

# 2008 Oklahoma Health Care Insurance and Access Survey: Select Results

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## Final Report

Report to:



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## **EXECUTIVE SUMMARY**

### **Introduction**

This report, commissioned by the Oklahoma Health Care Authority (OHCA), provides up to date information on health insurance coverage among adults and children in Oklahoma, descriptions of those with and without health insurance coverage, and change over time in coverage rates and the characteristics of insured and uninsured populations. Data are from the 2004 and 2008 Oklahoma Health Insurance Surveys (OHIS), random digit dial (RDD) landline telephone surveys of households in the state of Oklahoma.

Summarized below are key findings for the state's population as a whole. This is followed by main findings from in-depth analysis focused on the state's non-elderly population (age 64 and under) given the vast majority of people age 65 and over have health insurance coverage.

### **Health Insurance Coverage in Oklahoma**

An overall decline in employer-based health insurance coverage was offset by an overall increase in public health insurance coverage between 2004 and 2008, resulting in a stable uninsurance rate for Oklahoma between 2004 and 2008. Specifically,

- 16.4% of Oklahoma residents (approximately 569,000 individuals of all ages) were estimated to have been uninsured at the time of the survey in 2008. The uninsurance rate is unchanged since the 2004 survey.
- Employer-sponsored health insurance continues to be the main source of coverage in Oklahoma in 2008 (45.3%), however, the rate declined since 2004 (50.1%).
- In 2008 33.5% of Oklahomans had coverage through a public insurance program (e.g., Medicare for the disabled and elderly, SoonerCare (Medicaid), etc.), which represents an increase from 27.2% in 2004.
- Only 4.9% of state residents had insurance through a self-purchased plan in 2008, and this rate remained unchanged from 2004.

Rates of uninsurance were stable for all age groups between 2004 and 2008, with the lowest rates among those age 65 and over at 0.7% in 2008, followed by children age 18 and under at 9.7%. The highest rates of uninsurance were among non-elderly adults age 19-64 at 22.8% in 2008. Similar to the population as a whole, among non-elderly Oklahomans (under age 65), the decline in employer-based coverage was offset by increases in public coverage, staving off an increase in rates of uninsurance. In 2008, an estimated 52.0% non-elderly had employer-based health insurance coverage in 2008, 23.7% were covered by a public program, 5.5% had individually-purchased coverage, and 18.8% were uninsured.

### **Rates of Uninsurance by Key Demographic and Work Characteristics**

Lack of health insurance coverage among Oklahoma's non-elderly population (aged 0-64 years)

is related to many demographic and employment characteristics. Compared to the overall non-elderly population in 2008, rates of uninsurance are higher among:

- Hispanic adults and children
- American Indian adults
- Residents with a high school education or less
- Unmarried adults
- Adults with incomes less than 185% of the Federal Poverty Level (FPL)
- Adults reporting fair/poor health
- The unemployed (however most (60.2%) of the uninsured non-elderly population in the state were employed)
- Those with temporary/seasonal jobs
- Those working in small firms (10 or fewer employees)

Compared to the overall non-elderly population in 2008, rates of uninsurance are significantly lower among:

- Military personnel
- Children living in the Tulsa Behavioral Risk Factor Surveillance System (BRFSS) planning region
- Those working for government employers
- Those employed by large firms

### **Change Over Time in Rates of Uninsurance by Key Demographic and Work Characteristics**

Few significant changes were observed between 2004 and 2008 in the uninsurance rates by employment-related characteristics; however, rates of uninsurance decreased between 2004 and 2008 among:

- Those who are self-employed
- Those with a college degree or at least some college education
- Married non-elderly adults
- Adults with household incomes between 100-199% FPL
- Adults living in rural parts of the state
- Children with excellent/very good health
- Adults living in the southeast region of the state

### **Potential Access to and Eligibility for Health Insurance among the Non-Elderly Uninsured**

The 2008 survey was designed to provide rough estimates of the uninsured potentially eligible for employer-based coverage through a family member's (spouse, parent, guardian) employer or one's own employer as well as potential eligibility for public health insurance programs. Key 2008 results are as follows:

- An estimated 18.5% of uninsured Oklahomans were potentially eligible for employer-sponsored insurance. More children than adults were estimated to be eligible for this type of coverage.
- An estimated 27.3% of all uninsured non-elderly Oklahomans were estimated to be eligible for either SoonerCare or Insure Oklahoma. Again, a higher percentage of uninsured children are potentially eligible than adults.
- Overall, 44.1% of all uninsured Oklahomans were estimated to be potentially eligible for either employer or public health insurance. Nearly three-quarters of children (74.2%) were thought to be eligible for some type of insurance, and their rate was significantly higher than adults.

### **Willingness to Enroll in Public Program, Reasons not Enrolled, and Ability to Pay for Health Insurance Coverage among the Uninsured**

Interestingly, the vast majority of uninsured Oklahomans said that, if eligible, they would enroll in the state's existing public insurance programs, particularly if the program was available to them at no cost. With regard to a premium assistance program specifically, just under three-fourths of the uninsured reported they would enroll if deemed eligible.

Uninsured respondents were asked the reason why they had not enrolled in employer-sponsored and public insurance for which they may be eligible or had not purchase private coverage on their own. In 2008:

- Among the minority of uninsured respondents who said they would not enroll in public health insurance even if eligible, the most common reason (40.6%) was that it is too expensive. An additional 17.8% said that they didn't want government to pay or otherwise be involved with their health care.
- When asked the reason they had not enrolled in employer-sponsored insurance for which they may be eligible, most (74.8%) reported it was too expensive and an additional 13.3% reported that they had not enrolled because they anticipated having other coverage soon (for example, following a waiting period).
- When uninsured non-elderly Oklahomans were asked why they had not purchased health insurance on their own, 82.0% indicated that such coverage is too expensive or that they could not afford the coverage.

The survey also asked uninsured respondents about the amount they would be able to pay each month for health insurance. Only a small proportion of the uninsured non-elderly (about 19%) reported that they would not be able to pay anything toward insurance in 2008. Of those who reported being able to pay something per month, most said either \$50 or \$100 (in fact, 56.1% of all uninsured reported these amounts in 2008). The amount the uninsured report they were willing to pay varied by family income.

## **Cost-Sharing Among the Privately-Insured**

The survey asked about premiums and deductible requirements for those with employer-based or privately-purchased coverage. Among those respondents who were able to answer these questions, the proportion paying premiums increased between 2004 and 2008, with 90.3% paying some sort of premium in 2008. Over the 4-year period premium amounts also increased, with those with self-purchased insurance reporting the highest premium costs.

Similarly, approximately 90% of non-elderly privately-insured respondents reported having a deductible. Those covered by a self-purchased plan were more likely to have a deductible and were more likely to have higher deductibles (costing over \$1,500). Overall, the percentage of total privately-insured individuals with deductibles grew between 2004 and 2008 and the percent with higher deductibles grew as well.

## **Access to Health Care**

The 2008 Oklahoma Health Insurance Survey included several questions intended to assess attitudes about and experiences with accessing health care. Specifically, respondents were asked about confidence in their ability to get needed care, whether any medical care had been delayed due to cost, and whether they had a usual source of care. The results show that:

- Just over 80% of non-elderly respondents were confident or very confident they (or another household member) could get needed health care.
- The results varied dramatically by type of health insurance, with almost 70% of individuals with private coverage indicating they were very confident whereas only about 22% of those lacking insurance reported such high confidence.
- Over a quarter (27.3%) of respondents reported having delayed seeking medical care in the past 12 months because of cost concerns. This percentage was lower among those with private (19.0%) or public (20.5%) insurance. However, 61.6% of the uninsured non-elderly had delayed accessing health care in the last year due to cost.
- Overall, roughly 80% of non-elderly adults and over 90% of children in both years had a usual source of care. Uninsured children and adults were significantly less likely to have a usual source of care than their respective age groups in general, and this was true in both 2004 and 2008.
- Among those who did not report a usual care, the most common reason provided in both 2004 and 2008 is that the person rarely gets sick (46.1% for adults and 42.1% for children in 2008).

In closing, the 2004 and 2008 OHIS surveys combined are rich sources of data for assessing rates of coverage and the characteristics of the insured and uninsured populations, along with the ability to monitor change over time. We hope these data and this report help to inform the planning and decisions of OHCA as well as other agencies and policy makers in the state.

## **CHAPTER 1. INTRODUCTION AND BACKGROUND**

At the initiation of the Oklahoma Health Care Authority (OHCA), the 2008 Oklahoma Health Care Insurance and Access Survey (or “OK Health Insurance Survey” - OHIS) was conducted to assess current rates and types of health insurance coverage among adults and children in Oklahoma and to examine change in coverage since 2004, when a comparable survey was conducted (Good, Johnson, & Price 2005). OHCA contracted with the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, School of Public Health to conduct both surveys. SHADAC was responsible for study design, data analysis, and reporting, and in 2008, contracted with Westat, Inc. to field the survey. Similar to the 2004 OHIS, the goals of the 2008 survey were to estimate rates of insurance coverage and to describe the characteristics of the insured/uninsured populations in Oklahoma.

### **Methodology**

Both the 2004 and 2008 OHIS were random digit dial (RDD) landline telephone surveys of households in the state of Oklahoma. In an attempt to improve the sample sizes for American Indian, African American and Hispanic residents in 2008, we oversampled some areas of the state (see Appendix A for more information on study methodology). In both years, within each surveyed household, an adult (18 years of age or older) knowledgeable about the household’s health insurance was identified as the respondent, and one person within the household (adult or child) was randomly selected to be the focus of the majority of questionnaire items. In 2008, a total of 5,729 interviews (conducted between July and September) were completed. In 2004, data collection occurred between March and June, and the number of completed interviews was 5,847. The response rates were approximately 44% and 16% in 2004 and 2008, respectively—unfortunately mirroring trends of falling response rates witnessed nationally (Altroistic et al. 2001; Curtin, Presser, & Singer 2005). Oversampling American Indian, African American and Hispanic residents in 2008 may have also impacted the response rate as surveys experience lower response rates among minorities (Link & Oldendick 1999, Triplett 2002).

The household survey instrument used for data collection in both 2004 and 2008 – the Coordinated State Coverage Survey (CSCS) – was developed by SHADAC and tailored in both years to the special needs of OHCA. The questionnaire addresses types of health insurance coverage, access to employer-sponsored insurance, premiums and cost sharing, awareness of state public health insurance programs, willingness to pay for health insurance, access to and utilization of health care services, barriers in access, and demographics. By using a similar questionnaire and study methodology in both years, changes over time in coverage may be examined. (See Appendix B for the 2008 instrument.)

The results presented in this report are weighted estimates using statistical software (STATA) that accounts for a complex sampling design. Prior to analysis, the survey data were weighted to correct for unequal selection probabilities (e.g., oversampling of some telephone exchanges, the number of phone lines connected to a household, the number of people within a household). Additionally, the data were weighted to represent the state’s population. Most

results shown in this report are for both 2008 as well as 2004. In some cases, findings are only shown for 2008 if results had not changed significantly from 2004. Tests of difference between subgroups within a year (e.g., contrasts by age and race/ethnicity) and over time (e.g., 2004 compared to 2008 uninsurance estimates) are reported. It is important to highlight that data from the 2004 survey were reweighted in a similar manner as the 2008 data to facilitate comparisons across the two survey years. Therefore, estimates for 2004 presented in this report vary slightly from the results produced in the original final report from the 2004 survey (cited above).

Additional information concerning sample design, response rates, weighting strategy, and data analysis is provided in the Technical Appendix (Appendix A) at the end of this report. Additionally, more information about the 2004 and 2008 survey methodology may be found in a document prepared by SHADAC staff detailing the differences between the two surveys (Call & Spencer 2008).

### **Organization of Report**

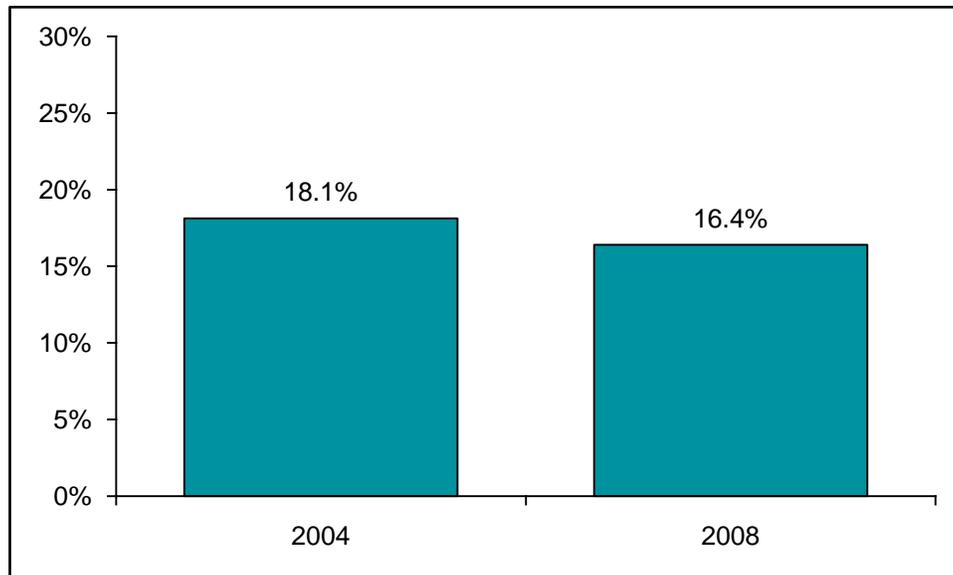
The remainder of the report is organized into seven chapters. First, we review the results summarizing insurance coverage in Oklahoma and the distribution of coverage types (i.e., employer-based, individually purchased, public, and lack of insurance) across the state population. Chapters 3 through 5 take a closer look at uninsurance and present rates of uninsurance by key demographic and work characteristics; a comparison of the demographic make-up of the uninsured and insured; potential eligibility for insurance coverage among the uninsured; and the uninsured's willingness to pay for insurance coverage. Chapter 6 provides more information about those with private and public health insurance coverage. Finally, Chapter 7 examines the need for and access to health care among the uninsured and insured.

## CHAPTER 2. HEALTH INSURANCE COVERAGE

This chapter presents the overall insurance/uninsurance rates for Oklahoma and the distribution of health insurance coverage among the state's population in terms of private and public sources of coverage. Throughout this chapter, as well as the other chapters presenting survey results (Chapters 3-7), most results are shown for both 2008 as well as 2004. In some cases, findings are only shown for 2008 if results had not changed significantly from 2004. In all tables, a caret ( ^ ) denotes a statistically significant difference between the estimate and the estimate of the relevant overall population within a year, and an asterisk ( \* ) denotes a statistically significant change in an estimate between 2004 and 2008.

As shown in Exhibit 2.1 below, 16.4% of Oklahoma residents, or about 569,000 individuals (including all age groups), are estimated to have been uninsured at the time of the survey in 2008. While this rate appears to be slightly lower than it was in 2004 (18.1%), the difference is not statistically significant. Therefore, the uninsurance rate in Oklahoma held stable between the two survey years.

**Exhibit 2.1. Rate of Uninsurance in Oklahoma, 2004 and 2008 (Total Population)**

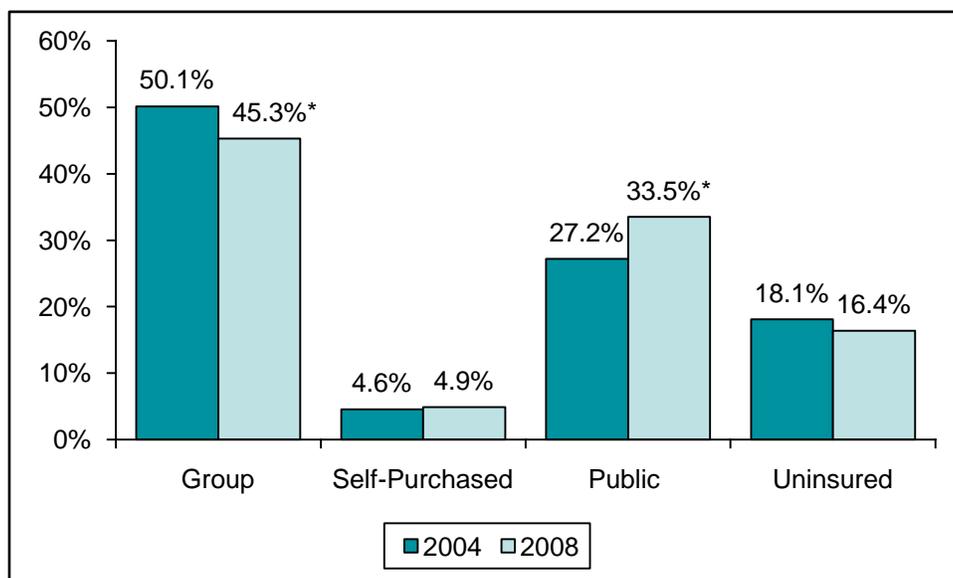


Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Notes: Based on the total state population, including children, non-elderly adults, and elderly adults. Difference between 2004 and 2008 is **not** statistically significant.

Exhibit 2.2 presents the distribution of the state’s total population across three types of health insurance sources: group or employer-based insurance, self-purchased health insurance, and public health insurance programs.<sup>1</sup> Employer-sponsored health insurance continues to be the main source of coverage in Oklahoma. In 2008, 45.3% of Oklahomans had health insurance coverage through their own employer or through a family member’s employer. However, such coverage declined since the last survey, when the rate of employer-based coverage was 50.1%. The second most common source of health insurance coverage in Oklahoma is public health insurance programs (including Medicare for the disabled and elderly, Medicaid –referred to as SoonerCare in Oklahoma, as well as others). Just over one third of Oklahomans had coverage through a public source in 2008, an increase from 27.2% in 2004. Only 4.9% of state residents had insurance through an individually purchased plan in 2008, which is similar to the 2004 rate of 4.6%. An overall increase in public health insurance coverage between 2004 and 2008 was offset by the overall decline in employer-based health insurance coverage, resulting in a stable uninsurance rate for Oklahoma between 2004 and 2008.

**Exhibit 2.2. Sources of Health Insurance Coverage in Oklahoma, 2004 and 2008 (Total Population)**



Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.  
 Note: Based on the total state population, including children, non-elderly adults, and elderly adults.  
 \* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

<sup>1</sup> Group includes health insurance through an employer, COBRA coverage, Veterans Affairs and military health care. Individual includes self-purchased insurance for an individual or family. Public includes Medicare, Railroad Retirement Plan, Medicaid, O-EPIC, and the Oklahoma High Risk Pool. Consistent with the Census Bureau, individuals who only reported Indian Health Service (IHS) were classified as uninsured (US Census Bureau 1998).

Exhibit 2.3 summarizes health insurance sources for the total population in Oklahoma by key age groups of interest. Among non-elderly adults (aged 19 to 64 years), an estimated 54.2% had employer-based health insurance coverage in 2008, 17.4% were covered by a public program, 5.6% had individually-purchased coverage, and 22.8% were uninsured.

**Exhibit 2.3. Sources of Health Insurance Coverage in Oklahoma by Age Group, 2004 and 2008 (Total Population)**

Group	Self-Purchased		Public		Uninsured			
	2004	2008	2004	2008	2004	2008		
Total < 19	52.1%	47.1%	4.9%	5.1%	30.8% ^	38.1% ^*	12.3% ^	9.7% ^
Total 19-64	59.3% ^	54.2% ^*	5.3%	5.6%	11.0% ^	17.4% ^*	24.4% ^	22.8% ^
Total < 65	57.2% ^	52.0% ^*	5.1% ^	5.5% ^	16.9% ^	23.7% ^*	20.8% ^	18.8% ^
65+	2.7% ^	2.5% ^	0.7% ^	0.9% ^	96.0% ^	95.9% ^	1.0% ^	0.7% ^
Total	50.1%	45.3% *	4.6%	4.9%	27.2%	33.5% *	18.1%	16.4%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total state population within year.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

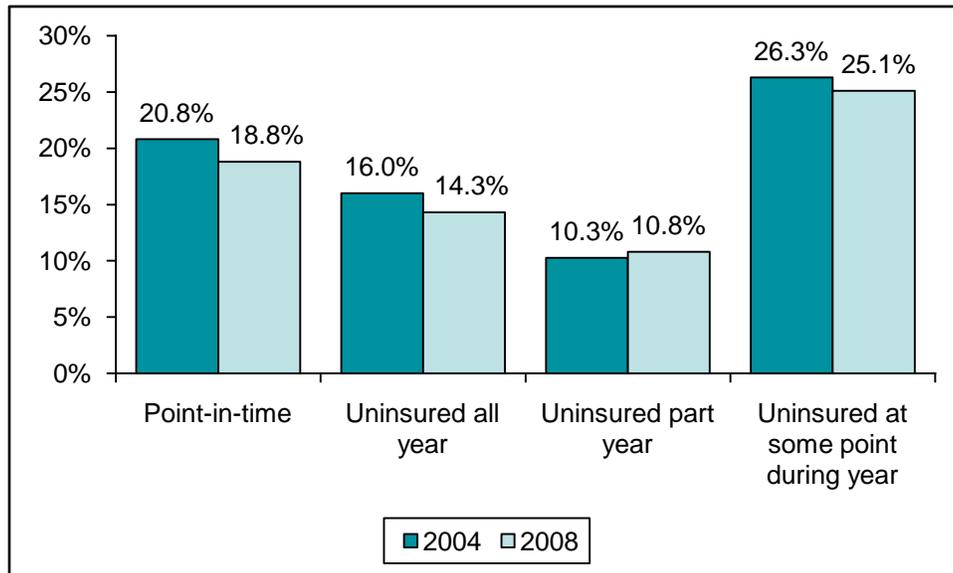
For children 18 years of age and younger, the uninsurance rate is noticeably smaller. In 2008, 9.7% of children were uninsured. Just under half (47.1%) had group coverage, and over one third (38.1%) had public coverage. Similar to other age groups, coverage through an individually-purchased plan was relatively rare (5.1%) for children. For results for child and young adult subgroups (0-5, 6-18, 19-21 years of age), see Appendix C.

In contrast to children and non-elderly adults, 95.9% of elderly Oklahoma residents (aged 65 years and older) were covered by at least one public program (e.g., Medicare) in 2008, 2.5% had group coverage, and less than 1% had an individually purchased plan. Less than 1% of the elderly in Oklahoma were without any kind of health insurance in 2008.

As reported earlier, the rate of group coverage dropped between 2004 and 2008 for Oklahoma overall. Exhibit 2.3 shows that this decrease only reached statistical significance for non-elderly adults (from 59.3% to 54.2%). The aforementioned increase in public coverage between 2004 and 2008 impacted both children and non-elderly adults (an increase from 16.9% to 23.7% for the total non-elderly population), whereas the rate of public coverage did not change for elderly adults. The uninsurance rate remained unchanged for all age groups shown in Exhibit 2.3.

Because nearly all elderly are covered (at least to some extent) by the federal Medicare program, it is particularly useful to examine health insurance coverage and sources of coverage for the total non-elderly population (i.e., children and adults younger than 65 years of age). Exhibit 2.4 presents alternative measures of uninsurance for the non-elderly population: point-in-time (or at the time of the survey, used above), uninsured all year, uninsured part of the year, and uninsured at some point during the year. As with the point-in-time estimate, no significant changes were observed across any of these rates between 2004 and 2008. In 2008, 14.3% of the non-elderly population were uninsured all year, and 10.8% were insured part of the year. Therefore, overall, approximately one quarter of the entire non-elderly population in Oklahoma was uninsured at least at some point during the year. The remaining analyses presented in this report continue to focus on the insured and uninsured non-elderly.

**Exhibit 2.4. Alternative Uninsurance Rates for Oklahoma, 2004 and 2008 (Non-Elderly)**



Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.  
 Notes: Based on the state's non-elderly population aged 0-64 years.  
 Differences between 2004 and 2008 are **not** statistically significant.

### CHAPTER 3. RATES OF UNINSURANCE BY KEY DEMOGRAPHIC AND WORK CHARACTERISTICS

Exhibit 3.1 presents uninsurance rates for Oklahoma’s non-elderly population (aged 0-64 years) by a host of key demographic characteristics. Rates are also presented for adults (aged 19-64) and children (0-18 years) separately. For children, select data—education, marital status, and military service— are based on the child’s primary wage earner. A caret ( ^ ) denotes a statistically significant difference between an estimate and the estimate of the relevant overall population within a year, and an asterisk ( \* ) denotes a statistically significant change in an estimate between 2004 and 2008.

While the uninsurance rate did not vary by gender, urbanicity, or disability status for either adults or children in 2008, lack of insurance is related to many of the characteristics shown. Key findings for 2008 are as follows:

- **Race/Ethnicity:** Hispanic residents had a significantly higher rate of uninsurance than the overall non-elderly population, and this was true for both adults and children. Additionally, American Indian adults had a higher uninsurance rate in 2008 (33.8% vs. 22.8%), but the difference between American Indian children and children overall was not statistically significant.
- **Language spoken at home:** Oklahoman’s speaking a language other than English at home had a higher rates of uninsurance in 2008 than the non-elderly population overall. This difference does not reach significance for adults or children separately.
- **Education:** Compared to the overall non-elderly adult population in the state, adults with higher education had lower rates of uninsurance and those with a high school education or less had higher rates. Likewise, children whose primary wage earner did not have a high school degree also had higher uninsurance rates and children whose primary wage earner had at least some college education had lower uninsurance rates.
- **Marital Status:** Among non-elderly adults, married individuals had a lower rate of uninsurance (16.0% vs. 22.8%), whereas unmarried individuals had a higher rate (33.5%). The marital status of children’s primary wage earner was unrelated to their insurance status.
- **Family Income:** Income is related to insurance status, especially for adults. Adults with incomes up to 184% of the Federal Poverty Level (FPL) were particularly likely to be uninsured. In fact, over 40% of adults with < 100% FPL were uninsured in 2008. In contrast, much lower percentages of adults (8.3%) and children (2.5%) with family incomes 300% or more of the FPL were uninsured.
- **Military Service:** Adults who were currently serving in the military or had in the past had a significantly lower rate of uninsurance than the overall non-elderly adult population (8.7% vs. 22.8%). A similar result is observed for the primary wage earners of children in the survey.
- **Geographic Region:** Children living in the Tulsa Behavioral Risk Factor Surveillance System (BRFSS) planning region had a noticeably lower rate of uninsurance than the total state child population (4.1% vs. 9.7%). The percent of adults without health insurance did not vary by region.

- **Health Status:** Compared to the overall non-elderly adult population, adults with excellent/very good health had a lower rate of uninsurance (18.2% vs. 22.8%), whereas a higher percentage of those with fair/poor health (31.2%) lacked insurance.

Exhibit 3.1 also shows the same information for 2004 allowing for comparisons in uninsurance rates over time. A few changes are noteworthy. Specifically, improvements in insurance coverage (i.e., decreases in the uninsurance rate) were observed between 2004 and 2008 for the following groups: those with a college degree or at least some college education, married non-elderly adults, adults with household incomes between 100-199% FPL, adults living in rural parts of the state, children with excellent/very good health, and adults living in the southeast region of the state.

