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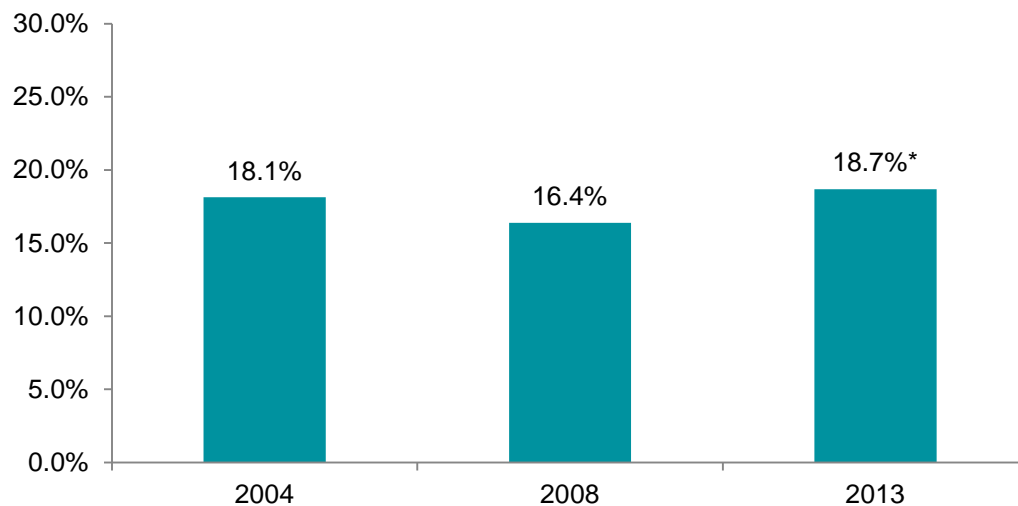
Health Insurance Coverage in Oklahoma: 2013

Results from the Oklahoma Health Care Insurance and Access Survey

The Oklahoma Health Care Authority (OHCA) contracted with the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, School of Public Health to conduct the 2013 Oklahoma Health Care Insurance and Access Survey (or “OK Health Insurance Survey” - OHIS). The telephone survey 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 and 2008, when comparable surveys were conducted. The most recent survey was conducted between January and April 2013 by Social Science Research Solutions (SSRS), during which a total of 6,270 interviews were conducted. For a summary of the survey methodology, see the Appendix at the end of this brief.

As shown in Exhibit 1 below, 18.7% of Oklahoma residents, or about 688,119 individuals (including all age groups), were estimated to be uninsured in 2013. While the uninsurance rate in Oklahoma held stable between 2004 and 2008, the rate increased between 2008 and 2013.

Exhibit 1. Rate of Uninsurance in Oklahoma (Total Population)

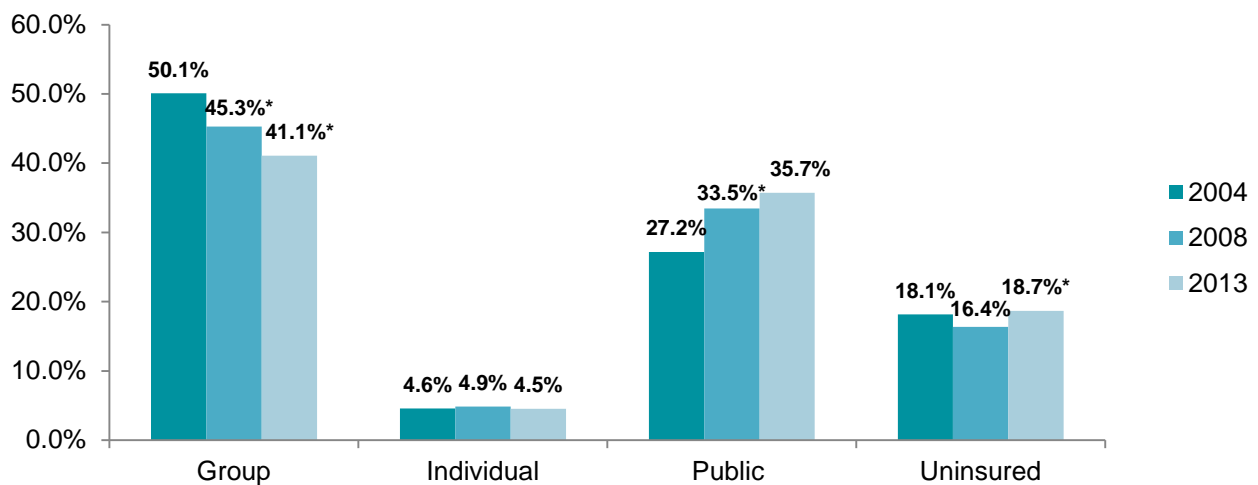


Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.

* Indicates statistically significant difference ($p \leq .05$) between 2004 & 2008 or 2008 & 2013.

