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. 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 different measures of uninsurance, eligibility for coverage, reasons for uninsurance, and why some uninsured people do not apply for the Oregon Health Plan.

TYPES OF UNINSURANCE BY AGE GROUP

Statewide, the uninsurance rate in 2017 was 6.2%. This is a point in time or cross sectional uninsurance rate and describes a person's insurance status on the day the survey was completed. Two additional measures give insight to a more complete picture of uninsurance over a longer time period. Figure 1 shows the standard point in time rates, as well as uninsured for all of the past year (long term), and uninsured for any part of the past year (short term).²

Overall, the long term uninsurance rate is half the point in time rate (3.3% vs. 6.2%) and short term uninsurance was almost double the point in time uninsurance rate (11.1% vs. 6.2%). By age groups, 19-34-year-olds had the highest levels of all three measures of uninsurance. One in five (20.1%) young adults had a period of time without health insurance in the past year.

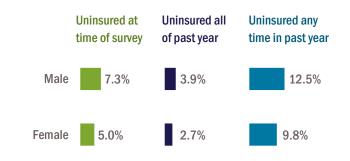
TYPES OF UNINSURANCE BY GENDER

Uninsurance rates by gender in Figure 2 show that males were slightly more likely than females to be uninsured across all three uninsurance types.

Figure 1. Three types of uninsurance, by age group, 2017.

	Uninsured at time of survey	Uninsured all of past year	Uninsured any time in past year
Overall	6.2%	3.3%	11.1%
18 and under	2.9%	1.7%	7.0%
19-34	11.7%	6.9%	20.1%
35-64	7.6%	3.7%	12.6%
65 and older	0.4%	0.1%	2.6%

Figure 2. Three types of uninsurance, by gender, 2017.





TYPES OF UNINSURANCE BY RACE AND ETHNICITY

Figure 3 shows uninsurance differences by race and ethnicity.³ About 85% of Oregon's population is white, which influences the overall uninsurance rates.⁴ Asian Oregonians had the lowest uninsurance rates, while Hispanic Oregonians had the highest uninsurance rates. About one in five (21.2%) Hispanic Oregonians were uninsured at some time in the past year.

ELIGIBILITY FOR OHP OR EXCHANGE SUBSIDY

In addition to health insurance status, OHIS also collects financial information for each family. By comparing a family's income to OHP financial eligibility rules and Exchange subsidy rules, we can calculate the proportion of uninsured Oregonians who are likely eligible for either OHP coverage or financial assistance to purchase health insurance coverage. Figure 4 is limited to people who were born in the United States. Since people born outside of the United States could be ineligible for OHP or Exchange subsidies, a conservative method was employed to ensure accurate estimates of the proportion of the uninsured population who are likely eligible for coverage and subsidies.

Figure 4 depicts eligibility for insurance among those who were uninsured at the time of the survey. Across all three age groups, more than 80% of uninsured people qualified for either OHP or financial assistance. There are currently about 243,000 uninsured people in Oregon. If 80% of these people gained health insurance coverage, about 34,000 Oregonians would remain uninsured.⁵

About three in four (77.2%) of uninsured children 0-18 years old were likely eligible for OHP coverage.

Uninsured adults ages 35-64 years old were least likely to be eligible for OHP and most likely to be eligible for financial assistance through the Exchange.

Figure 3. Three types of uninsurance, by race and ethnicity, 2017.

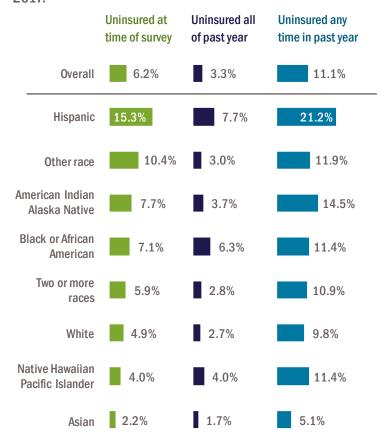
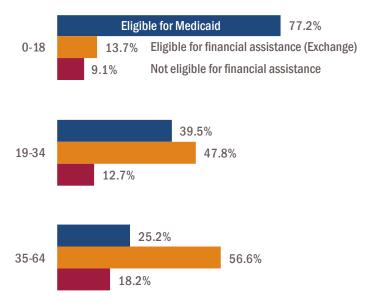


Figure 4. Percent of people who are likely eligible for OHP or an Exchange subsidy, among U.S. born uninsured people by age group, 2017.



