

Health Status Among Uninsured Idaho Adults in 2004 and 2005



Analysis from the
Behavioral Risk Factor Surveillance System



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

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For more details on this project or any of the survey results, please contact the Bureau of Vital Records and Health Statistics at (208) 332-7326.

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Methodology: Idaho Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is conducted as a random telephone survey of the non-institutionalized adult population. Idaho's sample size in 2004 and 2005 was approximately 5,000 per year. The survey is administered in every month of the calendar year. After annual data collection is complete, individual responses are weighted to be representative of the state's adult (aged 18 and over) population and analysis is performed on the weighted data.

Additional information regarding BRFSS methodology is available online at <http://www.cdc.gov/brfss>.

Sampling: Idaho used disproportionate stratified sampling for its 2004 and 2005 BRFSS. The sample was stratified by Idaho's seven public health districts. Approximately 700 Idahoans were interviewed within each health district, resulting in a total sample size of 5,072 for 2004 and 5,734 for 2005. Interviews were conducted by telephone using computer-assisted telephone interviewing (CATI) software to record responses.

Weighting: The data were weighted to the respondent's probability of selection as well as age and sex based on 2004 and 2005 population estimates obtained from the Centers for Disease Control and Prevention. For example, some households have more than one telephone line and are more likely to be called. The weighting corrects for this difference in probability of selection as well as differences between the population and the sample.

Analysis: Idaho used SUDAAN® (Survey Data Analysis) software for statistical testing and calculation of confidence limits. This software takes into account the complex sampling design methodology of BRFSS. Idaho used SAS software for data manipulation, risk factor creation.

Confidence intervals are a way to measure sampling error and define the range of values where the "true" percentage would be found. This interval can be interpreted to mean that there is a 95 percent certainty that the true prevalence of the risk factor in the population falls within the confidence interval. The formula for confidence interval calculation is as follows: Confidence Interval = Prevalence Estimate +/- (1.96*Standard Error). All "don't know," "not sure," and "refused" responses have been excluded from the analysis.

Reporting

Prevalence estimates based on denominators with fewer than 50 respondents are not included in this report. The BRFSS has adopted this standard to maintain a high degree of reliability. Differences between estimates are reported throughout the document. Any difference determined to be statistically significantly different through statistical testing was designated as such and will be preceded by the words "significantly" or "statistically." Differences between values are noted as "statistically significant" when the confidence intervals for the compared values do not overlap.

Methodology: Idaho Behavioral Risk Factor Surveillance System

Data Limitations

Errors in estimation are a result of BRFSS data being self-reported and certain behaviors possibly being underreported (Centers for Disease Control and Prevention, 2005). Another source of error is based on sampling. Each sample drawn will deviate somewhat from the population. Additional possible errors may occur due to the population from which the sample is drawn. Ideally, all adults aged 18 and older would be potential respondents for the survey. However, in order to be cost effective, the sample is limited to adults aged 18 and older who are non-institutionalized, live in a household with a land line telephone, and can communicate in English or Spanish. This excludes people in prisons and dormitories, those who exclusively speak a language other than English or Spanish, those without non-cellular telephones and others who cannot communicate by telephone. The Federal Communications Commission estimates that 94.8 percent of occupied households in Idaho had telephone service in 2005. These data also suggest that minorities and the poor are less likely to have a telephone in the home than are non-minorities and the affluent (Federal Communications Commission, 2005). Data on telephone coverage in U.S. households are available at www.fcc.gov/wcb/iatd/socc.html.

Idaho BRFSS began Spanish language interviewing in mid-2004 with 2005 as the first complete year that included Spanish interviews. This resulted in an increase of Hispanics in the sample for 2005 compared with prior years, making the total sample more representative of the total Idaho population. Since Idaho Hispanics were significantly more likely than non-Hispanics to be uninsured (56.4 percent of Hispanics were uninsured compared with 18.4 percent of non-Hispanics in 2005) the increase of Hispanics in the 2005 sample resulted in an increase in overall prevalence of uninsured Idaho adults. See pages 10 and 11 for a demographic profile of uninsured and insured adults in Idaho.

Summary of Findings

While nearly all (98.6 percent) of Idaho adults over the age of 65 had some type of health insurance, more than one-in-five of those aged 18 to 64 lacked health insurance coverage in 2005. This translates into approximately 190,000 uninsured adults in Idaho.

Compared with Idahoans who had health insurance, the uninsured were younger, had lower incomes, less education, and were more likely to be part of a racial or ethnic minority group. The majority of the uninsured were employed for wages, and they were significantly more likely than the insured to be self-employed.

Uninsured Idaho adults were significantly more likely to report lower general health status compared with insured adults. Approximately one-in-four (26.2 percent) of the uninsured had at least one day, in the past 30, where poor health restricted their usual activities.

Uninsured adults in Idaho were significantly less likely to receive routine health care compared with those with health insurance. Uninsured adults with chronic conditions of high cholesterol, hypertension, and asthma were less likely to receive regular check-ups or medication than insured adults with the same conditions.

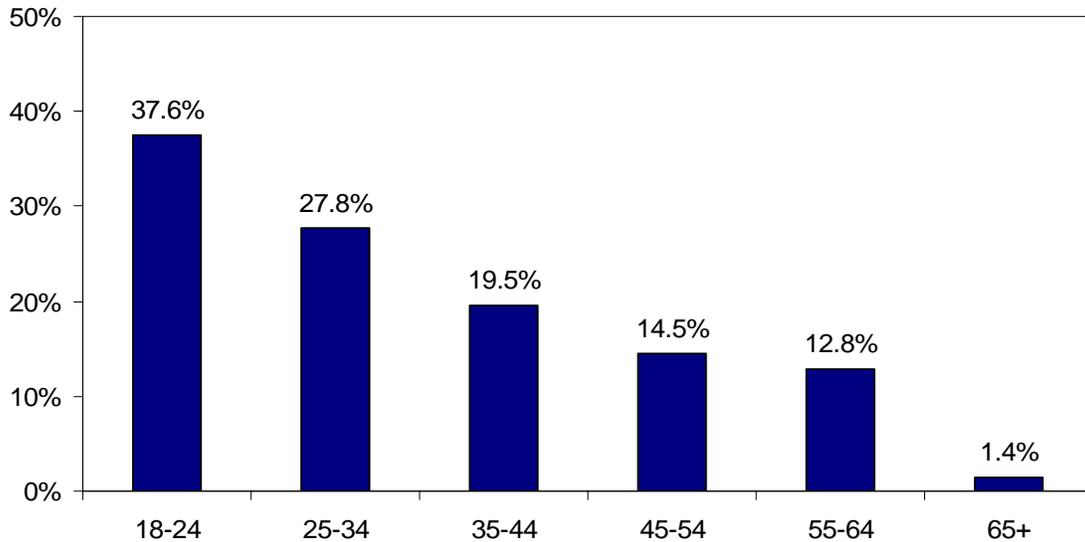
Across every demographic category, uninsured Idahoans were significantly less likely than the insured to receive preventive health exams such as breast cancer, cervical cancer, prostate cancer or colorectal cancer screening. The uninsured were also less likely to receive flu vaccines.

Uninsured adults were less likely to engage in physical activity and were more likely to smoke and use illicit drugs. However, there were no significant differences between the uninsured and insured related to prevalence of binge drinking or heavy drinking.

