ages 19-64)**  
**Education Level**



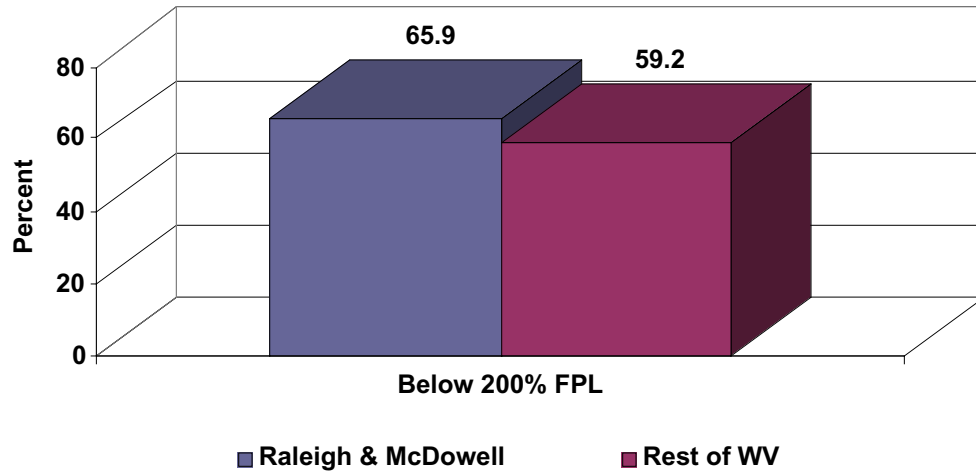
**Figure B-11**  
**African American Non-Elderly Adults (Ages 19-64)**  
**Employment Status**



**Figure B-12**  
**African American Non-Elderly Adults (Ages 19-64)**  
**Household Income**



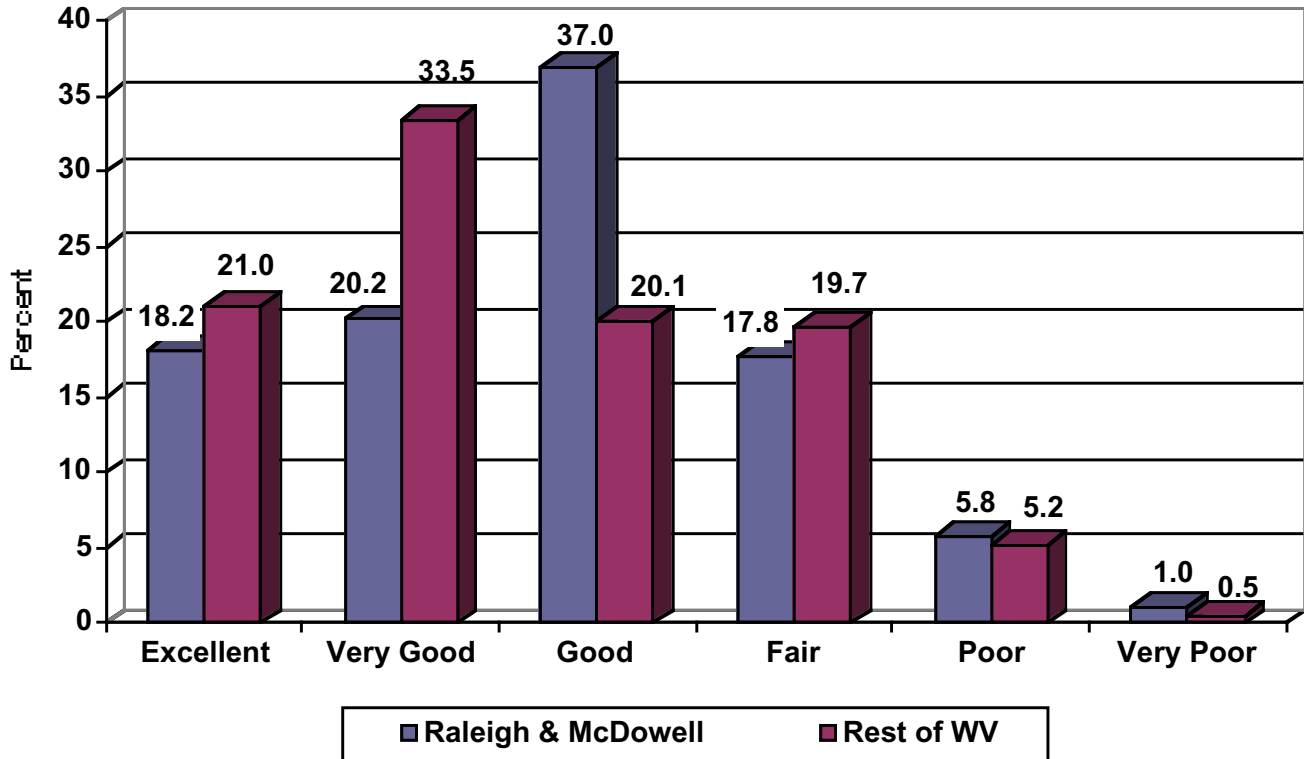
**Figure B-13**  
**African American Non-Elderly Adults (Ages 19-64)**  
**Below 200% FPL**



