

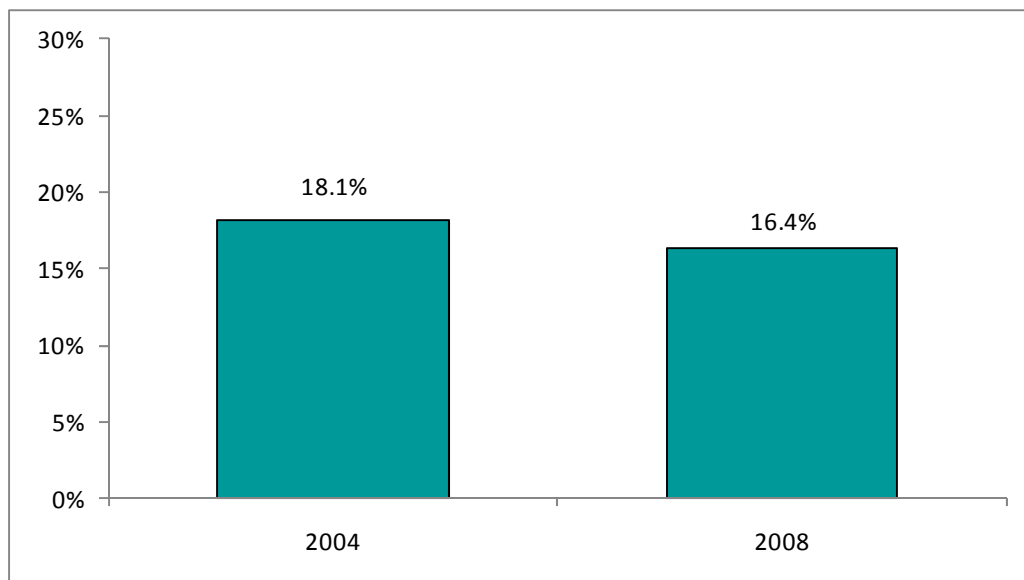
Health Insurance Coverage in Oklahoma: 2008

Results from the Oklahoma Health Care Insurance and Access Survey July 2009

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 2008 Oklahoma Health Care Insurance and Access Survey. 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, when a comparable survey was conducted. The most recent data were collected between July and September 2008 by Westat, Inc. A total of 5,729 interviews were completed. For a summary of the survey methodology, see the *Appendix* at the end of this brief.

As shown in Exhibit 1 below, 16.4% of Oklahoma residents, or about 569,000 individuals (including all age groups), were estimated to be uninsured 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.

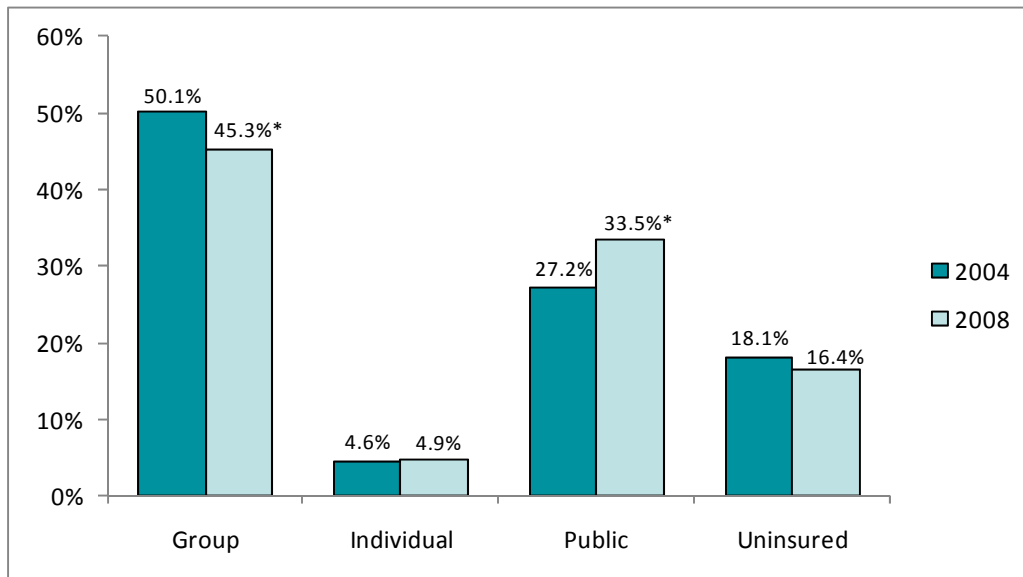
Exhibit 1. Rate of Uninsurance in Oklahoma (Total Population)



Source: 2004 and 2008 Oklahoma Health Care Insurance and Access Surveys.
Note: Difference between the two years is not statistically significant.