Number of Uninsured Adults in Idaho

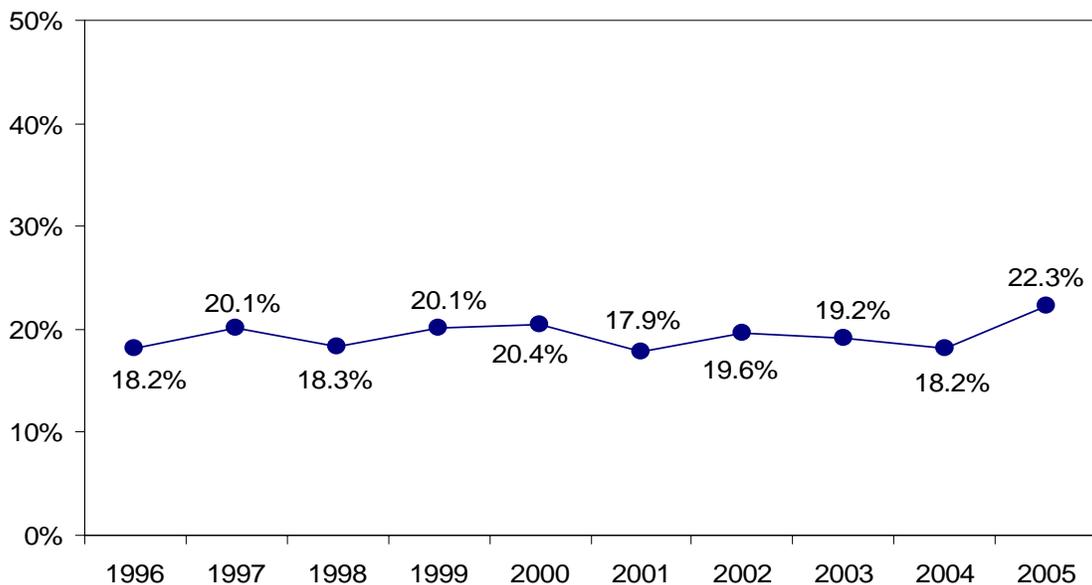
The prevalence of uninsured adults in Idaho decreased with age. Because almost all (98.6 percent) of those over the age of 65 had some type of health care insurance coverage, this report of uninsured adults focuses on the health status and risk behaviors of those aged 18 to 64.

Uninsured Idaho Adults by Age Group, 2005



In 2005, more than one-in-five (22.3 percent) of Idaho adults aged 18-64 lacked health insurance. Based upon Centers for Disease Control and Prevention population estimates, this translates into approximately 190,000 uninsured adults in Idaho.

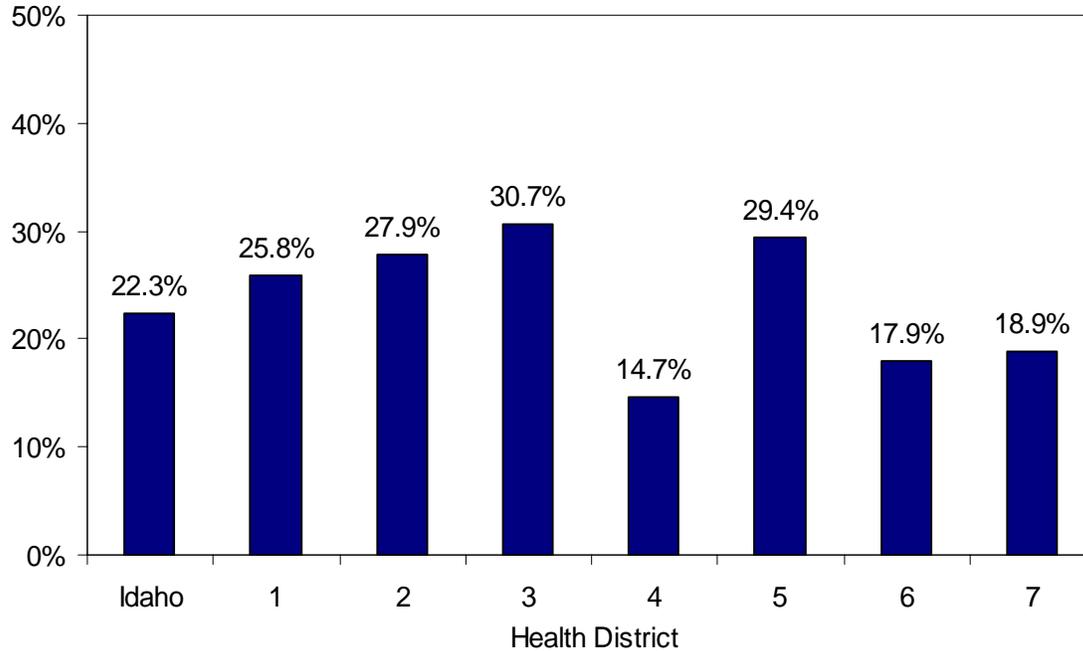
Uninsured Idaho Adults (18-64), 1996-2005



Number of Uninsured Adults in Idaho

Adults in Health District 1, District 2, District 3 and District 5 were more likely than those in other districts to be uninsured. Health District 4 had the highest rate of health insurance coverage.

Uninsured Idaho Adults (18-64) by Health District, 2005

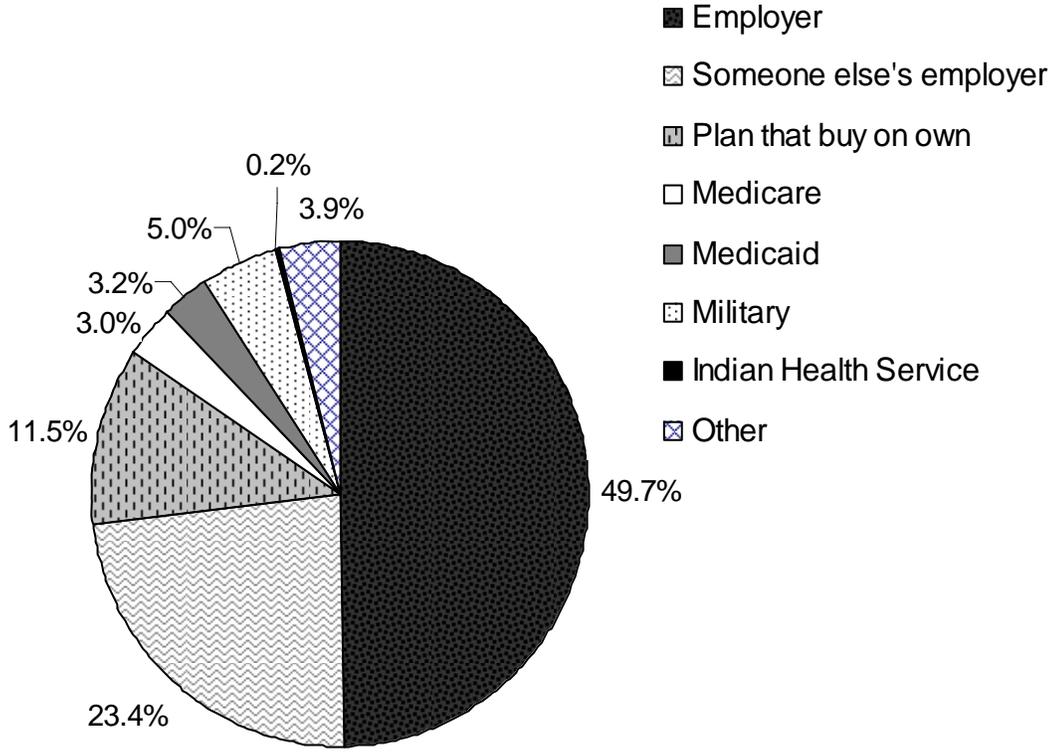


- Nearly one-half of those without health care coverage (48.5 percent) reported the main reason for lack of health coverage was that they “could not afford premiums.” A minority reported unemployment or a change in jobs for themselves or a family member as the reason for their uninsured status (11.0 percent). Nearly one-in-ten (8.9 percent) reported that their employer did not offer or stopped offering health care coverage.

Type of Health Care Coverage

The great majority (73.1 percent) of Idaho adults with health insurance were covered through their own or someone else's employer. Just over one-in-ten (11.5 percent) purchased health insurance on their own.

Type of Insurance Coverage Among Insured Idaho Adults (18-64), 2005



Demographic Characteristics of Insured and Uninsured

Compared with those who had health insurance, uninsured Idaho adults were younger with more than one-half (56.9 percent) being under 35 years old. They were also less likely to be married with more than one-in-four (29.1 percent) having never been married.