**Table B-4**  
**African American Non-Elderly Adults (Ages 19-64)**  
**Insurance Coverage**

<b>Insurance Type</b>	<b>Percent of those in Raleigh and McDowell Counties</b>	<b>Percent of those in the Rest of the State</b>
FEHB	11.0	8.2
PEIA	12.0	4.5
Private Employer	25.6	41.0
UMWA/RR	0.2	3.1
Medicaid	18.4	20.4
Medicare <65	3.7	2.6
VA/CHAMPUS	0.8	1.4
Self-Purchase	4.1	0.1
COBRA	0.5	0.8
Uninsured	23.6	17.9
Dental Insurance	37.8	51.6
Prescription Drug Coverage	92.1	90.6

**Figure B-14**  
**African American Non-Elderly Adults (Ages 19-64)**  
**General Health Status**



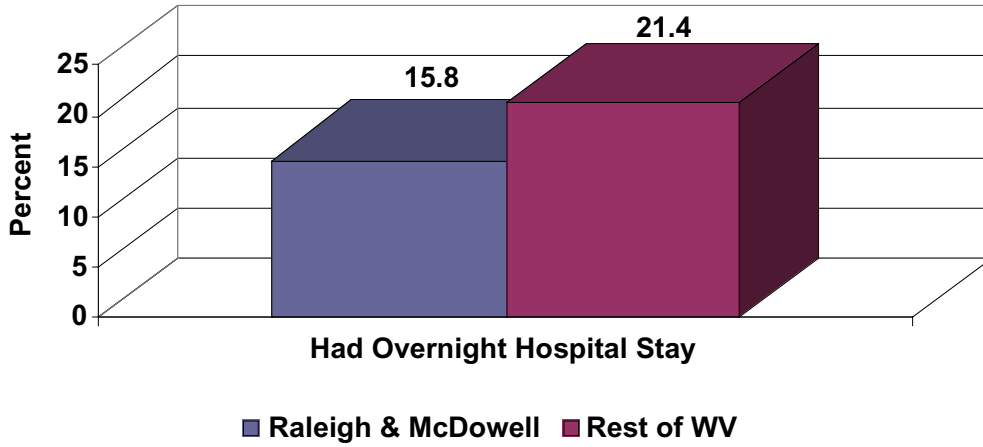
<b>Table B-5</b> <b>African American Non-Elderly Adults (Ages 19-64)</b> <b>Percent Who Have Visited a Place During the Previous Six Months</b>		
<b>Site of Care</b>	<b>Percent of Non-Elderly Adults in Raleigh and McDowell Counties with a Visit During the Previous Six Months*</b>	<b>Percent of Non-Elderly Adults in the Rest of WV with a Visit During the Previous Six Months*</b>
Doctor's Office	61.7	69.4
Urgent Care Center	13.8	11.7
Hospital Emergency Room	29.4	20.6
Community or Free Clinic	17.3	7.1
Hospital Outpatient Clinic	17.2	23.7
Mental Health Center	8.0	3.9
School or Public Health Clinic	3.9	5.1
Chiropractor's Office	3.3	6.0
VA Medical Center	4.0	1.8
Dentist Office**	40.7	38.9

\*Denominator is population that has visited any of these locations in the past six months.

