



2013 Oklahoma Health Care Insurance and Access Survey: Select Results

Final Report

Report to:

Oklahoma Health Care Authority

Prepared by:

State Health Access Data Assistance Center

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EXECUTIVE SUMMARY

Introduction

This report, commissioned by the Oklahoma Health Care Authority (OHCA), provides updated information on health insurance coverage among adults and children in Oklahoma, descriptions of those with and without health insurance coverage, change over time in coverage rates, and the characteristics of insured and uninsured populations. Data are from the 2004, 2008, and 2013 Oklahoma Health Insurance Surveys (OHIS), telephone surveys of households in the state of Oklahoma.

Summarized below are key findings for the state's population as a whole. This is followed by main findings from in-depth analysis focused on the state's non-elderly population (age 64 and under) given the vast majority of people age 65 and over have health insurance coverage.

Health Insurance Coverage in Oklahoma

Between 2004 and 2008, an overall decline in employer-based health insurance coverage was offset by an overall increase in public health insurance coverage, resulting in a stable uninsurance rate for Oklahoma during those years. By contrast, an overall decline in employer-based health insurance coverage between 2008 and 2013 resulted in overall increase in the uninsurance rate for Oklahoma in 2013.

- 18.7% of Oklahoma residents (approximately 688,119 individuals of all ages) are estimated to have been uninsured at the time of the survey in 2013.
- Employer-sponsored health insurance continues to be a dominant source of coverage in Oklahoma (41.1% in 2013); however, the rate declined between 2004 and 2008 and 2008 and 2013.
- In 2013, 35.7% of Oklahomans had coverage through a public insurance program (e.g., Medicare for the disabled and elderly, SoonerCare (Medicaid), etc.).
- Only 4.5% of state residents had insurance through a self-purchased plan in 2013, and this rate remained unchanged from 2008.

For the non-elderly population (0-64 years of age), 46.8% had employer-based health insurance coverage in 2013, 26.6% were covered by a public program, 5.1% had individually-purchased coverage, and 21.5% were uninsured.

Rates of Uninsurance by Key Demographic and Work Characteristics

Lack of health insurance coverage among Oklahoma's non-elderly population (aged 0-64 years) is related to many demographic and employment characteristics. Compared to the overall non-elderly population in 2013, rates of uninsurance are higher among:

- Males
- Hispanics
- American Indians
- Residents born outside the US

- Residents with a high school education or less
- Unmarried adults
- Individuals with incomes less than 185% of the Federal Poverty Guideline (FPG)
- Individuals living in rural areas
- The unemployed (however most (59.8%) of the uninsured non-elderly population in the state were employed)
- Individuals with temporary/seasonal or part-time (< 30 hours per week) jobs
- Self-employed individuals or individuals working in small firms (10 or fewer employees)
- Individuals reporting less than excellent/very good health

Compared to the overall non-elderly population in 2013, rates of uninsurance were significantly lower among:

- Females
- White residents
- Residents born in the US
- Individuals with at least some college education
- Married adults
- Individuals in the highest income category (300% FPG)
- Individuals living in the Northwest region of the state
- Individuals with reported excellent/very good health
- The employed, especially those in permanent positions, working over 40 hours per week, working for government employers, or working for large firms
- Military personnel

Potential Access to and Eligibility for Health Insurance among the Non-Elderly Uninsured

The 2013 survey was designed to provide rough estimates of the uninsured potentially eligible for employer-based coverage through a family member's (spouse, parent, guardian) employer or one's own employer as well as potential eligibility for public health insurance programs.

Key 2013 results are as follows:

- An estimated 19.5% of uninsured Oklahomans were potentially eligible for employer-sponsored insurance.
- An estimated 31.7% of all uninsured non-elderly Oklahomans were estimated to be eligible for either SoonerCare or Insure Oklahoma. More children were estimated to be potentially eligible for public insurance than adults.
- Overall, 49.3% of all uninsured Oklahomans were estimated to be potentially eligible for either employer or public health insurance. Nearly three-quarters of uninsured children (77.4%) were estimated to be eligible for some type of insurance.

Willingness to Enroll in Public Program, Reasons not Enrolled, and Ability to Pay for Health Insurance Coverage among the Uninsured

The vast majority (71.1%) of uninsured Oklahomans said that, if eligible, they would enroll in the state's existing public insurance programs, particularly if the program was available to them at no cost.

Uninsured respondents were asked why they had not enrolled in employer-sponsored and public insurance for which they may be eligible or had not purchase private coverage on their own. In 2013:

- Among the minority of uninsured respondents who said they would not enroll in public health insurance even if eligible, the most common reason (22.0%) was that it is too expensive. An additional 17.2% said that they didn't think government should pay for their health care and 15.5% said that they did not need or want health insurance.
- When asked the reason they had not enrolled in employer-sponsored insurance for which they may be eligible, most (54.0%) reported it was too expensive.
- When uninsured non-elderly Oklahomans were asked why they had not purchased health insurance on their own, 69.3% indicated that such coverage is too expensive or that they could not afford the coverage.

The survey also asked uninsured respondents about the amount they would be able to pay each month for health insurance. Just over a quarter of the uninsured non-elderly (about 27%) reported that they would not be able to pay anything toward insurance in 2013. Of those who reported being able to pay something per month, most said either \$50 or \$100 (in fact, 49.1% of all uninsured reported these amounts in 2013). The amount the uninsured reported they were willing to pay varied by family income.

Cost-Sharing Among the Privately-Insured

The survey asked about premiums, deductible, and co-pay requirements for those with employer-based or self-purchased coverage. Among those respondents who were able to answer these questions, the proportion paying premiums increased between 2008 and 2013, with 94.7% paying some sort of premium in 2013. Over the 4-year period, premium amounts also increased, with more self-purchased insurance holders reporting higher premium costs.

Similarly, approximately 90% of non-elderly privately-insured respondents reported having a deductible. Again, more individuals with self-purchased coverage reported higher deductibles (costing over \$1,500); they also were more likely to report co-pays for a doctor's or an emergency department visit.

Access to Health Care

The 2013 survey included several questions to assess attitudes about and experiences with accessing health care. The results show that:

- Just over 80% of non-elderly respondents were somewhat or very confident they (or another household member) could get needed health care. The results varied dramatically by type of health insurance, with over 70% of individuals with private coverage indicating they were very confident whereas only about 35% of those lacking insurance reported such high confidence.
- In 2013, 83.3% of non-elderly adults, and 91.9% of children in the state reported having visited a provider in the past year. Fewer uninsured individuals (69.2% of adults and 76.4% of children) had seen a provider.
- Just under a quarter (22.7%) of respondents reported having delayed medical care in the past 12 months and almost a third reported having forgone care because of concerns about costs. These percentages were lower among those with private and to some extent public insurance. However, 45.7% of the uninsured non-elderly had delayed accessing health care and 55.1% had forgone care due to cost.
- Overall, three-quarters of non-elderly adults and over 90% of children had a usual source of care in 2013. Uninsured children and adults were significantly less likely to have a usual source of care than their respective age groups in general, and this has been true since 2004. Among those who did not report a usual care, the most common reason provided in 2013 was that the person rarely gets sick.
- In 2013, 29.4% of the non-elderly population reported having been to a hospital emergency department or urgent care center in the past year. This percentage was higher for publicly insured individuals (39.3%) and lower among privately insured individuals (24.7%). Of those who reported such a visit, the most common reasons cited overall were that the doctor's office was closed, the department/center was the closest provider, and the problem was too serious for another type of provider.

In closing, the OHIS surveys are rich sources of data for assessing rates of coverage and the characteristics of the insured and uninsured populations, along with the ability to monitor change over time. We hope these data and this report help to inform the planning and decisions of OHCA as well as other agencies and policy makers in the state.

CHAPTER 1. INTRODUCTION AND BACKGROUND

At the initiation of the Oklahoma Health Care Authority (OHCA), the 2013 Oklahoma Health Care Insurance and Access Survey (hereafter referred to as “OK Health Insurance Survey” or OHIS) was conducted to provide up to date information about 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 (Good, Johnson, & Price 2005; Call, Spencer, & Nelson, 2009). OHCA contracted with the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, School of Public Health to conduct all three surveys. SHADAC was responsible for study design, data analysis, and reporting, and in 2013, contracted with Social Science Research Solutions (SSRS) to field the survey. Similar to the 2004 and 2008 OHIS, the goals of the 2013 survey were to estimate rates of insurance coverage and to describe the characteristics of the insured/uninsured populations in Oklahoma. The most recent survey was conducted between January and April 2013.

Methodology

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 landline and cellphone survey (i.e., dual-frame) to reflect the growth in cell-phone only households in the state (from 25.1% of Oklahoma adults living in cell-only households in 2007 to 34.6% in the 2011; Blumberg et al. 2012). 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 Behavioral Risk Factor Surveillance System (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. In 2013, a proportion of sampled households comprised only of members aged 65 or more were screened out of the sample given their higher rates of insurance coverage. (See Appendix A for more information on study methodology.)

The survey instrument used for data collection in all three years was based on the Coordinated State Coverage Survey (CSCS), a questionnaire developed by SHADAC, and adapted for use in Oklahoma. (See Appendix B for the 2013 instrument.) The questionnaire addresses types of health insurance coverage, access to employer-based 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. 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 among the employed. 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. By using a similar questionnaire in all three years, changes over time may be examined. The survey averaged approximately 18 minutes in duration.

Survey data were collected using a computer-assisted telephone interviewing (CATI) system. 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 (adult or child) was randomly selected to be the focus (or "target") of the majority of questionnaire items. For households with children present, the child(ren)'s probability of being selected as the target individual was increased to increase the sample size for children and thereby improve the precision of estimates. Most of the analyses presented in this report are based on the target individual identified in each participating household.

Data collection occurred between March and June 2004; July and September 2008; and January and April 2013. A total of 6,270 interviews were completed in 2013, resulting in a response rate of 31.4%. In 2004 and 2008, the number of completed interviews was 5,847 and 5,729, respectively, and the response rates were approximately 44.0% and 15.6%, respectively. There are several potential reasons for the lower response rates in 2008 and 2013 compared to 2004 and for falling response rates witnessed nationally in general (Altrostic et al. 2001; Curtin, Presser, & Singer 2005; Groves 2006). These include a growth in non-contact rates (for example, due to screening devices), a growth in refusals (Curtin, Presser, & Singer 2005), and lower response rates observed in cell phone samples (Steeh and Piekarski 2008). Oversampling American Indian, African American and Hispanic residents in 2008 and 2013 may have also impacted the response rate as surveys experience lower response rates among minorities (Link & Oldendick 1999; Triplett 2002).

The results presented in this report are weighted estimates that were derived using statistical software (STATA) that accounts for the complex sampling design. Prior to analysis, the survey data were weighted to correct for unequal selection probabilities. 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. Weights were then adjusted to account for differences between survey participants and key characteristics of the state's population. Specifically, sample weights were post-stratified by gender, region, age, education, age by education, race and ethnicity, nativity (US vs. foreign born), telephone usage, 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 resembles that used in prior years. Most results shown in this report include all three years of data. Tests of difference between subgroups within a year (e.g., contrasts by age and race/ethnicity) and over time (e.g., 2013 compared to 2008 estimates) are reported.

Measurement of health insurance status is based on current coverage and type. Respondents were allowed to report as many types of insurance as they were enrolled in at the time of the interview. For the report, insurance coverage was categorized into four mutually exclusive coverage types: (1) private group coverage which includes insurance through a current or former employer (including COBRA), Veterans Affairs and military health care; (2) private self-

purchased insurance; (3) public coverage which includes Medicare, Railroad Retirement Plan, SoonerCare (Medicaid), O-EPIC, and the Oklahoma High Risk Pool; and (4) uninsured at the time of the survey. We adhere to the Census Bureau classification that codes individual who only have Indian Health Services (IHS) as uninsured. This change began in 1998 in consultation with the Bureau of Indian Affairs.¹

For all three years, the same decision rules for coding coverage type for respondents reporting more than one type of health insurance were followed. If a respondent had coverage through both a private and public source of insurance (in 2013, 352 or 5.6% of the subjects reported both), they were assigned public coverage under the assumption that public programs are the first source of payment. Within the private coverage group, 51 cases in 2013 reported both group and self-purchased coverage; these individuals were coded as having group coverage under the assumption that the self-purchased policy may be a single service plan (e.g., dental). Consistent with the decision rule above, the 2 cases who reported three sources of coverage (public, group and individual) in 2013 were coded as public.

Additional information about the sample design, response rates, weighting strategy, and data coding and analysis is provided in the Technical Appendix (Appendix A) at the end of this report.

Organization of Report

The remainder of the report is organized into seven chapters. First, in Chapter 2 we review the results summarizing insurance coverage in Oklahoma and the distribution of coverage types (i.e., employer-based, self-purchased, public, and lack of insurance) across the state population. Chapters 3 through 5 take a closer look at uninsurance and present rates of uninsurance by key demographic and work characteristics; a comparison of the demographic make-up of the uninsured and insured; potential eligibility for insurance coverage among the uninsured; and the uninsured's willingness to pay for insurance coverage. Chapter 6 provides more information about those with private and public health insurance coverage. Finally, Chapter 7 examines the need for and access to health care among the uninsured and insured.

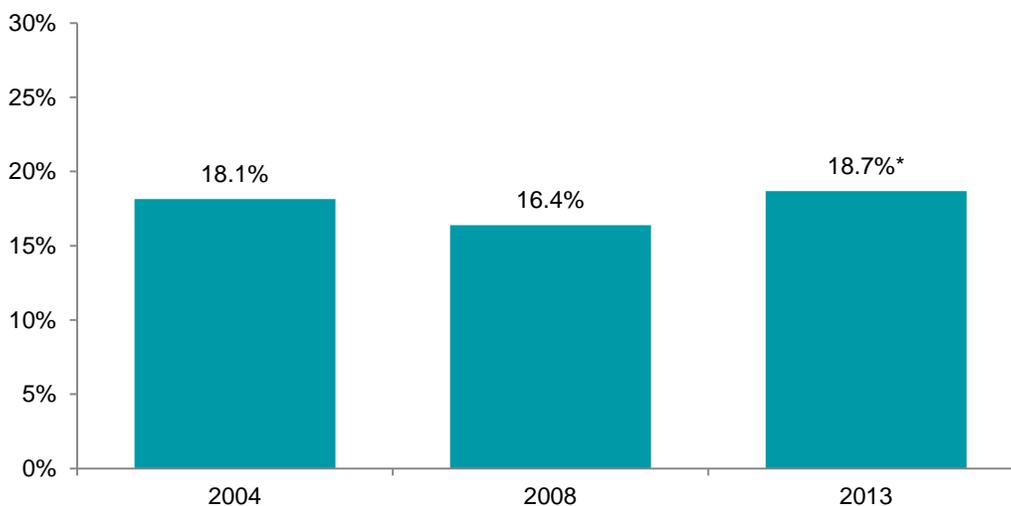
¹ US Census Bureau. 1998. U.S. Department of Commerce Economics and Statistics Administration, Current Population Reports: Health Insurance Coverage 1997. <http://www.census.gov/prod/3/98pubs/p60-202.pdf>. Accessed June 25, 2009.

CHAPTER 2. HEALTH INSURANCE COVERAGE

This chapter presents the overall insurance/uninsurance rates for Oklahoma and the distribution of health insurance coverage among the state's population in terms of private and public sources of coverage. Throughout this chapter, as well as the other chapters presenting survey results (Chapters 3-7), most results are shown for 2004, 2008, and 2013. In some cases, findings are only shown for 2008 and 2013 or only 2013 (e.g., if items were new to a later survey). In all tables, a caret (^) denotes a statistically significant difference between the estimate and the estimate of the relevant overall population within a year, and an asterisk (*) denotes a statistically significant change in an estimate from the prior wave of data (between 2008 and 2013 or between 2004 and 2008).

As shown in Exhibit 2.1 below, 18.7% of Oklahoma residents, or about 688,119 individuals (including all age groups), are estimated to have been uninsured at the time of the survey in 2013. While the uninsurance rate in Oklahoma held stable between 2004 and 2008, the rate increased between 2008 and 2013.

Exhibit 2.1. Rate of Uninsurance in Oklahoma, 2004, 2008, and 2013 (Total Population)



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

Notes: Based on the total state population, including children, non-elderly adults, and elderly adults.

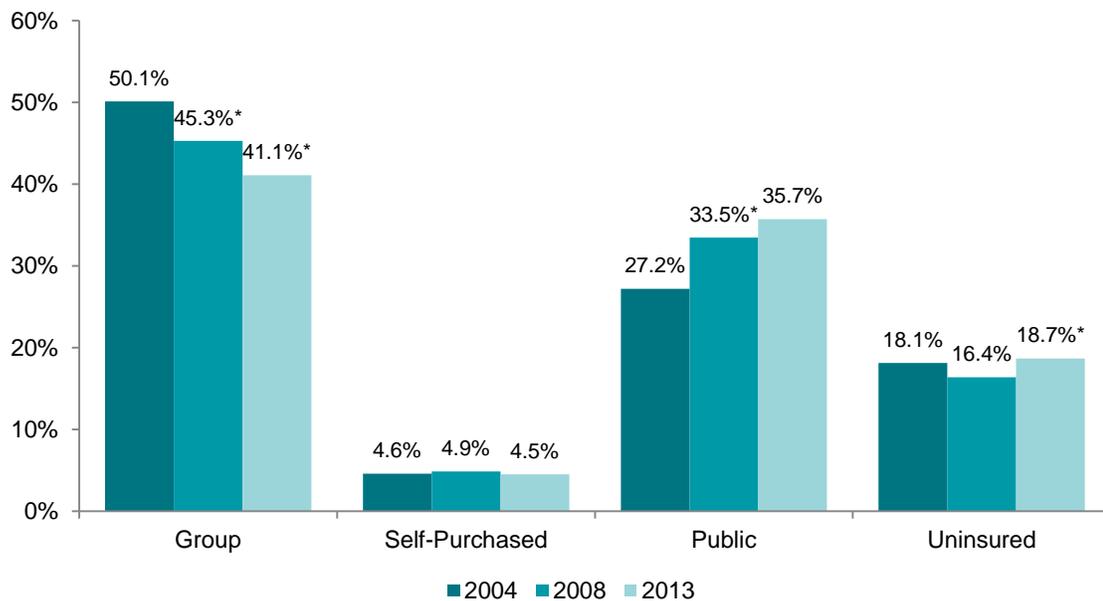
*Indicates a statistically significant difference between 2004 and 2008 or 2008 and 2013.

In addition to presenting uninsurance estimates, Exhibit 2.2 presents the distribution of the state's total population across three types of health insurance sources: group or employer-based insurance, self-purchased health insurance, and public health insurance programs.² Although decreasing significantly over time, employer-based health insurance continues to be the main source of coverage in Oklahoma. In 2013, 41.1% of Oklahomans had health insurance coverage

² Group includes health insurance through an employer, COBRA coverage, Veterans Affairs and military health care. Self-purchased includes privately-purchased insurance for an individual or family. Public includes Medicare, Railroad Retirement Plan, SoonerCare (Medicaid), Insure Oklahoma, and the Oklahoma High Risk Pool. Individuals who only reported Indian Health Service (IHS) were classified as uninsured (consistent with the US Census Bureau 1998).

through their own employer or through a family member’s employer. The second most common source of health insurance coverage in Oklahoma is public health insurance programs (including Medicare for the disabled and elderly, Medicaid – SoonerCare in Oklahoma, as well as others). Over one third (35.7%) of Oklahomans had coverage through a public source in 2013, which is similar to the rate of 33.5% in 2008 following a significant increase from 27.2% in 2004. Only 4.5% of state residents had insurance through a self-purchased plan in 2013, which is similar to prior years. An overall decline in employer-based coverage between 2004 and 2008 was offset by an overall increase in public health insurance, resulting in a stable rate of uninsurance for Oklahoma between 2004 and 2008. By contrast, an overall decline in employer-based health insurance coverage between 2008 and 2013 resulted in an overall increase in the uninsurance rate for Oklahoma in 2013.

Exhibit 2.2. Sources of Health Insurance Coverage in Oklahoma, 2004, 2008, and 2013 (Total Population)



Sources: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
 Notes: Based on the total state population, including children, non-elderly adults, and elderly adults.
 *Indicates a statistically significant difference between 2004 and 2008 or 2008 and 2013.

Exhibit 2.3 summarizes health insurance sources for the total population in Oklahoma by key age groups of interest. For children 18 years of age and younger, the uninsurance rate is noticeably lower than that of the total state population. In 2013, 12% of children were uninsured. Also, in 2013, fewer than 40% of children had group coverage, and approximately 45% had public coverage. Similar to other age groups, coverage through a self-purchased plan was relatively rare (4.8%) for children.

**Exhibit 2.3. Sources of Health Insurance Coverage in Oklahoma
by Age Group, 2004, 2008, and 2013 (Total Population)**

	Group			Self-Purchased			Public			Uninsured		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
< 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 - 64	59.3%^	54.2%^*	50.6%^*	5.3%	5.6%	5.3%^	11.0%^	17.4%^*	18.4%^	24.4%^	22.8%^	25.8%^
< 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%	4.8%	4.5%	27.2%	33.5% *	35.7%	18.1%	16.3%	18.7% *

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

Notes: Based on the total state population, including children, non-elderly adults, and elderly adults.

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

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

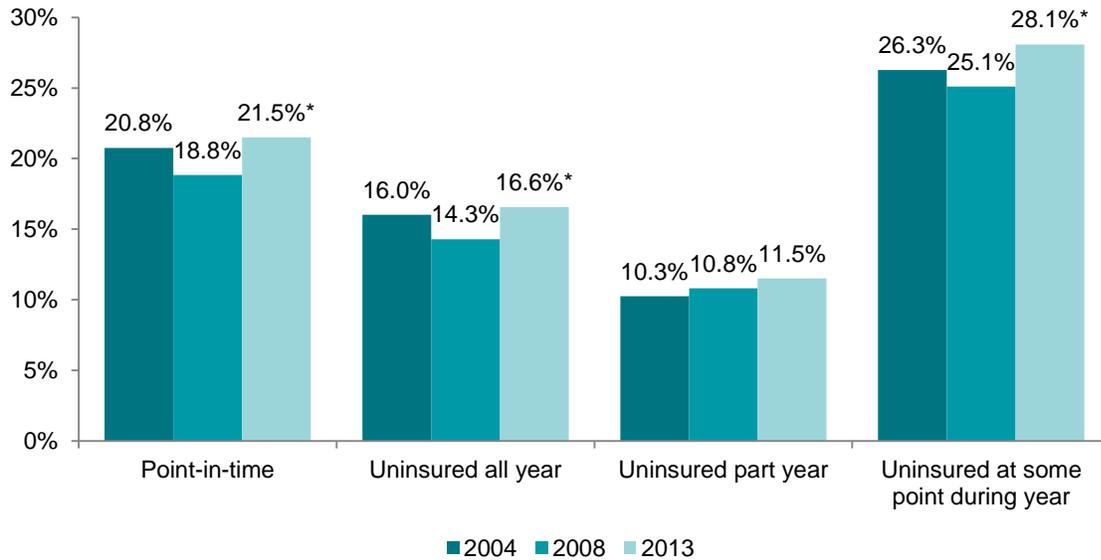
Among non-elderly adults (aged 19 to 64 years), the rate of uninsurance (25.8% in 2013) is more than double the rate for children. In 2013, an estimated 50.6% of non-elderly adults had employer-based health insurance coverage, 18.4% were covered by a public program, and 5.3% had self-purchased coverage.

In contrast to children and non-elderly adults, 93.7% of elderly Oklahoma residents (aged 65 years and older) were covered by at least one public program (e.g., Medicare) in 2013, 4.7% had group coverage, and less than 1% had a self-purchased plan. Less than 1% of the elderly in Oklahoma were without any kind of health insurance in 2013.

As reported earlier, the rate of group coverage dropped between 2008 and 2013 for Oklahoma overall. Exhibit 2.3 shows that this decrease impacted children and non-elderly adults alike. For children, an increase in public coverage between 2008 and 2013 offset this decline in group coverage, holding uninsurance rates low and stable.

Because nearly all elderly are covered (at least to some extent) by the federal Medicare program, it is particularly useful to examine health insurance coverage and sources of coverage for the total non-elderly population (i.e., children and adults younger than 65 years of age). Exhibit 2.4 presents alternative measures of uninsurance for the non-elderly population: point-in-time (or at the time of the survey, used above), uninsured all year, uninsured part of the year, and uninsured at some point during the year. As with the point-in-time estimate, significant changes were observed for the other measurements of uninsurance between 2008 and 2013. In 2013, 16.6% of the non-elderly population was uninsured all year, up from 14.3% in 2008. Overall, over one quarter (28.1%) of the entire non-elderly population in Oklahoma was uninsured at some point during the prior year. The remaining analyses presented in this report continue to focus on the insured and uninsured non-elderly.

Exhibit 2.4. Alternative Uninsurance Rates for Oklahoma, 2004, 2008, and 2013 (Non-Elderly)



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

Notes: Based on the state's non-elderly population aged 0-64 years.

* Indicates statistically significant difference between 2004 and 2008 or 2008 and 2013.

CHAPTER 3. RATES OF UNINSURANCE BY KEY DEMOGRAPHIC AND WORK CHARACTERISTICS

Exhibit 3.1 presents point-in-time uninsurance rates for Oklahoma's non-elderly population (aged 0-64 years) by a host of key demographic characteristics. Rates are also presented for adults (aged 19-64) and children (0-18 years) separately. For children, select data—education, marital status, and military service—are based on the primary wage earner in the child's family. As before, a caret (^) denotes a statistically significant difference between an estimate and the estimate of the relevant overall population within a year, and an asterisk (*) denotes a statistically significant change in an estimate between 2008 and 2013 or 2004 and 2008. We place emphasis on new information available from the 2013 survey.

Below we describe differences in rates of uninsurance across a variety of indicators as well as change in uninsurance over time. As shown in Exhibit 3.1, lack of insurance is related to many of the characteristics:

- **Gender:** 2013 is the only year during which gender differences in uninsurance are observed. Males experienced a significant increase in uninsurance between 2008 and 2013, resulting in a significantly higher rate of uninsurance than females (23.6% vs. 19.4%). This gender difference is only seen among non-elderly adults; the uninsurance rate for male and female children was similar in all three years.
- **Race/Ethnicity:** Across the racial/ethnic groups presented, the 2013 uninsurance rate varies from 20.0% or below (Whites, African Americans, and Asians) to 29.1% (Hispanics) and 31.4% (American Indians). While the results varied to some extent for non-elderly adults and children, overall, Hispanic and American Indian residents had a significantly higher rate of uninsurance and white residents had lower rates of uninsurance than the overall population all three survey years.
- **Language spoken at home:** In both 2008 and 2013, Oklahoman children in households speaking English at home had a lower rate of uninsurance than children overall.
- **Country of birth:** Questions about country of birth were added for the first time in the 2013 survey. Non-elderly Oklahomans born in the US had significantly lower and non-elderly Oklahomans not born in the US had significantly higher uninsurance rates. This difference appears to be driven by rates among children.
- **Education:** Overall, compared to the overall non-elderly adult population in the state, adults with some college education and higher levels of education had lower rates of uninsurance (15.4% and lower), whereas those without post-secondary education had higher rates (27.8% and greater). Likewise, children whose primary wage earner did not have a high school degree also had a higher uninsurance rate than children overall. Between 2008 and 2013, the rate of uninsurance increased significantly for Oklahomans who had at least some college.
- **Marital status:** Despite an increase in the uninsurance rate among married adults between 2008 and 2013, the rate of uninsurance among those married was still lower than unmarried adults in 2013 (19.5% vs. 33.5%). The marital status of children's primary wage earner was unrelated to their insurance status.
- **Family income:** Two measures of family income were examined. Family income 1 includes 6 categories of income expressed as a percentage of FPG, ranging from < 100%

FPG to 300+% FPG. This measure is available for all three years of data. Family income 2, which is only available for 2013, includes two more categories of income to pinpoint individuals around income cutoffs related to eligibility for Medicaid expansions and for cost-sharing under health insurance marketplaces as earmarked by the federal Affordable Care Act (ACA). For non-elderly adults, insurance coverage varies significantly by income. In 2013, adults in the lowest income categories were more likely to be uninsured (as much as 44.8%), and adults (and children) with the highest income were less likely to be uninsured (9.0% or less). The only significant change between 2008 and 2013 is that twice as many children in households with incomes above 300% of the federal poverty guidelines (FPG) were uninsured; still, this percentage was relatively low (5.5% vs. 2.5%).

- **Military service:** Between 2008 and 2013, the rate of uninsurance increased significantly for individuals who were currently serving in the military or had in the past (from 7.3% to 17.9%). Overall, however, individuals who have never served in the military had a slightly higher rate of uninsurance in 2013.
- **Urbanicity:** While the uninsurance rate among the non-elderly residing in rural areas of Oklahoma increased between 2008 and 2013 (from 19.6% to 23.1%), overall, uninsurance did not vary by urbanicity in 2013.
- **Geographic region:** In 2013, uninsurance differed significantly from the state's total non-elderly population in only one of the state's Behavioral Risk Factor Surveillance System (BRFSS) regions: the Northwest. In this region, the non-elderly were less likely to be uninsured (16.5% vs. 21.5%). Regional results varied very little across the survey years. In fact, the only region to experience a change in uninsurance rate was the Southeast region, which observed a decrease in 2008 and an increase in 2013 among non-elderly adults.
- **Health status:** For non-elderly adults, the uninsurance rate varies significantly by self-reported health status. In 2013, adults with excellent/very good health had a lower rate of uninsurance (18.9%), whereas adults with good, fair or poor health had higher rates of uninsurance (approximately 31%). Between 2008 and 2013, the rate of uninsurance for adults with good health increased from 24.4% to 31.6%. For children, uninsurance did not vary significantly by health status.
- **Disability status:** In 2013, children with chronic conditions were less likely to be uninsured than the overall child population in Oklahoma (7.2% vs. 12.0%). For non-elderly adults, uninsurance did not vary by disability status.

Exhibit 3.1. Uninsurance Rates within Oklahoma by Demographic Characteristics, 2004, 2008, and 2013 (Non-Elderly)

	Adults			Children			Total		
	2004	2008	2013	2004	2008	2013	2004	2008	2013
Overall Uninsurance Rate	24.4%	22.8%	25.8%	12.3%	9.7%	12.0%	20.8%	18.8%	21.5%
Gender									
Male	25.1%	23.9%	29.0% ^ *	11.7%	9.6%	12.4%	20.8%	19.5%	23.6% ^ *
Female	23.7%	21.7%	22.7% ^	13.0%	9.8%	11.6%	20.8%	18.2%	19.4% ^
Race/Ethnicity									
White	22.6% ^	20.1% ^	22.7% ^	11.8%	8.2%	9.7% ^	19.5% ^	16.6% ^ *	18.9% ^
African American	16.2% ^	25.5%	28.1%	4.4% ^	6.2%	9.4%	11.0% ^	18.3%	* 20.0%
Hispanic	44.7% ^	37.5% ^	38.1% ^	17.0%	24.2% ^	18.4%	35.1% ^	32.0% ^	29.1% ^
Asian	--	--	--	--	--	--	25.4%	16.3%	16.0%
American Indian	33.4% ^	33.8% ^	39.6% ^	20.4% ^	15.0%	18.8% ^	29.1% ^	26.9% ^	31.4% ^
Language at Home									
English	N/A	22.1%	24.2%	N/A	8.2% ^	10.3% ^	N/A	18.0% ^	20.0% ^
Other	N/A	30.8%	29.7%	N/A	20.2% ^	15.4%	N/A	27.5% ^	24.4%
Country of Birth									
USA	N/A	N/A	24.1%	N/A	N/A	9.9% ^	N/A	N/A	19.6% ^
Other	N/A	N/A	30.6%	N/A	N/A	--	N/A	N/A	35.0% ^
Education									
Less than high school	45.0% ^	46.9% ^	47.5% ^	19.3%	22.7% ^	19.6% ^	39.1% ^	41.2% ^	36.4% ^
High school graduate	28.0% ^	28.5% ^	32.5% ^	14.9%	12.9%	12.9%	24.4% ^	24.5% ^	27.8% ^
Some college/graduate	19.2% ^	14.5% ^ *	18.2% ^ *	11.6%	6.1% ^ *	9.8% *	16.8% ^	11.7% ^ *	15.4% ^ *
Postgraduate	5.4% ^	5.5% ^	6.3% ^	1.3% ^	4.9%	7.6%	3.9% ^	5.3% ^	6.8% ^
Marital Status									
Married	21.0% ^	15.8% ^ *	19.5% ^ *	12.5%	13.7%	15.2%	18.3% ^	15.5% ^	19.2% *
Not Married	33.0% ^	33.4% ^	33.5% ^	11.8%	9.1%	11.8%	27.5% ^	22.1% ^ *	23.1%
Family Income 1									
< 100%	45.9% ^	42.9% ^	41.4% ^	16.1%	10.5%	13.5%	34.7% ^	32.6% ^	31.4% ^
100-184%	44.2% ^	35.1% ^ *	42.9% ^	13.1%	16.4% ^	17.2%	33.5% ^	28.3% ^	34.6% ^
185-199%	41.4% ^	24.3% *	36.8%	14.2%	--	13.1%	29.5%	22.4%	27.7%
200-249%	30.4%	27.5%	30.9%	22.4%	13.3%	16.1%	27.9% ^	22.8%	26.0%
250-299%	15.5% ^	19.2%	19.9%	9.5%	13.6%	16.2%	13.7% ^	17.3%	18.7%
300+%	8.7% ^	8.3% ^	9.0% ^	6.0% ^	2.5% ^	5.5% ^ *	8.1% ^	6.7% ^	8.1% ^
Family Income 2									
< 100%	N/A	N/A	41.4% ^	N/A	N/A	13.5%	N/A	N/A	31.4% ^
100% - 137%	N/A	N/A	44.8% ^	N/A	N/A	18.9%	N/A	N/A	36.5% ^
138% - 184%	N/A	N/A	41.1% ^	N/A	N/A	15.5%	N/A	N/A	32.7% ^
185% - 199%	N/A	N/A	36.8%	N/A	N/A	13.1%	N/A	N/A	27.7%
200% - 249%	N/A	N/A	30.9%	N/A	N/A	16.1%	N/A	N/A	26.0%
250% - 299%	N/A	N/A	19.9%	N/A	N/A	16.2%	N/A	N/A	18.7%
300% - 399%	N/A	N/A	15.6% ^	N/A	N/A	7.6% ^	N/A	N/A	13.1% ^
400%+	N/A	N/A	6.4% ^	N/A	N/A	4.3% ^	N/A	N/A	5.9% ^
Military Service									
Veteran or on Active Duty	N/A	8.7% ^	21.1% *	N/A	4.2% ^	11.0%	N/A	7.3% ^	17.9% *
Never	N/A	24.5% ^	25.1%	N/A	10.3%	11.0% ^	N/A	20.3% ^	20.7% ^
Urbanicity									
Urban	21.4% ^	23.0%	25.0%	9.5% ^	8.3%	10.6%	17.8% ^	18.4%	20.4%
Rural	28.2% ^	22.4% *	26.9% *	16.1%	12.2%	14.2%	24.6% ^	19.6% *	23.1% *

Exhibit 3.1. Uninsurance Rates within Oklahoma by Demographic Characteristics, 2004, 2008, and 2013 (Non-Elderly) (cont.)

	Adults			Children			Total		
	2004	2008	2013	2004	2008	2013	2004	2008	2013
Region									
Northwest	24.1%	20.7%	18.8% ^	10.9%	7.7%	11.5%	20.0%	16.1%	16.5% ^
Central	26.0%	25.4%	25.7%	9.0%	11.4%	13.0%	21.1%	21.1%	21.5%
Southwest	21.4%	21.4%	25.4%	6.8%	5.6%	11.0%	16.7%	17.1%	20.8%
Tulsa	18.1% ^	21.8%	25.4%	7.7%	4.1% ^	9.5%	14.9% ^	16.2%	20.6%
Northeast	24.7%	22.5%	26.6%	17.6%	12.7%	13.9%	22.7%	19.6%	22.8%
Southeast	31.6% ^	21.4%	* 30.6% *	22.3% ^	15.1%	10.9%	28.8% ^	19.8%	* 25.2%
Health Status									
Excellent/Very Good	20.5% ^	18.2% ^	18.9% ^	12.3%	8.0% ^ *	10.8%	17.3% ^	14.1% ^ *	15.6% ^
Good	28.4%	24.4%	31.6% ^ *	9.0%	16.7%	14.8%	25.3% ^	22.8% ^	28.3% ^ *
Fair/Poor	32.1% ^	31.2% ^	31.3% ^	--	--	11.9%	31.0% ^	30.4% ^	29.5% ^
Disability Status									
No Chronic Condition	25.6%	23.1%	25.2%	12.7%	10.2%	12.1%	21.1%	18.0%	* 20.2%
Chronic Condition	22.2%	22.4%	24.7%	9.7%	6.9%	7.2% ^	19.9%	20.0%	21.8%

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

Notes: Based on the state's non-elderly population aged 0-64 years. Language at home and military status were not collected in 2004. Country of birth is only available for 2013.