Uninsured Idahoans were significantly more likely to be a member of a racial or ethnic minority group compared with the insured.

The uninsured had lower education levels and incomes but most (67.4 percent) were employed or self-employed. A significantly higher proportion of uninsured were self-employed compared with the insured.

Demographic Characteristics of Idaho Adults (18-64) by Insurance Status, 2005

	Idaho Total %	Insured %	Uninsured %
Sex			
Male	50.8	50.0	52.9
Female	49.3	50.0	47.1
Age			
18-24	18.1	14.2	29.8
25-34	21.6	20.2	27.1
35-44	22.2	23.0	19.4
45-54	22.0	24.3	14.3
55-64	16.2	18.3	9.3
Children <18 in household			
Any	49.2	49.4	56.5
None	50.8	50.0	43.5
Marital status			
Married	66.6	72.4	47.7
Divorced	9.9	9.2	12.4
Widowed	1.6	1.4	2.1
Separated	1.1	1.1	1.2
Never Married	17.2	13.3	29.1
Unmarried Couple	3.7	2.6	7.5

Items in **boldface** are significantly higher than insured/uninsured adults at the 95% confidence level
Columns may not sum to exactly 100 percent due to rounding

Demographic Characteristics of Insured and Uninsured

Demographic Characteristics of Idaho Adults (18-64) by Insurance Status, 2005
(continued)

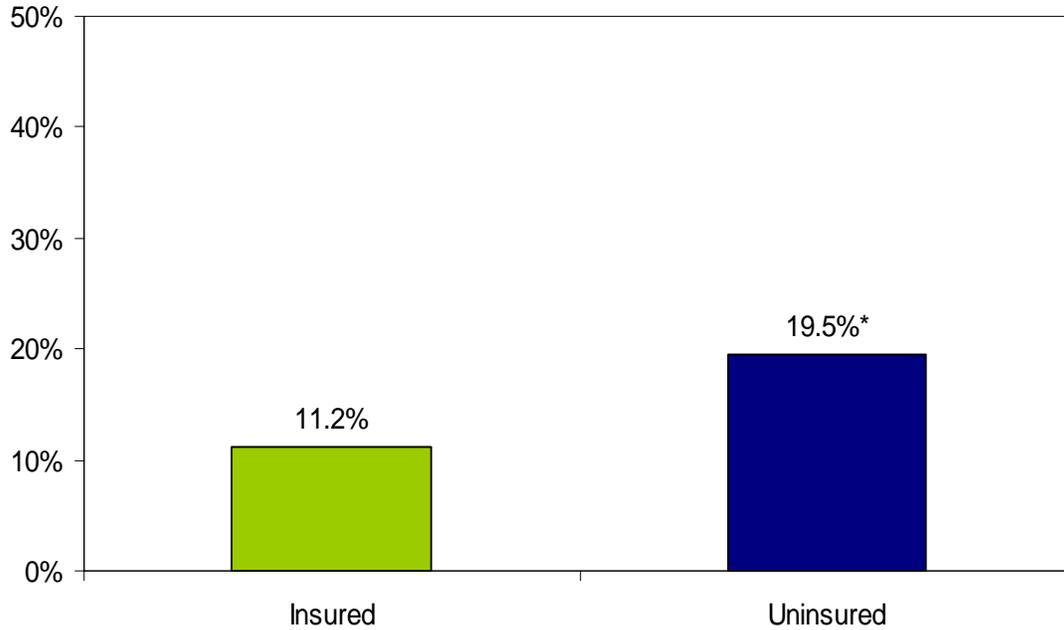
	Idaho Total %	Insured %	Uninsured %
Race/ethnicity			
White	91.9	93.4	86.3
All other races	8.1	6.6	13.7
Hispanic (any race)	10.2	5.8	26.0
Non-Hispanic	89.8	94.2	74.1
Education			
K-11 th grade	9.2	4.7	25.1
12 th grade or GED	30.8	27.5	40.7
Some college	31.7	34.2	23.4
College graduate	28.4	33.6	10.9
Employment			
Employed	59.6	62.7	48.8
Self-employed	13.1	11.6	18.6
Out of work	4.5	2.9	10.3
Homemaker	9.4	8.7	12.1
Student	5.2	5.4	4.4
Retired	4.3	4.8	2.4
Unable to work	3.9	4.0	3.5
Household Income			
<\$10K	5.2	3.5	11.4
\$10-20K	11.0	7.7	23.6
\$20-50K	45.7	42.3	57.6
\$50K+	38.2	46.7	7.5

Items in **boldface** are significantly higher than insured/uninsured adults at the 95% confidence level
Columns may not sum to 100 percent due to rounding

General Health Status

Uninsured adults in Idaho were significantly more likely than the insured to report a lower self-perceived health status. However, the uninsured and insured had similar rates of restricted activities.

Idaho Adults (18-64) Reporting “Fair” or “Poor” General Health by Insurance Status, 2005



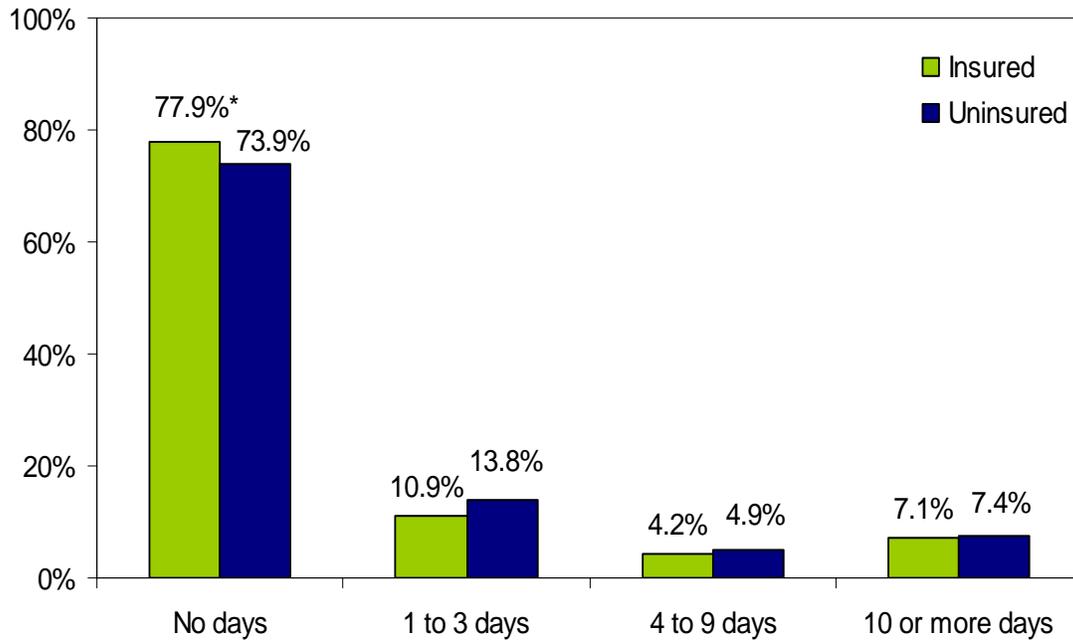
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- Compared with the insured, Idaho adults without health insurance were significantly more likely to rate their general health as less than good (“fair” or “poor”).

General Health Status

The uninsured were not more likely than the insured to report having days when their regular activities were restricted by poor physical or mental health. More than one-in-four (26.1 percent) of the uninsured reported having at least one health restricted day in the past 30, which closely compares with the percentage among insured adults (22.2 percent).