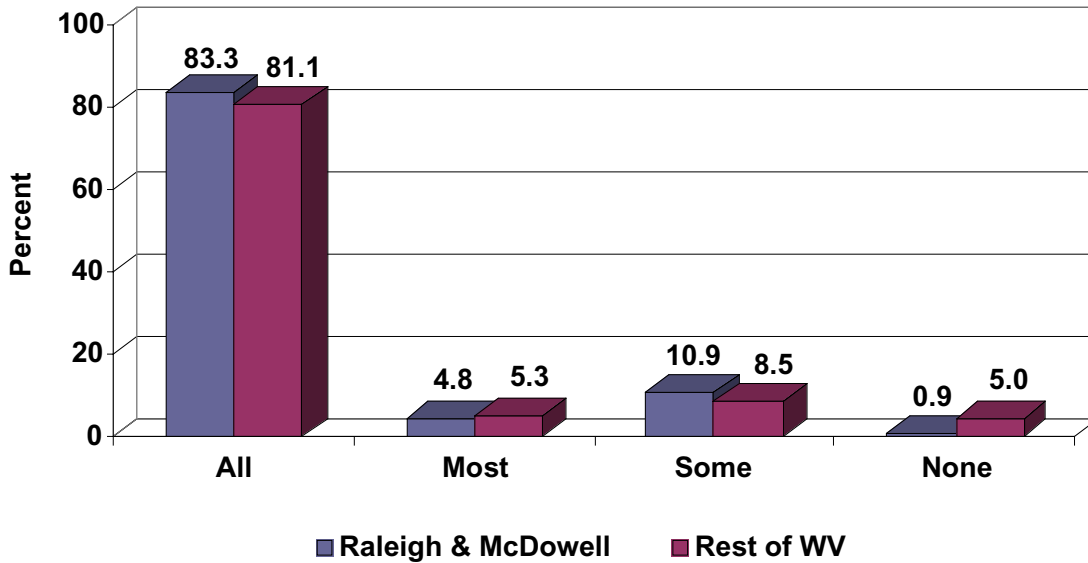
\*\*Denominator is total population.

<b>Table B-6</b> <b>African American Non-Elderly Adults (Ages 19-64)</b> <b>Usual Place for Medical Care</b>		
<b>Place for Care</b>	<b>Percent of Non-Elderly Adults in Raleigh and McDowell Counties with this as Their Usual Place for Care</b>	<b>Percent of Non-Elderly Adults in the Rest of WV with this as Their Usual Place for Care</b>
Doctor's Office	54.8	50.8
Urgent Care Center	1.2	0.0
Hospital Emergency Room	5.5	4.4
Community Health Center or Free Clinic	25.4	22.5
Hospital Outpatient Clinic	9.6	19.8
Mental Health Center	0.5	0.0
VA Medical Center	2.7	1.3
Public Health Department	0.1	1.1
Other	0.2	0.0

**Figure B-15**  
**African American Non-Elderly Adults (Ages 19-64)**  
**Overnight Hospital Stay During Previous Year**