† For children, the data are based on the child's primary wage earner.

-- Data are not shown due to insufficient sample size (<50 cases).

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

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

Uninsurance rates for Oklahoma's non-elderly population also varied by employment status and employment characteristics (see Exhibit 3.2). (For children, the employment information is based on the child's primary wage earner. In contrast to past reports, which excluded all full-time students, we include here full-time students who were working.) While, in 2013, almost 60% of the uninsured non-elderly population in the state were working or, in the case of children, had a parent or primary wage earner working (data discussed in Chapter 4), still more nonworking individuals in 2013 lacked health insurance coverage than the overall non-elderly population (27.1% vs. 21.5%). Compared to the uninsurance rate for the overall non-elderly *working* population in 2013 (18.8%), significantly higher rates of uninsurance were observed for those in temporary/seasonal positions (46.5%), those working fewer than 30 hours per week (as high as 35.3%), the self-employed (34.2%), and those working in firms with 10 or fewer employees (35.1%). In contrast, much lower rates of uninsurance are evident in 2013 for those working in permanent positions (15.5%), those working for government employers (6.3%), and those employed by large firms (9.4%). Between 2008 and 2013, the uninsurance rate increased among those working more than 40 hours per week (from 13.1% to 17.3%), self-employed individuals (from 26.3% to 34.2%), and among those working for large firms with more than 500 employees (from 6.0% to 9.4%).

Exhibit 3.2. Uninsurance Rates within Oklahoma by Employment Status and Characteristics, 2004, 2008, and 2013 (Non-Elderly)

	2004	2008	2013
Employment status			
Working	17.8% ^	16.5% ^	18.8% ^
Not working	28.2% ^	24.5% ^	27.1% ^
Of those working:			
Type of Job			
Permanent	16.0% ^	13.5% ^	15.5% ^
Temporary/Seasonal	43.8% ^	44.3% ^	46.5% ^
Hours Worked per Week			
< 21	30.7% ^	25.5% ^	28.1% ^
21 - 29	22.9%	37.7% ^	35.3% ^
30 - 40	17.4%	16.8%	18.1%
41+	16.4%	13.1% ^	17.3% *
Employer Type			
Self-employed	34.8% ^	26.3% ^ *	34.2% ^ *
Government	7.3% ^	5.3% ^	6.3% ^
Private	18.0%	17.8%	19.2%
Employer Size			
< 11 employees	32.4% ^	30.2% ^	35.1% ^
11 - 50	22.1%	22.0%	21.1%
51 - 100	15.6%	20.6%	15.0%
101 - 500	12.5% ^	10.2% ^	15.9%
500+	8.6% ^	6.0% ^	9.4% ^ *

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

Notes: Based on the state's non-elderly population aged 0-64 years. For children, the data are based on the child's primary wage earner. Job type is missing for approximately 8% of the sample in 2008. Employer size is missing for 5-10% of the sample in each year.

^ Indicates a statistically significant difference ($p \leq .05$) between estimate and the estimate for the total working non-elderly population within year (with the exception of the uninsurance rate by employment status, which is compared to the overall estimate for the total non-elderly population).

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

CHAPTER 4. CHARACTERISTICS OF THE UNINSURED AND INSURED

Exhibit 4.1 and 4.2 present the demographic and employment characteristics of the insured and uninsured non-elderly populations (aged 0-64 years) in Oklahoma. (For children aged 0-18 years, the data shown for education, marital status, military service, and employment are for the child's primary wage earner.) Three insurance groups are shown (privately insured, publicly insured, and the uninsured), and they are each compared to the total non-elderly population in general. The percentages presented describe who comprise the uninsured and insured in Oklahoma and how these groups have changed over time. While these numbers are partly a function of insurance/uninsurance rates (i.e., who is more or less likely to be insured or uninsured, presented in Chapter 3), the numbers presented in this chapter also take into consideration the distribution of the entire population across the various demographic groups of interest. For example, while Hispanic residents have a higher uninsurance rate (see Chapter 3), they comprise a small share of the uninsured population because they represent a small demographic group overall in the state's non-elderly population.

Key findings are as follows:

- **Gender:** The insurance groups did not differ significantly in terms of gender. The only exception pertained to the uninsured in 2013; this group included slightly more males and fewer females. The gender make-up of the different insurance groups has not changed over time.
- **Age:** In 2013, compared to the total non-elderly population, children 0-18 years of age comprised a relatively larger share of the publicly insured (52.3% vs. 31.0%), whereas adults aged 19-64 years made up larger shares of the privately insured and uninsured (74.2% and 82.6%, respectively vs. 69.0%). The age composition of the different insurance groups has not fluctuated significantly over time.
- **Race:** In 2013, compared to the overall non-elderly population, more privately insured individuals were white (79.0% vs. 72.4%). In contrast, African American, Hispanic and American-Indian Oklahomans make up a disproportionate share of the publicly insured. In addition, a higher proportion of Hispanic and American Indians are observed among the uninsured. Little change was observed over time: Between 2008 and 2013, the proportion of the non-elderly with private insurance who are white decreased slightly (from 82.3% to 79.0%), and the proportion with public insurance who are Hispanic increased (from 8.7% to 13.7%).
- **Language spoken at home:** A higher percentage of the privately insured non-elderly population speaks English at home than is true for the state overall (91.2% vs. 89.7%).
- **Country of birth:** A higher percentage of the publicly insured and a lower percentage of the uninsured are US born as compared to the total non-elderly population in Oklahoma (97.7% and 91.3%, respectively, vs. 94.9%).
- **Education:** The privately insured, publicly insured, and uninsured vary significantly by education level. In contrast to the overall non-elderly population, the privately insured were comprised of a higher proportion of individuals with at least some college education, whereas a larger share of publicly insured and uninsured individuals did not have post-secondary education. Since 2008, the proportion of privately insured individuals with a high school degree has increased (from 25.2% to 28.4%), and the share of the publicly insured with a

post-graduate education increased (from 1.4% to 3.1%). While the share of the uninsured with at least some post-secondary education decreased between 2004 and 2008, it remained stable between 2008 and 2013.

- **Marital status:** The privately insured, publicly insured, and uninsured also vary significantly by marital status. The privately insured (50.1%) were more likely and the publicly insured (25.6%) and uninsured (36.2%) were less likely to be married compared to the overall non-elderly population (40.6%). As with the population overall, the proportion of the privately insured and publicly insured who are married decreased and the proportion who are unmarried increased between 2008 and 2013.
- **Family income:** Similar to education, the insured and uninsured populations differ greatly by income. Compared to the overall non-elderly population, the privately insured were comprised of more individuals with higher family incomes and fewer with lower incomes, whereas the opposite was true for the publicly insured and uninsured. No significant changes were observed between 2008 and 2013.
- **Military service:** More Oklahomans with private insurance (12.4%) and less with public insurance (8.2%) reported current or past military service than is true for the overall non-elderly population (10.6%). Compared to 2008, a higher proportion of the uninsured non-elderly were a veteran or on active duty in 2013 (from 4.3% to 9.3%).
- **Urbanicity:** In 2013, compared to the total non-elderly population, a larger share of the privately insured was living in an urban area within Oklahoma (61.4 vs. 58.7%). While the proportion of the publicly insured and uninsured living in an urban area increased between 2004 and 2008, no changes were observed between 2008 and 2013.
- **Region:** Very few differences are observed across insurance groups by region. The only exceptions include the privately insured, of which a slightly higher percentage live in the Northwest region (11.8% vs. 9.6%) and a slightly lower percentage live in the Southeast region (9.5% vs. 11.4%), and the publicly insured and uninsured, of which a slightly lower percentage live in the Northwest region (7.1% and 7.4%, respectively, vs. 9.6%).
- **Health status:** Compared to the overall non-elderly population, more privately-insured individuals reported excellent, very good or good health (90.5% vs. 83.7%) and fewer reported fair or poor health (9.5% vs. 16.4%). In contrast, fewer publicly-insured and uninsured individuals had excellent/very good health and more reported fair or poor health (over 20% vs. 16.4%). Since 2008, the proportion of the publicly insured with fair/poor health decreased from 29.7% to 24.3%.
- **Disability status:** A smaller percentage of privately insured individuals (27.3%) and a higher percentage of publicly insured individuals (39.9%) reported having a chronic condition than the total non-elderly population (32.0%). As with the non-elderly population overall, the proportion of privately insured and publicly insured with a chronic condition decreased between 2008 and 2013. No such change was observed among the uninsured, whose rate of chronic conditions stayed the same.

Exhibit 4.1. Demographic Characteristics of the Insured and Uninsured in Oklahoma, 2004, 2008 and 2013 (Non-Elderly)

	Private			Public			Uninsured			Total		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
Gender												
Male	49.5%	50.2%	49.1%	50.5%	46.8%	46.6%	49.7%	51.3%	54.5%^	49.7%	49.6%	49.6%
Female	50.5%	49.7%	50.8%	49.5%	53.2%	53.4%	50.3%	48.7%	45.5%^	50.3%	50.4%	50.4%
Age												
0 – 18	27.3%^	27.7%^	25.8%^	54.3%^	49.0%^	52.3%^	17.7%^	15.7%^	17.4%^	29.8%	30.5%	31.0%
19 – 64	72.8%^	72.3%^	74.2%^	45.7%^	51.0%^	47.7%^	82.4%^	84.3%^	82.6%^	70.2%	69.5%	69.0%
Race/Ethnicity												
White	82.5%^	82.3%^	79.0%^ *	65.0%^	66.7%^	66.7%^	72.9%^	66.6%^	63.6%^	77.5%	75.7%	72.4%*
African American	7.1%^	6.3%^	5.5%^	18.4%^	17.6%^	13.9%^	4.5%^	9.3% *	7.6%	8.5%	9.5%	8.2%
Hispanic	4.9%^	5.5%^	6.4%^	10.1%	8.7%	13.7%^ *	12.4%^	13.0%^	13.3%^	7.3%	7.7%	9.8%*
Asian	2.5%	3.1%	2.7%	1.2%	1.2%	2.0%	2.9%	2.1%	1.7%	2.4%	2.5%	2.3%
American Indian	9.2%^	8.5%^	8.8%^	17.1%^	17.4%^	16.3%^	17.1%^	17.6%^	18.9%^	12.2%	12.3%	12.9%
Language at Home												
English	N/A	92.2%^	91.2%^	N/A	89.9%	88.1%	N/A	86.2%^	87.7%	N/A	90.5%	89.7%
Other	N/A	7.8%^	8.8%^	N/A	10.1%	11.9%	N/A	13.8%^	12.4%	N/A	9.5%	10.3%
Country of Birth												
USA	N/A	N/A	94.9%	N/A	N/A	97.7%^	N/A	N/A	91.3%^	N/A	N/A	94.9%
Other	N/A	N/A	5.1%	N/A	N/A	2.3%^	N/A	N/A	8.7%^	N/A	N/A	5.1%
Education												
Less than high school	5.8%^	4.1%^	4.5%^	21.8%^	18.6%^	21.0%^	22.6%^	25.3%^	20.8%^	12.0%	11.5%	12.4%
High school graduate	26.8%^	25.2%^	28.4%^ *	40.2%^	41.2%^	39.4%^	36.5%^	42.3%^	44.9%^	31.1%	32.2%	34.9%*
Some college/graduate	55.7%^	57.2%^	54.3%^	35.4%^	38.8%^	36.5%^	39.4%^	30.0%^ *	31.8%^	48.9%	47.8%	44.7%*
Postgraduate	11.7%^	13.5%^	12.8%^	2.7%^	1.4%^	3.1%^ *	1.5%^	2.4%^	2.5%^	8.0%	8.6%	8.0%
Marital Status												
Married	79.3%^	56.2%^ *	50.1%^ *	58.8%^	32.0%^ *	25.6%^ *	63.9%^	38.6%^ *	36.2%^	72.6%	47.2%*	40.6%*
Not Married	20.7%^	43.8%^ *	49.9%^ *	41.2%^	68.0%^ *	74.4%^ *	36.1%^	61.4%^ *	63.8%^	27.4%	52.9%*	59.4%*
Family Income 1 (% FPG)												
< 100%	5.5%^	7.6%^ *	8.3%^	48.5%^	43.6%^	46.3%^	29.8%^	37.6%^ *	35.3%^	17.8%	21.8%*	24.2%
100-184%	12.0%^	9.8%^	8.9%^	26.6%^	30.0%^	27.9%^	29.1%^	26.7%^	29.6%^	18.0%	17.8%	18.4%
185-199%	3.8%	3.4%	2.8%	3.3%	2.2%	2.1%	5.9%	3.8%	3.6%	4.1%	3.2%	2.8%
200-249%	10.4%	8.1% *	9.1%	5.2%^	4.6%^	6.9%^	13.7%^	9.0% *	10.7%	10.2%	7.4%*	8.8%
250-299%	10.3%^	10.9%^	9.4%^	2.8%^	5.1%^ *	4.0%^	5.3%^	8.3%	6.4%	8.0%	9.0%	7.3%*
300+%	58.0%^	60.3%^	61.5%^	13.5%^	14.4%^	12.8%^	16.3%^	14.6%^	14.4%^	41.8%	40.8%	38.4%

Exhibit 4.1. Demographic Characteristics of the Insured and Uninsured in Oklahoma, 2004, 2008, and 2013 (Non-Elderly) (cont.)

	Private			Public			Uninsured			Total		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
Family Income 2 (% FPG)												
< 100%	N/A	N/A	8.3%^	N/A	N/A	46.3%^	N/A	N/A	35.3%^	N/A	N/A	24.2%
100% - 137%	N/A	N/A	3.0%^	N/A	N/A	15.6%^	N/A	N/A	15.3%^	N/A	N/A	9.0%
138% - 184%	N/A	N/A	5.9%^	N/A	N/A	12.3%^	N/A	N/A	14.4%^	N/A	N/A	9.4%
185% - 199%	N/A	N/A	2.8%	N/A	N/A	2.1%	N/A	N/A	3.6%	N/A	N/A	2.8%
200% - 249%	N/A	N/A	9.1%	N/A	N/A	6.9%^	N/A	N/A	10.7%	N/A	N/A	8.8%
250% - 299%	N/A	N/A	9.4%^	N/A	N/A	4.0%^	N/A	N/A	6.4%	N/A	N/A	7.3%
300% - 399%	N/A	N/A	16.6%^	N/A	N/A	5.5%^	N/A	N/A	7.1%^	N/A	N/A	11.6%
400%+	N/A	N/A	44.9%^	N/A	N/A	7.3%^	N/A	N/A	7.3%^	N/A	N/A	26.8%
Military Service												
Veteran or on Active Duty	N/A	14.5%^	12.4%^	N/A	8.5%^	8.2%^	N/A	4.3%^	9.3% *	N/A	11.2%	10.6%
Never	N/A	85.5%^	87.6%^	N/A	91.5%^	91.9%^	N/A	95.7%^	90.7% *	N/A	88.8%	89.4%
Urbanicity												
Urban	62.0%^	63.8%	61.4%^	48.5%^	58.2% *	55.8%	49.0%^	60.4% *	55.6%	57.0%	61.8%*	58.7%*
Rural	38.0%^	36.2%	38.6%^	51.5%^	41.9% *	44.2%	51.0%^	39.6% *	44.4%	43.0%	38.2%*	41.3%*
Region												
Northwest	9.7%	10.4%^	11.8%^	7.6%	5.7%^	7.1%^	8.8%	7.5%	7.4%^	9.1%	8.7%	9.6%
Central	26.8%	27.7%	27.4%	24.0%	24.5%	25.8%	26.7%	30.8%	26.8%	26.3%	27.5%	26.8%
Southwest	12.1%	12.4%	13.3%	16.0%	11.6%	11.3%	9.9%	10.8%	12.2%	12.3%	11.9%	12.5%
Tulsa	18.7%^	17.9%	16.4%	12.1%^	16.6%	17.4%	11.5%^	14.6%	15.9%	16.1%	17.0%	16.6%
Northeast	23.0%	22.2%	21.6%	25.8%	26.3%	25.0%	26.4%	24.5%	24.6%	24.2%	23.6%	23.1%
Southeast	9.8%^	9.5%^	9.5%^	14.5%	15.2%^	13.4%	16.7%^	11.8% *	13.3%	12.0%	11.3%	11.4%
Health Status												
Excellent/Very Good	72.6%^	71.4%^	71.3%^	53.4%^	48.6%^	51.8%^	54.7%^	46.1%^ *	45.5%^	65.6%	61.3%*	60.7%
Good	20.6%	20.6%	19.2%^	21.5%	21.7%	23.8%	26.9%^	26.8%^	31.3%^	22.1%	22.0%	23.0%
Fair/Poor	6.8%^	8.0%^	9.5%^	25.1%^	29.7%^	24.3%^ *	18.4%^	27.1%^ *	23.2%^	12.3%	16.7%*	16.4%
Disability Status												
No Chronic Condition	69.3%	67.2%^	72.7%^ *	64.4%	53.6%^ *	60.1%^ *	69.8%	60.2% *	66.3%	68.6%	62.6%*	68.0%*
Chronic Condition	30.7%	32.8%^	27.3%^ *	35.7%	46.4%^ *	39.9%^ *	30.2%	39.9% *	33.7%	31.5%	37.4%*	32.0%*

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

Notes: Based on the state's non-elderly population aged 0-64 years. Language at home and military status were not collected in 2004. For children, the data are based on the child's primary wage earner.

^ Indicates a statistically significant difference between estimate and the estimate for the total state non-elderly population within year.

* Indicates a statistically significant difference ($p \leq 0.05$) between 2004 and 2008 or 2008 and 2013.

As shown in Exhibit 4.2 employment status and work characteristics also vary by insurance coverage and type. Key findings for 2013 are as follows. Very few changes were observed since 2008.

- **Employment status:** Compared to the non-elderly population in general (68.2%), more privately insured individuals and fewer publicly insured and uninsured individuals were working at the time of the survey. As shown, 45% of the publicly insured were employed, but the majority of the privately insured (83.6%) and uninsured (59.8%) were working in 2013.
- **Job type:** Of those working in 2013, a higher percentage of the publicly insured and uninsured were employed in temporary/seasonal jobs (15.6% and 25.8%, respectively vs. 10.4% for the overall non-elderly working population). In contrast, a higher percentage of the privately insured were employed in permanent positions (95.6% vs. 89.7% overall).
- **Hours per week:** Compared to the overall non-elderly working population, more of the working uninsured worked between 21-29 hours per week in 2013 (5.0% vs. 2.7%). A larger share of privately insured individuals worked more than 40 hours per week (40.8% vs. 38.5%) and fewer worked less than 30 hours (5.7 vs. 8.9%). In contrast to the overall non-elderly employed population, more employed individuals with public insurance worked fewer than 21 hours per week (9.5% vs. 6.2%) and fewer worked 41 hours or more (33.2% vs. 38.5%).
- **Employer type:** In 2013, a smaller proportion of the privately insured workers were self-employed (10.9% vs. 14.0%), and a larger proportion of privately insured workers worked for a government employer (24.2% vs. 19.6%) compared to overall working non-elderly population. In contrast, significantly more uninsured workers were self-employed (25.6% vs. 14.0%) and fewer were employed by a government employer (6.6% vs. 19.6%).
- **Employer size:** Employer size differences across the insurance groups pertain mostly to smallest and larger employers (< 11 employees and 101+ employees). Compared to the non-elderly working population in general, fewer privately insured individuals worked for such small firms (14.8% vs. 22.4%), whereas significantly more publicly insured (29.2%) and uninsured (42.9%) were employed by these firms. Likewise, more privately insured individuals (64.0%) and fewer publicly insured (40.7%) individuals worked for firms with more than 100 employees. Fewer uninsured workers also were working for the largest firm size (500 or more employees) compared to the overall working population (19.7% vs. 38.6%).

Exhibit 4.2. Work Characteristics of the Uninsured and Insured in Oklahoma, 2004, 2008, and 2013 (Non-Elderly)

	Private			Public			Uninsured			Total		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
Employment Status												
Working	82.5%^	83.3%^	83.6%^	50.7%^	48.1%^	45.0%^	63.2%^	62.2%^	59.8%^	73.2%	71.0%	68.2%*
Not working	17.5%^	16.8%^	16.5%^	49.3%^	51.9%^	55.0%^	36.8%^	37.8%^	40.2%^	26.8%	29.1%	31.8%*
Of those working:												
Type of Job												
Permanent	96.4%^	95.8%^	95.6%^	92.0%	87.4%	84.4%^	84.6%^	76.0%^ *	74.2%^	93.8%	91.2%*	89.7%
Temporary/Seasonal	3.7%^	4.2%^	4.4%^	8.0%	12.6%	15.6%^	15.5%^	24.0%^ *	25.8%^	6.2%	8.8%*	10.4%
Hours Worked per Week												
< 21	3.9%^	5.4%	4.4%^	6.1%	7.1%	9.5%^	8.6%^	9.9%	9.3%	5.0%	6.4%	6.2%
21 – 29	1.4%^	1.5%^	1.3%^	4.6%	3.3%	5.3%	2.5%	5.6%	5.0%^	2.0%	2.5%	2.7%
30 – 40	54.8%	52.1%	53.4%	54.9%	51.9%	52.1%	53.5%	53.2%	50.5%	54.6%	52.2%	52.6%
41+	39.9%	41.0%	40.8%^	34.4%	37.7%	33.2%^	35.3%	31.3%^	35.2%	38.4%	38.9%	38.5%
Employer Type												
Self-employed	8.9%^	12.2%^*	10.9%^	15.0%	18.4%	13.2%	24.1%^	24.2%^	25.6%^	12.3%	15.2%*	14.0%
Government	24.9%^	25.4%^	24.2%^	20.4%	13.2%^	16.8%	8.8%^	6.5%^	6.6%^	21.5%	20.3%	19.6%
Private	66.3%	62.4%^*	65.0%	64.7%	68.4%	70.0%	67.1%	69.3%	67.8%	66.2%	64.5%	66.4%
Employer Size												
< 11 employees	15.9%^	16.0%^	14.8%^	30.6%^	32.7%^	29.2%^	42.7%^	44.6%^	42.9%^	22.0%	23.1%	22.4%
11 – 50	12.6%^	11.1%	12.6%	16.8%	13.5%	17.1%	18.7%	17.5%	16.1%	14.1%	12.5%	14.0%
51 – 100	5.7%	8.2% *	8.7%	5.7%	10.2%	13.0%	5.2%	12.0% *	7.6%	5.6%	9.1%*	9.2%
101 – 500	15.5%	18.0%	17.5%^	13.2%	18.8%	11.8%^ *	10.8%	11.1%^	13.8%	14.5%	17.1%*	15.8%
500+	50.3%^	46.8%^	46.5%^	33.8%^	24.8%^	28.9%^	22.6%^	14.7%^ *	19.7%^	43.8%	38.2%*	38.6%

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

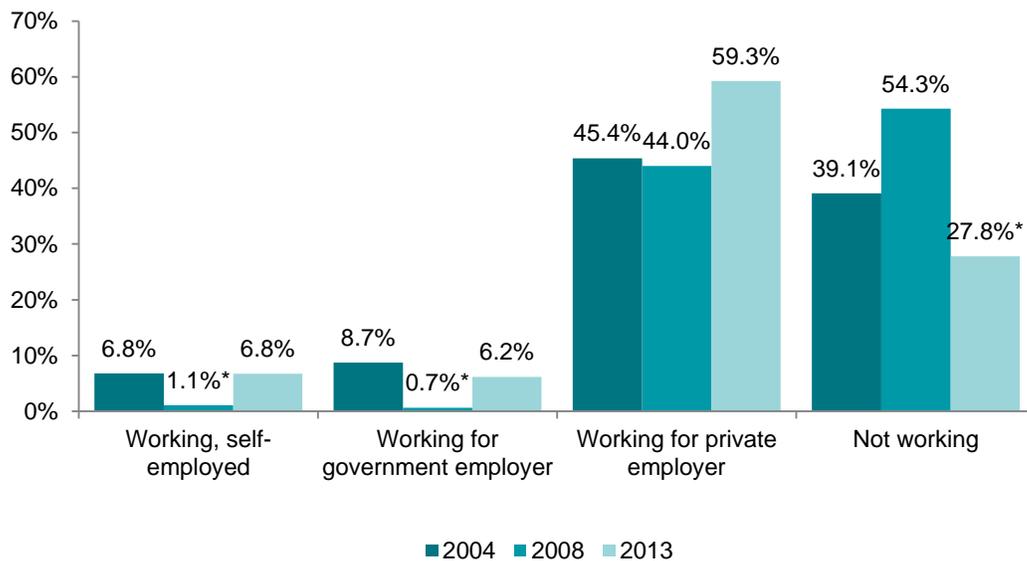
Notes: Based on the state's non-elderly population aged 0-64 years. For children, the data are based on child's primary wage earner. Job type is missing for approximately 8% of the 2008 sample, and employer size is missing for 5-10% of the sample in each year.

^ Indicates a statistically significant difference ($p \leq .05$) between estimate and the estimate for the total state non-elderly working population within year (with the exception of the uninsurance rate by employment status, which is compared to the overall estimate for the total non-elderly population).

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

Exhibits 4.3 and 4.4 examine the employment status and employer type of two uninsured subgroups of interest to OHCA: uninsured young adults (aged 19-25 years of age) and uninsured individuals without a high school degree. In 2013, 59.3% of uninsured young adults were employed and working for a private employer. While this number appears to be significantly higher than that in 2008, it did not reach statistical significance, which may be a function of the smaller sample size for this subgroup. However, the proportion of uninsured young adults who were not employed dropped significantly between 2008 and 2013 (54.3% vs. 27.8%). Very few uninsured young adults were self-employed or working for a government employer. The pattern for employment status and type for the uninsured non-elderly population with less than a high school degree (Exhibit 4.4) was stable over time, with 49.5% not working and 40% employed and working for a private employer in 2013. About 10% were self-employed during the same year.

Exhibit 4.3. Employment Status of Uninsured Young Adults (19-25 years) in Oklahoma, 2004, 2008, and 2013

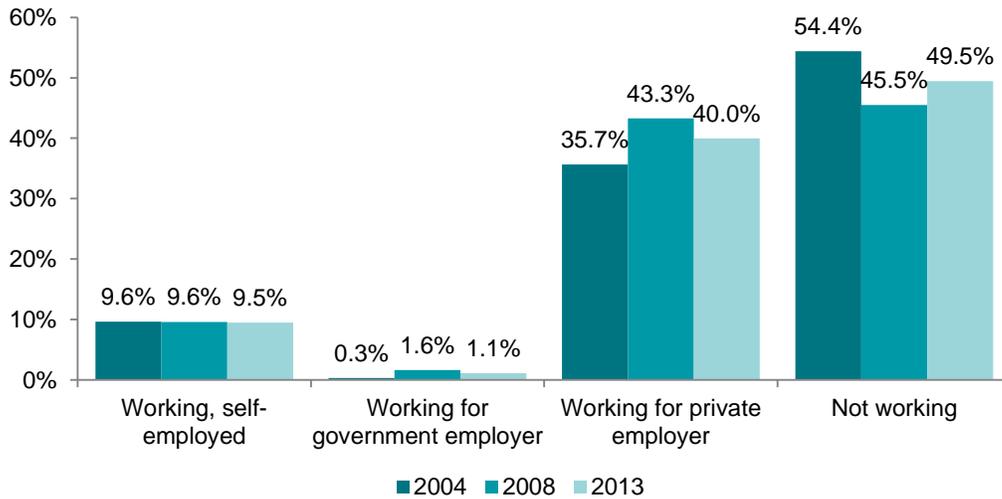


Sources: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.

Notes: Based on young adults aged 19-25 years.

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

Exhibit 4.4. Employment Status of Uninsured Individuals in Oklahoma without a High School Degree, 2004, 2008, and 2013 (Non-Elderly)



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

Notes: Based on the state's non-elderly population aged 0-64 years. For children (aged 0-18 years) the data are based on the education level and employment status of the child's primary wage earner.

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

CHAPTER 5. POTENTIAL ELIGIBILITY FOR HEALTH INSURANCE, WILLINGNESS TO ENROLL, AND ABILITY TO PAY FOR COVERAGE

This chapter takes a closer look at the uninsured non-elderly population (aged 0-64 years) in Oklahoma and examines their potential eligibility for health insurance, their ability to pay for insurance, and their reasons for not enrolling in coverage.

Potential Access to and Eligibility for Health Insurance

Employer-Based Health Insurance

The top section of Exhibit 5.1 shows the estimated percentage of uninsured children (0-18 years) and non-elderly adults (19-64) who may have potential access to and may be eligible for employer-based health insurance in 2013. It is important to highlight that these data are *estimates* based on self-reported information concerning the availability of health insurance at work and whether the insurance could be used to cover an uninsured family member. For children, the survey inquired about potential eligibility through a parent's or guardian's employer. For unmarried adults, the survey asked about potential eligibility through the adult's own employer, and for married adults, the survey inquired about the adult's own employer and a spouse's employer. A limitation of the survey was that eligibility for coverage via the spouse's employer was only asked if the spouse was enrolled in his/her employer-based coverage. Married adults who have spouses employed at an employer that offers health insurance but are not enrolled themselves are not included in this estimate.

As shown in Exhibit 5.1, an estimated 19.5% of uninsured non-elderly Oklahomans were potentially eligible for employer-based insurance in 2013. More children (26.0%) and married adults (27.3%) than unmarried adults (11.4%) were estimated to be eligible for this type of coverage.

Exhibit 5.1. Estimated Potential Eligibility for Group and Public Health Insurance Coverage among the Uninsured in Oklahoma, 2013 (Non-Elderly)

Type of Coverage	Children	Adults		Total
		Unmarried	Married	
Employer-Based Insurance				
ESI	26.0%	11.4% ^	27.3% ^	19.5%
Public Insurance				
SoonerCare (Medicaid)	58.8% ^	4.3% ^	0.5% ^	11.0%
Insure Oklahoma (Premium Assistance)	17.7%	23.3%	26.2%	23.6%
SoonerCare or Insure Oklahoma	59.7% ^	27.6%	26.7%	31.7%
Employer or Public Insurance				
	77.4% ^	39.6% ^	51.9%	49.3%

Source: 2013 Oklahoma Health Care Insurance and Access Survey.

Notes: Based on the state's non-elderly population aged 0-64 years.

Public insurance eligibility has no missing cases. ESI eligibility and employer or public insurance eligibility are missing for 5% or more of the total sample in at least 2013.

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

Public Insurance

The middle section of Exhibit 5.1 above presents estimates of the proportion of the uninsured non-elderly who were potentially eligible for public health insurance coverage in 2013. Data are shown for the SoonerCare (Medicaid) and Insure Oklahoma (premium assistance) programs in the state. While these data are important for informing policy concerning eligibility and outreach, we emphasize that the data reported are estimates based on the data were available in the survey – specifically self-reported information regarding age, income, and household composition. These data precluded our estimation of some potential eligibility groups (for example, SoonerCare for pregnant women with young children or Insure Oklahoma for specific college students). Also, even for eligibility groups we were able to estimate based on the survey data, additional factors are taken into account in determining actual public program eligibility. Thus, it is not known how many survey participants would be eligible if they applied to either of the public health program.

The estimates presented for SoonerCare relied on age, parenthood status, and family income data. In line with eligibility guidelines for this program, children whose family income was at 185% FPG or less and parents with incomes up to 30.4% FPG were considered potentially eligible. The higher income ceiling for children is reflected in the estimate that over half of uninsured children (58.8%) are potentially eligible for SoonerCare (see Exhibit 5.1). Adults' much lower income ceilings corresponds with much lower estimates of eligibility (4.3% for unmarried uninsured adults and 0.5% for married uninsured adults).

Insure Oklahoma is a premium assistance program that subsidizes employer-based insurance for individuals at or below 200% FPG, and who work for employers with no more than 99 employees. Potential eligibility for Insure Oklahoma was determined based on the target adult's own employer size or the employer size of the target's spouse or parent(s) as well as the target's family income. In 2008, spouses and dependents were not eligible for coverage under Insure Oklahoma, but in 2013 they were. Based on survey participants' income and employer size in 2013, we estimate that 17.7% of children, 23.3% of unmarried uninsured adults, and 26.2% of married uninsured adults were potentially eligible for the program.

As shown in Exhibit 5.1 above, 31.7% of all uninsured non-elderly Oklahomans were estimated to be eligible for either SoonerCare or Insure Oklahoma. This estimate varies dramatically by age group, with a higher percentage of uninsured children (59.7%) potentially eligible than adults (27.65% and 26.7% for unmarried and married uninsured adults, respectively).

Eligibility for Either Employer-Based or Public Health Insurance

Finally, Exhibit 5.1 above estimates the percentage of all non-elderly uninsured individuals who were eligible for *either* employer-based or public health insurance. Overall, 47.6% of all uninsured Oklahomans were estimated to be potentially eligible for either employer or public health insurance. Nearly three-quarters of children (77.4%) were thought to be eligible for some type of insurance. The overall rate of potential eligibility was significantly lower for unmarried adults (39.6%). The rate for uninsured married adults (51.9%) may be artificially high, however, due to the missing cases whose eligibility for their spouse's insurance could not be determined.

Willingness to Enroll in a Public Insurance Program among the Uninsured

Exhibit 5.2 presents the results of a series of questions within the survey designed to assess information about a person's interest in and willingness to enroll in a public health insurance program in the state. Data are shown for the uninsured non-elderly population (0-64 years). For children (0-18 years), the survey inquired about the parent's knowledge of and willingness to enroll.

In 2013, 36.3% of uninsured individuals reported they had received information about any Oklahoma public health program. The majority of all uninsured individuals (71.1%) said that, if eligible, they would enroll in a public program. It is interesting to note that in 2013 a larger share of Oklahomans reported they would *not* enroll if eligible compared to in 2008 (17.0% vs. 7.2%). In 2013, of those who said they would not enroll, 84.6% said that they would enroll if the program was available to them at no cost. Almost 70% of the uninsured reported they would enroll in a premium assistance program if deemed eligible.

Exhibit 5.2. Knowledge of and Willingness to Enroll in Public Health Insurance Programs among the Uninsured in Oklahoma, 2004, 2008, and 2013 (Non-Elderly)

	2004	2008	2013
Received information about OK public health programs			
Yes	32.4%	36.0%	36.3%
No	60.2%	56.2%	59.7%
Don't know	7.4%	7.8%	4.0% *
Would enroll in OK public health program if eligible			
Yes	77.1%	76.7%	71.1%
No	10.3%	7.2%	17.0% *
Don't know	12.6%	16.1%	11.9%
Would enroll in OK public health program if at no cost to them			
Yes	N/A	91.6%	84.6% *
No	N/A	3.0%	8.3% *
Don't know	N/A	5.3%	7.1%
Would enroll in premium assistance program if eligible			
Yes	N/A	71.6%	69.1%
No	N/A	10.1%	15.3% *
Don't know	N/A	18.3%	15.7%

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

Notes: Based on the state's non-elderly population aged 0-64 years. For children (0-18), the survey questions inquired about the parents' knowledge of and willingness to enroll.

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

Ability to Pay for Health Insurance Coverage among the Uninsured

The survey also asked uninsured participants about the amount they would be able to pay each month for health insurance. These results are shown in Exhibit 5.3 for the non-elderly population in all three years. For uninsured children (0-18 years), the questionnaire asked about a parent's or guardian's ability to pay.

