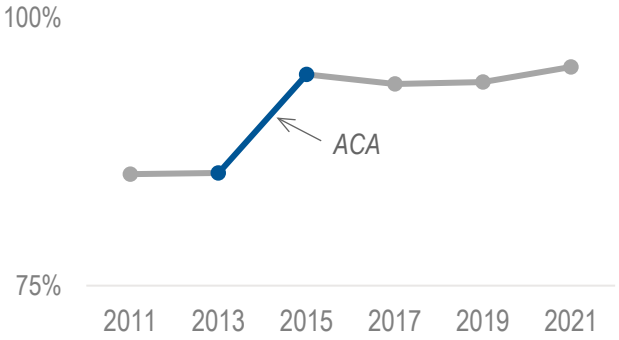
Oregon Health Insurance Survey

HPA Data Profile

The Oregon Health Insurance Survey ("OHIS") is a survey of people in Oregon. It asks questions that help us understand how well the health care system is (or isn't) working for people – from how many people have health insurance, to how much they pay in medical bills, to their ability to get care when they need it. The survey happens every two years.

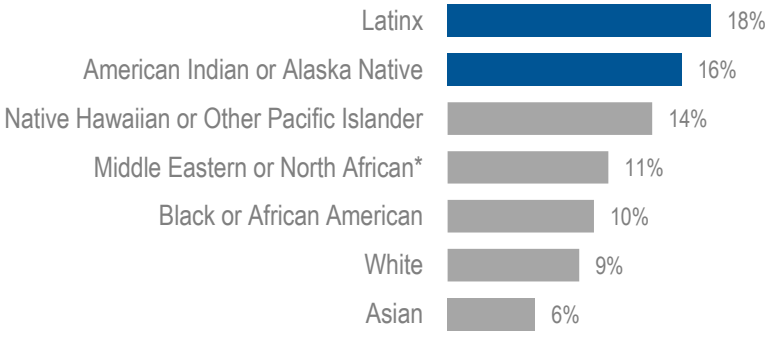
A few examples of the things OHIS can tell us about people in Oregon include:

The percentage of people with health insurance increased dramatically when the Affordable Care Act took effect in 2014.



More than 1 in 4 people who didn't have health insurance in 2021 were eligible for free coverage through the Oregon Health Plan (Medicaid).

American Indian or Alaska Native people and Latinx people in Oregon were more likely to report they used up their savings on medical bills.



**Estimates for Middle Eastern or North African have small sample sizes and are statistically unreliable. Interpret with caution.*

Regular reporting

OHIS data are published in several interactive dashboards

1. The **Insurance Coverage** dashboard shows data about how many people have health insurance, what types of insurance they have (for example Medicaid, Medicare, or commercial), and more. Data go back to 2011.

2. The **Uninsured** dashboard shows data about people who said they didn't have health insurance. It includes data about reasons why people were uninsured, and whether they could have received coverage through Medicaid or the Marketplace. Data go back to 2011.

3. ***Coming soon!*** Three new dashboards focused on **Cost and Affordability, Access, and Utilization** will show data related to things like: how much people said they spent on health care, the impact that spending had on their financial well-being, what types of care people used, whether they had an easy or hard time getting the type of care they needed, and reasons why people delayed care. These dashboards are expected to publish in spring 2024, and data will go back to 2017.

All the dashboards can be filtered by different demographic variables, like race, ethnicity, age, income, employment status, and geographic region. You can also make requests for data not shown in the dashboards. See *Requesting OHIS data* on page to learn more.

About the data

This section includes some helpful information about how OHIS is collected, and important things to remember when you are interpreting the data. You can find more information, like detailed methodology, the complete questionnaire, and a data dictionary, on the OHIS website.

How the data are collected

Timing and frequency

The survey happens every two years. It was conducted in **odd-numbered** years from 2011 to 2023. Starting in 2024, it will be conducted in **even-numbered** years. This means that the survey will be done in both 2023 *and* 2024.