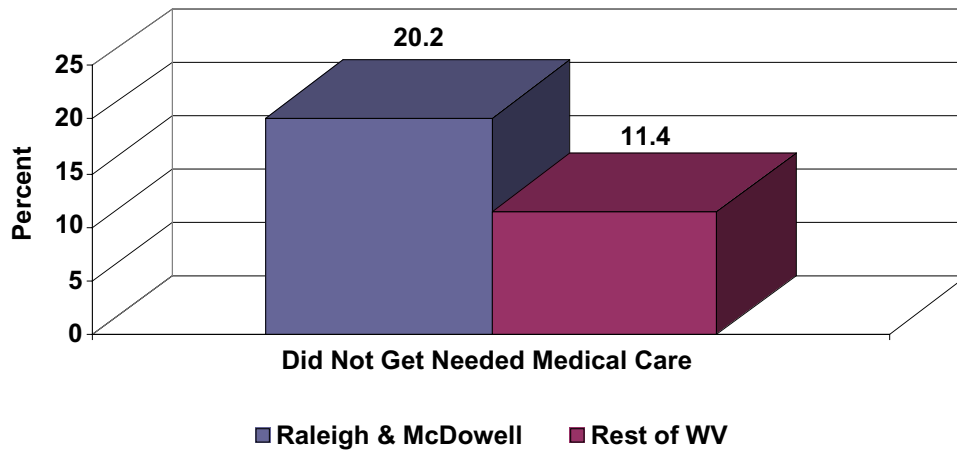


**Figure B-16**  
**African American Non-Elderly Adults (Ages 19-64)**  
**Prescriptions Filled**





**Figure B-17**  
**African American Non-Elderly Adults (Ages 19-64)**  
**Did Not Get Needed Medical Care**

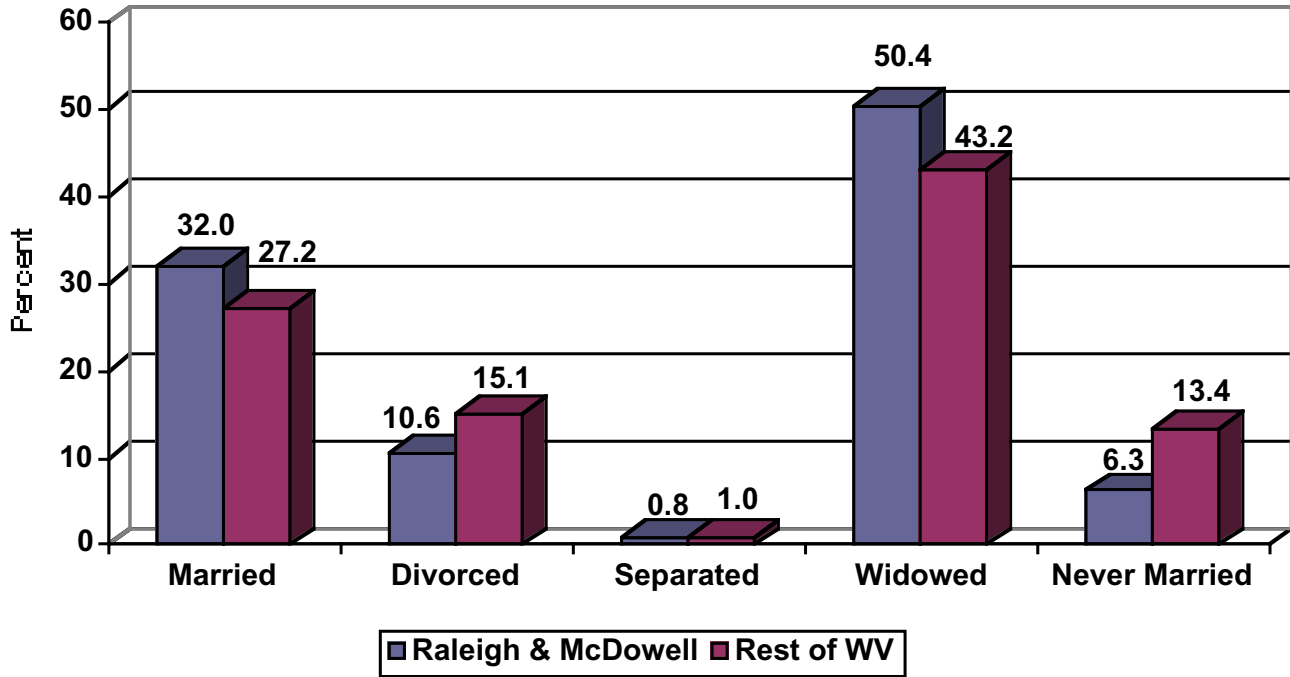


**Table B-7**  
**African American Non-Elderly Adults (Ages 19-64)**  
**Reasons for Not Getting Needed Medical Care**

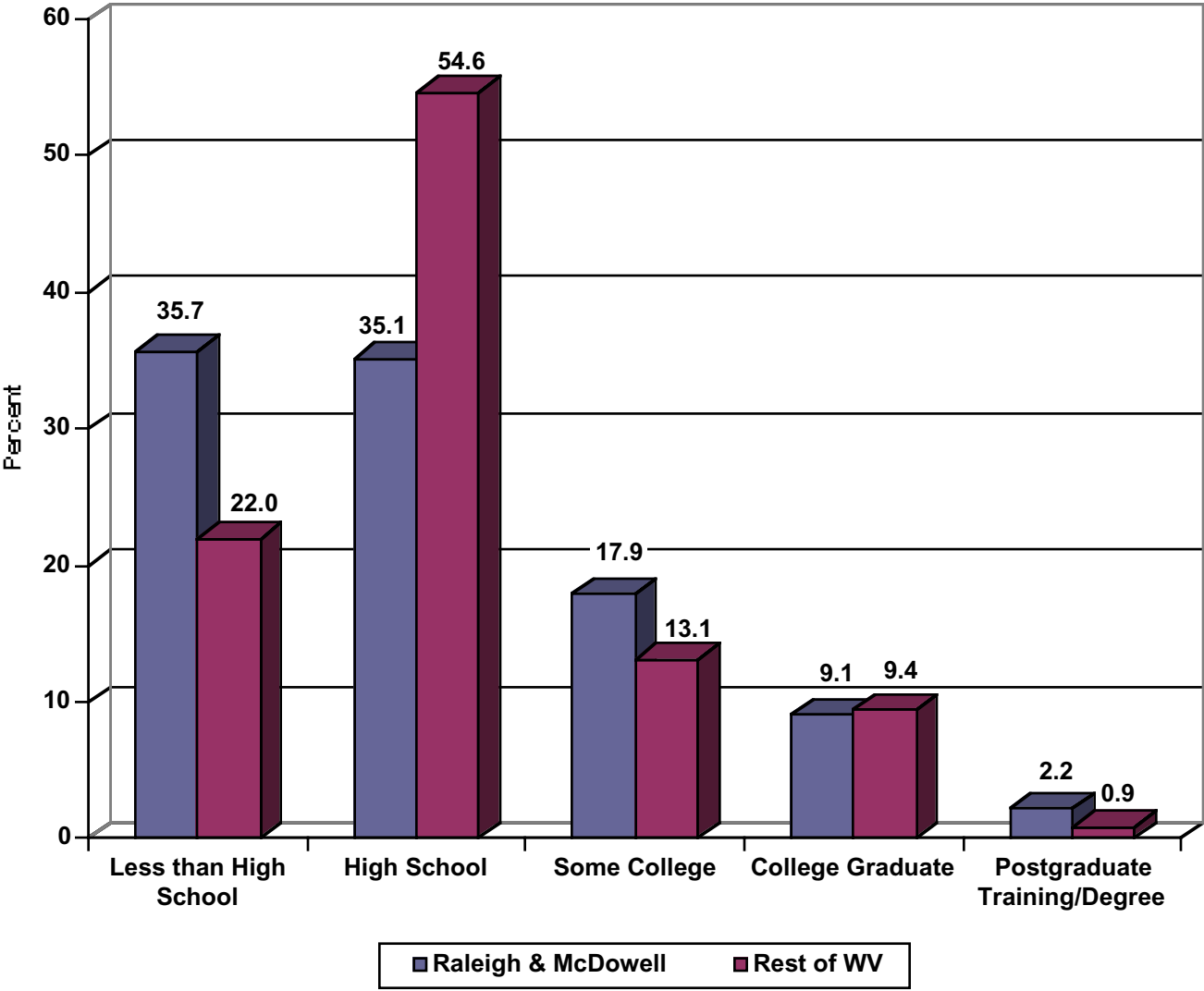
Reason	Percent of those in Raleigh and McDowell Counties	Percent of those in the Rest of the State
Cost	58.5	73.3
Health services in area lacking	4.3	0.0
Could not get appointment	14.4	0.0
Did not have time	1.3	10.6
Provider not open when available	2.6	0.0
Transportation problems	3.6	2.0
Other	15.3	14.0