Exhibit 2 presents the distribution of the state population across three types of health insurance sources: group or employer-based insurance, privately-purchased individual health insurance, and public health insurance programs.¹ Employer-sponsored health insurance continued to be a main source of coverage in Oklahoma. In 2013, 41.1% of Oklahomans had health insurance coverage through their own employer or a family member’s employer. However, such coverage declined since the last survey in 2008, when the rate of employer-based coverage was 45.3%. The second most common source of health insurance coverage in Oklahoma was public health insurance programs (including Medicare for the elderly and disabled, Medicaid, as well as others). In 2013, over a third (35.7%) of Oklahomans had coverage through a public source. Only 4.5% of residents in the state had insurance through a private individual plan in 2013, and this rate as well as the rate of public insurance remained unchanged from 2008. An overall decline in employer-based health insurance between 2004 and 2008 was offset by an overall increase in public health insurance coverage, resulting in a stable uninsurance rate for Oklahoma between these years. In contrast, between 2008 and 2013, the state experienced a decline in employer-based insurance coverage and an increase in the overall uninsurance rate.

Exhibit 2. Sources of Health Insurance Coverage in Oklahoma (Total Population)



Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
* Indicates statistically significant difference ($p \leq .05$) between 2004 & 2008 or 2008 & 2013.

¹ Group includes health insurance through an employer, COBRA coverage, Veteran’s Affairs and military health care. Individual includes privately-purchased insurance for an individual or family. Public includes Medicare, Railroad Retirement Plan, Medicaid, Insure Oklahoma, and the Oklahoma High Risk Pool. Individuals who only reported Indian Health Service were classified as uninsured.

Exhibit 3 summarizes health insurance coverage sources for the total population in Oklahoma by age group. Among the non-elderly (younger than 65 years of age), an estimated 46.8% had employer-based health insurance coverage in 2013, 26.6% were covered by a public program, 5.1% had privately purchased individual coverage, and 21.5% were uninsured.

For children 18 years of age and younger, the uninsurance rate in 2013 was noticeably smaller, with 12.0% of children lacking coverage. Fewer than 40.0% of children had group coverage, and 44.9% had public coverage. Similar to other age groups, coverage through an individual plan was relatively rare (4.8%) among children.

In contrast to the non-elderly population, 93.7% of elderly Oklahoma residents (aged 65 years and older) in 2013 were covered by a public program (e.g., Medicare), only 4.7% had employer-based coverage, and fewer than 1% had a privately purchased individual plan. Fewer than 1% of the elderly in Oklahoma were without any type of health insurance in 2013.

As reported earlier, the rate of group coverage dropped between 2008 and 2013 for Oklahoma overall. Exhibit 3 shows that this decrease reached statistical significance for several age groups, including children under the age of 19 years and adults aged 33-54 years. In contrast to 2008, when we observed an increase in public coverage from 2004 for both child and adult age groups, an increase in public coverage between 2008 and 2013 was only observed for very young children (ages 0-5 years). It is only for select adult age groups that we see the aforementioned overall increase in uninsurance rate between 2008 and 2013. These included adults aged 35-54 years and the near elderly (aged 55-64 years). For children, younger adults, and seniors, the uninsurance rate remained unchanged between 2008 and 2013.

Exhibit 3. Sources of Health Insurance Coverage in Oklahoma by Age Group (Total Population)

Age Group	Group			Individual			Public			Uninsured		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
0-5	46.1%	43.7%	31.6% ^{^*}	4.0%	7.5%	4.1%	39.6% [^]	41.1%	54.7% ^{^*}	10.2% [^]	7.7% [^]	9.6% [^]
6-18	55.0% [^]	49.0%	40.5% [*]	5.3%	4.1%	4.9%	26.5%	36.3% [*]	41.0% [^]	13.3% [^]	10.7% [^]	13.7% [^]
Total <19	52.1%	47.1%	38.4% [*]	4.9%	5.1%	4.8%	30.8% [^]	38.1% ^{^*}	44.9% ^{^*}	12.3% [^]	9.7% [^]	12.0% [^]
19-25	46.0%	41.0%	46.3%	6.3%	7.2%	6.4%	11.4% [^]	15.6% [^]	17.6% [^]	36.3% [^]	36.2% [^]	29.8% [^]
26-34	57.1% [^]	45.6% [*]	45.3%	3.8%	6.0%	4.3%	11.6% [^]	14.2% [^]	15.1% [^]	27.6% [^]	34.3% [^]	35.3% [^]
35-54	65.2% [^]	61.2% [^]	51.5% ^{^*}	5.1%	4.3%	4.9%	8.3% [^]	16.3% ^{^*}	18.2% [^]	21.4% [^]	18.2%	25.4% ^{^*}
55-64	58.8% [^]	56.3% [^]	55.0% [^]	6.4%	7.2% [^]	5.5%	17.4% [^]	25.6% ^{^*}	23.8% [^]	17.5%	11.0% ^{^*}	15.7% ^{^*}
Total <65	57.2% [^]	52.0% ^{^*}	46.8% ^{^*}	5.1% [^]	5.5% [^]	5.1% [^]	16.9% [^]	23.7% ^{^*}	26.6% ^{^*}	20.8% [^]	18.8% [^]	21.5% ^{^*}
65+	2.7% [^]	2.5% [^]	4.7% [^]	0.7% [^]	0.9% [^]	0.8% [^]	96.0% [^]	95.9% [^]	93.7% [^]	0.6% [^]	0.7% [^]	0.8% [^]
Total	50.1%	45.3% [*]	41.1% [*]	4.6%	4.9%	4.5%	27.2%	33.5% [*]	35.7%	18.1%	16.4%	18.7% [*]

Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.