**Exhibit 3.1. Uninsurance Rates within Oklahoma by Demographic Characteristics, 2004 and 2008 (Non-Elderly)**

	Adults		Children		Total	
	2004	2008	2004	2008	2004	2008
<b>Overall Uninsurance Rate</b>	<b>24.4%</b>	<b>22.8%</b>	<b>12.3%</b>	<b>9.7%</b>	<b>20.8%</b>	<b>18.8%</b>
<b>Gender</b>						
Male	25.1%	23.9%	11.7%	9.6%	20.8%	19.5%
Female	23.7%	21.7%	13.0%	9.8%	20.8%	18.2%
<b>Race/Ethnicity</b>						
White	22.6%	20.1%	11.8%	8.2%	19.5%	16.6% *
African American	16.2% ^	25.5%	4.4% ^	6.2%	11.0% ^	18.3% *
Hispanic	44.7% ^	37.5% ^	17.0%	24.2% ^	35.1% ^	32.0% ^
Asian	--	--	--	--	25.4%	16.3%
American Indian	33.4% ^	33.8% ^	20.4%	15.0%	29.1% ^	26.9% ^
<b>Language at Home</b>						
English	N/A	22.1%	N/A	8.2%	N/A	18.0%
Other	N/A	30.8%	N/A	20.2%	N/A	27.5% ^
<b>Education†</b>						
Less than high school	45.0% ^	46.9% ^	19.3%	22.7% ^	39.1% ^	41.2% ^
High school graduate	28.0%	28.5% ^	14.9%	12.9%	24.4% ^	24.5% ^
Some college	19.2% ^	14.5% ^*	11.6%	6.1% ^*	16.8% ^	11.7% ^*
Postgraduate	5.4% ^	5.5% ^	1.3% ^	4.9%	3.9% ^	5.3% ^
<b>Marital Status†</b>						
Married	20.7% ^	16.0% ^*	12.6%	9.8%	18.2% ^	13.9% ^*
Not Married	32.7% ^	33.5% ^*	11.3%	9.2%	27.2% ^	28.3% ^
<b>Family Income</b>						
<100%	45.9% ^	42.9% ^	16.1%	10.5%	34.7% ^	32.6% ^
100-184%	44.2% ^	35.1% ^*	13.1%	16.4%	33.5% ^	28.3% ^
185-199%	41.4% ^	24.3% *	14.2%	--	29.5%	22.4%
200-249%	30.4%	27.5%	22.4%	13.3%	27.9% ^	22.8%
250-299%	15.5% ^	19.2%	9.5%	13.6%	13.7% ^	17.3%
300+%	8.7% ^	8.3% ^	6.0% ^	2.5% ^	8.1% ^	6.7% ^

**Exhibit 3.1. Uninsurance Rates within Oklahoma by Demographic Characteristics, 2004 and 2008 (Non-Elderly) (cont.)**

	Adults		Children		Total	
	2004	2008	2004	2008	2004	2008
<b>Military Servicet</b>						
Yes, now or in past	N/A	8.7% ^	N/A	4.2% ^	N/A	7.3% ^
Never	N/A	24.5%	N/A	10.4%	N/A	20.3%
<b>Urbanicity</b>						
Urban	21.4%	23.0%	9.5%	8.3%	17.8% ^	18.4%
Rural	28.2% ^	22.4% *	16.1%	12.2%	24.6% ^	19.6% *
<b>Region</b>						
Northwest	24.1%	20.7%	10.9%	7.7%	20.0%	16.1%
Central	26.0%	25.4%	9.0%	11.4%	21.1%	21.1%
Southwest	21.4%	21.4%	6.8%	5.6%	16.7%	17.1%
Tulsa	18.1% ^	21.8%	7.7%	4.1% ^	14.9% ^	16.2%
Northeast	24.7%	22.5%	17.6%	12.7%	22.7%	19.6%
Southeast	31.6% ^	21.4% *	22.3% ^	15.1%	28.8% ^	19.8% *
<b>Total</b>	<b>24.4%</b>	<b>22.8%</b>	<b>12.3%</b>	<b>9.7%</b>	<b>20.8%</b>	<b>18.8%</b>
<b>Health Status</b>						
Excellent/Very Good	20.5% ^	18.2% ^	12.3%	8.0% *	17.3% ^	14.1% ^^
Good	28.4%	24.4%	9.0%	16.7%	25.3% ^	22.8%
Fair/Poor	32.1% ^	31.2% ^	--	--	31.0% ^	30.4% ^
<b>Disability Status</b>						
No Chronic Condition	25.6%	23.1%	12.7%	10.2%	21.1%	18.0% *
Chronic Condition	22.2%	22.4%	9.7%	6.9%	19.9%	20.0%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Notes: Based on the state's non-elderly population aged 0-64 years. Language at home and military status were not collected in 2004.

† For children, the data are based on the child's primary wage earner.

-- Data are not shown due to insufficient sample size (<50 cases).

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total state non-elderly adult or child population within year.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

Uninsurance rates for Oklahoma's non-elderly population also varied by employment status and employment characteristics (see Exhibit 3.2). (For children, the employment information is based on the child's primary wage earner.) While 60.2% of the uninsured non-elderly population in the state were in fact working in 2008 (data discussed in Chapter 4), still more nonworking individuals in 2008 had health insurance coverage than the overall non-elderly population (23.4% vs. 18.8%). Compared to the uninsurance rate for the overall non-elderly working population in 2008 (16.7%), significantly higher rates of uninsurance were observed for those in temporary/seasonal positions (49.9%), those working 30 or fewer hours per week (as high as 32.0%), the self-employed (26.6%), and those working in firms with 10 or fewer employees (31.1%). In contrast, much lower rates of uninsurance are evident in 2008 for those working more than 40 hours per week (13.0%), those working for government employers

(5.3%), and those employed by large firms (6.2%). Between 2004 and 2008, the uninsurance rate among self-employed individuals fell from 34.8% to 26.6%.

**Exhibit 3.2. Uninsurance Rates within Oklahoma by Employment Status and Characteristics, 2004 and 2008 (Non-Elderly)**

	2004	2008
<b>Employment Status</b>		
Working	17.8% ^	16.7%
Not working	28.3% ^	23.4% ^
<b>Of those working:</b>		
<b>Type of Job</b>		
Permanent	16.0%	13.6%
Temporary/Seasonal	43.8% ^	49.9% ^
<b>Hours Worked per Week</b>		
< 20	30.7% ^	29.0% ^
21-30	23.7%	32.0% ^
31-40	16.9%	16.3%
41+	15.7%	13.0% ^
<b>Employer Type</b>		
Self-employed	34.8% ^	26.6% ^*
Government	7.3% ^	5.3% ^
Private employer	18.0%	17.8%
<b>Employer Size</b>		
< 11 employees	32.4% ^	31.1% ^
11-50	22.1%	20.3%
51-100	15.6%	20.3%
101-500	12.5%	10.5% ^
500+	8.6% ^	6.2% ^

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Notes: Based on the state's non-elderly population aged 0-64 years. "Working" excludes individuals who reported full-time student status. For children, the data are based on the child's primary wage earner. Job type is missing for approximately 8% of the sample in 2008. Employer size is missing for 5-10% of the sample in each year.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total working non-elderly population within year.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

## CHAPTER 4. CHARACTERISTICS OF THE UNINSURED AND INSURED

Exhibit 4.1 and 4.2 present the demographic and employment characteristics of the insured and uninsured non-elderly populations (aged 0-64 years) in Oklahoma. (For children aged 0-18 years, the data shown for education, marital status, military service, and employment are for the child's primary wage earner.) Three insurance groups are shown (privately insured, publicly insured, and the uninsured), and they are each compared to the non-elderly population in general. The percentages presented describe who comprise the uninsured and insured in Oklahoma and how these groups have changed over time. While these numbers are partly a function of insurance/uninsurance rates (i.e., who is more or less likely to be insured or uninsured, presented in Chapter 3), the numbers presented in this chapter also take into consideration the distribution of the entire population across the various demographic groups of interest. For example, while Hispanic residents may have a higher uninsurance rate (see Chapter 3), they comprise a small share of the uninsured population because they represent a small demographic group overall in the state's non-elderly population.

In 2008, we find noteworthy differences among the insurance groups across most demographic characteristics. The only exception pertains to gender, by which the three insurance groups did not differ. There is also very little variation by geographic region within the state. Key findings for 2008 are as follows:

- **Age:** Whereas those with private insurance coverage resembled the overall non-elderly state population in 2008 in terms of overall adult/child composition, children 0-18 years of age comprised a relatively larger share of the publicly insured (49.0% vs. 30.5%) whereas adults aged 19-64 years made up a larger share of the uninsured (84.3% vs. 69.5%).
- **Race:** Compared to the overall non-elderly population, more privately insured individuals were white (82.3% vs. 75.7%). In contrast, a higher percentage of American-Indians are observed among the publicly insured and uninsured (approximately 17.4% and 17.6% respectively vs. 12.3% for the total non-elderly population). Additionally, a higher percentage of African American individuals are shown among the publicly insured, and a higher percentage of Hispanic Oklahomans are observed among the uninsured.
- **Language spoken at home:** A higher percentage of uninsured speak a language other than English at home than is true for the state overall (13.8% vs. 9.5%).
- **Education:** The privately insured, publicly insured, and uninsured vary significantly by education level. In contrast to the overall non-elderly population, the privately insured were comprised of a higher percentage of individuals with at least some college education, whereas more publicly insured and uninsured individuals did not have a college education.
- **Marital status:** The privately insured (78.4%) were more likely and the publicly insured (48.0%) and uninsured (48.3%) were less likely to be married compared to the overall non-elderly population (65.6%).

- **Family income:** Similar to education, the insured and uninsured populations differ greatly by income. Compared to the overall non-elderly population, the privately insured were comprised of a more individuals with family incomes at or above 300% FPL and fewer with incomes less than 185% FPL, whereas the opposite was true for the publicly insured and uninsured.
- **Military Service:** Oklahomans reporting current or past military service are more likely to have private insurance and less likely to have public insurance or no insurance than is true for the overall non-elderly population.
- **Region:** The only variation in the regional composition of the insured and uninsured in 2008 is observed among the publicly-insured. Specifically, compared to the overall non-elderly population, fewer individuals living in the northwest (5.7% vs. 8.7%) and more individuals living in the southeast region (15.2% vs. 11.3%) comprise the publicly insured.
- **Health Status:** Compared to the overall non-elderly population, more privately-insured individuals reported excellent or very good health and fewer reported fair or poor health. In contrast, fewer publicly-insured and uninsured individuals had excellent/very good health and more reported fair or poor health.
- **Disability Status:** In 2008, a smaller percentage of privately insured individuals (32.8%) and a higher percentage of publicly insured individuals (46.4%) reported having a chronic condition than the non-elderly population overall (37.4%).

**Exhibit 4.1. Demographic Characteristics of the Insured and Uninsured in Oklahoma, 2004 and 2008 (Non-Elderly)**

	Private		Public		Uninsured		Total	
	2004	2008	2004	2008	2004	2008	2004	2008
<b>Gender</b>								
Male	49.5%	50.2%	50.5%	46.8%	49.7%	51.3%	49.7%	49.6%
Female	50.5%	49.7%	49.5%	53.2%	50.3%	48.7%	50.3%	50.4%
<b>Age</b>								
0-18	27.3%	27.7%	54.3% ^	49.0% ^	17.7% ^	15.7% ^	29.8%	30.5%
19-64	72.8%	72.3%	45.7% ^	51.0% ^	82.4% ^	84.3% ^	70.2%	69.5%
<b>Race/Ethnicity</b>								
White	82.5% ^	82.3% ^	65.0% ^	66.7% ^	72.9% ^	66.6% ^*	77.5%	75.7%
African American	7.1%	6.3% ^	18.4% ^	17.6% ^	4.5% ^	9.3% *	8.5%	9.5%
American Indian	9.2% ^	8.5% ^	17.1% ^	17.4% ^	17.1% ^	17.6% ^	12.2%	12.3%
Hispanic	4.9% ^	5.5% ^	10.1%	8.7%	12.4% ^	13.0% ^	7.3%	7.7%
Asian	2.5%	3.1%	1.2%	1.2%	2.9%	2.1%	2.4%	2.5%
<b>Language at Home</b>								
Other	N/A	7.8%	N/A	10.1%	N/A	13.8% ^	N/A	9.5%
English	N/A	92.2%	N/A	89.9%	N/A	86.2% ^	N/A	90.5%

**Exhibit 4.1. Demographic Characteristics of the Insured and Uninsured in Oklahoma, 2004 and 2008 (Non-Elderly) (cont.)**

	Private		Public		Uninsured		Total	
	2004	2008	2004	2008	2004	2008	2004	2008
<b>Education†</b>								
Less than high school	5.8% ^	4.1% ^	21.8% ^	18.6% ^	22.6% ^	25.3% ^	12.0%	11.5%
HS graduate	26.8% ^	25.2% ^	40.2% ^	41.2% ^	36.5% ^	42.3% ^	31.1%	32.2%
Some college	55.7% ^	57.2% ^	35.4% ^	38.8% ^	39.4% ^	30.0% ^*	48.9%	47.8%
Postgraduate	11.7% ^	13.5% ^	2.7% ^	1.4% ^	1.5% ^	2.4% ^	8.0%	8.6%
<b>Marital Status†</b>								
Not married	21.6% ^	21.6% ^	46.1% ^	52.0% ^	38.1% ^	51.7% ^*	29.2%	34.5% *
Married	78.4% ^	78.4% ^	53.9% ^	48.0% ^	61.9% ^	48.3% ^*	70.8%	65.6% *
<b>Family Income</b>								
FPL <100	5.5% ^	7.6% ^*	48.5% ^	43.6% ^	29.8% ^	37.6% ^*	17.8%	21.8% *
FPL 100-184	12.0% ^	9.8% ^	26.6% ^	30.0% ^	29.1% ^	26.7% ^	18.0%	17.8%
FPL 185-199	3.8%	3.4%	3.3%	2.2%	5.9%	3.8%	4.1%	3.2%
FPL 200-249	10.4%	8.1% *	5.2% ^	4.6% ^	13.7% ^	9.0% *	10.2%	7.4% *
FPL 250-299	10.3% ^	10.9%	2.8% ^	5.1% ^*	5.3% ^	8.3%	8.0%	9.0%
FPL 300+	58.0% ^	60.3% ^	13.5% ^	14.4% ^	16.3% ^	14.6% ^	41.8%	40.8%
<b>Military Service†</b>								
Yes (now or in past)	N/A	14.5% ^	N/A	8.5% ^	N/A	4.3% ^	N/A	11.2%
No service	N/A	85.5% ^	N/A	91.5% ^	N/A	95.7% ^	N/A	88.8%
<b>Urbanicity Location</b>								
Urban	62.0% ^	63.8%	48.5% ^	58.2% *	49.0% ^	60.4% *	57.0%	61.8% *
Rural	38.0% ^	36.2%	51.5% ^	41.9% *	51.0% ^	39.6% *	43.0%	38.2% *
<b>Region</b>								
Northwest	9.7%	10.4%	7.6%	5.7% ^	8.8%	7.5%	9.1%	8.7%
Central	26.8%	27.7%	24.0%	24.5%	26.7%	30.8%	26.3%	27.5%
Southwest	12.1%	12.4%	16.0%	11.6%	9.9%	10.8%	12.3%	11.9%
Tulsa	18.7% ^	17.9%	12.1% ^	16.6%	11.5% ^	14.6%	16.1%	17.0%
Northeast	23.0%	22.2%	25.8%	26.3%	26.4%	24.5%	24.2%	23.6%
Southeast	9.8% ^	9.5%	14.5%	15.2% ^	16.7% ^	11.8% *	12.0%	11.3%
<b>Health Status</b>								
Excellent/Very good	72.6% ^	71.4% ^	53.4% ^	48.6% ^	54.7% ^	46.1% ^*	65.6%	61.3% *
Good	20.6%	20.6%	21.5%	21.7%	26.9% ^	26.8%	22.1%	22.0%
Fair/Poor	6.8% ^	8.0% ^	25.1% ^	29.7% ^	18.4% ^	27.1% ^*	12.3%	16.7% *
<b>Disability Status</b>								
No chronic condition	69.3%	67.2% ^	64.4%	53.6% ^*	69.8%	60.2% *	68.6%	62.6% *
Chronic condition	30.7%	32.8% ^	35.7%	46.4% ^*	30.2%	39.9% *	31.5%	37.4% *

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Notes: Based on the state's non-elderly population aged 0-64 years. Language at home and military status were not collected in 2004.

† For children, the data are based on the child's primary wage earner.

^ Indicates a statistically significant difference between estimate and the estimate for the total state non-elderly population within year.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

In terms of change over time, we observe shifts within the general non-elderly population in terms of marital status, family income, urbanicity, health status, and disability status. Specifically, we find an increase among the share of the overall population who are not married, but this change was only observed among the uninsured. There is a small but significant change in the income distribution, with somewhat greater concentration toward the lower ends of the poverty level, particularly for the privately insured and uninsured. We also find an increase in the percent of the general non-elderly population living in urban areas, and this trend is observed among both the publicly insured and uninsured. Further we observe a decrease in the percent of the uninsured in the Southeast region. Finally, there is an increase in the proportion of the overall non-elderly population reporting fair/poor health and chronic conditions and a decline in those reporting excellent/very good health.

As shown in Exhibit 4.2 employment status and work characteristics also vary by insurance coverage and type. Key findings for 2008 are as follows:

- **Employment status:** Compared to the non-elderly population in general, more privately insured individuals and fewer publicly insured and uninsured individuals were working at the time of the survey. Less than 50% of the publicly insured were employed, but the majority of *both* the privately insured (79.4%) and uninsured (60.2%) were working in 2008.
- **Job type:** Of those working, a higher percentage of the uninsured were employed in temporary/seasonal jobs (23.0% vs. 7.5% for the overall non-elderly working population), whereas a higher percentage of the privately insured were employed in permanent positions (97.4% vs. 92.5%).
- **Hours per week:** Compared to the overall non-elderly working population, more of the working uninsured worked 30 hours or less (19.4% vs. 10.5%) , and fewer worked 41+ hours or more per week (31.9% vs. 40.4%).
- **Employer type:** In 2008, a smaller proportion of the privately insured were self-employed (12.5% vs. 15.7%) and a larger proportion of the privately insured worked for a government employer (25.7% vs. 20.4%). In contrast, significantly more uninsured workers were self-employed (25.0%) and fewer were employed by a government employer (6.5%). Relatively fewer publicly insured also were working for government employers (12.9%).
- **Employer size:** Employer size differences across the insurance groups pertain mostly to smallest and largest employers (< 11 employees and 501+ employees). Compared to the non-elderly working population in general, fewer privately insured individuals worked for such small firms (15.7% vs. 23.2%) whereas significantly more publicly insured (32.7%) and uninsured (45.8%) were employed by these firms. Likewise, more privately insured individuals (46.8% vs. 38.3%) and fewer publicly insured (24.5%) and uninsured (15.1%) individuals worked for firms with more than 500 employees. Fewer uninsured workers also were working for the second to largest firm size (101-500 employees) compared to the overall working population (11.7% vs. 17.4%).

**Exhibit 4.2. Work Characteristics of the Uninsured and Insured in Oklahoma, 2004 and 2008 (Non-Elderly)**

	Private		Public		Uninsured		Total	
	2004	2008	2004	2008	2004	2008	2004	2008
<b>Employment Status</b>								
Working	81.0% ^	79.4% ^	49.3% ^	46.4% ^	61.3% ^	60.2% ^	71.6%	68.0% *
Not working	19.0% ^	20.6% ^	50.7% ^	53.6% ^	38.7% ^	39.8% ^	28.4%	32.0% *
<b>Of those working:</b>								
<b>Type of Job</b>								
Permanent	96.4% ^	97.4% ^	92.0%	87.5%	84.6% ^	77.0% ^*	93.8%	92.5%
Temporary/Seasonal	3.7% ^	2.6% ^	8.0%	12.5%	15.5% ^	23.0% ^*	6.2%	7.5%
<b>Hours Worked per Week</b>								
<20	3.9%	3.9%	6.2%	6.6%	8.8% ^	9.2% ^	5.1%	5.2%
21-30	4.3% ^	3.3% ^	12.2% ^	8.7%	7.9%	10.2% ^	5.8%	5.3%
31-40	52.2%	50.0%	48.5%	46.3%	49.4%	48.7%	51.3%	49.2%
41+	39.6%	42.9%	33.1%	38.4%	33.9%	31.9% ^	37.9%	40.4%
<b>Employer Type</b>								
Self-employed	8.9% ^	12.5% ^*	15.0%	19.2%	24.1% ^	25.0% ^	12.3%	15.7% *
Government	24.9% ^	25.7% ^	20.4%	12.9% ^*	8.8% ^	6.5% ^	21.5%	20.4%
Private employer	66.3%	61.8% *	64.7%	67.8%	67.1%	68.4%	66.2%	63.9%
<b>Employer Size</b>								
< 11 employees	15.9% ^	15.7% ^	30.6% ^	32.7% ^	42.7% ^	45.8% ^	22.0%	23.2%
11-50	12.6%	11.2%	16.8%	13.8%	18.7%	16.0%	14.1%	12.4%
51-100	5.7%	8.0% *	5.7%	9.9%	5.2%	11.4% *	5.6%	8.8% *
101-500	15.5%	18.3%	13.2%	19.2%	10.8%	11.7% ^	14.5%	17.4% *
500+	50.3% ^	46.8% ^	33.8% ^	24.5% ^	22.6% ^	15.1% ^*	43.8%	38.3% *

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Notes: Based on the state's non-elderly population aged 0-64 years. "Working" excludes individuals who reported full-time student status. For children, the data are based on child's primary wage earner. Job type is missing for approximately 8% of the 2008 sample, and employer size is missing for 5-10% of the sample in each year.

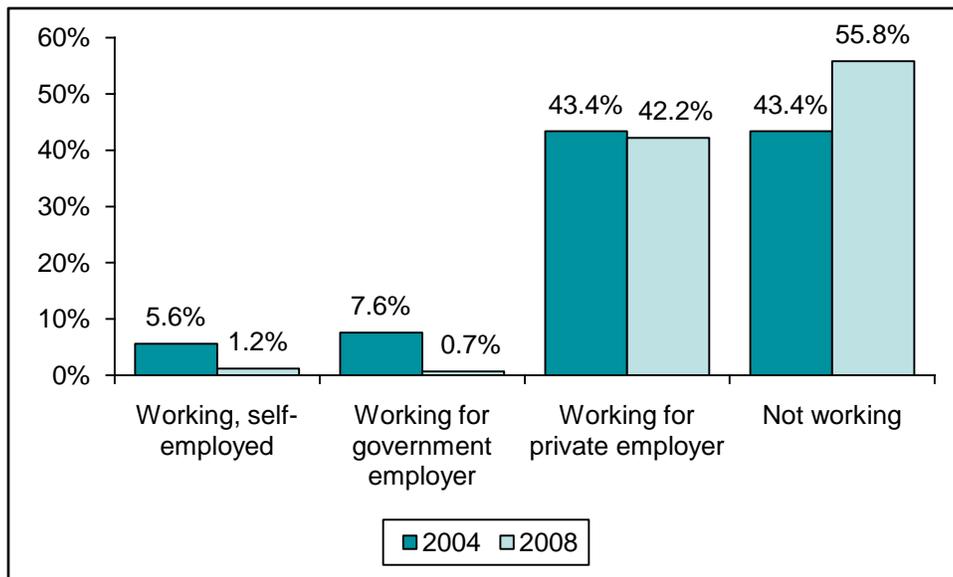
^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total state non-elderly working population within year.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

In terms of change in employer characteristics over time, several points are noteworthy. First, the survey reveals that fewer non-elderly individuals were working in 2008 than in 2004. This drop did not impact, however, any insurance group in particular. Among the uninsured, the percent working in temporary/seasonal jobs grew from 15.5% to 23.0%. Self-employment grew among workers in general. This increase is seen specifically among the privately insured (from 8.9% to 12.5%), who also experienced a decline in private firm employment (from 66.3% to 61.8%). Government employment dropped (from 20.4% to 12.9%) among the publicly insured. Finally, the survey results show that there has been a growth in the percentage of individuals working for mid- to large-sized firms (with 51-500 employees) but a decrease in the percentage employed by the largest firms (more than 500 employees). Increases are seen specifically for the mid-size firms among both privately insured and uninsured. The decrease in those working for the largest firms is statistically significant for the uninsured (from 22.6% to 15.1%).

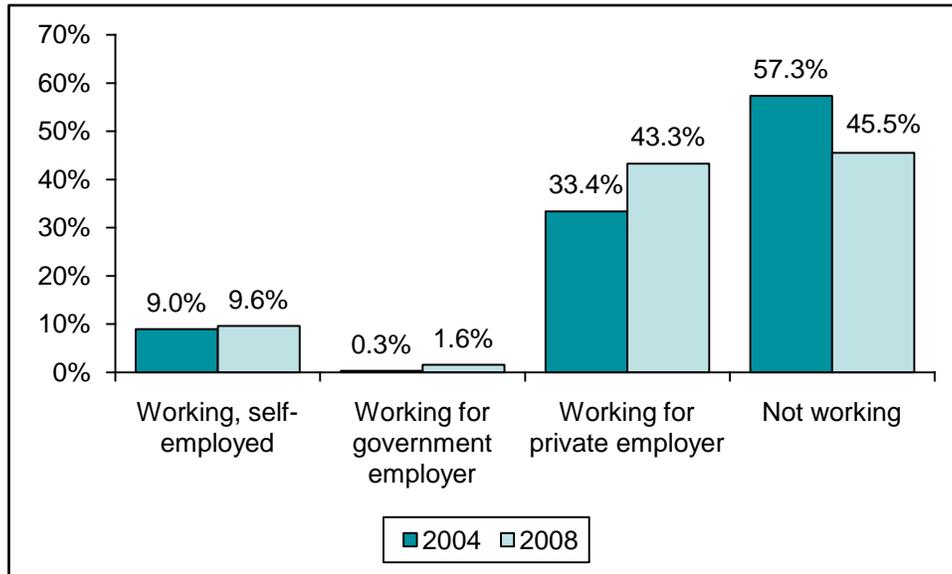
Exhibits 4.3 and 4.4 explicitly examine the employment status and employer type of two uninsured subgroups of interest to OHCA: uninsured young adults (aged 19-24 years) and uninsured individuals without a high school degree. In 2008, over half of uninsured young adults (55.8%) and just under half of the uninsured without a high school degree (45.5%) were not working. Most of both groups who were working were employed by a private employer. No statistically significant changes were observed in the employment status/employer type of these groups between 2004 and 2008.

**Exhibit 4.3. Employment Status of Uninsured Young Adults (19-24 years) in Oklahoma, 2004 and 2008**



Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.  
 Note: Differences between 2004 and 2008 are **not** statistically significant.

**Exhibit 4.4. Employment Status of Uninsured Individuals (0-64 years) in Oklahoma without a High School Degree, 2004 and 2008**



Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.  
 Notes: Based on the state's non-elderly population aged 0-64 years. For children (aged 0-18 years) the data are based on the education level and employment status of the child's primary wage earner. Differences between 2004 and 2008 are **not** statistically significant.

## **CHAPTER 5. POTENTIAL ELIGIBILITY FOR HEALTH INSURANCE, WILLINGNESS TO ENROLL, AND ABILITY TO PAY FOR COVERAGE**

Chapter 5 takes a closer look at the uninsured non-elderly population (aged 0-64 years) in Oklahoma and examines their potential eligibility for health insurance, their ability to pay for insurance, and their reasons for not enrolling in coverage.