## Older Adults (Ages 65+)

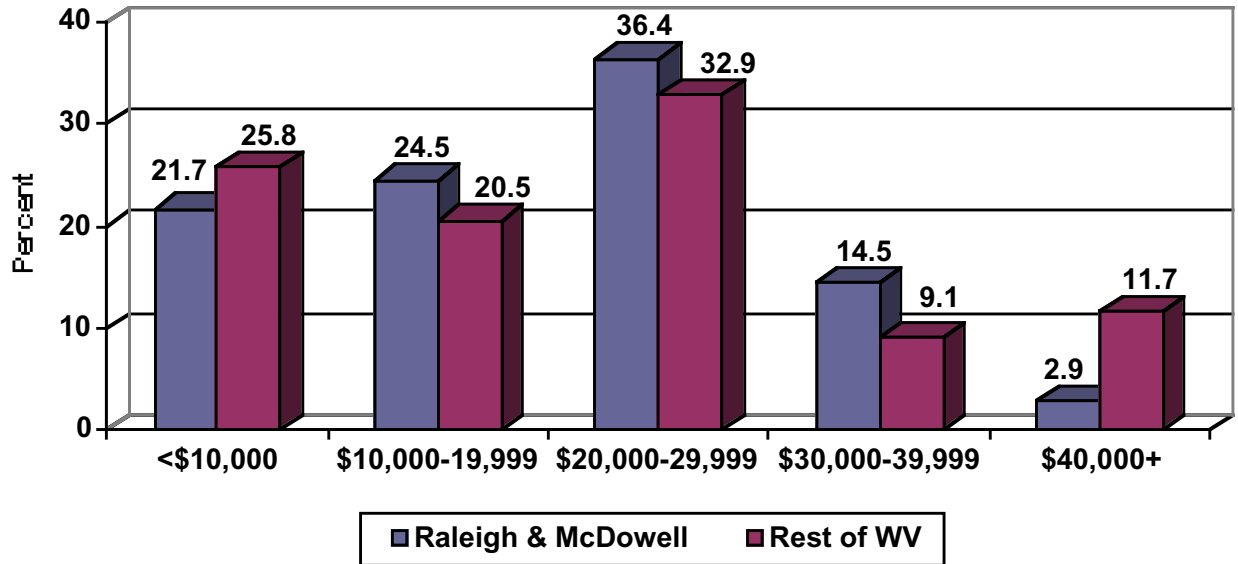
Figure B-18  
African American Older Adults (Ages 65+)  
Marital Status