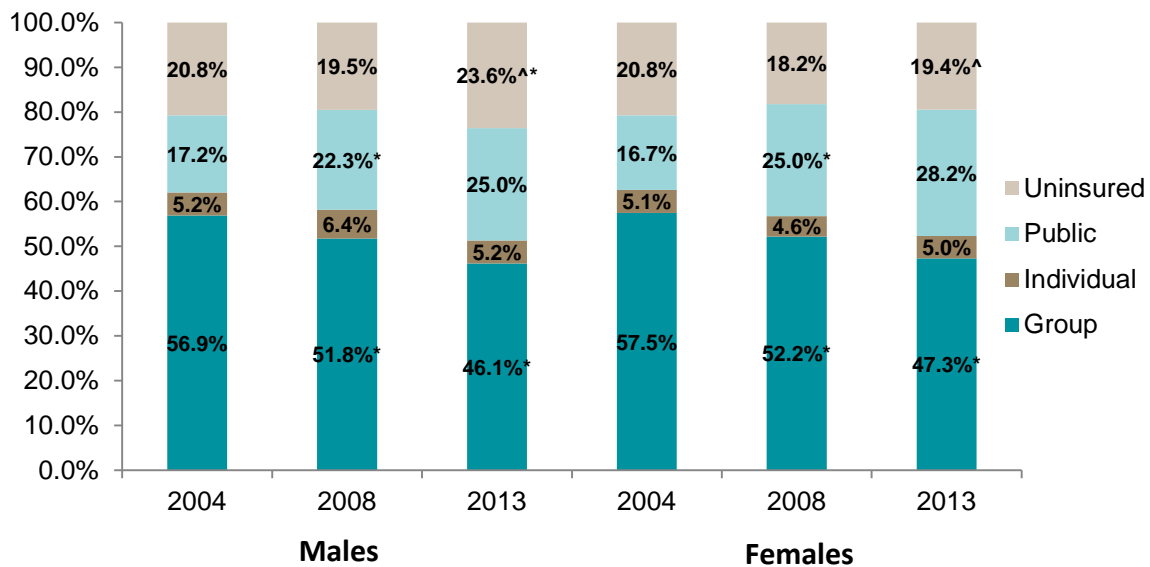
[^] Indicates statistically significant difference ($p \leq .05$) between estimate and the estimate for the total state population within a given year.

^{*} Indicates statistically significant difference ($p \leq .05$) between 2004 & 2008 or 2008 & 2013.

Because nearly all elderly are covered (at least to some extent) by the federal public program Medicare, it is useful to examine health insurance coverage among the non-elderly population (i.e., children and adults younger than 65 years of age). The remaining tables examine the insurance status and sources of insurance for the non-elderly by key demographic characteristics.

Exhibit 4 summarizes insurance coverage and insurance sources among the non-elderly in Oklahoma by gender. There are a few noteworthy differences between males and females. Only males experienced an increase in uninsurance between 2008 and 2013, resulting in a higher overall uninsurance rate among males in 2013 (23.6% vs. 19.4%). While both males and females experienced a decline in group coverage between 2008 and 2013 (as had been the case between 2004 and 2008) and public insurance remained stable for both males and females between 2008 and 2013 (in contrast to between 2004 and 2008, during which both groups saw an increase), females had slightly higher rates of public insurance in 2013 (28.2% vs. 25.0%). Nonetheless, the two sexes had similar rates of employer-based coverage in 2013, and both groups observed no change in their rate of individual coverage between both 2004 and 2008 and 2008 and 2013.

Exhibit 4. Sources of Health Insurance Coverage in Oklahoma by Gender (Non-Elderly Population)



Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.

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

* Indicates statistically significant difference ($p \leq .05$) between 2004 & 2008 or 2008 & 2013.

