Oregon Health Insurance Survey (OHIS) Background

Details at: http://www.oregon.gov/oha/OHPR/RSCH/Pages/Insurance_Data.aspxIntent

INTENT

- Use the best available methods to provide a health coverage, access, and utilization snapshot for all Oregonians
- Include estimates by Race/Ethnicity and Regions
- Measure and inform on Healthy Kids (2011, 2013) and Health System Transformation (2013, 2015)
- Track through time

METHODOLOGY

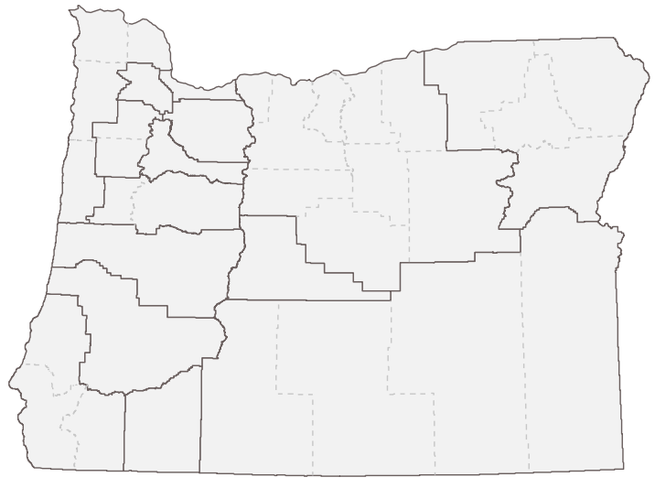
- Three surveys (2011, 2013, 2015) and re-contact survey in 2014
- Address Based (AB) Sampling
  - US Postal Service Delivery Sequence File
  - Two Segments (addresses with and without phone numbers)
- 21 strata: 15 regions, 6 population – 4 high incidence census block (Latino, African American, Native American, and Asian), and 2 surname (Asian and Latino)
- Collect basic information on all members of household
- Randomly select a target individual to ask additional questions
  - Oversampled <19 year olds (2013, 2015)
  - Restricted households with only 65+ year olds (2013, 2015)

DATA COLLECTION

- Fielded January–April of odd years (2011, 2013)
  - 2015 fielded April–September after open enrollment
- Multiples modes for data collection
  - Phone (inbound and outbound calls)
  - Web/internet
  - Mail (hard copy)
- Interviews in English and Spanish—all modes
- Sample released in multiple phases or waves (adjusted according to response rates)

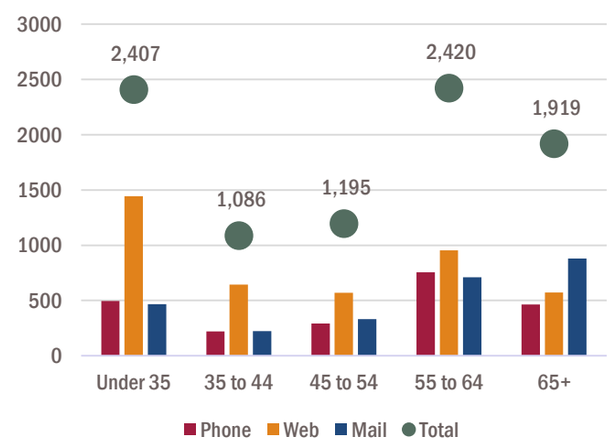
2015 CHANGES

- Added new questions on:
  - Was insurance obtained through Exchange (Cover Oregon)
  - Did respondent look for coverage through the Exchange
  - Changes in insurance carrier or coverage
  - Health literacy scales
- Revised written and online questionnaires
- Shortened disability questions and added advance directive



	2011	2013	2015
Total Sample	34,300	29,204	37,103
Total Interviews	10,576	9,123	9,027
Phone – outbound	28%	22%	15%
Phone – inbound	9%	11%	10%
Web/internet	50%	54%	46%
Mail (paper)	12%	14%	29%
Response Rate	40.4%	43.9%	37.0%

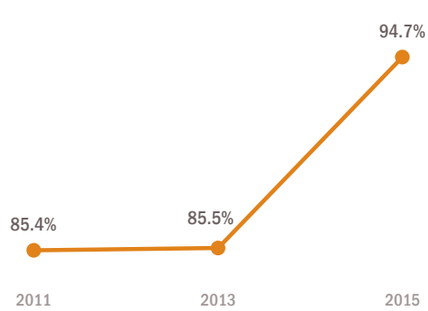
Number of interviews collected by mode and by age group, 2015



INSURANCE COVERAGE RATES FROM OHIS, 2011–2015

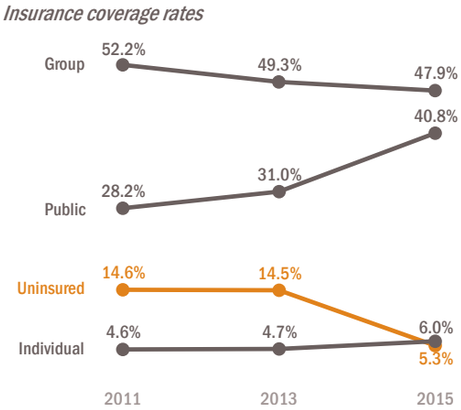
Nearly 95% of Oregonians were insured in 2015.

Point in time insurance rates



The rate of uninsured individuals plummeted in 2015.

Insurance coverage rates



OHIS 2015 data reports are available on our website:

www.oregon.gov/oha/OHPR/RSCH/Pages/Insurance_Data.aspx

Topics include access, demographics, utilization, and more to come.

Oregon Health Authority

Updated 4/2016

Oregon Health Insurance Survey

Trends in Health Coverage Fact Sheet

2015

The Oregon Health Insurance Survey (OHIS) is an important source of information about health care coverage in the state. The survey provides detailed information about the impacts of health system reform efforts on health care coverage, access to care, and utilization. Data from the 2015 survey provides an early look at how changes due to the Affordable Care Act are impacting coverage. This fact sheet is part of a series exploring health insurance coverage using data from the 2015 survey, and presents information about trends in health insurance coverage for Oregonians.

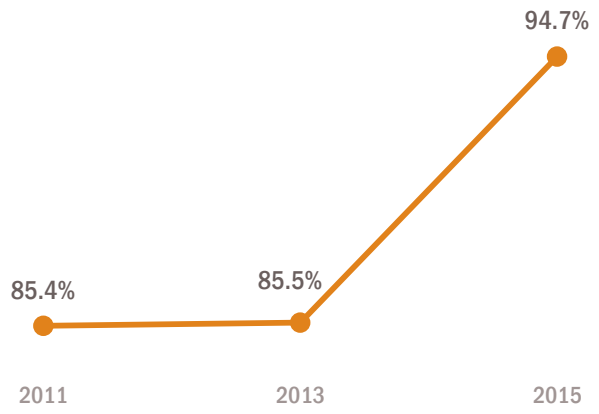
OREGON'S INSURANCE COVERAGE RATE

Almost 95% of Oregonians we surveyed said they had health insurance coverage at the time of the survey. This represents approximately 3.64 million[1] people with coverage, a large increase from 2011 and 2013 estimates (85.4% and 85.5%, respectively). The uninsurance rate in 2015 was 5.3%.

The increase in insurance coverage is an expected outcome of the Affordable Care Act changes. In 2014, Oregon expanded eligibility for the Oregon Health Plan, the state's Medicaid program to provide coverage for low-income individuals and families. The insurance exchange was also implemented, increasing access to health care coverage for individuals without other sources of coverage.

Nearly 95% of Oregonians were insured in 2015.