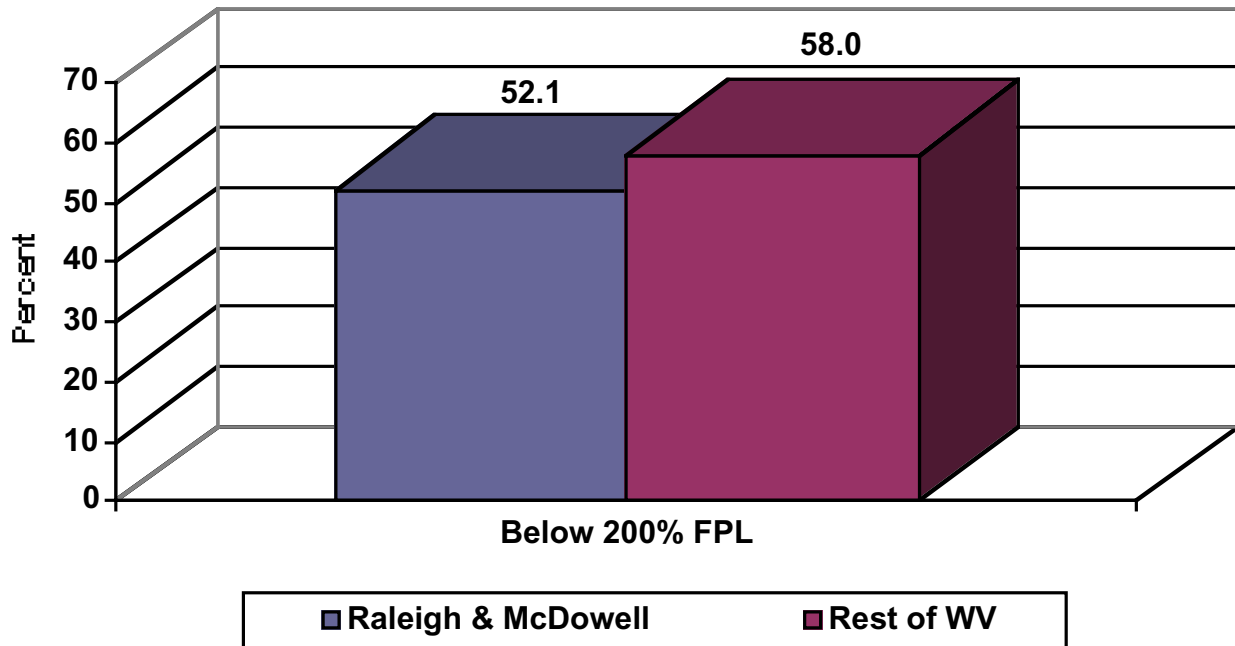
**Figure B-19**  
**African American Older Adults (Ages 65+)**  
**Education Level**