Exhibit 5.3. Monthly Amount the Uninsured in Oklahoma are Able to Pay for Low-Cost Health Insurance, 2004, 2008, and 2013 (Non-Elderly)

Amount	2004	2008	2013
\$0	18.9%	18.8%	27.2% *
\$10	2.8%	2.8%	3.2%
\$25	11.1%	13.8%	11.3%
\$50	23.5%	20.5%	16.4%
\$100	35.7%	35.6%	32.7%
Could pay something, amount unspecified	8.0%	8.5%	9.3%

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

Notes: Based on the state's non-elderly population aged 0-64 years. For children (0-18), the survey questions inquired about the parents' ability to pay.

The monthly amount is missing for 5% or more of the total sample in at least 2013.

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

Overall, in 2013, 27.2% of uninsured non-elderly Oklahomans reported that they would not be able to pay anything for health insurance, up from 18.8% in 2008. Of those who reported being able to pay something per month, most said either \$50 or \$100 (in fact, 49.1% of all uninsured reported these amounts). About 9% of the uninsured indicated that they could pay something but did not report a specific amount. The distribution across the different monthly amounts did not change between 2004 and 2008 or between 2008 and 2013.

Exhibit 5.4 presents the amount survey participants reported being able to pay by income. More individuals in the highest income groups reported being able to pay a monthly amount of \$100, whereas more individuals in the lowest income group reported that they would not be able to make a payment for health insurance. In fact, the proportion of individuals with incomes < 100% FPG who reported not being able to pay grew from 27.1% to 38.2% between 2008 and 2013.

Exhibit 5.4. Monthly Amount the Uninsured in Oklahoma are Able to Pay for Low-Cost Health Insurance by Federal Poverty Guideline (FPG), 2004, 2008, and 2013 (Non-Elderly)

Amount	FPG					
	< 100%	100-184%	185-199%	200-249%	250-299%	300% +
\$0						
2004	26.7%	20.4%	--	6.3% ^	--	14.9%
2008	27.1% ^	12.5% ^	--	4.9% ^	16.5%	15.5%
2013	38.2% ^ *	27.5% *	--	12.5% ^	34.0%	15.9% ^
\$10						
2004	4.3%	4.1%	--	1.6%	--	0.1% ^
2008	5.2%	1.5%	--	1.5%	0.0% ^	0.8%
2013	4.1%	4.7%	--	1.8%	0.0% ^	0.7% ^
\$25						
2004	15.3%	12.8%	--	11.8%	--	6.7%
2008	19.1%	12.7%	--	9.6%	7.6%	12.9%
2013	14.0%	10.2%	--	15.2%	1.9% ^	4.5% ^
\$50						
2004	25.8%	22.6%	--	23.3%	--	21.8%
2008	12.3% ^ *	33.8% ^	--	16.9%	21.8%	18.3%
2013	16.6%	18.1% *	--	21.1%	14.4%	12.6%
\$100						
2004	16.9% ^	30.5%	--	48.8% ^	--	51.6% ^
2008	27.4%	27.9%	--	59.5% ^	47.9%	46.9%
2013	15.0% ^ *	31.4%	--	42.3%	40.3%	57.4% ^
Could pay something, amount unspecified						
2004	11.1%	9.5%	--	8.2%	--	4.9%
2008	8.9%	11.7%	--	7.8%	6.3%	5.7%
2013	12.1%	8.2%	--	7.0%	9.4%	8.9%

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

Notes: Based on the state's non-elderly population aged 0-64 years. For children (0-18), the survey questions inquired about the parents' ability to pay.

The monthly is missing for 5% or more of the total sample in at least 2013.

-- Data are not shown due to insufficient sample size (<50 cases).

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

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

Reasons for Not Enrolling in Health Insurance or Purchasing Coverage on Their Own

Finally, the survey asked uninsured participants for the main reason they had not enrolled in employer-based and public insurance or why they had not purchased private coverage on their own. This section presents these data for the non-elderly population. (Again, data for children are based on their parent or guardian.) Data showed here are for 2013.

Employer-Based Insurance

Uninsured survey participants who were 25 or younger and who had parents with coverage through their work, adults married with a spouse with employer-based coverage, and working adults with coverage through their work were asked why they had not enrolled. Almost half (46.7%) of these uninsured Oklahomans reported they did not enroll because it was too expensive (see Exhibit 5.5). An additional 9.1% indicated they already have some coverage from a public program (despite not having reported that health insurance coverage during the

survey), and 8.0% reported that they had not enrolled employer-based insurance because they anticipated having other coverage soon (e.g., following a waiting period). About 5% of the uninsured non-elderly reported receiving health services through the IHS or Tribal Health Care (individuals with access to these services were categorized as uninsured in the survey if they had no other type of coverage), having a better plan through their spouse’s work, and being ineligible for employer insurance. Just over 6% reported that they do not need or want health insurance. Other reasons listed in Exhibit 5.5 were even less common.

Exhibit 5.5. Reasons Uninsured in Oklahoma Not Enrolled in Employer-Based Insurance for which They Had Potential Access, 2013 (Non-Elderly)

	%
Too expensive/could not afford	54.0%
Receives services through IHS/Tribal Care	6.4%
Has some benefits from a public program	6.3%
Will have coverage after waiting period	5.8%
Do not need or want health insurance	4.7%
Not eligible for reasons not related to their health condition	3.9%
Will get health insurance soon	3.4%
Plan through own/spouse's work is better or cheaper	3.4%
Rarely sick/can take care of self	2.8%
Too much hassle/paperwork	1.8%
Not eligible for reasons related to their health condition	1.1%
Do not like benefits package	0.9%
Don't know	3.2%
Other	2.3%

Source: 2013 Oklahoma Health Care Insurance and Access Survey.
 Notes: Based on the state’s non-elderly population aged 0-64 years. For children (0-18), the survey question inquired about the parent’s/guardian’s reason.

Public Insurance

Among the minority (17.0%) of uninsured participants who said they would not enroll in public health insurance even if eligible, the most common reasons cited by survey participants in 2013 (Exhibit 5.6) were that the coverage is too expensive (19.2%), they do not need or want insurance right now (18.6%), or they do not want government to pay or otherwise be involved with their health care (19.6%). Another 7% reported that they receive care through IHS. Other reasons expressed are shown in the exhibit.

Exhibit 5.6. Reasons Uninsured in Oklahoma Would Not Enroll in Public Health Insurance Program for which They Were Eligible, 2013 (Non-Elderly)

	%
Too expensive	22.0%
Do not think government should pay for their health care	17.2%
Do not need or want insurance right now	15.5%
Receives care through Indian Health Service	12.9%
Do not want government involved in their health care	7.6%
Do not think the care or benefits through these programs are good	5.1%
Too much hassle/paperwork	4.8%
Never looked into it	4.5%
Rarely sick or not sick right now	4.4%
Will get insurance soon, or has already applied and is waiting	3.6%
Don't think target is eligible	1.0%
Other	1.8%

Source: 2013 Oklahoma Health Care Insurance and Access Survey.
 Notes: Based on the state's non-elderly population aged 0-64 years. For children (0-18), the survey question inquired about the parent's/guardian's reason.

Self-Purchased Insurance

When asked why they had not purchased health insurance on their own, 69.3% of the uninsured non-elderly reported cost, indicating that such coverage is too expensive or that they could not afford the coverage (see Exhibit 5.7). No more than 5.0% of uninsured individuals reported any of the other reasons listed, including that they did not need or want health insurance coverage.

Exhibit 5.7. Reasons Uninsured in Oklahoma Have Not Purchased Health Insurance on their Own, 2013 (Non-Elderly)

	%
Too expensive/could not afford	69.3%
Receives services though IHS or Tribal Care	5.0%
Do not need or want insurance	3.8%
Not eligible for reasons related to their health condition	2.8%
Unemployed, does not work, or is in between jobs	2.7%
Rarely sick	2.7%
Too much hassle/paperwork	2.6%
Not eligible for reasons not related to their health condition	2.5%
Will get insurance soon, or has already applied and is waiting	2.3%
Do not know where to begin or where to go	1.5%
Just haven't gotten around to it	1.1%
Have access to health insurance elsewhere	0.9%
Will have coverage after waiting period	0.6%
Do not like benefits package	0.5%
Other	1.9%

Source: 2013 Oklahoma Health Care Insurance and Access Survey.
 Notes: Based on the state's non-elderly population aged 0-64 years. For children (0-18), the survey question inquired about the parent's/guardian's reason.

CHAPTER 6. PRIVATE AND PUBLIC COVERAGE

The purpose of this chapter is to provide additional information about those with health insurance in Oklahoma— that is, those with private and/or public coverage. We first present information about the specific types of private and public insurance people reported. For the privately insured (i.e., those with employer-based or self-purchased insurance), we then report on the type of plans (family or individual) as well as cost-sharing (premiums and deductibles) associated with these coverage types. We also provide information on dental, long-term care, and pharmaceutical coverage among the publicly and privately insured.

Types of Private and Public Coverage

As reported in Chapter 2 (Exhibit 2.3), despite a decline in employer-based insurance between 2008 and 2013, it remains the dominant form of insurance in Oklahoma, with 46.8% of the non-elderly population reporting this type of coverage in 2013. Additionally, just over one-quarter (26.6%) of the non-elderly population have some form of public insurance, a statistically significant increase from 23.7% in 2008.

Exhibit 6.1 presents the specific types of group coverage and public coverage reported by the non-elderly population. In 2013, 89.1% of the individuals who reported group insurance had coverage through an employer-based or COBRA plan. The remaining 10.9% had coverage through Veterans Affairs or a military health care, TRICARE or CHAMPUS plan. This breakdown is not statistically different from that reported in 2008.

Of the non-elderly population who reported having public coverage in 2013, the majority reported SoonerCare (Medicaid) (70.5%), followed by 25.8% who reported Medicare. Additionally, 3.8% reported coverage through the Insure Oklahoma program, and only 1.0% reported coverage through the Oklahoma High Risk Pool or Plan. Between 2008 and 2013, the proportion of publically insured who reported Medicaid coverage increased (from 62.4% to 70.5%) and the proportion who reported Medicare decreased (from 31.7% to 25.8%).

One cautionary note about estimates of public insurance: Existing research shows that survey respondents are reasonably good at reporting whether or not they have health insurance coverage, and whether that coverage is public or private, but are somewhat less accurate in reporting the exact type of public coverage in which they are enrolled. In fact, it should be noted that survey estimates of public program enrollment seldom match counts of enrollment derived from program administration data. An important point is that this inaccuracy in reporting public insurance coverage is only modestly related to bias in estimates of uninsurance. (For more information, see Call, Davern, Klerman, and Lynch 2012.)

Exhibit 6.1. Types of Group and Public Health Insurance in Oklahoma, 2004, 2008, and 2013 (Non-Elderly)

	2004	2008	2013
Group			
Employer/COBRA	91.0%	88.8%	89.1%
VA or Military	9.1%	11.2%	10.9%
Public			
SoonerCare (Medicaid)	65.6%	62.4%	70.5% *
Medicare	33.2%	31.7%	25.8% *
Insure Oklahoma (Premium Assistance)	N/A	2.8%	3.8%
Oklahoma Health Insurance Pool (High Risk Plan)	2.5%	1.5%	1.0%

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

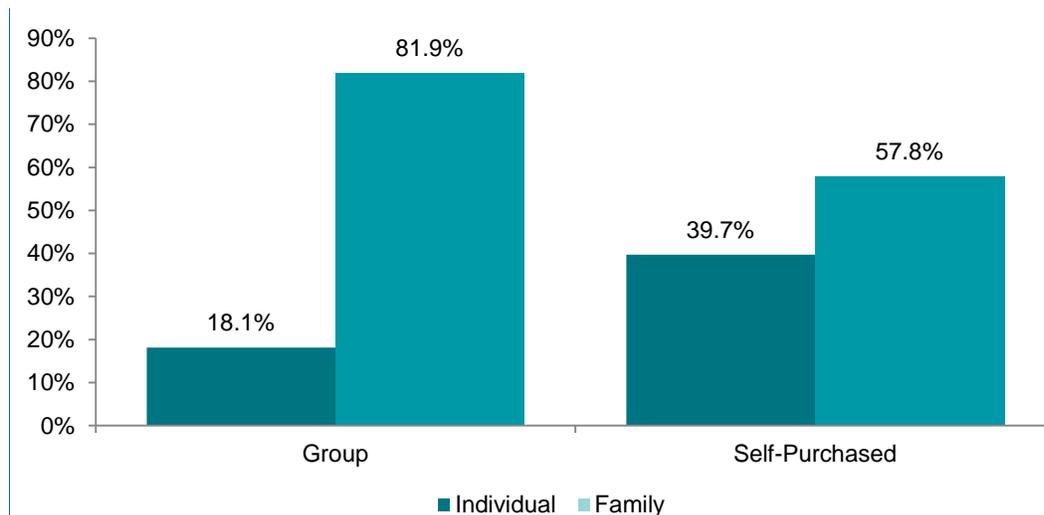
Note: Based on the state's non-elderly population aged 0-64 years.

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

Types of Plans Associated with Private Coverage

Exhibit 6.2 presents the percent of the non-elderly population (0-64 years) with group (employer-based insurance) and self-purchased coverage who had family vs. individual-only plans in 2013. (Note: Respondents may have had more than one source of group coverage or one source of self-purchased coverage and, as a result, may have both reported a family and individual plan.) The overwhelming majority (81.9%) of those with employer coverage were enrolled in a family plan, whereas fewer than one out of five with employer coverage had an individual-only plan. In contrast, more individuals with self-purchased insurance had individual-only coverage (39.7%), but still 57.8% reported family coverage among those with self-purchased insurance.

Exhibit 6.2. Type of Plan (Family vs. Individual) among the Privately Insured in Oklahoma, 2013 (Non-Elderly)



Source: 2013 Oklahoma Health Care Insurance and Access Survey.

Note: Based on the state's non-elderly population aged 0-64 years.

Cost-Sharing Among the Privately-Insured

Premiums

The Oklahoma Health Insurance Survey asked about premium, deductible, and co-pay requirements for those with employer-based or self-purchased coverage. (Note: These questions were not asked of individuals with Veterans Affairs coverage or military health care.) Exhibits 6.3 - 6.5 present the results from those who were able to answer the questions. It is important to highlight that a notable percentage of respondents were unable to answer these questions in each survey year. In 2013, a fair portion of respondents responded “don’t know” to the premium (38.6%), deductible (14.7%), doctor visit co-pay (10.3%), and ED co-pay (33.7%) questions. More individuals with employer-based coverage indicated that they did not know if they had a premium than those with self-purchased coverage (40.6% vs. 22.2%). Interpretation of results should take these rates of “missing” data into consideration.

Exhibit 6.3 presents the monthly premium levels reported by the non-elderly population with private coverage in 2004, 2008, and 2013. Overall, about 95% of those with either employer or self-purchased coverage paid some sort of premium in 2013 (sum of all non-zero premium rows in table), and this group grew from 84.8% in 2004 and 90.3% in 2008. Of those responding to the questions in 2013, the majority of individuals paid \$500 or less in premium costs per month (77.5%). While more privately-insured individuals were paying higher premiums in 2008 compared to 2004, the only change observed overall in 2013 was an increase in the percentage paying the highest premiums: In 2013, 4.3% of those with private insurance were paying greater than \$1,000/month, up from 2.8% in 2008. Those with self-purchased coverage were more likely to pay premiums and have higher premium costs than those with employer-based insurance. In 2013, all individuals within the self-purchased group reported a premium (compared to just under 95% overall), fewer reported a relatively lower premium of \$1-\$199 (23.9% vs. 33.3% overall), and more reported monthly premium costs of \$501-1,000 (22.0% vs. compared to 13.0% overall). By contrast, a smaller percentage of those with group insurance reported monthly premium costs of \$501-1,000 (11.8% vs. compared to 13.0% overall).

Exhibit 6.3. Monthly Health Insurance Premiums among the Privately Insured in Oklahoma, 2004, 2008, and 2013 (Non-Elderly)

	Group			Self-Purchased			Total		
	2004	2008	2013	2004	2008	2013	2004	2008	2013
\$0	16.4%^	10.8%^*	6.0%^*	4.6%^	1.8%^	0.0%^*	15.2%	9.7%*	5.3%*
\$1 - \$199	49.4%	32.0%*	34.5%^	39.1%^	26.9%*	23.9%^	48.3%	31.4%*	33.3%
\$200 - \$500	29.3%^	41.7%*	43.7%	48.3%^	46.4%	47.4%	31.3%	42.2%*	44.2%
\$501 - \$1000	4.4%	12.7%^*	11.8%^	7.2%	22.8%^*	22.0%^	4.7%	13.9%*	13.0%
> \$1000	0.5%	2.9%*	3.9%	0.8%	2.1%	6.7%*	0.5%	2.8%*	4.3%*
Total	100.0%	100.0%	100.00%	100.0%	100.0%	100.00%	100.0%	100.0%	100.00%
Don't know	24.5%^	14.1%*	40.6%^*	11.1%^	5.7%^	22.2%^*	23.3%	13.2%*	38.6%*

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

Note: Based on the state’s non-elderly population aged 0-64 years. . Estimates include only those with private coverage as their sole source of insurance.

^ Indicates a statistically significant difference ($p \leq .05$) between estimate and the total population with private coverage within year.

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

Deductibles

Deductible levels among those with private insurance are shown in Exhibit 6.4. Overall, of those reporting, 9.8% indicated having no deductible at all in 2013. The remaining 90.2% reported deductibles ranging from less than \$300 to \$5,000 and more. However, most (55.7%) reported deductibles in the \$300-\$1,500 range, and very few (3.6%) reported deductibles in the highest range (over \$5,000). While no significant change was observed between 2008 and 2013 in the proportion of privately insured who reported a deductible, the proportion with higher deductibles grew between these two years, as it did between 2004 and 2008. In 2013, 25.2% of the privately-insured population reported deductibles of at least \$1,500, compared to 14.9% in 2008 and 6.2% in 2004.

Exhibit 6.4 also reveals important differences in deductible levels by type of private coverage. Specifically, in 2013, those covered by a self-purchased plan were significantly more likely to have deductibles costing over \$1,500 (53.9% vs. 21.6%), and this was also true in 2004 and 2008. Finally, while the proportion of those with group insurance in the highest deductible range (over \$5,000) was low and stable over time (less than 2% in any given year), among those with self-purchased insurance the size of those with high deductible plans doubled between 2008 and 2013 (from 8.3% to 16.8%).

Exhibit 6.4. Health Insurance Deductibles among the Privately Insured in Oklahoma, 2004, 2008, and 2013 (Non-Elderly)

	Group			Self-Purchased			Total		
	2004	2008	2013	2004	2008	2013	2004	2008	2013
\$0	24.1%^	10.9% *	10.1%	11.4%^	5.4%^	7.7%	23.0%	10.3%*	9.8%
\$1 - \$299	25.7%^	12.9% *	10.0% *	11.6%^	9.6%	4.3%^	24.4%	12.6%*	9.3%*
\$300 - \$1500	46.4%	64.9%^*	58.4%^*	46.9%	38.3%^	34.2%^	46.4%	62.2%*	55.7%*
\$1501 - \$5000	3.7%^	10.3%^*	19.7%^*	28.9%^	38.4%^	37.1%^	6.0%	13.1%*	21.6%*
\$5001 +	0.1%	1.0%^*	1.9%^	1.2%	8.3%^*	16.8%^*	0.2%	1.8%*	3.6%*
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Don't know	18.1%	12.2% *	14.8%	15.3%	15.1%	13.9%	17.8%	12.5%*	14.7%

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

Note: Based on the state's non-elderly population aged 0-64 years. Estimates include only those with private coverage as their sole source of insurance.

^ Indicates a statistically significant difference ($p \leq .05$) between estimate and the total population with private coverage within year.

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

Co-Payments

Exhibit 6.5 presents the co-pays survey respondents reported for a doctor's visit (asked in all three surveys) and for an ED visit (new to the 2013 questionnaire). Overall, 85.3% of those with either employer or self-purchased coverage had some sort of co-pay for a doctor's visit in 2013, and about 70% had a co-pay for an ED visit. For doctor visit co-pays, individuals with self-purchased coverage were more likely to fall into the lowest and highest co-pay levels, but less likely to fall in the middle co-pay categories. For ED co-pays, individuals with self-purchased coverage were more likely to have no co-pay and less likely to fall into the lowest co-pay level. Over time, for doctor visit co-pays, there is a noticeable shift in cost sharing towards larger co-payments; this is true for both those with employer-based and self-purchased insurance.

Exhibit 6.5. Health Insurance Co-pays among the Privately Insured in Oklahoma, 2004, 2008, and 2013 (Non-Elderly)

	Group			Self-Purchased			Total		
	2004	2008	2013	2004	2008	2013	2004	2008	2013
Co-payment for doctor's visit									
\$0	9.6%^	13.7%^ *	13.3%^	30.1%^	26.8%^	26.6%^	11.3%	15.0%*	14.7%
\$1 - \$19	44.3%	17.7%^ *	7.3%^ *	40.6%	37.2%^	15.1%^ *	44.0%	19.7%*	8.1%*
\$20 - \$24	27.3%^	30.8%^	26.6%^ *	12.8%^	9.3%^	8.5%^	26.1%	28.7%	24.7%*
\$25 - \$29	13.6%	26.0%^ *	23.7%^	9.5%	9.7%^	13.3%^	13.2%	24.3%*	22.6%
\$30 - \$34	3.4%	7.6% *	16.8% *	2.0%	5.4%	10.1%^	3.3%	7.4%*	16.1%*
\$35 +	1.8%	4.1%^ *	12.4%^ *	5.1%	11.7%^	26.5%^ *	2.1%	4.9%*	13.9%*
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Don't know	8.7%	5.9% *	9.9% *	14.9%^	10.9%	13.7%	9.2%	6.4%*	10.3%*
Co-payment for ED visits									
\$0	N/A	N/A	27.3%^	N/A	N/A	57.0%^	N/A	N/A	30.4%
\$1 - \$50	N/A	N/A	28.6%^	N/A	N/A	11.6%^	N/A	N/A	26.8%
\$51 - \$99	N/A	N/A	4.5%	N/A	N/A	3.1%	N/A	N/A	4.4%
\$100 - \$149	N/A	N/A	23.6%	N/A	N/A	18.2%	N/A	N/A	23.0%
\$150 +	N/A	N/A	16.0%	N/A	N/A	10.1%	N/A	N/A	15.4%
Total	N/A	N/A	100.0%	N/A	N/A	100.0%	N/A	N/A	100.0%
Don't know	N/A	N/A	33.4%	N/A	N/A	36.0%	N/A	N/A	33.7%

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

Note: Based on the state's non-elderly population aged 0-64 years. Estimates include only those with private coverage as their sole source of insurance.

^ Indicates a statistically significant difference ($p \leq .05$) between estimate and the total population with private coverage within year.

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

Supplemental Coverage among the Insured

Exhibits 6.6 and 6.7 show the proportion of non-elderly (0-64 years) reporting dental, long-term care, and pharmaceutical coverage by insurance type in 2004, 2008, and 2013. In 2013, the privately-insured (with employer-based or self-purchased coverage) had the highest rates of all three types of supplemental coverage, with 80.6%, 34.6%, and 92.7% reporting dental, long-term care and pharmaceutical coverage, respectively. A large share of non-elderly with public coverage also reported pharmaceutical coverage in 2013 (88.7%). Not surprisingly, both privately and publicly insured fared better than the uninsured, of whom 10.8% reported dental coverage, 2.8% reported long-term care coverage, and 9.5% reported pharmaceutical coverage in 2013. Overall, the only change between 2008 and 2013 pertained to reports of pharmaceutical coverage, which decreased slightly among the non-elderly population from 76.9% to 73.4%; this decrease was driven by a decline in pharmaceutical coverage among those with public insurance (92.3% vs. 88.7% in 2008 and 2013, respectively).

It is important to point out the percentages discussed above do not take into account “don’t know” responses. While most respondents knew whether they had pharmaceutical and dental coverage, more did not know their long-term care coverage status. In fact, in 2013, 17.3% of the publicly insured and 14.5% of the privately insured answered “don’t know” in response to the long-term care coverage question.

Exhibit 6.6. Dental and Long-Term Coverage in Oklahoma by Insurance Source, 2004, 2008, and 2013 (Non-Elderly)

	Private			Public			Uninsured			Total		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
Dental Coverage												
Yes	77.5% [^]	77.0% [^]	80.6% ^{^*}	65.4%	63.5%	65.9% [^]	8.4% [^]	8.2% [^]	10.8% [^]	61.1%	60.8%	61.8%
No	22.5% [^]	23.0% [^]	19.4% ^{^*}	34.6%	36.6%	34.1% [^]	91.7% [^]	91.9% [^]	89.2% [^]	38.9%	39.2%	38.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Don't know	1.3%	1.5% [^]	2.9% [*]	3.3%	6.0% [^]	5.3% [^]	1.3%	1.8%	1.9% [^]	1.6%	2.6% [*]	3.3%
Long-Term Care Insurance												
Yes	N/A	33.5% [^]	34.6% [^]	N/A	28.7%	24.4%	N/A	1.1% [^]	2.8% ^{^*}	N/A	25.6%	24.6%
No	N/A	66.5% [^]	65.4%	N/A	71.3%	75.6%	N/A	99.0% [^]	97.2% [*]	N/A	74.4%	75.4%
Total	N/A	100.0%	100.0%	N/A	100.0%	100.0%	N/A	100.0%	100.0%	N/A	100.0%	100.0%
Don't know	N/A	13.3% [^]	14.5%	N/A	16.2% [^]	17.3%	N/A	0.9% [^]	3.2% [*]	N/A	11.7%	12.9%

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

Note: Based on the state's non-elderly population aged 0-64 years.

Dental coverage is missing for 5% or more of the total sample in at least 2013.

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

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

Exhibit 6.7. Pharmaceutical Coverage in Oklahoma by Insurance Source, 2004, 2008, and 2013 (Non-Elderly)

	Private			Public			Uninsured			Total		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
Drug Coverage												
Yes	93.3% [^]	93.3% [^]	92.7% [^]	84.2% [^]	92.3% ^{^*}	88.7% ^{^*}	6.1% [^]	7.2% [^]	9.5% [^]	73.6%	76.9% [*]	73.4% [*]
No	6.8% [^]	6.7% [^]	7.3% [^]	15.8% [^]	7.7% ^{^*}	11.3% ^{^*}	93.9% [^]	92.8% [^]	90.5% [^]	26.4%	23.2% [*]	26.6% [*]
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Don't know	1.1%	1.4%	2.5% [*]	2.4%	1.6%	2.8% [*]	1.5%	1.5%	2.1%	1.4%	1.5%	2.5% [*]

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

Note: Based on the state's non-elderly population aged 0-64 years.

Pharmaceutical coverage is missing for 5% or more of the total sample in at least 2013.[^] Indicates a statistically significant difference ($p \leq .05$) between estimate and the estimate for the total non-elderly population within year.

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

CHAPTER 7. HEALTH STATUS AND HEALTH CARE ACCESS

This chapter examines the health status of Oklahoma’s non-elderly population (0-64 years) and their access to and utilization of health care.

Health Status

Exhibit 7.1 presents the general health status of non-elderly adults (19-64 years) and children (0-18 years), as reported by survey respondents, for each of the three insurance groups (private, public, and uninsured). Data are shown for all three survey years – 2004, 2008, and 2013.

Overall, in 2013, 78.5% of non-elderly adults and 95.1% of children reported good, very good, or excellent health. Between 2008 and 2013, the reported health status of non-elderly adults and children remained constant. Among non-elderly adults, reported chronic illness (medical conditions lasting at least three months) changed throughout the three survey years, shifting from 36.4% in 2004, to 45.6% in 2008, and 38.8% in 2013. The percentage of children who reported having a chronic illness was 19.7% in 2004, 18.9% in 2008, and 17.0% in 2013 (data not shown).

Exhibit 7.1. Health Status in Oklahoma by Insurance Source, 2004, 2008, and 2013 (Non-Elderly)

	Private			Public			Uninsured			Total		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
Adults												
Excellent/Very Good	66.6% [^]	64.2% [^]	64.8% [^]	25.2% [^]	23.8% [^]	29.5% [^]	48.2% [^]	41.8% [^]	39.2% [^]	57.6% [^]	52.1% [*]	51.8% [*]
Good	24.8%	24.9%	23.0% [^]	26.8%	24.1%	28.6%	30.7%	27.2%	33.9% [^]	26.5%	25.3%	26.7%
Fair/Poor	8.6% [^]	10.9% ^{^*}	12.3% [^]	48.0% [^]	52.1% [^]	41.9% ^{^*}	21.1% [^]	31.0% ^{^*}	26.9% [^]	16.0%	22.6% [*]	21.5%
Children												
Excellent/Very Good	88.5% [^]	89.9% [^]	90.2% [^]	77.2% [^]	74.2% [^]	72.3% [^]	85.5%	68.2% ^{^*}	76.0%	84.6%	81.8%	80.5%
Good	9.5%	9.4% [^]	8.3% [^]	17.0% [^]	19.1%	19.5% [^]	8.6%	25.7%	18.8% [*]	11.7%	14.7%	14.6%
Fair/Poor	2.0% [^]	0.7% [^]	1.6% [^]	5.9%	6.7%	8.2% [^]	6.0%	6.1%	5.2%	3.7%	3.6%	5.0%

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

Note: Based on the state’s non-elderly population aged 0-64 years.

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

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

In 2013, more adults with private coverage (i.e., group or self-purchased insurance) reported excellent/very good health than the overall non-elderly adult population (for 2013, 64.8% vs. 51.8%). In contrast, fewer publicly insured (29.5%) and uninsured (39.2%) adults reported excellent/very good health. While the proportion of publicly insured adults who reported fair/poor health decreased between 2008 and 2013, still nearly 42% of non-elderly adults covered by a public program fell into this group as compared to 21.5% of the non-elderly population overall.

Likewise, in 2013, children with private insurance coverage were more likely to have excellent/very good health than children in general (90.2% vs. 80.5%), and children with public coverage were the least likely to have such positive health status (72.3%). No changes were observed in reported children’s health status between 2008 and 2013. The sample size for

uninsured children in 2008 was relatively small (n=77), so the large shifts between 2004 and 2008 should be interpreted with caution.

Access to Health Care

The 2008 and 2013 surveys included questions to assess respondents' attitudes about and experiences accessing health care. Exhibit 7.2 presents the results from three items that asked about confidence in the ability to get needed care and whether any medical care had been delayed or forgone due to cost. Data are shown for the overall non-elderly population and by insurance type.

Exhibit 7.2. Access to Health Care in Oklahoma by Insurance Source, 2008 and 2013 (Non-Elderly)

	Private		Public		Uninsured		Total	
	2008	2013	2008	2013	2008	2013	2008	2013
Confidence target can get the health care they need								
Very confident	69.2% [^]	72.3% [^]	52.0%	58.1% [*]	22.0% [^]	34.5% ^{^*}	56.4%	60.9% [*]
Somewhat confident	22.4% [^]	20.3% [^]	28.8% [^]	26.3% [^]	24.9%	25.2%	24.4%	22.9%
A little confident	5.1% [^]	4.3% [^]	12.3% [^]	10.7% [^]	18.8% [^]	15.0% [^]	9.3%	8.2%
Not confident at all	3.2% [^]	3.2% [^]	7.0% [^]	5.0% [^]	34.3% [^]	25.2% ^{^*}	9.9%	8.1% [*]
Delayed seeking medical care due to cost								
Yes	19.0% [^]	16.0% ^{^*}	20.5% [^]	18.7% [^]	61.6% [^]	45.7% ^{^*}	27.3%	22.7% [*]
Had forgone services due to cost								
Any service	N/A	23.5% [^]	N/A	31.1%	N/A	55.1% [^]	N/A	32.0%
Prescription	N/A	10.5% [^]	N/A	14.3%	N/A	28.3% [^]	N/A	15.2%
Dental care	N/A	16.2% [^]	N/A	23.7%	N/A	45.5% [^]	N/A	24.2%
Routine care	N/A	8.1% [^]	N/A	11.3% [^]	N/A	40.1% [^]	N/A	15.5%
Specialty care	N/A	9.0% [^]	N/A	11.1% [^]	N/A	30.9% [^]	N/A	14.1%
ED care	N/A	3.1% [^]	N/A	4.3% [^]	N/A	17.0% [^]	N/A	6.3%

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

Note: Based on the state's non-elderly population aged 0-64 years.

Confidence in getting care when needed is missing for 5% or more of the total sample in at least 2013.

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

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

In 2013, 60.9% of respondents (up from 56.4% in 2008) were very confident they (or another household member) could get needed health care, and an additional 22.9% were somewhat confident. The results varied significantly, however, by type of health insurance. More individuals with private coverage (i.e., group or self-purchased) were very confident (72.3%), while significantly fewer lacking insurance reported such confidence (34.5%). Confidence improved in 2013, but still just one quarter of uninsured respondents reported they are not at all confident they (or another uninsured household member) could access the health care they need. The overall proportion reporting no confidence decreased from 9.9% in 2008 to 8.1% in 2013.

Down from 27.3% in 2008, almost a quarter (22.7%) of respondents in 2013 reported having delayed seeking medical care in the past 12 months because of cost concerns. This percentage was lower among those with private (16.0%) and public (18.7%) insurance. However, 45.7% of the uninsured non-elderly had delayed accessing health care in the last year due to cost.

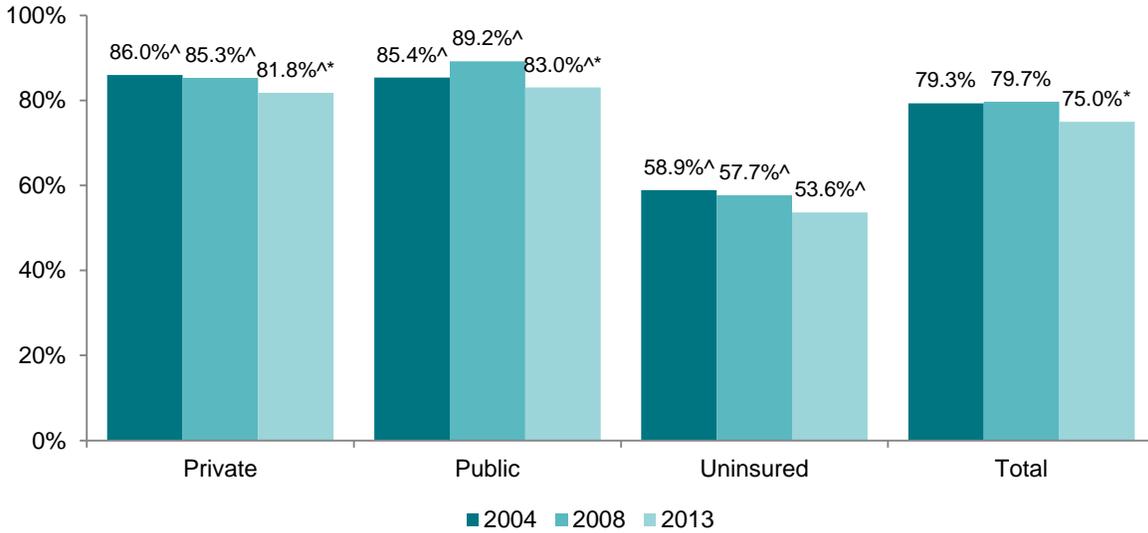
The bottom of Exhibit 7.2 shows the result of a new question added to the 2013 survey, whether survey participants had forgone care (that is, not sought care) in the past 12 months due to cost. Overall, the type of care that non-elderly adults had most forgone due to cost was dental care (24.2%) and the type least forgone was ED care. About 15% of non-elderly respondents reported forgone prescription, routine, and specialty care due to concerns about cost. As with the other results shown in Exhibit 7.2, these results varied by insurance source, with over half of uninsured individuals reporting forgone care. Across all types of care, individuals with private insurance coverage were least likely (23.5%) to have forgone care.

Usual Source of Health Care

To capture additional information about health care access, respondents were asked whether they have a usual source of health care and the type of provider that is. Exhibits 7.3 and 7.4 present information about the prevalence of a usual source of care among non-elderly adults and children by insurance type for 2004, 2008, and 2013. Overall, at least three-quarters of non-elderly adults and over 90% of children had a usual source of care in all three years. Not surprisingly, uninsured children and adults were significantly less likely to have a usual source of care than their respective age groups in general, and this was true in all three years.

