



Oregon Health Insurance Survey

Underinsurance Fact Sheet

2017

Since Oregon implemented the major provisions of the Affordable Care Act (ACA) in 2014, more than 340,000 Oregonians have gained health insurance. Today, more than 3.7 million Oregonians (nearly 94 percent) are covered by health insurance.¹ The Oregon Health Insurance Survey (OHIS) provides detailed information about many of the impacts of Oregon’s health system reform to achieve better health, better care and lower costs. This fact sheet is part of a series exploring health insurance coverage using data from the 2017 survey and presents information about underinsurance among Oregonians.

WHAT IS UNDERINSURANCE?

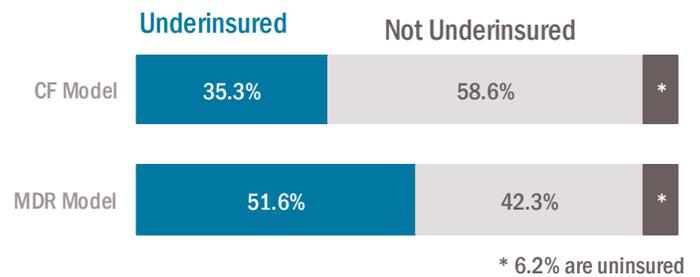
As health insurance coverage rates remain high, a measure called underinsurance can give insight into the financial burdens people may experience even with health insurance. Underinsurance helps describe the relationship between a family’s annual income and their annual medical expenses. The Commonwealth Fund (CF), a national health policy research organization, developed a definition and methodology to measure underinsurance.^{2,3} Under the CF model, a person is underinsured if:

- A family’s annual deductible is greater than 5% of their annual household income, or
- If a family’s income is 200% of the federal poverty level (FPL) or lower and their out-of-pocket medical expenses exceed 5% of their annual income, or
- If a family’s income is above 200% FPL and their out-of-pocket medical expenses exceed 10% of their annual income

OHA’s partner on the 2017 OHIS, Market Decisions Research (MDR), has expanded upon the CF’s definition of underinsurance by including criteria related to a family’s experiences paying for healthcare.⁴ In addition to the CF criteria, the MDR model counts a family as underinsured if:

- A family experienced difficulties paying for medical bills, or
- One or more family members deferred health care due to its cost. This includes deferring:

Figure 1. Percentage of Oregonians that are underinsured, 2017.



- ◇ Medical care from a doctor or a surgery for a specific concern
- ◇ Routine medical care that was needed
- ◇ Mental health care or counseling
- ◇ Any type of dental care
- ◇ A diagnostic test such as a CAT scan, MRI, lab work, or x-ray that was recommended
- ◇ Specialist care
- ◇ Prescription medicines
- ◇ Skipping doses or taking smaller amounts of prescription drugs to make them last longer

Both models of underinsurance are reported in Figure 1 for comparison. The CF model is used for the remainder of this fact sheet because it provides a recognizable and comparable perspective of how many Oregonians have difficulty affording their healthcare expenses.

UNDERINSURED BY COVERAGE TYPE AND AGE GROUP

Underinsurance is calculated at the family level. In other words, it is based on the family’s total income and medical expenses. Figure 2 depicts data for members of families designated as underinsured. Note that a family can be one person. Also, the rates are limited to people who were on the same type of coverage for all of the previous year.

Underinsurance was highest among 19-34 year olds with individual coverage at nearly 68%. By age group, 19-34 year olds had the highest overall level of underinsurance. By insurance type, those with individual coverage were most likely to be underinsured.⁵

Oregon Health Plan (OHP) members do not have premiums, deductibles or co-pays. However, about 37% of OHP members met the Commonwealth Fund’s criteria to be considered underinsured. This means some families had high out of pocket spending for health care compared with their annual family