### **Potential Access to and Eligibility for Health Insurance**

#### *Employer-Sponsored Health Insurance*

The top section of Exhibit 5.1 shows the estimated percentage of uninsured children (0-18 years) and non-elderly adults (19-64) who may have potential access to and may be eligible for employer-based health insurance in 2008. It is important to highlight that these data are *estimates* based on self-reported information concerning the availability of health insurance at work and whether the insurance could be used to cover an uninsured family member. For children, the survey inquired about potential eligibility through a parent's or guardian's employer. For unmarried adults, the survey asked about potential eligibility through the adult's own employer, and for married adults, the survey inquired about the adult's own employer and a spouse's employer. A limitation of the survey was that eligibility for coverage via the spouse's employer was only asked if the spouse was enrolled in employer-based coverage. Given that some spouses may have an employer that offers health insurance at work but are not enrolled themselves, it is possible that the data presented here undercount the number of adults who have access to/eligibility for health insurance among married persons. Even so, because the rate of potential access/eligibility among these individuals would likely be lower (given that some of these spouses would not have health insurance offers at work), the rate we present for married adults is possibly an overestimate.

As shown in Exhibit 5.1., an estimated 18.5% of uninsured Oklahomans were potentially eligible for employer-sponsored insurance in 2008. More children (32.1%) than adults (11.1% and 24.4% of unmarried and married, respectively) were estimated to be eligible for this type of coverage.

**Exhibit 5.1. Estimated Potential Eligibility for Health Insurance Coverage among the Uninsured in Oklahoma, 2008 (Non-Elderly)**

Type of Coverage	Adults			Total
	Children	Unmarried	Married	
<b>Employer-Sponsored Insurance (ESI)</b>				
ESI	32.1% ^	11.1% ^	24.4%	18.5%
<b>Public Insurance</b>				
SoonerCare (Medicaid)	62.1% ^	0.4% ^	5.5%	11.8%
Insure Oklahoma (Premium Assistance)	N/A	16.7%	19.5%	15.5%
SoonerCare or Insure Oklahoma	62.1% ^	17.0% ^	24.7%	27.3%
<b>ESI or Public Insurance</b>				
	74.2% ^	27.7% ^	53.6%	44.1%

Source: 2008 Oklahoma Health Care Insurance and Access Survey.

Notes: Based on the state's non-elderly population aged 0-64 years.

Employer-sponsored insurance: For children (aged 0-18 years) and unmarried full-time students up to the age of 25, the survey inquired about the availability of and potential eligibility for health insurance coverage through a parent's or guardian's work. For other unmarried adults the survey inquired about the availability of and potential eligibility for insurance through the adult's own work. For married adults, the survey asked about the potential eligibility through the adult's own work or the spouse's employer if the spouse was currently employed and enrolled in an employer's health plan. Availability of and potential eligibility for a spouse's employer-based plan was **not** asked if the spouse was not enrolled in a plan.

Public insurance: Potential eligibility for SoonerCare (Medicaid) was determined based solely on the target person's and their family's income. Children up to 185% FPL were deemed eligible, as were parents whose income was no more than 37% FPL. Potential eligibility for Insure Oklahoma was determined based on adults' employer size (no more than 50) and income (no more than 200% FPL).

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total uninsured non-elderly population in the state.

### Public Insurance

The middle section of Exhibit 5.1 presents estimates of the share of the uninsured non-elderly who were potentially eligible for public health insurance coverage in 2008. Data are shown for the SoonerCare (Medicaid) and Insure Oklahoma (premium assistance) programs in the state. While these data are important for informing policy concerning eligibility and outreach, we emphasize that the data reported are estimates based on self-reported information regarding income, age, and household composition. Additional factors are taken into account in determining actual public program eligibility. Thus, it is not known how many survey respondents would be eligible if they applied to either program.

The estimates presented for SoonerCare relied mostly on age and family income data. In line with eligibility guidelines for this program, children whose family income was at 185% or less FPL were considered potentially eligible. For adults, the cut-off used for eligibility considered age, parenthood status, and income (37% FPL for parents, with no eligibility for non-parent adults). The higher income ceiling for children is reflected in the estimate that nearly two-thirds of uninsured children (62.1%) are potentially eligible for SoonerCare (see Exhibit 5.1). Adults' much lower income ceilings correspond to much lower estimates of eligibility (0.4% for unmarried uninsured adults and 5.5% for married uninsured adults).

Insure Oklahoma is a premium assistance program which subsidizes employer-sponsored insurance for individuals at or below 200% FPL, and who work for employers with no more than 50 employees. Only the employee is eligible, so children cannot be covered. Based on respondents' income and employer size, we estimate that 16.7% of unmarried uninsured adults and 19.5% of uninsured married adults are potentially eligible for the program.

As shown in Exhibit 5.1, 27.3% of all uninsured non-elderly Oklahomans were estimated to be eligible for either SoonerCare or Insure Oklahoma. This estimate varies dramatically by age group, with a higher percentage of uninsured children (62.1%) potentially eligible than adults (17.0% and 24.7% for unmarried and married uninsured adults, respectively).

### **Eligibility for Either Employer-Sponsored or Public Health Insurance**

Finally, Exhibit 5.1 estimates the percentage of all non-elderly uninsured individuals who were eligible for *either* employer-sponsored or public health insurance. Overall, 44.1% of all uninsured Oklahomans were estimated to be potentially eligible for either employer or public health insurance. Nearly three-quarters of children (74.2%) were thought to be eligible for some type of insurance, and their rate was significantly higher than adults. The overall rate of potential eligibility was significantly lower for unmarried adults (27.7%). The rate for uninsured married adults (53.6%) may be artificially high, however, due to the missing cases whose eligibility for their spouse's insurance could not be determined.

## Willingness to Enroll in a Public Insurance Program among the Uninsured

Exhibit 5.2 presents the results of a series of questions within the survey designed to assess information about a person’s interest in and willingness to enroll in a public health insurance program in the state. Data are shown for the uninsured non-elderly population (0-64 years). For children (0-18 years), the survey inquired about the parent’s knowledge of and willingness to enroll.

In 2008, 36.0% of uninsured individuals reported they had received information about an Oklahoma public health program in general. The majority (76.7%) said that, if eligible, they would enroll in the program, and an even higher percentage (91.6%) said that they would enroll if the program was available to them at no cost. With regard to a premium assistance program specifically, just under three-fourths (71.6%) of the uninsured reported they would enroll if deemed eligible.

**Exhibit 5.2. Knowledge of and Willingness to Enroll in Public Health Insurance Programs among the Uninsured in Oklahoma, 2004 and 2008 (Non-Elderly)**

	2004	2008
<b>Received information about OK public health programs</b>		
Yes	32.4%	36.0%
No	60.2%	56.2%
Don't know	7.4%	7.8%
<b>Would enroll in OK public health program if eligible</b>		
Yes	77.1%	76.7%
No	10.3%	7.2%
Don't know	12.6%	16.1%
<b>Would enroll in OK public health program if at no cost to them</b>		
Yes	N/A	91.6%
No	N/A	3.0%
Don't know	N/A	5.3%
<b>Would enroll in premium assistance program if eligible</b>		
Yes	N/A	71.6%
No	N/A	10.1%
Don't know	N/A	18.3%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.  
Notes: Based on the state’s non-elderly population aged 0-64 years. For children (0-18), the survey questions inquired about the parents’ knowledge of and willingness to enroll. Differences between 2004 and 2008 are **not** statistically significant.

### Ability to Pay for Health Insurance Coverage among the Uninsured

The survey also asked uninsured respondents about the amount they would be able to pay each month for health insurance. These results are shown in Exhibit 5.3 for the non-elderly population in 2004 and 2008. For uninsured children (0-18 years), the questionnaire asked about a parent's or guardian's ability to pay.

**Exhibit 5.3. Monthly Amount the Uninsured in Oklahoma are Able to Pay for Low-Cost Health Insurance, 2004 and 2008 (Non-Elderly)**

Amount	2004	2008
\$0	18.9%	18.8%
\$10	2.8%	2.8%
\$25	11.1%	13.8%
\$50	23.5%	20.5%
\$100	35.7%	35.6%
Could pay something; amount unknown	8.0%	8.5%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.  
Notes: Based on the state's non-elderly population aged 0-64 years. For children (0-18), the survey questions inquired about the parents' ability to pay. Differences between 2004 and 2008 were **not** statistically significant.

Overall, 18.8% of uninsured non-elderly Oklahomans reported that they would not be able to pay anything in 2008. Of those who reported being able to pay something per month, most said either \$50 or \$100 (in fact, 56.1% of all uninsured reported these amounts). Less than 9% of the uninsured indicated that they could pay something but did not report a specific amount. The distribution across the different monthly amounts did not change between 2004 and 2008. Exhibit 5.4 presents the same information by federal poverty level (FPL).

**Exhibit 5.4. Monthly Amount the Uninsured in Oklahoma are Able to Pay for Low-Cost Health Insurance by Federal Poverty Level (FPL), 2004 and 2008 (Non-Elderly)**

Amount	FPL					
	< 100%	100-184%	185-199%	200-249%	250-299%	300% +
<b>\$0</b>						
2004	26.7%	20.4%	--	6.3% ^	20.2%	14.9%
2008	27.1%	12.5%	--	4.9% ^	16.5%	15.5%
<b>\$10</b>						
2004	4.3%	4.1%	--	1.6%	1.9%	0.1% ^
2008	5.2%	1.5%	--	1.5%	0.0% ^	0.8%
<b>\$25</b>						
2004	15.3%	12.8%	--	11.8%	3.5% ^	6.7%
2008	19.1%	12.7%	--	9.6%	7.6%	12.9%
<b>\$50</b>						
2004	25.8% *	22.6%	--	23.3%	15.7%	21.8%
2008	12.3% ^	33.8% ^	--	16.9%	21.8%	18.3%
<b>\$100</b>						
2004	16.9% ^	30.5%	--	48.8% ^	58.7% ^	51.6% ^
2008	27.4%	27.9%	--	59.5% ^	47.9%	46.9%
<b>Could pay something; amount unknown</b>						
2004	11.1%	9.5%	--	8.2%	0.0% ^	4.9%
2008	8.9%	11.7%	--	7.8%	6.3%	5.7%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Notes: Based on the state's non-elderly population aged 0-64 years. For children (0-18), the survey questions inquired about the parents' ability to pay.

-- Data are not shown due to insufficient sample size (<50 cases).

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total uninsured non-elderly population in the state.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

## Reasons for Not Enrolling in Health Insurance or Purchasing Coverage on Their Own

Finally, the survey asked uninsured respondents about the reasons why they had not enrolled in employer-sponsored and public insurance for which they may be eligible or had not purchase private coverage on their own. This section presents these data for the non-elderly population. (Again, data for children are based on their parent or guardian.) Data showed here focus on 2008 because the later survey included revised or new questions and response options for this topic.

### *Employer-Sponsored Insurance*

Nearly three-fourths (74.8%) of uninsured Oklahomans potentially eligible for employer-sponsored insurance reported they did not enroll because it was too expensive (see Exhibit 5.5). An additional 13.3% reported that they had not enrolled because they anticipated having other coverage soon (for example, following a waiting period). Just over 5% reported receiving health services through the Indian Health Service or Tribal Health Care, and smaller percentages reported other miscellaneous reasons. Less than 1.0% reported that they do not need or want health insurance.

**Exhibit 5.5. Reasons Uninsured in Oklahoma Not Enrolled in Employer-Based Insurance for which they were Potentially Eligible, 2008 (Non-Elderly)**

Too expensive	74.8%
Will have coverage soon	6.8%
Will have coverage after waiting period	6.5%
Receives services through IHS/tribal health care	5.4%
Don't need/want health insurance	0.5%
Rarely sick/can take care of self	0.5%
Don't like benefits package	0.3%
Other	5.3%

Source: 2008 Oklahoma Health Care Insurance and Access Survey.

Notes: Based on the state's non-elderly population aged 0-64 years. For children (0-18), the survey question inquired about the parent's/guardian's reason.

*Public Insurance*

Among the minority of uninsured respondents who said they would not enroll in public health insurance even if eligible, the most common reason (40.6%) in 2008 was that it is too expensive (see Exhibit 5.6). The next most common response (17.8%) pertained to attitudes about government’s role in health care: These individuals said that they didn’t want government to pay or otherwise be involved with their health care. Another 7.4% reported that they receive care through Tribal Health Care. Other less frequent reasons are shown in Exhibit 5.6.

**Exhibit 5.6. Reasons Uninsured in Oklahoma Would Not Enroll in Public Health Insurance Program for which they Were Potentially Eligible, 2008 (Non-Elderly)**

Too expensive	40.6%
Don't want government to pay for/be involved with my health care	17.8%
Has tribal health care	7.4%
Rarely sick/can take care of self	4.7%
Care/benefits not good	3.9%
Don't need/ want health insurance	3.2%
Don't think I'm eligible	0.8%
Too much hassle/paperwork	0.3%
Other	21.0%

Source: 2008 Oklahoma Health Care Insurance and Access Survey.  
Notes: Based on the state’s non-elderly population aged 0-64 years. For children (0-18), the survey question inquired about the parent’s/guardian’s reason.

*Self-Purchased Insurance*

When asked why they had not purchased health insurance on their own, 82.0% of the uninsured non-elderly reported cost, indicating that such coverage is too expensive or that they could not afford the coverage (see Exhibit 5.7). No more than 2.0% of uninsured individuals reported any of the other reasons listed, including that they did not need or want health insurance coverage.

**Exhibit 5.7. Reasons Uninsured in Oklahoma Have Not Purchased Health Insurance on their Own, 2008 (Non-Elderly)**

Too expensive/could not afford	82.0%
Don't want or need health insurance	2.0%
Receives services through IHS/tribal health care	2.0%
Haven't gotten around to it	1.9%
Don't know where to begin/where to go	1.8%
Rarely sick/take care of self	1.8%
Not eligible	1.4%
After waiting period, will be covered by policy	1.1%
Too much hassle/paperwork	1.0%
Will get health insurance soon	0.8%
Don't like benefits package	0.5%
Other	2.5%

Source: 2008 Oklahoma Health Care Insurance and Access Survey.

Notes: Based on the state's non-elderly population aged 0-64 years. For children (0-18), the survey question inquired about the parent's/guardian's reason.

## **CHAPTER 6. PRIVATE AND PUBLIC COVERAGE**

The purpose of this chapter is to provide additional information about those with health insurance in Oklahoma— that is, those with private or public coverage. We first present information about the specific types of private and public insurance people reported. For the privately insured (i.e., those with employer-based or self-purchased insurance), we then report on the type of plans (family or individual) as well as cost-sharing (premiums and deductibles) associated with these types of coverage. We also provide information on dental, long-term care, and pharmaceutical coverage among the publicly and privately insured.

### **Types of Private and Public Coverage**

As reported in Chapter 2 (Exhibit 2.2), despite a decline in employer-sponsored insurance between 2004 and 2008, it remains the dominant form of insurance in Oklahoma, with 45.3% of the total population reporting this type of coverage in 2008. Additionally, one-third (33.5%) of the population have some form of public insurance, a statistically significant increase from 27.2% in 2004.

Exhibit 6.1 presents the specific types of group coverage and public coverage reported by the non-elderly population in 2004 and 2008. In 2008, 93.6% of the individuals who reported group insurance had coverage through an employer-based or COBRA plan. The remaining 6.4% had coverage through Veterans Affairs or a military health care, TRICARE or CHAMPUS plan. This breakdown is not statistically different from that reported in 2004.

Of the non-elderly population who reported having public coverage, the majority reported SoonerCare (Medicaid) (62.4%), followed by 31.5 % who reported Medicare in 2008. Additionally, 2.8% reported coverage through the Insure Oklahoma program, and only 1.5% reported coverage through the Oklahoma Health Insurance Pool that year.

One cautionary note about estimates of public insurance: Existing research shows that respondents are reasonably good at reporting whether or not they have health insurance coverage, and whether that coverage is public or private, but are somewhat less accurate in reporting the exact type of public coverage in which they are enrolled (Call et al. 2008/2009). In fact, it should be noted that survey estimates of public program enrollment seldom match counts of enrollment derived from program administration data. An important point is that it is not related to bias in estimates of uninsurance. (For more information, see Call et al. 2008.)

**Exhibit 6.1. Types of Group and Public Health Insurance in Oklahoma, 2004 and 2008 (Non-Elderly)**

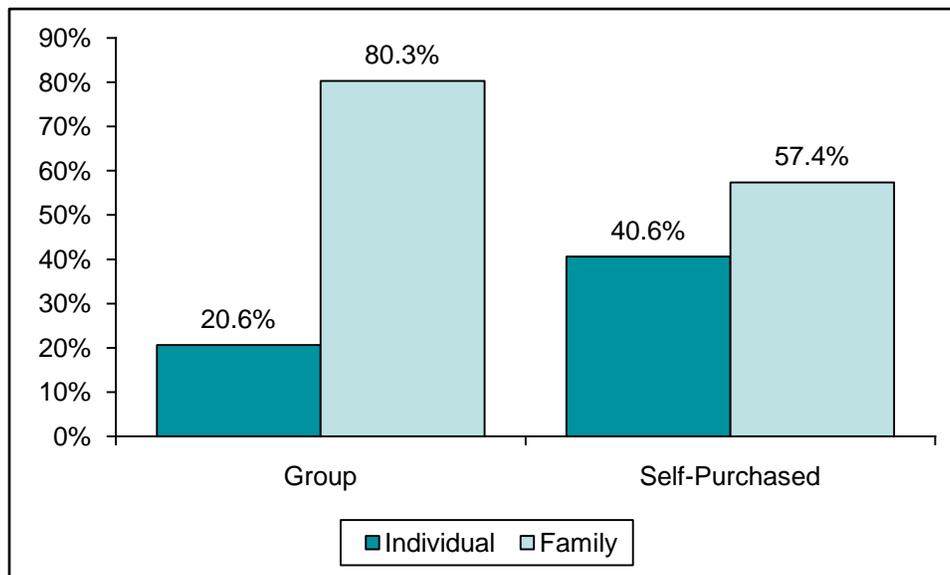
	2004	2008
<b>Group</b>		
Employer/COBRA	94.6%	93.6%
VA or Military	5.4%	6.4%
<b>Public</b>		
SoonerCare (Medicaid)	65.6%	62.4%
Medicare	33.9%	31.5%
Insure Oklahoma (Premium Assistance)	N/A	2.8%
Oklahoma Health Insurance Pool (High Risk Plan)	2.5%	1.5%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.  
 Note: Based on the state's non-elderly population aged 0-64 years.

**Types of Plans Associated with Private Coverage**

Exhibit 6.2 presents the percent of the non-elderly population (0-64 years) with group and self-purchased coverage who had family vs. individual-only plans in 2008. (Note: The numbers do not total 100% because respondents may have reported more than one group or self-purchased plan.) The overwhelming majority (80.3%) of those with group coverage were enrolled in a family plan, whereas approximately one out of five with group coverage had an individual-only plan. In contrast, more individuals with self-purchased insurance had individual-only coverage (40.6%), but still 57.4% reported family coverage among the private-purchase group as well.

**Exhibit 6.2. Type of Plan (Family vs. Individual) among the Privately Insured in Oklahoma, 2008 (Non-Elderly)**



Source: 2008 Oklahoma Health Care Insurance and Access Survey.  
 Note: Based on the state's non-elderly population aged 0-64 years.

### Cost-Sharing Among the Privately-Insured

The Oklahoma Health Insurance Survey asked about premiums and deductible requirements for those with employer-based or self-purchased coverage. (Note: These questions were not asked of individuals with Veterans Affairs coverage or military health care.) Exhibits 6.3 and 6.4 present the results from those who were able to answer the questions. It is important to highlight that a significant percentage of respondents were unable to answer these questions. In 2004, 23.3% and 17.8% responded “don’t know” to the premium and deductibles questions, respectively. In 2008, those percentages were 13.2% and 13.2%. Interpretation of results should take this rate of “missing” data into consideration.

Exhibit 6.3 presents the monthly premium levels reported by the non-elderly population with private coverage in 2004 and 2008. Overall, 90.3% of those with either employer or self-purchased coverage paid some sort of premium in 2008, and this group grew from 84.8% in 2004. Of those responding to the questions in 2008, the majority of individuals paid \$500 or less per month (83.3%). Between 2004 and 2008, the distribution shifted toward reports of higher premium amounts. In 2008, 42.2% were paying between \$200-500 a month (up from 31.3%), 13.9% were paying \$501-1,000 (up from 4.7%) and 2.8% were paying more than \$1,000 (up from 0.5%). Those with self-purchased coverage were more likely to pay premiums and have higher costs. In 2008, only 1.8% of the self-purchased group had no premium (compared to 9.7% overall), and 22.8% reported monthly costs of \$501-1,000 (compared to 13.9% overall).

**Figure 6.3. Monthly Health Insurance Premiums among the Privately Insured in Oklahoma, 2004 and 2008 (Non-Elderly)**

	Group		Self-Purchased		Total	
	2004	2008	2004	2008	2004	2008
\$0	16.4%	10.8% *	4.6% ^	1.8% ^	15.2%	9.7% *
< \$200	49.4%	32.0% *	39.1% ^	26.9% *	48.3%	31.4% *
\$200-\$500	29.3%	41.7% *	48.3% ^	46.4%	31.3%	42.2% *
\$501-\$1000	4.4%	12.7% *	7.2%	22.8% ^*	4.7%	13.9% *
> \$1000	0.5%	2.9% *	0.8%	2.1%	0.5%	2.8% *
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Don't Know	24.5%	14.1% *	11.1% ^	5.7% ^	23.3%	13.2% *

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's non-elderly population aged 0-64 years.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the total population with private coverage within year.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

Deductible levels among those with private insurance are shown in Exhibit 6.4. Overall, of those reporting, 10.3% indicated no deductible at all, whereas the remaining 89.7% reported deductibles ranging from less than \$300 to \$5,000 and more. However, most (62.2%) reported deductibles in the \$300-\$1,500 range, and very few (1.8%) reported deductibles in the highest range (over \$5,000).

Exhibit 6.4 reveals important differences by type of private coverage and over time. Specifically, in 2008, those covered by a self-purchased plan were more likely to have a deductible and were more likely to have higher deductibles (costing over \$1,500) as well. Overall, however, the percentage of total privately-insured individuals with deductibles grew between 2004 and 2008 and the percent with higher deductibles grew as well. These changes were primarily observed among those with employer-based insurance, but an increase in the percent of self-purchase individuals within the highest deductible level also grew.

**Exhibit 6.4. Health Insurance Deductibles among the Privately Insured in Oklahoma, 2004 and 2008 (Non-Elderly)**

	Group		Self-Purchased		Total	
	2004	2008	2004	2008	2004	2008
\$0	24.1%	10.9% *	11.4% ^	5.4% ^	23.0%	10.3% *
< \$300	25.7%	12.9% *	11.6% ^	9.6%	24.4%	12.6% *
\$300-\$1500	46.4%	64.9% *	46.9%	38.3% ^	46.4%	62.2% *
\$1501-\$5000	3.7% ^	10.3% ^*	28.9% ^	38.4% ^	6.0%	13.1% *
\$5001+	0.1%	1.0% *	1.2%	8.3% ^*	0.2%	1.8% *
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Don't Know	18.1%	12.5% *	15.3%	15.4% ^*	17.8%	12.5% *

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's non-elderly population aged 0-64 years.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the total population with private coverage within year.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

### Supplemental Coverage among the Insured

Exhibits 6.5 and 6.6 show the proportion of non-elderly (0-64 years) reporting dental, long-term care, and pharmaceutical coverage by insurance type in 2004 and 2008. The privately-insured (employer-sponsored and self-purchased) had the highest rates across all three types of coverage, with 77.0%, 33.5%, and 93.3% reporting dental, long-term care and pharmaceutical coverage, respectively. A large share of non-elderly with public coverage also reported pharmaceutical coverage in 2008 (92.3%). Both privately and publicly insured fared better than the uninsured, of whom 8.1% reported dental coverage, 1.1% reported long-term care coverage, and 7.2% reported pharmaceutical coverage. Overall, the only change between 2004 and 2008 pertained to reports of pharmaceutical coverage, which increased slightly among the overall non-elderly population from 73.6% to 76.9%.

It is important to point out the percentages discussed above do not take into account “don’t know” responses. While most respondents knew whether they had pharmaceutical and dental coverage, more did not know their long-term care coverage status. In fact, in 2008, 16.2% of the publicly insured and 13.3% of the privately insured answered “don’t know” in response to the long-term care coverage question. Additionally, 6.0% of the publicly insured were not sure if they had dental coverage in 2008.

**Exhibit 6.5. Dental and Long-Term Coverage in Oklahoma by Insurance Source, 2004 and 2008 (Non-Elderly)**

	Private		Public		Uninsured		Total	
	2004	2008	2004	2008	2004	2008	2004	2008
<b>Dental Coverage</b>								
Yes	77.5% ^	77.0% ^	65.4%	63.6%	8.4% ^	8.1% ^	61.1%	60.6%
No	22.5% ^	23.0% ^	34.6%	36.4%	91.7% ^	91.9% ^	38.9%	39.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Don't Know	1.3%	1.5%	3.3%	6.0%	1.3%	1.8%	1.6%	2.6%
<b>Long-Term Care Insurance</b>								
Yes	N/A	33.5% ^	N/A	28.7%	N/A	1.1% ^	N/A	25.6%
No	N/A	66.5% ^	N/A	71.3%	N/A	99.0% ^	N/A	74.4%
<b>Total</b>	<b>N/A</b>	<b>100.0%</b>	<b>N/A</b>	<b>100.0%</b>	<b>N/A</b>	<b>100.0%</b>	<b>N/A</b>	<b>100.0%</b>
Don't Know	N/A	13.3%	N/A	16.2%	N/A	0.9%	N/A	11.7%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state’s non-elderly population aged 0-64 years.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total non-elderly population within year.

**Exhibit 6.6. Pharmaceutical Coverage in Oklahoma by Insurance Source, 2004 and 2008 (Non-Elderly)**

	Private		Public		Uninsured		Total	
	2004	2008	2004	2008	2004	2008	2004	2008
<b>Drug Coverage</b>								
Yes	93.3% ^	93.3% ^	84.2% ^	92.3% ^*	6.1% ^	7.2% ^	73.6%	76.9% *
No	6.8% ^	6.7% ^	15.8% ^	7.7% ^	93.9% ^	92.8% ^	26.4%	23.2%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Don't Know	1.1%	1.4%	2.4%	1.6%	1.5%	1.5%	1.4%	1.5%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state’s non-elderly population aged 0-64 years.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total non-elderly population within year.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

## CHAPTER 7. HEALTH STATUS AND HEALTH CARE ACCESS

This chapter examines the health status of Oklahoma’s non-elderly population (0-64 years) and their access to and utilization of health care.

### Health Status

Exhibit 7.1 presents the general health status of non-elderly adults (19-64 years) and children (0-18 years), as reported by survey respondents, for each of the three insurance groups (private, public, and uninsured). Data are shown for both 2004 and 2008.

Overall, the reported health status of non-elderly adults declined, with fewer reporting excellent or very good health (from 57.6% in 2004 to 52.1% in 2008) and a greater percentage reporting fair or poor health (from 16.0% to 22.6%). Similarly, though not shown in the exhibit, reported chronic illness (medical conditions that lasted at least three months) increased among non-elderly adults, shifting from 36.4% in 2004 to 45.6% in 2008.