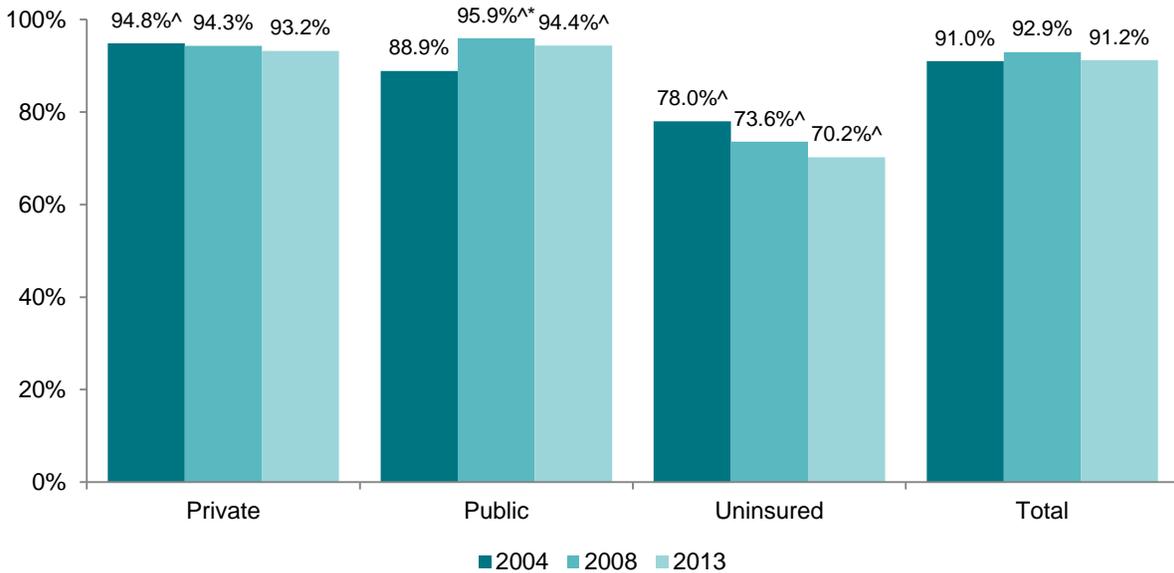
Overall, the proportion of non-elderly adults with a usual source of care declined between 2008 and 2013, and this decrease is observed among both privately insured and publicly insured adults. Across the three survey years, very little change in the prevalence of usual source of care is seen among children; the only exception was in 2008, when more publicly insured children reported having a usual source of care than was true in 2004.

Exhibit 7.3. Prevalence of Usual Source of Care in Oklahoma by Insurance Source, 2004, 2008, and 2013 (Non-Elderly Adults)



Sources: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
 Note: Based on the state's non-elderly adult population aged 19-64 years.
[^] Indicates a statistically significant difference ($p \leq .05$) between estimate and the estimate for the total non-elderly adult population within year.
^{*} Indicates a statistically significant difference ($p \leq .05$) between 2004 and 2008 or 2008 and 2013.

Exhibit 7.4. Prevalence of Usual Source of Care in Oklahoma by Insurance Source, 2004, 2008, and 2013 (Children)



Sources: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
 Note: Based on the state's child population aged 0-18 years.
[^] Indicates a statistically significant difference ($p \leq .05$) between estimate and the estimate for the total child population within year.
^{*} Indicates a statistically significant difference ($p \leq .05$) between 2004 and 2008 or 2008 and 2013.

Type of Usual Source of Care

Exhibit 7.5 presents the types of providers reported among those with a usual source of health in 2008 and 2013. (Changes in the 2008 questionnaire compromised comparability with 2004, so only data for the two later years are provided.) Overall, most Oklahoma non-elderly adults (76.8%) and children (84.5%) had a doctor's office or private clinic as their regular place for medical care in 2013. Overall, no more than 8% of the respondents indicated any other type of provider. The least commonly cited providers were community health centers, sliding fee scale/public health/free clinics, and VA/military/Department of Defense providers. In 2013, EDs, urgent care centers, and hospitals were the usual source of care for 5.4% of non-elderly adults and 3.2% for children.

In both 2008 and 2013, more adults and children with private coverage had a doctor's office or private clinic as their regular place for medical care than is true for the overall population. In contrast, fewer uninsured adults and children reported a doctor's office or private clinic and more reported IHS or a Tribal Facility as their regular place for care. Compared to the adult population overall, significantly more uninsured adults reported using an ED /urgent care center/hospital, community health center, or sliding fee scale/public health/ free clinic as their usual source of care in 2013.

Exhibit 7.5. Type of Usual Source of Care in Oklahoma, 2008 and 2013 (Non-Elderly)

	Private		Public		Uninsured		Total	
	2008	2013	2008	2013	2008	2013	2008	2013
Adults								
ED, Urgent care center, or Hospital	3.2%^	2.9%^	3.4%	4.1%	17.0%^	15.8%^	5.5%	5.4%
Doctor's office or private clinic	88.0%^	85.7%^	79.8%	79.7%	44.0%^	43.1%^	79.2%	76.8%
Indian Health Service or Tribal Facility	1.9%^	3.4%^*	5.7%	6.2%	22.2%^	23.0%^	6.0%	7.5%
Community Health Center	0.4%^	1.5%^*	3.4%	4.3%	3.8%	6.2%^	1.6%	2.9%*
Sliding fee scale, public health, or free clinic	0.1%^	0.6%^	2.9%	1.9%	11.9%^	10.4%^	2.6%	2.6%
VA/Military/Defense provider	6.0%^	5.9%^	2.9%	3.3%	0.1%^	1.4%^*	4.4%	4.6%
Someplace else	0.4%^	0.1%	1.9%	0.5%	1.1%	0.1%	0.8%	0.2%*
Children								
ED, Urgent care center, or Hospital	1.3%	1.4%^	3.5%	4.8%	4.0%	3.8%	2.3%	3.2%
Doctor's office or private clinic	93.0%^	91.4%^	81.2%	83.6%	62.1%^	53.2%^	86.0%	84.5%
Indian Health Service or Tribal Facility	0.9%^	3.3%^*	5.3%	4.5%^	24.4%^	31.2%^	4.4%	6.3%
Community Health Center	0.4%^	1.0%^	4.5%	4.1%^	5.0%	2.5%	2.3%	2.6%
Sliding fee scale, public health, or free clinic	0.0%^	0.3%^	4.4%	2.6%	4.5%	9.4%	2.1%	2.2%
VA/Military/Defense provider	4.2%	2.5%^	0.0%^	0.1%^	0.0%^	0.0%^	2.2%	1.1%
Someplace else	0.2%	0.2%	1.2%	0.3%	0.0%	0.0%	0.6%	0.2%

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

Note: Based on the state's non-elderly population aged 0-64 years.

^ Indicates a statistically significant difference ($p \leq .05$) between estimate and the estimate for the total adult or child population.

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

Exhibit 7.6 provides the usual source of care reported for those covered by IHS or Tribal Health Care (alone or in addition to another source of insurance). Among this group of residents, a doctor's office or private clinic was still fairly common (35.8%), but the majority (58.7%) of these individuals reported an IHS or tribal facility in 2008 and 2013.

Exhibit 7.6. Usual Source of Care among those Covered by Indian Health Service/Tribal Health Care in Oklahoma, 2008 and 2013 (Non-Elderly)

	2008	2013
An ED, Urgent care center, or Hospital	0.8%	4.0%
A doctor's office or private clinic	40.1%	35.8%
Indian Health Service or Tribal Facility	57.3%	58.7%
Community Health Center	1.1%	1.0%
A sliding fee scale, public health, or free clinic	0.6%	0.3%
VA/Military/Defense provider	0.0%	0.2%
Someplace else	0.2%	0.0%

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

Note: Based on the state's non-elderly population aged 0-64 years with Indian Health Service/Tribal Health Care, including both insured and uninsured individuals.

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

Reasons for Lack of Usual Care Source

Although most respondents reported having a usual source of care (75% of non-elderly adults and 91.2% of children shown above in Exhibits 7.3 and 7.4), those who did not were asked to provide the main reason for lacking a regular source of health care. Results are shown for all three survey years in Exhibits 7.7 (non-elderly adults) and 7.8 (children). Many reasons were given for a lack of usual care provider. The most common reason given for both adults and children is that the person rarely gets sick (46.3% for adults and 51.1% for children in 2013). Additionally, a noticeable proportion reported they cannot afford a regular source of care (22.4% for adults and 7.2% for children). For adults, an additional 7.8% indicated lack of health insurance as a reason, and for children, an additional 10.3% cited lack of insurance and 9.6% reported just having moved or moving around a lot and that they had not identified a provider.

Exhibit 7.7. Reasons Non-Elderly Adults in Oklahoma Lack Usual Source of Care, 2004, 2008, and 2013

	2004	2008	2013
Cannot afford it	17.9%	20.6%	22.4%
Do not have health insurance	4.8%	10.5% *	7.8%
Rarely get sick	52.7%	46.1%	46.3%
Clinic hours do not fit their schedule	1.0%	0.9%	0.3%
Transportation difficulties	0.5%	0.2%	0.7%
Language barriers	1.0%	0.0%	0.0%
Do not like/trust/believe in doctors	2.6%	5.7% *	2.3% *
Former usual clinic closed	0.4%	0.5%	1.0%
Just moved/Do not have a regular place/Move around a lot	4.3%	4.1%	5.3%
Just switched insurance	2.3%	1.3%	2.5%
Two or more places depending on what is wrong	5.2%	0.4% *	0.2%
Use the ED primarily	0.0%	0.7%	0.1%
Seek advice from family/friends primarily	0.2%	0.6%	0.2%
No need to go to doctor	0.5%	1.7%	2.9%
Changing doctors/Doctor left town/retired	0.3%	0.8%	1.5%
Have not found a doctor they are comfortable with or a doctor that accepts their insurance or new patients	0.9%	1.7%	2.3%
Too busy, do not have time/Have not gotten around to it	0.0%	0.0%	1.7% *
Other reason	5.4%	4.5%	2.8%

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

Note: Based on the state's non-elderly adult population aged 19-64 years.

Reasons are missing for 5% or more of the total sample in at least 2013.

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

Exhibit 7.8. Reasons Children in Oklahoma Lack Usual Source of Care, 2004, 2008, and 2013

	2004	2008	2013
Cannot afford it	5.6%	15.6%	7.2%
Do not have health insurance	4.8%	3.7%	10.3%
Rarely get sick	49.9%	42.1%	51.1%
Clinic hours do not fit their schedule	0.7%	2.7%	1.3%
Transportation difficulties	2.2%	2.4%	1.4%
Language barriers	0.0%	0.0%	0.0%
Do not like/trust/believe in doctors	0.5%	2.7%	2.6%
Former usual clinic closed	2.1%	0.0%	1.5%
Just moved/Do not have a regular place/Move around a lot	8.7%	15.4%	9.6%
Just switched insurance	3.5%	0.0%	3.4%
Two or more places depending on what is wrong	8.7%	0.0% *	0.9%
Use the ED primarily	0.0%	0.0%	1.4%
Seek advice from family/friends primarily	0.0%	0.0%	0.6%
No need to go to doctor	0.0%	0.0%	2.0%
Changing doctors/Doctor left town/retired	0.5%	5.0%	1.6%
Have not found a doctor they are comfortable with or a doctor that accepts their insurance or new patients	5.7%	7.0%	0.0%
Too busy, do not have time/Have not gotten around to it	0.0%	0.0%	0.0%
Other reason	7.0%	3.6%	5.3%

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

Note: Based on the state's child population aged 0-18 years.

Reasons are missing for 5% or more of the total sample in at least 2013.

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

Health Care Utilization

Exhibits 7.9 and 7.10 present 2008 and 2013 data concerning utilization of health care services by non-elderly adults and children in the state. Specifically, this section reports the types of providers visited in the past year. Results are shown overall for each subgroup as well as by insurance type. Respondents may have reported more than one provider type, so totals exceed 100%.

In 2013, about 83% of adults and 92% of children visited a provider during the prior year. For both non-elderly adults and children, the most common provider reported in 2013 was a doctor's office or private clinic (73.1% and 80.4% for adults and children, respectively), followed by an ED/urgent care center (29.2% and 33.5%), and IHS or tribal facility (7.1% and 6.8%). Between 2008 and 2013, the proportion of adults who did not visit any type of provider increased from 12.1% to 16.7%. The proportion of adults who visited a doctor's office or clinic decreased, but the share who visited IHS or tribal facility increased slightly. Fewer children in 2013 visited a doctor's office compared to 2008; however, the percentage of children who visited an ED or urgent care center increased. Overall, the proportion of children with at least one provider visit did not change between the two years.

Health care utilization and the types of providers visited varied by insurance status. Not surprisingly, more uninsured non-elderly adults and children reported not having visited any provider during the past 12 months. In 2013, this percentage was as high as 30.8% for uninsured adults (up from 23.2% in 2008); 23.6% of uninsured children also did not visit a provider in the past year. More privately insured adults and children had a visit to a doctor's office or clinic. Fewer privately insured adults and children visited an IHS or tribal facility, community health center, or sliding fee/public health/free clinic, whereas more uninsured adults and children visited an IHS/tribal facility. Also, more publicly insured adults and children and more uninsured adults reported having visited an ED/urgent care center.

Exhibit 7.9. Types of Provider Visited in Past 12 Months in Oklahoma by Insurance Source, 2008 and 2013 (Non-Elderly Adults)

	Private		Public		Uninsured		Total	
	2008	2013	2008	2013	2008	2013	2008	2013
Had a visit to a provider	90.7% ^	86.2% ^ *	93.2% ^	94.2% ^	76.8% ^	69.2% ^ *	87.9%	83.3% *
Type of Provider Visited among those who had a visit								
ED or Urgent Care Center	20.7% ^	24.0% ^	40.3% ^	34.8% ^	41.2% ^	37.7% ^	28.4%	29.2%
Doctor's Office or Clinic	88.2% ^	83.1% ^ *	78.6%	74.4%	50.8% ^	44.9% ^	79.0%	73.1% *
Indian Health Service or tribal facility	3.1% ^	3.9% ^	5.3%	6.9%	13.1% ^	16.1% ^	5.5%	7.1% *
Community Health Center	0.9% ^	1.6% ^	5.2%	4.3%	6.1% ^	6.4% ^	2.7%	3.2%
Sliding Fee Scale, Public Health, or Free Clinic	0.9% ^	1.5% ^	7.9%	4.6%	16.0% ^	12.2% ^	5.2%	4.5%
VA/Military/Defense provider	6.3% ^	5.6% ^	3.5%	3.3%	0.2% ^	0.8% ^	4.6%	4.1%
Hospital, unspecified	N/A	0.7%	N/A	0.4%	N/A	0.0% ^	N/A	0.5%
Other	2.2%	0.4% *	3.5%	1.3%	1.2%	1.0%	2.2%	0.7% *

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

Note: Based on the state's non-elderly adult population aged 19-64. Respondents may have reported more than one provider type.

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

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

Exhibit 7.10. Types of Provider Visited in Past 12 Months in Oklahoma by Insurance Source, 2008 and 2013 (Children)

	Private		Public		Uninsured		Total	
	2008	2013	2008	2013	2008	2013	2008	2013
Had a visit to a provider	89.8%	92.0%	92.4%	96.0%^	84.4%	76.4%^	90.3%	91.9%
Type of Provider Visited among those who had a visit								
ED or Urgent Care Center	23.1%	30.1%	33.0%*	39.3%^	18.2%	21.2%^	26.5%	33.5%*
Doctor's Office or Clinic	91.7%^	86.2%^*	81.9%	81.2%	64.6%^	51.9%^	85.4%	80.4%*
Indian Health Service or tribal facility	1.5%^	4.2%^*	8.6%	5.2%	19.4%^	24.9%^	5.9%	6.8%
Community Health Center	1.3%^	1.5%^	8.2%	4.9%^	4.9%	3.3%	4.3%	3.3%
Sliding Fee Scale, Public Health, or Free Clinic	0.6%^	1.6%^	5.9%	4.4%	10.8%	5.2%	3.6%	3.3%
VA/Military/Defense provider	4.8%^	2.0%	0.0%^	0.4%^	0.0%^	0.8%	2.5%	1.1%
Hospital, unspecified	N/A	0.1%	N/A	0.4%	N/A	0.0%	N/A	0.3%
Other	1.3%	0.4%	4.2%	0.4%*	2.8%	0.6%	2.6%	0.4%*

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

Notes: Based on the state's child population aged 0-18 years. Respondents may have reported more than one provider type.

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

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

Emergency Department and Urgent Care Visits and Reasons for Use

Exhibit 7.11 presents results of new questions incorporated into the 2013 OHIS survey about emergency department or urgent care center (ED/UC) use. Prevalence of ED/UC use is relatively low therefore the results are reported for non-elderly adults and children combined. Survey participants who indicated having visited an ED or urgent care center in the past 12 months were asked a series of questions about multiple reasons for using these services. Exhibit 7.11 presents the results for the non-elderly population.

As shown in the exhibit, the most commonly cited reasons overall were that the doctor's office was closed at the time they needed care (53.6% overall) and that the ED/UC was the closest provider (49.0%). Going to the ED/UC because the medical problem was too serious, it takes less time to schedule, and ED/UC care is available without payment were reasons also cited by 30% or more of those with a ED/UC visit in the past 12 months. One fifth of survey participants who had visited an ED/UC reported getting most of their care there. Very few reported having seen an advertisement for the ED/UC as their reason for using these services.

As with other measures of health care utilization, reasons for ED/UC use varied by insurance status. Those with private insurance were less likely (37.4%) and those with public insurance (55.9%) or lacking insurance (62.3%) were more likely to report that ED/UC is the closest provider than the non-elderly population overall (49.0%). Over 40% of survey participants without health insurance indicated that they visited an ED/UC because they get most of their care there, it is available without payment, its scheduling takes less time, and/or the problem was too serious.

Exhibit 7.11. Reasons for ED Use in Oklahoma by Insurance Source, 2013

	Private	Public	Uninsured	Total
Have been to a Hospital Emergency Department or Urgent Care Center				
Yes	24.7% ^	39.3% ^	28.1%	29.4%
<i>of those who have been to a Hospital ED or UC Center</i>				
Average number of visits	2.1 ^	2.4	3.3 ^	2.4
Reasons for ED or UC use				
Doctor's Office was closed	53.6%	62.0% ^	38.0% ^	53.6%
It is the closest provider	37.4% ^	55.9% ^	62.3% ^	49.0%
Problem was too serious	36.8%	41.5%	48.9%	40.9%
Scheduling takes less time	24.7% ^	33.7%	41.3% ^	31.2%
It is available without payment	13.7% ^	41.1% ^	48.2% ^	30.3%
Get most of care at ED	13.3% ^	17.1%	41.1% ^	20.1%
Arrived by ambulance	6.6% ^	12.9%	15.9%	10.7%
Saw an ad for the ED	3.5%	5.0%	9.7%	5.3%

Source: 2013 Oklahoma Health Care Insurance and Access Survey.

Notes: Based on non-elderly respondents (aged 0-64) who reported ED use in past 12 months. Respondents were able to say "yes" to multiple reasons.

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

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APPENDIX A: TECHNICAL APPENDIX

Survey Description and Administration

The Oklahoma Health Insurance Survey (OHIS) is a telephone survey designed to assess rates and types of health insurance coverage among the state's non-institutionalized population. The Oklahoma Health Care Authority (OHCA) initiated and supported three administrations of the OHIS in 2004 (n=5,729), 2008 (n=5,847) and 2013 (n=6,270)ⁱ. In recognition of the growing prevalence of cell phone only household (details below) the 2013 represents the first year that interviews were completed using both landline (n=3,489) and cell phone (n=2,781) samples.

Data were obtained using a computer-assisted telephone interviewing (CATI) approach, with interviews conducted in English and Spanish.ⁱⁱ The OHCA contracted with the State Health Access Data Assistance Center (SHADAC) housed within the University of Minnesota's School of Public Health to lead the surveys. The 2004 survey was administered by the Survey Center in the Division of Health Services Research at the University of Minnesota. In 2008 Westat performed the data collection. The 2013 survey was administered by Social Science Research Solutions (SSRS) headquartered in Media, Pennsylvania.

The study received IRB approval from the University of Minnesota. As part of the survey protocol, respondents were provided information about the survey, statements regarding confidentiality and privacy, as well as telephone numbers for the University of Minnesota Human Subjects office should they have concerns about the interview, and for Dr. Spencer should they have additional question or concerns about the goals of the study or use of the data. Interviewer training was conducted prior to the pretest and just before the study officially entered the field. Call center supervisors and interviewers were walked through each question and provided a "Q by Q" manual that explains the motivation behind each question and provides responses to common or potential inquiries from respondents. Interviewers were also given general training to help them maximize response rates and data quality. Interviewers were instructed to emphasize the social and policy relevance of the study and to reassure respondents that the information they provided was confidential.

The 2013 OHIS was conducted between January and April. The 2008 OHIS which was completed July through September and the 2004 survey was in the field between March and June. Consistent with past OHIS the priorities for the 2013 survey were to produce: 1) precise overall statewide estimates; 2) precise regional estimates for the six Behavioral Risk Factor Surveillance Survey System (BRFSS) planning regions in the state; and 3) precise statewide estimates for select racial and ethnic population groups (i.e., Hispanic, African-American, and American Indian) within the state. To ensure reliable estimates of change over time in the

ⁱ At total of 6,427 surveys were completed, 157 of which were deleted from the analysis file as they were missing demographic data essential to the analysis.

ⁱⁱ In 2013 a total of 99 surveys were completed in Spanish.

distribution of health insurance coverage and characteristics of the uninsured minimal adaptations were made to the core health insurance section of the survey. However, the 2013 survey added several questions important to monitoring the implementation of health reform (described below).

Questionnaire

The OHIS was based on the Coordinated State Coverage Survey (CSCS), a questionnaire developed by SHADAC, and adapted for use in Oklahoma. The questionnaire asks about various types of health insurance coverage for a randomly selected target and other household members, the target's 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 average length of time it took to complete the OHIS interview was approximately 18 minutes. The time it took to conduct an interview varied by household size, insurance status, telephone status, and survey language. Surveys completed in English took 18 minutes on average in 2013; it took an average of 26 minutes to complete the Spanish version. Cell phone interviews required additional time due to extra questions needed to establish eligibility (i.e., an adult living in Oklahoma) and safety (e.g., not driving). On average the cell phone sample took 19 minutes to complete the survey compared to 17 minutes for the landline sample.

Some changes were made to the questionnaire for the 2013 administration of the survey. These included additions requested by OHCA, as well as others suggested by SHADAC on both substantive items and screening questions related to the revised sample design (described in detail below). Several revisions were also implemented across the survey, and a total of five items were removed from the 2013 survey. Additions included several items related to emergency department use/barriers/facilitators, as requested by OCHA, and several questions were added by SHADAD to accomplish sampling goals. For example, an question about the presence of household members under age 65 for the landline frame to screen out a portion of the elderly only household and a question about cell phone usage in the cell frame in order to capture enough cell phone only households. SHADAC recommended adding several items in order to have more complete demographic data, such as categorical age for those who refuse to give their exact age, the target's marital status and country of birth. SHADAC also recommended the addition of two items related to unmet need for care and affordability because of their increasing importance under federal health reform. Minor revisions to the survey were implemented in order move the respondent more smoothly through the interview and decrease burden, while still gathering the same information from respondents. Finally, the five items removed from the survey were the following: two items asking about phone status as they were no longer needed for weighting purposes; two questions asking about primary wage earner (PWE) age and sex due to improvements in the PWE section that link the PWE to the household roster information, and an item within the insurance section was adapted to gather more comprehensive information.

Other than the above revision, the 2013 survey was based on the 2008 OHIS. Here we note a few differences between the 2008 and 2004 instrument. The 2008 survey added several items (e.g., questions about access, and new items regarding types of health insurance coverage, such as the Oklahoma High Risk Pool, were added), and removed other items (e.g., questions about a person's health plan provider requirements were omitted). Additionally, questions about income were revised. Specifically, while both the 2004 and 2008 questionnaires inquired about the target's total family income, the 2008 questionnaire provided a specific definition of family for this purpose and captured the Federal Poverty Guidelines which are used for public program eligibility determination. Any changes that potentially compromise comparability over time are noted in the results section.

Sampling Approach

To meet OHCA study goals, the final sample design for 2013 included three strata: 1) telephone exchanges in which the estimated proportion of the exchange's population that is Native American exceeded 15%; 2) telephone exchanges not assigned to Stratum 1 in which the estimated proportion of the exchange's population that is African American exceeded 15%; and 3) all other telephone exchanges.ⁱⁱⁱ The stratum with disproportionate shares of American Indians and African Americans were oversampled. Based on Census data, it was expected that this sample design would also yield an adequate number of Latino surveys. To identify these strata, SSRS used demographic estimates provided by their sister organization, Marketing Systems Group (MSG). Generally speaking, the 2013 sample design mimics the 2008 design. By contrast, the sample goals in 2004 were somewhat different as the sample was instead stratified by three geographic areas: the northwest region of the state, the southwest region, and the balance of the state. Careful construction of probability-based person weights all three years allow for direct comparisons across 2004, 2008 and 2013 OHIS data (see below).

The 2013 and 2008 surveys have the same sample goals, however, 2013 represents the first year that the OHIS included both landline and cell phone sample frames. This decision is based on 1) the growth in cell phone only households nationally (20.2% to 38.2% between 2008 and the first half of 2012)^{iv} and in Oklahoma (25.1% to 34.6% of adults between 2007 and 2011),^v and 2)

ⁱⁱⁱ "Higher proportion" refers to exchanges in which the Native American or African American population exceeded 15% of the exchange's total population.

^{iv} Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, July-January 2011. National Center for Health Statistics. June 2012. Available from: <http://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201206.pdf>.

^v Blumberg SJ, Luke JV, Davidson, G, Davern ME, Yu T, Soderberg K. Wireless substitution: State-level estimates from the National Health Interview Survey, January-December 2007. National Center for Health Statistics. March 2009. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr014.htm#table>; Blumberg SJ, Luke JV, Ganesh N, Davern ME, Boudreaux. Wireless substitution: State-level estimates from the National Health Interview Survey, 2010-2011. National Center for Health Statistics. October 2012. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr061.pdf>.

evidence that the cell phone only population is different from those who can be reached by landline telephone. Research consistently demonstrates differences in demographic and health care characteristics between adults living in cell phone only households and those with land lines. For example, adults living in cell phone only households are more likely to be male, to be young (18-29), to have lower income, to live with unrelated roommates and to rent rather than own their own homes (hence the addition of the home ownership question in 2008 in order to use this variable in the post-stratification adjustments)^{vi}. Adults in cell phone only households are also less likely to have a usual source of care and to have health insurance. In addition, non-Hispanic Black and Hispanic adults are more likely to live in a cell phone only household than Non-Hispanic white adults.^{vii} Therefore, including sample from both landline and cell frames allows for better coverage and representation of the Oklahoma population.

In contrast to landline sample frames, cell phone frames cannot be stratified by exchange since there is no linkage between exchange and geography. Instead, we stratified the cell phone frame by rate centers, a billing geography that is utilized by telephone companies for pricing purposes. Our experience in Minnesota in 2011 indicates that stratifying by rate center is reasonably effective in reaching geographic sample goals.

The 2013 dual (landline and cell) frame sample design was implemented with the goal of completing a total of 6,000 interviews, with 2,640 interviews or 44% of the sample from the random digit dial (RDD) cell phone frame and 3,360 or 56% from the RDD landline frame.^{viii} Cell phone users may also have a landline telephone (“dual-use”) and the literature indicates that cell only households are different than cell mostly.^{ix} Therefore, we included a phone use question at the beginning of the survey to those in the cell frame to allow us to screen out half of the dual-use interviews which increased the number of cell phone only completes. In the end 32% of the total sample and 72% of the cell phone interviews were cell phone only, closely matching our

vi Keeter S. National polls not undermined by growing cell-only population: The cell phone challenge to survey research. PEW Research Center, March 2006. Available from: <http://people-press.org/reports/pdf/276.pdf>; Blumberg SL, Luke JV, Cynamon ML. May 2006. Telephone coverage and health survey estimates: Evaluating the need for concern about wireless substitution. *American Journal of Public Health* 96(5): 926-931; Brick MJ, Dipko S, Presser S, Tucker C, Yuan Y. Non-response bias in a dual frame sample of cell and landline numbers. *Public Opinion Quarterly* 70(5):780-793, Special Issue 2006.

vii Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, July-January 2011. National Center for Health Statistics. June 2012; Brick JM, Edwards WS, Lee S. Sampling telephone numbers and adults, interview length, and weighting in the California Health Interview Survey cell phone pilot study. *Public Opinion Quarterly*, 71(5):793-813, 2007; Call KT, Davern M, Boudreaux M, Johnson PJ, Nelson J. Can post-stratification adjustments do enough to reduce bias in telephone surveys that do not sample cell phones? It depends. *Medical Care*, 49(4):355-64, 2011.

viii No incentives were offered to landline respondents, however, cell phone respondents were offered a \$10 reimbursement for minutes spent if they requested this or expressed concern about the use of their cell phone minutes. Of the 2,781 cell phone respondents, 168 (6.0%) requested reimbursement.

ix Lee S, Brick JM, Brown ER, Grant, D. Growing cell-phone population and noncoverage bias in traditional random digit dial telephone surveys. *Health Services Research*. 45(4):1121-39, 2010.

sampling target that was benchmarked to the National Health Interview Survey estimates for Oklahoma (see above).

Within each OHIS surveyed household, an adult (18 years of age or older) knowledgeable about household members' health insurance was asked to complete the survey. All household members were enumerated, and one person (adult or child) was selected at random to be the "target" (or focus) of the majority of the survey questionnaire items. In order to ensure reliable estimates for children in Oklahoma, when selecting the target from the household, children under age 18 within the household were given a 50% higher probability of selection than adults in the household. The OHIS screens out households that are vacation homes or are located outside of Oklahoma.^x

Finally, given the high rates of insurance coverage that Medicare affords people age 65 or older, in 2013 we intentionally undersampled the elderly population. This was achieved two ways: first, in the landline frame SSRS extracted 75 percent of all landline households identified (through listed telephone number matching) as having only persons ages 65 and older. Nationally, 82% of all adults ages 65 and older are found on these lists, as such, their use to reduce the number of 65 and older interviews, is quite effective. Second, as part of the survey process 75% of all landline households comprised of only adults 65 and older were screened out (terminated).^{xi} This strategy has been employed in a number of past studies such as the Oregon survey, the Massachusetts Health Reform Survey, and the Minnesota Health Access Survey and has been shown to reduce the number of elderly only households without significantly increasing the design effect.

Response Rates

Over time response rates have dropped for all types of surveys. For telephone based surveys this general trend is attributable to 1) growth in the non-contact rate (e.g., fewer people answering their phone as a result of telephone screening devices) and 2) growth in refusal rates (e.g., households/individuals declining to participate in a survey due to frustration with fundraising and marketing phone calls and survey research in general).^{xii}

A total of 6,270 interviews were completed in 2013 representing a response rate of 31.4%. The response rates are somewhat higher in the landline (35.6%) compared to the cell phone frame (28.5%) which is consistent with past research.^{xiii} In 2008, 5,847 interviews were completed, and

^x In 2013 only 0.4% of the landline and cell phone sample was terminated for being a vacation home or not living in Oklahoma.

^{xi} In 2013 only 3% of the landline sample was terminated for having no household member younger than 65.

^{xii} Curtin R, Presser S, Singer E. Changes in telephone survey nonresponse over the past quarter century. *Public Opinion Quarterly*, 69(1):87-98, 2005; Singer E. Introduction: Nonresponse bias in household surveys. *Public Opinion Quarterly* 70(4):637-645, 2006.

^{xiii} Qayad MG, Pierannunzi C, Chowdhury PP, Hu S, Town GM, Balluz LS. Landline and cell phone response measures in Behavioral Risk Factor Surveillance System. *Survey Practice*, 6(3), online, 2013.

the overall response rate was 15.6%, whereas a total of 5,729 interviews were completed in 2004, with an overall response rate of 44.0%.

The response rates reported here refer to AAPOR Response Rate#4,^{xiv} which is the equivalent of the number of completed interviews divided by the total number of eligible phone numbers. To estimate the number of eligible phone numbers among numbers with *unknown* eligibility (e.g., no answer), this rate applies the ratio of eligible to ineligible numbers among the numbers with *known* eligibility to the *unknown* numbers and includes the resultant number within the denominator of the response rate calculation.^{xv}

The 2013 response rate represents a significant improvement over the rate in 2008, yet it is below the response rate achieved in 2004. Oversampling in areas with disproportionate shares of minority residents may have negatively impacted the response rate. Studies show that response rates tend to be lower among minority groups.^{xvi} In fact, in 2013 the response rate in the sample strata with a higher proportion of African Americans was 27.8% compared to 32.9% in the strata with a higher proportion of American Indians and the residual strata. Another possible reason for variation in OHIS response rate pertains to documented seasonal variations in survey participation due to differences in the timing of the three surveys (see above). We speculated that the 2008 response rate was hampered by fielding the survey in the busy months of late summer and early fall^{xvii} during a presidential election year.

Below are strategies used by SSRS to minimize non-response and maximize refusal conversion:

- Use of a programmable caller-ID message that identifies a local Oklahoma phone number: 405-522-7660
- 12 and 10 maximum call attempts for landline and cell frames respectively on no answers/busy signals, and answering machines
- Power dialing of the sample (using a computer to dial the number, to reduce dialing errors)
- Two refusal conversion attempts, spaced out by a one-two week period for the first attempt and a three-week period for the second attempt

^{xiv} The American Association for Public Opinion Research. 2011. Standard definitions: Final dispositions of case codes and outcome rates for surveys. 5th edition. Lenexa, Kansas: AAPOR. Available at: <http://www.aapor.org/Content/aapor/AdvocacyandInitiatives/StandardsandEthics/StandardDefinitions/StandardDefinitions2011.pdf>

^{xv} The RR4 formula is as follows: $\text{Completes} + \text{Partial Completes} / (\text{Refusals and Breakoffs} + \text{Noncontacts} + \text{Other}) + (\epsilon_1 [\text{Proportion of households eligible for the survey}] * \text{Unknown Households} * \epsilon_2 [\text{Rate of contacts that were with actual households}]) + (\epsilon_1 * \text{Unknown Other})$.

^{xvi} Link M, Oldendick RW. Call screening: Is it really a problem for survey research? *Public Opinion Quarterly* 63: 577-589, 1999; Triplett T. NSAF Nonresponse Analysis: Report No. 7. Assessing the New Federalism: An Urban Institute Program to Assess Changing Social Policies. Washington, DC: Urban Institute, 2002.

^{xvii} Keeter S, Kennedy C, Dimock M, Best J, Craighill P. Gauging the impact of growing nonresponse on estimates from a national RDD telephone survey. *Public Opinion Quarterly*, 70(5): 759-799, 2006; Losch ME, Maitland A, Lutz G, Mariolis P, Gleason SC. The effect of time of year of data collection on sample efficiency: An analysis of Behavioral Risk Factor Surveillance Survey Data. *Public Opinion Quarterly*, 66(4): 594-607, 2002.

- Maximizing CATI call routine to vary by the times of the day and limit day-time calling
- Allowing rest periods after a set number of attempts in both the landline and cell phone samples (described above)
- Permitting respondents to schedule call-back times and allowing them to phone-back on a 800 number
- Leaving periodic messages on answering machines
 - Answering machine messages were left on calls 3, 6 and 9, for landline sample and on calls 1 and 4 for Cell phone sample

Response Rates and Data Quality

Falling response rates and the implications for data quality are the subject of intense attention and scrutiny as demonstrated by special issues on non-response bias in the premier survey research journal, *Public Opinion Quarterly*, in 2006 and 2007. Response rates are a commonly used indicator of the quality of a survey. Traditionally, the response rate for a survey has been used as a proxy for the degree of systematic difference between respondents and non-respondents.^{xviii} Therefore it makes sense that survey researchers spend resources to improve response rates such as repeated contact attempts to potential respondents, compensations, advance letters, and conversion of refusals.