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 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 was public health insurance programs (including Medicare for the disabled and elderly, Medicaid, as well as others). A third of Oklahomans had coverage through a public source in 2008, an increase from 27.2% in 2004. Only 4.9% of residents in the state had insurance through a private individual plan in 2008, and this rate remained unchanged compared to 2004. An overall increase in public health insurance coverage between 2004 and 2008 was offset by an overall decline in employer-based health insurance, resulting in a stable uninsurance rate for Oklahoma between 2004 and 2008.

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



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

* Indicates statistically significant difference ($p \leq .05$) between the two years.

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, O-EPIC, and the Oklahoma High Risk Pool. Individuals who only reported Indian Health Service were classified as uninsured.

Exhibit 3 summarizes coverage sources for the total population in Oklahoma by age group. Among the non-elderly (less than 65 years of age), an estimated 52.0% had employer-based health insurance coverage in 2008, 23.7% were covered by a public program, 5.5% had privately purchased individual coverage, and 18.8% were uninsured.

For children 18 years of age and younger, the uninsurance rate was noticeably smaller. In 2008, approximately 10% of children were uninsured. Just under half (47.1%) had group coverage, and over a third (38.1%) had public coverage. Similar to other age groups, coverage through an individual plan was relatively rare (5.1%) for children.

In contrast to the non-elderly population, 95.9% of elderly Oklahoma residents (aged 65 years and older) were covered by a public program (Medicare) in 2008, 2.5% had group coverage, and less than 1% had a privately purchased individual plan. Less than 1% of the elderly in Oklahoma were without health insurance in 2008.

As reported earlier, the rate of group coverage dropped between 2004 and 2008 for Oklahoma overall. Exhibit 3 shows that this decrease only reached statistical significance for 25-34 year olds and the non-elderly. Across most age groups, we see the aforementioned increase in public coverage between 2004 and 2008. Exceptions to this general pattern include young children (0-5 years of age), and young adults (19-24 and 25-34 year olds), and the elderly, whose rate of public coverage was statistically unchanged. The uninsurance rate remained unchanged for all age groups except for 55-64 year olds, for whom the uninsurance rate decreased from 17.5% in 2004 to 11.0% in 2008.

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

Age Group	Group		Individual		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% ^
6-18	55.0%	49.0%	5.3%	4.1%	26.5%	36.3% *	13.3% ^	10.7% ^
Total < 19	52.1%	47.1%	4.9%	5.1%	30.8% ^	38.1% ^*	12.3% ^	9.7% ^
19-24	47.1%	43.3%	6.8%	6.6%	10.9% ^	16.5% ^	35.2% ^	33.6% ^
25-34	55.2%	43.6% *	3.7%	6.5%	11.9% ^	13.8% ^	29.2% ^	36.1% ^
35-54	65.2% ^	61.2% ^	5.1%	4.3%	8.3% ^	16.3% ^*	21.4% ^	18.2%
55-64	58.8% ^	56.3% ^	6.4%	7.2% ^	17.4% ^	25.6% ^*	17.5%	11.0% ^*
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%

