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**Office for Oregon Health  
Policy and Research**



# **Profile of Oregon's Uninsured, 2006**

**August 2007**

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# Profile of Oregon's Uninsured, 2006

## *Summary of Findings from the 2006 Oregon Population Survey*

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## About the Office for Oregon Health Policy and Research

The Office for Oregon Health Policy and Research (OHPR) provides analysis, technical, and policy support to the Governor and the Legislature on issues relating to health care costs, utilization, quality, and access and serves as the policy making body for the Oregon Health Plan. OHPR also provides staff support to statutorily-established advisory bodies, including the Oregon Health Policy Commission, the Health Resources Commission, the Health Services Commission, the Advisory Committee on Physician Credentialing and the Medicaid Advisory Committee. In addition, the Office coordinates the work of the Oregon Health Research and Evaluation Collaborative. For more information about OHPR, visit <http://www.oregon.gov/DAS/OHPR> or contact the office in Salem at (503) 378-2422.

## About the Data Source for this Report

This report is based on the 2006 Oregon Population Survey (OPS), a biennial statewide telephone survey of Oregon households. Conducted since 1990, the OPS is a primary responsibility of the Oregon Progress Board, with 17 participating agencies. The survey's primary objective is to track the *Oregon Benchmarks*, including the benchmarks on health insurance status. The Office for Oregon Health Policy and Research (OHPR) participates in the OPS Steering Committee and has responsibility for construction of the health insurance elements in the survey.

The **2006** survey included **4332 households** with data from **10,120 individuals**. Detailed data tables are presented in Appendix A. The specific survey questions and presented in Appendix C and a discussion of the difference between the OPS approach and the Current Population Survey (CPS), a widely-cited data source for health insurance coverage statistics, is included in Appendix D.

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## Overview

The US Census Bureau estimates the national uninsured rate at 16.6% for 2006.<sup>1</sup> The most recent Oregon Population Survey (OPS) shows a slightly lower uninsured rate for Oregonians (15.6%) in 2006. One in six Oregonians were without health insurance coverage – this represents about 576,000 individuals of all ages, about 116,000 of whom are children under the age of 19. Of the uninsured children, more than 50% (60,000) are likely eligible for the Oregon Health Plan (Medicaid) or the State Child Insurance Program (SCHIP) on the basis of income, but not enrolled. In addition to the currently uninsured, another 299,000 Oregonians have experienced a health insurance coverage gap at some time during the previous 12 months.

The negative health implications linked to lack of health insurance (e.g., inequities to access care, avoidable mortality and poor quality of care) are well documented.<sup>2</sup> The Institute of Medicine reported that about 18,000 Americans die prematurely each year because of a lack of health insurance.<sup>3</sup> Not only does lack of health insurance coverage negatively influence long-term health, short-term health outcomes are shown to be significantly influenced as well.<sup>4</sup> Even if an uninsured individual has access to care, physicians have demonstrated modification of medical decisions based on insurance status<sup>5</sup>, which may also influence health outcomes.

Lack of health insurance coverage affects the financial well-being of individuals and families, with medical debt representing the largest percentage of bankruptcy claims,<sup>6</sup> and also substantially impacting the health care delivery system. An analysis conducted for the Kaiser Family Foundation estimated that total U.S. medical expenditures for the full-year or part-year uninsured were almost \$125 billion in 2004.<sup>7</sup> The uninsured clearly see the benefit of having insurance coverage, for health status and for financial protection, with only 3% of the reporting they did not need health insurance coverage.<sup>8</sup>

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<sup>1</sup> US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2006. Accessed from <http://www.census.gov/prod/2007pubs/p60-233.pdf> <August 28, 2007>.

<sup>2</sup> Davis, K, *Uninsured in America: Problems and Possible Solutions*, British Journal of Medicine, 2007, 334:346-348.

<sup>3</sup> The Institute of Medicine, *Project on the Consequences of Uninsurance: An Overview*, 2004, Accessed from <http://www.iom.edu/Object.File/Master/17/736/Fact%20sheet%20overview.pdf> <August 8, 2007>.

<sup>4</sup> Hadley J, *Insurance Coverage, Medical Care Use, and Short-term Health Changes Following an Unintentional Injury or the Onset of a Chronic Condition*, Journal of the American Medical Association, 2007, 297(10):1073-1085.