Fortunately, research indicates that lower response rates are not necessarily associated with greater response bias because surveys with high and low response rates demonstrate similar levels of absolute bias.^{xix} In a Pew survey of political attitudes, Keeter et al. (2006)^{xx} tested whether estimates derived from a “rigorous” method were similar to the estimates produced from the “standard” method even though the response rate of the “rigorous” method was twice as high (50% versus 25%). The estimates derived from the standard and rigorous methodology were in fact similar. This result was confirmed in a study of health insurance coverage. Davern et al. (2010) found that after adjusting for basic demographic characteristics, the estimates produced from a strategy characterized by multiple call attempts produced the same estimates of health insurance coverage and access as a less aggressive (and lower response rate) strategy. Since surveys are conducted within budget constraints, efforts to complete surveys of reluctant responders, instead of contacting new subjects who have a higher probability of response, decreases availability of sample and may not improve response bias. Therefore, some have

^{xviii} State Health Data Assistance Center (SHADAC). Are lower response rates hazardous to your health survey? Issue Brief 13. Available at: <http://www.shadac.org/files/shadac/publications/IssueBrief13.pdf> Accessed April 2009.

^{xix} Groves R. Nonresponse rates and nonresponse bias in household surveys. *Public Opinion Quarterly*, 70(5): 646-675, 2006.

^{xx} Keeter S, Kennedy C, Dimock M, Best J, Craighill P. Gauging the impact of growing nonresponse on estimates from a national RDD telephone survey. *Public Opinion Quarterly*, 70(5): 759-799, 2006.

suggested that expending limited resources to improve response rates beyond a certain point may not be cost-effective.^{xxi}

Weighting of Survey Responses

The aim of weighting survey data is to adjust the results to account for sample coverage problems (the difference between respondents and non-respondents) and reduce potential bias associated with differential participation in the survey. Accounting for varying probabilities of selection and response rates through the application of weights enables the survey responses drawn from statistical samples to be representative of the entire population. Two types of weights were generated: 1) base weights and 2) post-stratification weights. The base weight takes into consideration that each respondent's probability of selection varied by sampling stratum, the number of phone lines connected to the household (or number of cell phones accessible to adults in the case of the cell phone frame in 2013), and the number of people living in the household. The post-stratification weights adjust the base weight to account for key characteristics of the state's population. Specifically, to more accurately reflect the population, sample weights were post-stratified by region, age, education, race, nativity (US versus foreign born), age by education, gender, home ownership (beginning in 2008), and telephone usage (e.g., cell only, cell mostly).

An added complication for the computation of weights in 2013 was the addition of a cell phone sample frame that was not limited to cell phone-only respondents. Therefore the weights needed to account for the probability of including individuals in the sample who live in dual landline and cell phone households.

Other than the added adjustments required to accommodate dual landline and cell phone sampling, we weight the 2013 data in a manner similar to the 2008 and 2004 OHIS data to improve comparisons across the three surveys.

Base Weights

Landline samples are associated with households and do not select individuals per se. This approach randomly draws telephone numbers associated with households within desired geographic areas (or switch point in the case of the cell phone frame). By contrast, cell phone numbers are associated with individuals. The landline and cell RDD samples used in the OHIS were drawn from a sampling frame of Oklahoma phone numbers in active area code/exchange groupings within geographic strata.^{xxii}

^{xxi} Davern M, McAlpine DD, Beebe TJ, Ziegenfuss J, Rockwood T, Call KT. Are lower response rates hazardous to your health survey? An analysis of three state telephone health surveys. *Health Services Research* 45(5):1324-1344, 2010.

^{xxii} As is common practice in survey research, the landline sample was drawn from banks of telephone exchanges that contained at least three listed household phone numbers (versus numbers assigned non-residential households).

The first component of the base weight accounts for a person's known probability of selection based on the chosen geographic strata. This is necessary because some areas of the state were oversampled relative to others. The strata adjustment is calculated by dividing the total number of telephone numbers available in each region (regardless of whether or not they are in the sample) by the total number of interviews completed in that region. This indicates how many telephone numbers are represented by each telephone number that resulted in a complete. The strata weight component also accounts for differential response rates by strata.

A second component of the base weight accounts for the number of people in the household. People in larger households have a smaller probability of being included than people in smaller households. Therefore, people in larger households receive, on average, larger base weights, correcting for their lower probability of selection. The second base weight component also illustrates that the purpose of weighting the OHIS is to develop ultimately person-level weights, essentially translating the response from randomly selected individuals in households into representative responses about Oklahoma residents in aggregate.

Third, we adjust for the number of telephones in the household, as persons in households with more telephone lines (or cell phones in the cell sample) have a greater probability of being selected into the sample. For example, households with two telephones are twice as likely to be randomly selected as are single-telephone households; a weight of one-half appropriately adjusts for the two telephone household's greater probability of selection. In the case of households with cell phones, we account for the number of cell phones that could be answered by an adult in the household as we do not directly interview minors or cell phone numbers assigned to minors.^{xxiii} Below (see Dual Frame Weights) we describe adjustments made to account for the possibility that members of landline sample could also be captured in the cell phone sample.

In 2013, a fourth adjustment was made to the landline sample only, to account for the elderly screening conducted in the landline frame.^{xxiv} This adjustment was applied in a similar fashion to a post-stratification adjustment and used American Community Survey (ACS) control totals for the proportion of households that are comprised of members 65 years of age and older (65+). This adjustment was made to bring the number of 65+ landline sampled households into alignment with the population – screening alone did not accomplish this, as even after screening elderly respondents made up a greater portion of the survey respondents than the population overall (see the Sampling Approach section above). Because this adjustment relates to

This increased the efficiency of the sample – by increasing the likelihood of reaching an eligible household, study cost are reduced.

^{xxiii} It is important to note that although the steps of the base weight calculation were the same in the landline and cell phone frame, the calculation was operationalized in separate analyses to ensure that the probability of selection was calculated specifically for each frame. In other words, the number of landline phones was considered for people who were reached in the landline frame (not the cell phones that respondents might have had access to). Similarly, in the cell frame no landlines were considered in calculating the probability of selection associated with access to working cell phones.

^{xxiv} Given that elderly have been shown to be over-represented in telephone surveys and they enjoy high rates of insurance coverage, beginning in 2013 the OHIS screened out a portion of households that were only composed of people 65 years of age or older.

probability of selection for the landline frame, it is made prior to merging with the cell frame and applying post-stratification weights. Additionally, in 2013 we increased the probability of selecting a child as the target in households with children which required that we adjust these cases down in the base weight.

Creating and Selecting the Dual Frame Weights

In 2013, the OHIS incorporated a cell phone frame which introduced a new set of necessary weighting steps to account for the overlap in the sample frames, i.e., the portion of households that could be theoretically reached in either the landline or cell phone frame. The weight adjustment is focused on avoiding the creation of overstated weights for the overlap population, in which the separate sum of weights of the cell sample and the landline sample would be based on estimates of *all* landline numbers and cell phone numbers, effectively double-counting the overlap population. Multiple contacts of individuals across the two frames do not factor into this analysis.

The strategy of accounting for this overlap is to multiply the weights for the landline interviews by a weighting adjustment factor, or λ (lambda), and multiply the weights for the cell phone interviews by $1 - \lambda$. Although some cases still have a chance of being included in either sample frame, the weights are adjusted so they are not overrepresented. This would be easier if information about the actual amount of overlap was available for the relevant geographic area and time frame (i.e., Oklahoma in 2013). Unfortunately the field has not reached consensus around the choice for calculating the adjustment factor (λ). Our selection is informed by a 2009 NORC evaluation of five different adjustment factors funded by SHADAC. The best performing weight adjustment on four separate outcomes in terms of Mean Squared Error (MSE)^{xxv} was the one that calculated lambda for the two overlap sample frames proportionately to the relative effective sample sizes.^{xxvi} Despite the weighting adjustment, the cell phone completes, generally, have larger base weights than the landline completes simply because the universe of available cell phones per sample strata is larger than is true for landline strata.^{xxvii}

Post-stratification Weights

While the base weights adjust for the known unequal probability of selection, post-stratification weights adjust for ways in which the sample's demographics and the resulting completed interviews differ from what is known about the population from which the sample was drawn.

^{xxv} The MSE represents total survey error and is comprised of sampling error (variance) and non-sampling error (bias).

^{xxvi} Detailed results of the NORC dual frame weight evaluation are available by request from Kathleen Call at callx001@umn.edu.

^{xxvii} In contrast to landline carriers, cell carriers have opened up scores of cell phone exchanges, many of which are not in use. Further landline frames can be restricted by excluding 100 blocks of phone numbers that have a limited number of phone numbers that appear in a listed directory. This increases the efficiency of the frame. This cannot be performed for cell frames as there are no directories.

Population control total data are from an independent source (outside the survey). We use the US Census Bureau's 2011 American Community Survey, the most current version available at the time the weights were constructed. For example, if 20 percent of survey respondents were 65 years of age or older (with the base weights applied) yet the census data indicate that only 12 percent of the general population was elderly, a post-stratification weight adjusts the base weight so that it represents the actual age mix in the population. This ensures that the resulting estimates more appropriately reflect the true characteristics of the population. The term *post-stratification* refers to the fact that the adjustment is conducted *after* the data are collected, and the sample is *stratified* by demographic characteristics to match the independent estimate.

Consistent with 2008, in the 2013 the following demographic characteristics were used to post-stratify the OHIS data: region, age/education, race, gender, and home ownership.^{xxviii} To account for the dual frame sample we also include an indicator of the type of phone usage (e.g., landline only, cell phone only, etc.) derived from the 2011 National Health Interview Survey (NHIS) for the Midwest Census region.

Once closure was reached on the structure of the post-stratification weights (e.g., which adjustment factors to include), a raking algorithm^{xxix} was applied to the data to improve the design effect of the estimates.^{xxx} The goals of the raking algorithm are to lower standard errors and provide a more efficient weighting structure quickly. The raking algorithm employs an iterative process that uses the base weight as the starting weight, applying each post-stratification factor one after the other, reapplying factors, and ending when a specified convergence criterion is reached. Convergence requires that each marginal total of the raked weights is within a specified tolerance level of the corresponding population control totals.^{xxxi} For the 2013 OHIS data, the raking algorithm was set at a convergence level of .01; the data converged within 6 iterations.

Data Editing and Key Variable Construction

SSRS created an analytical data file with all data collected during the survey field period. Data were checked using multiple methods including: (1) A “data cleaning” procedure in which data processors recreated the process of CATI variable creation (derived from skip patterns,

^{xxviii} Households with an interruption of landline (and cell in 2013) telephone service of seven or more days in the last year are weighted up to represent the rate of phonelessness in the state. For more information about this adjustment see Keeter S. Estimating telephone noncoverage bias from a phone survey. *Public Opinion Quarterly*, 59:196-217, 1995.

^{xxix} The SAS macro RAKINGE was used in the process. It was developed by Izrael D., Abt Associates. The adjustment factors are entered as follows: PUMA, age, race, US born, education, age*education, home ownership, household count, phone type.

^{xxx} The design effect is the factor by which the variance of estimates is increased due to weighting.

^{xxxi} Izrael D, Hoaglin DC, Battaglia MP. To rake or not to rake is not the question anymore with the enhanced raking macro. *Proceedings of the Twenty-Ninth Annual SAS Users Group International Conference*, Cary, NC: SAS Institute Inc., Paper 207, 2004. Available from: <http://www2.sas.com/proceedings/sugi29/207-29.pdf>. August 25, 2010

definitions of codes and ranges specified in the questionnaire) to ensure that all variables were created correctly and had appropriate numbers of cases, and (2) the project director independently checked off all SPSS variables to confirm they were created correctly, had the correct number of cases, and were coded according to specifications.

Additional checks were performed on the composition of households. In general, household data remained as reported by the respondent. Cases with illogical household relationships were flagged for review by the research directors. If there was a clear and logical way to correct seemingly illogical household relationships, a change would be made to the data (example: A two-person household where the child is age 40 and the parent is six years of age).

SHADAC performed other logical edits and cleaning functions in the process of creating analytic variables. For example, if individuals reported carrying health insurance through the Indian Health Service (IHS) and no other coverage, they are coded as uninsured, because IHS is typically not considered insurance coverage. Further, logical conflicts potentially created during the imputation process are corrected. For all variables that included response options allowing text-based entry by the interviewer (e.g., race, ethnicity, industry), respondent's answers were reviewed and data was back coded to available response options, new categories were created if appropriate, or responses were left as "other."

Geographic Assignment

Each year, respondent geography was provided by GENESYS Sampling Systems/MSG in the form of county FIPS codes. Respondents were also asked to provide their county and zip code in the survey. Generally speaking, for those cases in which the GENESYS FIPS did not match the respondent provided county or zip code, the respondent provided data were used.^{xxxii}

Missing Data

The general rule we used for reporting variables with missing data (i.e., refused or don't know responses) is as follows: for variables with missing data for 5% or more of the relevant sample, we include a table note indicating that missing data met or exceeded 5% of cases; no notes are included for variables with less than 5% missing data. Two exceptions to this rule apply to missing age and income data which are discussed in detail below.

^{xxxii} For the Landline sample frame: If respondent zip code and county matched but differed from Genesys, we used respondents' county; If respondent zip code and county did not match, we used the variable that matched Genesys; If respondent county, zip code and Genesys county did not match, we used respondent county. For the cell phone sample, respondent provided county was used.

Categorization of Missing Age Data

In 2013, respondents who were not comfortable providing age data were asked if the target was 0-17, 18-25, 26-64, or 65 or older, allowing us to categorize the person within these groups. Two targets refused to answer this categorical age question. One of these cases reported Medicare, so we were able to use this information to classify them as “elderly;” the other case was dropped from our data set because we were missing too much information from this person, and much of the survey administration and data analysis depends on at least knowing the target’s broad age category.

Imputation of Income Data

Survey respondents are often hesitant to report potentially sensitive information such as income. The decision to impute missing values is based on the assumption that respondents with missing data are no different from respondents who reported data. This assumption does not hold up under examination. For example, in the 2013 OHIS respondents with missing data on income had lower levels of education than those without missing income data. Lower levels of education are related to lower levels of income. Thus, the assumption that the respondents with missing data are no different than respondents with reported data is incorrect therefore estimates will be somewhat biased. Nonetheless we opt to impute missing data. This is because income is a critical, policy relevant social indicator (e.g., these data are used to determine public program eligibility among the low income uninsured) and it is important to make optimal use of all of the data collected.

For the Oklahoma survey data, we used “hot deck” imputation. Hot deck is a process by which a respondent’s valid value for a specific variable is assigned to another respondent who does not have a valid value for this variable. The respondent with the valid value is called a “donor” and a person with a missing value is called a “recipient.” For example, if the donor is 35 years old, then the recipient (respondent with missing age) is given a value of 35 and the donor maintains the age of 35.

The process of selecting a donor is the most important component of the “hot deck” procedure. Potential donors are sectioned into homogeneous groups called “cells” defined by many parameters. For example, all white, unemployed, college educated, males over the age of 65 with a valid value for the specific variable can be placed into one cell, while all non-white, unemployed, college educated, and males over 65 can be placed into another cell. Recipients are matched to these homogenous cells of donors based on their characteristics. A random donor selected from the matching group supplies a value for the recipient.

The characteristics used to group the respondents should be highly correlated with the variable being imputed. For example, when imputing income, donors are matched with recipients based on highest educational level because education is highly correlated with income. The variables

chosen to match the donors and the recipients form the basis of a “model” for predicting the imputed variable. A good imputation procedure should provide unbiased estimates of the mean and variance of the variable by correcting for potential distributional differences between people with and without reported data. The basic underlying assumption is that the value of the variable being estimated (such as state rates of health insurance coverage) is not conditional on (i.e., moderated by) the missing data mechanism.^{xxxiii} For example, all those respondents with missing health insurance data do not have a different relationship between health insurance coverage and covariates than all the respondents with reported data.

Although properly specified imputation can alter basic distributional summary statistics (means and variances) from the statistics calculated using complete cases only, it should not transform the relationships among variables. If there was a relationship between two variables in the reported data it should be the same in the imputed data, and no new relationships should appear after the imputation. The basic idea of model-based (and particularly, “hot deck”) imputation is to use the existing relationships within the reported data to adjust for distributional differences among those who are likely to report data and those who are less likely.

The hot deck is limited in the number of “variable levels” it can have. For example, the variable “highest degree attained” can be broken down into three variable levels (or cells) for the hot deck: less than high school, high school diploma and college degree. The number of hot deck cells is equal to the product of the number of variable levels (e.g., covered, not covered) used to match donors with recipients. If there are too many variable levels used in the hot deck, then many of the cells will not be populated with donors. The more variable levels that are used (i.e., the more hot deck cells), the more donors are needed for the hot deck to work.

Implementation of the Hot Deck

We imputed using STATA version 13’s hot deck imputation procedure (available for download from the STATA web site^{xxxiv}). The Oklahoma survey has both a categorical income question and a continuous income question. If the continuous income question is refused (33.7% of 2013 OHIS), the respondent is asked to put their income into a category (this occurred for 33.7% of cases in 2013 compared to 37.2 in 2008. If they refuse to put their income into a category then the data are completely missing (16.2% of the 2013 OHIS and 11% of 2008 OHIS). Using the categorical income question to help impute continuous income is called the “unfolding bracket” methodology.

The first step of the imputation implementation is to classify all the people who reported continuous income into the appropriate category. Then the categorical income data is used to impute categorical income for each respondent lacking any income data. The imputation is done

^{xxxiii} Little, R. and D. Rubin. *Statistical Analysis With Missing Data*. New York: Wiley. 1987.

^{xxxiv} Stata Corporation (<http://www.stata.com>).

iteratively with variables removed from the procedure one at a time until each person receives an imputed value. The variables used are described below:

The categorical income question was based on the family's placement within federal poverty guidelines which takes into account the number of people living on the total family income. The hierarchy used to apply each iteration of the imputation routine is outlined below. The geographical stratum variable was the first removed, and so on up the list:

1. Race (Hispanic/American Indian/Black, or none of these)
2. Needs-tested insurance enrollment
3. Education of Target/PWE (1. Less than high school; 2. High school; 3. At least some college)
4. Age of Target/PWE (18-30, 31-64, or 65 and over)
5. Gender of Target/PWE
6. Number of household members (1, 2, or 3+ members)
7. Geographical Stratum

Measuring Race, Ethnicity, and Country of Origin

The collection of ethnicity and race data in the OHIS followed Office of Management and Budget (OMB) standards.^{xxxv} That is, a question about Hispanic ethnicity preceded a separate question asking about race. This information was collected about the adult target and the primary wage earner for child targets. Again, consistent with OMB standards, respondents were able to select more than one race. Instead of following a mutually exclusive categorization of race and ethnicity, we use "any" race/ethnicity categorization such that person indicating two races (e.g., African American and Asian) will be assigned both and show up in both proportions.

In 2013 and 2008, anyone identifying as American Indian in the race question received a follow-up question asking that they provide the name of up to two enrolled or principal tribes of affiliation. Beginning in 2008 the OHIS also included a question asking how long the respondent had lived in the U.S. This can be used as a measure of familiarity with the health care system.

Categorizing Health Insurance Coverage

Measurement of health insurance status is based on current coverage and type. Respondents were allowed to report as many types of insurance as they are enrolled in. For the report, insurance coverage was categorized into four mutually exclusive coverage types: (1) private group coverage which includes insurance through a current or former employer (COBRA), Veterans Affairs and military health care; (2) private self-purchased insurance; (3) public coverage which

^{xxxv} Office of Management and Budget, 2003, *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*. Available at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvlID=172>

includes Medicare, Railroad Retirement Plan, SoonerCare (Medicaid), O-EPIC, and the Oklahoma High Risk Pool; and (4) uninsured at the time of the survey. We adhere to the Census Bureau classification that codes individual who only have Indian Health Services as uninsured. This change began in 1998 in consultation with the Bureau of Indian Affairs.^{xxxvi}

All three years, we follow the same decision rules for coding coverage type to those reporting more than one type of insurance. If a respondent reported having coverage through both a private and public source of insurance, they were assigned public coverage under the assumption that public programs are the first source of payment. In 2013, 352 (5.6%) of the 6,270 total unweighted cases reported both public and private coverage: 62 were children (3.8% of all children), 172 were non-senior adults (4.6% of all non-senior adults), and 118 elderly adults (12.9% of all elderly adults). The 51 cases that reported both group and individual self-purchased coverage are coded as having group coverage under the assumption that the individual self-purchased policy may be a single service plan (e.g., dental). Consistent with the decision rule above, the 2 cases that reported three sources of coverage (public, group and individual) are coded as public.

Exhibit A-1 below presents two distributions of insurance coverage: one that accounts for cases that reported more than one form of insurance (any coverage) and a second that applies the hierarchical decision rules described above. As shown, most of the overlap is in private insurance coverage. All study results included in the data brief, final report and presentation to the OHCA are based on the second hierarchical categorization.

Exhibit A-1: Weighted Distribution of Insurance Coverage by Classification Decision Rule

	Group	Self-purchased	Public	Uninsured	Total
Any Coverage	46.2%	5.3%	35.7%	18.7%	105.9%
Report Hierarchy Applied	41.1%	4.5%	35.7%	18.7%	100.0%

Calculation of Public Program Eligibility and Access to Employer Coverage

Questions related to income, household composition, age, and access to employer coverage are used to determine potential eligibility for public health insurance programs and access to employer coverage. To the extent possible with the OHIS data, the following 2012 eligibility rules were applied to estimate public program eligibility for uninsured cases. Potential eligibility for SoonerCare (Medicaid) was determined based on the target person and their family’s income. Children up to 185% of the poverty guideline were deemed eligible for SoonerCare, as were parents whose income was at or below 30.4% of the poverty guideline.

^{xxxvi} US Census Bureau. 1998. U.S. Department of Commerce Economics and Statistics Administration, Current Population Reports: Health Insurance Coverage 1997. <http://www.census.gov/prod/3/98pubs/p60-202.pdf>. Accessed June 25, 2009.

Potential eligibility for Insure Oklahoma (the premium assistance program) was determined based on three factors. First, eligibility was estimated for adults. Second is family income: the family could earn no more than 200% of the poverty guideline. Third is employer size: the adult had to be employed by a firm with no more than 99 employees.^{xxxvii} If the employee met these criteria, the employee and their dependents (e.g., spouse and children 18 or younger) were considered eligible for Insure Oklahoma.

In 2004, all family members' income was counted in estimating eligibility for public programs. The income questions were revised in 2013 and 2008 to more closely fit Oklahoma eligibility guidelines that include only family members' income: target, target's spouse, target's minor children, and target's parents if target is a minor.

Analysis of Data

The results presented in this report are weighted estimates using statistical software (STATA 13) that accounts for a complex sampling design. The survey data were weighted to represent the state's population. We report tests of difference (t-tests) between subgroups and the total population within a year (e.g., contrasts by age and race/ethnicity) and over time (e.g., 2013 compared to 2008 and 2008 compared to 2004 uninsurance estimates). When we compare subgroups of the population to the entire population (e.g., we compare the uninsurance rate for children to the uninsurance rate for *all* Oklahomans, including children) we adjust the t-test formula to account for this overlapping variance.

^{xxxvii} Due to the structure of the survey response options (e.g., 51-100 employees) we counted those working in firms with 100 employees or less as eligible for Insure Oklahoma.

CSCS Oklahoma

2013 Health Care Insurance and Access Survey Instrument

INTRO1. Hello. My name is <name> and I'm calling for the Oklahoma Health Care Authority. I'm calling about a study on health insurance in Oklahoma.

(IF NECESSARY: The Oklahoma Health Care Authority is a state agency that administers Oklahoma Medicaid, also known as SoonerCare, and other state health care programs.)

We are NOT asking for money or selling anything.

(IF NECESSARY: I'm calling from SSRS. We are a private survey research firm that has been contracted to do the interviewing for the 2013 Oklahoma Health Insurance Survey by the University of Minnesota which has a contract with the Oklahoma Health Care Authority.)

(IF NECESSARY: The Oklahoma Health Care Authority will receive your survey answers but will never know who you are, your phone number, or your address.)

If LANDLINE: SKIP TO INTRO2. IF YOU REACH A CHILD, ASK TO SPEAK TO AN ADULT FIRST.

CELL2. Just so that I can ask you the right questions, could you please tell me if you are less than 18, 18 to 25, 26 to 64, or 65 or older?

- | | |
|-----------------|-----------------------------|
| 1. less than 18 | THANK AND TERMINATE. |
| 2. 18-25 | CONTINUE TO CELL3. |
| 3. 26-64 | CONTINUE TO CELL3. |
| 4. 65 or older | CONTINUE TO CELL3. |
| 7. DON'T KNOW | THANK AND TERMINATE. |
| 9. REFUSED | THANK AND TERMINATE. |

"Thank you. We are only interviewing people who are 18 years old or older"

CELL5. Thinking about where you currently live, are there any landline telephone numbers in this household, such as telephone, fax, or data lines, a children's or business line? Please do not include cell phones.

- | | |
|----------------|---|
| 1. Yes | THANK AND TERMINATE FOR EVERY SECOND CELL PHONE CALLER, ELSE CONTINUE TO CELL1.
TERMINATION SCRIPT: For this research project we are calling a representative list of randomly chosen landline telephone numbers as well as cell phone numbers throughout the state of Oklahoma. We call these cell phone numbers to be sure that households without working landline telephone service have an opportunity to be included in the research. Because you have both a cell phone and a landline, that is all of the questions we have for you at this time. Thank you for your time. Good bye. |
| 2. No→ | CONTINUE TO CELL1. |
| 7. DON'T KNOW→ | THANK AND TERMINATE. |
| 9. REFUSED→ | THANK AND TERMINATE. |

SSRS has disposition for on cell phone

CELL1. Before we continue, are you driving?

- | | |
|-------------------------------------|-------------------------------|
| 1. Not driving→ | CONTINUE TO INTRO2. |
| 2. Driving→ | SET UP CALL BACK. |
| 7. THIS IS <u>NOT</u> A CELL PHONE→ | THANK & TERMINATE. |
| 9. REFUSED→ | THANK & TERMINATE. |

INTRO2. Your number was randomly chosen for this interview and your input will help policy makers better understand the status of health insurance in Oklahoma.

[ALT] IF CALLER APPEARS RELUCTANT, READ BELOW; ELSE, SKIP TO INTRO3

Is this a good time or would another time be better?

- | | |
|------------|----------------------------|
| 1. Yes | CONTINUE TO INTRO3. |
| 2. No | SET UP CALLBACK. |
| 9. REFUSED | THANK AND TERM. |

INTRO3. The interview is voluntary. You can skip any question you don't want to answer, and you can end the interview at any time.

The interview generally takes about 15-20 minutes. The information you give will be kept confidential. Your phone number will not be linked to your answers, and your answers will be combined with those of other people in the state. Also, the study will not be used for marketing and your decision to participate will not affect your eligibility for health care services.

INTRO4.

[IF NECESSARY: This study is being led by researchers at the University of Minnesota-Twin Cities. If you have questions about the study and would like to contact the researcher doing the study or someone at the Research Subjects' Advocate line, I can give you those phone numbers now or at the end of the survey.

(IF RESPONDENT ASKS: Dr. Donna Spencer: 612-624-1566.
Research Subjects' Advocate Line: 612-625-1650 (This office will accept collect calls.))]

START OF SURVEY

IF LANDLINE SKIP TO S1a

CELL4. Can you answer questions about health insurance for people in your household?

- 1. Yes
- 2. No → **THANK AND TERMINATE.**
- 7. DON'T KNOW → **THANK AND TERMINATE.**
- 9. REFUSED → **THANK AND TERMINATE.**

(CELL ONLY)

(INTERVIEWER: ONLY IF RESPONDENT ASKS ABOUT INCENTIVE)

CELL4a. We can send you a \$10 check to reimburse you for cell minutes. I will collect your contact information at the end of the survey.

SKIP TO S4 IF CELL PHONE

(ASK S1a OF EVERY THREE OUT OF FOUR LANDLINE RESPONDENTS)

S1a. How many of the people in your household are age...?
Just to be sure, please include in this number, children, foster children, roomers, or housemates not related to you, college students living away while attending college and members of the Armed Forces, including National Guard members, who are deployed and typically live in your household.

(IF NECESSARY: Do not include people who stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the regular Armed Forces living somewhere else.)

_____ # OF PEOPLE

- 00 None →
- DD (DO NOT READ) Don't know → **IF S1a.ITEM a.=DD THANK AND TERMINATE.**
- RR (DO NOT READ) Refused → **IF S1a.ITEM a.=RR THANK AND TERMINATE.**

- a. 64 or younger
- b. 65 or older

(IF Q.S1a ITEM a = NN, DD, OR RR THANK & TERMINATE. RECORD AS TQS1a)

(ASK ALL LANDLINE)

S1. Is this your main residence? **[INTERVIEWER NOTE: This does not include cabins or vacation homes used only seasonally.]**

- 1. YES
- 2. NO → "Thank you. We are only interviewing people at their main residence." **TERMINATE**

We would like to ask some questions about HEALTH INSURANCE for people in your household.

S2. Are you 18 or older and able to answer questions about HEALTH INSURANCE for people in this household?

- 1 YES → **SKIP TO S4**
- 2 NO

Color Key: **Ages 0-17**
Ages 18+
All Ages

S3. Is an adult available who could answer questions about HEALTH INSURANCE?
 1 YES → **GET PERSON ON PHONE AND GO BACK TO INTRO1- INTRO4; INTERVIEWER MAY EITHER FILL IN PREVIOUS ANSWERS OR SKIP DIRECTLY TO S4**
 2 NO → **CALL BACK** “Who should I speak with? What is a good time to call back?”
 DD Don't know
 RR Refused

S4. Just to make sure we speak with people throughout the state, can you please tell me what county you live in?

(Enter code) ___ ___ ___ → **SKIP TO S5**
 99. Outside of Oklahoma → "Thank You. We are only interviewing people whose main residence is in Oklahoma" **TERMINATE**
 998. DON'T KNOW → **SKIP TO S4A**
 999. REFUSED → **SKIP TO S4A**

FIPS	COUNTY	FIPS	COUNTY
001	Adair	059	Harper
003	Alfalfa	061	Haskell
005	Atoka	063	Hughes
007	Beaver	065	Jackson
009	Beckham	067	Jefferson
011	Blaine	069	Johnston
013	Bryan	071	Kay
015	Caddo	073	Kingfisher
017	Canadian	075	Kiowa
019	Carter	077	Latimer
021	Cherokee	079	Le Flore
023	Choctaw	081	Lincoln
025	Cimarron	083	Logan
027	Cleveland	085	Love
029	Coal	087	McClain
031	Comanche	089	McCurtain
033	Cotton	091	McIntosh
035	Craig	093	Major
037	Creek	095	Marshall
039	Custer	097	Mayes
041	Delaware	099	Murray
043	Dewey	101	Muskogee
045	Ellis	103	Noble
047	Garfield	105	Nowata
049	Garvin	107	Okfuskee
051	Grady	109	Oklahoma
053	Grant	111	Okmulgee
055	Greer	113	Osage
057	Harmon	115	Ottawa
117	Pawnee	137	Stephens
119	Payne	139	Texas
121	Pittsburg	141	Tillman
123	Pontotoc	143	Tulsa
125	Pottawatomie	145	Wagoner
127	Pushmataha	147	Washington

Color Key: Ages 0-17
Ages 18+
 All Ages

129	Roger Mills	149	Washita
131	Rogers	151	Woods
133	Seminole	153	Woodward
135	Sequoyah		

SKIP TO S5 IF CELL PHONE

- S4A.** Is this household located in Oklahoma?
1. YES
2. NO → “Thank you. We are only interviewing people whose main residence is in Oklahoma”
TERMINATE
7. DON’T KNOW → “Thank you. We are only interviewing people whose main residence is in Oklahoma”
TERMINATE
9. REFUSED → “Thank you. We are only interviewing people whose main residence is in Oklahoma” **TERMINATE**

- S5.** What is your zip code? ____ _
77777. DON’T KNOW
99999. REFUSED

IF LANDLINE, S6 IS POPULATED FROM S1A RESPONSE, SO QUESTION SKIPPED FOR LANDLINE

IF Q.S1a IS ASKED AND S1b = 0+, GEN IN RESPONSE TO S6 = S1aa+S1ab)
(PN: IF Q.S1a IS ASKED AND S1b = 0+, GEN IN RESPONSE TO S6 = S1aa+S1ab)

- S6.** How many people currently live or stay in your household?
- Please include in this number, children, foster children, roomers, or housemates not related to you, college students living away while attending college and members of the Armed Forces, including National Guard members, who are deployed and typically live in your household. (IF NECESSARY: Do not include people who stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the regular Armed Forces living somewhere else.)
- (IF NECESSARY, RE-ASK QUESTION: How many people currently live or stay in your household?)
- _____ people
77. DON’T KNOW
99. REFUSED

If S6=1, READ: I’d like to start by asking a couple of general questions.
If S6>1, READ: I need some general information about people in this household so that one person can be picked at random and asked about their access to health insurance.

S7.

PERSON 1 (RESPONDENT):

s7a_age:

[IF S6= 1]

What is your age as of your last birthday?

[IF S6 >1]

Starting with yourself, what is your age as of your last birthday?

____ (0-100, 0 for infant less than 1 years of age)

777. DON'T KNOW

999. REFUSED

SKIP S7AGEAREF FOR CELL FRAME

S7AGEAREF

IF AGE IS REFUSED: Some questions in this interview depend on knowing a person's general age group. Are you age 18-25, 26-64 or 65 years or older?

1. 0-17 Years
2. 18-25 Years
3. 26-64
4. 65 + Years
7. DON'T KNOW
9. REFUSED

s7a_sex:

GENDER: ASK IF UNKNOWN.

1. MALE
2. FEMALE
7. DON'T KNOW
9. REFUSED

s7a_rel (STORE 0 IN s7a_rel, FOR SELF)

IF S6 = 1, SKIP TO TARGET VARIABLE SETUP

PERSONS 2 - 10: ASK AGE, SEX & RELATIONSHIP OF ONE PERSON BEFORE CONTINUING ON WITH NEXT PERSON

s7b_age thru s7j_age: And the next person's age?

____ (0-100, 0 for infant less than 1 years of age)

777. DON'T KNOW

999. REFUSED

S7AGE(#)REF (s7agebref-s7agejref):

IF AGE IS REFUSED: Some questions in this interview depend on knowing a person's general age group. Is this person age 0-17, 18-25, 26-64 or 65 years or older?

Color Key: **Ages 0-17**
Ages 18+
All Ages

1. 0-17 Years
2. 18-25 Years
3. 26-64
4. 65 + Years
7. DON'T KNOW
9. REFUSED

s7b_sex thru s7j_sex: Is this (child/person) (a boy or a girl/male or female)?

1. MALE
2. FEMALE
7. DON'T KNOW
9. REFUSED

s7b_rel thru s7j_rel: What is this person's relationship to you?

(DO NOT READ. ENTER ONE ONLY)

2. SPOUSE (WIFE/HUSBAND)
10. UNMARRIED PARTNER / SIGNIFICANT OTHER
4. CHILD / STEPCHILD
3. PARENT / STEPPARENT
5. SIBLING / STEPSISTER / STEPBROTHER
1. GRANDPARENT / STEP-GRANDPARENT
6. GRANDCHILD / STEP-GRANDCHILD
41. SON-IN-LAW / DAUGHTER-IN-LAW
31. FATHER-IN-LAW / MOTHER-IN-LAW
42. NIECE/NEPHEW
43. FOSTER CHILD
32. AUNT/UNCLE
7. OTHER RELATIVE
81. EMPLOYER
82. EMPLOYEE (MAID, NANNY, AU PAIR, HOUSEKEEPER, ETC.)
83. PROFESSIONAL CAREGIVER (NURSE, AIDE, ETC)
84. TENANT/RENTER/LANDLORD
8. OTHER NON-RELATIVE
77. DON'T KNOW
99. REFUSED

COMPUTER NOW RANDOMLY SELECTS A PERSON FROM THE ROSTER TO BE THE TARGET CHILDREN UNDER AGE 18 SHOULD BE WEIGHTED 50% MORE THAN OTHERS IN THE HOUSEHOLD IN ORDER TO INCREASE THE PROBABILITY OF SELECTING A TARGET CHILD.

TARGET: STORE SELECTED PERSON NUMBER IN VARIABLE NAME 'TARGET' (1-10)

TARGAGE: STORE SELECTED PERSON'S AGE IN VARIABLE 'TARGAGE'

TARGSEX: STORE SELECTED PERSON'S SEX IN VARIABLE 'TARGSEX'

TARGREL: STORE SELECTED PERSON'S RELATIONSHIP TO RESPONDENT IN VARIABLE 'TARGREL'

Color Key: **Ages 0-17**
 Ages 18+
 All Ages

SELECT: I will be asking some specific insurance coverage questions about one randomly chosen person from your household. For those questions my computer has selected you (the (age) year old (sex) - TARGET).