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

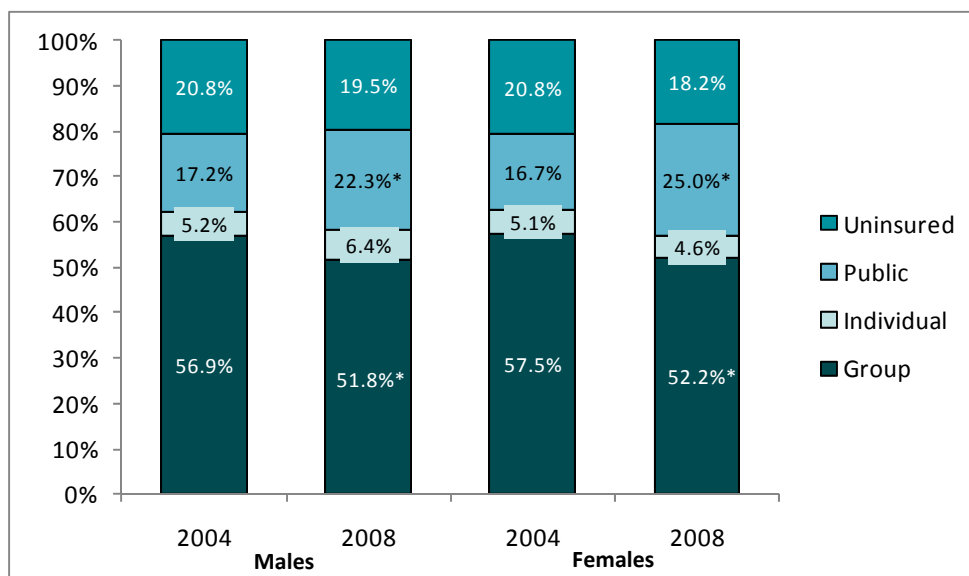
^ Indicates statistically significant difference ($p \leq .05$) between estimate and the estimate for the total state population within a given year.

* Indicates statistically significant difference ($p \leq .05$) between the two years.

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

Exhibit 4 summarizes insurance coverage and insurance sources among the non-elderly in Oklahoma by gender. There were no significant differences between males and females. Both sexes experienced a statistically significant decrease in group coverage, an increase in public coverage, and a stable rate of uninsurance between the two years. In 2008, just over half of both males and females had group coverage, and over a fifth had public coverage.

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



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

Note: Differences between males and females are not statistically significant within either year.

* Indicates statistically significant difference ($p \leq .05$) between the two years.

Racial/ethnic differences in health insurance coverage among the non-elderly in Oklahoma are presented in Exhibit 5. The 2008 uninsurance rate varied from approximately 17.0% (Whites, Asians, and African Americans) to 26.9% (American Indians) and 32.0% (Hispanics). Over half of White and Asian residents had coverage through an employer, whereas just over one-third of African Americans, Hispanics, and American Indians had this type of coverage. Public coverage ranges from as low as 11.8% among the Asian population to a third of American Indians and 43.8% of African American residents.

While the rate of uninsurance remained stable across most racial/ethnic groups, White Oklahomans did experience a decrease in uninsurance, from 19.5% to 16.6%, as did African American Oklahomans, from 11.0% to 18.3%. White and African American Oklahomans also experienced a decline in employer-based coverage between 2004 and 2008, as did the general population of Oklahoma. White and American Indian residents are the only groups for which an increase in the rate of public coverage was statistically significant.

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

Race/Ethnic Group	Group		Individual		Public		Uninsured	
	2004	2008	2004	2008	2004	2008	2004	2008
White	60.5% ^	56.5% ^*	5.8%	6.1%	14.2% ^	20.9% ^*	19.5%	16.6% *
Black	50.1%	34.7% ^*	2.3% ^	3.3%	36.6% ^	43.8% ^	11.0% ^	18.3% *
Hispanic	39.9% ^	37.9% ^	1.7% ^	3.1%	23.3%	27.0%	35.1% ^	32.0% ^
American Indian	44.3% ^	37.1% ^	2.8% ^	2.7% ^	23.8% ^	33.3% ^*	29.1% ^	26.9% ^
Asian	59.8%	61.5%	5.9%	10.5%	8.9%	11.8% ^	25.4%	16.3%
Total	57.2%	52.0% *	5.1%	5.5%	16.9%	23.7% *	20.8%	18.8%

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

Note: 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.