**Figure B-20**  
**African American Older Adults (Ages 65+)**  
**Household Income**

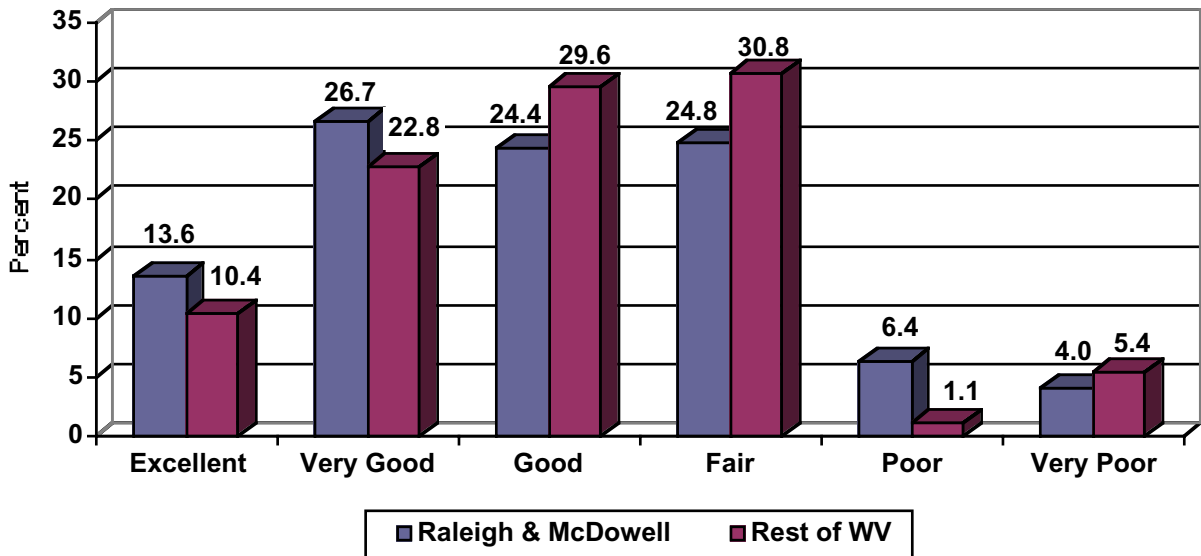


**Figure B-21**  
**African American Older Adults (Ages 65+)**  
**Below 200 percent FPL**



<b>Table B-8</b> <b>African American Older Adults (Ages 65+)</b> <b>Insurance Coverage</b>		
<b>Insurance Type</b>	<b>Percent of those in Raleigh and McDowell Counties</b>	<b>Percent of those in the Rest of the State</b>
UMWA/RR	45.3	21.1
Medicare Only	27.0	27.7
Medicare & Supplement	16.1	6.1
Medicare & Medicaid	11.7	45.0
Dental Insurance	20.5	9.1
Prescription Drug Coverage	73.7	76.0
Catastrophic Coverage	16.4	4.1
Long-Term Care Coverage	31.4	26.7

**Figure B-22**  
**African American Older Adults (Ages 65+)**  
**General Health Status**



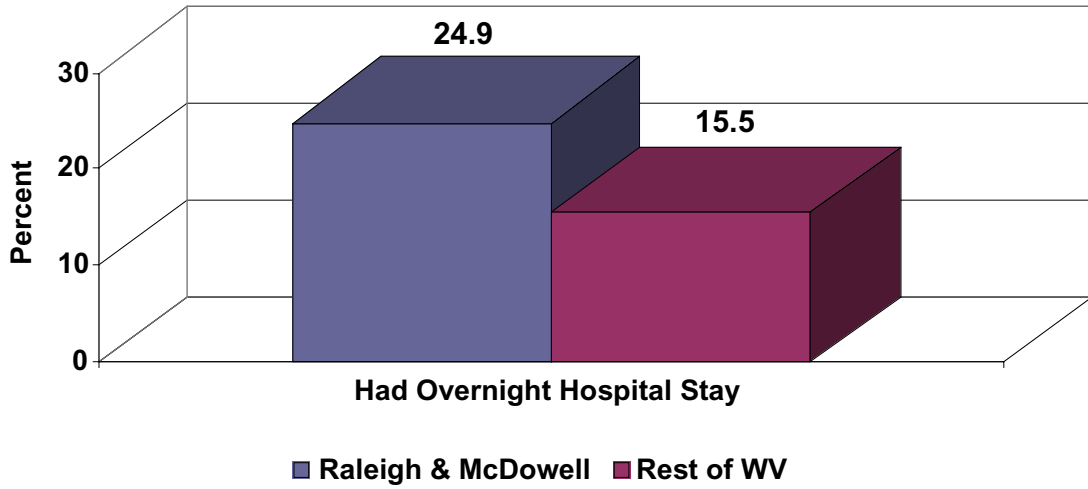
<b>Table B-9</b> <b>African American Older Adults (Ages 65+)</b> <b>Percent Who Have Visited a Place During the Previous Six Months</b>		
<b>Site of Care</b>	<b>Percent of Older Adults in Raleigh and McDowell Counties with a Visit During the Previous Six Months*</b>	<b>Percent of Older Adults in the Rest of WV with a Visit During the Previous Six Months*</b>
Doctor s Office	75.5	71.6
Urgent Care Center	9.5	2.0
Hospital Emergency Room	11.8	9.9
Community or Free Clinic	9.5	7.9
Hospital Outpatient Clinic	27.3	22.2
Mental Health Center	1.1	5.1
School or Public Health Clinic	1.4	1.9
Chiropractor s Office	2.4	4.4
VA Medical Center	7.6	7.7
Dentist Office**	27.9	34.7

\*Denominator is population that has visited any of these locations in the past six months.