Racial/ethnic differences in health insurance coverage among the non-elderly in Oklahoma are presented in Exhibit 5. Across the racial/ethnic groups presented, the 2013 uninsurance rate varied from 20.0% or below (Whites, African Americans, Asians) to 29.1% (Hispanics) and 31.4% (American Indians). Approximately half of White residents had health insurance coverage through an employer, whereas about one-third of African Americans, Hispanics, and American Indians had this type of coverage in 2013. Public coverage in 2013 ranged from less than 25% among White and Asian populations to approximately a third of American Indians and Hispanics and 45.1% of African American residents. The only racial subgroup to experience statistically significant changes in source of coverage between 2008 and 2013 was White Oklahomans, who witnessed a decline in employer-based coverage (as both Whites and African Americans had between 2004 and 2008) and an increase in public coverage (as both Whites and American Indians had between 2004 and 2008). After the uninsurance rate had decreased for White Oklahomans and increased for African American Oklahomans between 2004 and 2008, the rate of uninsurance remained stable across all racial/ethnic groups between 2008 and 2013.

Exhibit 5. Sources of Health Insurance Coverage in Oklahoma by Race/Ethnicity (Non-Elderly Population)

Race/ethnic group	Group Coverage			Individual Coverage			Public Coverage			Uninsured		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
White	60.5%^	56.5% ^{^*}	51.0% ^{^*}	5.8%^	6.1%	5.6%	14.2%^	20.9% ^{^*}	24.5% ^{^*}	19.5%^	16.6% ^{^*}	18.9%^
African American	50.1%	34.7% ^{^*}	33.1%^	2.3%^	3.3%	1.7%^	36.6%^	43.8%^	45.1%^	11.0%^	18.3% [*]	20.0%
Hispanic	39.9%^	37.9%^	33.0%^	1.7%^	3.1%	0.8%^	23.3%^	27.0%	37.1%^	35.1%^	32.0%^	29.1%^
American Indian	44.3%^	37.1%^	33.4%^	2.8%^	2.7%^	1.7%^	23.8%^	33.3% ^{^*}	33.5%^	29.1%^	26.9%^	31.4%^
Asian	59.8%	61.5%	44.4%	5.9%	10.5%	16.4%^	8.9%	11.8%^	23.1%	25.4%	16.3%	16.0%
Other/unknown	--	--	38.7%	--	--	6.5%	--	--	21.2%	--	--	33.7%^
Total	57.2%	52.0% [*]	46.8% [*]	5.1%	5.5%	5.1%	16.9%	23.7% [*]	26.6% [*]	20.8%	18.8%	21.5% [*]

Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.

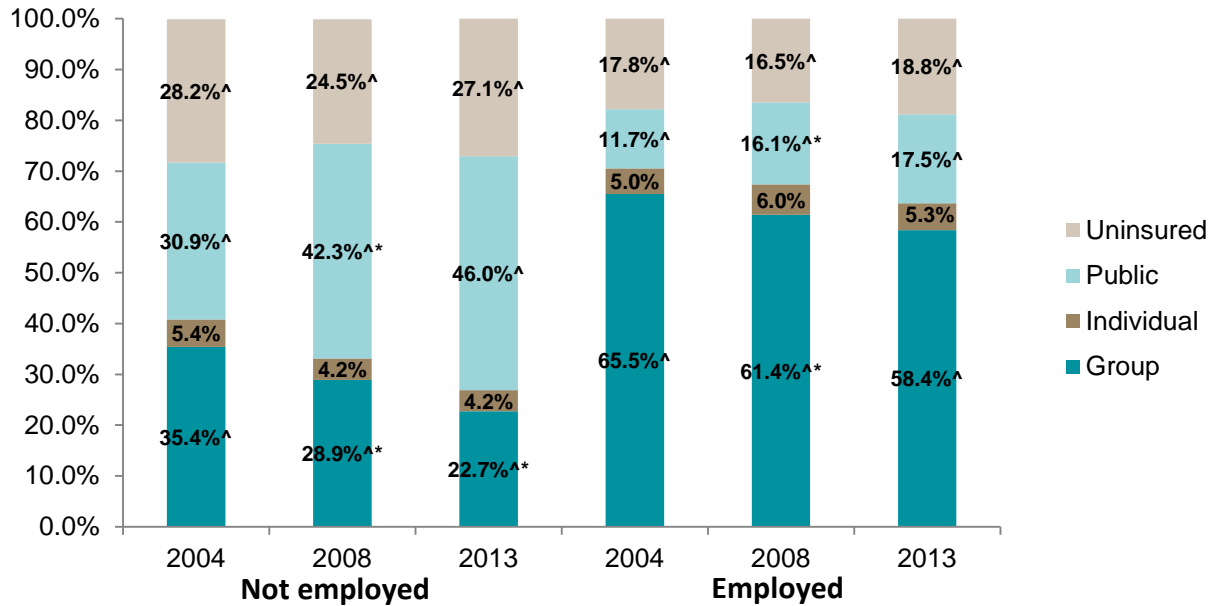
Notes: The race/ethnicity groups presented are not exclusive. Depending on a survey participant's response, s/he may have been assigned to more than one category. For all three survey years, the sample size for Asians is quite small (n<90). Other/unknown race is not presented for 2004 & 2008 because the number of subjects within this category was less than 50.

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

* Indicates statistically significant difference ($p \leq .05$) between 2004 & 2008 or 2008 & 2013.