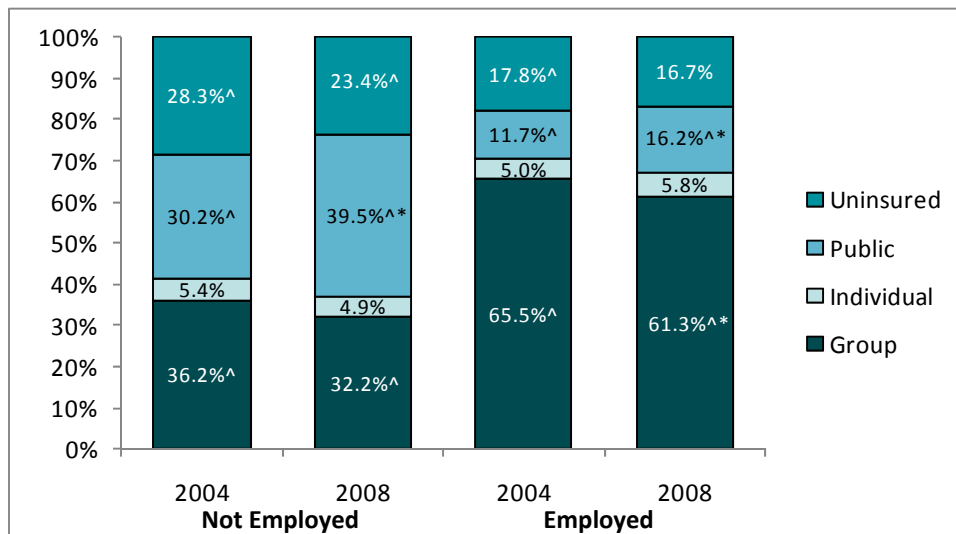
Note: For both survey years, the sample size for Asians was quite small (n<60).

^ 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 the two years.

Health insurance coverage and types of coverage also varied among the non-elderly by employment status (see Exhibit 6). Not surprisingly, employed individuals in 2008 were more likely to have group coverage and individuals not in the labor force were more likely to have public coverage than the total non-elderly adult population. While 60.2% of uninsured individuals were employed in 2008 (data not shown), individuals outside the labor force were more likely to be uninsured. Public coverage increased for *both* unemployed and employed individuals between 2004 and 2008.

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



Source: 2004 and 2008 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.

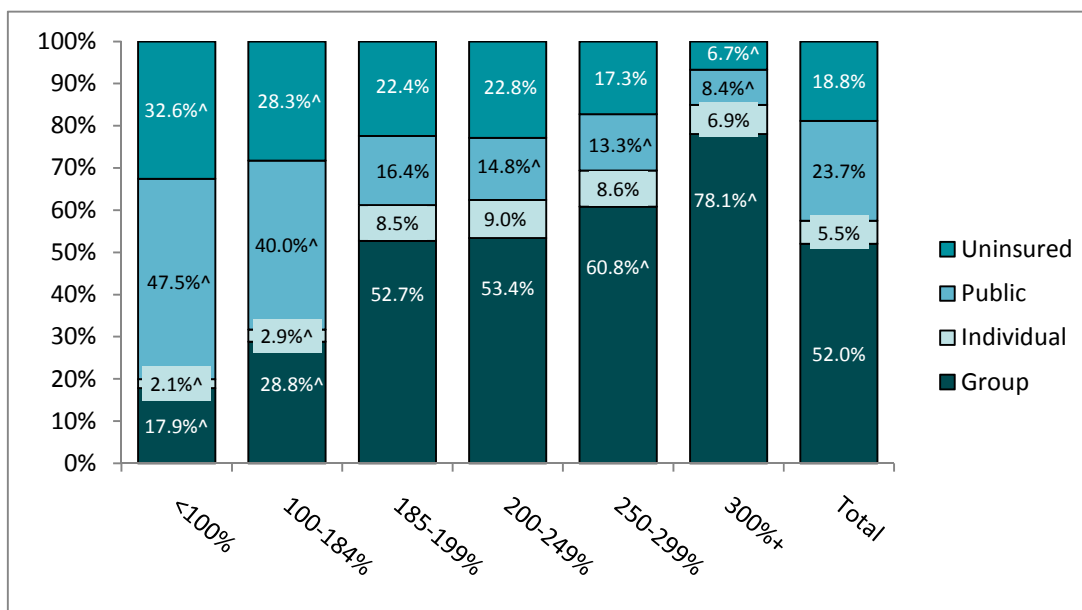
^ Indicates statistically significant difference ($p \leq .05$) between estimate and the estimate for the total state non-elderly adult population.

* Indicates statistically significant difference ($p \leq .05$) between the two years.

