



Oregon Health Insurance Survey

Early Release Results

2017

Oregon’s health transformation efforts are focused on improving access to care, creating better health and lowering costs. Since the Affordable Care Act (ACA) passed, the percentage of Oregonians who have health insurance coverage has grown by 10 percent. Today, more than 3.7 million Oregonians or nearly 94 percent of people in the state have insurance coverage. 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 related to coverage, access to care and utilization. This fact sheet is part of a series exploring health insurance coverage using data from the 2017 survey and presents information about trends in health insurance coverage for Oregonians.

OREGON’S INSURANCE COVERAGE RATE

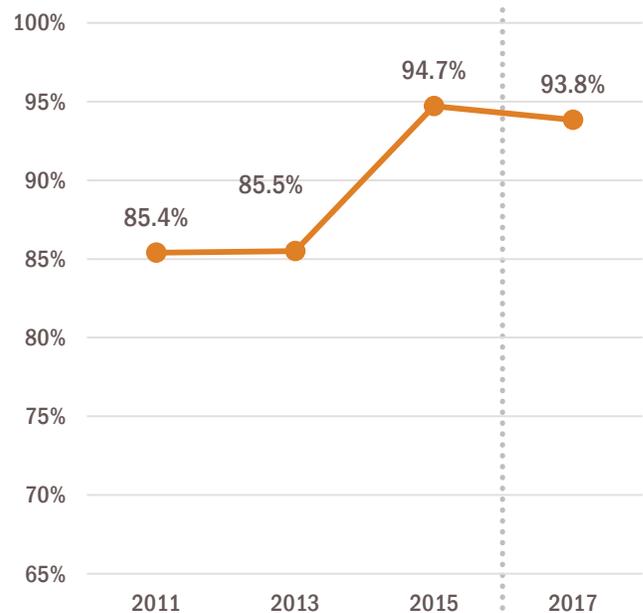
In 2017, 93.8% of Oregonians had health insurance coverage while 6.2% did not. This represents approximately 3.75 million¹ people with health coverage and just over 245,000 without.

There was a 0.9 percentage point decrease in the insurance rate between 2015 and 2017 which is not statistically significant. The slight decrease is likely due to methodological changes in the way the data was analyzed. In 2017, the analytic team used a more sophisticated method of collecting and weighting the data, which likely represents a more accurate picture of the number of people insured in the state.

The dotted gray line between 2015 and 2017 in the charts signifies methodology changes in the OHIS.

Nearly 94% of Oregonians were insured in 2017.

Point in time insurance rates



Dotted line: methodology changes

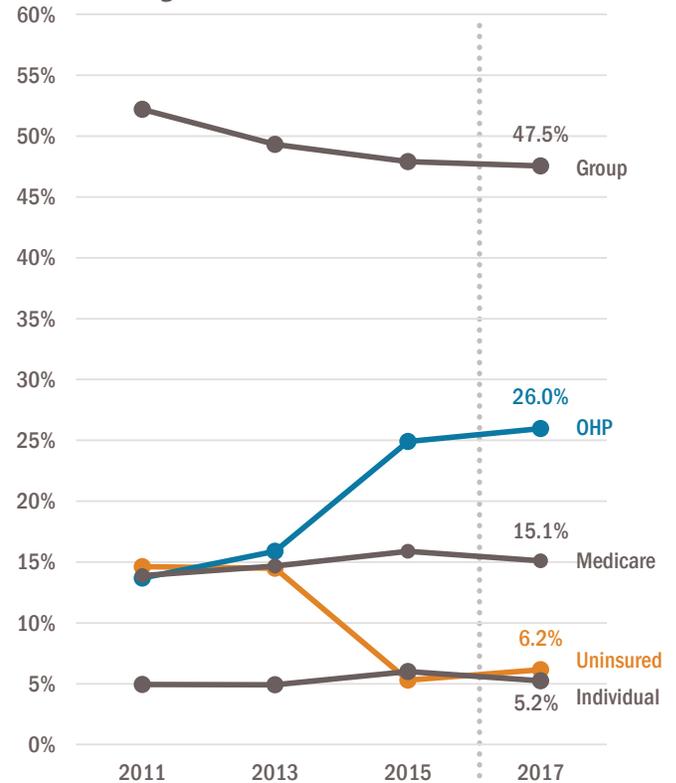
TYPES OF INSURANCE COVERAGE

After significant shifts in health insurance coverage from 2013 to 2015, coverage remained relatively steady from 2015 to 2017. In 2017, 47.5% of Oregonians have private group² health insurance, 26.0% have Medicaid through the Oregon Health Plan, 15.1% have Medicare, 5.2% have individual private insurance, and 6.2% are uninsured.