<sup>5</sup> Meyers DS, Mishori R, McCann J, Delgado J, O'Malley AS, Fryer E, *Primary Care Physicians' Perceptions of the Effect of Insurance Status on Clinical Decision Making*, Annals of Family Medicine, 2006, 4:399-402.

<sup>6</sup> Himmelstein D, Warren F, Thorne D, Woolhandler S, *Illness and Injury as Contributors to Bankruptcy*, Health Affairs, February 2005, W563-73.

<sup>7</sup> Hadley J, Holahan J, *The Cost of Care for the Uninsured: What Do We Spend, Who Pays, and What Would Full Coverage Add to Medical Spending? An issue update*, Kaiser Commission on Medicaid and the Uninsured, May 2006. p2.

<sup>8</sup> Graves JA, Long SK, *Why Do People Lack Health Insurance?*, The Urban Institute Research Brief, Accessed from <http://www.urban.org/url.cfm?ID=411317> <August 8, 2007>.

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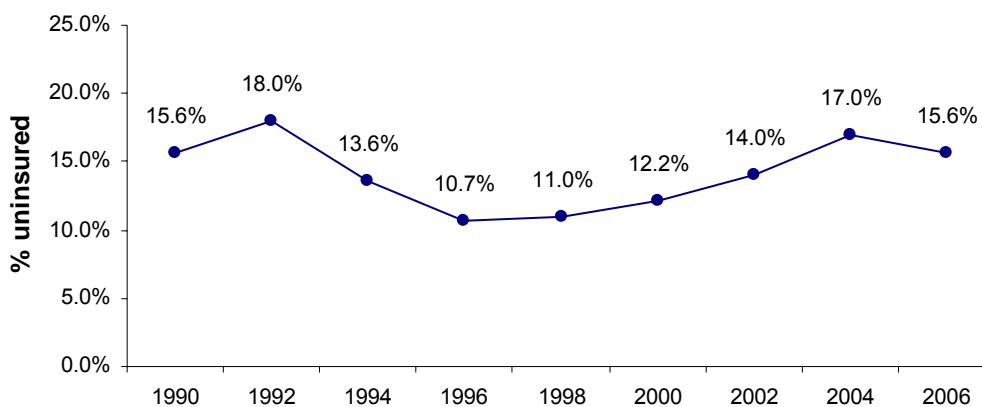


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The following report will provide a profile of the uninsured in Oregon in 2006, using data from the 2006 Oregon Population Survey. Health insurance status and socio-economic status are clearly related and it is an objective of many health care reform initiatives to expand health insurance to more individuals. In order to meet this objective, this report will provide policy makers a picture of the demographic makeup of the uninsured in Oregon in order to create effective health care policy in the state.

Health insurance coverage is influenced by many factors, including the economy and employment rates, Medicaid and Medicare policy, and the cost of health insurance for employers and employees. Although Oregon's economy is healthier than previous years, there has been no significant change in the uninsured rate (from 17.0% in 2004 to 15.6% in 2006). The lack of improvement in the number of uninsured in Oregon demonstrates the complexity policy makers face in reducing the number of the uninsured. Barriers facing policy makers include the increasing cost of health care premiums, the down trend in the numbers of employers offering sponsored insurance and the general lack of employer sponsored insurance packages available at different price points.<sup>9</sup> In addition, research from California reports affordability as a key contributor to uninsurance rates<sup>10</sup>. These trends may have overshadowed any positive economic changes in Oregon that may have ameliorated the rate of coverage.

**Chart 1, Percent of Oregonian's without health insurance coverage, 1990-2006**



**Regional Variation.** The map (Figure 1) and Table 1 show regional variation in the uninsured rates across the state. The central (Region 3 and 6) and southwest (Region 4) regions of the state have the highest rate of the uninsured.