Exhibits 7 and 8 examine health insurance coverage among the non-elderly population by select Federal Poverty Levels (FPL). The results for 2004 and 2008 are shown separately because the data are less conducive to assessing change over time. Improvements made to the income-related items within the 2008 questionnaire make it more difficult to compare data from 2004 and 2008. (See the Appendix for more information.)

Exhibit 7 shows the 2008 distribution of health insurance coverage and coverage sources by six income groups, ranging from less than 100% of the FPL to 300% or more of the FPL. 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, less likely to have insurance through a private individual plan, 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. Individuals in the middle two groups (just above and below 200% of poverty) did not differ significantly from the overall non-elderly population, with the exception that those with 200-249% FPL were less likely to have insurance through a public program. Generally, the data from 2004 (Exhibit 8) showed similar results.

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

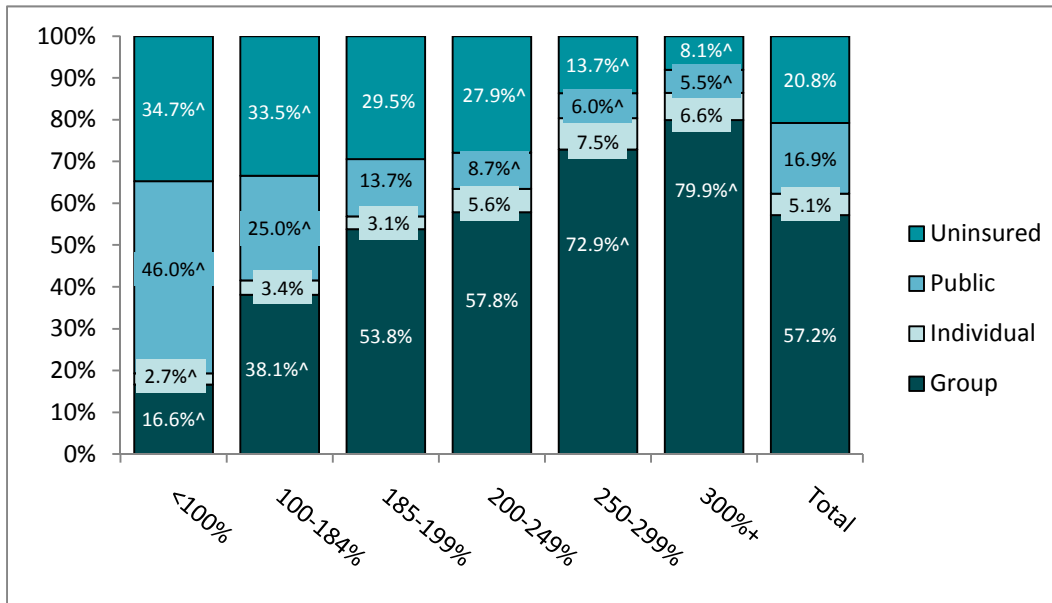


Source: 2008 Oklahoma Health Care Insurance and Access Survey.

Note: Federal Poverty Levels (FPL) are for 2007.

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

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



Source: 2004 Oklahoma Health Care Insurance and Access Survey.

Note: Federal Poverty Levels (FPL) 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 BRFSS planning regions. Although the uninsurance rate in 2008 did not vary significantly by region, two regions differ from the total state non-elderly population in terms of coverage types: the Northwest has a significantly higher rate of group coverage and lower rate of public coverage, and the Southeast region has a lower rate of individual plan coverage and a higher rate of public coverage.

Regional results also varied over time. 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 years. Also, not all regions were impacted by the drop in group coverage over time. The decline was only observed for the Central, Northeast, and Tulsa areas. While the increase in public coverage noted for the overall population was true for most regions, two areas (Northwest and Southwest) showed unchanged rates for this type of coverage. Lastly, the Southeast area was the only region of the state to experience a change (a decrease) in individual health insurance coverage.