**Exhibit 7.1. Health Status in Oklahoma by Insurance Source, 2004 and 2008 (Non-Elderly)**

	Private		Public		Uninsured		Total	
	2004	2008	2004	2008	2004	2008	2004	2008
<b>Adults</b>								
Excellent/Very Good	66.6% ^	64.2% ^	25.2% ^	23.8% ^	48.2% ^	41.8% ^	57.6%	52.1% *
Good	24.8%	24.9%	26.8%	24.1%	30.7%	27.2%	26.5%	25.3%
Fair/ Poor	8.6% ^	10.9% ^*	48.0% ^	52.1% ^	21.1% ^	31.0% ^*	16.0%	22.6% *
<b>Children</b>								
Excellent/Very Good	88.5%	89.9% ^	77.2% ^	74.2% ^	85.5%	68.2% ^*	84.6%	81.8%
Good	9.5%	9.4% ^	17.0%	19.1%	8.6%	25.7% *	11.7%	14.7%
Fair/ Poor	2.0%	0.7% ^	5.9%	6.7%	6.0%	6.1%	3.7%	3.6%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state’s non-elderly population aged 0-64 years.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total non-elderly adult or child population within year.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

As shown in Exhibit 7.1, in both years, more adults with private coverage (i.e., group or self-purchased insurance) reported better health than the overall non-elderly adult population (for 2008, 64.2% vs. 52.1%). In contrast, fewer publicly insured and uninsured adults reported excellent/good health in both years, and this was especially the case for those with public coverage. In fact in 2008, just over half (52.1%) of non-elderly adults covered by a public program reported fair or poor health. Importantly, the growth in fair/poor health observed for the overall non-elderly adult population is evident among both the privately insured and uninsured.

The health status of Oklahoma children (0-18 years) also is summarized in Exhibit 7.1. Overall, health status did not change significantly for children between 2004 and 2008. No change occurred in children’s rate of chronic illness (again, medical conditions lasting three or more months) as well (19.7% in 2004 and 18.9% in 2008 – data not shown in exhibit).

In 2008, children with private insurance coverage had higher rates and publicly insured and uninsured children had lower rates of excellent/very good health than children in general. The only change observed in children’s health status between 2004 and 2008 pertains to the uninsured. Children lacking insurance coverage experienced a significant drop in their share with excellent/good health (from 85.5% to 68.2%) and a corresponding increase in the proportion with good health (from 8.6% to 25.7%). The sample size for uninsured children in 2008 was small (n=77), so these large shifts should be interpreted with caution.

### Access to Health Care

The 2008 Oklahoma Health Insurance Survey included several questions intended to assess respondents’ attitudes about and experiences with accessing health care. Exhibit 7.2 presents the results from two items that asked about respondents’ confidence in the ability to get needed care and whether any medical care had been delayed due to cost. Data are shown for the overall non-elderly population and by insurance type.

**Exhibit 7.2. Access to Health Care in Oklahoma by Insurance Source, 2008 (Non-Elderly)**

	Private	Public	Uninsured	Total
<b>Confidence target can get the health care they need</b>				
Very confident	69.2% ^	52.0%	22.0% ^	56.4%
Somewhat confident	22.4%	28.8%	24.9%	24.4%
A little confident	5.1% ^	12.3%	18.8% ^	9.3%
Not confident at all	3.2% ^	7.0% ^	34.3% ^	9.9%
<b>Delayed seeking medical care due to cost</b>				
Yes	19.0% ^	20.5% ^	61.6% ^	27.3%

Source: 2008 Oklahoma Health Care Insurance and Access Survey.

Note: Based on the state’s non-elderly population aged 0-64 years.

^ Indicates a statistically significant difference (p≤.05) between estimate and the estimate for the total non-elderly population.

Over half (56.4%) of respondents were very confident they (or another household member) could get needed health care, and an additional quarter were somewhat confident. This result varied dramatically, however, by type of health insurance. More individuals with private coverage (i.e., group or self-purchased) were very confident (69.2%), while significantly fewer lacking insurance reported such confidence (22.0%). In fact, just over one-third of uninsured respondents (34.3%) reported they are not at all confident they (or another uninsured household member) could access the health care they need.

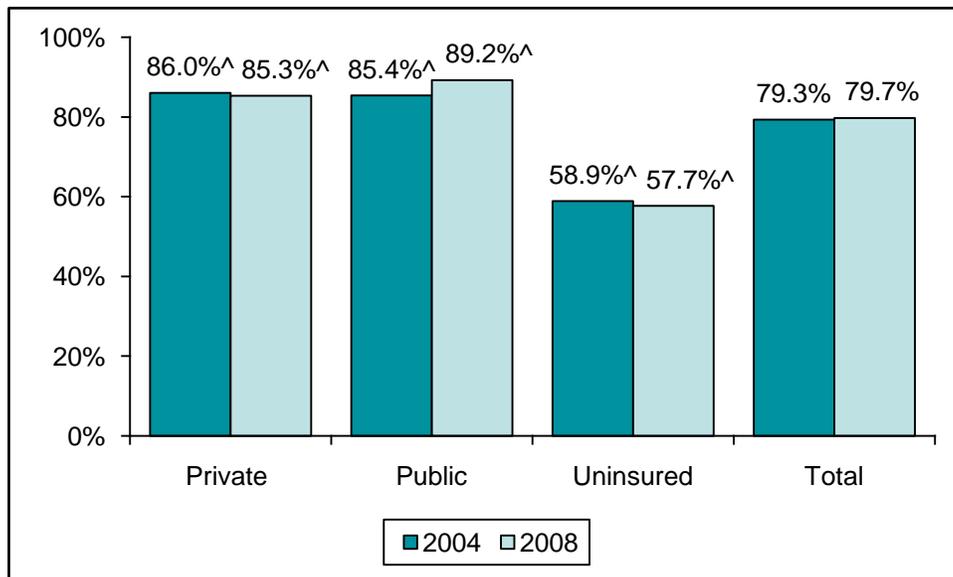
Over a quarter (27.3%) of respondents also reported having delayed seeking medical care in the past 12 months because of cost concerns. This percentage was lower among those with private (19.0%) or public (20.5%) insurance. However, 61.6% of the uninsured non-elderly had delayed accessing health care in the last year due to cost.

### Usual Source of Health Care

To capture additional information about health care access, respondents were asked whether they have a usual source of health care and the type of provider that is. Exhibits 7.3 and 7.4 present the prevalence of a usual source of care for non-elderly adults and children by insurance type in both years. Overall, roughly 80% of non-elderly adults and over 90% of children in both years had a usual source of care.

Uninsured children and adults were significantly less likely to have a usual source of care than their respective age groups in general, and this was true in both 2004 and 2008. Insured adults (private and public) were more likely to have a usual source of care than the overall non-elderly adult population. The only change observed between the two survey years concerned children covered by a public health insurance program. The percentage of this group having a usual source of care improved from 88.9% to 95.9% between 2004 and 2008. The FPL breakdown for those with a usual source of care can be found in Appendix C.

**Exhibit 7.3. Prevalence of Usual Source of Care in Oklahoma by Insurance Source, 2004 and 2008 (Non-Elderly Adults)**

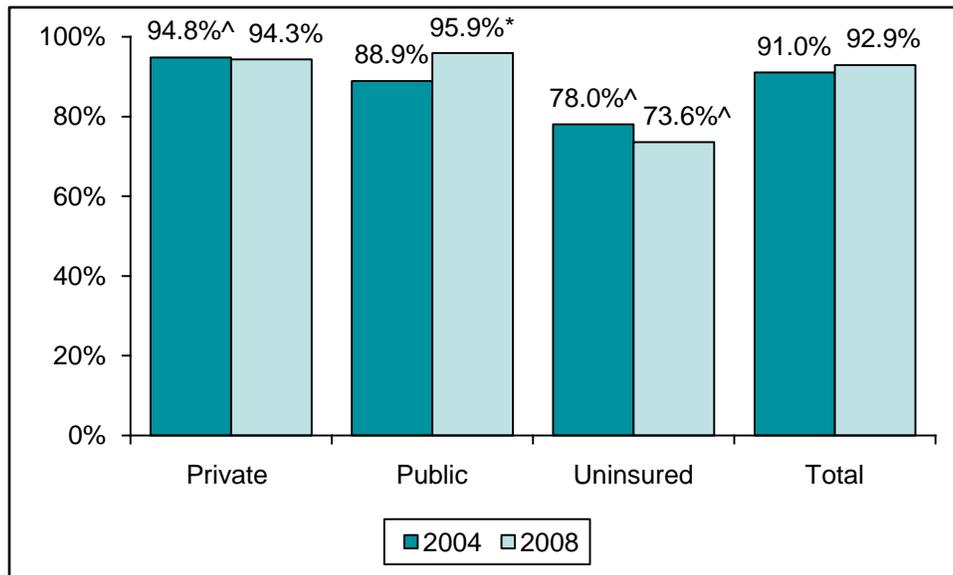


Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's non-elderly adult population aged 19-64 years.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total non-elderly adult population within year.

**Exhibit 7.4. Prevalence of Usual Source of Care in Oklahoma by Insurance Source, 2004 and 2008 (Children)**



Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's child population aged 0-18 years.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total child population within year.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

### *Type of Usual Source of Care*

Exhibit 7.5 presents the types of providers respondents reported as a usual source of health in 2008. (Changes in the 2008 questionnaire compromised comparability with 2004, so change over time is not assessed.) Most Oklahoma non-elderly adults (79.2%) and children (86.0%) had a doctor's office or private clinic as their regular place for medical care (see the total column). The next most common provider type was an Indian Health Service or tribal facility (6.0% for adults, 4.4% for children.) The third most common for adults was the emergency room/urgent care center (5.5%) and for children, it was a tie between community health center or free clinic and emergency room, urgent care or hospital (2.3%).

More adults and children with private coverage had a doctor's office or private clinic as their regular place for medical care than is true for the overall population in 2008. In contrast, fewer uninsured adults and children report having a doctor's office or private clinic and more report IHS or a Tribal Facility as their regular place for care than for the overall adult and child population. Compared to the adult population overall, significantly fewer privately insured adults report using the emergency room/urgent care center/hospital as their usual source of care, whereas more uninsured adults report this usual source of care.

**Exhibit 7.5. Type of Usual Source of Care in Oklahoma, 2008 (Non-Elderly)**

	Private		Public		Uninsured		Total	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Doctor's Office or Private Clinic	88.0% ^	93.0% ^	79.8%	81.2%	44.0% ^	62.1% ^	79.2%	86.0%
Indian Health Service or Tribal Facility	1.9% ^	0.9% ^	5.7%	5.3%	22.2% ^	24.4% ^	6.0%	4.4%
ER, Urgent Care, Hospital	3.2% ^	1.3%	3.4%	3.5%	17.0% ^	4.0%	5.5%	2.3%
Sliding Fee Scale	0.1% ^	0.0% ^	2.9%	4.4%	11.9% ^	4.5%	2.6%	2.1%
Veteran's Affairs	2.9%	0.0%	2.0%	0.0%	0.1% ^	0.0%	2.3%	0.0%
Military or Department of Defense	3.1%	4.2%	0.9%	0.0% ^	0.0% ^	0.0% ^	2.2%	2.2%
Community Health Center	0.4% ^	0.4% ^	3.4%	4.5%	3.8%	5.0%	1.6%	2.3%
University	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%	0.1%	0.0%
Other	0.3%	0.2%	1.3%	1.2%	1.1%	0.0%	0.7%	0.6%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's non-elderly population aged 0-64 years.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total adult or child population.

Exhibit 7.6 provides the usual source of care reported for those covered by Indian Health Service or Tribal Health Care. Among those covered by Indian Health Service or Tribal Health Care, a doctor's office or private clinic was still fairly common (40.1%), but the majority (57.3%) of these individuals instead reported an IHS or tribal facility.

**Exhibit 7.6. Usual Source of Care among those Covered by Indian Health Service/Tribal Health Care in Oklahoma, 2008 (Non-Elderly)**

Indian Health Service or Tribal Facility	57.3%
Doctor's Office or Private Clinic	40.1%
Community Health Center/Sliding Fee Scale, Public Health, Free Clinic	1.7%
ER, Urgent Care, Hospital	0.8%
Other	0.2%

Source: 2008 Oklahoma Health Care Insurance and Access Survey.

Note: Based on the state's non-elderly population aged 0-64 years with Indian Health Service/Tribal Health Care.

*Reasons for Lack of Usual Care Source*

Although most respondents reported having a usual source of care, those who did not were asked to provide the main reason for lacking a regular source of health care. Results are shown for both 2004 and 2008 in Exhibits 7.7 (non-elderly adults) and 7.8 (children). Many reasons were given for why Oklahomans do not have a usual source of care. The most common reason given for both adults and children is that the person rarely gets sick (46.1% for adults and 42.1% for children in 2008). Additionally, some reported they cannot afford a regular source of care (20.6% for adults and 15.6% for children). For adults, an additional 10.5% indicated lack of health insurance as a reason, and for children, an additional 15.4% reported just having moved (stating that a doctor had not been identified/found yet).

**Exhibit 7.7. Reasons Non-Elderly Adults in Oklahoma Lack Usual Source of Care, 2004 and 2008**

	2004	2008
Rarely gets sick	52.7%	46.1%
Can't afford it	17.9%	20.6%
No health insurance	4.8%	10.5% *
Don't like/trust/believe in doctors	2.6%	5.7% *
Just moved, no MD yet	4.3%	4.1%
Don't want/need doctor	0.5%	1.7%
Can't find a doctor/haven't found a doctor/place yet	0.7%	1.3%
Switched insurance, no place yet	2.3%	1.3%
Clinic hours don't fit my schedule	1.0%	0.9%
Doctor left/retired/died	0.3%	0.8%
Use ER mostly	0.0%	0.7%
Get advice from family/friends	0.2%	0.6%
Clinic closed	0.4%	0.5%
Doctor won't take SoonerCare/Medicare	0.2%	0.4%
Insurance doesn't cover enough	1.1%	0.4%
2+ places, depending on ailment	5.2%	0.4% *
Transportation difficulties	0.5%	0.2%
Language barrier	1.0%	0.0%
Other	4.3%	4.1%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's non-elderly adult population aged 19-64 years.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

**Exhibit 7.8. Reasons Children in Oklahoma Lack Usual Source of Care,  
2004 and 2008**

	<b>2004</b>	<b>2008</b>
Rarely gets sick	49.9%	42.1%
Can't afford it	5.6%	15.6%
Just moved, no MD yet	8.7%	15.4%
Can't find a doctor/haven't found a doctor/place yet	3.4%	7.0%
Doctor left/retired/died	0.5%	5.0%
No health insurance	4.8%	3.7% *
Clinic hours don't fit my schedule	0.7%	2.7%
Don't like/trust/believe in doctors	0.5%	2.7% *
Transportation difficulties	2.2%	2.4%
Clinic closed	2.1%	0.0%
Doctor won't take SoonerCare/Medicare	2.3%	0.0%
Don't want/need doctor	0.0%	0.0%
Get advice from family/friends	0.0%	0.0%
Insurance doesn't cover enough	0.0%	0.0%
Language barrier	0.0%	0.0%
Switched insurance, no place yet	3.5%	0.0%
Use ER Mostly	0.0%	0.0%
2+ places, depending on ailment	8.7%	0.0% *
Other	7.0%	3.6%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's child population aged 0-18 years.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

### **Health Care Utilization**

Finally, Exhibits 7.9 and 7.10 present 2008 data concerning utilization of health care services by non-elderly adults and children in the state. Specifically, this section reports the types of providers visited in the past year. Results are shown overall for each subgroup as well as by insurance type. Respondents may have reported more than one provider type, so totals exceed 100%.

For both non-elderly adults and children, the most common provider reported was a doctor's office or private clinic (69.5% and 77.1% for adults and children, respectively), followed by an emergency room/urgent care center (25.0% and 24.0%) and Indian Health Service/Tribal Health Care (4.8% and 5.3%). While across all insurance groups, doctor's office/private clinic was identified by the most individuals, provider types do vary by insurance status. For example, fewer privately insured adults and children visited an IHS or tribal facility, community health center, or sliding fee/free clinic, whereas more uninsured adults and children visited an IHS/tribal facility. Also, more uninsured adults reported having visited an ER/urgent care center. About 12% of adults and 10% of children visited no provider during the prior year. This rate was particularly high among uninsured adults, 23.2% of whom reported not visiting any provider, and particularly low among private and publicly insured adults (9.3% and 6.8%, respectively).

**Exhibit 7.9. Types of Provider Visited in Past 12 Months in Oklahoma by Insurance Source, 2008 (Non-Elderly Adults)**

	Private	Public	Uninsured	Total
Doctor's Office or Private Clinic	80.0% ^	73.2%	39.0% ^	69.5%
ER or Urgent Care Center	18.8% ^	37.5% ^	31.6% ^	25.0%
Indian Health Service or tribal facility	2.8% ^	4.9%	10.1% ^	4.8%
Sliding Fee Scale, Public Health, Free Clinic	0.8% ^	7.3%	12.3% ^	4.5%
Community Health Center	0.8% ^	4.9%	4.7%	2.4%
Military or Department of Defense provider	3.1%	1.0%	0.1% ^	2.1%
Veterans Affairs	2.7%	2.2%	0.0% ^	2.0%
Other	2.0%	3.2%	0.9%	1.9%
None	9.3% ^	6.8% ^	23.2% ^	12.1%

Source: 2008 Oklahoma Health Care Insurance and Access Survey.

Note: Based on the state's non-elderly adult population aged 19-64. Respondents may have reported more than one provider type.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total non-elderly adult population.

**Exhibit 7.10. Types of Provider Visited in Past 12 Months in Oklahoma by Insurance Source, 2008 (Children)**

	Private	Public	Uninsured	Total
Doctor's Office or Private Clinic	82.3%	75.7%	54.6% ^	77.1%
ER or Urgent Care Center	20.8%	30.5%	15.3%	24.0%
Indian Health Service or tribal facility	1.3% ^	8.0%	16.4% ^	5.3%
Community Health Center	1.1% ^	7.6%	4.1%	3.9%
Sliding Fee Scale, Public Health, Free Clinic	0.5% ^	5.5%	9.1%	3.2%
Military or Department of Defense provider	4.1%	0.0% ^	0.0% ^	2.1%
Veterans Affairs	0.2%	0.0%	0.0%	0.1%
Other	1.2%	3.9%	2.4%	2.3%
None	10.2%	7.6%	15.6%	9.7%

Source: 2008 Oklahoma Health Care Insurance and Access Survey.

Notes: Based on the state's child population aged 0-18 years. Respondents may have reported more than one provider type.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total child population.

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## **APPENDIX A: TECHNICAL APPENDIX**

### **Survey Description and Administration**

The Oklahoma Health Insurance Survey (OHIS) is a telephone survey designed to assess rates and types of health insurance coverage among the state's adult and child populations. The Oklahoma Health Care Authority (OHCA) initiated and supported both the 2004 (n=5,729) and 2008 (n=5,847) surveys. Data were obtained using a computer-assisted telephone interviewing (CATI) approach, with interviews conducted in English and Spanish both years. The OHCA contracted with the State Health Access Data Assistance Center (SHADAC) housed within the University of Minnesota's School of Public Health to lead the surveys. The 2004 survey was administered by the Survey Center in the Division of Health Services Research at the University of Minnesota. In 2008, SHADAC contracted with Westat to collect the data.

The 2008 OHIS was conducted between July and September (the 2004 survey was in the field between March and June). The priorities for the 2008 survey were to produce: 1) precise overall statewide estimates; 2) precise regional estimates for the six Behavioral Risk Factor Surveillance Survey System (BRFSS) planning regions in the state; and 3) precise statewide estimates for select racial and ethnic population groups (i.e., Hispanic, African-American, and American Indian) within the state. In addition, the new survey permits an examination of change over time in the distribution of health insurance coverage and characteristics of the uninsured.

### **Questionnaire**

The survey instrument used in both 2004 and 2008 was based on the Coordinated State Coverage Survey (CSCS), a questionnaire developed by SHADAC, and adapted for use in Oklahoma. The questionnaire asks about various types of health insurance coverage for a randomly selected target and other household members, the target's access to employer-sponsored insurance, premiums and cost-sharing, awareness of state public health insurance programs, willingness to pay for health insurance, access to and utilization of health care services, barriers in access, and demographics.

The survey averages approximately 15 minutes in duration. Some changes were made to the questionnaire for the 2008 administration of the survey. These included some additions to the survey instrument (e.g., questions about access, and new items regarding types of health insurance coverage, such as the Oklahoma High Risk Pool, were added), as well as deletions (e.g., questions about a person's health plan provider requirements were omitted). Additionally, questions about the subject's income were revised. Specifically, while both the 2004 and 2008 questionnaires inquired about an individual's total family income, the 2008 questionnaire provided a specific definition of family for this purpose and captured the Federal Poverty Levels of current interest to OHCA. Any changes that potentially compromise comparability over time are noted in the results section.

## Sampling Approach

To meet OHCA study goals, the final sample design for 2008 included three strata: 1) telephone exchanges with a higher proportion of American Indians, 2) telephone exchanges with a higher proportion of African Americans, and 3) all other telephone exchanges.<sup>i</sup> The stratum with disproportionate shares of American Indians and African Americans were oversampled. Based on Census data, it was expected that this sample design would also yield an adequate number of Latino surveys. To identify these strata, Westat used demographic estimates provided by Marketing Systems Group (MSG). In 2004, the sample goals were somewhat different and the sample was instead stratified by three geographic areas: the northwest region of the state, the southwest region, and the balance of the state. Careful construction of probability-based person weights in both years allow for direct comparisons between 2004 and 2008 (see below).

In both survey years, within each surveyed household, an adult (18 years of age or older) knowledgeable about household members' health insurance was asked to complete the survey. All household members were enumerated, and one person (adult or child) was selected at random to be the target (or focus) of the majority of the survey questionnaire items.

## Response Rates

In 2004, a total of 5,729 interviews were completed, and the overall response rate was 44.0%. In 2008, 5,847 interviews were completed, and the overall response rate was 15.6%.

The response rates reported here refer to AAPOR Response Rate #4<sup>ii</sup>, which is the equivalent of the number of completed interviews divided by the total number of eligible phone numbers. To estimate the number of eligible phone numbers among numbers with *unknown* eligibility (e.g., no answer), this rate applies the ratio of eligible to ineligible numbers among the numbers with *known* eligibility to the *unknown* numbers and includes the resultant number within the denominator of the response rate calculation.

Several factors help to explain the decline in response rate between the 2004 and 2008 OHIS. In recent years, response rates have dropped for all types of surveys.<sup>iii</sup> This general trend is attributable to a growth in the non-contact rate (e.g., fewer people answering their phone as a

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<sup>i</sup> "Higher proportion" refers to exchanges in which the Native American or African American population exceeded 15% of the exchange's total population.

<sup>ii</sup> The American Association for Public Opinion Research. 2008. Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 5th edition. Lenexa, Kansas: AAPOR. Available at: [http://www.aapor.org/uploads/Standard\\_Definitions\\_04\\_08\\_Final.pdf](http://www.aapor.org/uploads/Standard_Definitions_04_08_Final.pdf). Accessed April 2009.

<sup>iii</sup> Curtin R., S. Presser, and E. Singer. 2005. "Changes in Telephone Survey Nonresponse over the Past Quarter Century." *Public Opinion Quarterly* 69(1): 87-98; Singer, E. 2006. "Introduction: Nonresponse Bias in Household Surveys." *Public Opinion Quarterly* 70(4): 637-645.

result of telephone screening devices<sup>iv</sup> or as a result of a growing reliance on cell phones (cell phone use is discussed in the weighting section below) and growth in refusal rates (e.g., households/individuals declining to participate in a survey due to frustration with fundraising and marketing phone calls and survey research in general). The change in the sample design in 2008, oversampling in areas with disproportionate shares of minority residents, may have negatively impacted the response rate. Studies show that response rates tend to be lower among minority groups.<sup>v</sup> Another possible reason for the decline in the OHIS response rate pertains to seasonal variations in survey participation.<sup>vi</sup> Prior research suggests that more attempts are required in the summer months to maintain response rates.<sup>vii</sup> Furthermore, fielding a telephone survey in the late summer and early fall of a presidential election year may have hampered the response rate. Additionally, the 2008 survey used an automated dialing system (referred to as “predictive dialing”), which may have also negatively impacted the later response rate. With predictive dialing, a call can be dropped when it is placed by the dialer but an interviewer is not immediately available to take the call. However, the organization that conducted this survey, Westat, estimated that such dialing likely suppressed the final response rate by only 0.05%. A final possibility is that Westat adhered to the industry standard cap on the number of call attempts per telephone number in 2008. By contrast, the center conducting the 2004 survey exceeded this standard and had an additional month in the field to augment the response rate.

### *Response Rates and Data Quality*

Falling response rates and the implications for data quality is the subject of intense attention and scrutiny as demonstrated by special issues on non-response bias in the premier survey research journal *Public Opinion Quarterly* in 2006 and 2007. Response rates are a commonly used indicator of the quality of a survey. Traditionally, the response rate of a survey has been used to proxy the degree of systematic difference between respondents and non-respondents.<sup>viii</sup> Therefore, it makes sense that survey researchers spend resources to improve response rates such as repeated contact attempt to potential respondents, incentives, advance letters, and conversion of refusals.

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<sup>iv</sup> Keeter, S. National Polls Not Undermined by Growing Cell-Only Population: The Cell Phone Challenge to Survey Research. PEW Research Center, March 2006. Available from: <http://people-press.org/reports/pdf/276.pdf>. Accessed April 30, 2009.

<sup>v</sup> Link, M. and Oldendick, R.W. 1999. “Call screening: Is it really a problem for survey research?” *Public Opinion Quarterly* 63: 577-589; Triplett, T. 2002 NSAF Nonresponse Analysis: Report No. 7. Assessing the New Federalism: An Urban Institute Program to Assess Changing Social Policies. Washington, DC: Urban Institute, 2002.

<sup>vi</sup> Keeter, S., C. Kennedy, M. Dimock, J. Best, and P. Craighill. 2006. “Gauging the impact of growing nonresponse on estimates from a national RDD telephone survey.” *Public Opinion Quarterly* 70(5): 759-799.

<sup>vii</sup> Losch, M.E., A. Maitland, G. Lutz, P. Mariolis, and S.C. Gleason. 2002. “The Effect of Time of Year of Data Collection on Sample Efficiency: An Analysis of Behavioral Risk Factor Surveillance Survey Data.” *Public Opinion Quarterly* 66(4): 594-607.

<sup>viii</sup> State Health Data Assistance Center (SHADAC). “Are lower response rates hazardous to your health survey? Issue Brief 13.” Available at: <http://www.shadac.org/files/shadac/publications/IssueBrief13.pdf>. Accessed April 2009.

Fortunately, recent research indicates that lower response rates are not necessarily associated with greater response bias because surveys with high and low response rates demonstrate similar levels of absolute bias.<sup>ix</sup> In a Pew survey of political attitudes, Keeter et al. (2006)<sup>x</sup> tested whether estimates derived from a “rigorous” method were similar to the estimates produced from the “standard” method even though the response rate of the “rigorous” method was twice as high (50% versus 25%). The estimates derived from the standard and rigorous methodology were in fact similar. This result was confirmed in a study using data from the 2004 Oklahoma Health Care Access Survey and two Minnesota health surveys. Davern et al. (SHADAC, 2009) found that after adjusting for basic demographic characteristics, the estimates produced from a strategy characterized by multiple call attempts produced the same estimates of health insurance coverage and access as a less aggressive (and lower response rate) strategy.<sup>xi</sup>

Since surveys are conducted within budget constraints, efforts to complete surveys of reluctant responders instead of contacting new subjects that have a higher probability of response decreases sample size and may not improve response bias. Therefore, some have suggested that expending limited resources to improve response rates may not be cost-effective (SHADAC, 2009).<sup>xii</sup>

### **Weighting of Survey Responses**

The aim of weighting survey data is to adjust for respondents’ varying probabilities of selection into the survey such that, when the weights are applied, their responses are representative of the entire population in Oklahoma. Two types of weights were generated: 1) base weights and 2) post-stratification weights. The base weight takes into consideration that each respondent’s probability of selection varied by sampling stratum, the number of phone lines connected to the household, and the number of people living in the household. The post-stratification weights adjust the base weight to account for key characteristics of the state’s population. Specifically, to more accurately reflect the population of Oklahoma, sample weights were post-stratified by region, age/education, race, gender, home ownership (in 2008 only), and telephone service interruption.