Idaho Adults (18-64) Having Days (In Past 30) In Which Poor Health Restricted Activities, by Insurance Status, 2005

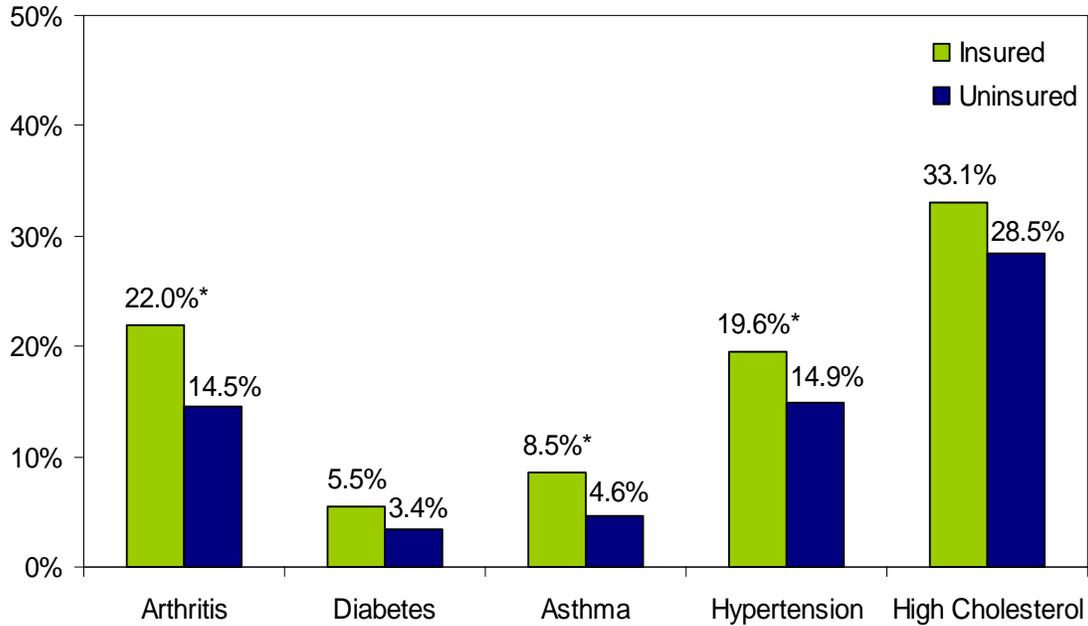


*Significantly higher at the 95 percent confidence level

General Health Status

The uninsured were significantly less likely than the insured to report having arthritis, asthma or hypertension. While uninsured adults reported slightly lower levels of diabetes and cholesterol diagnosis, the differences were not significant.

Idaho Adults (18-64) Diagnosed With Chronic Diseases by Insurance Status, 2005



*Significantly higher at the 95 percent confidence level

Definitions:

- Arthritis: Ever told by a health professional that you have some form of arthritis.
- Diabetes: Ever told by a doctor that you have diabetes.
- Asthma: Ever been told by a health professional that you have asthma *AND* still have asthma.
- Hypertension: Ever been told by a health professional that you have high blood pressure.
- High Cholesterol: Ever been told by a health professional that your blood cholesterol is high (among those ever screened for cholesterol).

General Health Status

Relationship of Health Status to Demographics

When controlling for known differences in education and income among the uninsured population, self-perceived general health was not significantly different by insurance status. Those with lower incomes and lower levels of education were more likely to report “fair” or “poor” health regardless of whether or not they had health insurance.

General health differences were not related to employment, however. Looking only at employed adults, those without insurance were more likely to report poor health status than those with insurance.

Health status disparities between the insured and uninsured were also not explained by differences in age or ethnicity. The uninsured were more likely to report their health as less than good, even when age or ethnicity was equal.

Poorer general health among the uninsured was observed for both males and females. Lower general health status among the uninsured also did not change with the presence of children in the household.

Idaho Adults (18-64) Reporting “Fair” or “Poor” Health by Demographic Categories and Insurance Status, 2005

	Insured %	Uninsured %
Total	11.2	19.5
Sex		
Male	11.5	18.4
Female	10.8	20.8
Age		
18-24	5.5	17.0
25-34	5.1	13.0
35-44	8.0	19.0
45-54	15.1	32.7
55-64	21.0	27.4
Children <18 in household		
Any	7.6	20.0
None	14.6	18.9

Items in **boldface** are significantly higher at the 95 percent confidence level

General Health Status

Idaho Adults (18-64) Reporting “Fair” or “Poor” Health by Demographic Categories and Insurance Status, 2005 *(continued)*

	Insured %	Uninsured %
Ethnicity		
Hispanic (any race)	14.8	28.4
Non-Hispanic	10.8	16.4
Education		
K-11 th grade	24.9	30.8
12 th grade or GED	14.4	18.0
Some college	10.8	16.1
College graduate	7.0	6.6
Employment status		
Employed	7.9	17.3
Unemployed	20.0	15.6
Other	20.0	27.5
Household Income		
<\$10K	22.0	36.5
\$10-20K	24.9	21.0
\$20-50K	13.1	18.1
\$50K+	6.4	6.5

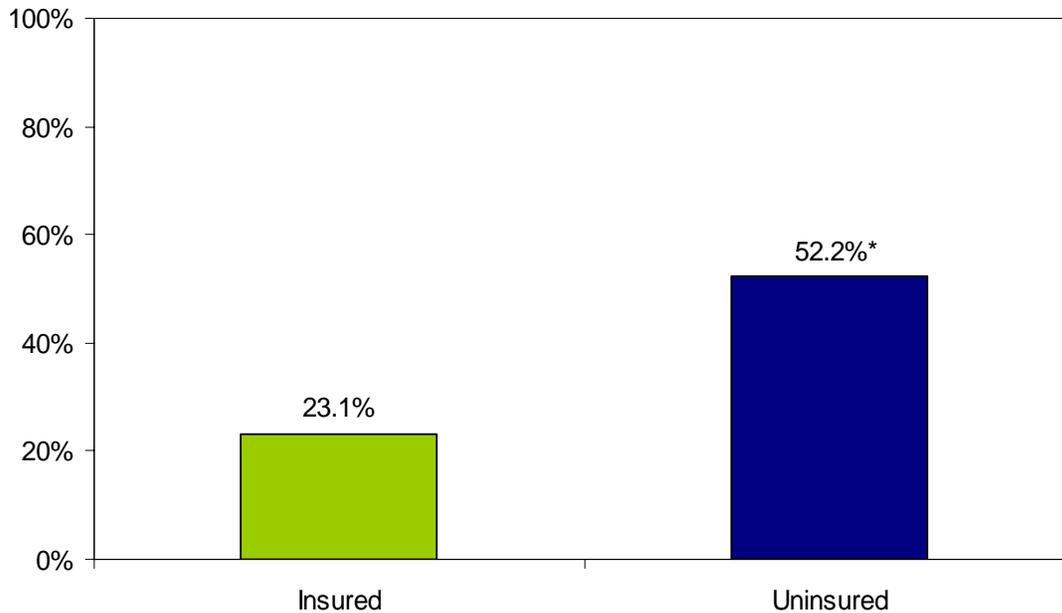
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Health Care Access and Utilization

Uninsured adults were significantly less likely to receive routine health care than those with insurance. Even those with chronic health conditions were unlikely to receive regular treatment or check-ups. Insured adults with the same chronic health conditions were significantly more likely to consult with health care professionals and/or receive treatment.

- The uninsured reported not having a personal doctor or health care provider more than twice as often as the insured (52.2 percent of the uninsured compared with 23.1 percent of the insured).