UNDERINSURANCE AND EMPLOYMENT

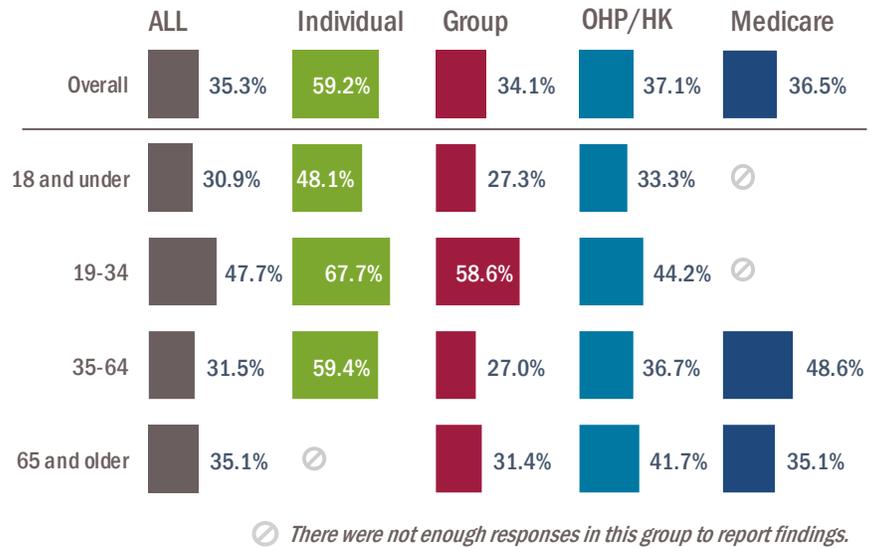
About one third of self-employed and employed people were underinsured (32.4% and 33.8%, respectively). For those who were unemployed and seeking employment, 37.8% were underinsured. Among people who were not in the labor force, 40.8%, were underinsured.

“Not in the labor force” includes those who:

- work on a family business or farm;
- are unemployed and not looking for work;
- are retired;
- are unable to work due to a disability;
- are keeping house; or
- are going to school.

Figure 2. Underinsurance rates (CF model) among those with the same type of coverage all year, by age group, 2017.

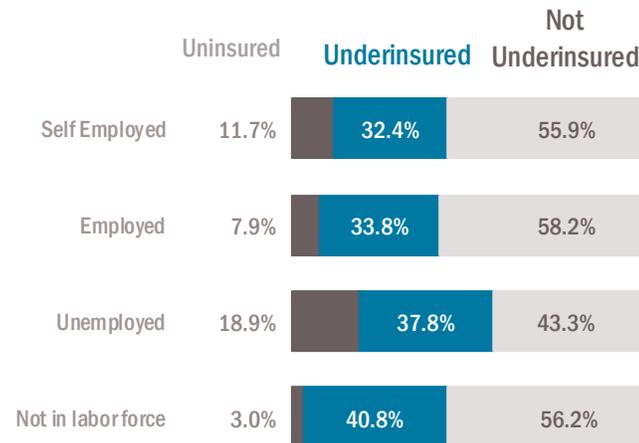
Oregonians with Individual coverage had the highest rate of underinsurance.



income. Despite a lack of cost sharing in OHP, a significant percent of people reported medical expenses in response to the question: “Over the last 12 months, about how much has your family had to pay out of pocket for [prescription medications; dental and vision care; mental health care; and, all other medical expenses]?” Visit the OHIS website for more information on family out of pocket spending for health care.

Figure 3. Underinsurance rates (CF model) by employment type, 2017.

Underinsurance was lower among people who were employed or self-employed.



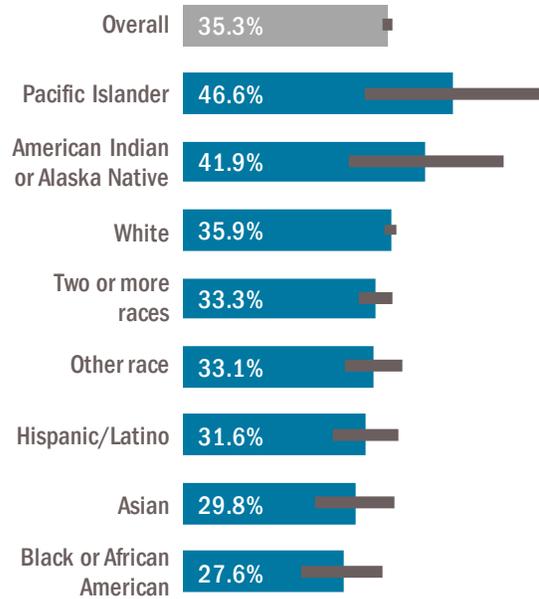
UNDERINSURANCE AND RACE/ETHNICITY

Underinsurance was highest among Native Hawaiian and Pacific Islanders at nearly 47%. This was significantly higher than other groups. White Oregonians had higher underinsurance rates than Multiracial, Other race, Hispanic, Asian, and Black or African American Oregonians.