Point in time insurance rates



INSURANCE COVERAGE BY AGE GROUP

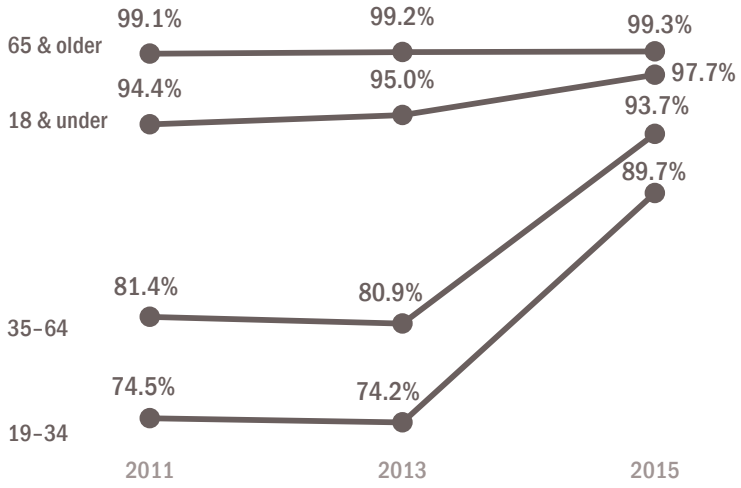
The overall insurance coverage increase in 2015 is driven by many more adults between ages 19 and 64 gaining health insurance coverage.

Rates of coverage for adults 65 and older remained flat, as Medicare provides nearly universal coverage for older adults.

Major expansions to Healthy Kids, Oregon's Medicaid program for children, happened in 2009, so smaller gains were seen for Oregon teens and children in 2015.

Nearly 90% of young adults had insurance coverage in 2015.

Point in time insurance rates



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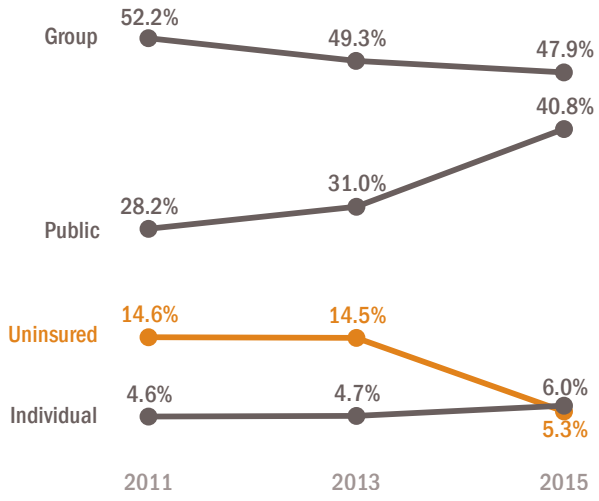
TYPES OF INSURANCE COVERAGE

The rate of uninsured Oregonians fell in 2015 while public insurance coverage sharply increased. An uninsurance rate of 5.3% represents just over 203,000[2] Oregonians without insurance coverage.

Public coverage includes Oregonians with either Medicare or Medicaid coverage. Medicaid expansion was the key driver of changes to health insurance coverage in the state in 2015. Also, the health insurance exchange was implemented in 2014, which changed the way many Oregonians obtain health insurance and had added benefits of tax credits and subsidies, making coverage more affordable.

The rate of uninsured individuals plummeted in 2015.

Insurance coverage rates



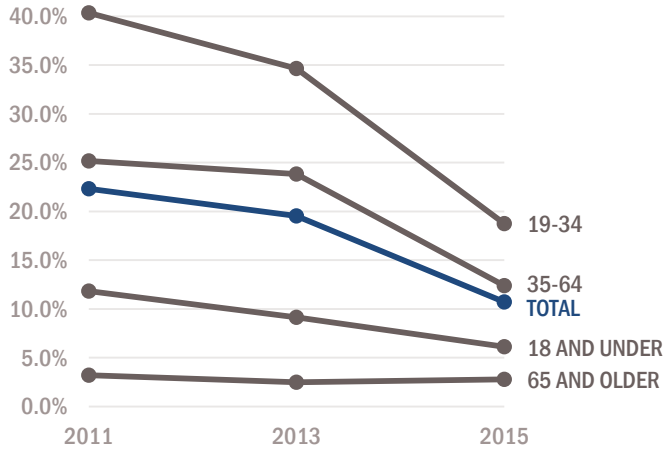
INSURANCE STABILITY & GAPS IN COVERAGE

Gaps in insurance coverage can affect access and quality of care. We asked Oregonians if they had health insurance for all of the last 12 months. In 2015, 10.7% reported that they had not had coverage for all 12 months, compared with 19.5% in 2013 and 22.3% in 2011.

In 2011, gaps in coverage were especially common among adults ages 19-64. In 2015, fewer than a quarter of adults ages 19-34 had coverage gaps, compared with 40% in 2011.

From 2011 to 2015, adults ages 19-34 saw the greatest decrease in the rate of coverage gaps.

Insurance coverage gaps in past 12 months



The Oregon Health Insurance Survey (OHIS) collects information about health insurance coverage, access to care, and utilization in Oregon. The survey is fielded every two years, and data in this fact sheet is from the 2011, 2013, and 2015 surveys. More than 9,000 Oregonians completed the survey between April and September of 2015. The survey sample drew from a list of all residential addresses in Oregon, and respondents were given the opportunity to complete the survey via phone, online, or paper versions. For more information about OHIS methods and results, go to: www.oregon.gov/oha/OHPR/RSCH/Pages/Insurance_Data.aspx

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

[1,2] Population estimates based on weighted calculation using US Census Data.

For questions or comments about this fact sheet, please contact ohis.admin@state.or.us.

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Oregon Health Insurance Survey

Access Fact Sheet

2015

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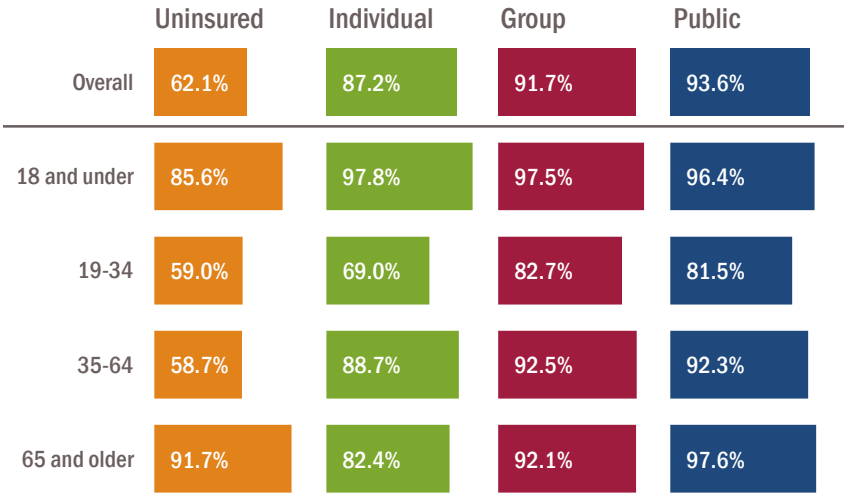
USUAL SOURCE OF CARE

We asked survey respondents if they have a usual place they go to receive health care. Having a usual doctor is linked to lower costs and better health outcomes. Statewide, 90% of respondents reported having a usual source of care.

Not surprisingly, uninsured Oregonians were less likely to have a usual source of care. Overall, though, the large majority of Oregonians have a place that they usually go for health care.

This chart shows the percentage of people with a usual place to go for health care by coverage type and age groups, with young adults (19–34) being the least likely to have a usual place to go.