Idaho Adults (18-64) Who Do Not Have a Personal Doctor or Health Care Provider by Insurance Status, 2005

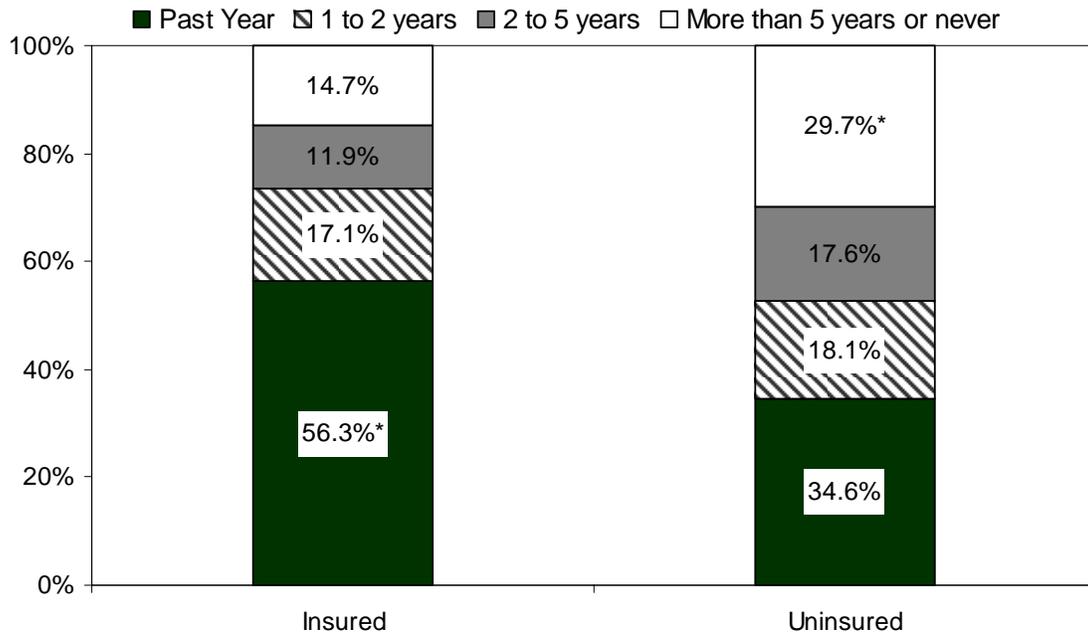


*Significantly higher at the 95 percent confidence level

Health Care Access and Utilization

The uninsured were significantly less likely than those with health insurance to have routine doctor visits for check-ups. About one-third of the uninsured (34.6 percent) had received a routine check-up within the past year. Uninsured adults reported going five years without a check-up twice as often as insured adults (29.7 percent compared with 14.7 percent).

Idaho Adults (18-64) Having Routine Check-up in Past Year, Two Years, Five Years and More Than Five Years by Insurance Status, 2005

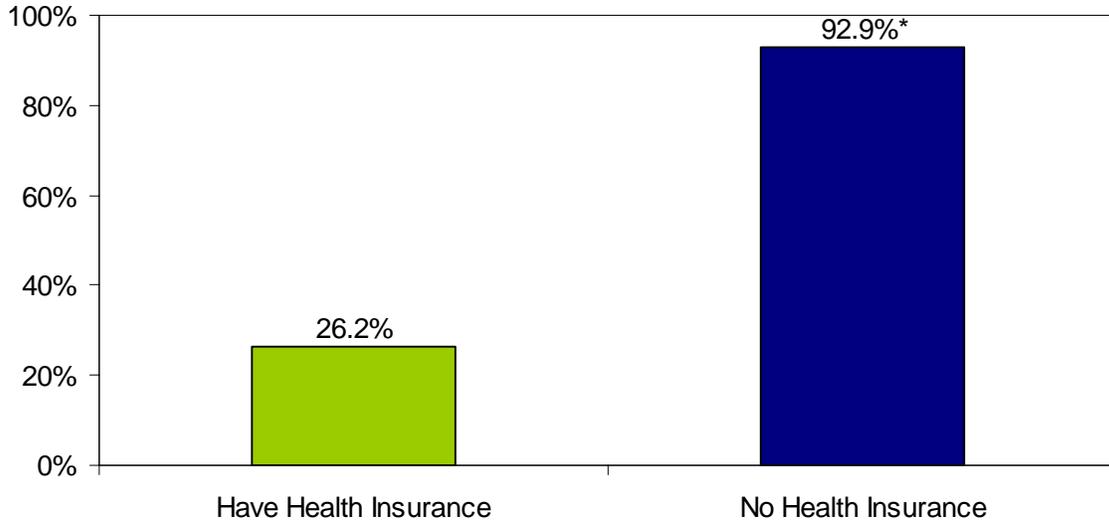


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Health Care Access and Utilization

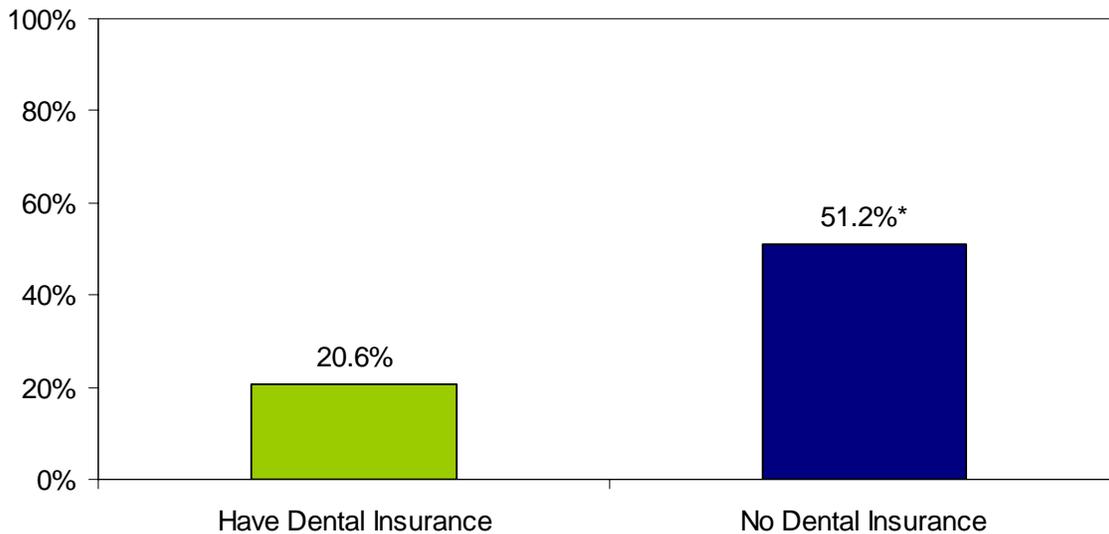
Those without health care coverage typically did not have dental insurance coverage either. Over nine-in-ten (92.9 percent) of those without health care coverage did not have dental insurance compared with over one-in-four (26.2 percent) of those with health care coverage.

**Idaho Adults (18-64) Who Did Not Have Dental Insurance
by Health Insurance Status, 2005**



Those without dental insurance were significantly less likely to receive annual dental check-ups compared with those with dental insurance.