Changes in the types of insurance coverage between 2015 and 2017 likely reflect methodology changes to the OHIS.

Insurance coverage remained relatively steady in all categories between 2015 and 2017.

Insurance coverage rates



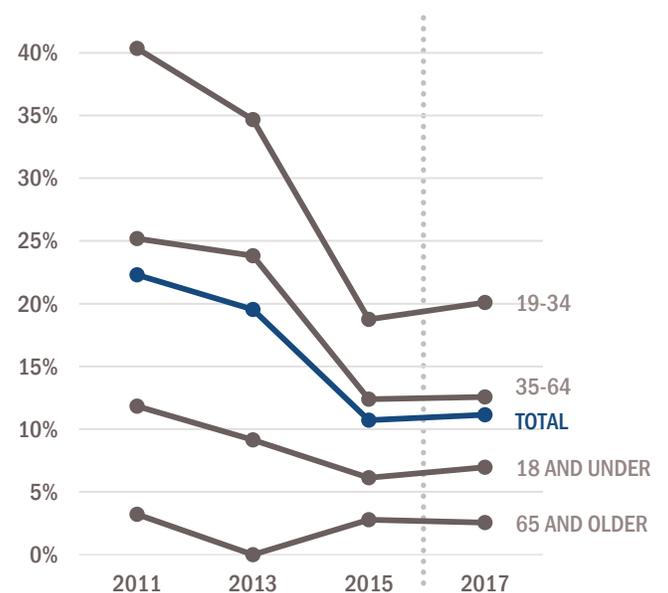
INSURANCE COVERAGE GAPS BY AGE GROUP

This chart shows the proportion of people currently uninsured, and among those insured, the proportion who had a time in the past 12 months without insurance coverage. This is called a coverage gap.

The proportion of Oregonians with a coverage gap did not change between 2015 and 2017. This shows that health insurance coverage was stable for many Oregonians. In 2017, 88.9% of Oregonians were insured for all of the previous 12 months.

The rate of people without health insurance for a period of time remained stable from 2015 to 2017.

Those currently insured but who had coverage gap in last 12 months and those currently uninsured.



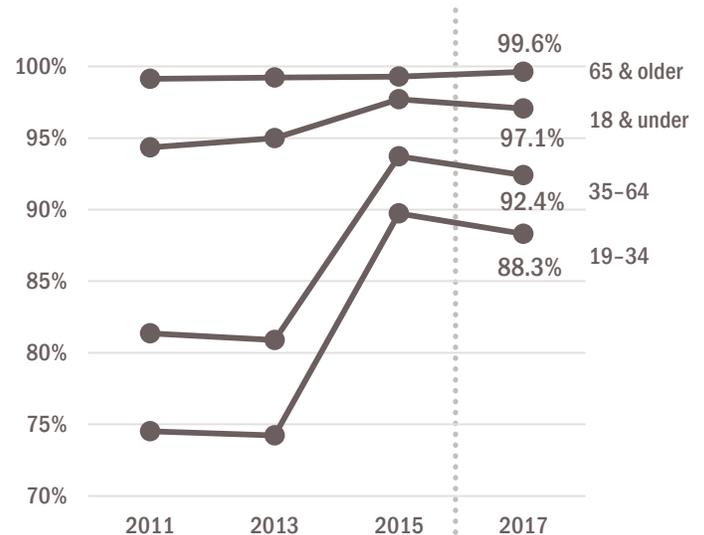
INSURANCE COVERAGE BY AGE GROUP

The slight decrease in overall insurance coverage between 2015 and 2017 is driven predominantly by small decreases in coverage among two age groups: 19 to 34 year olds, and 35 to 64 year olds. These decreases are likely due to methodology changes to the OHIS which improved data quality.

Coverage for adults 65 and older and for children and teens 18 and younger remained relatively flat. Older adults receive nearly universal health insurance coverage through Medicare. Most children and teens are eligible for coverage either through private insurance, the Oregon Health Plan, or the Healthy Kids Program.

About 88% of young adults had insurance coverage in 2017.

Point in time insurance rates



REFERENCES

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

² The coverage types are defined as follows:

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

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

ABOUT THIS REPORT

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

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

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