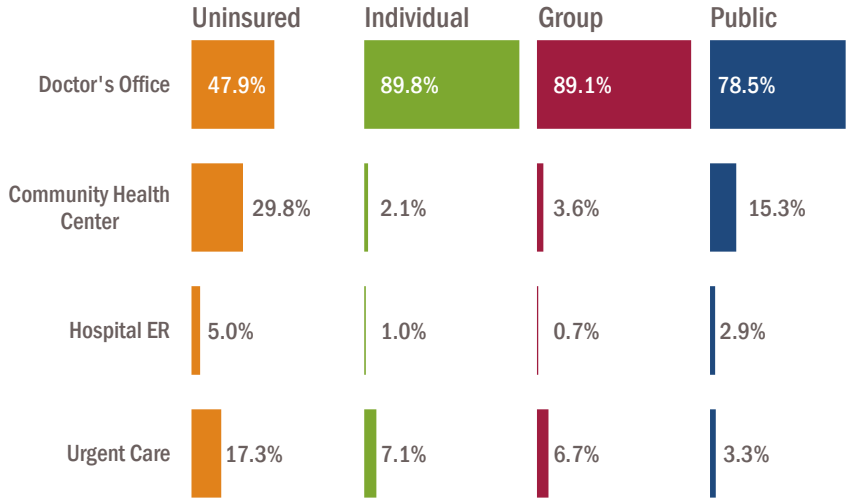


USUAL PLACE FOR CARE

For respondents who said they had a usual source of care, we asked them where they went for routine care. For all coverage types, the doctor's office was the most common place, with 80% of respondents stating that the doctor's office was their usual source for care.

Overall, 9% of respondents stated that a community health center was their usual source of care, with this source being most common among uninsured individuals and people with public coverage. About 17% of uninsured respondents listed urgent care as the usual place they went. Very few respondents said that the Hospital ER was the place where they go for usual care.

After doctors' offices, community health centers were the next most common place that Oregonians went for usual care.



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USUAL SOURCE OF CARE BY REGION

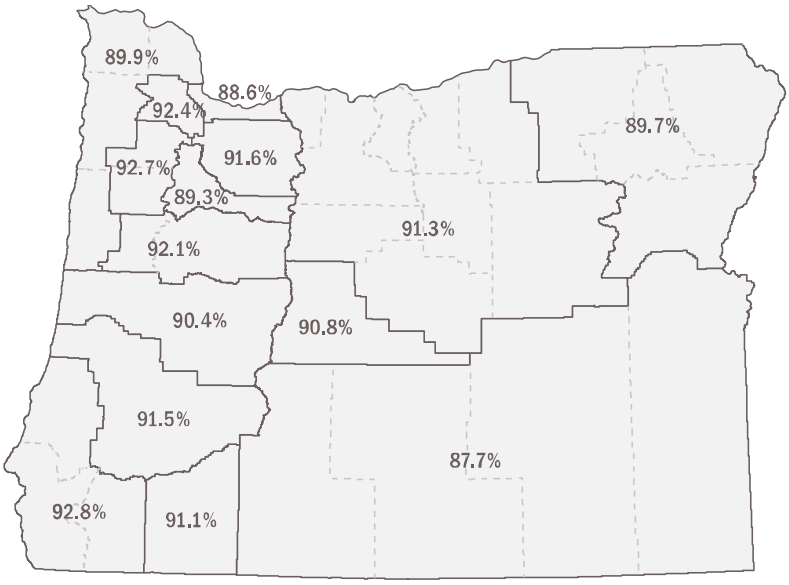
Access to health care providers varies by region in the state. The map to the right shows the percentage of respondents who reported having a usual source of care by region. As shown on the previous page, the statewide average for having a usual source of care is 90%. The Southeast, Northeast, and Northwest Regions of the state were below that average, along with Multnomah and Marion Counties.

The Southeast Region (Klamath, Lake, Harney, and Malheur Counties) had the lowest percentage of people having a usual source of care at 87.7%.

The Southwest Region (Coos, Curry, and Josephine Counties) reported the highest percentage of people having a usual source of care, at 92.8%.

Access to a usual source of care did not vary widely between different parts of the state.

Percentage in region with a usual source of care



Note: We grouped counties with lower populations into regions. This helps to ensure the validity of our analyses.

AVERAGE TRAVEL TIME FOR ROUTINE CARE

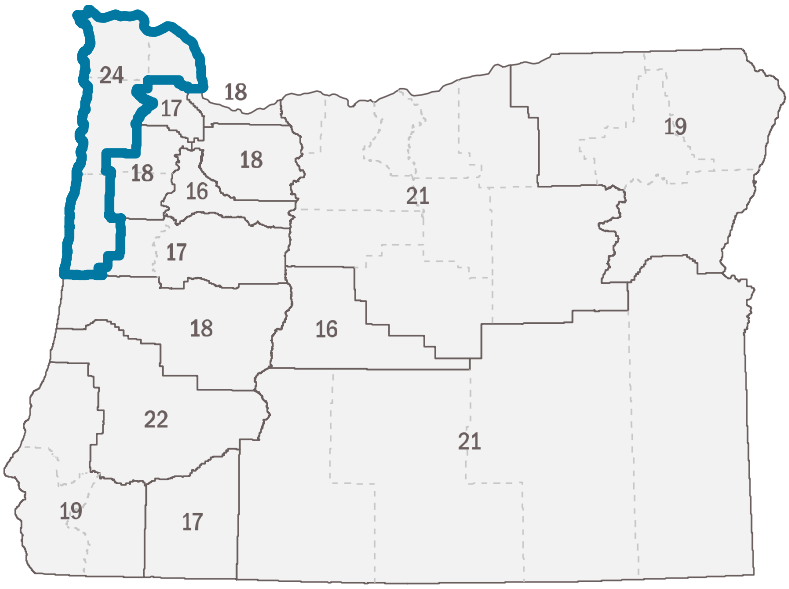
We asked respondents how many minutes they have to travel for routine care, such as for a check-up or non-urgent illness. Statewide, it took respondents an average of 18 minutes to travel for routine care.

As expected, respondents living in the eastern and southern parts of the state had the longest average travel times to routine care. Eastern and Southern Oregon are less densely populated than the northwestern part of the state and residents are generally farther away from cities with healthcare facilities.

Interestingly, the Northwest Region of the state, including Columbia, Clatsop, Tillamook, and Lincoln Counties, had the longest average travel time to routine care. We suspect this high average is due to a spread out population and limited transportation infrastructure, with just a few main state highways.

People living in the Northwest Region had the longest average travel time to get to routine medical care.

Average travel time in minutes



AVERAGE TRAVEL TIME FOR URGENT CARE

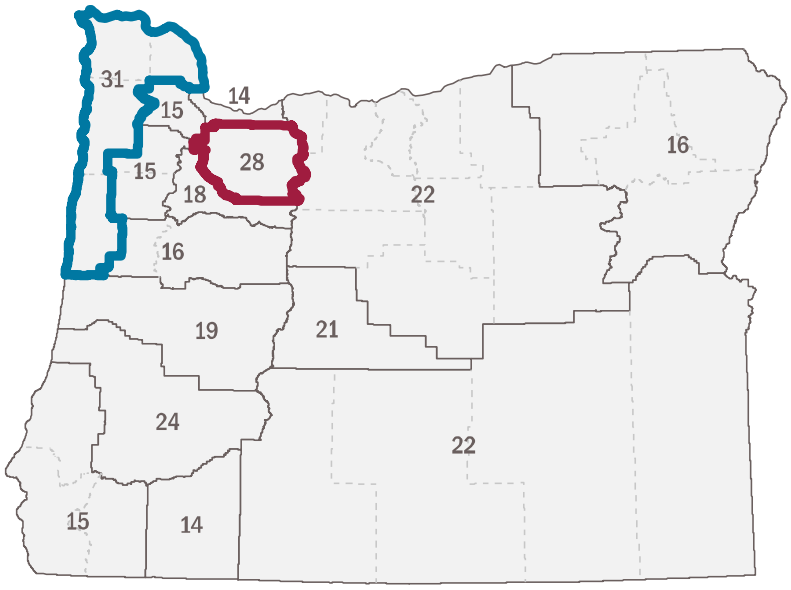
We also asked respondents how many minutes it takes them to get to a provider if they need urgent care. Statewide, respondents traveled an average of 18 minutes to get to an urgent care provider.