**Idaho Adults (18-64) Who Did Not Have a Dental Visit in Past Year
by Dental Insurance Status, 2005**

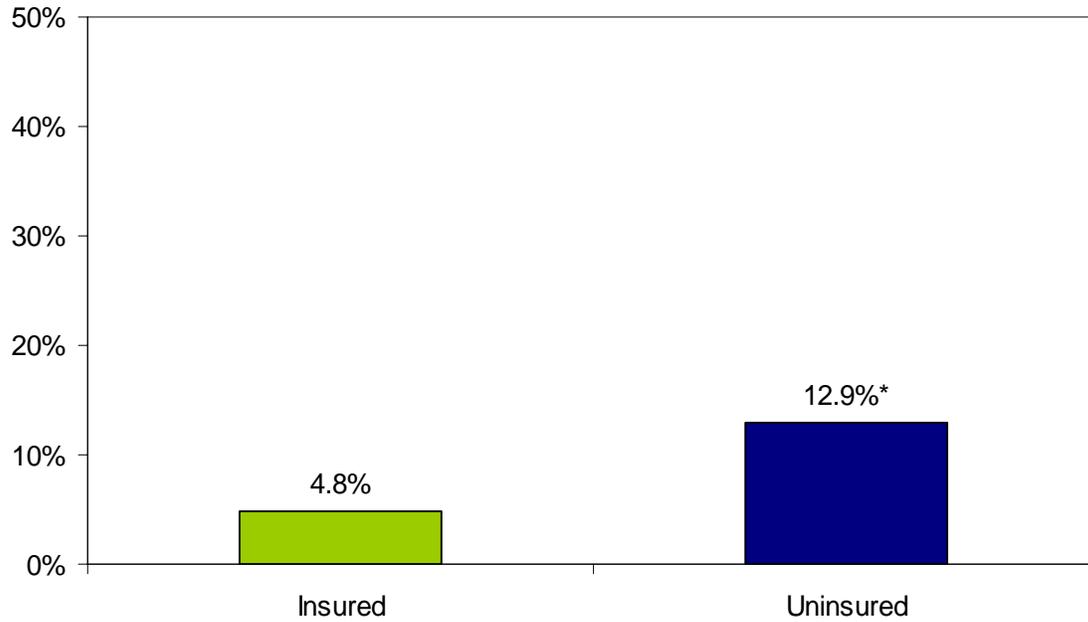


*Significantly higher at the 95 percent confidence level

Routine Care and Treatment for Chronic Diseases

Uninsured adults who had ever been told they had high cholesterol were significantly less likely to have received a cholesterol check within the past five years compared with insured adults with high cholesterol.

Idaho Adults (18-64) Ever Told Had High Cholesterol Who Had Not Had Cholesterol Checked in the Past Five Years by Insurance Status, 2005

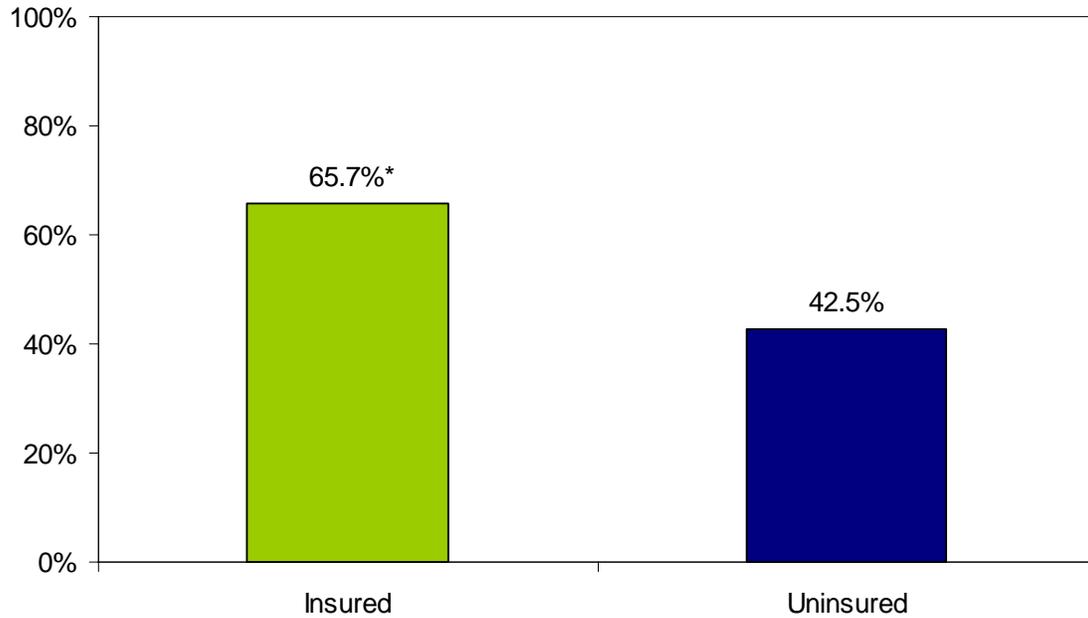


*Significantly higher at the 95 percent confidence level

Routine Care and Treatment for Chronic Diseases

Insured adults with high blood pressure were significantly more likely to be taking blood pressure medication. Fewer than half (42.5 percent) of uninsured adults with high blood pressure were controlling the condition with medication.

Idaho Adults (18-64) Ever Told They Had High Blood Pressure Who Were Currently Taking Blood Pressure Medication by Insurance Status, 2005

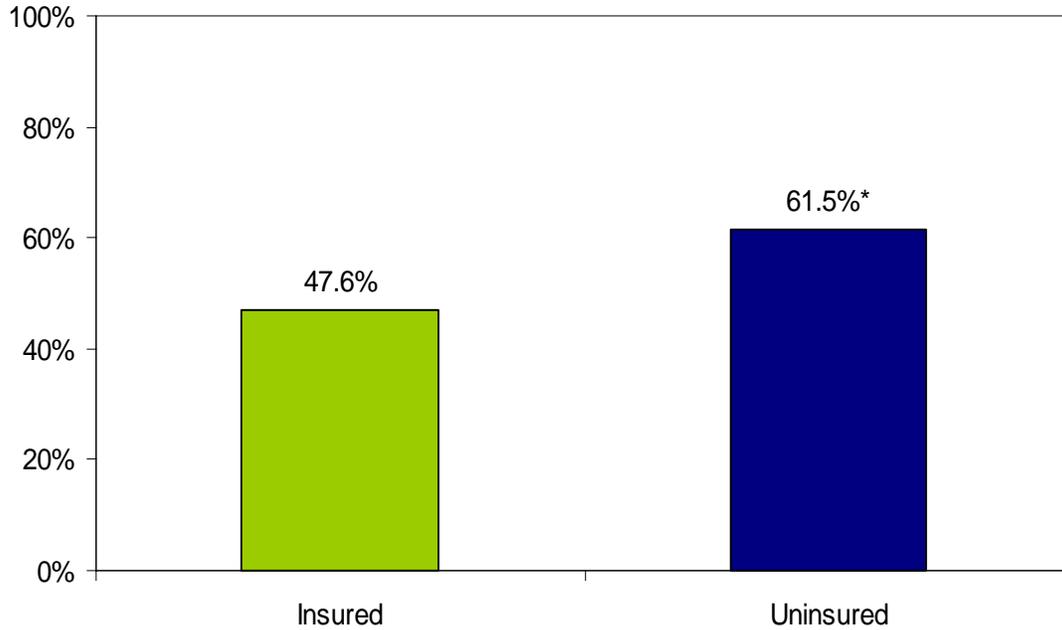


*Significantly higher at the 95 percent confidence level

Routine Care and Treatment for Chronic Diseases

The great majority (61.5 percent) of uninsured asthma sufferers went without routine check-ups for the condition. Insured asthma sufferers were significantly more likely to receive routine check-ups.

Idaho Adults (18-64) Ever Told They Had Asthma Who Had No Routine Asthma Check-Up In Past 12 Months by Insurance Status, 2005