Health insurance coverage and sources of coverage varies among the non-elderly by employment status (Exhibit 6, next page). Not surprisingly, employed individuals in 2013 were more likely to have group coverage, and non-employed individuals were more likely to have public coverage. While 53.4% of uninsured individuals were employed in 2013 (data not shown), individuals outside the labor force were more likely to be uninsured. Between 2008 and 2013, the only change in insurance source by employment status was among non-employed individuals, who were less likely to have group insurance in 2013 (27.7% vs. 32.2%). The percentage of employed individuals with group insurance did not change between 2008 and 2013, after having dropped in 2008 from 2004. Likewise, the percentage of employed and non-employed individuals with public insurance did not fluctuate between 2008 and 2013, whereas between 2004 and 2008, it increased for both employed and non-employed residents.

Exhibit 6. Sources of Health Insurance Coverage in Oklahoma by Employment Status (Non-Elderly Population)



Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.

Note: 'Employed' excludes individuals who reported full-time student status. For adults (18+ years), the data are based on each individual's employment status. For children, the data are based on the employment status of the family's primary wage earner. [^] Indicates statistically significant difference (p≤.05) between estimate and the estimate for the total state non-elderly population within a given year.

* Indicates statistically significant difference (p≤.05) between 2004 & 2008 or 2008 & 2013.

Exhibits 7 and 8 (next 2 pages) examine health insurance coverage among the non-elderly population by select Federal Poverty Guideline (FPG) groups. The results for 2004, 2008 and 2013 are shown separately because the data are not fully conducive to assessing changes over time. While comparisons between 2008 and 2013 are feasible, improvements made to the income-related items within the 2008 and 2013 questionnaires make it difficult to compare data to 2004. (See the Appendix for more information.)

Exhibit 7a shows the 2013 distribution of health insurance coverage and coverage sources by six income groups, ranging from less than 100% to 300%+ FPG. There are important differences between the lower and higher income groups. Compared to the total non-elderly population, individuals in the two lowest income categories were more likely to be uninsured, less likely to have employer-based coverage, and more likely to have coverage through a public program. Individuals in the highest income category were less likely to be uninsured, more likely to have group coverage, and less likely to have public insurance. In 2013, individuals in the middle two groups (just above and below 200% of poverty) did not differ significantly from the overall non-elderly population in terms of group coverage, individual coverage, or uninsurance, but they were less likely to have coverage through a public program (200-249% FPG only). No significant changes were observed in insurance coverage by income levels between 2008 and 2013 (see Exhibits 7a and 7b).

Exhibit 7a. Sources of Health Insurance Coverage in Oklahoma by Income Levels (Non-Elderly Population), 2013