As described below, data from the 2004 survey were reweighted in a similar manner as the 2008 data to improve comparisons across the two surveys. Therefore, estimates for 2004 presented in this report vary slightly from results produced in the 2004 Final Report.

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<sup>ix</sup> Groves, R. 2006. “Nonresponse rates and nonresponse bias in household surveys.” *Public Opinion Quarterly* 70(5): 646-675.

<sup>x</sup> Keeter, S., C. Kennedy, M. Dimock, J. Best, and P. Craighill. 2006. “Gauging the impact of growing nonresponse on estimates from a national RDD telephone survey.” *Public Opinion Quarterly* 70(5): 759-799.

<sup>xi</sup> State Health Data Assistance Center (SHADAC). “Are lower response rates hazardous to your health survey? Issue Brief 13.” Available at: <http://www.shadac.org/files/shadac/publications/IssueBrief13.pdf>. Accessed April 2009.

<sup>xii</sup> Ibid.

### *Basic Weights*

Both the 2004 and 2008 OHIS were stratified random digit dial (RDD) telephone surveys of households in the state of Oklahoma. RDD samples do not select individual people per se. Instead, the approach randomly draws telephone numbers (XXX-YYY-ZZZZ), consisting of an area code (XXX), exchange (YYY), and a stem (ZZZZ) within a desired geographic area. The RDD sample used in the study was drawn from a sampling frame of phone numbers in active area code/exchange groupings within the state of Oklahoma. In 2008, sampling statisticians at Westat, in consultation with SHADAC staff, used databases maintained by MSG to select the RDD numbers.

An important assumption in our weighting scheme is that within each stratum each phone number has an equal probability of selection. The total number of phone numbers from which the RDD sampled numbers were drawn was determined by how many “100 banks” were used by the MSG. All possible numbers from an (area code + exchange) combination were broken down into intervals of 100 (for example, 651-625-0000 to 651-625-0099). If there was a listed telephone number within the block of 100 numbers, then all the numbers within the 100 bank was eligible to be sampled. The denominator was, therefore, the number of banks used for sampling within the state multiplied by 100. The total number of phone numbers selected into the sample was determined by counting the number of numbers actually called as part of the survey.<sup>xiii</sup> The probability of selecting a phone number is further adjusted by the response rate. For the purpose of weighting, the response rate is defined as the total number of completed surveys, divided by the total number of phone numbers in the sample

In addition to different probabilities of selection based on sample stratum described above, respondents have differential probability of selection into the sample based on how many phone lines were connected to a household, and the number of people living in a household. Weighting the respondents relative to their probability of selection into the sample accomplishes two key goals: (1) having the sampled respondents represent the entire population of Oklahoma, and (2) controlling for the fact that the respondents did not all have the same probability of selection into the sample.

### *Phone Line Adjustment*

The response rate adjustment is not equal to the probability of selecting any one household because households may have an unequal number of landline telephone lines leading to them. We use the number of telephone lines connected to a household to adjust a household’s probability of selection into the sample.<sup>xiv</sup> Information regarding the number of landline residential phone lines in each respondent’s home is collected as part of the interview.

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<sup>xiii</sup> MSG’s screening process screens out business numbers through cross listing the numbers with listed businesses, and MSG dials the remaining numbers to screen out disconnected numbers as well.

<sup>xiv</sup> This number was not allowed to exceed three, even though some households have more than three phone lines.

### *Basic Person Probability*

The purpose of the weighting scheme was to develop person weights. Within each household only one person was selected for an in-depth interview. In general, people in larger households have a smaller probability of being included than people in smaller households. The basic person weight is equal to the inverse probability of selecting a person.

### *Post-Stratification Weights*

Weights were adjusted to account for key characteristics of the state's population. Specifically, sample weights were post-stratified by region, age/education, race, gender, home ownership (2008 only), and telephone service interruption, to more accurately reflect the population of Oklahoma. The American Community Survey and the U.S. Census provided the population distributions for these adjustments.

The greatest challenge to comparability between 2004 and 2008 is that the number of households in the U.S. that are cell phone only (and who are excluded from the telephone sample frame we use to sample households and people) has grown substantially within the United States from approximately 4 percent in 2004 to 15.8 percent in 2007.<sup>xv</sup> National research shows that there are differences in demographic and health care characteristics between adults living in cell phone only households and those with land lines. For example, adults living in cell phone only households are more likely to be male, to be young (18-29), to have lower income, to live with unrelated roommates and to rent rather than own their own homes (hence the addition of this question in 2008). They are also less likely to have a usual source of care and to have health insurance. In addition, non-Hispanic Black and Hispanic adults are more likely to live in a cell phone only household than Non-Hispanic white adults.<sup>xvi</sup> In spite of this national evidence of the differences between cell phone only vs. landline households, so far researchers have found that excluding cell phone only households from surveys results in at most minimal bias.<sup>xvii</sup> Failing to account for differences between cell phone only households and other households in post-stratification weights could result in biased survey estimates.

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xv Blumberg, S.J. and J.V. Luke. Wireless Substitution: Early Release of Estimates from the National Health Interview Survey, July-December 2007. National Center for Health Statistics, May 13, 2008. Available from: <http://www.cdc.gov/nchs/nhis.htm>. Accessed April 30, 2009.

xvi Blumberg and Luke. May 13, 2008.

xvii See, for example: Keeter, S. National Polls Not Undermined by Growing Cell-Only Population: The Cell Phone Challenge to Survey Research. PEW Research Center, March 2006. Available from: <http://people-press.org/reports/pdf/276.pdf>. Accessed April 30, 2009; Blumberg, S.L., J.V. Luke, and M.L. Cynamon. May 2006. "Telephone Coverage and Health Survey Estimates: Evaluating the Need for Concern About Wireless Substitution." *American Journal of Public Health* 96(5): 926-931; Brick, M.J., S. Dipko, S. Presser, C. Tucker, and Y. Yuan. Special Issue 2006. "Non-response Bias in a Dual Frame Sample of Cell and Landline Numbers." *Public Opinion Quarterly* 70(5):780-793.

Data from the 2004 survey were reweighted in the same manner as the 2008 data to facilitate comparisons across the two surveys.<sup>xviii</sup> Therefore, estimates for 2004 presented here vary slightly from results produced in the 2004 final report.

### **Measuring Race, Ethnicity, and Country of Origin**

In both years, the collection of ethnicity and race data followed Office of Management and Budget (OMB) standards. That is, a question about Hispanic ethnicity preceded a separate question asking about race. This information was collected about the adult target and the primary wage earner for child targets. Again, consistent with OMB standards, respondents were able to select more than one race. Instead of following a mutually exclusive categorization of race and ethnicity, we use “any” race/ethnicity categorization such that person indicating two races (e.g., African American and Asian) will be assigned both and show up in both proportions.

In 2008, anyone identifying as American Indian in the race question received a follow-up question asking that they provide the name of up to two enrolled or principal tribes of affiliation. In addition to race and ethnicity, the 2008 survey included a question asking how long the respondent had lived in the U.S. This can be used as a measure of familiarity with the health care system.

### **Categorizing Health Insurance Coverage**

Measurement of health insurance status is based on current coverage and type. Respondents were allowed to report as many types of insurance as they are enrolled in. For the report, insurance coverage was categorized into four mutually exclusive coverage types: private group coverage which includes insurance through a current or former employer (COBRA), Veterans Affairs and military health care; private self-purchased insurance; public coverage which includes Medicare, Railroad Retirement Plan, SoonerCare (Medicaid), O-EPIC, and the Oklahoma High Risk Pool; and uninsured at the time of the survey. We adhere to the Census Bureau classification that codes individual who only have Indian Health Services as uninsured. This change began in 1998 in consultation with the Bureau of Indian Affairs.<sup>xix</sup> In both years, if a respondent reported having coverage through both a private and public source of insurance, they were assigned public coverage under the assumption that public programs are the first source of payment. Of the 5,729 cases a total of 110 cases reported both public and private coverage: 26 were children (3.9% of all children) and 84 were non-senior adults (2.8% of all non-senior adults). Of the non-senior adults with dual private and public coverage, the vast majority (83.3%) report Medicare or Railroad Retirement and 3.3% report dual public coverage; most of the dually covered children report SoonerCare (96.2%), lending some credence to the decision to allow public to trump private coverage.

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xviii The 2004 survey did not include a question about home ownership, representing the only difference in weighting adjustments between the 2004 and 2008 surveys.

xix US Census Bureau. 1998. U.S. Department of Commerce Economics and Statistics Administration, Current Population Reports: Health Insurance Coverage 1997. <http://www.census.gov/prod/3/98pubs/p60-202.pdf>. Accessed June 25, 2009.

### **Categorization of Missing Age Data**

In 2008, respondents who were not comfortable providing age data were asked if the target was “18 years or older” allowing us to categorize the person as a child or an adult. However, the response to this question does not allow us to distinguish between elderly and non-elderly adults, yet the bulk of the report is based on non-elderly residents of Oklahoma. We used information about Medicare status to classify 41 of the 66 cases listed as 18 years or older as “non-elderly,” and the remaining cases as either elderly or undetermined.

### **Imputation of Income Data**

In household surveys, respondents are often hesitant to report potentially sensitive information such as income. If the organization collecting the data decides to not impute missing values, they have made an assumption that the respondents with missing data are no different from the people with reported data. This assumption does not hold up under examination. For example, in the 2008 Oklahoma Household Survey the respondents with missing data on income had lower levels of education than those without missing income data. Lower levels of education are related to lower levels of income. Thus, the assumption that the respondents with missing data are no different than the respondents with reported data is incorrect and estimates derived from this assumption will be biased.

For the Oklahoma survey data, we used “hot deck” imputation. Hot deck is a process by which a respondent’s valid value for a specific variable is assigned to another respondent who does not have a valid value for this variable. The respondent with the valid value is called a “donor” and a person with a missing value is called a “recipient.” For example, if the donor is 35 years old, then the recipient (respondent with missing age) is given a value of 35 and the donor maintains the age of 35.

The process of selecting a donor is the most important component of the “hot deck” procedure. Potential donors are sectioned into homogeneous groups called “cells” defined by many parameters. For example, all white, unemployed, college educated, males over the age of 65 with a valid value for the specific variable can be placed into one cell, while all non-white, unemployed, college educated, and males over 65 can be placed into another cell. Recipients are matched to these homogenous cells of donors based on their characteristics. A random donor selected from the matching group supplies his/her value to the recipient.

The characteristics used to group the respondents should be highly correlated with the variable being imputed. For example, when imputing income, donors are matched with recipients based on highest educational level because education is highly correlated with income. The variables chosen to match the donors and the recipients form the basis of a “model” for predicting the imputed variable. A good imputation procedure should provide unbiased estimates of the mean and variance of the variable by correcting for potential distributional differences between people with and without reported data. The basic underlying assumption is that the value of the variable being estimated (such as state rates of health insurance coverage) is not

conditional on (i.e., moderated by) the missing data mechanism.<sup>xx</sup> For example, all those respondents with missing health insurance data do not have a different relationship between health insurance coverage and covariates than all the respondents with reported data.

Although properly specified imputation can alter basic distributional summary statistics (means and variances) from the statistics calculated using complete cases only, it should not transform the relationships among variables. If there was a relationship between two variables in the reported data it should be the same in the imputed data, and no new relationships should appear after the imputation. The basic idea of model-based (and particularly, “hot deck”) imputation is to use the existing relationships within the reported data to adjust for distributional differences among those who are likely to report data and those who are less likely.

The hot deck is limited in the number of “variable levels” it can have. For example, the variable “highest degree attained” can be broken down into three variable levels (or cells) for the hot deck: less than high school, high school diploma and college degree. The number of hot deck cells is equal to the product of the number of variable levels (e.g., covered, not covered) used to match donors with recipients. If there are too many variable levels used in the hot deck, then many of the cells will not be populated with donors. The more variable levels that are used (i.e., the more hot deck cells), the more donors are needed for the hot deck to work.

#### *Implementation of the Hot Deck*

We imputed using STATA version 10’s hot deck imputation procedure (available for download from the STATA web site<sup>xxi</sup>). The survey has both a categorical income question and a continuous income question. If the continuous income question is refused (37.2%), the respondent is asked to put their income into a category. If they refuse to put their income into a category then the data are completely missing (11%). Using the categorical income question to help impute continuous income is called the “unfolding bracket” methodology.

The first step of the imputation implementation is to classify all the people who reported continuous income into the appropriate category. Then the categorical income data is used to impute categorical income for each respondent lacking any income data. The imputation is done iteratively with variables removed from the procedure one at a time until each person receives an imputed value. The variables used are described below:

The categorical income question was based on the family’s federal poverty level which takes into account the number of people living on the total family income. The hierarchy for applying each iteration of the imputation routine is outlined below. The geographical stratum variable was the first removed, and so on up the list.

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xx Little, R. and D. Rubin. *Statistical Analysis With Missing Data*. New York: Wiley. 1987.

xxi Stata Corporation (<http://www.stata.com>).

1. Phone Interruption of 7+ days
2. Race (Hispanic/American Indian/Black, or none of these)
3. Needs-tested insurance enrollment
4. Education of Target/PWE (1. Less than high school; 2. High school; 3. At least some college)
5. Age of Target/PWE (18-30, 31-64, or 65 and over)
6. Gender of Target/PWE
7. Number of household members (1, 2, or 3+ members)
8. Geographical Stratum

### **Analysis of Data**

The results presented in this report are weighted estimates using statistical software (STATA) that accounts for a complex sampling design. The survey data were weighted to represent the state's population. We report tests of difference (t-tests) between subgroups within a year (e.g., contrasts by age and race/ethnicity) and over time (e.g., 2004 compared to 2008 uninsurance estimates). When we compare subgroups of the population to the entire population (e.g., we compare the uninsurance rate for children to the uninsurance rate for *all* Oklahomans, including children) we adjust the t-test formula to account for this overlapping variance.

### **Calculation of Public Program Eligibility and Access to Employer Coverage**

Questions related to income, household composition, age, and access to employer coverage are used to determine potential eligibility for public health insurance programs and access to employer coverage. Potential eligibility for SoonerCare (Medicaid) is determined based on the target person and their family's income. Children up to 185% of the poverty guideline are deemed eligible for SoonerCare, as were parents whose income is no more than 37% of the poverty guideline. In 2004, all family members' income was counted. This was revised in 2008 to more closely fit Oklahoma eligibility guidelines. In 2008 only the following family members' income are counted: target, target's spouse, target's minor children, and target's parents if target is a minor.

Potential eligibility for Insure Oklahoma (the premium assistance program) is determined based on two factors. First is family income: the family could earn no more than 200% of the poverty guidelines. Second is employer size: the employee had to be employed by a firm with no more than 50 employees. If the employee meets both of these criteria, the employee is considered eligible for Insure Oklahoma. Dependents are not eligible for this program.

# CSCS Oklahoma

## 2008 Health Care Insurance and Access Survey Instrument

**INTRO1.** Hello. My name is <name> and I'm calling on behalf of the Oklahoma Health Care Authority.

INTERVIEWER: IF YOU REACH A CHILD, ASK TO SPEAK TO AN ADULT.

IF ASKED BY PERSON ON PHONE, INDICATE YOU ARE CALLING FROM WESTAT, WHICH IS CONDUCTING INTERVIEWS FOR THE UNIVERSITY OF MINNESOTA-TWIN CITIES UNDER CONTRACT WITH THE OKLAHOMA HEALTH CARE AUTHORITY.

**INTRO2.** We are conducting a research study about health insurance issues in Oklahoma. Do you feel that health insurance is an important issue in your state?

Your household has been randomly chosen to participate in this interview and your input is very important for the results to accurately represent thousands of other Oklahoma residents. Your responses will help policy makers better understand the status of health insurance in Oklahoma.

**INTRO3.** The interview is voluntary. You can skip any question you don't want to answer, and you can end the interview at any time.

The interview generally takes about 15-20 minutes. The information you give will be kept confidential. Your phone number will not be linked to your answers, and your answers will be combined with those of other people in the state. Also know that the study will not be used for marketing and your decision to participate will not affect your eligibility for health care services.

**INTRO4.** **[IF RESPONDENT ASKS:** This study is being led by researchers at the University of Minnesota-Twin Cities. If you have questions about the study and would like to contact the researcher doing the study or someone at the Research Subjects' Advocate line, I can give you those phone numbers now or at the end of the survey.

Dr. Kathleen Call: 612-624-3922.

Research Subjects' Advocate Line: 612-625-1650 (This office will accept collect calls.)]

# START OF SURVEY

- S1.** Is this your main residence? [**INTERVIEWR NOTE:** This does not include cabins or vacation homes used only seasonally.]
1. YES
  2. NO → "Thank you. We are only interviewing people at their main residence." **TERMINATE**

We would like to ask some questions about HEALTH INSURANCE for people in your household.

- S2.** Can you answer questions about HEALTH INSURANCE for people in this household?
- 1 YES → **SKIP TO S4**
  - 2 NO

- S3.** Is another adult available who could answer questions about HEALTH INSURANCE?
- 1 YES → **GET PERSON ON PHONE AND GO BACK TO INTRO1- INTRO4; INTERVIEWER MAY EITHER FILL IN ANSWERS FOR S1-S3 AGAIN OR SKIP DIRECTLY TO S4**
  - 2 NO → **CALL BACK.** "Who should I speak with? What is a good time to call back?"

- S4.** What county do you live in?
- (Enter code) \_\_\_ \_\_ \_\_ → **SKIP TO S5**  
 777. DON'T KNOW → **SKIP TO S4A**  
 999. Outside of Oklahoma → "Thank You. We are only interviewing people who live in Oklahoma" **TERMINATE**

FIPS	COUNTY	FIPS	COUNTY
001	Adair	059	Harper
003	Alfalfa	061	Haskell
005	Atoka	063	Hughes
007	Beaver	065	Jackson
009	Beckham	067	Jefferson
011	Blaine	069	Johnston
013	Bryan	071	Kay
015	Caddo	073	Kingfisher
017	Canadian	075	Kiowa
019	Carter	077	Latimer
021	Cherokee	079	Le Flore
023	Choctaw	081	Lincoln
025	Cimarron	083	Logan
027	Cleveland	085	Love
029	Coal	087	McClain
031	Comanche	089	McCurtain
033	Cotton	091	McIntosh
035	Craig	093	Major
037	Creek	095	Marshall
039	Custer	097	Mayes
041	Delaware	099	Murray
043	Dewey	101	Muskogee
045	Ellis	103	Noble
047	Garfield	105	Nowata

**Color Key:** Ages 0-17  
Ages 18+  
 All Ages

049	Garvin	107	Okfuskee
051	Grady	109	Oklahoma
053	Grant	111	Okmulgee
055	Greer	113	Osage
057	Harmon	115	Ottawa
117	Pawnee	137	Stephens
119	Payne	139	Texas
121	Pittsburg	141	Tillman
123	Pontotoc	143	Tulsa
125	Pottawatomie	145	Wagoner
127	Pushmataha	147	Washington
129	Roger Mills	149	Washita
131	Rogers	151	Woods
133	Seminole	153	Woodward
135	Sequoyah		

**S4A.** Is your household located in Oklahoma?

- 1. YES
- 2. NO → “Thank you. We are only interviewing people who reside in Oklahoma” **TERMINATE**
- 7. DON'T KNOW → “Thank you. We are only interviewing people who reside in Oklahoma” **TERMINATE**
- 9. REFUSED → “Thank you. We are only interviewing people who reside in Oklahoma” **TERMINATE**

**S5.** What is your zip code? \_\_\_\_ \_

- 77777. DON'T KNOW
- 99999. REFUSED

I need some general information about people in this household so that one person can be picked at random and ask about their access to health insurance.

**S6.** How many people currently live or stay in this household?

- \_\_\_\_\_ people
- 77. DON'T KNOW
- 99. REFUSED

PROBE: Include in this number, children, foster children, roomers, or housemates not related to you, college students living away while attending college and National Guard members who are deployed.

Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the regular Armed Forces living somewhere else.

S7.

**PERSON 1 (RESPONDENT):**

**s7a\_age:**

**[IF S6= 1]**

What is your age as of your last birthday?

**[IF S6 >1]**

Starting with yourself, what is your age as of your last birthday?

\_\_\_\_ (0-100, 0 for infant less than 1 years of age)

777. DON'T KNOW

999. REFUSED

**[IF S7A\_AGE <18, INTERVIEWER SHOULD SAY: "I NEED TO INTERVIEW SOMEONE AGE 18 AND OLDER. IS THERE AN ADULT AGED 18 OR OLDER WHO COULD ANSWER QUESTIONS ABOUT HEALTH INSURANCE?"]**

**s7a\_sex:**

GENDER: ASK IF UNKNOWN.

1. MALE
2. FEMALE
7. DON'T KNOW
9. REFUSED

**s7a\_rel** (STORE 0 IN s7a\_rel, FOR SELF)

**IF S6 = 1, SKI TO H**

**PERSONS 2 - 10: ASK AGE, SEX & RELATIONSHIP OF ONE PERSON BEFORE CONTINUING ON WITH NEXT PERSON**

**s7b\_age thru s7j\_age:** And the next person's age?

\_\_\_\_ (0-100, 0 for infant less than 1 years of age)

777. DON'T KNOW

999. REFUSED

**INTERVIEWER: IF R DOES NOT WANT TO REPORT AGE, ATTEMPT TO DETERMINE WHETHER THE PERSON IS AN ADULT OR NOT. "PARTS OF THE INTERVIEW DEPEND ON KNOWING WHETHER YOU/SHE/HE/THIS PERSON IS AN ADULT. CAN YOU TELL ME IF YOU/SHE/HE/THIS PERSON IS 18 YEARS OR OLDER?"**

**s7b\_sex thru s7j\_sex:** Is this (child/person) (a boy or a girl/male or female)?

1. MALE
2. FEMALE
7. DON'T KNOW
9. REFUSED

**s7b\_rel thru s7j\_rel:** What is this person's relationship to you?

**(DO NOT READ. ENTER ONE ONLY)**

2. SPOUSE (WIFE/HUSBAND)

10. UNMARRIED PARTNER / SIGNIFICANT OTHER

4. CHILD / STEPCHILD

3. PARENT / STEPPARENT

5. SIBLING / STEPSISTER / STEPBROTHER

1. GRANDPARENT / STEP-GRANDPARENT

6. GRANDCHILD / STEP-GRANDCHILD

41. SON-IN-LAW / DAUGHTER-IN-LAW

31. FATHER-IN-LAW / MOTHER-IN-LAW

42. NIECE/NEPHEW

32. AUNT/UNCLE

7. OTHER RELATIVE

81. EMPLOYER

82. EMPLOYEE (MAID, NANNY, AU PAIR, HOUSEKEEPER, ETC.)

83. PROFESSIONAL CAREGIVER (NURSE, AIDE, ETC)

84. TENANT/RENTER

8. OTHER NON-RELATIVE

77. DON'T KNOW

99. REFUSED

**COMPUTER NOW RANDOMLY SELECTS A PERSON FROM THE ROSTER TO BE THE TARGET**

**TARGET: STORE SELECTED PERSON NUMBER IN VARIABLE NAME 'TARGET' (1-10)**

**TARGAGE: STORE SELECTED PERSON'S AGE IN VARIABLE 'TARGAGE'**

**TARGSEX: STORE SELECTED PERSON'S SEX IN VARIABLE 'TARGSEX'**

**TARGREL: STORE SELECTED PERSON'S RELATIONSHIP TO RESPONDENT IN VARIABLE 'TARGREL'**

**SELECT:** I will be asking some specific insurance coverage questions about one randomly chosen person from your household. For those questions you (the (age) year old (sex) - TARGET) have (has) been selected.

**IF COMPUTER SELECTS PERSON ON PHONE, CODE TO CONVERT RESPREL TO TARGREL, THEN SKIP TO H.**

**NAME:** What is the first name or initials of the person I selected?

**FIRST NAME OF TARGET:** \_\_\_\_\_

**TARGREL(#):** It would be helpful to know the relationship of the other members of your household to TARGET. What is [(age) (sex) if multiple members with same relationship code]'s relationship to TARGET?

**(DO NOT READ, ENTER ONE ONLY)**

- 9. SELF
- 2. SPOUSE (WIFE/HUSBAND)
- 10. UNMARRIED PARTNER / SIGNIFICANT OTHER
- 4. CHILD / STEPCHILD
- 3. PARENT / STEPPARENT
- 5. SIBLING / STEPSISTER / STEPBROTHER
- 1. GRANDPARENT / STEP-GRANDPARENT
- 6. GRANDCHILD / STEP-GRANDCHILD
- 41. SON-IN-LAW / DAUGHTER-IN-LAW
- 31. FATHER-IN-LAW / MOTHER-IN-LAW
- 42. NIECE/NEPHEW
- 32. AUNT/UNCLE
- 7. OTHER RELATIVE
- 81. EMPLOYER
- 82. EMPLOYEE (MAID, NANNY, AU PAIR, HOUSEKEEPER, ETC.)
- 83. PROFESSIONAL CAREGIVER (NURSE, AIDE, ETC)
- 84. TENANT/RENTER
- 8. OTHER NON-RELATIVE
- 77. DON'T KNOW
- 99. REFUSED

**INCOME VARIABLE SETUP** - (These are used for the income questions at the end of the survey)

HH\_COUNT = Number of people in household (S6)

TMARR = 1 if TARGET has a spouse only; 0 otherwise

TPAR = 1 if TARGET is parent; 0 otherwise

TARGAGE = TARGET's age

FAM\_COUNT = Number of people in TARGET's family.

IF TARGAGE<18 & TMARR=0 & TPAR=0: TARGET+PARENTS+SIBLINGS<18 FROM ROSTER

IF TARGAGE<18 & (TMARR=1 OR TPAR=1): TARGET+SPOUSE+CHILDREN<18 FROM ROSTER

IF TARGAGE>17: TARGET+SPOUSE+CHILDREN<18 FROM ROSTER

# HEALTH INSURANCE

## INSTRUCTIONS: Section H.

In the following section, each type of insurance should be read:  
 "Do you (does TARGET) CURRENTLY have (type of insurance)?"

If NO, proceed to next item in roster.  
 A response of DON'T KNOW or REFUSED is treated as No.

If YES, the item should be followed by the PROBE:  
 "Besides this, do you (does the TARGET) have any other type of health insurance coverage?"

If YES, proceed with roster.

If NO, SKIP TO H17.

The PROBE should not be asked in response to YES to H14.

H. I am going to read you a list of different types of health insurance. Please tell me if you CURRENTLY have (TARGET CURRENTLY has) any of the following. Answer for each type that applies to you (TARGET).