OHA has a contractor that gathers survey responses, usually starting around January, and OHA gets the data in early fall. Later that winter (usually January or February of the next calendar year) OHA publishes the data in online dashboards that allow users to explore the data.

Who is represented in the survey

- OHIS is a household survey, meaning that each respondent answers questions for everyone who lives in their household.
- The survey sample is created to represent all people living in Oregon, except people who live in group quarters or institutions like nursing homes, dormitories, prisons, or jails.
- The survey questions are asked in English or Spanish.
- OHIS does not ask about citizenship. That means the sample may include non-citizens. It does ask where the respondent was born, and how long they have lived in Oregon.

Sample Size

OHIS collects information from at least 8,000 households (this is called the "sample size"). The sample size is set so that OHIS results can be generalized to broader populations in Oregon.

Oversampling

To make sure the survey results do a good job representing all people in Oregon, we *oversample* by geographic region and by race and ethnicity. Oversampling means reaching out to a larger proportion of people in certain groups than there are in the state. Oversampling helps make survey results more reliable for groups with smaller representation in Oregon. For example, suppose six percent of people in Oregon are Asian. The surveyors will make sure that *more* than six percent of people who respond to the survey are Asian to increase survey reliability for that group.

Changes to the survey over the years

Questions have been modified over the years.

- In 2017, the survey was expanded to include many new questions about cost, affordability, access, and utilization.
- For that reason, some data points only have historical data back to 2017 instead of all the way back to 2011 (when OHIS began).

The **way people are contacted** for the survey has shifted over the years:

- The first three years (2011, 2013, and 2015) the survey was done by phone (landline), personalized web link, and paper mail.
- From 2017 through 2021, the survey was done just by phone (both cell and landlines). People tend to give more accurate responses when the interview is conversational because the respondent and interviewer can ask clarifying questions.
- The 2023 survey contacted people 1) by mail, with an invitation to complete the survey online or by phone; and 2) by phone, reaching out specifically to people who used pre-paid cell phones.

REALD and SOGI

What are REALD and SOGI?

REALD and SOGI are types of standardized demographic information. REALD stands for: **R**ace, **E**thnicity and **L**anguage, **D**isability. SOGI stands for: **S**exual **O**rientation and **G**ender **I**dentity.

Collecting data with REALD and SOGI[1] standards helps us identify and address health disparities, and support data justice in communities that are most affected by health disparities. Learn more on OHA's website.

Beginning in 2023, OHIS will meet all REALD standards

OHIS has asked basic questions about race and ethnicity since 2011 and added more detailed questions in 2017 and 2021. The survey asked some questions about disability from 2011-2015,

[1] As of this publication, only draft SOGI data collection standards have been released

but the number of questions was reduced between 2017-2021. Beginning in 2023, OHIS meets all REALD standards.

OHIS has used a version of SOGI questions since 2017 and will revise the questions to meet OHA standards when they become available.[1]

Things to remember when interpreting OHIS data

Like all surveys, OHIS produces **estimates.** Estimates will always have some uncertainty, but we set *sample sizes* and use *oversampling* to make the estimates more reliable (learn more on page **Error! Bookmark not defined.**.)

Statistical significance

The *Insurance Coverage* dashboard shows data over time and uses a * symbol when the change was statistically significant. That means that we are very confident the change was not due to chance.

"Interpret with caution"

Sometimes, OHIS results are *suppressed* (not shown) because the sample was too small to be reliable. Other times, results are shown, but a † symbol is used to tell you to interpret the results "with caution" because of small sample size. These estimates are less reliable than others, and it's important that you also include these warnings in any reporting that you do with OHIS data.

Learn more about reporting small numbers in Health Analytics' Small Numbers Reporting Guidelines.

How do these estimates compare to others?