Across the state there was greater variance in how long it takes to get to urgent care. The Northwest Region and Clackamas County reported the longest average times and Multnomah and Jackson Counties reported the shortest times.

The different between the longest travel time and the shortest travel time was 17 minutes.

People living in the Northwest Region and in Clackamas County reported the longest average travel time to get urgent care.

Average travel time in minutes

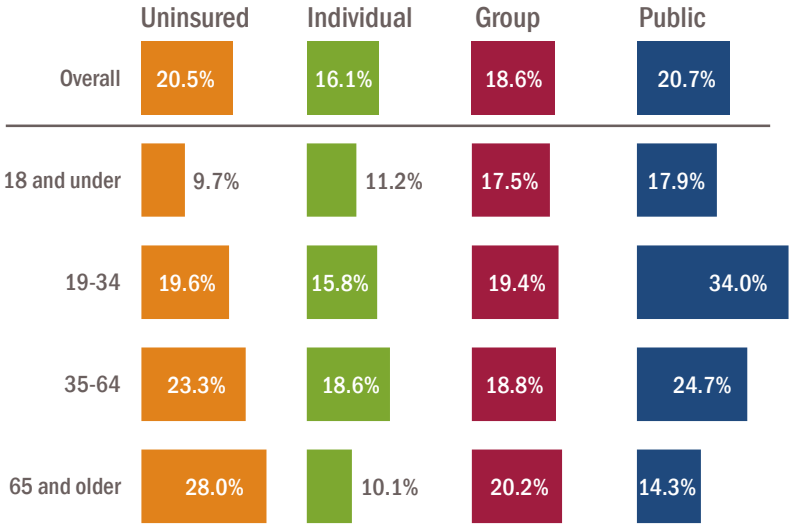


ABILITY TO GET AN APPOINTMENT

We asked respondents if they were unable to get an appointment as soon as they needed in the last 12 months. Statewide, 19% of people reported that they were unable to get an appointment as soon as needed.

Among the insured groups, Oregonians with public coverage were slightly more likely to have trouble getting an appointment. This is especially true of young adults with public coverage, of whom 34% were not able to get an appointment as soon as one was needed.

Oregonians with individual health plans were least likely to have issues getting an appointment as soon as one was needed.



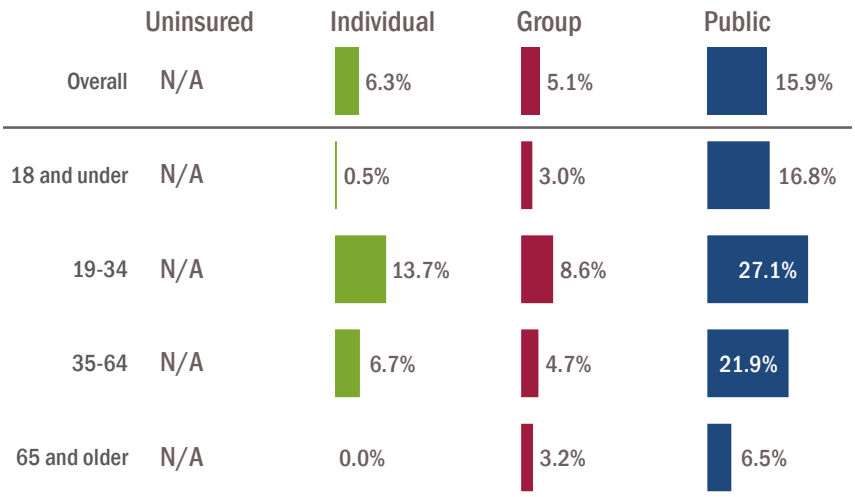
COVERAGE TYPE NOT ACCEPTED BY PROVIDER

The type of health care coverage a person has can impact their ability to access care. Statewide, 10% of respondents with insurance coverage reported that a provider would not accept patients with their health care coverage type.

People with public insurance types—including Medicaid and Medicare—are the most likely to have difficulty finding a provider that accepts their coverage. One possible reason for this finding is that public insurance programs typically have lower contracted payment amounts for health care than commercial insurers. Providers that accept public insurance may limit the number of patients they serve with that type of coverage.

Also, with many new Oregon Health Plan (OHP or Medicaid) enrollees in 2014 and 2015, there were reports of too few health care professionals to provide care for the newly enrolled OHP clients.

Individuals with public health insurance were the most likely to report that a health provider was not accepting patients with their coverage type.



Note: Uninsured Oregonians were not asked this question.

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Oregon Health Authority

Oregon Health Insurance Survey

Health Status & Utilization Fact Sheet

2015

The Oregon Health Insurance Survey (OHIS) is an important source of information about health care coverage in the state. The survey provides detailed information about the impacts of health system reform efforts on health care coverage, access to care, and utilization. Data from the 2015 survey provides an early look at how changes due to the Affordable Care Act are impacting coverage. This fact sheet is part of a series exploring health insurance coverage using data from this survey, and presents several measures of health status and health care utilization broken out by coverage type. Health status, routine medical care, specialist care, emergency department use, and prescriptions are each discussed.

HEALTH STATUS

We asked people to rank their overall health on a scale of poor, fair, good, very good, or excellent. Health status is a good foundation for understanding health care utilization because those with poorer health status are usually more likely to seek out health care.

Overall, 63% of respondents told us their health status was very good or excellent.

People with public coverage or that were uninsured were less likely to have excellent or very good health status, each around 50%.

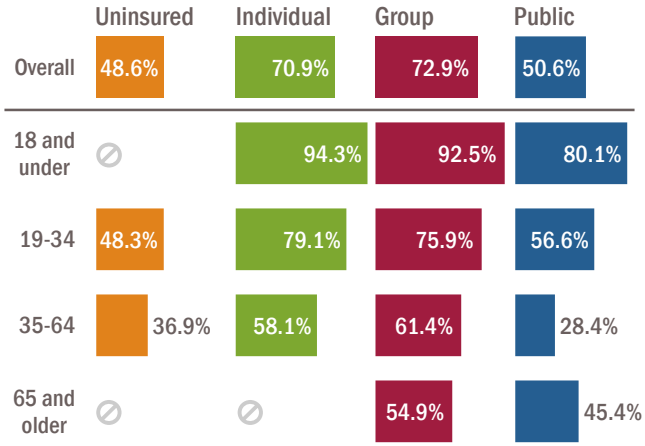
By age group, kids 18 years old and under had the highest rates of very good or excellent heath. The lowest rates of very good or excellent health care were among adults ages 35-64.

We also looked at characteristics of people who said they had fair or poor health status. Overall, 13% of respondents reported that their health status we fair or poor.

Respondents ages 35-64 with public coverage had the largest proportion with poor health, at over 40%. People with public coverage as a whole reported the highest rate of poor or fair health. One reason for this is that public insurance includes many older adults, who tend to be sicker. Public coverage also includes younger adults with disabilities.

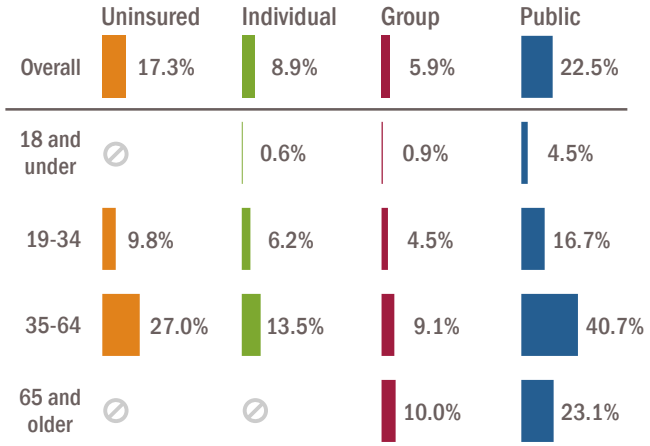
People with individual or group coverage were the most likely to have very good or excellent health status.

Insurance coverage by very good or excellent health status.



People with public coverage were most likely to report fair or poor health status.