Do you (Does TARGET) CURRENTLY have:		YES 1	NO 2	D/K 7	RF 9
H1	Medicare? MANDATORY TO READ: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue insurance card.  <b>IF H1 = 2,7,9 SKIP TO H2, ELSE SKIP TO MEDIGAP</b>	1	2	7	9
	<b>MEDIGAP</b> Do you (does TARGET) have additional insurance to supplement Medicare, such as a self-purchased Medigap policy like Blue Cross Blue Shield C+, or a retiree benefit?	1	2	7	9
	<b>PUBGAP</b> Do you (does TARGET) have coverage through Medicaid QMB, SLMB, QI1 or QI2?	1	2	7	9
	<b>MEDDRG</b> Do you (does TARGET) have Medicare insurance that pays for prescription drugs? <b>IF TARGAGE &gt; 64 SKIP to H17</b>	1	2	7	9
H2	<b>IF TARGAGE &lt;18 SKIP TO H3</b> A Railroad Retirement Plan?	1	2	7	9
H3	Veteran's Affairs services? <b>[If H3=2, 7, or 9 SKIP to H3b</b>	1	2	7	9
H3a	Veteran's Affairs coverage resulting from a service-related disability?	1	2	7	9
H3b	Military health care, TRICARE, or CHAMPUS?	1	2	7	9
H4	Indian Health Service or tribal health care?	1	2	7	9
H5	Medical Assistance or Medicaid – also known as SoonerCare?	1	2	7	9
H6	Premium assistance also known as "Insure Oklahoma" or "O-EPIC"?	1	2	7	9
H7	Insurance through the Oklahoma Health Insurance Pool – also known as the Oklahoma High Risk Plan?	1	2	7	9
H9	<b>H9</b> COBRA or other temporary extension of coverage? <b>PROBE:</b> This is insurance you purchase temporarily for full cost through a former employer. <b>IF H9 = 2,7,9, SKIP TO H11</b>	1	2	7	9

Color Key: **Ages 0-17**  
**Ages 18+**  
 All Ages

	<p><b>H9POL.</b> Is this an individual policy or is it a family policy?</p> <ol style="list-style-type: none"> <li>1. Individual policy</li> <li>2. Family policy (covers more than one person)</li> <li>7. DON'T KNOW</li> <li>9. REFUSED</li> </ol>				
H11	<p><b>IF TARGAGE &lt;18 SKIP TO H12</b></p> <p><b>H11</b> Health insurance through your (TARGET's) work or union?</p> <p><b>IF H11 = 2,7,9, SKIP TO H12</b></p>	1	2	7	9
	<p><b>H11POL.</b> Is this an individual or family policy?</p> <ol style="list-style-type: none"> <li>1. Individual policy</li> <li>2. Family policy (covers more than one person)</li> <li>7. DON'T KNOW</li> <li>9. REFUSED</li> </ol>				
	<p><b>H11GOV</b> Is this policy through a local, state, or federal government employer, or through another type of employer?</p> <ol style="list-style-type: none"> <li>1. Local, state, or federal government employer</li> <li>2. Another type of employer</li> <li>7. DON'T KNOW</li> <li>9. REFUSED</li> </ol>				
H12	<p><b>H12</b> Health insurance through someone else's work or union?</p> <p><b>IF H12 = 2,7,9 SKIP TO H13</b></p>	1	2	7	9
	<p><b>H12POL.</b> Is this an individual or family policy?</p> <ol style="list-style-type: none"> <li>1. Individual policy</li> <li>2. Family policy (covers more than one person)</li> <li>7. DON'T KNOW</li> <li>9. REFUSED</li> </ol>				
	<p><b>H12GOV</b> Is this policy through a local, state, or federal government employer, or through another type of employer?</p> <ol style="list-style-type: none"> <li>1. Local, state, or federal government employer</li> <li>2. Another type of employer</li> <li>7. DON'T KNOW</li> <li>9. REFUSED</li> </ol>				
H13	<p><b>IF TARGAGE &lt;18 SKIP TO H14</b></p> <p><b>H13</b> Health insurance bought directly by you (TARGET)?</p> <p><b>IF H13 = 2,7,9 SKIP TO H14</b></p>	1	2	7	9
	<p><b>H13POL.</b> Is this an individual or family policy?</p> <ol style="list-style-type: none"> <li>1. Individual policy</li> <li>2. Family policy (covers more than one person)</li> <li>7. DON'T KNOW</li> <li>9. REFUSED</li> </ol>				

Color Key: **Ages 0-17**  
**Ages 18+**  
**All Ages**

	<b>H14</b> Health insurance bought directly by someone else?				
	<b>IF H14 = 2,7,9 SKIP TO j_H15</b>	1	2	7	9
<b>H14</b>	<b>H14POL.</b> Is this an individual or family policy?  1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED				
<b>j_H15:</b> IF TARGET HAS ONLY INDIAN SERVICES (H4 = 1), SKIP TO H15A. IF TARGET HAS ANY OTHER INSURANCE, SKIP TO H17. ELSE CONTINUE TO H15.					
<b>H15</b>	Just to be sure I have this right, you do (TARGET does) not have health insurance coverage. Does anyone else pay for your (TARGET's) bills when you go (TARGET goes) to a doctor or hospital? <b>IF H15 = 1 SKIP TO H16</b> <b>IF H15 = 2,7,9 SKIP TO H19</b>	1	2	7	9
IF TARGET HAS ONLY INDIAN SERVICES, CONTINUE TO H15A. ELSE SKIP TO H16.					
<b>H15A</b>	I understand that you receive (TARGET receives) services through the Indian Health Service or tribal health care but do (does) not have health insurance. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital? <b>NOTE TO INTERVIEWER: INDIAN HEALTH SERVICE IS NOT CONSIDERED COMPREHENSIVE INSURANCE FOR THE PURPOSES OF THIS SURVEY.</b>  <b>IF H15A = 2,7,9 SKIP TO H19</b>	1	2	7	9
<b>H16</b>	And who is that? ( <b>Interviewer: If returning back from PATHI, instead ask "What type of insurance is that?" (DO NOT READ, SELECT ANSWER)</b> ) 1. MEDICARE 2. RAILROAD RETIREMENT PLAN 3. VETERAN'S AFFAIRS SERVICE 3a. VETERAN'S AFFAIRS COVERAGE RESULTING FROM A SERVICE-RELATED DISABILITY 3b. MILITARY HEALTH CARE, TRICARE or CHAMPUS 4. INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE 5. MEDICAID – SOONERCARE 6. PREMIUM ASSISTANCE – INSURE OKLAHOMA OR O-EPIC 7. INSURANCE THROUGH THE OKLAHOMA HEALTH INSURANCE POOL 9. COBRA OR OTHER TEMPORARY EXTENSION OF COVERAGE 11. HEALTH INSURANCE THROUGH YOUR (TARGET's) WORK OR UNION 12. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION 13. HEALTH INSURANCE BOUGHT DIRECTLY BY YOU (TARGET) 14. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE 15. WORKER'S COMPENSATION FOR SPECIFIC INJURY/ILLNESS 16. EMPLOYER PAYS FOR BILLS, BUT NOT FOR AN INSURANCE POLICY 17. FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS 18. NON-FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS 19. NO PRIVATE OR PUBLIC INSURANCE 20. NON INSURANCE PAYMENT SOURCE 77. DON'T KNOW 99. REFUSED				

**[IF 1-3,5,6,7 SKIP TO H17  
 IF 9, 11-14 CONTINUE TO H16POL  
 IF 4,15-20, 77, 99 say: "For purposes of this survey, we'll assume you/TARGET  
 (do/does) not have insurance." THEN SKIP TO H19]**

<b>H16POL.</b>	Is this an individual or family policy?  1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED				
<b>H16GOV</b>	<b>IF H16 = 9,13,14 SKIP TO H17</b>  Is this policy through a local, state, or federal government employer, or through another type of employer?  1. Local, state, or federal government employer 2. Another type of employer 7. DON'T KNOW 9. REFUSED <b>SKIP TO H17</b>				
H17-H19 establish annual coverage status. Asking H17 and H19 ensures that respondents switching plans part way through the year do not get the uninsured part year long form.		<b>Y</b>	<b>N</b>	<b>DK</b>	<b>REF</b>
<b>H17</b>	Have you (Has TARGET) had insurance coverage for all of the past 12 months? <b>IF H17 = 2 SKIP TO H18</b> <b>IF H17 = 1,7,9 SKIP TO j PREMIUM</b>	1	2	7	9
<b>H18</b>	How many months during the past year were you (was TARGET) without coverage? <b>SKIP TO j PREMIUM</b>	_ # months		7	9
<b>H19</b>	Have you (Has TARGET) been covered by any health insurance IN THE PAST 12 MONTHS? <b>SKIP TO j PREMIUM</b>	1	2	7	9

j PREMIUM:

IF ((H9, H11, H12, H13 OR H14 = 1) OR (H16 = 9,11,12,13,14)) SKIP TO PREM1  
ELSE SKIP TO STAT

## PREMIUMS and COST SHARING

[Asked only of TARGETS with employer-based or private self-purchased]

**PREM1.** How much is the monthly premium for this health insurance?

[**PROBE:** "Premium is the monthly charge for the cost of this health insurance plan. We're interested in the cost of the entire policy, even if it covers other family members too."]

- \$ \_\_\_\_\_ MONTHLY - **SKIP TO PREM2**
- \$ \_\_\_\_\_ EVERY 2 WEEKS - **SKIP TO PREM2**
- \$ \_\_\_\_\_ BI-MONTHLY (TWICE A MONTH) - **SKIP TO PREM2**
- \$ \_\_\_\_\_ QUARTERLY (FOUR TIMES A YR) - **SKIP TO PREM2**
- \$ \_\_\_\_\_ BI-ANNUALLY (TWICE A YEAR) - **SKIP TO PREM2**
- \$ \_\_\_\_\_ ANNUALLY- **SKIP TO PREM2**
- 7. DON'T KNOW - ASK PREM1A.
- 9. REFUSED - **SKIP TO PREM2**

**IF PREM1 = 0, SKIP to PREM2.**

**PREM1A.** Which category best represents the monthly premium for your (TARGET's) health insurance?  
**READ CATEGORIES BELOW**

Would you say it is:

1. Less than \$200 per month
2. Between \$200 and \$500 per month
3. \$501 to \$1000
4. More than \$1000
7. DON'T KNOW
9. REFUSED

**[IF H11 or H12 = 1) or (H16=11 or 12, ASK PREM2; ELSE SKIP TO DED1]]**

**PREM2.**

**[If H11=1 or H16=11]**

How much does your (TARGET's) employer/union contribute for this health insurance each month?

**[If H12=1 or H16=12]**

How much does the employer/union providing your (TARGET'S) health insurance contribute for this insurance each month?

\$ \_\_\_\_\_ MONTHLY

\$ \_\_\_\_\_ BI-MONTHLY (TWICE A MONTH)

\$ \_\_\_\_\_ QUARTERLY (FOUR TIMES A YR)

\$ \_\_\_\_\_ BI-ANNUALLY (TWICE A YEAR)

\$ \_\_\_\_\_ ANNUALLY

7. DON'T KNOW

8. Not applicable (TARGET has private self-purchased insurance)

9. REFUSED

**DED1.**

Does your (TARGET'S) health insurance include a deductible for major medical coverage?

**[PROBE: "A deductible is the amount of money that you have to pay out of your own pocket each year before your insurance will pay for any services."]**

1. YES → **SKIP TO DED2**

2. NO

7. DON'T KNOW

9. REFUSED

**SKIP TO COPAY1**

**DED2.** What is the amount of the annual deductible?

1. Less than \$300

2. Between \$300 and \$1500

3. Between \$1501 and \$5000

4. Between \$5001 and \$10,000

5. \$10,000 or more

7. DON'T KNOW

9. REFUSED

**COPAY1.**

Does your (TARGET'S) health insurance include copayments for doctor's visits?

**[PROBE: "A copayment is a flat fee you pay out of your pocket each time you visit the doctor."]**

1. YES **SKIP TO COPAY2**

2. NO

7. DON'T KNOW

9. REFUSED

**SKIP TO STAT**

**COPAY2.** How much is the copayment for a visit to your (TARGET's) regular doctor?

\$ \_\_\_\_\_  
777. Don't Know  
999. Refused

## HOUSEHOLD HEALTH INSURANCE

**SKIP TO J\_EDUC IF S6=1. PROCEED THROUGH STAT(#) AND TYPE(#) FOR EACH PERSON IN THE ROSTER, EXCEPT TARGET.**

The next questions concern health insurance that other people in your household may have at this time.

**STAT(#).** Do you/Does your (relationship) [(age) (sex) if multiple members with same relationship code] currently have health insurance?

- 1 YES → **SKIP TO TYPE**
- 2 NO → **REPEAT FOR NEXT PERSON ON ROSTER**
- 7 DON'T KNOW → **REPEAT FOR NEXT PERSON ON ROSTER**
- 9 REFUSED → **REPEAT FOR NEXT PERSON ON ROSTER**

**TYPE(#).** What type of insurance are you (is this person) covered by? CHECK ALL THAT APPLY

**[PROGRAM for Y/N RESPONSE FOR EACH]**

- 1. MEDICARE
- 2. RAILROAD RETIREMENT PLAN
- 3. VETERAN'S AFFAIRS disability
- 3a. VETERAN'S AFFAIRS COVERAGE RESULTING FROM A SERVICE-RELATED DISABILITY
- 3b. MILITARY HEALTH CARE, TRICARE, or CHAMPUS
- 4. INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
- 5. MEDICAID - SOONERCARE
- 6. PREMIUM ASSISTANCE - INSURE OKLAHOMA OR O-EPIC
- 7. INSURANCE THROUGH THE OKLAHOMA HEALTH INSURANCE POOL
- 9. COBRA OR OTHER TEMPORARY EXTENSION OF COVERAGE
- 11. HEALTH INSURANCE THROUGH YOUR (THEIR) WORK OR UNION
- 12. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION
- 13. HEALTH INSURANCE BOUGHT DIRECTLY BY YOU (THEMSELVES)
- 14. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE
- 19. NO PRIVATE OR PUBLIC INSURANCE
- 20. NON INSURANCE PAYMENT SOURCE
- 77. DON'T KNOW
- 99. REFUSED

## INSTRUCTIONS: ASK VERIFY FOR ALL UNCOVERED PERSONS

### VERIFY

#### IF TARGET IS RESPONDENT:

I just want to make sure I have everything right. Other than you, my understanding is that the following people do not have health care coverage:

#### ELSE:

I just want to make sure I have everything right. Other than (TARGET)

My understand is that the following people do not have health care coverage:

1. YES → **SKIP TO j\_EDUC**
2. NO → **SKIP BACK TO TYPE(#)** “What type of insurance is this person covered by?”

**j\_EDUC:**

**PROCEED THROUGH EDUCATION AND EMPLOYMENT SECTION FOR EACH ADULT IN ROSTER WHO IS 18 OR OVER, INCLUDING TARGET (IF TARGAGE IS >17)  
EDUC(#) - STUD1(#)**

## EDUCATION AND EMPLOYMENT STATUS OF HOUSEHOLD ADULTS

Next, I'm going to ask some questions about adult household members' education and employment. I'll start with your (relationship) [(age) (sex) if multiple members with same relationship code].

**EDUC(#).** What is the highest level of education you have (this person has) completed? (DO NOT READ)

1. NO FORMAL EDUCATION
2. GRADE SCHOOL (1 TO 8 YEARS)
3. SOME HIGH SCHOOL (9 TO 11 YEARS) BUT NO DEGREE
4. HIGH SCHOOL GRADUATE OR GED (RECEIVED A HIGH SCHOOL EQUIVALENCY DIPLOMA)
5. SOME COLLEGE/TECHNICAL OR VOCATIONAL SCHOOL/TRAINING AFTER HIGH SCHOOL, NO DEGREE
6. ASSOCIATE'S DEGREE (FOR EXAMPLE: AA, AS)
7. BACHELOR'S DEGREE (FOR EXAMPLE: BA, BS)
8. POSTGRADUATE DEGREE/STUDY
77. DON'T KNOW
99. REFUSED

**EMP(#).** Are you/ Is your (relationship) [(age) (sex) if multiple members with same relationship code] currently...?

1. Self employed or own your (his/her) business
2. Employed by the local, state or federal government
3. Employed by another type of employer
4. Unpaid worker for family business, farm, or home → **SKIP TO STUD**
5. Retired → **SKIP TO STUD**
6. Unemployed, or not working → **SKIP TO STUD**
7. DON'T KNOW → **SKIP TO STUD**
9. REFUSED → **SKIP TO STUD**

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**MULTJOB(#)** Do you (Does (relationship) [(age) (sex) if multiple members with same relationship code]) have more than one paying job?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**HOURS(#)**. What is the total number of hours usually worked per week?  
Note: this question used to be under PWE section.

\_\_\_\_\_ HOURS  
777. DON'T KNOW  
999. REFUSED

**IF MULTIJOB(#) = 1 SKIP TO EMPHRS(#)  
ELSE SKIP TO SIZE(#)**

**EMPHRS(#)**. For the job you work ((relationship) [(age) (sex) if multiple members with same relationship code] works) at the most hours, what is the total number of hours usually worked per week?

\_\_\_\_\_ hours  
777. DON'T KNOW  
999. REFUSED

**SIZE(#):** **If EMP#=1 Self employed, the question reads:**  
Including yourself are there more than 50 people working for this business?

1. YES **SKIP TO SIZEB(#)**
2. NO **SKIP TO SIZEA(#)**
7. DON'T KNOW **SKIP TO STUD**
9. REFUSED **SKIP TO STUD**

**SIZEA(#)**. Which category best represents the total number of persons who work for your (relationship) [(age) (sex) if multiple members with same relationship code] (employer/business)?

**NOTE: If EMP#=1, use "business" instead of "employer."**

1. Just one
2. Between 2 and 10
3. Between 11 and 24
4. Between 25 and 50
7. DON'T KNOW
9. REFUSED

**SKIP TO STUD**

**SIZEB(#).** Which category best represents the total number of persons who work for your (relationship) [(age) (sex) if multiple members with same relationship code] (employer/business)?  
**NOTE: If EMP#=1, use “business” instead of “employer”**

1. Between 51 and 100
2. Between 101 and 250
3. Between 251 and 500
4. Between 501 and 1000
5. Over 1000
7. DON'T KNOW
9. REFUSED

**STUD(#)** student? Are you (relationship) [(age) (sex) if multiple members with same relationship code] currently a student?

1. YES – **SKIP TO STUD1**
2. NO
7. DON'T KNOW
9. REFUSED

**SKIP TO CATISORT**

**STUD1(#)** Are you (relationship) [(age) (sex) if multiple members with same relationship code] a full-time student (greater than three-fourths time) or part-time student (less than three-fourths time)?

1. FULL-TIME STUDENT
2. PART-TIME STUDENT
7. DON'T KNOW
9. REFUSED

**CATISORT** Define the CODETYPE variable based on the Target's insurance coverage information:

**Priority of assignment:**

1. Any public coverage, public is assigned
2. If no public coverage, but has group coverage, group is assigned
3. If no public coverage and no group coverage, but has individually purchased coverage, individual is assigned
4. If no coverage at all, uninsured is assigned

**NOTE: IHS is considered uninsured**

**CODETYPE VALUE:**

**SCREEN: (public)**

The Target currently has some form of public insurance. Ownership of public insurance over-rides all private insurance types. The duration of the insurance (H17) is of no consequence.

IF (H1, H2, H5, H6, OR H7 = 1) OR (H16 = 1,2,5,6,7)

**GROUP: (group)**

The Target has no public insurance but does have private insurance through own work, or someone else's work, VA or COBRA. This over-rides all purchased insurance. The Target has had this insurance for all of the last year.

IF ((H17 = 1) AND ((H3, H3a, H3b, H9, H11, H12 = 1) OR (H16 = 3,3a,3b,9,11,12)))

**ON\_GROUP: (group)**

The Target has no public insurance but does have private insurance through own work or someone else's work, VA or COBRA. This over-rides all purchased insurance. The Target has not had this insurance for all of the last year.

IF ((H17 > 1) AND ((H3, H3a, H3b, H9, H11, H12 = 1) OR (H16 = 3,3a,3b,9,11,12)))

**INDIVID: (individual)**

The Target has no public insurance and does not receive it through work, but they do purchase it (or have it purchased for them). The Target has had this insurance for all of the past year.

IF ((H17 = 1) AND ((H13, H14 = 1) OR (H16 = 13,14)))

**ON\_ELSE: (individual)**

The Target has no public insurance and does not receive it through work, but they do purchase it (or have it purchased for them). The Target has not had this insurance for all of the past year.

IF ((H17 > 1) AND ((H13, H14 = 1) OR (H16 = 13,14)))

**UNINSURD: (uninsured)**

The Target does not have any public or private insurance. The Target has not had any insurance for all of the last year (H19 = 2). (NONE OF THE ABOVE CRITERIA ARE TRUE)

**UNINOFF: (uninsured)**

The Target does not have any public or private insurance. However, the Target did have insurance at some time during the last year (H19 = 1) (NONE OF THE ABOVE CRITERIA ARE TRUE)

**LONG FORM** (see CATISORT, previous page)

**j\_PATH:**

IF (CODETYPE = UNINSURD) SKIP TO J\_COV – UNINSURED FOR PAST 12 MONTHS  
IF (CODETYPE = ON\_GROUP) SKIP TO PATHI – VERIFY STATUS  
IF (CODETYPE = ON\_ELSE ) SKIP TO PATHI – VERIFY STATUS  
IF (CODETYPE = UNINOFF) SKIP TO PATHU – VERIFY STATUS  
IF (CODETYPE = SCREEN AND H17=2) SKIP TO PATHI – VERIFY STATUS  
ELSE, SKIP TO HSTAT – (GROUP, PUBLIC AND INDIVIDUAL SKIP OUT)

**PATHI.** Just to be sure I've entered this right, currently you are (**TARGET** is) covered by health insurance but were (was) NOT covered at some point IN THE PAST 12 MONTHS. Is this correct?

1. YES
  2. NO
  7. DON'T KNOW
  9. REFUSED
- SKIP TO HSTAT**

**PATHU.** Just to be sure I've entered this right, currently you are (**TARGET** is) NOT covered by health insurance but were (was) covered at some point IN THE PAST 12 MONTHS. Is this correct?

1. YES **SKIP TO j\_COV**
2. NO → **SKIP BACK TO H16, REASK**
7. DON'T KNOW → **SKIP BACK TO H16, REASK**
9. REFUSED → **SKIP BACK TO H16, REASK**

**j\_COV: ONLY CURRENTLY UNINSURED TARGETS WILL GO THROUGH THE COVERAGE SERIES**

**1. SPOUSE/PARTNER:**

IF TARGAGE > 17 AND TARGET HAS SPOUSE/PARTNER WHO IS EMPLOYED AND WE KNOW FROM STAT(#)ROSTER THAT SPOUSE HAS OWN INSURANCE THORUGH WORK, SKIP TO COV2

IF TARGAGE > 17 AND TARGET HAS SPOUSE/PARTNER WHO IS EMPLOYED, BUT WE DON'T KNOW IF SPOUSE IS COVERED THORUGH THEIR OWN WORK, SKIP TO COV1

**2. EMPLOYED:**

IF TARGAGE > 17 AND TARGET IS SELF EMPLOYED WITH NO OTHER EMPLOYEES, SKIP TO OWNCOV

IF TARGAGE > 17 AND TARGET IS EMPLOYED, SKIP TO j\_EMPCOV

**3. KIDS/STUDENTS:**

IF (TARGAGE < 18) SKIP TO j\_PARCOV

IF (TARGAGE > 17 AND TARGAGE < 25 AND TARGET IS NOT MARRIED AND TARGET IS A FULLTIME STUDENT) SKIP TO j\_PARCOV

**4. OTHERS:**

ALL OTHERS SKIP TO OWNCOV

## ACCESS TO EMPLOYER-BASED INSURANCE

**COV1.** Now I'd like to ask a few questions about your (TARGET's) access to insurance. Does your (TARGET'S) partner have insurance through their work?  
**NOTE: If R = person 2(spouse) reads: "Do you have insurance through your work?"**

1. YES
2. NO → **SKIPTO COV3**
7. DON'T KNOW → **SKIPTO COV3**
8. N/A: spouse/partner unemployed or self employed → **SKIP TO j\_EMPCOV**
9. REFUSED → **SKIPTO COV3**

**COV2. IF SPOUSE/PARTNER HAS COVERAGE THROUGH THEIR WORK → ADD LEAD-IN:**

As you mentioned, your (TARGET'S) spouse/partner gets insurance through their work.

Could this insurance policy be used to cover you (TARGET)?

1. YES → **SKIPTO COV6**
  2. NO
  7. DON'T KNOW
  9. REFUSED
- SKIP TO j\_EMPCOV**

**COV3.** Are you (Is your/ TARGET's spouse/partner) eligible for health insurance through your (their) work, but have chosen not to sign up for it?

1. YES → **SKIPTO COV4**
  2. NO
  7. DON'T KNOW
  9. REFUSED
- SKIP TO j\_EMPCOV**

**COV4.** If you (they) were to sign up for that health insurance, could the policy be used to cover TARGET (you)?

1. YES → **SKIPTO COV6**
  2. NO
  7. DON'T KNOW
  9. REFUSED
- SKIP TO j\_EMPCOV**

**COV6.** What is the main reason you do (TARGET does) not get insurance through her/his spouse/partner?

**DO NOT READ. MAP RESPONSE TO CATEGORY.  
ONE RESPONSE ONLY.**

1. DO NOT NEED OR WANT HEALTH INSURANCE
2. RARELY SICK/"I TAKE CARE OF MYSELF"
3. TOO MUCH HASSLE/PAPERWORK
4. TOO EXPENSIVE/COULD NOT AFFORD
5. DON'T LIKE BENEFITS PACKAGE
9. WILL GET HEALTH INSURANCE SOON
10. AFTER WAITING PERIOD WILL BE COVERED BY SPOUSE'S POLICY
11. RECEIVES SERVICES THROUGH INIDAN HEALTH SERVICE OR TRIBAL CARE
12. OTHER (SPECIFY) \_\_\_\_\_
77. DON'T KNOW
99. REFUSED

PROBE: Can you tell me the primary reason you (he/she) did not get insurance through this family member?

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**j\_EMPCOV**

IF TARGET IS EMPLOYED, SKIP TO EMPCV1  
IF (TARGET IS NOT EMPLOYED AND TARGAGE > 17 AND TARGAGE < 25 AND  
TARGET IS NOT MARRIED AND TARGET IS A FULLTIME STUDENT) SKIP TO  
j\_PARCOV  
ELSE SKIP TO OWNCOV

**EMPCV1.** Does the business you work for (he/she works for) offer health insurance as a benefit to any of its employees?

1. YES → **SKIPTO EMPC1A**
  2. NO
  7. DON'T KNOW
  8. NOT APPLICABLE, NOT EMPLOYED
  9. REFUSED
- SKIP TO OWNCOV**

**EMPC1A.** Are you (Is TARGET) eligible for health insurance through your (their) work?

1. YES → **SKIPTO EMPCOV2**
2. NO → **SKIPTO EMPNELIG**
7. DON'T KNOW → **SKIPTO EMPCV4**
9. REFUSED → **SKIPTO EMPCV4**

**EMPNELIG.** What is the main reason you (TARGET) are not eligible through your (their) work?  
**DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.**

1. HEALTH CONDITION
2. AFTER WAITING PERIOD WILL BE ELIGIBLE FOR THEIR POLICY
3. WORK PART-TIME
4. WORK TEMPORARY/SEASONALLY
5. OTHER \_\_\_\_\_.
7. DON'T KNOW
9. REFUSED

**SKIP TO OWNCOV**

**EMPCOV2.** Does your (TARGET's) employer pay for all or a part of the insurance cost?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**EMPCV2.** Can dependents be covered by health insurance through your (TARGET's) work?

