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Winter Texan Market Survey, 2008

Winter Texans Relatively Healthier than U.S. Population Aged 65 Years and Older

The 2008 Winter Texan Market Survey was conducted by Drs. Suad Ghaddar and Penny Simpson from The Valley Markets and Tourism Research Center, College of Business Administration at The University of Texas-Pan American. Studies have been conducted for more than 20 years to better understand Winter Texans visiting the Lower Rio Grande Valley (LRGV). The findings from the study are similar to findings reported in prior studies.

Data from more than 900 respondents were collected with a survey which consisted of five parts (demographic characteristics, information about the stay, expenditure patterns, Internet use, and health care). According to the survey, Winter Texans are on average 69.5 years old, have an average household income of around \$50,000, are married (87 percent), Caucasian (99 percent), retired for more than a year (86 percent), and have a high school diploma (34 percent) or some college education (35 percent). The study also found that most Winter Texans are from Minnesota (16 percent), Iowa (12 percent), Illinois (eight percent), Canada (eight percent), or Wisconsin (seven percent).

Health care information is addressed in the last section of the survey. Winter Texans generally enjoy good health: only ten percent reported fair to poor health, whereas 27 percent of the U.S. population reported fair to poor health. Winter Texans

are relatively healthier than individuals 65 years of age or older nationwide. Ninety percent of Winter Texans reported to be in good to excellent health, whereas only 73 percent of the U.S. population aged 65 years and older reported to be in good to excellent health.

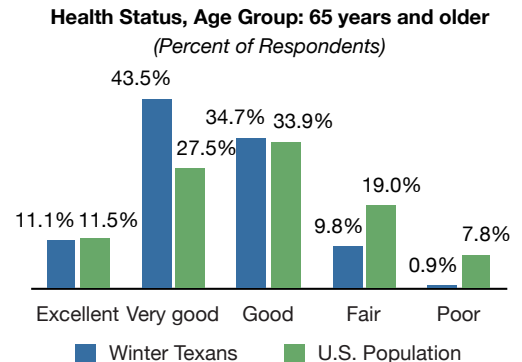


Figure 1: Health status comparison

Almost all Winter Texans have some form of health insurance coverage. Those who do not have health insurance coverage only make up half a percentage point. Two-thirds of Winter Texans have Medicare Part A (hospital insurance) and Part B (medical insurance), one-third have Medicare Part D for prescription drugs. About 56 percent of Winter Texans reported having private health insurance coverage. Other health insurance plans reported include veterans insurance, Canadian insurance, and different types of supplemental health insurance plans.



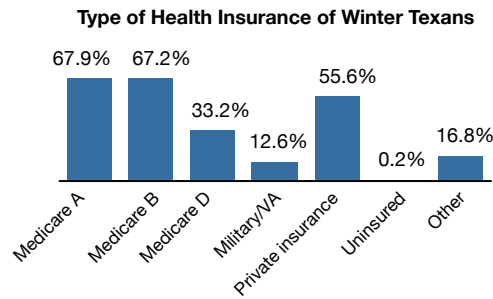


Figure 2: Type of health insurance

Health facilities in the LRGV are utilized less by Winter Texans than facilities in their home state. Winter Texans see doctors and visit hospitals and emergency rooms half as often as in their home states. This finding is not surprising as Winter Texans are in the Valley for an average stay of 4.2 months per year. Winter Texas visited dentists in Mexican border towns an average of 1.4 times, whereas they did not visit any doctors, hospitals and emergency rooms in Mexican border towns.

Although Winter Texans reported a higher level of satisfaction with health care in their home states (with 82 percent of respondents reporting being satisfied), 58 percent of Winter Texans reported to be satisfied with the quality of health care they received in the Valley. A high number of Winter Texans responded neutrally about the quality of care in the Valley (34 percent), whereas 13 percent responded neutrally about quality of health care in their home state. These findings are likely to be related to the lack of experience with Valley medical facilities, as 80 percent of Winter Texans have never visited a medical facility in the Valley.

Most Winter Texans have higher confidence and trust in their doctor at

home (89 percent) than in their doctors in the valley (62 percent).

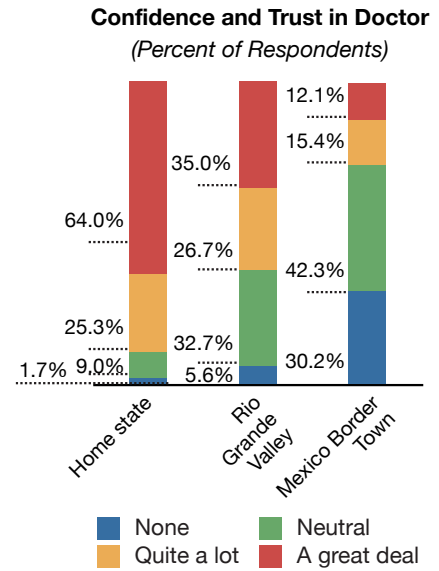


Figure 3: Confidence and trust in doctor

IPHP Research Brief 08-08 is based on excerpts/summary from the 2008 Winter Texan Market Survey, prepared by Suad Ghaddar and Penny Simpson, published by The Valley Markets and Tourism Research Center, College of Business Administration, The University of Texas-Pan American.

To obtain a copy of the full report please contact pmsimpson@utpa.edu.