Insurance coverage by poor or fair health status.



⊘ There were not enough responses in this group to report findings.

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TIME SINCE LAST CHECK-UP

Routine medical check-ups are an important part of preventative health care where patients are screened for diseases and given an overall health check. Most health plans fully cover annual physicals as well as routine check-ups more frequently for people with chronic conditions.

Routine medical care is a marker for access to health care services as well as a person's attitude toward use of health care. Routine care and check-ups can be important in the prevention of disease and maintenance of good health.

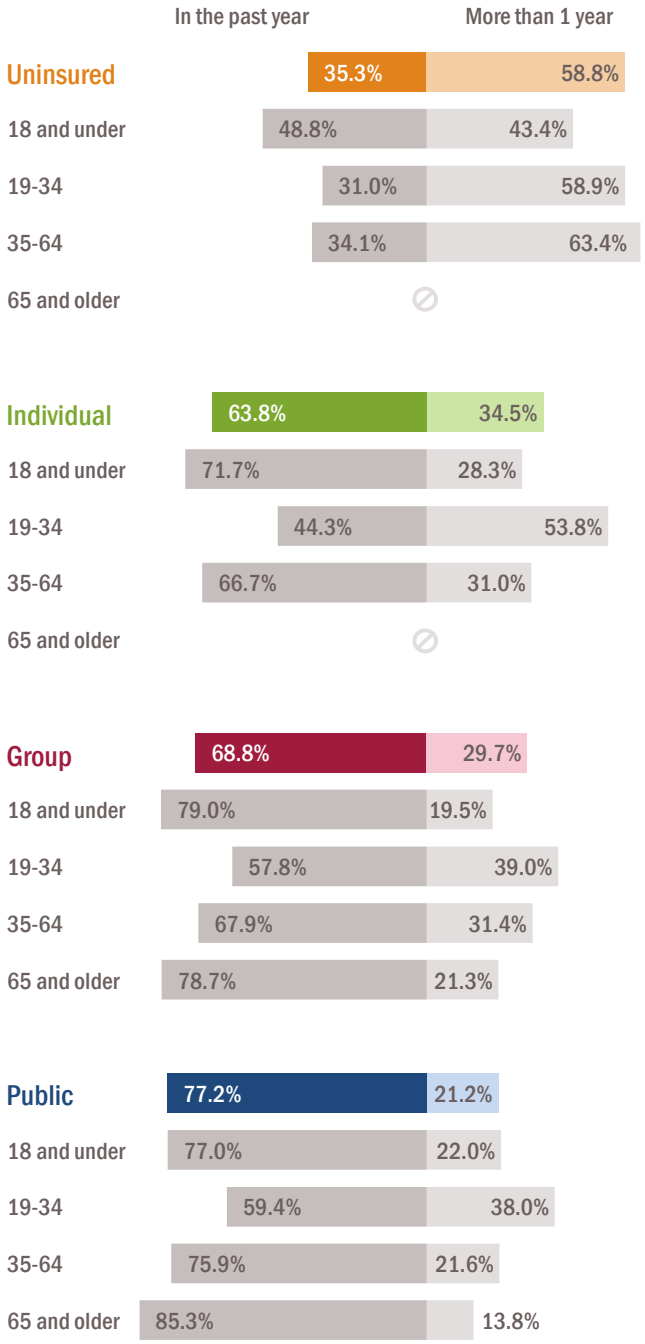
Overall,70% of respondents had a routine check-up in the past year and people with public coverage were the group most likely to have a routine-check up in the past year. As shown on page 1 of this fact sheet, respondents with public coverage had poorer health status as a group. People with poorer health are likely to have conditions that require regular check-ups and, if they have access to health care, are likely to visit doctors on a regular basis.

Regardless of coverage type, adults aged 65 and older had the high rates of seeing a doctor for routine care in the past year. As an aging population, these adults are likely to have health problems that require maintenance and check-ups.

As a group, 19-34 year olds were the age group that were most likely to go longer than a year since their last routine check-up.

Uninsured respondents were more likely to have gone more than a year since their last routine medical care.

Last time person had a routine check-up or medical care by coverage type.



⊘ There were not enough responses in this group to report findings.

TIME SINCE LAST SPECIALIST CARE

We asked respondents how long it had been since they went to a specialist for medical care. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.

For a patient to receive specialist care they often need a referral from a primary care doctor. If a person does not have a regular doctor, they may have a more difficult time getting a referral to see a specialist.

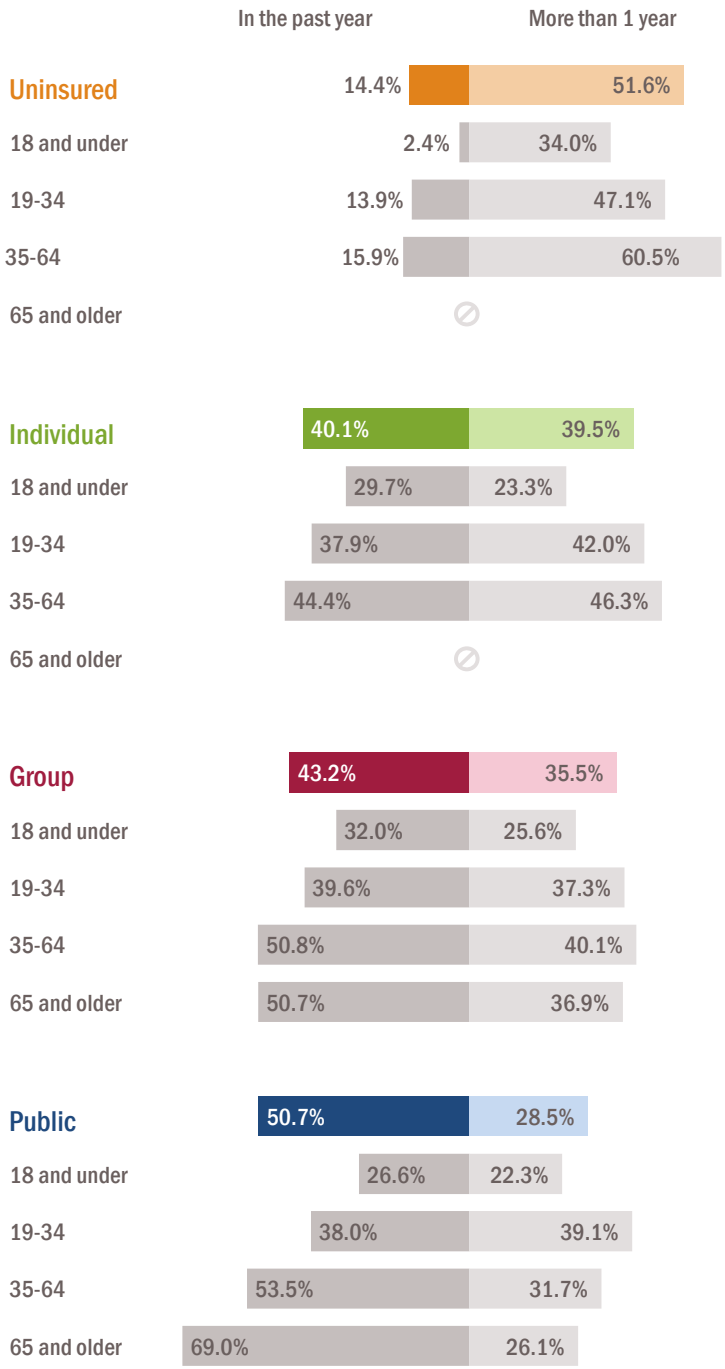
Specialist care is utilized more often by people with health concerns that require special treatment or management. If a person is in poorer overall health, they may require specialist care more frequently.

Overall,45% of respondents told us they had seen a specialist for care in the past year. Uninsured Oregonians as a group were by far the least likely to see a specialist in the past year. Older adults ages 65 and older were the exception, with over 77% seeing a specialist in the last year. This was a relatively small sample, but the results are valid.