REASONS FOR UNINSURANCE

Figure 5 shows reasons for being uninsured for those who were uninsured at the time of the survey and for those with long term uninsurance (more than one year). Each of these reasons was asked in the form of a yes or no question, and a person could choose more than one reason.

The most common reason for uninsurance was a loss of OHP coverage. Some slight differences are present between types of uninsurance. Losing a job was a more common reason among those uninsured for a year or longer (27.1% vs 22.6%) while 29.2% of people in the general uninsured group said they were not interested in health insurance compared with 23.9% of those uninsured for a year or longer.

REASONS FOR NOT APPLYING FOR OHP

Figure 4 showed that a significant portion of uninsured Oregonians were likely eligible for OHP based on their family income. We asked uninsured Oregonians reasons why they had not applied for OHP coverage using the same methods described above.

Figure 6 shows that the two most common reasons were concerns about high costs of OHP coverage (43.5% and 35.8%) and family incomes that made them ineligible for OHP (36.3% and 39.2%). There are no premiums, deductibles, or co-pays for the vast majority of OHP members. Perceived high costs could be due to a person's need for non-covered services or misunderstandings of OHP cost-sharing policies.

Figure 5. Reasons for being uninsured, 2017.

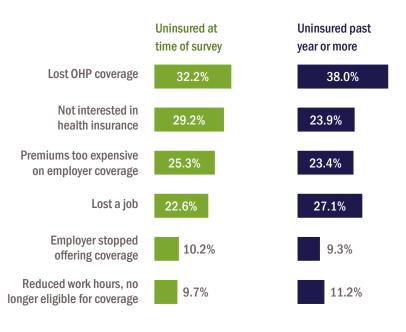
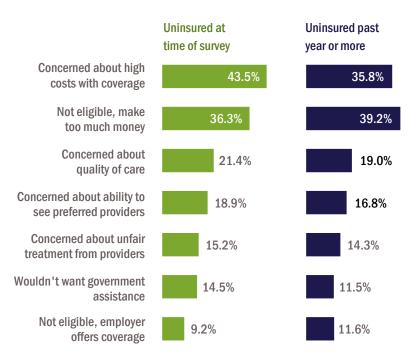


Figure 6. Reasons for not applying for OHP among the uninsured, 2017.



REFERENCES

- 1,4,5 Population estimates based on weighted calculation using US Census Data.
- ² The three types of uninsurance discussed in the fact sheet are:
 - <u>Point in time or cross sectional uninsurance</u> is the insurance status of the person at the time of the interview. It means the person was currently uninsured. It is the standard uninsurance measure.
 - <u>Uninsured for a year or longer</u> is a subset of people who were insured at the time of the survey and who were
 uninsured for all of the past year or longer. Further discussion of length of time uninsured is included in the
 Coverage Gaps Fact Sheet available on our website.
 - <u>Uninsured at any time in the past year</u> are people that had in insurance coverage at the time of the survey, but who
 were uninsured at some point in the past year, or who had a gap in their coverage. This measure gives a broader
 perspective of uninsurance among Oregonians. Further details on this group are also discussed in the Coverage
 Gaps Fact Sheet available on our website.
- ³ For definitions of race and ethnicity groups refer to the section titled *Race and ethnicity representation and undocumented citizens* on page 2 of the <u>Background and Methodology</u> report on our website.. Icon on first page made by Freepik from Flaticon is licensed under CC BY 3.0.

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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