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

Region	Group		Individual		Public		Uninsured	
	2004	2008	2004	2008	2004	2008	2004	2008
Northwest	60.3%	59.4% ^	5.6%	8.9%	14.1%	15.6% ^	20.0%	16.1%
Central	58.5%	52.7% *	4.9%	5.1%	15.5%	21.1% *	21.1%	21.1%
Southwest	55.8%	53.1%	5.5%	6.6%	22.0% ^	23.2%	16.7%	17.1%
Tulsa	67.8% ^	54.7% *	4.6%	5.8%	12.8% ^	23.2% *	14.9% ^	16.2%
Northeast	54.8%	48.8% *	4.5%	5.3%	18.0%	26.4% *	22.7%	19.6%
Southeast	43.8% ^	45.9%	6.9%	2.4% *^	20.5%	31.9% *^	28.8% ^	19.8% *
Total	57.2%	52.0% *	5.1%	5.5%	16.9%	23.7% *	20.8%	18.8%

Source: 2004 and 2008 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 the two years.

Key Findings in Brief:

- 16.4% of Oklahoma residents, or about 569,000 individuals (including all age groups), were estimated to be uninsured in 2008. An overall increase in public health insurance coverage between 2004 and 2008 was offset by an overall decline in employer-based health insurance, resulting in a stable uninsurance rate for Oklahoma between the two years.
- While health insurance coverage and type of coverage do not vary by gender, coverage does vary significantly by age. Higher rates of coverage were observed for children, the near elderly, and the elderly, whereas lower rates were observed for young adults (19-34 year olds). 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 uninsurance rate remains unchanged for all age groups except for 55-64 year olds, for whom the uninsurance rate decreased from 17.5% in 2004 to 11.0% in 2008.
- Hispanic and American Indian Oklahomans were least likely to have health insurance: 32% of Hispanics and 26.9% of American Indians lack health insurance in 2008. White Oklahomans were the only group to experience a decrease in the uninsurance rate between 2004 and 2008. The uninsurance rate decreased from 19.5% to 16.6% for this group. African American Oklahomans experienced an increase in the uninsurance rate, from 11.0% to 18.3%. African American and White Oklahomans were also the only groups to experience a change (decline) in employer-based coverage between 2004 and 2008. White and American Indian residents were the only groups for whom the increase in the rate of public coverage was statistically significant.
- Not surprisingly, unemployed Oklahomans had lower rates of insurance coverage than did Oklahomans in general. Employed Oklahomans were more likely to have group coverage. While 60.2% of the uninsured were employed in 2008, individuals not in the labor force were more likely to be uninsured, and this group also was more likely to have public coverage. However, group coverage declined and public coverage increased for *both* unemployed and employed individuals between 2004 and 2008.
- Insurance coverage and types of coverage varied by income. In 2008, individuals in the lower income categories were more likely to be uninsured, less likely to have employer-based coverage, less likely to have insurance through a private individual plan, and more likely to have coverage through a public program. In contrast, individuals in the higher income categories were less likely to be uninsured, more likely to have group coverage, and less likely to have public insurance. Individuals in the 185-199% FPL and 200-249% FPL groups do not differ significantly from the overall non-elderly population, with the exception that those at 200-249% FPL were less likely to have insurance through a public program.

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 first in 2004 and then in 2008 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 2008, the interviews were conducted by Westat, Inc.

Sample Design. Both of the OK Surveys were a random digit dial (RDD) telephone survey of households in the state of Oklahoma. Priorities for the 2008 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 2008 included three sampling strata: one represents a slight oversample of areas with higher concentrations of American Indian residents, another represents a slight oversample of areas with higher concentrations of African American residents, and the third represents 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 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., 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 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.

Data Collection. Data were obtained using a computer-assisted telephone interviewing (CATI) system. Data collection occurred between March and June 2004 and July and September 2008. 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 5,729 interviews were completed in 2008; in 2004, the number of completed interviews was 5,847.

Data Weighting and Adjustments. 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, and the number of people living in the household. Weights were then adjusted to account for key characteristics of the state's population. Specifically, sample weights were post-stratified by telephone service interruption, region, age/education, race, gender, and home ownership to more accurately reflect the population of Oklahoma. The American Community Survey and the U.S. Census provided the population distributions for these adjustments. Data from the 2004 survey were reweighted in the same manner as the 2008 data to facilitate comparisons across the two surveys. The only exception pertains to home ownership, for which data were not available in the 2004 survey. Therefore, estimates for 2004 presented here vary slightly from results produced in the 2004 final report.

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

Kathleen Thiede Call, PhD:

612-625-2933, callx001@umn.edu

Donna Spencer, MA:

612-625-2492, spen0143@umn.edu

Prepared July 2009.