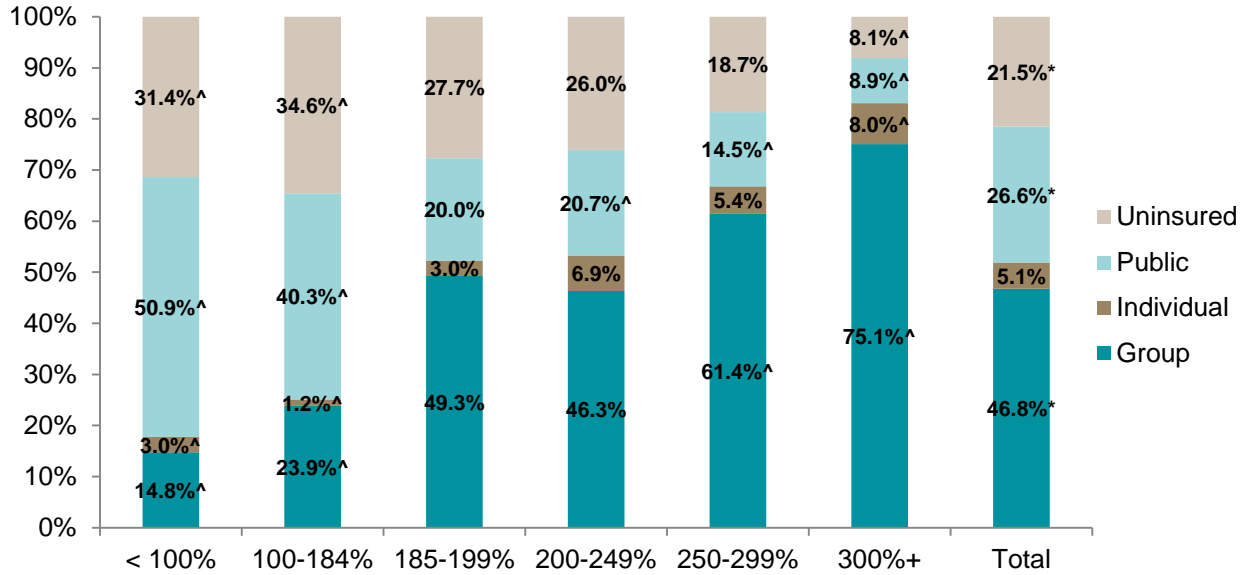
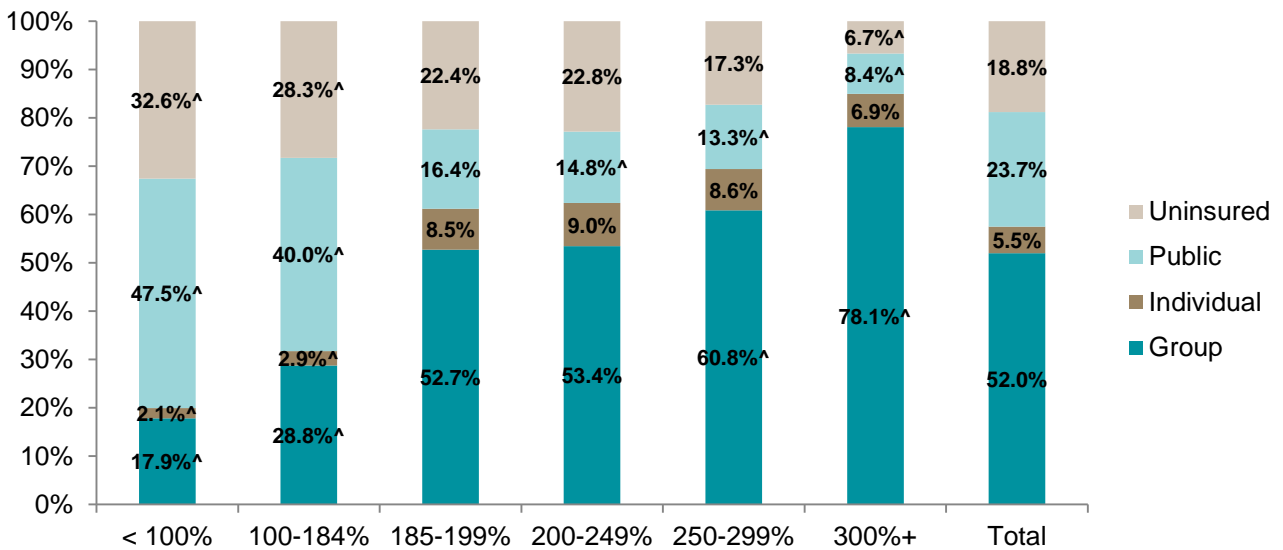


Exhibit 7b. Sources of Health Insurance Coverage in Oklahoma by Income Levels (Non-Elderly Population), 2008



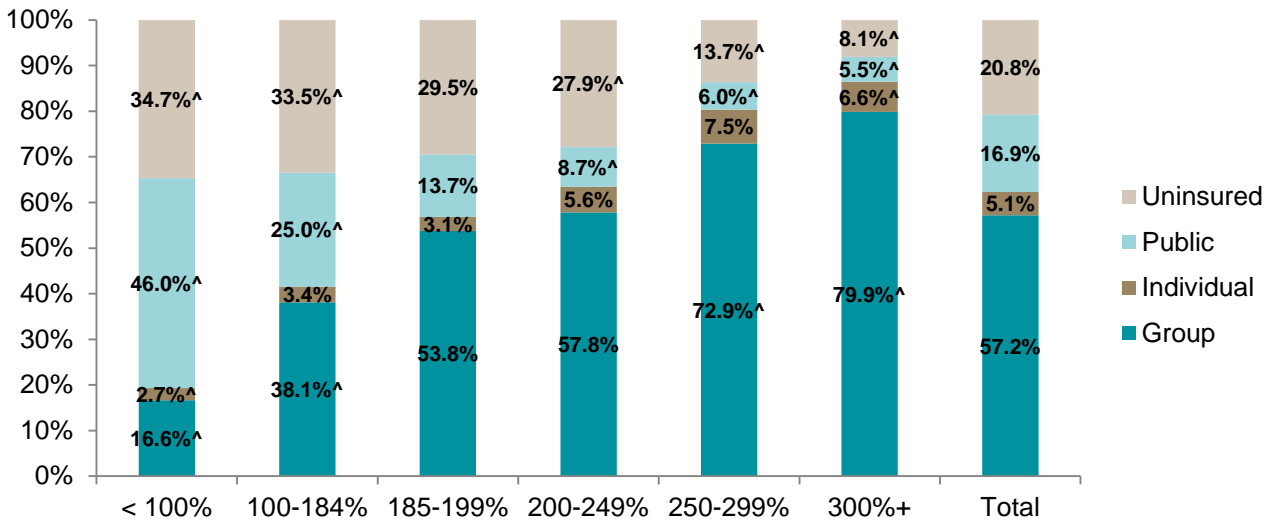
Source: 2008 and 2013 Oklahoma Health Care Insurance and Access Surveys.

Note: Federal Poverty Guidelines (FPG) are for 2012 and 2007.