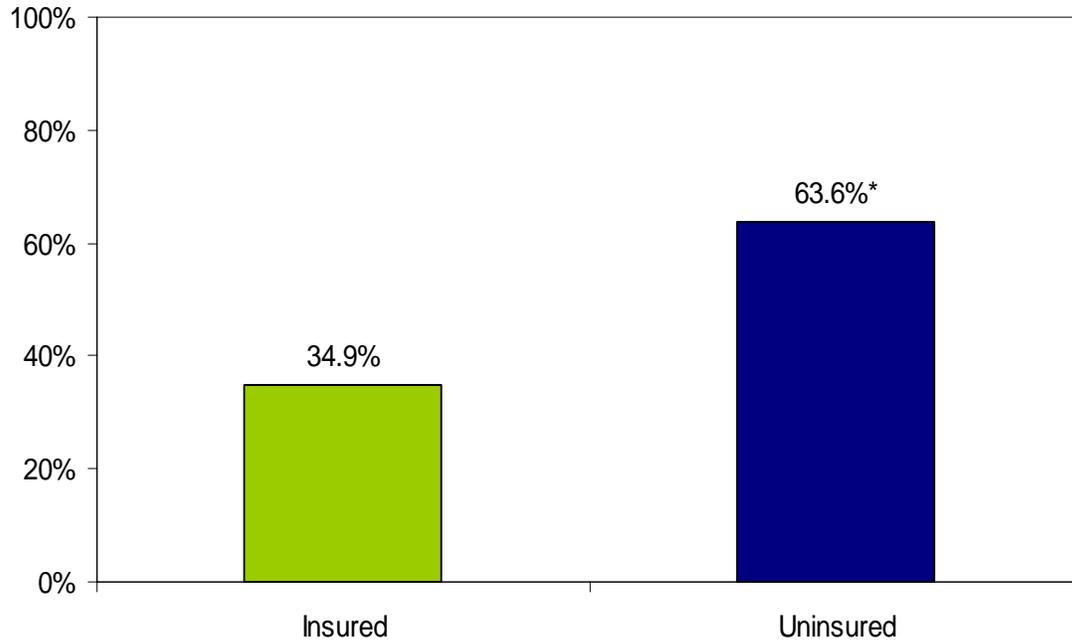


*Significantly higher at the 95 percent confidence level

Routine Care and Treatment for Chronic Diseases

Uninsured arthritis sufferers were significantly less likely to have had an annual check-up compared with arthritis sufferers who had insurance.

Idaho Adults (18-64) Ever Told They Had Arthritis Who Had No Routine Check-Up In Past 12 Months by Insurance Status, 2005



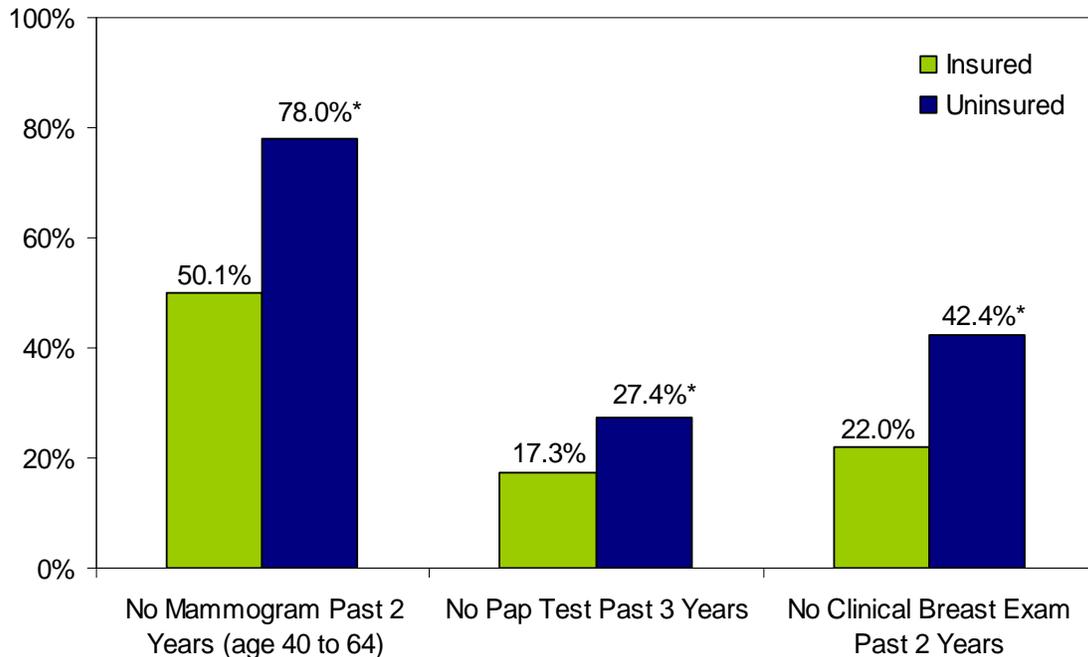
*Significantly higher at the 95 percent confidence level

Preventive Behaviors

Uninsured Idaho adults were significantly less likely to engage in preventive health behaviors. Uninsured adults in every age, education and income category were less likely than the insured in the same categories to have had timely preventive care screenings.

- Females without health insurance were significantly less likely than those with insurance to have received timely cancer screenings including mammograms (among those aged 40 or older), Pap tests, and clinical breast exams.

Idaho Females (18-64) Who Had Not Received Cancer Screenings by Insurance Status, 2004



*Significantly higher at the 95 percent confidence level

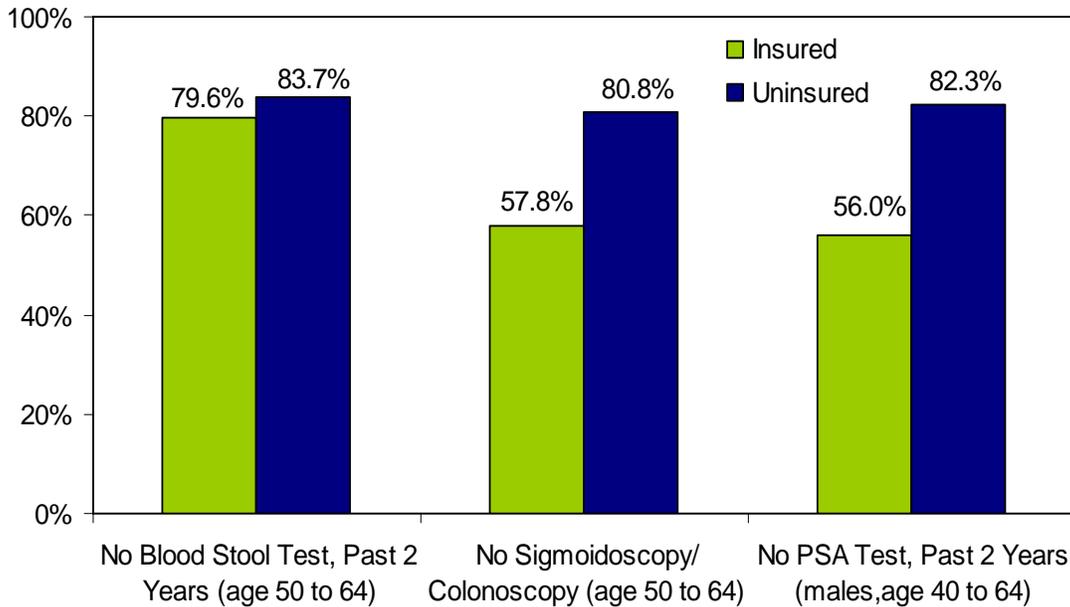
Pap test questions were asked only of women with an intact cervix.

Cancer screening figures for females are based on BRFSS 2004 data as these questions were not asked on the BRFSS 2005 survey.

Preventive Behaviors

Compared with the insured, uninsured adults were less likely to have ever received a sigmoidoscopy or colonoscopy (among those 50 or older) or a Prostate-Specific Antigen test (among males 40 or older) within the past two years. The difference between the insured and uninsured in blood stool testing was not significant.