NAME: What is the first name or initials of the person I selected?

FIRST NAME OF TARGET: _____

**IF targage<18 or targageref=1, SKIP TO TARGREL(#)
 IF targage>=18 or targageref>1 AND MARITAL STATUS IS NOT YET KNOWN, ASK IF MARRIED
 (targetmar) AND TO WHOM IN THE ROSTER (targetsp)**

**IF TARGET IS RESPONDENT’S SPOUSE OR PARTNER IN S7rel(b-j), GEN IN CODE 1 (IF
 SPOUSE) OR CODE 2 (IF PARTNER); RESPONDENTS WHO ARE ALSO TARGETS
 SHOULD BE ASKED THIS QUESTION IF S.7rel(b-j) NE 02 OR 10);
 IF ONE PERSON HH
 (S6=1) DO NOT SHOW CODE 2 – LIVING WITH PARTNER**

targetmar. Are you (is this person) currently:

(INTERVIEWER NOTE: IF RESPONDENT ALREADY STATED THAT THIS PERSON IS
 MARRIED, PLEASE JUST CONFIRM)

1. Married
2. Living with partner
3. Divorced→ **SKIP TO J_TARGREL(#)**
4. Separated→
5. Widowed or→ **SKIP TO J_TARGREL(#)**
6. Never Married→ **SKIP TO J_TARGREL(#)**
7. DON'T KNOW→ **SKIP TO J_TARGREL(#)**
9. REFUSED→ **SKIP TO J_TARGREL(#)**

**(IF TARGETMAR = 1 OR 2 OR 4, ASK TARGETSP)
 IF TARGET=RESPONDENT AND S7rel(b-j)=02 or 10, GEN IN CORRECT RESPONSE
 FOR TARGETSP)**

targetsp. Which person are you (is Target) married to? -or- Who is your (target’s) partner?

Display roster on screen, so interviewer can select the correct person:

1. Person 1: Respondent
2. Person 2: “My” s7b_rel s7bage s7b_sex
3. Person 3: “My” s7c_rel s7cage s7c_sex
4. Person 4: “My” s7d_rel s7dage s7d_sex
5. Person 5: “My” s7e_rel s7eage s7e_sex
6. Person 6: “My” s7f_rel s7fage s7f_sex
7. Person 7: “My” s7g_rel s7gage s7g_sex
8. Person 8: “My” s7h_rel s7hage s7h_sex
9. Person 9: “My” s7i_rel s7iage s7i_sex
10. Person 10: “My” s7j_rel s7jage s7j_sex
11. Other: Not in HH
77. DON’T KNOW
99. REFUSED

J_TARGREL(#)

USE RELATIONSHIP CONVERSION CODE TO CONVERT RESPONDENT RELATIONSHIPS TO TARGET
 RELATIONSHIPS. STORE RELATIONSHIP CODES IN TARGREL1 – TARGREL10. IF AFTER
 CONVERSION, RELATIONSHIPS ARE 77 (DON’T KNOW) OR 07, ASK FOLLOW UP QUESTION. IF
 AFTER CONVERSION, RELATIONSHIPS ARE 10 AND ANY HH MEMBERS ARE UNDER 19, ASK FOLLOW
 UP QUESTION JUST FOR CHILDREN IN HH. THIS IS ONLY ASKED ABOUT UNKNOWN
 RELATIONSHIPS, NOT THE ENTIRE ROSTER.

IF NO RELATIONSHIPS NEED TO BE CLARIFIED, SKIP TO INCOME VARIABLE SETUP.

TARGREL(#): It would be helpful to know the relationship of the other members of your household to TARGET. What is [(age) (sex) if multiple members with same relationship code]'s relationship to TARGET?

(DO NOT READ, ENTER ONE ONLY)

- 9. SELF
- 2. SPOUSE (WIFE/HUSBAND)
- 10. UNMARRIED PARTNER / SIGNIFICANT OTHER
- 4. CHILD / STEPCHILD
- 3. PARENT / STEPPARENT
- 5. SIBLING / STEPSISTER / STEPBROTHER
- 1. GRANDPARENT / STEP-GRANDPARENT
- 6. GRANDCHILD / STEP-GRANDCHILD
- 41. SON-IN-LAW / DAUGHTER-IN-LAW
- 31. FATHER-IN-LAW / MOTHER-IN-LAW
- 42. NIECE/NEPHEW
- 43. FOSTER CHILD
- 32. AUNT/UNCLE
- 7. OTHER RELATIVE
- 81. EMPLOYER
- 82. EMPLOYEE (MAID, NANNY, AU PAIR, HOUSEKEEPER, ETC.)
- 83. PROFESSIONAL CAREGIVER (NURSE, AIDE, ETC)
- 84. TENANT/RENTER/LANDLORD
- 8. OTHER NON-RELATIVE
- 77. DON'T KNOW
- 99. REFUSED

ASK IF TARGREL (#1-10) NE 03, 04 AND TAGE<19 AND TARGETMAR NE 1

GUARDa. Are any members of your household the legal guardian or caretaker of (TARGET)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK IF GUARDa=1

(PROGRAMMER NOTE: BACKEDIT ANY SELECTED HOUSEHOLD MEMBERS TO TARGREL (#1-10) =03)

PN: CREATE OLTRGREL # (1-9,0) TO HOLD THE INITIAL RELATIONSHIP IN ADDITION TO THE BACKEDIT.

GUARDb. Which household member (or members) is (TARGET's) legal guardian or caretaker?
(DO NOT READ, ALLOW MULTIPLE)

- 01 Person 1: Respondent
- 02 Person 2: "My" s7b_rel s7bage s7b_sex
- 03 Person 3: "My" s7c_rel s7cage s7c_sex
- 04 Person 4: "My" s7d_rel s7dage s7d_sex
- 05 Person 5: "My" s7e_rel s7eage s7e_sex
- 06 Person 6: "My" s7f_rel s7fage s7f_sex
- 07 Person 7: "My" s7g_rel s7gage s7g_sex
- 08 Person 8: "My" s7h_rel s7hage s7h_sex
- 09 Person 9: "My" s7i_rel s7iage s7i_sex
- 10 Person 10: "My" s7j_rel s7jage s7j_sex
- 11 Other: Not in HH

Color Key: **Ages 0-17**
 Ages 18+
 All Ages

DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

INCOME VARIABLE SETUP - (These are used for the income questions at the end of the survey)

HH_COUNT = Number of people in household (S6)

TMARR = 1 if TARGET has a spouse of the opposite sex OR IF TARGET IS SEPARATED; 0 otherwise
(see code below)

```
IF (TARGETMAR = 1 & (TARGETSP = 1 & ((TARGSEX = 1 & S7A_SEX = 2) OR
(TARGSEX = 2 & S7A_SEX = 1))) OR
(TARGETSP = 2 & ((TARGSEX = 1 & S7B_SEX = 2) OR (TARGSEX = 2 & S7B_SEX = 1))) OR
(TARGETSP = 3 & ((TARGSEX = 1 & S7C_SEX = 2) OR (TARGSEX = 2 & S7C_SEX = 1))) OR
(TARGETSP = 4 & ((TARGSEX = 1 & S7D_SEX = 2) OR (TARGSEX = 2 & S7D_SEX = 1))) OR
(TARGETSP = 5 & ((TARGSEX = 1 & S7E_SEX = 2) OR (TARGSEX = 2 & S7E_SEX = 1))) OR
(TARGETSP = 6 & ((TARGSEX = 1 & S7F_SEX = 2) OR (TARGSEX = 2 & S7F_SEX = 1))) OR
(TARGETSP = 7 & ((TARGSEX = 1 & S7G_SEX = 2) OR (TARGSEX = 2 & S7G_SEX = 1))) OR
(TARGETSP = 8 & ((TARGSEX = 1 & S7H_SEX = 2) OR (TARGSEX = 2 & S7H_SEX = 1))) OR
(TARGETSP = 9 & ((TARGSEX = 1 & S7I_SEX = 2) OR (TARGSEX = 2 & S7I_SEX = 1)))
OR
(TARGETSP = 10 & ((TARGSEX = 1 & S7J_SEX = 2) OR (TARGSEX = 2 & S7J_SEX = 1))) THEN
TMARR = 1
IF TARGETSP = 11, THEN TMARR = 1
IF TARGETMAR = 4 THEN TMARR = 1
```

TPAR = 1 if TARGET is parent; 0 otherwise

(IF ANY TARGREL(1) – TARGREL(10) = 4), AND THE CHILD IS AGE 18 OR
YOUNGER, THEN TPAR = 1

FAM_COUNT = Number of people in TARGET's family.

```
IF TARGAGE<19 & TMARR=0 & TPAR=0: TARGET+PARENTS+SIBLINGS<19 FROM ROSTER
IF TARGAGE<19 & (TMARR=1 OR TPAR=1): TARGET+SPOUSE+CHILDREN<19 FROM
ROSTER
IF TARGAGE>18: TARGET+SPOUSE+CHILDREN<19 FROM ROSTER
```

HEALTH INSURANCE

INSTRUCTIONS: Section H.

In the following section, each type of insurance should be read:
 "Do you (does TARGET) CURRENTLY have (type of insurance)?"

If NO, proceed to next item in roster.
 A response of DON'T KNOW or REFUSED is treated as No.

If YES, the item should be followed by the PROBE:
 "Besides this, do you (does the TARGET) have any other type of health insurance coverage?"
 If YES, proceed with roster.
 If NO, SKIP TO H17.

The PROBE should not be asked in response to YES to H14.

H. I am going to read you a list of different types of health insurance. Please tell me if you CURRENTLY have (TARGET CURRENTLY has) any of the following. Answer for each type that applies to you (TARGET).

Do you (Does TARGET) CURRENTLY have:		YES 1	NO 2	D/K 7	RF 9
H1	Medicare? MANDATORY TO READ: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue insurance card. IF H1=1 & TARGAGE>65 OR TARGAGEREF=4, SKIP TO H17 IMMEDIATELY AFTER Q.H4 – DO NOT ASK Hb IF H1 = 2,7,9 SKIP TO H2	1	2	7	9
H2	IF TARGAGE <18 SKIP TO H3 A Railroad Retirement Plan?	1	2	7	9
H3	Veteran's Affairs services? [If H3=2, 7, or 9 SKIP to H3b, if H3=1, SKIP TO H3a]	1	2	7	9
H3a	Veteran's Affairs coverage resulting from a service-related disability?	1	2	7	9
H3b	Military health care, TRICARE, or CHAMPUS?	1	2	7	9
H4	Indian Health Service or tribal health care?	1	2	7	9
H5	Medical Assistance or Medicaid – also known as SoonerCare?	1	2	7	9
H6	Premium assistance also known as "Insure Oklahoma" or "O-EPIC"?	1	2	7	9
H7	Insurance through the Oklahoma High Risk Pool – also known as the Oklahoma High Risk Plan or Oklahoma Temporary High Risk Plan?	1	2	7	9
H9	COBRA? PROBE: This is insurance you purchase temporarily through a former employer. IF H9 = 2,7,9, SKIP TO H11	1	2	7	9
	H9POL. Is this an individual policy or is it a family policy? 1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED				
H11	IF TARGAGE <18 SKIP TO H12	1	2	7	9

Color Key: **Ages 0-17**
Ages 18+
 All Ages

	<p>H11 Health insurance through your (TARGET's) work or union? (IF NECESSARY: This insurance could be through a former employer or a retiree benefit, but not COBRA) IF H11 = 2,7,9, SKIP TO H12</p>				
	<p>H11POL. Is this an individual or family policy?</p> <p>1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED</p>				
	<p>H11GOV Is this policy through a local, state, or federal government employer, or through another type of employer?</p> <p>1. Local, state, or federal government employer 2. Another type of employer 7. DON'T KNOW 9. REFUSED</p>				
	<p>H12 Health insurance through someone else's work or union? (IF NECESSARY: This insurance could be through a former employer or a retiree benefit, but not COBRA) IF H12 = 2,7,9 SKIP TO H13 IF (H12A = 1 AND ((TARGAGE>17 & TARGAGE <26 OR TARGAGEREF=2))) SKIP TO H12ab</p>	1	2	7	9
	<p>H12ab Is this through (your/TARGET's) parent or guardian?</p>	1	2	7	9
H12	<p>H12POL. Is this an individual or family policy?</p> <p>1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED</p>				
	<p>H12GOV Is this policy through a local, state, or federal government employer, or through another type of employer?</p> <p>1. Local, state, or federal government employer 2. Another type of employer 7. DON'T KNOW 9. REFUSED</p>				
	<p>IF TARGAGE <18 SKIP TO H14</p> <p>H13 Health insurance bought directly by you (TARGET)? IF H13 = 2,7,9 SKIP TO H14</p>	1	2	7	9
H13	<p>H13POL. Is this an individual or family policy?</p> <p>1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED</p>				

	H14 Health insurance bought directly by someone else?				
	IF H14 = 2,7,9 SKIP TO j_H15	1	2	7	9
H14	H14POL. Is this an individual or family policy? 1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED				
j_H15: IF TARGET HAS ONLY INDIAN SERVICES (H4 = 1), SKIP TO H15A. IF TARGET HAS ANY OTHER INSURANCE, SKIP TO H17. ELSE CONTINUE TO H15.					
H15	Just to be sure I have this right, you do (TARGET does) not have health insurance coverage. Does anyone else pay for your (TARGET's) bills when you go (TARGET goes) to a doctor or hospital? IF <input type="checkbox"/> H15 = 1 SKIP TO H16 IF H15 = 2,7,9 <input type="checkbox"/> SKIP TO H19	1	2	7	9
IF TARGET HAS ONLY INDIAN SERVICES, CONTINUE TO H15A. ELSE SKIP TO H16.					
H15A	I understand that you receive (TARGET receives) services through the Indian Health Service or tribal health care. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital? IF H15A = 2,7,9 SKIP TO H19	1	2	7	9
H16	And who is that? (Interviewer: If returning back from PATHI, instead ask "What type of insurance is that?") (DO NOT READ, SELECT ANSWER) 1. MEDICARE 2. RAILROAD RETIREMENT PLAN 3. VETERAN'S AFFAIRS SERVICE 3a. VETERAN'S AFFAIRS COVERAGE RESULTING FROM A SERVICE-RELATED DISABILITY 3b. MILITARY HEALTH CARE, TRICARE or CHAMPUS 4. INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE 5. MEDICAID – SOONERCARE 6. PREMIUM ASSISTANCE – INSURE OKLAHOMA OR O-EPIC 7. INSURANCE THROUGH THE OKLAHOMA HIGH RISK POOL (OKLAHOMA HIGH RISK PLAN OR OKLAHOMA TEMPORARY HIGH RISK PLAN) 9. COBRA OR OTHER TEMPORARY EXTENSION OF COVERAGE 11. HEALTH INSURANCE THROUGH YOUR (TARGET's) WORK OR UNION 12. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION 13. HEALTH INSURANCE BOUGHT DIRECTLY BY YOU (TARGET) 14. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE 15. WORKER'S COMPENSATION FOR SPECIFIC INJURY/ILLNESS 16. EMPLOYER PAYS FOR BILLS, BUT NOT FOR AN INSURANCE POLICY 17. FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS 18. NON-FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS 19. NO PRIVATE OR PUBLIC INSURANCE 20. NON INSURANCE PAYMENT SOURCE 21. STUDENT HEALTH INSURANCE/ COLLEGE OR UNIVERSITY STUDENT INSURANCE PLANS 90. NONE OF THE ABOVE 77. DON'T KNOW				

Color Key: **Ages 0-17**
Ages 18+
All Ages

99. REFUSED					
<p>[IF 1-3,5,6,7 SKIP TO H17 IF (H16=12 AND (TARGAGE>17 & TARGAGE<26) SKIP TO H16PAR IF 9, 11-14 CONTINUE TO H16POL IF 4,15-20, 77, 99 say: "For purposes of this survey, we'll assume you/TARGET (do/does) not have insurance." THEN SKIP TO H19]</p>					
H16PAR Is this through (your/TARGET's) parent or guardian?					
1. Yes 2. No 7. DON'T KNOW 9. REFUSED					
H16POL. Is this an individual or family policy?					
1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED					
H16GOV IF H16 = 9,13,14 SKIP TO H17					
Is this policy through a local, state, or federal government employer, or through another type of employer?					
1. Local, state, or federal government employer 2. Another type of employer 7. DON'T KNOW 9. REFUSED SKIP TO H17					
H17-H19 establish annual coverage status.					
Asking H17 and H19 ensures that respondents switching plans part way through the year do not get the uninsured part year long form.					
		Y	N	DK	REF
H17	[IF TARGAGE>=1]: Have you (Has TARGET) had insurance coverage for all of the past 12 months? [IF TARGAGE<1]: H17a : Has TARGET had insurance coverage for all the time since he/she was born? IF H17 = 2 <input type="checkbox"/> SKIP TO H18 IF H17 = 1,7,9 SKIP TO j PREMIUM	1	2	7	9
H18	How many months during the past year were you (was TARGET) without coverage? SKIP TO j PREMIUM	__ # months		7	9
H19	[IF TARGAGE>=1]: Have you (Has TARGET) been covered by any health insurance IN THE PAST 12 MONTHS? [IF TARGAGE<1]: H19a : Has TARGET been covered by any health insurance since he/she was born? SKIP TO j PREMIUM	1	2	7	9

ASK MEDSUPP IF H1A=1 OR H16=1

MEDSUPP. Now I am going to ask about health insurance (you/TARGET) may have in addition to basic Medicare.

MEDIGAP. Do you (does TARGET) have additional insurance to supplement Medicare, such as a self-purchased Medigap policy like Blue Cross Blue Shield C+, or a retiree benefit?

INTERVIEWER NOTE: MEDIGAP POLICIES ARE SOLD BY PRIVATE INSURANCE COMPANIES.

1. Yes
2. No
7. (DO NOT READ) Don't know
9. (DO NOT READ) Refused

PUBGAP Do you (does TARGET) have coverage through Medicaid QMB, SLMB, QI?

1. Yes
2. No
7. (DO NOT READ) Don't know
9. (DO NOT READ) Refused

MEDDRG Do you (does TARGET) have Medicare insurance that pays for prescription drugs?

1. Yes
2. No
7. (DO NOT READ) Don't know
9. (DO NOT READ) Refused

j PREMIUM:

**IF ((H9, H11, H12, H13 OR H14 = 1) OR (H16 = 9,11,12,13,14,21)) SKIP TO PREM1
ELSE SKIP TO STAT**

PREMIUMS and COST SHARING

[Asked only of TARGETS with employer-based or private self-purchased]

PREM1. How much is the monthly premium for this health insurance?

[**PROBE:** "Premium is the monthly charge for the cost of this health insurance plan. We're interested in the cost of the entire policy, even if it covers other family members too."]

- \$ _____ MONTHLY - **SKIP TO PREM2**
- \$ _____ EVERY 2 WEEKS - **SKIP TO PREM2**
- \$ _____ BI-MONTHLY (TWICE A MONTH) - **SKIP TO PREM2**
- \$ _____ QUARTERLY (FOUR TIMES A YR) - **SKIP TO PREM2**
- \$ _____ BI-ANNUALLY (TWICE A YEAR) - **SKIP TO PREM2**
- \$ _____ ANNUALLY- **SKIP TO PREM2**
- 7. DON'T KNOW - ASK PREM1A.
- 9. REFUSED - **SKIP TO PREM2**

[INTERVIEWER; if monthly premium is more than \$500/month or \$250/2 weeks or \$250/bi-monthly or \$1,500 quarterly or \$3,000 bi-annually, or \$6,000 annually please confirm:

"I just want to confirm: You pay [\$\$\$] per month/every 2 weeks/bi-monthly/quarterly, bi-annually, annually?"]

IF PREM1 = 0, SKIP to PREM2.

PREM1A. Which category best represents the monthly premium for your (TARGET's) health insurance?
READ CATEGORIES BELOW

Would you say it is:

1. Less than \$200 per month
2. Between \$200 and \$500 per month
3. \$501 to \$1000
4. More than \$1000
7. DON'T KNOW
9. REFUSED

[IF H11 or H12 = 1) or (H16=11 or 12, ASK PREM2; ELSE SKIP TO DED1]]

PREM2.

[If H11=1 or H16=11]

How much does your (TARGET's) employer/union contribute for this health insurance each month?

[If H12=1 or H16=12]

How much does the employer/union providing your (TARGET'S) health insurance contribute for this insurance each month?

- \$ _____ MONTHLY
- \$ _____ EVERY 2 WEEKS
- \$ _____ BI-MONTHLY (TWICE A MONTH)
- \$ _____ QUARTERLY (FOUR TIMES A YR)
- \$ _____ BI-ANNUALLY (TWICE A YEAR)
- \$ _____ ANNUALLY

- 7. DON'T KNOW
- 8. Not applicable (TARGET has private self-purchased insurance)
- 9. REFUSED

DED1.

Does your (TARGET'S) health insurance include a deductible for major medical coverage?

[PROBE: "A deductible is the amount of money that you have to pay out of your own pocket each year before your insurance will pay for any services."]

- 1. YES → **SKIP TO DED2**
 - 2. NO
 - 7. DON'T KNOW
 - 9. REFUSED
- SKIP TO COPAY1**

DED2. What is the amount of the annual deductible?

- 1. Less than \$300
- 2. Between \$300 and \$1500
- 3. Between \$1501 and \$5000
- 4. Between \$5001 and \$10,000
- 5. \$10,000 or more
- 7. DON'T KNOW
- 9. REFUSED

COPAY1.

Does your (TARGET'S) health insurance include copayments for doctor's visits?

[PROBE: "A copayment is a flat fee you pay out of your pocket each time you visit the doctor."]

- 1. YES **SKIP TO COPAY2**
 - 2. NO
 - 7. DON'T KNOW
 - 9. REFUSED
- SKIP TO COPAY3**

COPAY2. How much is the copayment for a visit to your (TARGET's) regular doctor?

\$ _____
777. Don't Know
999. Refused

COPAY3. Does your (TARGET'S) health insurance include copayments for visits to the emergency room?

[PROBE: "A copayment is a flat fee you pay out of your pocket each time you visit an emergency room."]

- 1. YES **SKIP TO COPAY4**
 - 2. NO
 - 7. DON'T' KNOW
 - 9. REFUSED
- SKIP TO STAT**

COPAY4. How much is the copayment for a visit to an emergency room?

\$ _____
777. Don't Know
999. Refused

HOUSEHOLD HEALTH INSURANCE

SKIP TO J_EDUC IF S6=1. PROCEED THROUGH STAT(#) AND TYPE(#) FOR EACH PERSON IN THE ROSTER, EXCEPT TARGET.

The next questions concern health insurance that other people in your household may have at this time.

STAT(#). Do you/Does your (relationship) [(age) (sex) if multiple members with same relationship code] currently have health insurance?

- 1 YES →**SKIP TO NEWTYPE**
- 2 NO →**REPEAT FOR NEXT PERSON ON ROSTER**
- 7 DON'T KNOW →**REPEAT FOR NEXT PERSON ON ROSTER**
- 9 REFUSED →**REPEAT FOR NEXT PERSON ON ROSTER**

NEWTYPE(#). What type of insurance are you (is this person) covered by? CHECK ALL THAT APPLY

(READ LIST, ENTER UP TO THREE RESPONSES)

(ASK CODES 11 & 13 IF AGE OF HH MEMBER IS 18+)

- 1. MEDICARE
- 2. RAILROAD RETIREMENT PLAN
- 3. VETERAN'S AFFAIRS disability
- 3a. VETERAN'S AFFAIRS COVERAGE RESULTING FROM A SERVICE-RELATED DISABILITY
- 3b. MILITARY HEALTH CARE, TRICARE, or CHAMPUS
- 4. INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
- 5. MEDICAID - SOONERCARE
- 6. PREMIUM ASSISTANCE - INSURE OKLAHOMA OR O-EPIC
- 7. INSURANCE THROUGH THE OKLAHOMA HIGH RISK POOL (OKLAHOMA HIGH RISK PLAN OR OKLAHOMA TEMPORARY HIGH RISK PLAN)
- 9. COBRA OR OTHER TEMPORARY EXTENSION OF COVERAGE
- 11. HEALTH INSURANCE THROUGH YOUR (THEIR) WORK OR UNION
- 12. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION
- 13. HEALTH INSURANCE BOUGHT DIRECTLY BY YOU (THEM)
- 14. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE
- 19. NO PRIVATE OR PUBLIC INSURANCE
- 20. NON INSURANCE PAYMENT SOURCE
- 21. STUDENT HEALTH INSURANCE/ COLLEGE OR UNIVERSITY STUDENT INSURANCE PLANS
- 77. DON'T KNOW
- 99. REFUSED

IF TYPE(#)=4 THEN READ "I understand that (you receive/this person receives) services through the Indian Health Service."

(ASK VCHK(#) FOR ALL UNCOVERED PERSONS – STAT= 2, D, OR R OR NEWTYPE = 04, 19, 20, 77, OR 99))

VCHK(#) I just want to make sure I have everything right. Does anyone pay for your (this person's) medical bills?

1. Yes → **SKIP TO NEWH16(#)**
2. No → **SKIP TO NEXT PERSON IN ROSTER**
7. DON'T KNOW → **SKIP TO NEXT PERSON IN ROSTER**
9. REFUSED → **SKIP TO NEXT PERSON IN ROSTER**

NEWH16(#) And who is that?

(DO NOT READ LIST; ENTER UP TO THREE RESPONSES)

1. MEDICARE
2. RAILROAD RETIREMENT PLAN
3. VETERAN'S AFFAIRS SERVICE
- 3a. VETERAN'S AFFAIRS COVERAGE RESULTING FROM A SERVICE-RELATED DISABILITY
- 3b. MILITARY HEALTH CARE, TRICARE or CHAMPUS
4. INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
5. MEDICAID – SOONERCARE
6. PREMIUM ASSISTANCE – INSURE OKLAHOMA OR O-EPIC
7. INSURANCE THROUGH THE OKLAHOMA HIGH RISK POOL (OKLAHOMA HIGH RISK PLAN OR OKLAHOMA TEMPORARY HIGH RISK PLAN)
9. COBRA OR OTHER TEMPORARY EXTENSION OF COVERAGE
11. HEALTH INSURANCE THROUGH YOUR (THEIR) WORK OR UNION
12. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION
13. HEALTH INSURANCE BOUGHT DIRECTLY BY YOU (THEM)
14. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE
15. WORKER'S COMPENSATION FOR SPECIFIC INJURY/ILLNESS
16. EMPLOYER PAYS FOR BILLS, BUT NOT FOR AN INSURANCE POLICY
17. FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS
18. NON-FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS
19. NO PRIVATE OR PUBLIC INSURANCE
20. NON INSURANCE PAYMENT SOURCE
21. STUDENT HEALTH INSURANCE/ COLLEGE OR UNIVERSITY STUDENT INSURANCE PLANS
90. NONE OF THE ABOVE
77. DON'T KNOW
99. REFUSED

SKIP TO NEXT PERSON IN ROSTER

j EDUC:

**PROCEED THROUGH EDUCATION AND EMPLOYMENT SECTION FOR EACH ADULT IN ROSTER WHO IS 18 OR OVER, INCLUDING TARGET (IF TARGAGE IS >17)
EDUC(#) - STUD1(#)**

Color Key: **Ages 0-17**
Ages 18+
All Ages

EDUCATION AND EMPLOYMENT STATUS OF HOUSEHOLD ADULTS

IF HH_COUNT=1 PERSON AGE 18 OR OVER DISPLAY:

Next, I'm going to ask some questions about your education and employment.

IF HH_COUNT=>1 PERSON AGE 18 AND OVER DISPLAY:

Next, I'm going to ask some questions about adult household members' education and employment. I'll start with you/TARGET/your (relationship) [(age) (sex) if multiple members with same relationship code].

EDUC(#). What is the highest level of education you have (TARGET has/your (relationship) [(age) (sex) if multiple members with same relationship code] has) completed? (DO NOT READ)

1. NO FORMAL EDUCATION
2. GRADE SCHOOL (1 TO 8 YEARS)
3. SOME HIGH SCHOOL (9 TO 11 YEARS) BUT NO DEGREE
4. HIGH SCHOOL GRADUATE OR GED (RECEIVED A HIGH SCHOOL EQUIVALENCY DIPLOMA)
5. SOME COLLEGE/TECHNICAL OR VOCATIONAL SCHOOL/TRAINING AFTER HIGH SCHOOL, NO DEGREE
6. ASSOCIATE'S DEGREE (FOR EXAMPLE: AA, AS)
7. BACHELOR'S DEGREE (FOR EXAMPLE: BA, BS)
8. POSTGRADUATE DEGREE/STUDY
77. DON'T KNOW
99. REFUSED

EMP(#). Are you/Is TARGET/ Is your (relationship) [(age) (sex) if multiple members with same relationship code] currently...?

1. Self employed or own your (his/her) business
2. Employed by the local, state or federal government
3. Employed by another type of employer
4. Unpaid worker for family business, farm, or home → **SKIP TO STUD**
5. Retired → **SKIP TO STUD**
6. Unemployed and looking for work → **SKIP TO STUD**
7. Not working for pay **SKIP TO STUD**
8. Disabled **SKIP TO STUD**
77. DON'T KNOW → **SKIP TO STUD**
99. REFUSED → **SKIP TO STUD**

MULTJOB(#) Do you/Does TARGET (Does (relationship) [(age) (sex) if multiple members with same relationship code]) have more than one paying job?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

HOURS(#). What is the total number of hours usually worked per week?
Note: this question used to be under PWE section.

_____ HOURS
777. DON'T KNOW
999. REFUSED

**IF MULTIJOB(#)=1 SKIP TO EMPHRS(#)
ELSE SKIP TO SIZE(#)**

EMPHRS(#). For the job you work/TARGET works ((relationship) [(age) (sex) if multiple members with same relationship code] works) at the most hours, what is the total number of hours usually worked per week?

_____ hours
777. DON'T KNOW
999. REFUSED

EMPERM. Is this a permanent, temporary, or seasonal job?

(READ IF RESPONDENT IS NOT SURE HOW TO CLASSIFY JOB, POSSIBLY BECAUSE IT IS A CONTRACT POSITION): I understand that this question may be difficult to answer. We are interested in how (you think /your relationship thinks) about this job.)

1. Permanent
2. Temporary
3. Seasonal
7. DON'T KNOW
9. REFUSED

SIZE(#): **If EMP#=2 or 3, the question reads:**
Counting all locations where this employer operates, are there more than 50 people working for (your/TARGET's/your (relationship's) [(age) (sex) if multiple members with same relationship code] employer?

If EMP#=1 Self employed, the question reads:
Including yourself are there more than 50 people working for this business?

1. YES **SKIP TO SIZEB(#)**
2. NO **SKIP TO SIZEA(#)**
7. DON'T KNOW **SKIP TO INDUST**
9. REFUSED **SKIP TO INDUST**

SIZEA(#). Counting all locations where this employer operates, which category best represents the total number of persons who work for your/TARGET's/ (relationship) [(age) (sex) if multiple members with same relationship code] (employer/business)?

NOTE: If EMP#=1, use "business" instead of "employer."

1. Just one
2. Between 2 and 10
3. Between 11 and 24
4. Between 25 and 50
7. DON'T KNOW
9. REFUSED

Color Key: **Ages 0-17**
Ages 18+
All Ages

SKIP TO INDUST

SIZEB(#). Counting all locations where this employer operates, which category best represents the total number of persons who work for your/TARGET's/ (relationship) [(age) (sex) if multiple members with same relationship code] (employer/business)?
NOTE: If EMP#=1, use "business" instead of "employer"

- 1. Between 51 and 100
- 2. Between 101 and 250
- 3. Between 251 and 500
- 4. Between 501 and 1000
- 5. Over 1000
- 7. DON'T KNOW
- 9. REFUSED

IF EMP (Q.E1) = 2 OR 3, INSERT "employer"; IF EMP (Q.E1) = 1, INSERT "business"

INDUST(#). Thinking about the employer/business you work for/TARGET works for/ (relationship) [(age) (sex) if multiple members with same relationship code] work for, which of the following most closely describes the employer/business?

(INTERVIEWER NOTE: DO NOT READ THE REMAINDER OF THE LIST AFTER GETTING A RESPONSE)

- 1. Government and public administration
- 2. Education & health care
- 3. Agriculture, farming, forestry and fish
- 4. Construction
- 5. Mining and manufacturing
- 6. Retail and wholesale trades/sales
- 7. Professional, scientific and technical services
- 8. Leisure and hospitality (includes hotels and restaurants)
- 9. Real estate and rental and leasing
- 10. Transportation, utilities and communications
- 11. Finance and Insurance
- 12. Other services including social services
- 13. (DO NOT READ) OTHER, SPECIFY _____
- 77. DON'T KNOW
- 99. REFUSED

(ASK STUD(#) EACH HH MEMBER (TARGAGE OR S7b-j)>=18 AND TARGAGE OR s7b-j <65) OR (TARGAGEREF OR S7ageref =2,3,D,R)

STUD(#) Are you/Is TARGET/Is (relationship) [(age) (sex) if multiple members with same relationship code] currently a student?

- 1. YES – **SKIP TO STUD1**
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

SKIP TO CATISORT

STUD1(#) Are you/Is TARGET/Is (relationship) [(age) (sex) if multiple members with same relationship code] a full-time student (greater than three-fourths time) or part-time student (less than three-fourths time)?

- 1. FULL-TIME STUDENT
- 2. PART-TIME STUDENT
- 7. DON'T KNOW
- 9. REFUSED

Color Key: **Ages 0-17**
Ages 18+
All Ages

CATISORT Define the CODETYPE variable based on the Target's insurance coverage information:

Priority of assignment:

1. Any public coverage, public is assigned
2. If no public coverage, but has group coverage, group is assigned
3. If no public coverage and no group coverage, but has individually purchased coverage, individual is assigned
4. If no coverage at all, uninsured is assigned

NOTE: IHS is considered uninsured

CODETYPE VALUE:

SCREEN: (public)

The Target currently has some form of public insurance. Ownership of public insurance over-rides all private insurance types. The duration of the insurance (H17) is of no consequence.

IF (H1, H2, H5, H6, OR H7 = 1) OR (H16 = 1,2,5,6,7)

GROUP: (group)

The Target has no public insurance but does have private insurance through own work, or someone else's work, VA or COBRA. This over-rides all purchased insurance. The Target has had this insurance for all of the last year.

IF ((H17 = 1 or H17a=1) AND ((H3, H3a, H3b, H9, H11, H12 = 1) OR (H16 = 3,3a,3b,9,11,12)))

ON_GROUP: (group)

The Target has no public insurance but does have private insurance through own work or someone else's work, VA or COBRA. This over-rides all purchased insurance. The Target has not had this insurance for all of the last year.

IF ((H17 > 1 or H17a >1) AND ((H3, H3a, H3b, H9, H11, H12 = 1) OR (H16 = 3,3a,3b,9,11,12)))

INDIVID: (individual)

The Target has no public insurance and does not receive it through work, but they do purchase it (or have it purchased for them). The Target has had this insurance for all of the past year.

IF ((H17 = 1 or H17a=1) AND ((H13, H14 = 1) OR (H16 = 13,14,21)))

ON_ELSE: (individual)

The Target has no public insurance and does not receive it through work, but they do purchase it (or have it purchased for them). The Target has not had this insurance for all of the past year.

IF ((H17 > 1 or H17a >1) AND ((H13, H14 = 1) OR (H16 = 13,14,21)))

UNINSURD: (uninsured)

The Target does not have any public or private insurance. The Target has not had any insurance for all of the last year (H19 >1, or H19a >1). (NONE OF THE ABOVE CRITERIA ARE TRUE)

UNINOFF: (uninsured)

The Target does not have any public or private insurance. However, the Target did have insurance at some time during the last year (H19 = 1 or H19a=1) (NONE OF THE ABOVE CRITERIA ARE TRUE)

LONG FORM (see CATISORT, previous page)

j_PATH:

IF (CODETYPE = UNINSURD(H19>=2)) SKIP TO J_COV – UNINSURED FOR PAST 12 MONTHS

F (CODETYPE = UNINOFF(H19=1 or H19a=1)) SKIP TO PATHU – VERIFY STATUS

IF H17>=2 OR H17A>=2 SKIP TO PATHI – VERIFY STATUS

ELSE, SKIP TO DENTAL – (GROUP, PUBLIC AND INDIVIDUAL, THAT HAVE BEEN INSURED ALL YEAR SKIP OUT)

PATHI. Just to be sure I've entered this right, currently you are (**TARGET** is) covered by health insurance. Is this correct?