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

^{*} Indicates statistically significant difference ($p \leq .05$) between 2008 and 2013.

Exhibit 8. Sources of Health Insurance Coverage in Oklahoma by Income Levels (Non-Elderly Population), 2004



Source: 2004 Oklahoma Health Care Insurance and Access Survey.

Note: Federal Poverty Guidelines (FPG) are for 2004.

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

Finally, Exhibit 9 summarizes insurance coverage among the non-elderly for each of Oklahoma's six Behavioral Risk Factor Surveillance System (BRFSS) planning regions. In 2013, insurance coverage differed significantly relative to the state's total non-elderly population in only two regions. In the Southeast, the group insurance rate was lower (39.9% vs. 46.8%), as was the individual coverage rate (3.6% vs. 5.1%). In contrast, in the Northwest region, the rates of group and individual insurance were higher (55.4% vs. 46.8% and 8.5% vs. 5.1%, respectively), and the rate of public insurance was lower (19.7% vs. 26.6%), with fewer uninsured in the region (16.5% vs. 21.5%).

Regional results did not vary between 2008 and 2013, but did between 2004 and 2008. For example, the Southeast region was the only region to experience a significant change in the rate of uninsurance between 2004 and 2008. In this region, the uninsurance rate fell from 28.8% to 19.8% between the two earlier years. In contrast, declines in group coverage were observed between 2004 and 2008 for the Central, Northeast, and Tulsa areas. Additionally, an increase in public coverage was found for most regions between 2004 and 2008.

Exhibit 9. Sources of Health Insurance Coverage in Oklahoma by Region (Non-Elderly Population)

Region	Group			Individual			Public			Uninsured		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
Northwest	60.3%	59.4%^	55.4%^	5.6%	8.9%^	8.5%^	14.1%	15.6%^	19.7%^	20.0%	16.1%	16.5%^
Central	58.5%	52.7%*	47.3%	4.9%	5.1%	5.7%	15.5%	21.1%*	25.6%	21.1%	21.1%	21.5%
Southwest	55.8%	53.1%	49.7%	5.5%	6.6%	5.4%	22.0%^	23.2%	24.1%	16.7%	17.1%	20.8%
Tulsa	67.8%^	54.7%*	47.1%	4.6%	5.8%	4.3%	12.8%^	23.2%*	28.0%	14.9%^	16.2%	20.6%
Northeast	54.8%	48.8%*	44.2%	4.5%	5.3%	4.2%	18.0%	26.4%*	28.8%	22.7%	19.6%	22.8%
Southeast	43.8%^	45.9%	39.9%^	6.9%	2.4%^*	3.6%^	20.5%	31.9%^*	31.3%^	28.8%^	19.8%*	25.2%
Total	57.2%	52.0%*	46.8%*	5.1%	5.5%	5.1%	16.9%	23.7%*	26.6%*	20.8%	18.8%	21.5%*

Source: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.

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

* Indicates statistically significant difference ($p \leq .05$) between 2004 & 2008 or 2008 & 2013.

Key Findings in Brief

- Between 2008 and 2013, the rate of employer-based health insurance in Oklahoma decreased from 45.3% to 41.1%, and the rate of uninsurance in the state increased from 16.4% to 18.7%. An estimated 688,119 Oklahoma residents (including all age groups) were uninsured in 2013.
- While neither male nor female non-elderly residents experienced a change in uninsurance rate between 2004 and 2008, only men experienced an increase in uninsurance between 2008 and 2013, resulting in a higher uninsurance rate among men in 2013 (23.6% vs. 19.4%). Both males and females experienced a decline in group coverage between 2008 and 2013 (as had been the case between 2004 and 2008), yet public insurance remained stable for both males and females between 2008 and 2013 (in contrast to 2004 and 2008, during which both groups saw an increase). The two sexes had similar rates of employer-based coverage in 2013, but females had slightly higher rates of public insurance (28.2% vs. 25.0%).
- Health insurance coverage varied significantly by age. Higher rates of coverage were observed in 2013 for children and the elderly, whereas lower rates were observed for adults aged 19-54 years. Employer-based coverage was more common among middle-aged and older non-elderly adults. Public coverage, on the other hand, was more common among children and the elderly. The overall increase in the state's uninsurance rate between 2008 and 2013 was only observed among adults aged 35-64 years. The overall decrease in the state's group health insurance coverage rate was only observed among children and adults aged 35-54 years. While no change in public health insurance was observed between 2008 and 2013 for the state overall, a change in the public insurance rate – an increase specifically – was observed for very young children (aged 0-5 years).
- In 2013, American Indian Oklahomans were the most likely to lack health insurance (31.4%), closely followed by Hispanic state residents (29.1%). No racial/ethnic group experienced a significant change in the uninsurance rate between 2008 and 2013. The only racial subgroup to experience statistically significant changes in type of coverage between 2008 and 2013 was White residents, who had a decline in employer-based coverage and an increase in public coverage.
- Not surprisingly, employed individuals were more likely to have group health insurance coverage than non-employed individuals. While 53.4% of uninsured Oklahomans were employed in 2013, individuals not in the labor force were more likely to be uninsured and were more likely to have public coverage. Between 2008 and 2013, the only significant change in insurance source by employment status was among non-employed individuals, who were less likely to have group insurance in 2013 (27.7% vs. 32.2%).
- Insurance coverage and types of coverage varied by income. In 2013, individuals in the lowest income categories were more likely to be uninsured, less likely to have employer-based coverage, and more likely to have coverage through a public program. In contrast, individuals in the highest income category were less likely to be uninsured, more likely to have group coverage, and less likely to have public insurance. No significant changes were observed in insurance coverage by income levels between 2008 and 2013.