Idaho Adults (40-64) Who Had Not Received Cancer Screenings by Insurance Status, 2004



*Significantly higher at the 95 percent confidence level

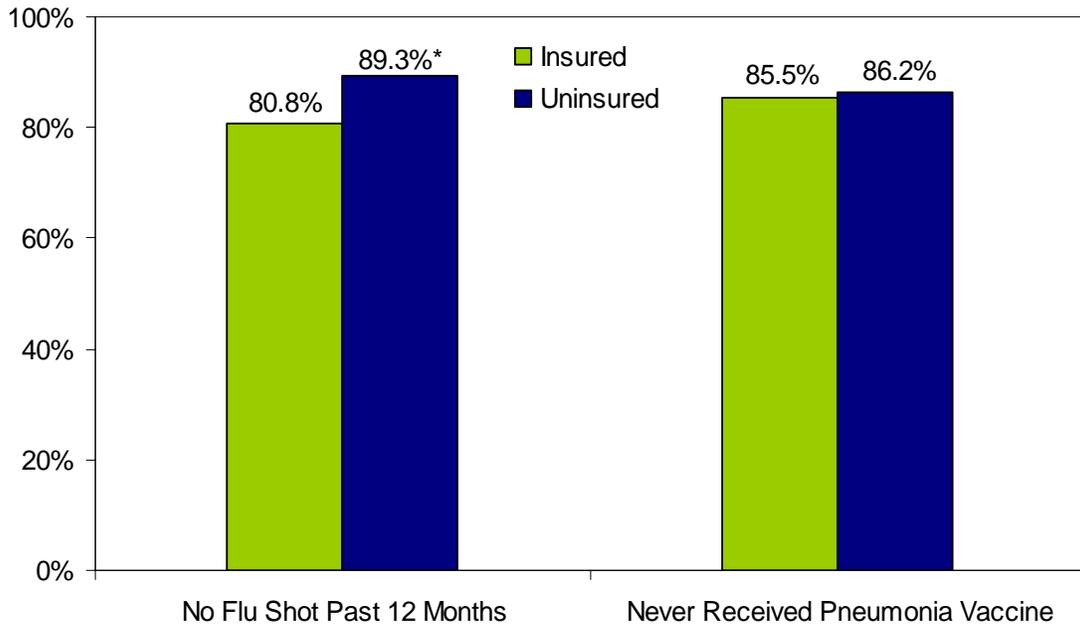
Cancer screening figures are based on BRFSS 2004 data as these questions were not asked on the BRFSS 2005 survey.

Preventive Behaviors

Regardless of insurance status, the great majority of adults had not received a flu shot within the past year. Still, uninsured adults were significantly less likely to have received the flu shot.

No significant differences in the number ever receiving pneumonia vaccines were seen by insurance status.

Idaho Adults (18-64) Who Had Not Received Preventive Health Vaccines by Insurance Status, 2005



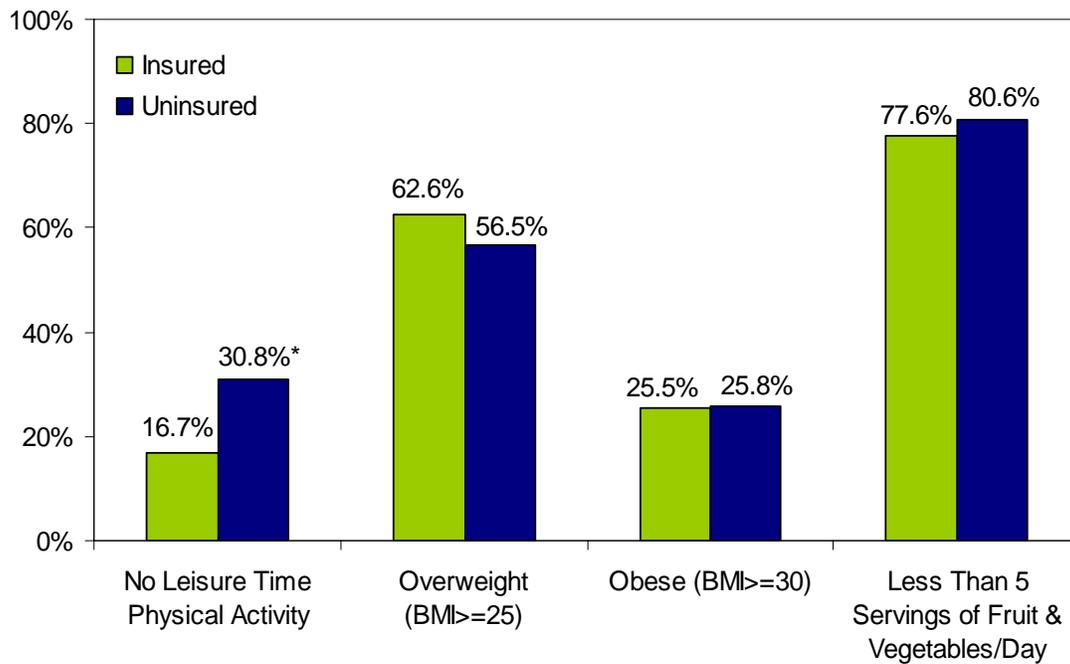
*Significantly higher at the 95 percent confidence level

Health Risk Behaviors

Those without health care coverage were less likely than the insured to engage in leisure time physical activity and the great majority did not consume the recommended amount of fruits and vegetables.

- Although uninsured Idaho adults were significantly less likely than the insured to engage in physical activity, they were no more likely to be overweight (BMI ≥ 25) or obese (BMI ≥ 30).
- The great majority of all Idaho adults aged 18-64 (78.3 percent) failed to consume the recommended five servings of fruits and vegetables daily. Fruit and vegetable consumption did not vary significantly by health insurance status.

Idaho Adults (18-64) with Physical Activity, Weight and Nutrition Risk Factors by Insurance Status, 2005



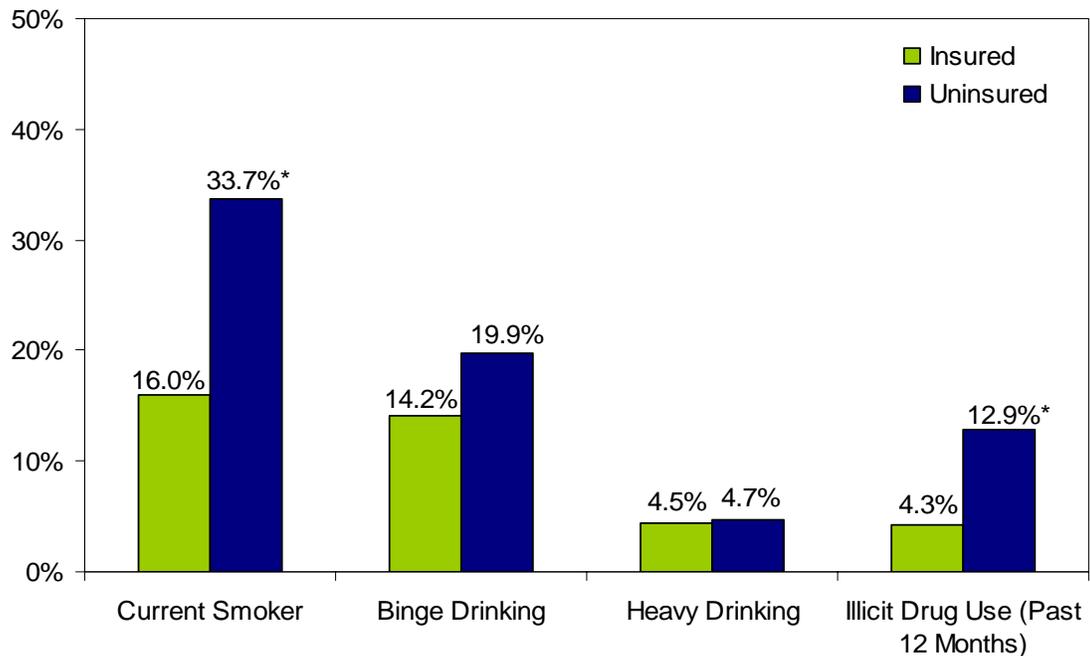
*Significantly higher at the 95 percent confidence level

Health Risk Behaviors

Uninsured adults were more likely than the insured to engage in some activities that could compromise their health and well being. These differences between the insured and uninsured groups were not explained by known demographic differences. The disparities were present across various age, education, and income levels.

- The uninsured were twice as likely as the insured to smoke (33.7 percent compared with 16.0 percent) and were also significantly more likely to use illicit drugs (12.9 percent compared with 4.3 percent).
- However, the uninsured were not significantly more likely than the insured abuse alcohol through binge drinking (consuming 5 or more alcoholic beverages in a single occasion) or heavy drinking (consuming an average of 60 or more alcoholic drinks per month).

Idaho Adults (18-64) Engaging in Health Risk Behaviors By Insurance Status, 2005



*Significantly higher at the 95% confidence level

Appendix

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