Across the three different types of health insurance coverage, people had fairly similar rates of going to a specialist in the past year. Recent use of specialist care increased with age.

Uninsured respondents were more likely to have more than a year since their last specialist care.

Last time person had specialist care by coverage type.



⊘ There were not enough responses in this group to report findings.

EMERGENCY DEPARTMENT UTILIZATION

We examined emergency department (ED) use to understand if patients are getting the right care at the right time in the right setting. Emergency departments are sometimes used for problems that could have been better treated at a doctor's office or urgent care clinic. Reducing inappropriate ED use can help save costs and improve the health care experience for patients.

Of the people who told us they got health care in the past year, we asked how many times they went to the ED. Overall, 4% of respondents told us they had 3+ ED visits in the past year.

People without insurance and those with public coverage had higher rates of ED use in a year. Young adults had the highest rate of ED use in these coverage groups. People with Group coverage had the lowest rates of ED use.

We asked people who had at least one ED visit in the last year if their visit could have been treated by their regular doctor if one was available. This question helps to identify potentially avoidable ED use.

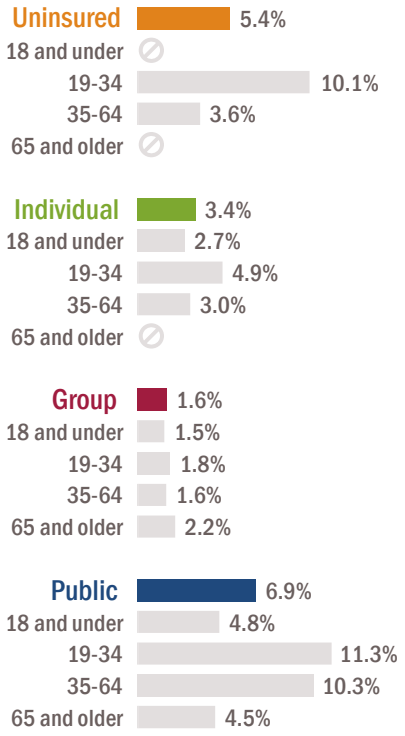
Overall, 41% of respondents said they could have seen their regular doctor if one was available. Unsurprisingly, respondents without health insurance were the most likely to say that they could have been treated by a regular doctor if one was available. By not having insurance coverage, these people would most likely not have a regular doctor.

Of people with some type of insurance coverage, about a third of those with either individual or group insurance went to the ED because a regular doctor was not available. People with public coverage had a little higher rate at over 40%.

⊘ There were not enough responses in this group to report findings.

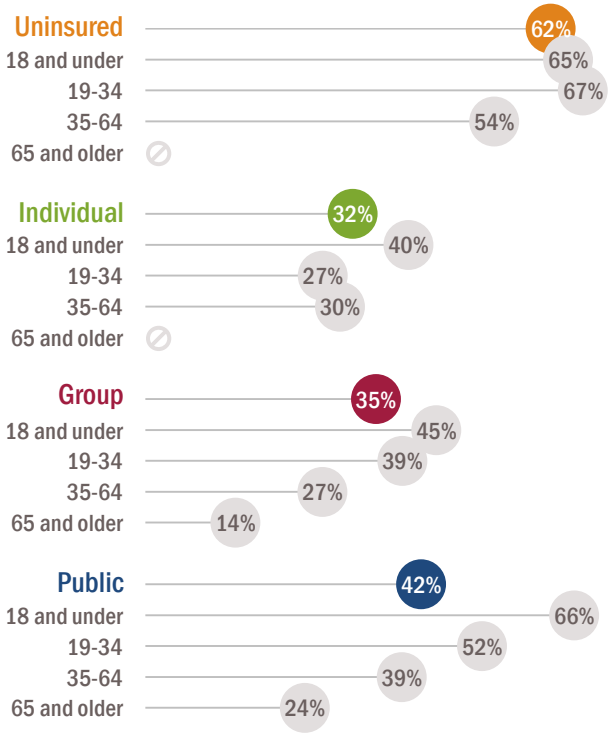
People with public insurance were most likely to have had 3 or more ED visits in the past year.

Percentage with ED visit 3 or more times in the last year.



Uninsured Oregonians were the most likely to use the ED for non-urgent health concerns.

Most recent ED visit could have been treated by a regular doctor if one was available.



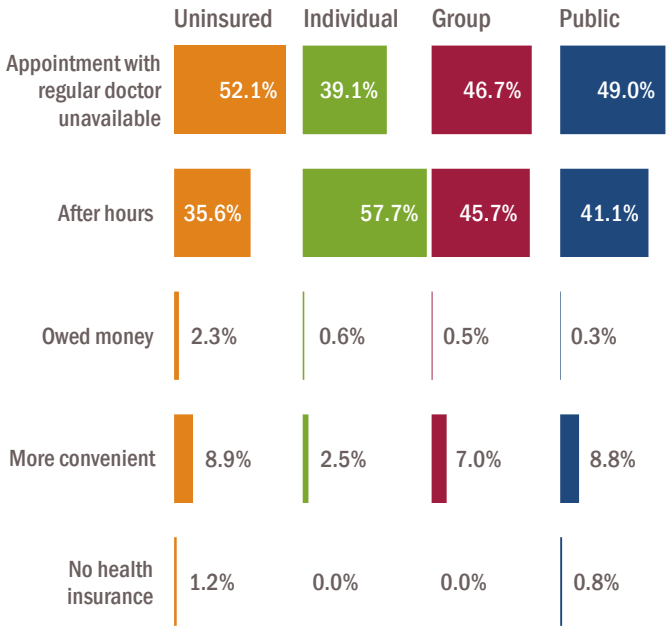
REASONS FOR EMERGENCY DEPARTMENT USE

We asked people who had at least one ED visit in the past year to tell us why they went to the ED. Respondents were given a list of reasons why some people go to the ED other than for emergency situations. They were able to select more than one response or none at all.

Overall, 48% of respondents stated that they went to the ED because they could not get an appointment with their regular doctor. 43% stated that they used the ED because they needed care after hours. A concern is that some people use the ED in place of primary care. Long wait times to schedule appointments and limited office hours impact how patients use hospital emergency departments.

People reported that they were most likely to use the ED for non-emergency care if an appointment was not available with their regular doctor.

Reason for most recent visit to the ED, other than for an emergency.



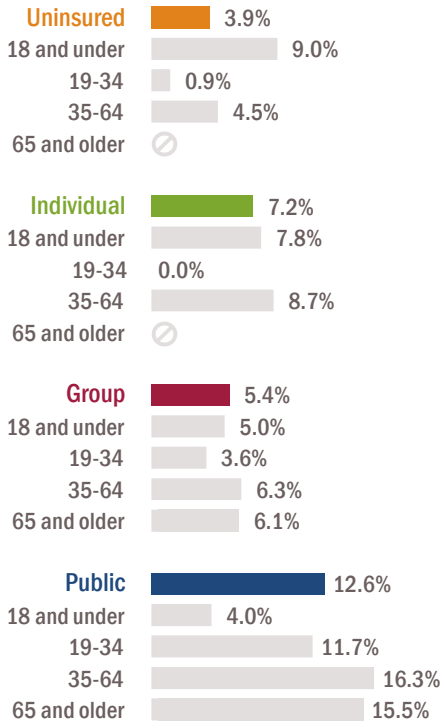
INPATIENT HOSPITAL UTILIZATION

From the group of people that went to a doctor or a health care facility in the past year, we asked how many had an overnight hospital stay in the past year, other than to have a baby. Overnight care in the hospital is usually associated with severe injuries or illnesses that require a high level of care. The cost of inpatient hospital care can be very large to both insurers and patients.

Overall, 8.5% of respondents that went to a doctor or health care facility in the past year had a inpatient hospital stay in the past year. People with public insurance had the highest rate of hospital inpatient care, which aligns with patterns of health status described earlier in this report. Adults age 65 and older are almost entirely on Medicare and as an aging population, typically have more severe heath conditions, which may lead to hospitalizations.