1. YES → **SKIP TO EMPCOV3A**
2. NO → **SKIP TO EMPCV4**
7. DON'T KNOW
8. TARGET DOES NOT HAVE ACCESS TO INSURANCE THROUGH OWN EMPLOYER
9. REFUSED

**SKIP TO OWNCOV**

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**EMPCOV3A.** Does your (TARGET's) employer pay for all or a part of dependent coverage?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**EMPCV4.** What is the main reason you (TARGET) have not enrolled in your (his/her) work's group health insurance plan?

**[DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.]**

1. DO NOT NEED OR WANT HEALTH INSURANCE
2. RARELY SICK/"I TAKE CARE OF MYSELF"
3. TOO MUCH HASSLE/PAPERWORK
4. TOO EXPENSIVE/COULD NOT AFFORD
5. DON'T LIKE BENEFITS PACKAGE
8. PLAN THROUGH SPOUSE'S WORK IS CHEAPER/BETTER
9. WILL GET HEALTH INSURANCE SOON
10. AFTER WAITING PERIOD WILL BE COVERED BY POLICY
11. RECEIVES SERVICES THROUGH INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
12. OTHER (SPECIFY) \_\_\_\_\_
77. DON'T KNOW
99. REFUSED

**OWNCOV.** **IF TARGET AGE < 18 YEARS:**

What is the main reason you/TARGET'S PARENTS have not bought health insurance for (TARGET)?

**IF TARGET AGE 18+ YEARS :**

What is the main reason you have (TARGET HAS) not bought health insurance on your (his/her) own?

**[DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.]**

1. DO NOT NEED OR WANT HEALTH INSURANCE
2. RARELY SICK/"I TAKE CARE OF MYSELF"
3. TOO MUCH HASSLE/PAPERWORK
4. TOO EXPENSIVE/COULD NOT AFFORD
5. DON'T LIKE BENEFITS PACKAGE
6. NOT ELIGIBLE, HEALTH CONDITION
7. NOT ELIGIBLE, OTHER
9. WILL GET HEALTH INSURANCE SOON
10. AFTER WAITING PERIOD WILL BE COVERED BY A POLICY
11. DON'T KNOW WHERE TO BEGING/WHERE TO GO
12. RECIEVES SERVICES THROUGH INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
13. OTHER (SPECIFY) \_\_\_\_\_
77. DON'T KNOW
99. REFUSED

**SKIPTO PUB1**

**j\_PARCOV FOR MINORS, AND UNMARRIED FULLTIME STUDENTS UNDER AGE 25**

Now I'd like to ask a few questions about your (TARGET's) access to insurance through a parent or guardian.

**PROBE:** Please respond to the following questions on behalf of the parent or guardian whose employer may be able to provide coverage for this child or the primary employed wage earner in the household.

**PARCOV1.** Does the business your (TARGET's) parents or guardian work for offer health insurance as a benefit to any of its employees?

1. YES → **SKIPTO PARC1A**
2. NO
7. DON'T KNOW
8. N/A: PARENT/GUARDIAN NOT EMPLOYED OR SELF EMPLOYED W/1 EMPLOYEE
9. REFUSED

**SKIP TO OWNCV2**

**PARC1A.** Are your (TARGET's) parents or guardian eligible for health insurance from their work?

1. YES → **SKIPTO PARCOV2**
2. NO
7. DON'T KNOW
9. REFUSED

**SKIP TO OWNCV2**

**PARCOV2.** Does this employer pay for all or a part of the health insurance cost?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**PARCOV3.** Can this coverage be extended to cover dependents?

1. YES → **SKIPTO PARCOV2**
2. NO
7. DON'T KNOW
9. REFUSED

**SKIP TO OWNCV2**

**PARC3A** Does this employer pay for all or a part of dependent coverage?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**PARCV5.** What is the main reason you are (TARGET is) not included in this health insurance plan as a dependent? **[DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.]**

1. CHILD DOES NOT NEED HEALTH INSURANCE
2. RARELY SICK
3. TOO MUCH HASSLE/PAPERWORK
4. TOO EXPENSIVE/COULD NOT AFFORD
5. DON'T LIKE BENEFITS PACKAGE
9. WILL GET HEALTH INSURANCE SOON
10. AFTER WAITING PERIOD WILL BE COVERED BY POLICY
11. RECEIVES SERVICES THROUGH THE INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
12. OTHER (SPECIFY) \_\_\_\_\_
77. DON'T KNOW
99. REFUSED

**OWNCV2.** What is the main reason your (TARGET's) parents or guardian have not bought health insurance for you (TARGET) on their own? **[DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.]**

1. CHILD DOES NOT NEED HEALTH INSURANCE
2. RARELY SICK
3. TOO MUCH HASSLE/PAPERWORK
4. TOO EXPENSIVE/COULD NOT AFFORD
5. DON'T LIKE BENEFITS PACKAGE
6. NOT ELIGIBLE, HEALTH CONDITION
7. NOT ELIGIBLE, OTHER
9. WILL GET HEALTH INSURANCE SOON
10. AFTER WAITING PERIOD WILL BE COVERED BY A POLICY
11. DON'T KNOW WHERE TO BEGIN/WHERE TO GO
12. RECEIVES SERVICES THROUGH THE INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE.
13. OTHER (SPECIFY) \_\_\_\_\_
77. DON'T KNOW
99. REFUSED

**SKIPTO PUB1**

## **PUBLIC PROGRAM AWARENESS**

[For uninsured TARGETS]

Now I'm going to ask you about public insurance programs available through the state of Oklahoma.

**PUB1.** Have you (has TARGET/TARGET's parents) ever asked for or been given information about one of the Oklahoma public health programs? By state public programs, we mean Medicaid also known as Sooner care, premium assistance also known as Insure Oklahoma or O-EPIC, or the state's high risk pool called the Oklahoma High Risk Plan.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**PUB2.** If you (TARGET/TARGET's parents) learned you (TARGET) were eligible for health coverage through a public program, would you (TARGET/TARGET's parents) enroll?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**PUB3A.** If you (TARGET/TARGET's parents) learned you (TARGET) were eligible for health coverage through a public program at no cost to you (TARGET/TARGET's parents) or your family, would you (TARGET/TARGET's parents) enroll?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**PUB3B.** If you (TARGET/TARGET's parents) learned you (TARGET) were eligible for a premium assistance program where the government pays for part of your (TARGET's) private insurance premium, would you (TARGET/TARGET's parents) enroll?

**INSTRUCTION TO INTERVIEWERS: Private insurance includes a self-purchased policy or a plan through their employer.**

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**ASK PUB4 IF PUB3a OR PUB3b = 2(No)**

**PUB4.** Please tell me why you (TARGET/TARGET's parents) would not enroll?

**[DO NOT READ. CHOOSE ONE. CODE TO THESE RESPONSE OPTIONS:]**

1. DON'T NEED OR WANT INSURANCE RIGHT NOW
2. RARELY SICK/NOT SICK RIGHT NOW
3. DO NOT KNOW WHAT TO DO/WHERE TO GO/HOW TO ENROLL
4. TOO MUCH HASSLE/PAPERWORK
5. TOO EXPENSIVE
6. DON'T THINK THE CARE OR BENEFITS THROUGH THESE PROGRAMS ARE GOOD
7. APPLIED BUT NOT ELIGIBLE
8. DON'T THINK I AM (TARGET IS) ELIGIBLE
9. EMBARRASSED; DON'T WANT OTHERS TO KNOW
10. DON'T THINK GOVERNMENT SHOULD PAY FOR MY HEALTH CARE
11. PRIVACY: DON'T WANT GOVERNMENT INVOLVED IN MY HEALTH CARE
12. OTHER (SPECIFY)
77. DON'T KNOW
99. REFUSED

## WILLINGNESS TO PAY

[For uninsured TARGETS only]

- C30.** If low-cost health insurance were made available, would you (TARGET/ TARGET's parent or guardian) be able to pay anything at all to get health care coverage?
1. YES
  2. NO → **SKIP TO HSTAT**
  7. DON'T KNOW → **SKIP TO HSTAT**
  9. REFUSED → **SKIP TO HSTAT**
- C31A.** Could you (TARGET/'s parent or guardian) afford to pay \$100 per month for health care coverage?
1. YES → **SKIP TO HSTAT**
  2. NO
  7. DON'T KNOW → **SKIP TO HSTAT**
  9. REFUSED → **SKIP TO HSTAT**
- C31B.** Could you (TARGET/'s parent or guardian) afford to pay \$50 per month for health care coverage?
1. YES → **SKIP TO HSTAT**
  2. NO
  7. DON'T KNOW → **SKIP TO HSTAT**
  9. REFUSED → **SKIP TO HSTAT**
- C31C.** Could you (TARGET/'s parent or guardian) afford to pay \$25 per month for health care coverage?
1. YES → **SKIP TO HSTAT**
  2. NO
  7. DON'T KNOW → **SKIP TO HSTAT**
  9. REFUSED → **SKIP TO HSTAT**
- C31D.** Could you (TARGET/'s parent or guardian) afford to pay \$10 per month for health care coverage?
1. YES → **SKIP TO HSTAT**
  2. NO
  7. DON'T KNOW → **SKIP TO HSTAT**
  9. REFUSED → **SKIP TO HSTAT**

## ACCESS AND UTILIZATION

[Asked about ALL TARGETS]

The following questions are about you (TARGET).

- HSTAT.** Would you say your (TARGET's) health, in general, is excellent, very good, good, fair, or poor?
1. Excellent
  2. Very good
  3. Good
  4. Fair
  5. Poor
  7. DON'T KNOW
  9. REFUSED

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**CHRON1.** (Not counting pregnancy) do you (does TARGET) now have any medical conditions that have lasted for at least 3 months?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**USC.** Is there a regular place that you go (TARGET goes) for medical care?

1. YES
2. NO → **SKIP TO WHYNOUSC**
7. DON'T KNOW → **SKIP TO WHYNOUSC**
9. REFUSED → **SKIP TO WHYNOUSC**

**USKINDX.** Where (does TARGET usually go/do you usually go) for medical care. Is that an:

**[CHOOSE ONE]**

1. Emergency room or urgent care center
2. Doctor's office or private clinic
3. Indian Health Service (IHS) or tribal facility
4. Community Health Center (Federally Qualified Health Center or FQHC)
5. Sliding fee scale, public health, or free clinic
6. Veteran's Affairs (or VA) provider
7. Military or Department of Defense provider
8. Other, specify \_\_\_\_\_
77. DON'T KNOW
99. REFUSED

**[SKIP TO KIND]**

**WHYNOUSC.** What is the main reason you (TARGET) DO NOT have a regular place that you go for health care?

**[DO NOT READ. MAP TO RESPONSE. CHOOSE ONE.]**

1. CAN'T AFFORD IT
2. DO NOT HAVE HEALTH INSURANCE
3. RARELY GET SICK
4. CLINIC HOURS DON'T FIT MY SCHEDULE – GENERAL
5. CLINIC HOURS DON'T FIT MY SCHEDULE – NEED MORNING APPOINTMENT
6. CLINIC HOURS DON'T FIT MY SCHEDULE – NEED AFTERNOON APPOINTMENT
7. CLINIC HOURS DON'T FIT MY SCHEDULE – NEED EVENING APPOINTMENT
8. TRANSPORTATION DIFFICULTIES – GENERAL
9. TRANSPORTATION DIFFICULTIES – LIVE IN RURAL AREA AND IT'S TOO FAR
10. TRANSPORTATION DIFFICULTIES – LIVE IN URBAN AREA AND IT'S TOO FAR
11. TRANSPORTATION DIFFICULTIES – LIVE IN RURAL AREA AND PUBLIC TRANSPORTATION IS DIFFICULT TO USE
12. TRANSPORTATION DIFFICULTIES – LIVE IN URBAN AREA AND PUBLIC TRANSPORTATION IS DIFFICULT TO USE
13. LANGUAGE BARRIER
14. DO NOT LIKE/TRUST/BELIEVE IN DOCTORS
15. CLINIC I USED TO GO TO CLOSED
16. JUST MOVED, DO NOT HAVE A REGULAR PLACE YET
17. JUST SWITCHED INSURANCE, DO NOT HAVE REGULAR PLACE YET
18. TWO OR MORE PLACES DEPENDING ON WHAT'S WRONG
19. USE THE EMERGENCY ROOM PRIMARILY
20. SEEK ADVICE FROM FAMILY/FRIENDS PRIMARILY
21. OTHER (SPECIFY)

77. DON'T KNOW  
99. REFUSED

**KIND.** In the past 12 months, which of the following types of health care providers did you (TARGET) go to, if any [**SELECT ALL THAT APPLY**]

1. Emergency room or urgent care center
  2. Doctor's office or private clinic
  3. Indian Health Service (IHS) or tribal facility
  4. Community Health Center (Federal Qualified Health Center or FQHC)
  5. Sliding fee scale, public health, or free clinic
  6. Veteran's Affairs (or VA) provider
  7. Military or Department of Defense provider
  8. Other, specify \_\_\_\_\_
  9. None
77. DON'T KNOW  
99. REFUSED

**DOC6M.** In the **past six months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays, emergency room or urgent care visits.

\_\_\_\_\_ visits  
77. DON'T KNOW  
99. REFUSED

**[IF NO VISITS SKIP TO INPUSE]**

**DOC3M.** In the **past three months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays, emergency room or urgent care visits.

\_\_\_\_\_ visits  
77. DON'T KNOW  
99. REFUSED

**INPUSE.** During the **past 12 months**, have you (TARGET) been a patient overnight in a hospital?  
1. YES  
2. NO → **SKIP TO ERUSE**  
7. DON'T KNOW → **SKIP TO ERUSE**  
9. REFUSED → **SKIP TO ERUSE**

**INPUSE2.** How many times have (has) you (TARGET) been admitted to a hospital DURING THE PAST 12 MONTHS?

\_\_\_\_\_ times  
77. DON'T KNOW  
99. REFUSED

**ERUSE.** During the **past 12 months**, have (has) you (TARGET) been to a hospital emergency room or urgent care center?

- 1. YES **SKIP TO ERUSE2**
  - 2. NO
  - 7. DON'T KNOW
  - 9. REFUSED
- SKIP TO CONFID**

**ERUSE2.** How many times have you (TARGET) been to a hospital emergency room or urgent care center DURING THE PAST 12 MONTHS?

- \_\_\_\_\_ times
- 77. DON'T KNOW
  - 99. REFUSED

**CONFID.** How confident are you that you (TARGET) can get the health care you need (TARGET needs)? Are you....

- 1. Very confident
- 2. Somewhat confident
- 3. A little confident
- 4. Not confident at all
- 7. DON'T KNOW
- 9. REFUSED

**DELAY** During the past 12 months, have you (has TARGET) delayed seeking medical care because of worry about the cost? Do not include dental care.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

**DENTAL.** Do you (does TARGET) currently have insurance that pays for all or part of your (his/her) dental care?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

**DRUG.** Do you (does TARGET) have insurance that pays for prescription drugs?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

**LTCINS.** Do you (does TARGET) have long term care insurance?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

PROBE: Long term care insurance pays for a person with a chronic condition or a disability to receive care at home, in a nursing home, or in an assisted living facility.

## DEMOGRAPHIC QUESTIONS

{Asked about all TARGETS}

**HISP.** Now, I have a few general questions about you (TARGET). These questions will help our staff interpret the results. **[CHOOSE ONE]**

Are you (Is TARGET) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

1. NO, NOT OF HISPANIC ORIGIN
2. YES, MEXICAN, MEXICAN AMERICAN, CHICANO
3. YES, PUERTO RICAN
4. YES, CUBAN
5. YES, OTHER SPANISH/HISPANIC/LATINO
7. DON'T KNOW
9. REFUSED

**RACE.** **If HISP = 2-5:** In addition, which of the following race or races do you consider yourself (TARGET) to be?

**ELSE:** Which of the following race or races do you consider yourself (TARGET) to be?

**[MAY SELECT MORE THAN ONE. READ AS PROBE. LIST IF NECESSARY.]**

1. White
2. American Indian or Alaska Native – Select/Print name of up to 2 enrolled or principle tribes.

\_\_\_\_\_ **TRIBE1** \_\_\_\_\_ **TRIBE2** \_\_\_\_\_ (See below)

3. Black, African-American
4. Asian or Pacific Islander
5. Some other race? What race is that? \_\_\_\_\_
7. DON'T KNOW
8. Hispanic, Latino, Mexican, Puerto Rican, Cuban, Other Spanish (should only appear as option if yes to HISP)
9. REFUSED

American Indian options: **DO NOT READ**

CHOCTAW NATION ..... 01  
 CHEROKEE NATION ..... 02  
 MUSCOGEE (CREEK) NATION..... 03  
 CHICKASAW NATION..... 04  
 SEMINOLE NATION..... 05  
 ABSENTEE SHAWNEE TRIBE ..... 06  
 ALABAMA QUASSARTE TRIBAL TOWN ..... 07  
 APACHE TRIBE ..... 08  
 CADDO TRIBE..... 09  
 CHEYENNE-ARAPAHO TRIBES ..... 10  
 CITIZEN POTAWATOMI NATION ..... 11  
 COMANCHE NATION..... 12  
 DELAWARE NATION ..... 13  
 DELAWARE TRIBE OF INDIANS..... 14  
 EASTERN SHAWNEE TRIBE ..... 15  
 EUCHEE (YUCHI) TRIBE OF INDIANS ..... 16  
 FORT SILL APACHE TRIBE..... 17  
 IOWA TRIBE OF OKLAHOMA..... 18  
 KAW NATION OF OKLAHOMA ..... 19  
 KIALEGEE TRIBAL TOWN..... 20  
 KICKAPOO TRIBE OF OKLAHOMA ..... 21  
 KIOWA TRIBE..... 22  
 MIAMI NATION ..... 23  
 MODOC TRIBE OF OKLAHOMA ..... 24  
 OSAGE NATION..... 25  
 OTOE-MISSOURIA TRIBE ..... 26  
 OTTAWA TRIBE ..... 27  
 PAWNEE NATION OF OKLAHOMA ..... 28  
 PEORIA TRIBE OF INDIANS OF OKLAHOMA.. 29  
 PONCA NATION..... 30  
 QUAPAW TRIBE OF OKLAHOMA ..... 31  
 SAC & FOX NATION ..... 32  
 SENECA-CAYUGA TRIBE OF OKLAHOMA..... 33  
 SHAWNEE TRIBE ..... 34  
 THLOPHLOCCO TRIBAL TOWN..... 35  
 TONKAWA TRIBE ..... 36  
 UNITED KEETOOWAH BAND OF CHEROKEES  
 ..... 37  
 WICHITA & AFFILIATED TRIBES ..... 38  
 WYANDOTTE NATION..... 39  
 ALASKAN NATIVE..... 40  
 OTHER (SPECIFY)..... 41  
 DK ..... 77  
 RF..... 99

**LIVEDUS** About how many years have you (has TARGET) lived in the United States?  
**[INTERVIEWER NOTE: FOR LESS THAN ONE YEAR, ENTER ONE YEAR]**

\_\_\_\_\_ NUMBER OF YEARS OR  
 \_\_\_\_\_ YEAR (FIRST CAME TO LIVE IN THE U.S.)  
 7777 DON'T KNOW  
 9999 REFUSED

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

## PRIMARY WAGE EARNER ONLY

j\_PWE:

The primary wage earner (PWE) questions are for Targets who are a minor:

[IF (TARGAGE < 18) SKIP TO CHARGE and IDENTIFY PWE FROM HOUSEHOLD ROSTER.

ELSE SKIP TO OTHERLANG

### CHARGE:

LEAD IN:

#### IF MINOR TARGET CURRENTLY HAS GROUP OR INDIVIDUAL INSURANCE:

Now I'd like to ask a few questions about the person TARGET gets his/her insurance benefits through.

#### IF MINOR TARGET IS UNINSURED OR PUBLICLY INSURED:

Now I'd like to ask a few questions about the primary wage earner in the household. If there is no primary wage earner, we'd like to ask questions about the person responsible for the care of this child.

Would that be you or someone else?

1. PERSON ON PHONE
2. SOMEONE ELSE IN HOUSEHOLD
8. N/A: NO PRIMARY WAGE EARNER IN HOUSEHOLD → SKIP TO UNEASE
7. DON'T KNOW
9. REFUSED

[IF CHARGE = 1 (PERSON ON PHONE), SKIP TO PHISP. STORE S7a\_age IN PWEAGE, AND STORE S7a\_sex IN PWESEX. INSERT "YOU" FOR "THIS PERSON" IN ALL REMAINING PWE ITEMS.]

**PWEAGE.** What is your (this person's/PWE) age?

Age \_\_\_\_\_  
777. DON'T KNOW  
999. REFUSED

**PWESEX.** And is this person (PWE) male or female?

1. Male
2. Female
9. REFUSED

**PHISP.** Is this person (Are you/PWE) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group? CHOOSE ONE

1. NO, NOT OF HISPANIC/LATINO ORIGIN
2. YES, MEXICAN, MEXICAN AMERICAN, CHICANO
3. YES, PUERTO RICAN
4. YES, CUBAN
5. YES, OTHER SPANISH/HISPANIC/LATINO
7. DON'T KNOW
9. REFUSED

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**PRACE.** If PHISP = 2-5: In addition, which of the following race or aces do you consider yourself (this person/PWE) to be?

ELSE: Which of the following race or races do you consider yourself (this person/PWE) to be?

**[MAY SELECT MORE THAN ONE]**

**[READ AS PROBE. LIST IF NECESSARY.]**

1. White
2. American Indian or Alaska Native Native – Select/Print name of up to 2 enrolled or principal tribes.

      PTRIBE1             PTRIBE2       (see above under RACE)

3. Black, African-American
4. Asian or Pacific Islander
5. Some other race? What race is that? \_\_\_\_\_
7. DON'T KNOW
8. Hispanic, Latino, Mexican, Puerto Rican, Cuban, Other Spanish (should only appear as option if yes to PHISP)
9. REFUSED

**[IF CHARGE = 1 (PERSON ON PHONE), AND WE KNOW THEY HAVE A SPOUSE OR PARTNER (FROM THE ROSTER) SKIP TO OTHRLANG. IF UNCLEAR, OR CHARGE=2, ASK MARSTAT**

**MARSTAT.** Are you (Is PWE) currently:

1. Never Married
2. Married
3. Living with partner
4. Divorced
5. Separated
6. Widowed
7. DON'T KNOW
9. REFUSED

## DEMOGRAPHIC QUESTIONS CONTINUED

[For PWE or adult TARGETS only]

These questions refer to a different person than the Target depending on whether or not the Target is a minor:

- ▶ If the Target is an adult then these questions will refer to that person.
- ▶ If the Target is a minor then these questions will refer to the PWE.

Continue through INDUST

**OTHRLANG** Do you (Does this person/PWE/TARGET) speak a language other than English at home?

1. YES
2. NO – **SKIP TO MILIT**
7. DON'T KNOW – **SKIP TO MILIT**
9. REFUSED – **SKIP TO MILIT**

**LANG**

What language is this? **SELECT ALL THAT APPLY**

Language list: **DO NOT READ**

CHINESE .....	01
JAPANESE.....	02
RUSSIAN .....	03
SPANISH.....	04
VIETNAMESE .....	05
CHEROKEE NATION .....	06
MUSCOGEE (CREEK) NATION.....	07
CHOCTAW NATION .....	08
ABSENTEE SHAWNEE TRIBE .....	09
ALABAMA QUASSARTE TRIBAL TOWN .....	10
APACHE TRIBE.....	11
CADDO TRIBE.....	12
CHEYENNE-ARAPAHO TRIBES .....	13
CHICKASAW NATION.....	14
CITIZEN POTAWATOMI NATION.....	15
COMANCHE NATION.....	16
DELAWARE NATION .....	17
DELAWARE TRIBE OF INDIANS.....	18
EASTERN SHAWNEE TRIBE .....	19
EUCHEE (YUCHI) TRIBE OF INDIANS .....	20
FORT SILL APACHE TRIBE.....	21
IOWA TRIBE OF OKLAHOMA.....	22
KAW NATION OF OKLAHOMA .....	23
KIALEGEE TRIBAL TOWN.....	24
KICKAPOO TRIBE OF OKLAHOMA .....	25
KIOWA TRIBE.....	26
MIAMI NATION .....	27
MODOC TRIBE OF OKLAHOMA .....	28
OSAGE NATION.....	29
OTOE-MISSOURIA TRIBE .....	30
OTTAWA TRIBE .....	31
PAWNEE NATION OF OKLAHOMA .....	32
PEORIA TRIBE OF INDIANS OF OKLAHOMA..	33
PONCA NATION.....	34
QUAPAW TRIBE OF OKLAHOMA .....	35
SAC & FOX NATION .....	36
SEMINOLE NATION .....	37
SENECA-CAYUGA TRIBE OF OKLAHOMA.....	38
SHAWNEE TRIBE .....	39
THLOPTHLOCCO TRIBAL TOWN.....	40
TONKAWA TRIBE .....	41
UNITED KEETOOWAH BAND OF CHEROKEES	42
WICHITA & AFFILIATED TRIBES .....	43
WYANDOTTE NATION.....	44
OTHER (SPECIFY).....	45
DK .....	77
RF.....	99

**ENGLWELL** How well do you (does this person/PWE/TARGET) speak English?

- 1. Very well
- 2. Well
- 3. Not well
- 4. Not at all
- 7. DON'T KNOW
- 9. REFUSED

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**MILIT.** Have you (has this person/PWE/TARGET) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

1. YES, NOW ON ACTIVE DUTY
2. YES, A VETERAN
3. NO, NEVER SERVED
7. DON'T KNOW
9. REFUSED

**[IF ESTABLISHED EARLIER THAT TARGET/PWE EMPLOYED...]**

You mentioned earlier that you are (this person/PWE/TARGET is) employed.

**EMPERM.** Is this a permanent, temporary, or seasonal job?

1. Permanent
2. Temporary
3. Seasonal
7. DON'T KNOW
9. REFUSED

**INDUST.** Thinking about the employer you work (this person/PWE/TARGET works) for, which of the following industries most closely describes the employer? (Please listen to the whole list of choices before deciding). **[CHOOSE ONE]**

1. Government, public administration
2. Health care
3. Education
4. Social Services
5. Agriculture, farming, forestry and fishing
6. Construction, mining
7. Manufacturing \*
8. Transportation, communications and utilities\*\*
9. Retail and wholesale trade/sales \*\*\*
10. Banking, finance, insurance, real estate
11. Entertainment or tourism
12. Business and repair services (such as mechanic, electrician, plumber)
13. Personal services (such as child care, house cleaning, stylist)
14. Professional and related services (such as legal services, financial planning, web design)
15. Other (specify) \_\_\_\_\_
77. DON'T KNOW
99. REFUSED

Manufacturing examples: factory, textile mill, steel mill, automobile manufacturer, electronic equipment manufacturer, chemical/drug manufacturer, food processing, printing, publishing

\*\* Public Utilities examples: electric company, air transportation, trucking, busing, television and radio services/broadcasting, telecommunications)

\*\*\* Retail/Wholesale examples: department stores, restaurants, grocery stores, distributor

# DEMOGRAPHICS CONTINUED

[For all respondents]

**PHONE.** Besides this phone number, are there any other landline telephone numbers in this household, such as fax or data lines, a children's or a business line? Please do not include cell phones.