A wider confidence interval indicates a racial group with fewer respondents in the survey.

Figure 4. Underinsurance rate (CF model) by race and ethnicity with 95% confidence intervals, 2017.

Nearly one half of Pacific Islanders were underinsured.

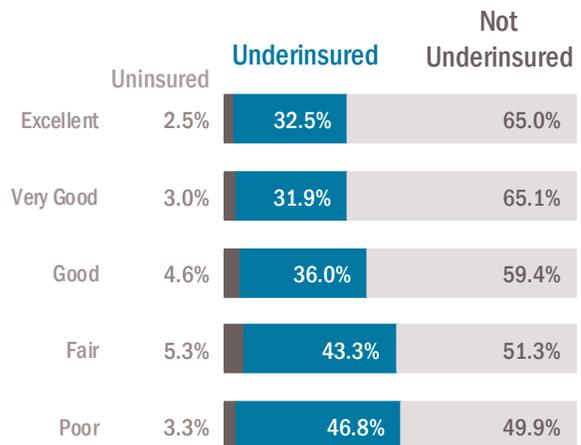


UNDERINSURANCE AND HEALTH STATUS

Underinsurance rates were higher when a person had a worse health status. More than 40% of those with fair or poor health status were underinsured (43.3% and 46.8%, respectively). Underinsurance was lowest for Oregonians with very good health status at 31.9%.

Figure 5. Underinsurance rate (CF model) by health status, 2017.

Nearly half of people with poor health status were underinsured.



REFERENCES

¹ Population estimates based on weighted calculation using US Census Data.

² [About the Commonwealth Fund](#)

³ [Underinsurance definition Commonwealth Fund](#) See Box #1 of linked report.

⁴ For more information on MDR's Underinsurance model, please see the [OHIS 2017 Analytical Report](#) on our website.

⁵ The coverage types are defined as follows:

- **Individual coverage** is bought directly by the respondent or another person. It includes plans bought on the insurance exchange, through a broker, or directly from an insurance provider.
- **Group coverage** is obtained through someone's work, union, association or trust; Cobra or state continuation; Veteran's Affairs, Military Health, TRICARE or CHAMPUS; or a student health insurance program.
- **OHP/Healthy Kids** is Medicaid coverage in Oregon and includes Medicaid CCO and FFS.
- **Medicare** is for adults 65 years and older and for individuals with disabilities. This category is for Medicare medical programs only. The survey does not differentiate between specific types of Medicaid or Medicare programs.

NOTE: Indian Health Services is not considered as health insurance, however, there were only 33 individuals in the survey that had only IHS for health coverage. These 33 are counted as uninsured. People with IHS and another type of coverage are counted in the other type of coverage.

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ABOUT THIS REPORT

The Oregon Health Insurance Survey (OHIS) collects information about health insurance coverage, access to care, and utilization in Oregon. The survey is fielded every two years. More than 9,000 Oregonian households completed the survey between March and August of 2017. The survey used landline and cell phone numbers in Oregon, and was distributed across the state by region, race and ethnicity, and age. Some methodology changes in 2017 around sampling, questionnaire design and structure, breadth of the data, and weighting create slightly different results than previous years. While the data is still comparable and valid for trend analysis, some variance is attributable to methodological differences in the 2017 OHIS. For more information about OHIS methods and results, go to: <http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Insurance-Data.aspx>

This fact sheet was prepared by the Oregon Health Authority's Office of Health Analytics. The Office of Health Analytics collects and analyzes data to inform policy, monitor progress toward transformation goals, and evaluate programs. The Office supports OHA efforts to further the triple aim goals of better health, better care, and lower costs.

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