1. YES, I am (Target is) currently covered by health insurance → **SKIPTO PATHI1**
2. NO, I am (Target is) currently uninsured – **SKIP TO J-COV**
7. DON'T KNOW – **SKIP TO J-COV**
9. REFUSED – **SKIP TO J-COV**

PATHI1. But there was a period in the last 12 months when (you were/TARGET was) NOT covered by health insurance? Is this correct?

1. Yes
 2. No
 7. DON'T KNOW
 9. REFUSED
- SKIP TO DENTAL**

PATHU. Just to be sure I've entered this right, currently you are (**TARGET** is) NOT covered by health insurance but were (was) covered at some point IN THE PAST 12 MONTHS. Is this correct?

1. YES (I am/TARGET is) currently uninsured **SKIP TO j_COV**
2. NO, (I am/TARGET is) currently covered by health insurance → **SKIP TO PROBLEM1**
7. DON'T KNOW → **SKIP TO PROBLEM1**
9. REFUSED → **SKIP TO PROBLEM1**

PROBLEM1. Can you tell me what type/s of insurance you have/TARGET has currently?

(INTERVIEWER NOTE: THIS QUESTION IS BEING ASKED BECAUSE THE TARGET WAS CODED AS 'UNINSURED' BUT NOW SEEMS TO HAVE INSURANCE; PROBE FULLY)

1. ANSWER GIVEN (SPECIFY) _____
7. DON'T KNOW
9. REFUSED

j_COV: ONLY CURRENTLY UNINSURED TARGETS WILL GO THROUGH THE COVERAGE SERIES THIS INCLUDES IF PATHI>=2

1. SPOUSE/PARTNER:

IF TARGAGE > 17 AND TARGET HAS SPOUSE/PARTNER WHO IS EMPLOYED AND WE KNOW FROM STAT(#)ROSTER THAT SPOUSE HAS OWN INSURANCE THORUGH WORK, SKIP TO COV2

IF TARGAGE > 17 AND TARGET HAS SPOUSE/PARTNER WHO IS EMPLOYED, BUT WE DON'T KNOW IF SPOUSE IS COVERED THORUGH THEIR OWN WORK, SKIP TO COV1

2. EMPLOYED:

IF TARGAGE > 17 AND TARGET IS SELF EMPLOYED WITH NO OTHER EMPLOYEES, SKIP TO OWNCOV

IF TARGAGE > 17 AND TARGET IS EMPLOYED, SKIP TO j_EMPCOV

3. KIDS/STUDENTS:

IF (TARGAGE < 26) SKIP TO j_PARCOV

4. OTHERS:

ALL OTHERS SKIP TO OWNCOV

ACCESS TO EMPLOYER-BASED INSURANCE

COV1.

Now I'd like to ask a few questions about your (TARGET's) access to insurance. Does your (TARGET'S) partner have insurance through their work?

NOTE: If R = person 2(spouse) reads: "Do you have insurance through your work?"

1. YES
2. NO → **SKIPTO COV3**
7. DON'T KNOW → **SKIPTO COV3**
8. N/A: spouse/partner unemployed or self employed → **SKIP TO j_EMPCOV**
9. REFUSED → **SKIPTO COV3**

COV2.

IF SPOUSE/PARTNER HAS COVERAGE THROUGH THEIR WORK→ ADD LEAD-IN:

As you mentioned, your (TARGET'S) spouse/partner gets insurance through their work.

Could this insurance policy be used to cover you (TARGET)?

1. YES → **SKIPTO COV2a**
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO j_EMPCOV**

COV2a. Would this employer pay for all or a part of the insurance cost?

(INTERVIEWER NOTE: This refers to the TARGET's SPOUSE's employer)

1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO COV6**

COV3. Are you (Is your/ TARGET's spouse/partner) eligible for health insurance through your (their) work, but have chosen not to sign up for it?

1. YES → **SKIPTO COV4**
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO j_EMPCOV**

COV4. If you (they) were to sign up for that health insurance, could the policy be used to cover TARGET (you)?

1. YES → **SKIP TO COV4a**
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO j_EMPCOV**

COV4a. Would this employer pay for all or a part of the insurance cost for you?

1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO COV6**

COV6. What is the main reason you do (TARGET does) not get insurance through your/her/his spouse/partner?

DO NOT READ. MAP RESPONSE TO CATEGORY. ONE RESPONSE ONLY.

1. DO NOT NEED OR WANT HEALTH INSURANCE
2. RARELY SICK/"I TAKE CARE OF MYSELF"
3. TOO MUCH HASSLE/PAPERWORK
4. TOO EXPENSIVE/COULD NOT AFFORD
5. DON'T LIKE BENEFITS PACKAGE
6. NOT ELIGIBLE, HEALTH CONDITION
7. NOT ELIGIBLE, OTHER
8. OWN PLAN THROUGH WORK IS CHEAPER/BETTER
9. WILL GET HEALTH INSURANCE SOON
10. AFTER WAITING PERIOD WILL BE COVERED BY SPOUSE'S POLICY
11. COVERED BY PUBLIC PROGRAM
12. RECEIVES SERVICES THROUGH INDIAN HEALTH SERVICE OR TRIBAL CARE
13. OTHER (SPECIFY) _____
77. DON'T KNOW
99. REFUSED

PROBE: Can you tell me the primary reason you (he/she) did not get insurance through this family member?

j_EMPCOV

IF TARGET IS 18 OR OLDER AND EMPLOYED, SKIP TO EMPCV1 (MUST HAVE ONE OR MORE EMPLOYEES IF SELF-EMPLOYED)
IF TARGET IS 18 OR OLDER AND NOT EMPLOYED, SKIP TO OWNCOV
ELSE SKIP TO J_PARCOV

EMPCV1. As you mentioned, you do not get (TARGET does not get) insurance through your (their/his/her) own work. Does the business you work for (he/she works for) offer health insurance as a benefit to any of its employees?

1. YES → **SKIPTO EMPC1A**
 2. NO
 7. DON'T KNOW
 8. NOT APPLICABLE, NOT EMPLOYED
 9. REFUSED
- IF EMPCV1=2,7,8,OR9, SKIP TO OWNCOV**

EMPC1A. Are you (Is TARGET) eligible for health insurance through your (their) work?

1. YES → **SKIPTO EMPCOV2**
2. NO → **SKIPTO EMPNELIG**
7. DON'T KNOW → **SKIPTO OWNCOV**
9. REFUSED → **SKIPTO OWNCOV**

EMPNELIG. What is the main reason you (TARGET) are/is not eligible through your (their) work?
DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.

1. HEALTH CONDITION
2. AFTER WAITING PERIOD WILL BE ELIGIBLE FOR THEIR POLICY
3. WORK PART-TIME
4. WORK TEMPORARY/SEASONALLY
5. OTHER _____.
7. DON'T KNOW
9. REFUSED

SKIP TO OWNCOV

EMPCOV2. Does your (TARGET's) employer pay for all or a part of the insurance cost?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

EMPCV2. Can dependents be covered by health insurance through your (TARGET's) work?

1. YES → **SKIP TO EMPCOV3A**
2. NO → **SKIP TO EMPCV4**
7. DON'T KNOW
8. TARGET DOES NOT HAVE ACCESS TO INSURANCE THROUGH OWN EMPLOYER
9. REFUSED

SKIP TO OWNCOV

EMPCOV3A. Does your (TARGET's) employer pay for all or a part of dependent coverage?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

EMPCV4. What is the main reason you (TARGET) have not enrolled in your (his/her) work's group health insurance plan?

[DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.]

- 1. DO NOT NEED OR WANT HEALTH INSURANCE
- 2. RARELY SICK/"I TAKE CARE OF MYSELF"
- 3. TOO MUCH HASSLE/PAPERWORK
- 4. TOO EXPENSIVE/COULD NOT AFFORD
- 5. DON'T LIKE BENEFITS PACKAGE
- 8. PLAN THROUGH SPOUSE'S WORK IS CHEAPER/BETTER
- 9. WILL GET HEALTH INSURANCE SOON
- 10. AFTER WAITING PERIOD WILL BE COVERED BY POLICY
- 11. RECEIVES SERVICES THOUGH INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
- 12. OTHER (SPECIFY) _____
- 77. DON'T KNOW
- 99. REFUSED

OWNCOV. What is the main reason you have (TARGET HAS) not bought health insurance on your (his/her) own?

[DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.]

- 1. DO NOT NEED OR WANT HEALTH INSURANCE
- 2. RARELY SICK/"I TAKE CARE OF MYSELF"
- 3. DO NOT KNOW WHERE TO BEGIN/WHERE TO GO
- 4. TOO MUCH HASSLE/PAPERWORK
- 5. TOO EXPENSIVE/COULD NOT AFFORD
- 6. DON'T LIKE BENEFITS PACKAGE
- 7. NOT ELIGIBLE, HEALTH CONDITION
- 8. NOT ELIGIBLE, FOR REASON OTHER THAN HEALTH
- 9. WILL GET HEALTH INSURANCE SOON
- 10. AFTER WAITING PERIOD WILL BE COVERED BY A POLICY
- 11. RECEIVES SERVICES THOUGH INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
- 13. OTHER (SPECIFY) _____
- 77. DON'T KNOW
- 99. REFUSED

IF (TARGAGE < 26 OR TARGAGEref = 1 OR 2) SKIP TO j_PARCOV, else SKIPTO PUB1

j_PARCOV Target must meet following conditions to proceed through parcov series.

Target age less than 26

If (targage < 26 OR targageref = 1 or 2) then skip to PARCOVSERIES

Else skip to **ENDPARCOV**

PARCOVSERIES

Now I'd like to ask a few questions about your (TARGET's) access to insurance through a parent or guardian.

PROBE: Please respond to the following questions on behalf of the parent or guardian whose employer may be able to provide coverage for this child or the primary employed wage earner in the household.

PARCOV1. Does the business your (TARGET's) parents or guardian work for offer health insurance as a benefit to any of its employees?

(INTERVIEWER NOTE: ENTER CODE "8" WITHOUT ASKING PARCOV1 (Q.PC1) IF ALL PARENTS OR GUARDIANS OF TARGET ARE UNEMPLOYED)

(INTERVIEWER NOTE: Under the 2010 Patient Protection & Affordable Care Act, all young adults under age 26 are eligible as dependents under their parents' health insurance coverage.)

1. YES → **SKIPTO PARC1A**
 2. NO
 7. DON'T KNOW
 8. N/A: PARENT/GUARDIAN NOT EMPLOYED OR SELF EMPLOYED W/1 EMPLOYEE
 9. REFUSED
- SKIP TO OWNCV2**

PARC1A. Are your (TARGET's) parents or guardian eligible for health insurance from their work?

1. YES → **SKIPTO PARCOV2**
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO OWNCV2**

PARCOV2. Does this employer pay for all or a part of the health insurance cost?

1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO PARCOV3**

PARCOV3. Can this coverage be extended to cover dependents?

1. YES → **SKIPTO PARCOV3A**
2. NO
7. DON'T KNOW
9. REFUSED

Color Key: **Ages 0-17**
Ages 18+
All Ages

SKIP TO OWNCV2

PARCOV3A Does this employer pay for all or a part of dependent coverage?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

PARCOV5. What is the main reason you are (TARGET is) not included in this health insurance plan as a dependent? **[DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.]**

- 1. CHILD DOES NOT NEED HEALTH INSURANCE
- 2. RARELY SICK
- 3. TOO MUCH HASSLE/PAPERWORK
- 4. TOO EXPENSIVE/COULD NOT AFFORD
- 5. DON'T LIKE BENEFITS PACKAGE
- 6. NOT ELIGIBLE, HEALTH CONDITION
- 7. PARENT NOT ELIGIBLE FOR INSURANCE
- 8. EXPECT CHILD WILL BE COVERED SOON
- 9. COVERED UNDER SCHOOL PLAN
- 10. AFTER WAITING PERIOD WILL BE COVERED BY POLICY
- 11. RECEIVES SERVICES THROUGH THE INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
- 12. COVERED THROUGH MY OWN OR ANOTHER ADULT'S EMPLOYER PLAN
- 13. COVERED BY PUBLIC PROGRAM
- 14. 18 OR OLDER AND SO DOES NOT QUALIFY AS DEPENDENT
- 15. 18 OR OLDER AND HAS OWN COVERAGE
- 16. OTHER (SPECIFY) _____
- 77. DON'T KNOW
- 99. REFUSED

ENDPARCOV

OWNCV2. What is the main reason your (TARGET's) parents or guardian have not bought health insurance for you (TARGET) on their own? **[DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.]**

- 1. CHILD DOES NOT NEED HEALTH INSURANCE
- 2. RARELY SICK
- 3. TOO MUCH HASSLE/PAPERWORK
- 4. TOO EXPENSIVE/COULD NOT AFFORD
- 5. DON'T LIKE BENEFITS PACKAGE
- 6. NOT ELIGIBLE, HEALTH CONDITION
- 7. NOT ELIGIBLE, OTHER
- 9. WILL GET HEALTH INSURANCE SOON
- 10. AFTER WAITING PERIOD WILL BE COVERED BY A POLICY
- 11. DON'T KNOW WHERE TO BEGIN/WHERE TO GO
- 12. RECEIVES SERVICES THROUGH THE INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE.
- 13. 18 OR OLDER
- 14. OTHER (SPECIFY) _____
- 77. DON'T KNOW
- 99. REFUSED

SKIPTO PUB1

PUBLIC PROGRAM AWARENESS

[For uninsured TARGETS]

Now I'm going to ask you about public insurance programs available through the state of Oklahoma.

PUB1. Have you (has TARGET/TARGET's parents/Have you or your parents/Have you or has TARGET/Has TARGET or TARGET's parents) ever asked for or been given information about one of the Oklahoma public health programs? By state public programs, we mean Medicaid also known as Sooner care, premium assistance also known as Insure Oklahoma or O-EPIC, or the state's high risk pool called the Oklahoma High Risk Plan or Oklahoma Temporary High Risk Plan.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

PUB2. If you (TARGET/TARGET's parents/you or your parents/you or TARGET/TARGET or TARGET's parents) learned you (TARGET) were eligible for health coverage through a public program, would you (TARGET/he/she) enroll?

1. YES **SKIP TO PUB3B**
2. NO
7. DON'T KNOW
9. REFUSED

PUB3A. If you (TARGET/TARGET's parents/you or your parents/you or TARGET/TARGET or TARGET's parents) learned you (TARGET) were eligible for health coverage through a public program at no cost to (your/her/his/you or your/TARGET or TARGET's) family, would you (TARGET/she/he) enroll?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

PUB3B. If you (TARGET/TARGET's parents you or your parents/you or TARGET/TARGET or TARGET's parents) learned you were (TARGET was/he/she/was) eligible for a premium assistance program where the government pays for part of your (your/his/her/TARGET's) private insurance premium, would you (TARGET/TARGET's parents) enroll?

INSTRUCTION TO INTERVIEWERS: Private insurance includes a self-purchased policy or a plan through their employer.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

ASK PUB4 IF PUB3a OR PUB3b = 2(No)

PUB4. Please tell me why you (TARGET/TARGET's parents/you or your parents/you or TARGET/TARGET or TARGET's parents) would not enroll (TARGET/you)?

[DO NOT READ. CHOOSE ONE. CODE TO THESE RESPONSE OPTIONS:]

1. DON'T NEED OR WANT INSURANCE RIGHT NOW
2. RARELY SICK/NOT SICK RIGHT NOW
3. DO NOT KNOW WHAT TO DO/WHERE TO GO/HOW TO ENROLL

Color Key: **Ages 0-17**
Ages 18+
All Ages

4. TOO MUCH HASSLE/PAPERWORK
5. TOO EXPENSIVE
6. DON'T THINK THE CARE OR BENEFITS THROUGH THESE PROGRAMS ARE GOOD
7. APPLIED BUT NOT ELIGIBLE
8. DON'T THINK I AM (TARGET IS) ELIGIBLE
9. EMBARRASSED; DON'T WANT OTHERS TO KNOW
10. DON'T THINK GOVERNMENT SHOULD PAY FOR MY HEALTH CARE
11. PRIVACY: DON'T WANT GOVERNMENT INVOLVED IN MY HEALTH CARE
12. WILL GET INSURANCE SOON/APPLIED AND WAITING
13. IHS
14. NEVER LOOKED INTO IT
15. OTHER (SPECIFY)
77. DON'T KNOW
99. REFUSED

WILLINGNESS TO PAY

[For uninsured TARGETS only]

- C30.** If low-cost health insurance were made available, would you (TARGET/ TARGET's parent or guardian/you or your parents/you or TARGET/TARGET or TARGET's parents) be able to pay anything at all to get health care coverage (for you/for TARGET)?
1. YES
 2. NO → **SKIP TO DENTAL**
 7. DON'T KNOW → **SKIP TO DENTAL**
 9. REFUSED → **SKIP TO DENTAL**
- C31A.** Could you (TARGET/'s parent or guardian/you or your parents/you or TARGET/TARGET or TARGET's parents) afford to pay \$100 per month for health care coverage (for you/for TARGET)?
1. YES → **SKIP TO DENTAL**
 2. NO
 7. DON'T KNOW → **SKIP TO DENTAL**
 9. REFUSED → **SKIP TO DENTAL**
- C31B.** Could you (TARGET/'s parent or guardian/you or your parents/you or TARGET/TARGET or TARGET's parents) afford to pay \$50 per month for health care coverage (for you/for TARGET)?
1. YES → **SKIP TO DENTAL**
 2. NO
 7. DON'T KNOW → **SKIP TO DENTAL**
 9. REFUSED → **SKIP TO DENTAL**
- C31C.** Could you (TARGET/'s parent or guardian/you or your parents/you or TARGET/TARGET or TARGET's parents) afford to pay \$25 per month for health care coverage (for you/for TARGET)?
1. YES → **SKIP TO DENTAL**
 2. NO
 7. DON'T KNOW → **SKIP TO DENTAL**
 9. REFUSED → **SKIP TO DENTAL**
- C31D.** Could you (TARGET/'s parent or guardian/you or your parents/you or TARGET/TARGET or TARGET's parents) afford to pay \$10 per month for health care coverage (for you/for TARGET)?
1. YES → **SKIP TO DENTAL**
 2. NO
 7. DON'T KNOW → **SKIP TO DENTAL**
 9. REFUSED → **SKIP TO DENTAL**

ACCESS AND UTILIZATION

[Asked about ALL TARGETS]

READ only if HH_count >1: The following questions are about you (TARGET).

DENTAL. Do you (does TARGET) currently have insurance that pays for all or part of your (his/her) dental care?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

SKIP DRUG IF MEDDRG=1

DRUG. Do you (does TARGET) have insurance that pays for prescription drugs?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

LTCINS. Do you (does TARGET) have long term care insurance? This pays for a person with a chronic condition or disability to receive care at home, a nursing home, or an assisted living facility.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

HSTAT. Would you say your (TARGET's) health, in general, is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. DON'T KNOW
9. REFUSED

CHRON1. ([FOR FEMALES OVER AGE 10 AND UNDER AGE 55]...Not counting pregnancy) do you (does TARGET) now have any medical conditions that have lasted for at least 3 months?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

USC. Is there a regular place that you go (TARGET goes) for medical care?

(IF NECESSARY: A regular place that you go/TARGET goes for medical care may be a particular clinic, doctor's office, an emergency room)

1. YES
2. NO → **SKIP TO WHYNOUSC**
7. DON'T KNOW → **SKIP TO WHYNOUSC**
9. REFUSED → **SKIP TO WHYNOUSC**

Color Key: **Ages 0-17**
Ages 18+
All Ages

USKINDX. Where (does TARGET usually go/do you usually go) for medical care. Is that an:

[CHOOSE ONE]

1. Emergency room or urgent care center
2. Doctor's office or private clinic
3. Indian Health Service (IHS) or tribal facility
4. Community Health Center (Federally Qualified Health Center or FQHC)
5. Sliding fee scale, public health, or free clinic
6. VA provider
7. Military or Department of Defense provider
8. Or, someplace else specify _____
77. DON'T KNOW
99. REFUSED

[SKIP TO KIND]

WHYNOUSC. What is the main reason you (TARGET) DO NOT have a regular place that you go (he goes/she goes) for health care?

[DO NOT READ. MAP TO RESPONSE. CHOOSE ONE.]

1. CAN'T AFFORD IT
2. DO NOT HAVE HEALTH INSURANCE
3. RARELY GET SICK
4. CLINIC HOURS DON'T FIT MY SCHEDULE – GENERAL
5. CLINIC HOURS DON'T FIT MY SCHEDULE – NEED MORNING APPOINTMENT
6. CLINIC HOURS DON'T FIT MY SCHEDULE – NEED AFTERNOON APPOINTMENT
7. CLINIC HOURS DON'T FIT MY SCHEDULE – NEED EVENING APPOINTMENT
8. TRANSPORTATION DIFFICULTIES – GENERAL
9. TRANSPORTATION DIFFICULTIES – LIVE IN RURAL AREA AND IT'S TOO FAR
10. TRANSPORTATION DIFFICULTIES – LIVE IN URBAN AREA AND IT'S TOO FAR
11. TRANSPORTATION DIFFICULTIES – LIVE IN RURAL AREA AND PUBLIC TRANSPORTATION IS DIFFICULT TO USE
12. TRANSPORTATION DIFFICULTIES – LIVE IN URBAN AREA AND PUBLIC TRANSPORTATION IS DIFFICULT TO USE
13. LANGUAGE BARRIER
14. DO NOT LIKE/TRUST/BELIEVE IN DOCTORS
15. CLINIC I USED TO GO TO CLOSED
16. JUST MOVED, DO NOT HAVE A REGULAR PLACE YET
17. JUST SWITCHED INSURANCE, DO NOT HAVE REGULAR PLACE YET
18. TWO OR MORE PLACES DEPENDING ON WHAT'S WRONG
19. USE THE EMERGENCY ROOM PRIMARILY
20. SEEK ADVICE FROM FAMILY/FRIENDS PRIMARILY
21. OTHER (SPECIFY)
77. DON'T KNOW
99. REFUSED

KIND. In the past 12 months, which of the following types of health care providers did you (TARGET) go to, if any [**SELECT ALL THAT APPLY**]

1. Emergency room or urgent care center
2. Doctor's office or private clinic
3. Indian Health Service (IHS) or tribal facility
4. Community Health Center (Federal Qualified Health Center or FQHC)
5. Sliding fee scale, public health, or free clinic
6. Veteran's Affairs (or VA) provider
7. Military or Department of Defense provider
8. Other, specify _____
9. None
77. DON'T KNOW
99. REFUSED

DOC6M. In the **past six months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays, emergency room or urgent care visits.

_____ visits
77. DON'T KNOW
99. REFUSED

INPUSE. During the **past 12 months**, have you (has TARGET) been a patient overnight in a hospital? (**IF NECESSARY:** This includes overnight stays for the birth of a child.)

1. YES
2. NO → **SKIP TO ERUSE**
7. DON'T KNOW → **SKIP TO ERUSE**
9. REFUSED → **SKIP TO ERUSE**

INPUSE2. How many times have (has) you (TARGET) been admitted to a hospital DURING THE PAST 12 MONTHS?

_____ times
77. DON'T KNOW
99. REFUSED

ERUSE. During the **past 12 months**, have (has) you (TARGET) been to a hospital emergency room or urgent care center?

1. YES **SKIP TO ERUSE2**
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO CONFID**

ERUSE2. How many times have you (TARGET) been to a hospital emergency room or urgent care center DURING THE PAST 12 MONTHS?

_____ times
77. DON'T KNOW
99. REFUSED

Tell me which of the following apply to your (TARGET's) most recent emergency room visit:

ERREAS2. Your (TARGET's) doctor's office or clinic was not open.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

ERREAS4. The problem was too serious for the doctor's office or clinic.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

ERREAS6. The emergency room is your (TARGET's) closest provider.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

ERREAS7. You (TARGET) get (gets) most of your (TARGET's) care at the emergency room.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

ERREAS8. You (TARGET) arrived by ambulance or other emergency vehicle.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

ERREAS9. It takes less time to go to the emergency room than scheduling a doctor's visit.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

EREASE10. Emergency room care is available without payment.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

ERREAS11. You (TARGET/TARGET's parent or guardian) saw an advertisement for the emergency room you (TARGET) went to.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

CONFID. How confident are you that you (TARGET) can get the health care you need (TARGET needs)? Are you....

1. Very confident
2. Somewhat confident
3. A little confident
4. Not confident at all
7. DON'T KNOW
9. REFUSED

DELAY. During the past 12 months, have you (has TARGET) delayed seeking medical care because of worry about the cost? Do not include dental care.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

AFFRD. During the past 12 months, was there any time that you (TARGET) did (INSERT CHOICE) because of cost?

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

- a. Not fill a prescription for medicine for you (TARGET)
- b. Not get dental care that you (TARGET) needed
- c. Not get routine medical care that you (TARGET) needed
- d. Not get specialist care that you (TARGET) needed (IF NEEDED: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)
- e. Not get emergency room care that you (TARGET) needed

DEMOGRAPHIC QUESTIONS

{Asked about all TARGETS}

HISP. Now, I have a few general questions that will help our staff interpret the results. [**CHOOSE ONE**]

Are you (Is TARGET) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

1. NO, NOT OF HISPANIC ORIGIN
2. YES, MEXICAN, MEXICAN AMERICAN, CHICANO
3. YES, PUERTO RICAN
4. YES, CUBAN
5. YES, OTHER SPANISH/HISPANIC/LATINO
7. DON'T KNOW
9. REFUSED

RACE. **If HISP = 2-5:** In addition, which of the following race or races do you consider yourself (TARGET) to be?

ELSE: Which of the following race or races do you consider yourself (TARGET) to be?

[MAY SELECT MORE THAN ONE. READ AS PROBE. LIST IF NECESSARY.]

1. White
2. American Indian or Alaska Native – Select/Print name of up to 2 enrolled or principle tribes.

_____ **TRIBE1** _____ **TRIBE2** _____ (See below)

3. Black, African-American
4. Asian or Pacific Islander
5. Some other race? What race is that? (Specify) _____
7. DON'T KNOW
8. Hispanic, Latino, Mexican, Puerto Rican, Cuban, Other Spanish (should only appear as option if yes to HISP)
9. REFUSED

(ASK IF RACE(D2)=02)
 RACEa (D2a). What is (your/TARGET's) enrolled or principal tribe?

American Indian options: **DO NOT READ**

CHOCTAW NATION	01
CHEROKEE NATION	02
MUSCOGEE (CREEK) NATION.....	03
CHICKASAW NATION.....	04
SEMINOLE NATION	05
ABSENTEE SHAWNEE TRIBE	06
ALABAMA QUASSARTE TRIBAL TOWN	07
APACHE TRIBE	08
CADDO TRIBE.....	09
CHEYENNE-ARAPAHO TRIBES	10
CITIZEN POTAWATOMI NATION	11
COMANCHE NATION.....	12
DELAWARE NATION	13
DELAWARE TRIBE OF INDIANS.....	14
EASTERN SHAWNEE TRIBE	15
EUCHEE (YUCHI) TRIBE OF INDIANS	16
FORT SILL APACHE TRIBE.....	17
IOWA TRIBE OF OKLAHOMA.....	18
KAW NATION OF OKLAHOMA	19
KIALEGEE TRIBAL TOWN.....	20
KICKAPOO TRIBE OF OKLAHOMA	21
KIOWA TRIBE.....	22
MIAMI NATION	23
MODOC TRIBE OF OKLAHOMA	24
OSAGE NATION.....	25
OTOE-MISSOURIA TRIBE	26
OTTAWA TRIBE	27
PAWNEE NATION OF OKLAHOMA	28
PEORIA TRIBE OF INDIANS OF OKLAHOMA..	29
PONCA NATION.....	30
QUAPAW TRIBE OF OKLAHOMA	31
SAC & FOX NATION	32
SENECA-CAYUGA TRIBE OF OKLAHOMA.....	33
SHAWNEE TRIBE	34
THLOPTHLOCCO TRIBAL TOWN.....	35
TONKAWA TRIBE	36
UNITED KEETOOWAH BAND OF CHEROKEES	
.....	37
WICHITA & AFFILIATED TRIBES	38
WYANDOTTE NATION.....	39
ALASKAN NATIVE.....	40
OTHER (SPECIFY).....	41
DK	77
RF.....	99

(ASK Q.S13 OF EVERYONE)

S13. In what country (were you/ was TARGET) born?
(DO NOT READ LIST. ENTER ONE ONLY)

- | | | |
|------------------------------------|-------------------------------|--|
| 184. United States | 051. East Timor (Timor Timur) | 103. Macedonia, Former Yugoslav Rep of |
| 001. Afghanistan | 052. Ecuador | 104. Madagascar |
| 002. Albania | 053. Egypt | 105. Malawi |
| 003. Algeria | 054. El Salvador | 106. Malaysia |
| 004. Andorra | 183. England | 107. Maldives |
| 005. Angola | 055. Equatorial Guinea | 108. Mali |
| 006. Antigua and Barbuda | 056. Eritrea | 109. Malta |
| 007. Argentina | 057. Estonia | 110. Marshall Islands |
| 008. Armenia | 058. Ethiopia | 111. Mauritania |
| 009. Australia | 059. Fiji | 112. Mauritius |
| 010. Austria | 060. Finland | 113. Mexico |
| 011. Azerbaijan | 061. France | 114. Micronesia, Federated States of |
| 012. Bahamas | 062. Gabon | 115. Moldova |
| 013. Bahrain | 063. Gambia, The | 116. Monaco |
| 014. Bangladesh | 064. Georgia | 117. Mongolia |
| 015. Barbados | 065. Germany | 118. Morocco |
| 016. Belarus | 066. Ghana | 119. Mozambique |
| 017. Belgium | 067. Greece | 120. Myanmar (former Burma) |
| 018. Belize | 068. Grenada | 121. Namibia |
| 019. Benin | 069. Guatemala | 122. Nauru |
| 020. Bhutan | 070. Guinea | 123. Nepal |
| 021. Bolivia | 071. Guinea-Bissau | 124. Netherlands |
| 022. Bosnia and Herzegovina | 072. Guyana | 125. New Zealand |
| 023. Botswana | 073. Haiti | 126. Nicaragua |
| 024. Brazil | 074. Honduras | 127. Niger |
| 025. Brunei | 075. Hungary | 128. Nigeria |
| 026. Bulgaria | 076. Iceland | 129. Norway |
| 027. Burkina Faso | 077. India | 130. Oman |
| 028. Burundi | 078. Indonesia | 131. Pakistan |
| 029. Cambodia | 079. Iran | 132. Palau |
| 030. Cameroon | 080. Iraq | 133. Panama |
| 031. Canada | 081. Ireland | 134. Papua New Guinea |
| 032. Cape Verde | 082. Israel | 135. Paraguay |
| 033. Central African Republic | 083. Italy | 136. Peru |
| 034. Chad | 084. Jamaica | 137. Philippines |
| 035. Chile | 085. Japan | 138. Poland |
| 036. China | 086. Jordan | 139. Portugal |
| 037. Colombia | 087. Kazakhstan | 140. Qatar |
| 038. Comoros | 088. Kenya | 141. Romania |
| 039. Congo (Brazzaville) | 089. Kiribati | 142. Russia |
| 040. Congo, Democratic Republic of | 090. Korea, North | 143. Rwanda |
| 041. Costa Rica | 091. Korea, South | 144. Saint Kitts and Nevis |
| 042. Croatia | 091a. Kosovo | 145. Saint Lucia |
| 043. Cuba | 092. Kuwait | 146. Saint Vincent and The Grenadines |
| 044. Cyprus | 093. Kyrgyzstan | 147. Samoa |
| 045. Czech Republic | 094. Laos | 148. San Marino |
| 046. Cote d'Ivoire | 095. Latvia | 149. Sao Tome and Principe |
| 047. Denmark | 096. Lebanon | 150. Saudi Arabia |
| 048. Djibouti | 097. Lesotho | 151. Senegal |
| 049. Dominica | 098. Liberia | |
| 050. Dominican Republic | 099. Libya | |
| | 100. Liechtenstein | |
| | 101. Lithuania | |
| | 102. Luxembourg | |

Color Key: **Ages 0-17**
 Ages 18+
 All Ages

- | | | |
|----------------------------|---------------------------|----------------------|
| 152. Serbia and Montenegro | 168. Syria | 185. Uruguay |
| 153. Seychelles | 169. Taiwan | 186. Uzbekistan |
| 154. Sierra Leone | 170. Tajikistan | 187. Vanuatu |
| 155. Singapore | 171. Tanzania | 188. Vatican City |
| 156. Slovakia | 172. Thailand | 189. Venezuela |
| 157. Slovenia | 173. Togo | 190. Vietnam |
| 158. Solomon Islands | 174. Tonga | 191. Western Sahara |
| 159. Somalia | 175. Trinidad and Tobago | 192. Yemen |
| 160. South Africa | 176. Tunisia | 193. Zambia |
| 161. Spain | 177. Turkey | 194. Zimbabwe |
| 162. Sri Lanka | 178. Turkmenistan | 195. Guam |
| 163. Sudan | 179. Tuvalu | 196. Puerto Rico |
| 164. Suriname | 180. Uganda | 197. Other (SPECIFY) |
| 165. Swaziland | 181. Ukraine | |
| 166. Sweden | 182. United Arab Emirates | 998. DON'T KNOW |
| 167. Switzerland | 183. United Kingdom | 999. REFUSED |
| | 184. United States | |

ASK LIVEDUS IF S13!=184

LIVEDUS About how many years have you (has TARGET) lived in the United States?
[INTERVIEWER NOTE: FOR LESS THAN ONE YEAR, ENTER ONE YEAR]

_____ NUMBER OF YEARS OR
 _____ YEAR (FIRST CAME TO LIVE IN THE U.S.)
 7777 DON'T KNOW
 9999 REFUSED

PRIMARY WAGE EARNER ONLY

j_PWE:

The primary wage earner (PWE) questions are for Targets who are a minor:

[IF (TARGAGE < 18) SKIP TO CHARGE and IDENTIFY PWE FROM HOUSEHOLD ROSTER.

CHARGE:

LEAD IN:

CHARGE:

LEAD IN:

IF MINOR TARGET CURRENTLY HAS GROUP OR INDIVIDUAL INSURANCE:

Now I'd like to ask a few questions about the person TARGET gets his/her insurance benefits through.

IF MINOR TARGET IS UNINSURED OR PUBLICLY INSURED:

Now I'd like to ask a few questions about the primary wage earner in the household. If there is no primary wage earner, we'd like to ask questions about the person responsible for the care of this child.

Would that be you or someone else?

1. PERSON ON PHONE → **SKIP to OTHERLANG**
2. SOMEONE ELSE IN HOUSEHOLD → **SKIP to PWEREL**
0. N/A: THIS PERSON DOES NOT LIVE IN THE HOUSEHOLD → **SKIP TO NEWPWEREL**
7. DON'T KNOW
9. REFUSED

PWEREL: Which person would that be?

Display roster on screen, so interviewer can select the correct person:

Person 1: Respondent

Person 2: "My" s7b_rel s7bage s7b_sex

Person 3: "My" s7c_rel s7cage s7c_sex

Person 4: "My" s7d_rel s7dage s7d_sex

Person 5: "My" s7e_rel s7eage s7e_sex

Person 6: "My" s7f_rel s7fage s7f_sex

Person 7: "My" s7g_rel s7gage s7g_sex

Person 8: "My" s7h_rel s7hage s7h_sex

Person 9: "My" s7i_rel s7iage s7i_sex

Person 10: "My" s7j_rel s7jage s7j_sex

(ASK IF (CHARGE =0 NOT APPLICABLE, NO PRIMARY WAGE EARNER IN HOUSEHOLD AND (CODETYPE = GROUP, ON_GROUP, INDIVID, OR ON_ELSE))

NEWPWEREL (**NPW1**) Since this person is outside the household, we'd like to ask these questions about the primary wage earner in the household. If there is no primary wage earner in the household, we'd like to ask questions about the person responsible for the care of this child. Which person would that be?