1. YES
2. NO → **SKIP TO PHONE3**
7. DON'T KNOW
9. REFUSED

**DEFINITION: LANDLINE TELEPHONE NUMBERS** ARE FOR PHONES PLUGGED INTO THE WALL OF YOUR HOME AND THEY CAN BE USED FOR DIFFERENT REASONS INCLUDING MAKING AND RECEIVING CALLS SUCH AS A CHILDREN'S OR A BUSINESS LINE, FOR COMPUTER LINES OR A FAX MACHINE.

**PHONE2** Of these telephone numbers, how many are connected to phones that can be answered by a person?

Number \_\_\_\_\_ (0-10)  
77. DON'T KNOW  
99. REFUSED

**IF NEEDED:** THESE QUESTIONS ARE DESIGNED TO FIND OUT HOW POSSIBLE IT IS THAT THIS HOUSEHOLD COULD BE CONTACTED MORE THAN ONCE FOR THE STUDY.

**PHONE3.** During the past 12 months, has your household ever been without landline telephone service for more than 24 hours?

1. YES
2. NO → **SKIP TO PHONE6**
7. DON'T KNOW → **SKIP TO PHONE6**
9. REFUSED → **SKIP TO PHONE6**

**PHONE4.** Over the past twelve months, what was the total number of days, weeks, or months your household was without landline telephone service?

777. DON'T KNOW  
999. REFUSED

PHONE4\_D Number (1-365) \_\_\_\_\_ **DAYS**  
PHONE4\_W Number (1-52) \_\_\_\_\_ **WEEKS**  
PHONE4\_M Number (1-12) \_\_\_\_\_ **MONTHS**

**PHONE6.** Do you (or any other members of your household) currently have a working cell phone?

1. YES
2. NO → **SKIP TO HOME**
7. DON'T KNOW → **SKIP TO HOME**
9. REFUSED → **SKIP TO HOME**

**PHONE8.** Of all the phone calls that you and your family receive, about how many are received on a cell phone? Would you say...

1. Almost all calls
2. More than half
3. Less than half, or
4. Very few or none
7. DON'T KNOW
9. REFUSED

**HOME.** Do you own or rent your home?

1. Own
2. Rent
3. Don't own; occupy without paying rent
7. DON'T KNOW
9. REFUSED

## **INCOME**

My final questions are about income. This information is important because it helps the state understand how to make health care more affordable.

### **VARY QUESTION BASED ON FAMILY STRUCTURE. USE INSURANCE VARIABLES CONSTRUCTED IN BEGINING OF INSTRUMENT, AFTER INITIAL HOUSEHOLD ROSTER.**

#### **INC1.**

(IF TARGAGE<19 & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT IS MARRIED, READ:)

I'm interested in your family income, that is your income PLUS the income of your immediate family. IF HH\_COUNT>FAM\_COUNT ADD> By immediate family I mean your spouse and the children or stepchildren under 19 who are living with you. For these questions, I'd like you to think back to 2007. During 2007, did you or any of your family members receive any income from wages or salary?

(IF TARGAGE <19 & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT IS NOT MARRIED, READ:)

I'm interested in your family income, that is your income PLUS the income of your immediate family. IF HH\_COUNT>FAM\_COUNT ADD> By immediate family I mean the children or stepchildren under 19 who are living with you. For these questions, I'd like you to think back to 2007. During 2007, did you or any of your family members receive any income from wages or salary?

(IF TARGAGE <19 & TMARR=0 & TPAR=0 & RESPONDENT IS NOT PARENT, READ:)

I'm interested in TARGET's family income, that is the income from his/her parents PLUS the income of any immediate family. IF HH\_COUNT>FAM\_COUNT ADD>By immediate family I mean parents and siblings under 19 who are living with TARGET. For these questions, I'd like you to think back to 2007. During 2007, did any of TARGET's family members receive any income from wages or salary?

(IF TMARR=1 & FAM\_COUNT>2, READ:)

I'm interested in [your/ TARGET's] family income, that is [your/ TARGET's] income PLUS the income of [your/his/her] immediate family. IF HH\_COUNT>FAM\_COUNT ADD> By immediate family I mean your/(his/her)] spouse and the children or stepchildren under 19 who are living with [you/ TARGET]. For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] or any of [your/his/her family members receive any income from wages or salary?

(IF TMARR=1 & FAM\_COUNT=2, READ:)

I'm interested in (your/ TARGET's) family income, that is [your/ TARGET's] income PLUS the income of [your/his/her] spouse. For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] or any of [your/his/her] family members receive any income from wages or salary?

(IF TMARR=0 &TPAR=1 & FAM\_COUNT>1, READ:)

I'm interested in [your/TARGET's] family income, that is [your/ TARGET's] income PLUS the income of the children or stepchildren under 19 who are living with [you/ TARGET]. For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] or any of [your/(his/her)] family members receive any income from wages or salary?

(IF FAM\_COUNT=1, READ:)

For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] receive any income from wages or salary?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

**(SCRAMBLE OPTIONS BELOW, AND INSERT)**

**INC2.** During 2007, did [you/ TARGET] (or any of [your his/her] immediate family members) receive (INSERT)?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

- a. Any dividend income or any interest income from savings accounts, bonds, money market accounts, or similar types of investments
- b. Supplemental Security Income or SSI
- c. Income from any other sources, such as self-employment, alimony, child support, contributions from family or others, unemployment compensation, worker's compensation or veteran's payments, Social Security or pensions, or anything else

**INCOME** Thinking about all the different sources of income [you/ TARGET] (and [your/ TARGET's] immediate family) received in 2007, what was the combined total income from all sources before taxes and other deductions?

**IF ONE MILLION DOLLARS (\$1,000,000) OR MORE, ENTER 999999**

\$ \_\_\_\_\_ - GO TO j\_END  
(\$0 - \$999,999) GROSS PRETAX INCOME

7777777 DON'T KNOW – GO TO INC3  
9999999 REFUSED – GO TO INC3

**SEE CHART BELOW TO INSERT CORRECT AMOUNTS BASED ON FAMILY SIZE**

**INC3.** How about if I give you some categories? Would you say [your/ TARGET's] (and [your/ TARGET's] immediate family's) total income was under (INSERT AMT5 FOR FAMILY SIZE) or was it (INSERT AMT5 FOR FAMILY SIZE) or more?

[PROBE: "Your best estimate is fine."]

- 1 Under (INSERT AMT3)
- 2 (INSERT AMT3) or more
- 7 (DO NOT READ) DON'T KNOW
- 9 (DO NOT READ) REFUSED

**IF INC3 = 1, SKIP TO INC4  
ELSE SKIP TO INC5**

**INC4.** Now, just stop me when I get to the right category. Was [your/ TARGET'S] total (immediate family) income ...?

IF NEEDED: The computer gives me different income values for the question depending on the size of your family.

**[PROBE: "Your best estimate is fine."]**

**[READ LIST. ENTER ONE ONLY]**

- 1 Less than (INSERT AMT1)
- 2 (INSERT AMT1) to under (INSERT AMT2)
- 3 (INSERT AMT2) to under (INSERT AMT3)
- 4 (INSERT AMT 3) to under (INSERT AMT4)
- 5 (INSERT AMT 4) to under (INSERT AMT5)
- 7 (DO NOT READ) DON'T KNOW
- 9 (DO NOT READ) REFUSED

**SKIP TO j\_END**

**INC5.** Now, just stop me when I get to the right category. Was [your/ TARGET'S] total (immediate family) income ...?

**[PROBE: "Your best estimate is fine."]**

**[READ LIST. ENTER ONE ONLY]**

- 1 (INSERT AMT5) to under (INSERT AMT6)
- 2 (INSERT AMT6) to under (INSERT AMT7)
- 3 (INSERT AMT7) to under (INSERT AMT8)
- 4 (INSERT AMT8) to under (INSERT AMT9)
- 5 (INSERT AMT9) or more
- 7 (DO NOT READ) DON'T KNOW
- 9 (DO NOT READ) REFUSED

2007 Poverty Guidelines, rounded up to nearest thousand									
	100%	150%	185%	200%	250%	300%	400%	500%	600%
FAMSIZE	AMT1	AMT2	AMT3	AMT4	AMT5	AMT6	AMT7	AMT8	AMT9
1	11000	16000	19000	21000	26000	31000	41000	52000	62000
2	14000	21000	26000	28000	35000	42000	55000	69000	83000
3	18000	26000	32000	35000	43000	52000	69000	86000	104000
4	21000	31000	39000	42000	52000	62000	83000	104000	124000
5	25000	37000	45000	49000	61000	73000	97000	121000	145000
6	28000	42000	52000	56000	70000	83000	111000	139000	166000
7	32000	47000	58000	63000	78000	94000	125000	156000	187000
8	35000	52000	64000	70000	87000	104000	139000	173000	208000
9	39000	58000	71000	77000	96000	115000	153000	191000	229000
10	42000	63000	77000	84000	104000	125000	167000	208000	250000
11	46000	68000	84000	91000	113000	136000	181000	226000	271000
12	49000	73000	90000	97000	122000	146000	194000	243000	291000
13	52000	78000	97000	104000	130000	156000	208000	260000	312000
14	56000	84000	103000	111000	139000	167000	222000	278000	333000
15	59000	89000	110000	118000	148000	177000	236000	295000	354000
16	63000	94000	116000	125000	157000	188000	250000	313000	375000
17	66000	99000	122000	132000	165000	198000	264000	330000	396000

**Color Key:**    **Ages 0-17**  
                     **Ages 18+**  
                     **All Ages**

## END OF SURVEY

**j\_END:** IF TARGET IS UNINSURED, SKIP TO FOLLOWUP  
ELSE SKIP TO FINAL

**FOLLOWUP.** The Oklahoma Health Care Authority is working with the University of Oklahoma to develop ways to improve access to health insurance and health care. The Oklahoma Health Care Authority wants to better serve people who do not have insurance and would like to conduct a follow-up study. If you are interested in helping with this effort, all that I need is your name and for you to confirm your telephone number. This information will never be linked with your responses to the survey you just completed. Your participation in the follow-up study is completely voluntary and will be a great help.

Are you willing to participate in a follow-up study to develop plans for increasing access to health care?

1. Yes → **SKIP TO NAME**
2. No → **SKIP TO FINAL**

**NAME:** What is your name?

What telephone number is best to reach you at?

**FINAL.** That was my last question. Do you have any questions for me? Thank you for your contribution to this important research.

## APPENDIX C: SELECT SUPPLEMENTAL ANALYSES

**Exhibit C.1. Sources of Health Insurance in Oklahoma for Children and Young Adults by Age Group, 2004 and 2008**

Age	Group		Self-Purchased		Public		Uninsured	
	2004	2008	2004	2008	2004	2008	2004	2008
0-5	46.1%	43.7%	4.0%	7.5%	39.6%	41.1%	10.2%	7.7%
6-12	52.3%	44.2%	4.0%	3.5%	31.2%	42.3% *	12.5%	10.0%
13-18	58.1%	53.9%	6.8%	4.8%	20.9%	29.9% *	14.2%	11.4%
19-21	56.1%	47.0%	6.9%	8.3%	10.9%	12.5%	26.1%	32.1%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

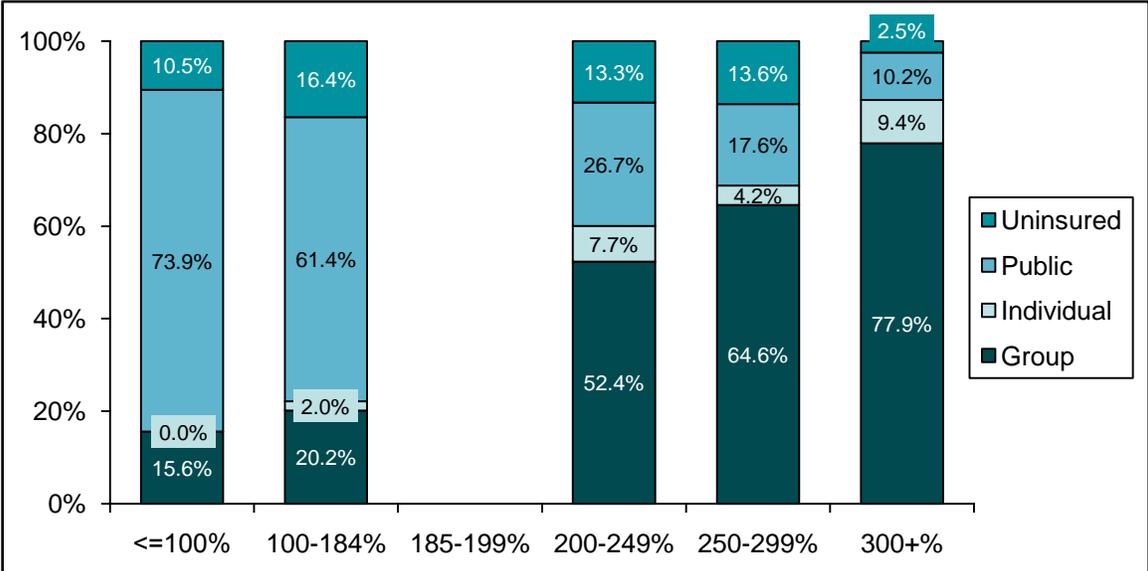
\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

**Exhibit C.2. Estimated Number of Children in Oklahoma by Insurance Source and Federal Poverty Level (FPL), 2004 and 2008**

	Group		Self-Purchased		Public		Uninsured		Total	
	2004	2008	2004	2008	2004	2008	2004	2008	2004	2008
<100% FPL	29,590	32,121	1,211	0	135,871	151,979	31,893	21,491	198,566	205,591
100-184% FPL	66,946	41,011	4,468	4,098	89,533	124,592	24,322	33,173	185,269	202,874
185-199% FPL	31,816	12,258	3,428	2,938	10,836	3,115	7,592	3,757	53,672	22,068
200-249% FPL	55,405	38,467	4,470	5,620	13,121	19,640	21,099	9,753	94,095	73,480
250-299% FPL	52,235	56,626	7,640	3,646	5,832	15,393	6,903	11,943	72,610	87,608
300+% FPL	225,210	248,502	21,805	30,027	17,540	32,576	16,998	7,853	281,553	318,957

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.  
 Note: Based on the state's child population aged 0-18 years.

**Exhibit C.3. Insurance Sources in Oklahoma by Federal Poverty Level (FPL), 2008 (Children)**



Source: 2008 Oklahoma Health Care Insurance and Access Surveys.  
 Notes: Based on the state's child population aged 0-18 years. Data are not shown for 185-199% FPL due to insufficient sample size (<50 cases).

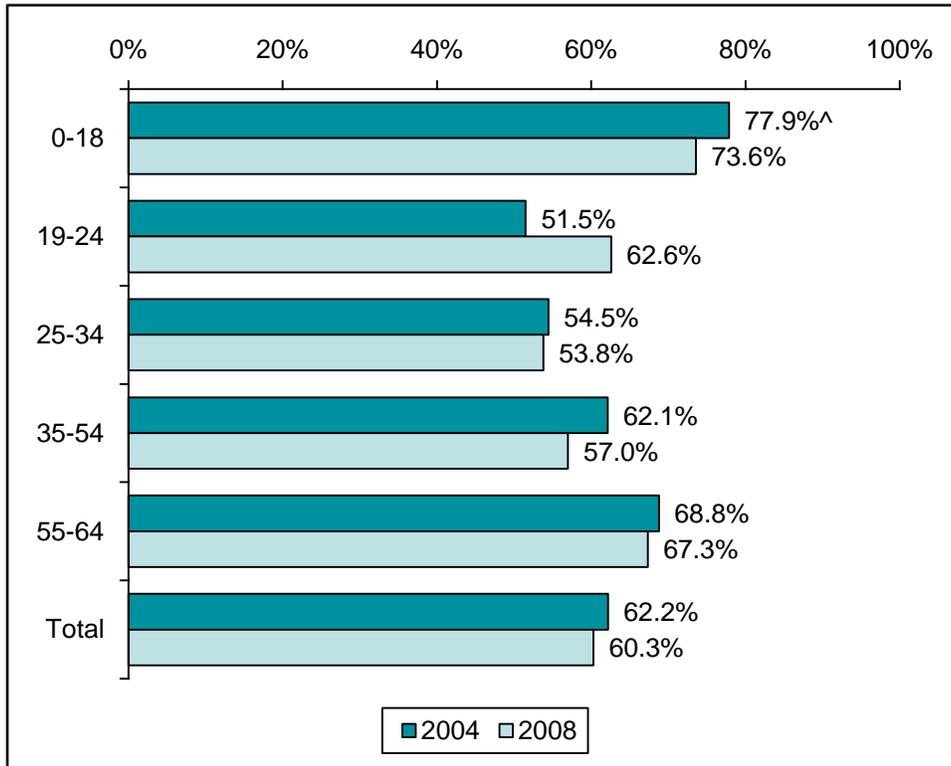
**Exhibit C.4. Estimated Number of Uninsured Individuals in Oklahoma by Federal Poverty Level (FPL) and Age Group, 2004 and 2008 (Non-Elderly)**

	0-18 Years		19-24 Years		25-34 Years		35-54 Years		55-64 Years	
	2004	2008	2004	2008	2004	2008	2004	2008	2004	2008
<100% FPL	31,894	21,491	31,980	45,013	42,464	77,207	64,847	52,748	12,582	13,171
100-184% FPL	24,322	30,972	35,884	17,810	35,722	41,259	63,343	44,275	19,822	9,882
185-199% FPL	7,592	3,757	2,469	0	9,419	5,195	10,222	8,367	6,470	3,816
200-249% FPL	21,099	9,754	10,580	5,073	15,715	10,039	29,440	19,549	7,725	5,841
250-299% FPL	6,903	11,943	7,672	4,205	5,189	8,348	9,140	19,108	3,523	2,712
300+% FPL	16,998	7,853	14,759	20,229	23,812	17,201	31,136	30,267	13,812	6,715

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's non-elderly population aged 0-64 years.

**Exhibit C.5. Prevalence of Usual Care Source among the Uninsured in Oklahoma by Age Group, 2004 and 2008 (Non-Elderly)**



Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's non-elderly population aged 0-64 years that are uninsured.

<sup>^</sup> Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the total non-elderly population.

**Exhibit C.6. Estimated Number of Uninsured Individuals in Oklahoma by Federal Poverty Level (FPL) and Race/Ethnicity, 2004 and 2008 (Non-Elderly)**

	White		Black		American Indian		Asian		Hispanic	
	2004	2008	2004	2008	2004	2008	2004	2008	2004	2008
<100% FPL	116,239	129,041	--	21,800	31,617	33,722	--	--	38,999	--
100-184% FPL	137,250	96,729	--	20,647	26,505	25,649	--	--	25,484	--
185-199% FPL	29,801	16,255	--	2,390	5,284	5,676	--	--	266	--
200-249% FPL	59,601	38,873	--	1,535	20,982	11,720	--	--	3,668	--
250-299% FPL	28,484	36,109	--	2,918	5,140	6,097	--	--	1,329	--
300+% FPL	77,989	59,234	--	3,020	16,079	16,627	--	--	6,469	--
<b>Total</b>	<b>449,363</b>	<b>376,241</b>	--	<b>52,310</b>	<b>105,607</b>	<b>99,492</b>	--	--	<b>76,215</b>	--

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's non-elderly population aged 0-64 years.

-- Estimate is not provided due to insufficient sample size (unweighted sample < 50 cases)

**Exhibit C.7. Federal Poverty Levels (FPL) among Non-Elderly Adults and Children  
In Oklahoma, 2004 and 2007**

	Children		Non-Elderly Adults	
	2004	2007	2004	2007
<100% FPL	40.6% ^	43.1% ^	59.4% ^	56.9% ^
100-184% FPL	35.3%	39.0% ^	64.7% *	61.0% ^*
185-199% FPL	35.8%	30.9%	64.3%	69.1%
200-249% FPL	34.0%	34.3% ^	66.0%	65.7% ^
250-299% FPL	29.1%	28.8%	70.9%	71.2%
300+% FPL	22.5%	23.0% ^	77.5%	77.0% ^
Total	29.9% ^	31.0%	70.1%	69.0%

Sources: 2004 and 2007 American Community Survey.

Note: Based on the state's child and non-elderly adult population aged 0-18 and 19-64 years, respectively.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and estimate for the total child or non-elderly adult age group.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2007.

**Exhibit C.8. Industries in Oklahoma by Region, 2008**

<b>Industry</b>	<b>Northwest</b>	<b>Central</b>	<b>Southwest</b>	<b>Tulsa</b>	<b>Northeast</b>	<b>Southeast</b>	<b>Total</b>
Retail trade	16.2%	14.0%	20.0%	13.0%	17.4%	20.2%	15.8%
Health care and social assistance	10.2%	12.5%	11.4%	10.7%	12.2%	12.6%	11.7%
Professional, scientific and technical services	8.6%	13.0%	8.2%	13.2%	7.4%	7.8%	10.6%
Other	12.0%	9.5%	12.3%	9.6%	11.4%	11.4%	10.6%
Construction	12.8%	9.6%	9.4%	8.7%	11.7%	8.7%	10.0%
Accommodation and food services	7.4%	7.7%	7.6%	7.7%	8.5%	8.0%	7.9%
Finance and insurance	7.1%	8.1%	7.5%	7.8%	7.2%	7.3%	7.6%
Wholesale trade	5.2%	5.8%	4.6%	7.1%	3.7%	4.0%	5.3%
Admin, support, waste mgt, remediation services	4.0%	5.6%	3.8%	5.5%	4.1%	3.4%	4.7%
Manufacturing	3.8%	3.6%	3.8%	5.6%	5.8%	5.1%	4.6%
Real estate, rental and leasing	4.1%	5.3%	4.0%	5.3%	3.6%	3.3%	4.5%
Transportation and warehousing	5.1%	2.3%	4.0%	2.4%	3.1%	4.2%	3.1%
Information	1.6%	1.7%	1.7%	2.1%	1.8%	1.9%	1.8%
Arts, entertainment and recreation	1.2%	1.1%	1.2%	1.2%	1.6%	1.2%	1.2%
Utilities	0.7%	0.2%	0.6%	0.3%	0.6%	1.0%	0.5%

Source: 2006 County Business Patterns: Geography Area Series: County Business Patterns: 2006  
 Note: Data based on the 2006 County Business Patterns.

**Exhibit C.9. Unemployment Rates in Oklahoma by Region, 2008**

<b>Region</b>	<b>Unemployment Rate</b>
Northwest	3.0%
Central	3.8%
Southwest	3.5%
Tulsa	3.7%
Northeast	4.2%
Southeast	4.2%
<b>Total</b>	<b>3.8%</b>

Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics.  
Note: (Weighted N=66,566).

**Exhibit C.10. Private Sector Establishments in Oklahoma Providing Health Insurance Offers by Industry, 2008**

<b>Industry</b>	<b>%</b>
Agriculture, fishing, forestry and construction	36.2%
Mining and manufacturing	51.5%
Retail and other services	45.8%
Professional services	49.8%
All other	71.2%
<b>Total</b>	<b>51.3%</b>

Source: Agency for Healthcare Research and Quality, Table V.A.2(2006) Percent of private-sector establishments that offer health insurance by industry groupings\*\* and State: United States, 2006.  
[http://www.meps.ahrq.gov/mepsweb/data\\_stats/summ\\_tables/insr/state/series\\_5/2006/tva2.htm](http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/insr/state/series_5/2006/tva2.htm)

**Exhibit C.11. Distribution of Oklahoma Workers by Industry, 2008**

<b>Industry</b>	<b>%</b>
Forestry, fishing, hunting, and agriculture support	0.2%
Mining	2.9%
Utilities	0.4%
Construction	9.5%
Manufacturing	4.4%
Wholesale trade	5.1%
Retail trade	15.1%
Transportation & warehousing	2.9%
Information	1.7%
Finance & insurance	7.3%
Real estate & rental & leasing	4.3%
Professional, scientific & technical services	10.1%
Management of companies & enterprises	0.6%
Admin, support, waste mgt, remediation services	4.5%
Educational services	0.7%
Health care and social assistance	11.2%
Arts, entertainment & recreation	1.2%
Accommodation & food services	7.5%
Other services (except public administration)	10.1%
Unclassified establishments	0.3%

Source: 2006, U.S. Census Bureau, EPCD, County Business Patterns.

**Exhibit C.12. Total Non-Elderly Population in Oklahoma by Federal Poverty Level (FPL), 2004 and 2007**

	<b>2004</b>	<b>2007</b>
<100% FPL	15.4%	16.4%
100-184% FPL	18.0%	17.9%
185-199% FPL	3.4%	3.1%
200-249% FPL	11.5%	9.8% *
250-299% FPL	8.2%	8.4%
300+% FPL	43.5%	44.3%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

Sources: 2004 and 2007 American Community Survey.  
 \* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

**Exhibit C.13. Federal Poverty Levels (FPL) among Uninsured Children in Oklahoma, 2004 and 2008**

	<b>2004</b>	<b>2008</b>
<100% FPL	29.3%	24.4%
100-184% FPL	22.4%	37.7% *
185-199% FPL	--	--
200-249% FPL	19.4%	11.1%
250-299% FPL	6.3%	13.6%
300+% FPL	15.6%	8.9%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's child population aged 0-18 that are uninsured.

-- 185-199% FPL not reported due to insufficient sample size (< 50 cases).

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

**Exhibit C.14. Federal Poverty Levels (FPL) among Uninsured Non-Elderly Adults in Oklahoma, 2004 and 2008**

	<b>2004</b>	<b>2008</b>
<100% FPL	29.9%	40.2%
100-184% FPL	30.5%	24.2% *
185-199% FPL	5.6%	3.7%
200-249% FPL	12.5%	8.7%
250-299% FPL	5.0%	7.4%
300+% FPL	16.5%	15.7%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's non-elderly adult population aged 19-64 who are uninsured.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.

**Exhibit C.15. Federal Poverty Level (FPL) of those with Usual Source of Care by Insurance Type, 2004 & 2008 (Non-Elderly)**

	Private		Public		Uninsured		Total	
	2004	2008	2004	2008	2004	2008	2004	2008
<100% FPL	4.9% ^	7.0% ^	48.4% ^	43.6% ^	26.1% ^	32.6% ^	16.0%	20.0% *
100-184% FPL	11.2% ^	9.7% ^	27.9% ^	30.3% ^	29.4% ^	30.1% ^	17.0%	17.8%
185-199% FPL	3.5%	3.2%	3.1%	1.8%	5.7%	3.6%	3.8%	2.9%
200-249% FPL	10.6%	8.3%	4.7% ^	4.6% ^	16.0% ^	8.2% *	10.4%	7.4% *
250-299% FPL	10.6% ^	10.3%	3.0% ^	5.4% ^*	6.4%	8.0%	8.6%	8.7%
300+% FPL	59.2% ^	61.6% ^	12.9% ^	14.3% ^	16.3% ^	17.4% ^	44.3%	43.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Sources: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.

Note: Based on the state's non-elderly population aged 0-64 years.

^ Indicates a statistically significant difference ( $p \leq .05$ ) between estimate and the estimate for the state's total non-elderly adult population.

\* Indicates a statistically significant difference ( $p \leq .05$ ) between 2004 and 2008.