People with public insurance coverage were most likely to have had an overnight hospital stay.

Percentage with an inpatient hospital stay in the last year.



⊘ There were not enough responses in this group to report findings.

PRESCRIPTION DRUG UTILIZATION

Prescription drugs are covered in most insurance plans, but there are many differences in how much money people pay out-of-pocket for their prescriptions, which can affect people's access to needed medications.

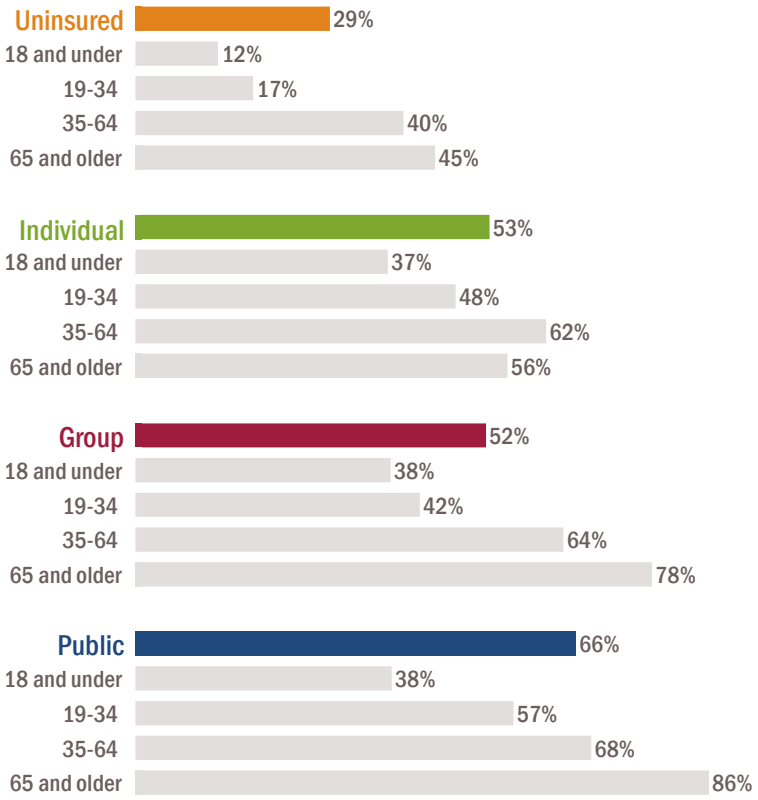
We asked respondents if they took any prescription drugs for an illness or chronic condition in the past year.

Two thirds of Oregonians with public insurance said they used a prescription drug in the past year. However, over 50% of people with individual or group coverage also used a prescription drug in the past year.

Across the coverage types, prescription use trended upward as age increased.

People with **public** insurance were most likely to have prescriptions.

Percentage that used a prescription drug in the last year.



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Oregon Health Authority

Oregon Health Insurance Survey

Demographic Information Fact Sheet

2015

The Oregon Health Insurance Survey (OHIS) is an important source of information about health care coverage in the state. The survey provides detailed information about the impacts of health system reform efforts on health care coverage, access to care, and utilization. Data from the 2015 survey provides an early look at how changes due to the Affordable Care Act are impacting coverage. This fact sheet is part of a series exploring health insurance coverage using data from this survey, and presents insurance coverage rates for Oregonians from different demographic groups. The demographic areas covered in this fact sheet are age, employment status, education level, income, geographic region, race and ethnicity.

INSURANCE COVERAGE AT TIME OF SURVEY

At the time of the survey, 94.7% of Oregonians had health insurance coverage. Young adults ages 19-34 had the lowest rate of coverage, which is likely driven by several factors. Young adults lose coverage under parents' plans at age 26, and are less likely to have steady employment that provides health insurance. They also may perceive that they don't need health insurance, won't use it, or that it is too expensive.[1]

19–34 year olds had the lowest insurance rate.

Percentage with insurance at time of the survey.

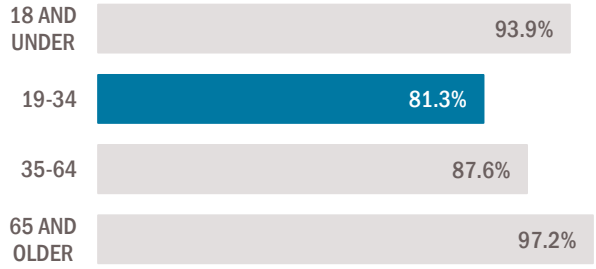
INSURANCE FOR ALL OF THE PREVIOUS YEAR

We asked the people who told us they had health insurance if they had had coverage for **all** of the previous 12 months.

Young adults were least likely to have a fully year of continuous health care coverage, indicating less stability in health insurance than other age groups.

19-34 year olds were least likely to have had insurance for the entire previous year.

Percentage of insured with coverage for all previous 12 months.



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EMPLOYMENT AND INSURANCE COVERAGE

Insurance coverage status is strongly related to employment status. Adults who were out of the labor force had the highest rate of coverage. A large number of these individuals are retired or disabled, and covered by public programs such as Medicare or Medicaid.

The out of the labor force group includes: unpaid workers for a family business or family farm, those not employed and not looking for work, those that are retired, and those unable to work because of a disability.

Adults out of the labor force had the highest insurance coverage rate.

Percentage with insurance coverage by employment status .

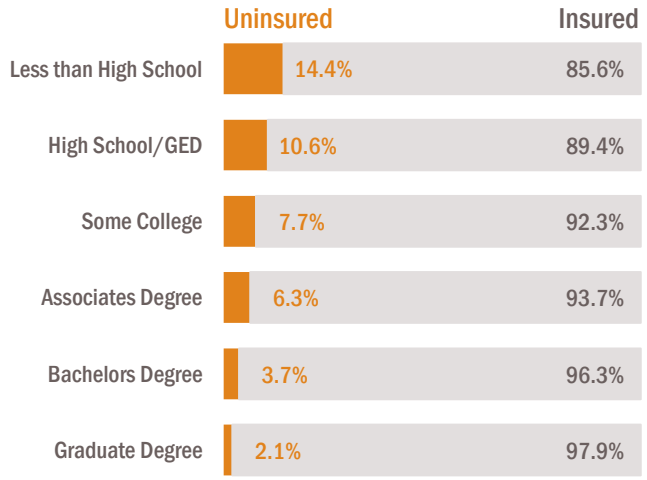
EDUCATION AND INSURANCE COVERAGE

In Oregon, 65% of adults have completed at least some college, while 11% have not completed a high school degree or GED and 24% have a high school degree or GED.

Higher levels of education typically correspond to a jobs that provide health insurance as a benefit. Unsurprisingly, respondents with less education were less likely to have health insurance.

As education level increases, so does insurance coverage.

Percentage with insurance coverage by education level.



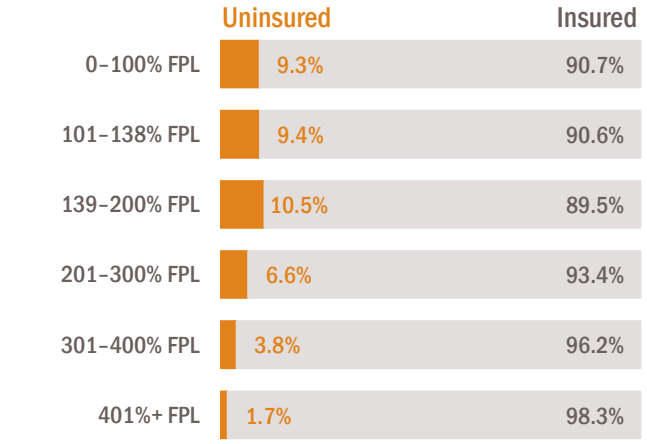
INCOME AND INSURANCE COVERAGE

Insurance coverage rates trend upward with household income, reaching over 98% for people above 400% of the Federal Poverty Level (FPL). The exception is families making 139-200% FPL who do not qualify for Medicaid, are likely to work low wage jobs that may not provide health insurance, and whose incomes are low enough that they have difficulty affording health insurance premiums even with federal subsidies.