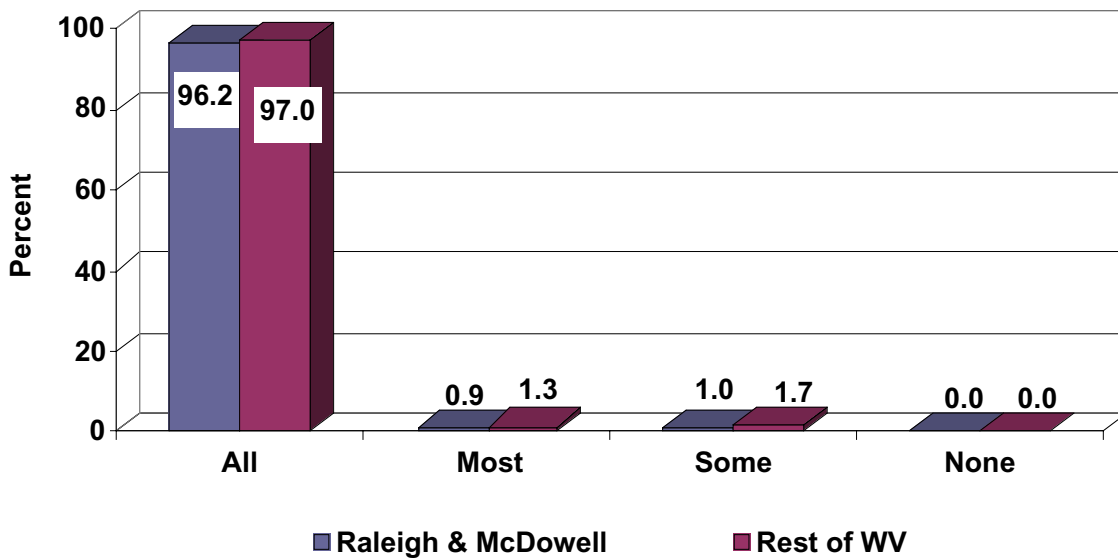
\*\*Denominator is total population.

<b>Table B-10</b> <b>African American Older Adults (Ages 65+)</b> <b>Usual Place for Medical Care</b>		
<b>Place for Care</b>	<b>Percent of Older Adults in Raleigh and McDowell Counties with this as Their Usual Place for Care</b>	<b>Percent of Older Adults in the Rest of WV with this as Their Usual Place for Care</b>
Physician s Office	57.3	61.7
Urgent Care Center	0.4	0.0
Hospital Emergency Room	0.3	1.2
Community Health Center	13.5	2.1
Hospital Outpatient Clinic	17.7	28.2
VA Medical Center	8.3	6.0
Other	2.4	0.8

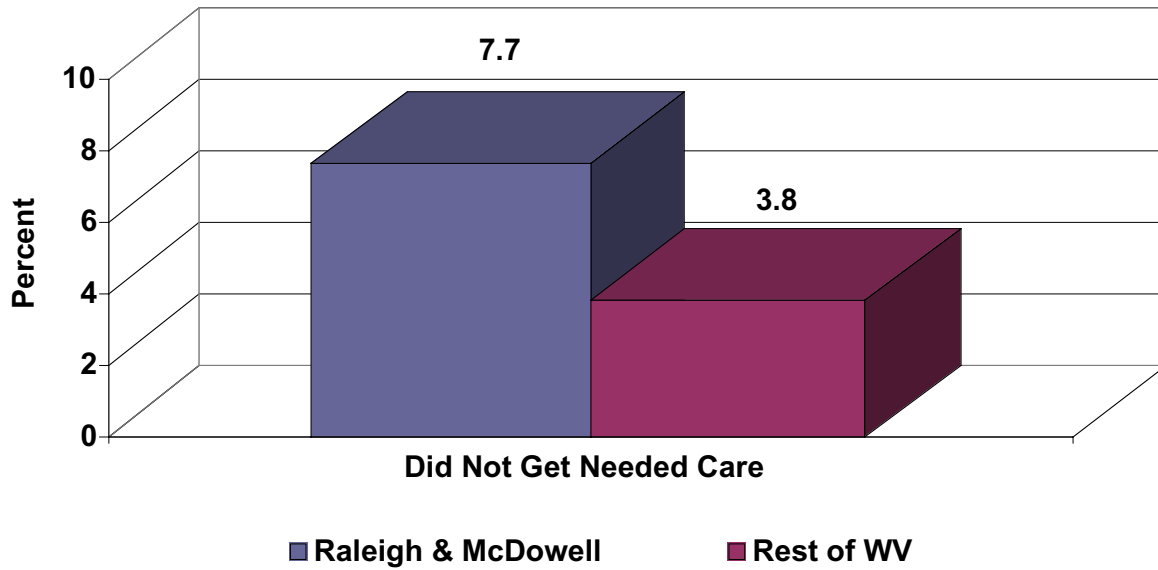
**Figure B-23**  
**African American Older Adults (Ages 65+)**  
**Overnight Hospital Stay**



**Figure B-24**  
**African American Older Adults (Ages 65+)**  
**Prescriptions Filled**



**Figure B-25**  
**African American Older Adults (Age 65+)**  
**Did Not Get Needed Care**



**Figure B-26**  
**African American Older Adults (Ages 65+)**  
**Transportation to Healthcare Provider is a Problem**