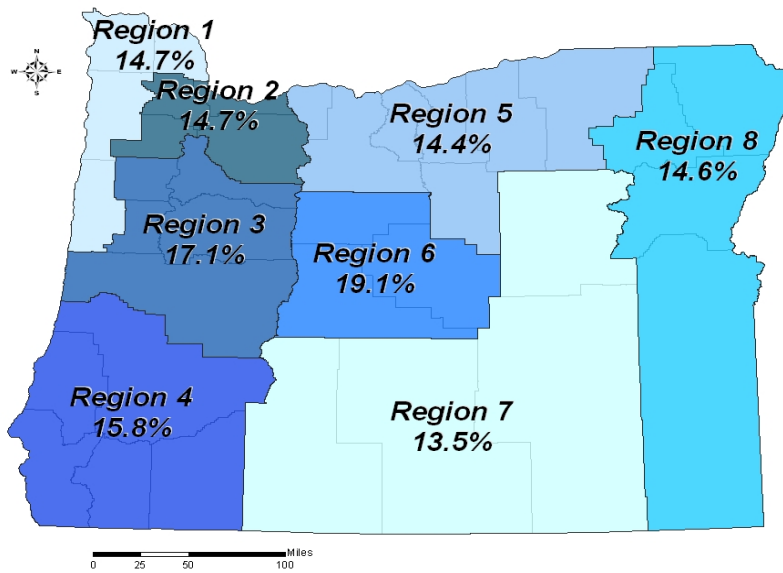
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<sup>9</sup> Fronstin P, *Workers' Health Insurance: Trends, Issues and Options to Expand Coverage*, The Commonwealth Fund Commission on a High Performance Health System, March 2006, Accessed from [http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=362246](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=362246) <August 8, 2007>.

<sup>10</sup> California Health Care Foundation, *Health Insurance: Can Californians Afford It?*, June 2007, Accessed from <http://www.chcf.org/topics/healthinsurance/index.cfm?itemID=133313> <August 8, 2007>.

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**Figure 1, Regional Percentages of the Uninsured in Oregon, 2006**



**Table 1, Percent Uninsured by Oregon Population Survey Region, 2006**

Region	Percent Uninsured	Number of Uninsured
<b>Region 1:</b> Clatsop, Columbia, Lincoln, Tillamook	14.7%	22,647
<b>Region 2:</b> Clackamas, Multnomah, Washington, Yamhill	14.7%	244,144
<b>Region 3:</b> Benton, Lane, Linn, Marion, Polk	17.1%	154,832
<b>Region 4:</b> Coos, Curry, Douglas, Jackson, Josephine	15.8%	73,916
<b>Region 5:</b> Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler	14.4%	19,445
<b>Region 6:</b> Crook, Deschutes, Jefferson	19.1%	37,923
<b>Region 7:</b> Grant, Harney, Klamath, Lake	13.5%	11,920
<b>Region 8:</b> Baker, Malheur, Union, Wallowa	14.6%	11,745

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## Who Are the Uninsured?

### Age

One in every eight children under 18 and one in five working-age adults 18-64 were uninsured in 2006. Seniors 65 and above generally qualify for health care coverage through Medicare, which is reflective of the low uninsurance rate (.7%). There was no significant difference between the rates of uninsurance among any of the three age categories from 2004 to 2006. More importantly, even though the differences from 2004 to 2006 are small, the trend over the past decade is crystal clear: uninsurance rates are increasing over time for Oregon's children and working-age adults.

**Children.** Since 1996, uninsurance rates for children have been steadily rising. There are currently over 116,000 uninsured children in Oregon under the age of 19. On the basis of income only, more than half (estimated 60,000) of the currently uninsured children qualify for Oregon's Medicaid program (the Oregon Health Plan) and the State Children's Health Insurance Program (SCHIP), which offers coverage for incomes up to 185% of the federal poverty level, or \$40,000 for a family of four in 2006.

This gap in eligibility and enrollment has been the subject of research on effective strategies to enroll children who are currently eligible for government programs. Oregon research shows administrative barriers (e.g., required period of uninsurance, the 6-month enrollment periods and a fairly complicated application) contributed to insurance coverage gaps in low-income children.<sup>11</sup> Another factor in this gap is the relationship to parental and child coverage. The Kaiser Commission on Medicaid and the Uninsured documented that when parents have health insurance, children are more likely to have coverage and access to health care.<sup>12</sup> These national findings are comparable with Oregon data showing 81% of uninsured children also had uninsured parents.<sup>13</sup> These barriers to expanding coverage are critical to any policy aiming to provide health insurance coverage to children.