The federal government sets an income poverty line each year and this poverty level is adjusted for the number of people in a household. Eligibility for public programs like Medicaid is based on a family's income compared to the Federal Poverty Level (FPL). In Oregon, families with up to 138% of the Federal Poverty Level qualify for Medicaid benefits. Children can qualify for Medicaid if their family's income is up to 300% of the Federal Poverty Level.

People with incomes between 139-200% FPL were least likely to have insurance coverage.

Percentage with insurance coverage by income level (% of FPL).



RURAL VS. URBAN INSURANCE COVERAGE

Health insurance coverage rates were slightly higher in rural parts of the state compared to urban areas.

The rural and urban designations used in this report are based on the OHSU Office of Rural Health's method.[2] They define a rural area as a geographic region 10 or more miles from a population center of 40,000 people or more. We used a list of zip codes that were coded as rural or urban based on this definition.

Insurance coverage rates were higher in urban areas.

Percentage with insurance coverage by rural or urban designation.

REGIONS AND INSURANCE COVERAGE

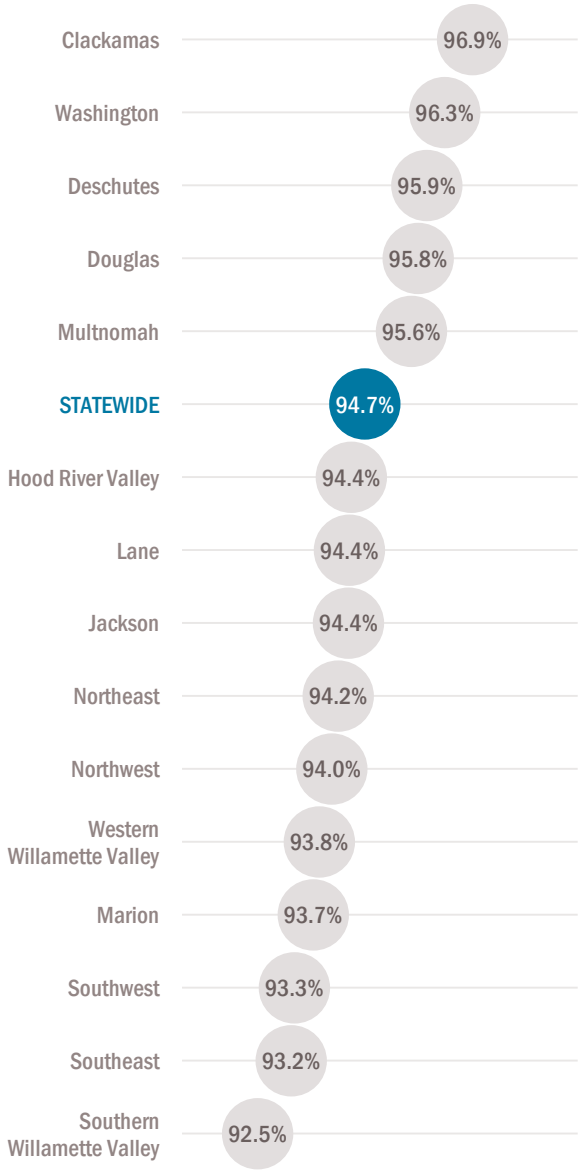
The three counties in the Portland Metro were on the higher end of regional insurance coverage rates. However, three counties with large populations (Lane, Jackson, and Marion counties) all had insurance coverage rates below the state average.

Note: We grouped counties with lower populations into regions. This helps to ensure the accuracy of our analyses. See the table below for a list of regions and the counties they contain.

Region	Counties
Northeast	Baker, Umatilla, Union, Wallowa
Hood River Valley	Crook, Gilliam, Grant, Hood River, Jefferson, Morrow, Sherman, Wasco, Wheeler
Southeast	Harney, Klamath, Lake, Malheur
Northwest	Clatsop, Columbia, Lincoln, Tillamook
Southern Willamette Valley	Benton, Linn
Southwest	Coos, Curry, Josephine
Western Willamette Valley	Polk, Yamhill

Insurance coverage rates did not vary drastically between regions.

Percentage with insurance coverage by region.



RACE AND INSURANCE COVERAGE

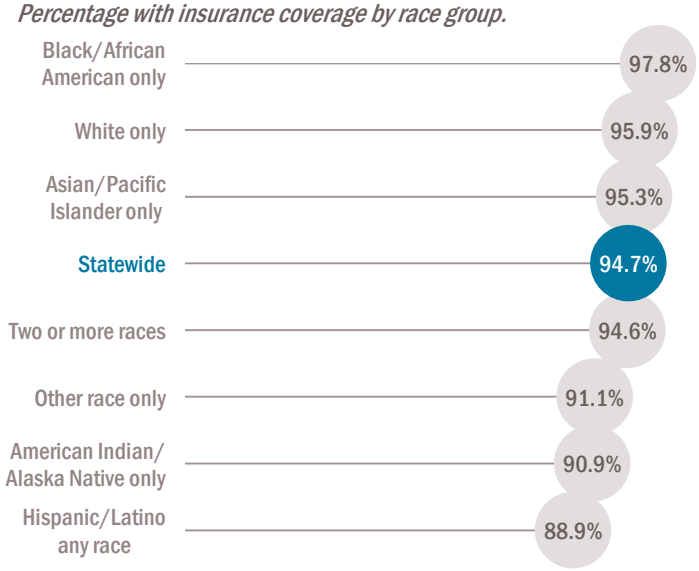
The health insurance rate among Black/African American respondents was the highest, at nearly 98%. Hispanic/Latino respondents of any race had the lowest insurance coverage rate, at just under 89%.

The data show that while there are some disparities in health insurance coverage between racial and ethnic groups, there are not extremely large differences between the groups.

For this analysis, we combined race and ethnicity into one variable. If a respondent marked that they were Hispanic or Latino, they were not counted in any other racial group. The other six categories are non-Hispanic/Latino ethnicity.

Black/African American respondents had the highest rate of health insurance coverage.

Percentage with insurance coverage by race group.



INSURANCE COVERAGE BY ETHNICITY

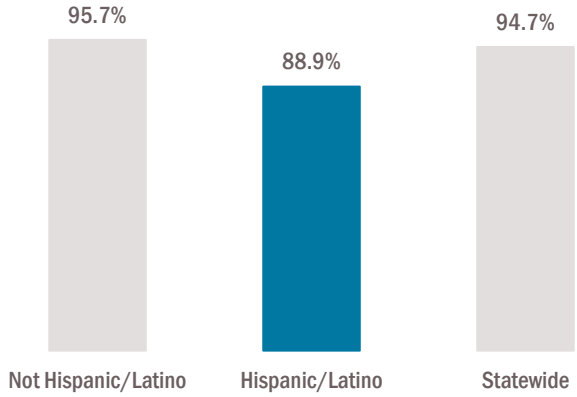
When we looked at ethnicity only, we found that 95.7% of non-Hispanic/Latino Oregonians had insurance coverage.

In this survey we ask about race and ethnicity as separate questions. This allows for more accurate data on how people identify themselves.

For ethnicity, we are specifically interested in having the more accurate number of Hispanic/Latino people represented in the survey. The question specifically asks if the respondent is Mexican, Puerto Rican, Cuban, or another Hispanic or Latino group.

Nearly 89% of Hispanic/Latino respondents had health insurance coverage.

Percentage with insurance coverage by ethnic group.



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[1] See http://kff.org/report-section/adults-who-remained-uninsured-at-the-end-of-2014-issue-brief/

[2] See http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/index.cfm

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