Appendix: Oklahoma Health Care Insurance and Access Survey Methodology

The Oklahoma Health Care Insurance and Access Survey is a telephone survey designed to assess rates and types of health insurance coverage among the state's adult and child populations. The survey was conducted in 2004, 2008 and 2013 at the initiation, and with the support, of the Oklahoma Health Care Authority (OHCA). OHCA subcontracted with the State Health Access Data Assistance Center (SHADAC) housed within the University of Minnesota's School of Public Health to lead the surveys. In 2013, the interviews were conducted by Social Science Research Solutions (SSRS).

Sample Design. The 2004 and 2008 surveys were random digit dial (RDD) landline telephone surveys of households in the state of Oklahoma. The 2013 design was a dual-frame (i.e., both landline and cellphone) survey to reflect the growth in cell-phone only households in the state (from 29.9% of Oklahoma adults living in cell-only households in 2010 to 34.6% in the 2011²). In 2013 a proportion of households comprised only of members aged 65 or more were screened out of the sample given their higher rates of insurance coverage. Similar to the 2008 survey, priorities for the 2013 survey design were to produce precise estimates of insurance coverage for the state as a whole, the state's six BRFSS planning regions, and various racial/ethnic population groups in the state. To meet these goals, the final sample design for 2013 (and 2008) included three sampling strata: one represented an oversample of areas with higher concentrations of American Indian residents, another represented an oversample of areas with higher concentrations of African American residents, and the third represented the balance of the state. In 2004, the sample was instead stratified by three geographic areas of interest: the northwest region of the state, the southwest region, and the balance of the state.

Questionnaire. The survey instrument was based on the Coordinated State Coverage Survey (CSCS), a questionnaire developed by SHADAC, and adapted for use in Oklahoma. 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. The survey averages approximately 20 minutes in duration. Some changes were made to the questionnaire for the 2013 administration of the survey, including additions to the survey instrument such as reasons for emergency department (ED) use, out-of-pocket ED costs, and type of work industry for employed respondents. Finally, the income categories in the matrix were updated with the 2012 federal poverty guidelines (FPG) and were revised to include 138% FPG as an additional income category.

Data Collection. Data were obtained using a computer-assisted telephone interviewing (CATI) system. Data collection occurred between March and June 2004; July and September 2008; and January and April 2013. In 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 was randomly selected to be the focus of the majority of questionnaire items. A total of 6,270 interviews were completed in 2013. In 2004 and 2008, the number of completed interviews was 5,847 and 5,729, respectively.

Data Weighting and Adjustments. Each year the data were weighted to represent the overall population in Oklahoma. Specifically, the survey data were weighted to account for differences in the probability of selection into the survey sample. For each sample member, the probability of selection varied by sampling stratum, the number of phone lines connected to the household (landline frame) or the number of adults in the household with a cell phone (cellphone frame), and the number of people living in the household.

² Blumberg SJ, Luke JV, Ganesh N, et al. Wireless substitution: State-level estimates from the National Health Interview Survey, 2010–2011. National health statistics reports; no 61. Hyattsville, MD: National Center for Health Statistics. 2012.

Weights were then adjusted to account for key characteristics of the state's population. Specifically, sample weights were post-stratified by region, age, education, age/education, race and ethnicity, type of phone (landline vs. cell) and home ownership to more accurately reflect the population of Oklahoma. The U.S. Census Bureau's American Community Survey and the National Health Interview Survey provided the population distributions for these adjustments. To facilitate comparisons across the three surveys, the weighting strategy closely replicates the prior years. Exceptions include gender, household size, adjustments needed to account for the 2013 dual frame sample design (landline and cell phone frames), as well as the omission of an adjustment for home ownership in 2004 because this item was not included in the 2004 survey.

For more information about the Oklahoma Surveys, contact SHADAC project staff at:

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About SHADAC

The University of Minnesota's State Health Access Data Assistance Center (SHADAC) is funded by the Robert Wood Johnson Foundation to collect and analyze data to inform state health policy decisions relating to health insurance coverage and access to care. For information on how SHADAC can assist your state with small area estimation or other data issues relevant to state health policy, please contact us at shadac@umn.edu or call 612-624-4802.