There are some other national surveys, like the American Community Survey (ACS), that ask people whether they have health insurance. But the results from those surveys may be different than OHIS because the data are collected differently. Therefore, data from OHIS and other surveys aren't directly comparable. *Learn more about other data sources that provide health insurance rates and how they differ from OHIS.*

Communicating OHIS data

When people talk about health insurance, they use many different words such as *coverage, insurance,* or *insurance coverage.* All these words mean the same thing, but it can be confusing to readers. Try to be consistent – and remember that in other contexts, "covered" has an entirely different meaning (i.e., the types of services that insurance pays for).

There are also two main ways of looking at the data:

1. How many people DO have insurance? (Higher is better)
2. How many people DON'T have insurance? (Lower is better)

You may have reasons for focusing on one or the other, but you should be thoughtful about the differences. Again, try to be consistent: When possible, avoid switching between the two in your analysis or writing.

Additional considerations

Some questions in the survey ask about the timing of when something occurred. Since big surveys like OHIS are asked over a period of many months, the exact timeframes that different respondents are referring to will vary slightly.

In OHIS, a few of the questions about whether people have health insurance ask if they had insurance at a "point in time" (that is, the day when the question was asked) or "any time in the past year" or "all of the past year." The "past year" refers to the 12 months leading up to when the question was asked, and not a specific calendar year.

Requesting OHIS data

Although the OHIS dashboards have been recently expanded to reflect almost all of the questions that are asked in the survey, there are many ways of interpreting the data – and not every view is readily available in our public reporting. The good news is that if you want to see data in a way that isn't shown in the dashboards, OHA staff can probably provide that for you.

Here's an example of something you could request:

> The dashboards show four age groups: 18 and under; 19-34; 35-64; and 65 and older. They also show three different income levels: Less than 138 percent of the federal poverty level (FPL); 138-400% FPL; and more than 400% FPL. But maybe YOU want to see results for different or combined demographics, like people ages 25-40 who also earn less than 200% FPL.

To request data that are not in the dashboards, you can submit a general data request (available on the Health Analytics webpage) or email ohis.admin@odhsoha.oregon.gov.

Sometimes a request can't be fulfilled because the numbers are too small to be reliable, but OHA staff will help you understand what's available.

OHIS in action

The Oregon Health Insurance Survey has been an important source of information to inform policies that have real impacts on peoples' lives. This section highlights one recent example: when OHIS helped policymakers better understand and address the systemic barriers that have been preventing people from getting and staying insured.

Helping policymakers understand and address systemic barriers to coverage

OHIS has shown that whether people have health insurance differs significantly by race and ethnicity. For example, in 2019 people some in communities of color and tribal communities were twice as likely to be uninsured than the statewide average. Such inequities reflect that health and social systems are structured to benefit dominant racial groups. To reach our goal of eliminating health inequities by 2030, Oregon must remove the structural barriers that are causing unequal access to coverage – and exploring OHIS data suggests some ways to get there.

For example, OHIS shows that many people of color who are uninsured *could get free insurance coverage* through Oregon's Medicaid program, which is called the Oregon Health Plan. In 2019,

more than 40 percent of people who identified as Hispanic, Latinx, and/or a race other than White were eligible for OHP because of their incomes.

Why would people who are eligible for free health insurance still be uninsured? Policymakers know that one common reason people are uninsured at any given time is because of "churn," which means temporarily losing insurance and then re-signing up. Churn happens for many different reasons. Administrative barriers (like paperwork and deadlines) may cause people to lose insurance even though they are still eligible. Or peoples' incomes may fluctuate so that they briefly make too much money to be eligible for OHP… but then fall back below the income limit within a short time. Churn can be disruptive to people's lives and bad for their health.[2] It's also expensive for taxpayers and the health system.[3]

OHP enrollment data show that in 2019, about one third of enrollees were returning to OHP after less than a year. OHIS illustrates the problem further: In 2017 and 2019, about a third of people in Oregon who didn't have insurance said that "losing OHP coverage" was a reason they were uninsured. That number was true even among people who earned less than 138 percent of the federal poverty level – which means they should have been eligible for OHP.