DISPLAY ROSTER ON SCREEN SO INTERVIEWER CAN SELECT CORRECT PERSON

- 01 Person 1: Respondent
- 02 Person 2: "My" s7b_rel s7bage s7b_sex
- 03 Person 3: "My" s7c_rel s7cage s7c_sex
- 04 Person 4: "My" s7d_rel s7dage s7d_sex
- 05 Person 5: "My" s7e_rel s7eage s7e_sex
- 06 Person 6: "My" s7f_rel s7fage s7f_sex
- 07 Person 7: "My" s7g_rel s7gage s7g_sex
- 08 Person 8: "My" s7h_rel s7hage s7h_sex
- 09 Person 9: "My" s7i_rel s7iage s7i_sex
- 10 Person 10: "My" s7j_rel s7jage s7j_sex
- RR (DO NOT READ) Refused

PHISP. Is this person (Are you/Is PWE/Is NEWPWE) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group? CHOOSE ONE

- 1. NO, NOT OF HISPANIC/LATINO ORIGIN
- 2. YES, MEXICAN, MEXICAN AMERICAN, CHICANO
- 3. YES, PUERTO RICAN
- 4. YES, CUBAN
- 5. YES, OTHER SPANISH/HISPANIC/LATINO
- 7. DON'T KNOW
- 9. REFUSED

PRACE. If PHISP = 2-5: In addition, which of the following race or races do you consider yourself (this person/PWE/NEWPWE) to be?

ELSE: Which of the following race or races do you consider yourself (this person/PWE/NEWPWE) to be?

[MAY SELECT MORE THAN ONE]

[READ AS PROBE. LIST IF NECESSARY.]

- 1. White
- 2 American Indian or Alaska Native Native – Select/Print name of up to 2 enrolled or principal tribes.

 PTRIBE1 PTRIBE2 (see above under RACE)

- 3 Black, African-American
- 4. Asian or Pacific Islander
- 5. Some other race? What race is that? (SPECIFY) _____
- 7. DON'T KNOW
- 8. Hispanic, Latino, Mexican, Puerto Rican, Cuban, Other Spanish (should only appear as option if yes to PHISP)
- 9. REFUSED

[IF CHARGE = 1 (PERSON ON PHONE), AND WE KNOW THEY HAVE A SPOUSE OR PARTNER (FROM THE ROSTER) SKIP TO OTHRLANG. IF UNCLEAR, OR CHARGE=2, ASK MARSTAT

MARSTAT. Are you (Is PWE/NEWPWE) currently:

1. Never Married
2. Married
3. Living with partner
4. Divorced
5. Separated
6. Widowed
7. DON'T KNOW
9. REFUSED

DEMOGRAPHIC QUESTIONS CONTINUED

[For PWE or adult TARGETS only]

These questions refer to a different person than the Target depending on whether or not the Target is a minor:

- ▶ If the Target is an adult then these questions will refer to that person.
 - ▶ If the Target is a minor then these questions will refer to the PWE.
- Continue through MILIT

OTHLANG Do you (Does this person/PWE/TARGET/NEWPWE) speak a language other than English at home?

1. YES
2. NO – **SKIP TO MILIT**
7. DON'T KNOW – **SKIP TO MILIT**
9. REFUSED – **SKIP TO MILIT**

LANG What language is this? **SELECT ALL THAT APPLY**

Language list: **DO NOT READ**

CHINESE	01
JAPANESE.....	02
RUSSIAN	03
SPANISH.....	04
VIETNAMESE	05
CHEROKEE NATION	06
MUSCOGEE (CREEK) NATION.....	07
CHOCTAW NATION.....	08
ABSENTEE SHAWNEE TRIBE	09
ALABAMA QUASSARTE TRIBAL TOWN	10
APACHE TRIBE	11
CADDO TRIBE.....	12
CHEYENNE-ARAPAHO TRIBES	13
CHICKASAW NATION.....	14
CITIZEN POTAWATOMI NATION.....	15
COMANCHE NATION.....	16
DELAWARE NATION	17
DELAWARE TRIBE OF INDIANS.....	18
EASTERN SHAWNEE TRIBE	19
EUCHEE (YUCHI) TRIBE OF INDIANS	20
FORT SILL APACHE TRIBE.....	21
IOWA TRIBE OF OKLAHOMA.....	22
KAW NATION OF OKLAHOMA.....	23
KIALEGEE TRIBAL TOWN.....	24
KICKAPOO TRIBE OF OKLAHOMA	25
KIOWA TRIBE.....	26
MIAMI NATION	27
MODOC TRIBE OF OKLAHOMA	28
OSAGE NATION.....	29
OTOE-MISSOURIA TRIBE	30
OTTAWA TRIBE	31
PAWNEE NATION OF OKLAHOMA	32
PEORIA TRIBE OF INDIANS OF OKLAHOMA..	33
PONCA NATION.....	34
QUAPAW TRIBE OF OKLAHOMA	35
SAC & FOX NATION	36
SEMINOLE NATION.....	37
SENECA-CAYUGA TRIBE OF OKLAHOMA.....	38
SHAWNEE TRIBE	39
THLOPHLOCCO TRIBAL TOWN.....	40
TONKAWA TRIBE	41
UNITED KEETOOWAH BAND OF CHEROKEES	42
WICHITA & AFFILIATED TRIBES	43
WYANDOTTE NATION.....	44
OTHER (SPECIFY).....	45
DK	77
RF.....	99

ENGLWELL How well do you (does this person/PWE/TARGET/NEWPWE) speak English?

1. Very well
2. Well
3. Not well
4. Not at all
7. DON'T KNOW
9. REFUSED

Color Key: **Ages 0-17**
 Ages 18+
 All Ages

MILIT. Have you (has this person/PWE/TARGET/NEWPWE) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

1. YES, NOW ON ACTIVE DUTY
2. YES, A VETERAN
3. NO, NEVER SERVED
7. DON'T KNOW
9. REFUSED

READ: Now I have some questions to determine whether it's possible that this household could be contacted more than once for this study.

IF CELL SAMPLE, SKIP TO CELL5

PHONE. Besides this phone number, are there any other landline telephone numbers in this household, such as fax or data lines, a children's or a business line? Please do not include cell phones.

1. YES
2. NO → **SKIP TO PHONE6**
7. DON'T KNOW → **SKIP TO PHONE6**
9. REFUSED → **SKIP TO PHONE6**

DEFINITION: LANDLINE TELEPHONE NUMBERS ARE FOR PHONES PLUGGED INTO THE WALL OF YOUR HOME AND THEY CAN BE USED FOR DIFFERENT REASONS INCLUDING MAKING AND RECEIVING CALLS SUCH AS A CHILDREN'S OR A BUSINESS LINE, FOR COMPUTER LINES OR A FAX MACHINE.

PHONE2 Of these telephone numbers, how many are connected to phones that can be answered by a person?

Number _____ (0-10)
77. DON'T KNOW
99. REFUSED

IF NEEDED: THESE QUESTIONS ARE DESIGNED TO FIND OUT HOW POSSIBLE IT IS THAT THIS HOUSEHOLD COULD BE CONTACTED MORE THAN ONCE FOR THE STUDY.

PHONE6. Do you (or any other ADULT members of your household) currently have a working cell phone?

1. YES
2. NO → **SKIP TO HOME**
7. DON'T KNOW → **SKIP TO HOME**
9. REFUSED → **SKIP TO HOME**

PHONE7. IF ONLY 1 ADULT IN HH:
How many working cell phones do you have?
IF MORE THAN 1 ADULT IN HH:
How many working cell phones do you or other adults in your household have?

77. DON'T KNOW
99. REFUSED

- PHONE8.** IF ONLY 1 ADULT IN HH:
Of all the phone calls that you receive, about how many are received on a cell phone? Would you say...
- IF MORE THAN 1 ADULT IN HH:
Of all the phone calls that you and adults in your household receive, about how many are received on a cell phone? Would you say...
1. All or almost all calls received on cell phones
 2. Some received on cell phones and some on regular phones
 4. Very few or none on cell phones
 7. DON'T KNOW
 9. REFUSED

IF LANDLINE SAMPLE, SKIP TO HOME

CELL5. Thinking about where you currently live, are there any landline telephone numbers in this household, such as telephone, fax, or data lines, a children's or business line? Please do not include cell phones.

- | | |
|----------------|--------------------------|
| 1. Yes→ | CONTINUE TO CELL6 |
| 2. No→ | SKIP TO CELL9 |
| 7. DON'T KNOW→ | SKIP TO CELL9 |
| 9. REFUSED→ | SKIP TO CELL9 |

CELL6. Of the landline telephone numbers in your household, how many are connected to phones that can be answered by a person?

- Number _____ (0-10)
77. DON'T KNOW
 99. REFUSED

PROBE: Not looking for the number of telephones or telephone jacks.

CELL9. How many working cell phones do you (or other adults) in your household have?

- _____ (range: 1-9)
7. DON'T KNOW
 9. REFUSED

SKIP TO HOME IF CELL5=2

CELL10. Of all the phone calls that you (and adult members of your household) receive, are...?

1. All or almost all calls received on cell phones
2. Some received on cell phones and some on regular phones
3. Very few or none on cell phones
7. DON'T KNOW
9. REFUSED

HOME. Do you own or rent your home?

1. Own→ **SKIP TO INCOME.**
2. Rent→ **IF S6>1 SKIP TO HOME2, ELSE SKIP TO INCOME**
3. Don't own; occupy without paying rent→ **IF S6>1 SKIP TO HOME2, ELSE SKIP TO INCOME**
7. DON'T KNOW→ **IF S6>1 SKIP TO HOME2, ELSE SKIP TO INCOME**
9. REFUSED→ **IF S6>1 SKIP TO HOME2, ELSE SKIP TO INCOME**

Color Key: **Ages 0-17**
Ages 18+
All Ages

HOME2. Is this home owned by anyone else in your household?

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

INCOME

My final questions are about income. This information is important because it helps the state understand how to make health care more affordable.

VARY QUESTION BASED ON FAMILY STRUCTURE. USE INSURANCE VARIABLES CONSTRUCTED IN BEGINNING OF INSTRUMENT, AFTER INITIAL HOUSEHOLD ROSTER.

INC1.

(IF TARGAGE<19 & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT IS MARRIED, READ:)

I'm interested in your family income, that is your income PLUS the income of your immediate family. IF HH_COUNT>FAM_COUNT ADD> By immediate family I mean your spouse and the children or stepchildren under 19 who are living with you. For these questions, I'd like you to think back to 2012. During 2012, did you or any of your family members receive any income from wages or salary?

(IF TARGAGE<19 & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT HAS UNMARRIED PARTNER AND UNMARRIED PARTNER IS TARGET'S PARENT (TARGREL=03), READ:)

I'm interested in your family income, that is the income of your immediate family. (IF HH_COUNT>FAM_COUNT ADD> By immediate family I mean the TARGET's parents or guardians and the children or stepchildren under 19 who are living with you.) For these questions, I'd like you to think back to 2012. During 2012, did you or any of your family members receive any income from wages or salary?

(IF TARGAGE <19 & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT IS NOT MARRIED, READ:)

I'm interested in your family income, that is your income PLUS the income of your immediate family. IF HH_COUNT>FAM_COUNT ADD> By immediate family I mean the children or stepchildren under 19 who are living with you. For these questions, I'd like you to think back to 2012. During 2012, did you or any of your family members receive any income from wages or salary?

(IF TARGAGE <19 & TMARR=0 & TPAR=0 & RESPONDENT IS NOT PARENT, INSERT TARGET AND READ:)

(IF TARGAGE <19 & TMARR=0 & TPAR=0 & RESPONDENT IS TARGET, INSERT "YOUR" AND READ:)

I'm interested in TARGET's family income, that is the income from your/his/her parents PLUS the income of any immediate family. IF HH_COUNT>FAM_COUNT ADD>By immediate family I mean parents or guardians and siblings under 19 who are living with TARGET. For these questions, I'd like you to think back to 2012. During 2012, did any of TARGET's family members receive any income from wages or salary?

(IF TMARR=1 & FAM_COUNT>2, READ:)

I'm interested in [your/ TARGET's] family income, that is [your/ TARGET's] income PLUS the income of [your/his/her] immediate family. IF HH_COUNT>FAM_COUNT ADD> By immediate family I mean your/(his/her)] spouse and the children or stepchildren under 19 who are living with [you/ TARGET]. For these questions, I'd like you to think back to 2012. During 2012, did [you/ TARGET] or any of [your/his/her family members receive any income from wages or salary?

(IF TMARR=1 & FAM_COUNT=2, READ:)

I'm interested in (your/ TARGET's) family income, that is [your/ TARGET's] income PLUS the income of [your/his/her] spouse. For these questions, I'd like you to think back to 2012. During 2012, did [you/ TARGET] or any of [your/his/her] family members receive any income from wages or salary?

(IF TMARR=0 & TPAR=1 & FAM_COUNT>1, READ:)

I'm interested in [your/TARGET's] family income, that is [your/ TARGET's] income PLUS the income of the children or stepchildren under 19 who are living with [you/ TARGET]. For these questions, I'd like you to think back to 2012. During 2012, did [you/ TARGET] or any of [your/(his/her)] family members receive any income from wages or salary?

(IF FAM_COUNT=1, READ:)

For these questions, I'd like you to think back to 2012. During 2012, did [you/ TARGET] receive any income from wages or salary?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

(SCRAMBLE OPTIONS BELOW, AND INSERT)

INC2. During 2012, did [you/ TARGET] (or any of [your/his/her] immediate family members living with you/her/him) receive (INSERT)?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

- a. Any dividend income or any interest income from savings accounts, bonds, money market accounts, or similar types of investments
- b. Supplemental Security Income or SSI
- c. Income from sources such as self-employment, alimony, child support, contributions from family or others, unemployment compensation, worker's compensation or veteran's payments, Social Security or pensions, or anything else

INCOME Thinking about all the different sources of income [you/ TARGET] (and [your/her/him] immediate family living with you/her/him) received in 2012, what was the combined total income from all sources before taxes and other deductions?

IF ONE MILLION DOLLARS (\$1,000,000) OR MORE, ENTER 999999

\$ _____ - GO TO j_END
(\$0 - \$999,999) GROSS PRETAX INCOME

7777777 DON'T KNOW – GO TO INC3
9999999 REFUSED – GO TO INC3

SEE CHART BELOW TO INSERT CORRECT AMOUNTS BASED ON FAMILY SIZE

INC3. How about if I give you some categories? Would you say that the total income for [you/ TARGET] (and [your/ TARGET's] immediate family living with you/her/him) was under (INSERT AMT5 FOR FAMILY SIZE) or was it (INSERT AMT5 FOR FAMILY SIZE) or more?
[PROBE: "Your best estimate is fine."]

- 1 Under (INSERT AMT5)
- 2 (INSERT AMT5) or more
- 7 (DO NOT READ) DON'T KNOW
- 9 (DO NOT READ) REFUSED

Color Key: **Ages 0-17**
Ages 18+
All Ages

**IF INC3 = 1, SKIP TO INC4
ELSE SKIP TO INC5**

INC4. Now, just stop me when I get to the right category. Was the total income for [you/ TARGET] (and [your/TARGET'S] immediate family)...?

IF NEEDED: The computer gives me different income values for the question depending on the size of your family.

[PROBE: "Your best estimate is fine."]

[READ LIST. ENTER ONE ONLY]

- 1 Less than (INSERT AMT1)
- 2 (INSERT AMT1) to under (INSERT AMT2)
- 3 (INSERT AMT2) to under (INSERT AMT3)
- 4 (INSERT AMT 3) to under (INSERT AMT4)
- 5 (INSERT AMT 4) to under (INSERT AMT5)
- 7 (DO NOT READ) DON'T KNOW
- 9 (DO NOT READ) REFUSED

SKIP TO FINAL

INC5. Now, just stop me when I get to the right category. Was the total income for [you/ TARGET] (and [your/TARGET'S] immediate family) ...?

[PROBE: "Your best estimate is fine."]

[READ LIST. ENTER ONE ONLY]

- 1 (INSERT AMT5) to under (INSERT AMT6)
- 2 (INSERT AMT6) to under (INSERT AMT7)
- 3 (INSERT AMT7) to under (INSERT AMT8)
- 4 (INSERT AMT8) to under (INSERT AMT9)
- 5 (INSERT AMT9) to under (INSERT AMT10)
- 6 (INSERT AMT10) or more
- 7 (DO NOT READ) DON'T KNOW
- 9 (DO NOT READ) REFUSED

2012 Poverty Guidelines, rounded to nearest thousand										
	100%	138%	150%	185%	200%	250%	300%	400%	500%	600%
FAMSIZE	AMT1	AMT2	AMT3	AMT4	AMT5	AMT6	AMT7	AMT8	AMT9	AMT10
1	11000	15000	17000	21000	22000	28000	34000	45000	56000	67000
2	15000	21000	23000	28000	30000	38000	45000	61000	76000	91000
3	19000	26000	29000	35000	38000	48000	57000	76000	95000	115000
4	23000	32000	35000	43000	46000	58000	69000	92000	115000	138000
5	27000	37000	41000	50000	54000	68000	81000	108000	135000	162000
6	31000	43000	46000	57000	62000	77000	93000	124000	155000	186000
7	35000	48000	52000	65000	70000	87000	105000	140000	175000	210000
8	39000	54000	58000	72000	78000	97000	117000	156000	194000	233000
9	43000	59000	64000	79000	86000	107000	129000	171000	214000	257000
10	47000	65000	70000	87000	94000	117000	140000	187000	234000	281000
11	51000	70000	76000	94000	102000	127000	152000	203000	254000	305000
12	55000	76000	82000	101000	109000	137000	164000	219000	274000	328000
13	59000	81000	88000	109000	117000	147000	176000	235000	293000	352000
14	63000	86000	94000	116000	125000	157000	188000	251000	313000	376000
15	67000	92000	100000	123000	133000	167000	200000	266000	333000	400000
16	71000	97000	106000	131000	141000	176000	212000	282000	353000	423000
17	75000	103000	112000	138000	149000	186000	224000	298000	373000	447000

Color Key: **Ages 0-17**
Ages 18+
All Ages

END OF SURVEY

FOR INTERVIEWER (CELL PHONE SAMPLE ONLY):

INT1. DO NOT READ. Did respondent request money for using their cell phone minutes?

- 1 Yes, requested money
- 2 No, did not request money – GO TO FINAL

(ASK CELL PHONE RESPONDENTS WHO REQUESTED MONEY (INT1=1)):

CELL11. We would like to send you \$10 to reimburse you for your cell minutes. Your mailing information will be stored in a file separate from the answers to the survey. Can I please have your full name and a mailing address where we can send you the check?

COLLECT AND ENTER RESPONDENT'S COMPLETE NAME AND MAILING ONLY IF RESPONDENT WOULD LIKE TO RECEIVE COMPENSATION

May I please have your name?
(VERIFY SPELLING)

- 1 Answer given (SPECIFY) _____
- R (DO NOT READ) Refused

May I please have your address?
(VERIFY SPELLING)

- 1 Street: _____
- 2 City: _____
- 3 State: _____
- 4 Zip code: _____
- R (DO NOT READ) Don't know

READ IF CELL PHONE AND PROVIDE INCENTIVE INFORMATION:

Thank you, this information will be stored in a file separate from the answers to the survey.

FINAL. That was my last question. Do you have any questions for me? Thank you for your contribution to this important research.

APPENDIX C: SELECT SUPPLEMENTAL ANALYSES

Exhibit C.1. Sources of Health Insurance in Oklahoma for Children and Young Adults by Age Group, 2004, 2008, and 2013

Age	Group			Self-Purchased			Public			Uninsured		
	2004	2008	2013	2004	2008	2013	2004	2008	2013	2004	2008	2013
0-5	47.6%	43.7%	31.6% *	4.0%	7.5%	4.1%	38.2%	41.1%	54.7% *	10.2%	7.7%	9.6%
6-12	52.3%	44.2%	39.5%	4.0%	3.5%	3.9%	31.2%	42.3% *	44.7%	12.5%	10.0%	12.0%
13-18	58.1%	53.9%	41.4% *	6.8%	4.8%	5.9%	20.9%	29.9% *	37.4%	14.2%	11.4%	15.3%
19-21	56.2%	47.0%	46.9%	6.9%	8.3%	7.5%	10.8%	12.5%	17.0%	26.1%	32.1%	28.7%
22-25	38.2%	34.3%	45.8%	5.8%	6.0%	5.7%	11.9%	18.9%	17.9%	44.2%	40.7%	30.6%

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

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

**Exhibit C.2. Estimated Number of Children in Oklahoma by Insurance Source and Federal Poverty Guidelines (FPG),
2004, 2008, and 2013**

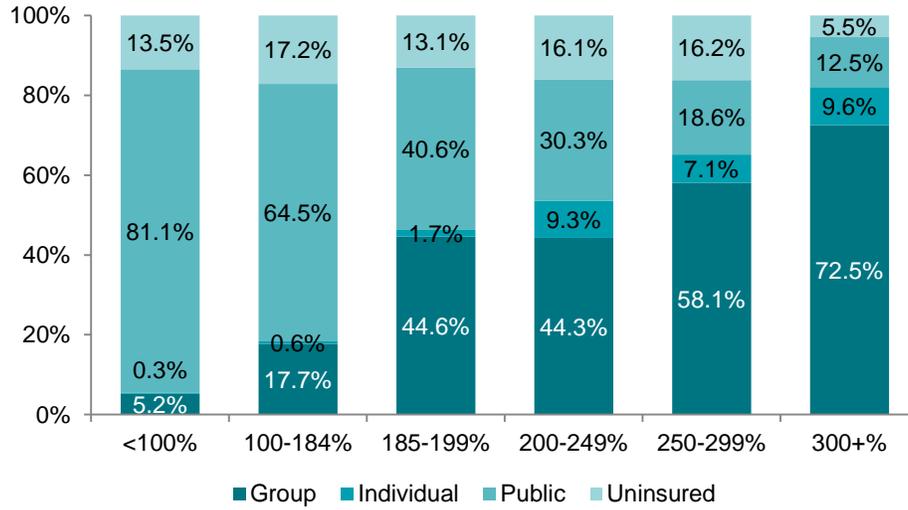
	< 100% FPG	100-184% FPG	185-199% FPG	200-249% FPG	250-299% FPG	300+% FPG	Total
Group							
2004	29,590	66,946	31,816	55,446	53,266	228,322	465,386
2008	32,121	41,011	--	38,467	56,626	248,502	428,985
2013	14,407	33,601	15,337	41,097	43,598	230,732	378,771
Self-Purchased							
2004	1,211	4,468	3,428	4,470	7,640	21,805	43,022
2008	0	4,098	--	5,620	3,646	30,027	46,328
2013	685	1,202	573	8,631	5,323	30,501	46,915
Public							
2004	135,871	89,533	10,836	13,080	4,801	14,427	268,548
2008	151,979	124,592	--	19,640	15,393	32,576	347,295
2013	224,634	122,479	13,976	28,124	13,995	39,865	443,073
Uninsured							
2004	31,893	24,322	7,592	21,099	6,903	16,998	108,808
2008	21,491	33,173	--	9,753	11,943	7,853	87,970
2013	37,377	32,555	4,503	14,940	12,157	17,372	118,905
Total							
2004	198,566	185,269	53,672	94,095	72,610	281,553	885,764
2008	205,591	202,874	--	73,480	87,608	318,957	910,578
2013	277,102	189,837	34,389	92,793	75,073	318,470	987,664

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

-- Data are not shown due to insufficient sample size (<50 cases).

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

Exhibit C.3. Insurance Sources in Oklahoma by Federal Poverty Guidelines (FPG), 2013 (Children)



Sources: 2013 Oklahoma Health Care Insurance and Access Surveys.
 Notes: Based on the state's child population aged 0-18 years.

Exhibit C.4. Estimated Number of Uninsured Individuals in Oklahoma by Federal Poverty Guidelines (FPG) and Age Group, 2004, 2008, and 2013 (Non-Elderly)

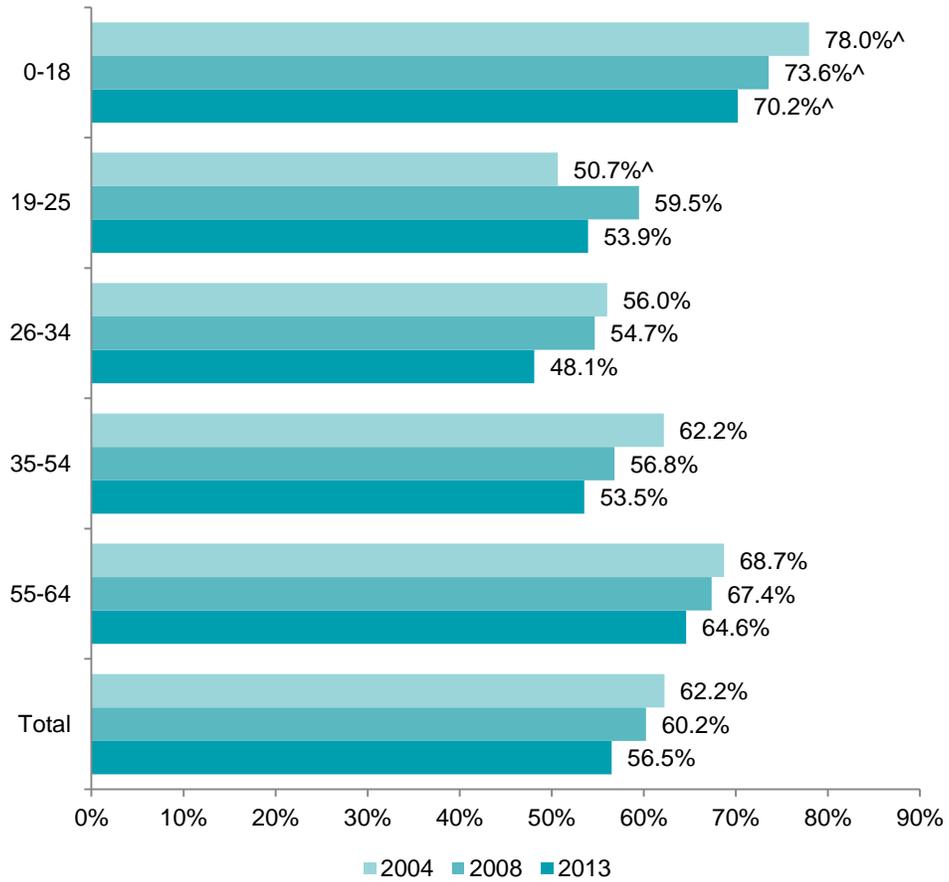
	< 100% FPG	100-184% FPG	185-199% FPG	200-249% FPG	250-299% FPG	300+% FPG	Total
0-18 years							
2004	31,893	24,322	--	21,099	--	16,998	108,808
2008	21,491	30,973	--	9,753	11,943	7,853	85,770
2013	37,377	32,555	--	14,940	12,157	17,372	118,905
19-25 years							
2004	40,218	38,938	--	12,343	--	21,759	123,399
2008	63,274	20,444	--	5,073	5,500	22,522	116,814
2013	50,342	35,915	--	6,537	1,213	8,424	104,876
26-34 years							
2004	34,226	32,667	--	13,952	--	16,812	112,265
2008	58,945	38,624	--	10,039	7,053	14,908	134,764
2013	51,074	46,451	--	12,922	9,408	19,541	145,287
35- 54 years							
2004	64,847	63,343	--	29,440	--	31,136	208,127
2008	52,748	44,275	--	19,549	19,108	30,267	174,313
2013	80,534	64,079	--	30,037	16,772	36,007	236,750
55-64 years							
2004	12,582	19,822	--	7,725	--	13,812	63,935
2008	13,171	9,882	--	5,841	2,712	6,715	42,138
2013	19,244	20,047	--	8,076	3,410	15,666	69,127

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

-- Data are not shown due to insufficient sample size (<50 cases).

Notes: Based on the state's non-elderly population aged 0-64 years.

Exhibit C.5. Prevalence of Usual Care Source among the Uninsured in Oklahoma by Age Group, 2004, 2008, and 2013 (Non-Elderly)



Sources: 2004, 2008, and 2013 Oklahoma Health Care Insurance and Access Surveys.
 Notes: Based on the state's non-elderly population aged 0-64 years who were uninsured.
 ^ Indicates a statistically significant difference ($p \leq .05$) between estimate and the estimate for the total non-elderly population.

Exhibit C.6. Estimated Number of Uninsured Individuals in Oklahoma by Federal Poverty Guidelines (FPG) and Race/Ethnicity, 2004, 2008, and 2013 (Non-Elderly)

	< 100% FPG	100-184% FPG	185-199% FPG	200-249% FPG	250-299% FPG	300+% FPG	Total
White							
2004	116,239	137,250	29,801	59,601	28,484	77,989	449,363
2008	129,041	96,729	16,255	38,873	36,109	59,234	376,241
2013	153,780	120,520	13,552	47,059	30,194	70,010	435,114
Black							
2004	--	--	--	--	--	--	--
2008	21,800	20,647	2,390	1,535	2,918	3,020	52,310
2013	23,270	14,236	687	3,632	2,336	8,014	52,175
American Indian							
2004	31,617	26,505	5,284	20,982	5,140	16,079	105,607
2008	33,722	25,649	5,676	11,720	6,097	16,627	99,492
2013	40,561	34,293	2,013	19,650	11,288	21,429	129,233
Asian							
2004	--	--	--	--	--	--	--
2008	--	--	--	--	--	--	--
2013	--	--	--	--	--	--	--
Hispanic							
2004	38,999	25,484	266	3,668	1,329	6,469	76,215
2008	--	--	--	--	--	--	--
2013	34,688	32,452	5,230	10,174	1,200	7,117	90,862

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

-- Data are not shown due to insufficient sample size (<50 cases).

Notes: Based on the state's non-elderly population aged 0-64 years.

Exhibit C.7. Total Non-Elderly Population in Oklahoma by Federal Poverty Level (FPL), 2004, 2008, and 2012

	2004	2008		2012	
<100% FPL	15.4%	16.8%	*	18.5%	*
100-184% FPL	18.0%	17.8%		18.8%	*
185-199% FPL	3.4%	2.9%	*	3.2%	
200-249% FPL	11.5%	10.0%	*	9.2%	*
250-299% FPL	8.2%	9.0%	*	8.5%	
300+% FPL	43.5%	43.6%		42.0%	*
Total	100.0%	100.0%		100.0%	

Sources: 2004, 2008, and 2012 American Community Survey.
 Note: Based on the state's non-elderly population aged 0-64 years. Federal poverty level (FPL) determined using family income, which includes the income of all persons related to the household head.
 * Indicates a statistically significant difference ($p \leq .05$) between 2004 and 2008 or 2008 and 2012.

**Exhibit C.8. Federal Poverty Levels (FPL) among Non-Elderly Adults and Children
In Oklahoma, 2004, 2008, and 2012**

	Children			Non-Elderly Adults		
	2004	2008	2012	2004	2008	2012
<100% FPL	40.6% ^	41.8% ^	40.3% ^	59.4% ^	58.2% ^	59.7% ^
100-184% FPL	35.3% ^	36.9% ^	36.3% ^	64.7% ^	63.1% ^	63.7% ^
185-199% FPL	35.8%	36.7% ^	35.5% ^	64.3%	63.3% ^	64.5% ^
200-249% FPL	34.0% ^	33.5% ^	33.2% ^	66.0% ^	66.5% ^	66.8% ^
250-299% FPL	29.1%	30.0%	29.0%	70.9%	70.0%	71.1%
300+% FPL	22.5% ^	23.4% ^	23.3% ^	77.5% ^	76.6% ^	76.8% ^
Total	29.9%	30.9%	30.6%	70.1%	69.1%	69.4%

Sources: 2004, 2008, and 2012 American Community Survey.

Note: Based on the state's child and non-elderly adult population aged 0-18 and 19-64 years, respectively.

^ Indicates a statistically significant difference ($p \leq .05$) between estimate and estimate for the total child or non-elderly adult age group. Federal poverty levels (FPL) determined using family income, which includes the income of all persons related to the household head.

* Indicates a between Differences between 2004 and 2008 or 2008 and 2012 were not statistically significant at $p \leq .05$ level.

Exhibit C.9. Industries in Oklahoma by Region, 2011

	Northeast	Northwest	Southeast	Southwest	Central	Tulsa	Total
Agriculture, forestry, fishing and hunting	0.2%	0.3%	0.5%	0.2%	0.0%	0.0%	0.2%
Mining, quarrying, and oil and gas extraction	2.5%	6.3%	3.5%	5.4%	2.6%	2.0%	3.3%
Utilities	0.5%	0.6%	0.8%	0.6%	0.2%	0.2%	0.4%
Construction	10.8%	11.6%	7.7%	8.6%	8.3%	7.4%	8.8%
Manufacturing	5.4%	3.3%	4.5%	3.3%	2.9%	4.7%	4.0%
Wholesale trade	3.8%	4.6%	3.9%	4.1%	5.2%	6.6%	5.0%
Retail trade	15.9%	14.6%	18.1%	17.5%	12.9%	12.5%	14.5%
Transportation and warehousing	3.2%	4.7%	3.6%	4.0%	2.0%	2.3%	2.9%
Information	1.6%	1.5%	1.7%	1.5%	1.7%	1.9%	1.7%
Finance and insurance	7.1%	6.8%	7.3%	7.0%	7.7%	7.5%	7.4%
Real estate and rental and leasing	3.5%	3.8%	3.2%	3.6%	5.0%	5.0%	4.3%
Professional, scientific, and technical services	7.3%	8.0%	7.7%	8.2%	13.0%	12.8%	10.4%
Management of companies and enterprises	0.4%	0.3%	0.4%	0.3%	0.8%	0.9%	0.6%
Admin and support and waste mgmt. and remediation services	4.5%	4.2%	3.5%	3.9%	5.6%	5.8%	4.9%
Educational services	0.5%	0.6%	0.4%	0.6%	1.0%	1.0%	0.8%
Health care and social assistance	12.2%	9.6%	12.8%	10.9%	12.9%	11.2%	11.8%
Arts, entertainment, and recreation	1.5%	1.1%	1.0%	1.2%	1.1%	1.2%	1.2%
Accommodation and food services	8.2%	7.1%	8.3%	7.8%	8.0%	8.0%	7.9%
Other services (except public administration)	10.9%	11.0%	10.7%	11.0%	8.7%	9.2%	9.8%
Industries not classified	0.1%	0.2%	0.2%	0.1%	0.2%	0.1%	0.1%

Source: 2011 County Business Patterns: Geography Area Series: County Business Patterns: 2011.

Notes: Data based on the 2011 County Business Patterns. Total state estimates include statewide businesses which are not included in regional estimates.

Exhibit C.10. Distribution of Oklahoma Workers by Industry, 2011

	%
Agriculture, forestry, fishing and hunting	0.1%
Mining, quarrying, and oil and gas extraction	3.9%
Utilities	0.7%
Construction	5.1%
Manufacturing	10.0%
Wholesale trade	4.5%
Retail trade	13.5%
Transportation and warehousing	3.4%
Information	2.2%
Finance and insurance	4.7%
Real estate and rental and leasing	1.9%
Professional, scientific, and technical services	4.9%
Management of companies and enterprises	2.3%
Admin and support and waste mgmt. and remediation services	7.1%
Educational services	1.5%
Health care and social assistance	16.8%
Arts, entertainment, and recreation	2.1%
Accommodation and food services	10.6%
Other services (except public administration)	4.8%
Industries not classified	0.0%

Source: 2011 County Business Patterns: Geography Area Series: County Business Patterns: 2011.

Note: Data based on the 2011 County Business Patterns.

Exhibit C.11. Private Sector Establishments in Oklahoma Providing Health Insurance Offers by Industry, 2012

Industry	%
Agriculture, fishing, forestry and construction	33.4%
Mining and manufacturing	59.7%
Retail and other services	47.3%
Professional services	46.5%
All other	68.9%
Total	50.7%

Source: Agency for Healthcare Research and Quality, Table V.A.2(2012)
 Percent of private-sector establishments that offer health insurance by industry groupings** and State: United States, 20012.
http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/insr/state/series_5/2012/tva2.htm

Exhibit C.12. Unemployment Rates in Oklahoma by Region, 2012

Region	Unemployment Rate
Northwest	3.7%
Central	4.9%
Southwest	4.8%
Tulsa	5.5%
Northeast	5.8%
Southeast	6.0%
Total	5.2%

Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, 2012
 Note: Non-seasonally adjusted rate (Weighted N (# unemployed)=93,845).