Recently, a temporary federal policy was created that put a pause on disenrolling people from OHP.[4] It's no surprise that during this pause in disenrollment, the number of people insured by OHP increased dramatically. However, thanks to OHIS, Oregon has been able to gain valuable insights about the impact this policy has had on churn. For example, 2021 OHIS data showed that during the pause in disenrollment:

- The overall percentage of people in Oregon without insurance fell to the lowest level ever: 4.6 percent. And it declined most significantly among people who identify as Black or African American – suggesting that pausing OHP disenrollment is an important strategy to achieve health equity.
- The percentage of people who said that "losing OHP" was a reason for being uninsured fell dramatically. Among people within the OHP eligibility income bracket (< 138%), the number fell by half.
- The uninsurance rate fell most dramatically among people who earn between 138 and 200% of the federal poverty level. That's the population that earns just a little too much to qualify for OHP in normal times – and is thus likely to experience churn if their income fluctuates just a little.
- The percentage of people reporting that they delayed care because of cost and the percentage of people reporting that they had trouble paying medical bills over the past year both decreased in 2021.

Having rich, timely, year-over-year data from OHIS helped reveal the impact of the continuous insurance coverage policy. As a result, in 2022 the Oregon Legislature passed HB 4035, which directs resources toward preserving health insurance for people when the temporary policy ends.

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[2] https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0455
[3] https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204
[4] The Family First Coronavirus Recovery Act was passed in March 2020 and was still in effect as of this writing

A Task Force is developing a proposal for a 'bridge health plan' which would help eliminate churn by providing insurance to those who earn slightly too much to qualify for OHP. As they design the program, OHIS data are helping the Task Force understand the population that the program is meant to serve. OHIS results will also be one important way to measure whether the Bridge Program is working as intended. OHA is working with the Task Force to consider whether questions should be added or modified in future surveys to continue informing the program.

Oregon recently received approval from the federal government to keep people enrolled in OHP for two years before requiring them to re-enroll; and to guarantee continuous enrollment for young children through their sixth birthday. Normally, people are enrolled for just one year at a time, which (as described earlier) can make "churn" more likely. OHIS was a critical source of data to demonstrate to the federal government that keeping people continuously enrolled for longer is an effective policy and will help improve the lives of people in Oregon.

OHIS and the Cost Growth Target Program

Another example of OHIS informing health policy is the use of data about cost and affordability in the development of Oregon's new Sustainable Health Care Cost Growth Target program. A report, *Impact of Health Care Costs on People in Oregon, 2021,* includes OHIS data that reveal how people in Oregon are delaying care and struggling with medical bills and debt.

In future years, the Cost Growth Target program will continue to use OHIS data to maintain a focus on affordability and drive additional policy development.

Quick Facts

Name	Oregon Health Insurance Survey
Acronym	OHIS
Summary	Information about health insurance coverage, access to care, and affordability
Data type	Survey
Populations	All people in Oregon
Frequency	Every two years
Available since	2011
Required?	No legislative requirement
Regular reporting	Interactive dashboards
Website	https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Insurance-Data.aspx
Primary staff	Rebekah Gould
Internal requests	email Rebekah.Gould@oha.oregon.gov
External requests	Email ohis.admin@odhsoha.oregon.gov or submit a general data request form (available on the Health Analytics webpage)
Security level[5]	Level 1 "Published" (Low-sensitive information)
Data dictionary?	Yes (available online)
REALD	Partially implemented since 2011; fully compliant beginning in 2023
SOGI	Versions of SOGI questions have been included since 2017; questions will be revised to meet OHA standards when they become available
Suggested citation	Oregon Health Authority, Oregon Health Insurance Survey [Year]

[5] Learn more: https://www.oregon.gov/das/policies/107-004-050.pdf