**Working-Age Adults (18-64).** Working-age adults (18-64) are not only the most likely to lack health insurance, they are also the largest segment of the uninsured (*See Chart 4*). This group accounts for a majority of the uninsured in Oregon, with one in five going without insurance in 2006. The working-age adult population uninsurance rate trends are being affected by the decline in employer-sponsored insurance (ESI). In addition, government-sponsored insurance programs, which are not designed to provide

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<sup>11</sup> DeVoe J, Krois L, *Children's Access to Health Care: Report from the Oregon Survey*, January 2006, p 4. [www.oregon.gov/DAS/OHPPR/OHREC/Docs/CAHS\\_FullReport\\_Final06.pdf](http://www.oregon.gov/DAS/OHPPR/OHREC/Docs/CAHS_FullReport_Final06.pdf).

<sup>12</sup> Schwartz K, *Spotlight on Uninsured Parents: How a Lack of Coverage Affects Parents and Their Families*, June 2007, Accessed from <http://www.kff.org/uninsured/upload/7662.pdf> <August 7, 2007>.

<sup>13</sup> DeVoe J, Krois L, *Covering Kids: Children's Access to Healthcare, Results from an Oregon Statewide Survey*, Research Brief, Office for Oregon Health Policy and Research, January 2006, p. 3. [www.oregon.gov/DAS/OHPR/RSCH/docs/CAHSBrief06.pdf](http://www.oregon.gov/DAS/OHPR/RSCH/docs/CAHSBrief06.pdf).

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assistance to working-age adults, are not present to offset the decline in ESI.<sup>14</sup> Along with the reduction in ESI offered to employees, premiums are outpacing wage and income, which make even ESI, when offered, potentially unaffordable for this population.<sup>15</sup>

A vulnerable sub-population of the working-age adults are between 18 and 24. One-third (33.2%) reported being without health insurance coverage in 2006 (16.0% for age 18-20 and 41.6% for age 21-24). Low-income young adults are even more likely to be without health insurance. A Commonwealth Fund brief indicates that young adults become uninsured primarily as they age off of their parent's coverage or government programs (e.g. SCHIP) and work at jobs that are often low-wage and temporary.<sup>16</sup> The report also estimates 40% of college graduates and over 50% of high school graduates will be without health insurance at some point during the first year.

**Older Adults (65 and above).** There was a drop (from 3.4% to 0.7%) in the rate of adults 65 and over reporting they were uninsured from 2004 to 2006. Nearly all of this age group is covered by Medicare.

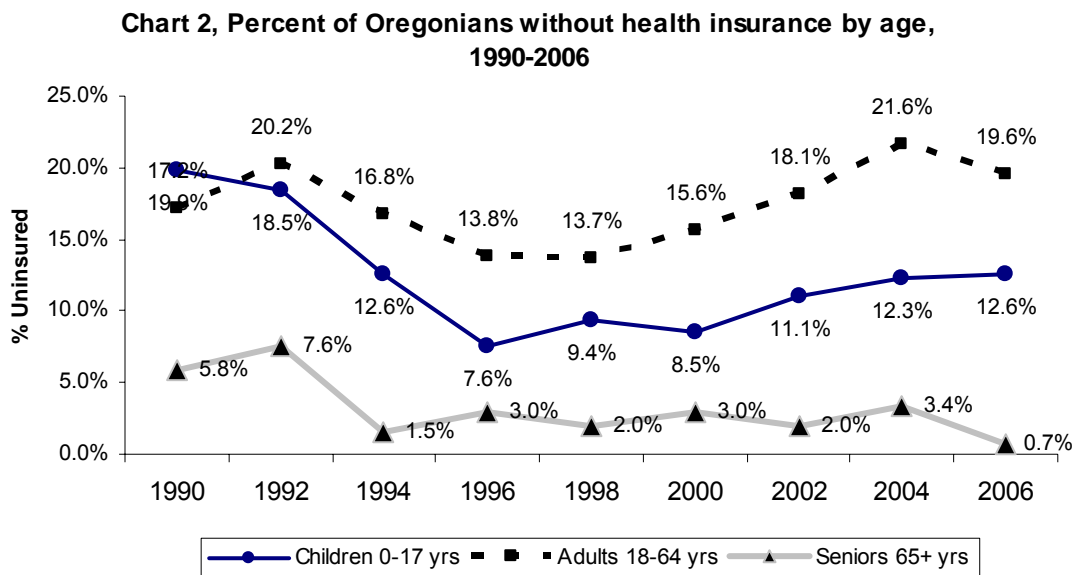


Chart 3 displays the percentage of uninsured in each age category. Chart 4 displays the

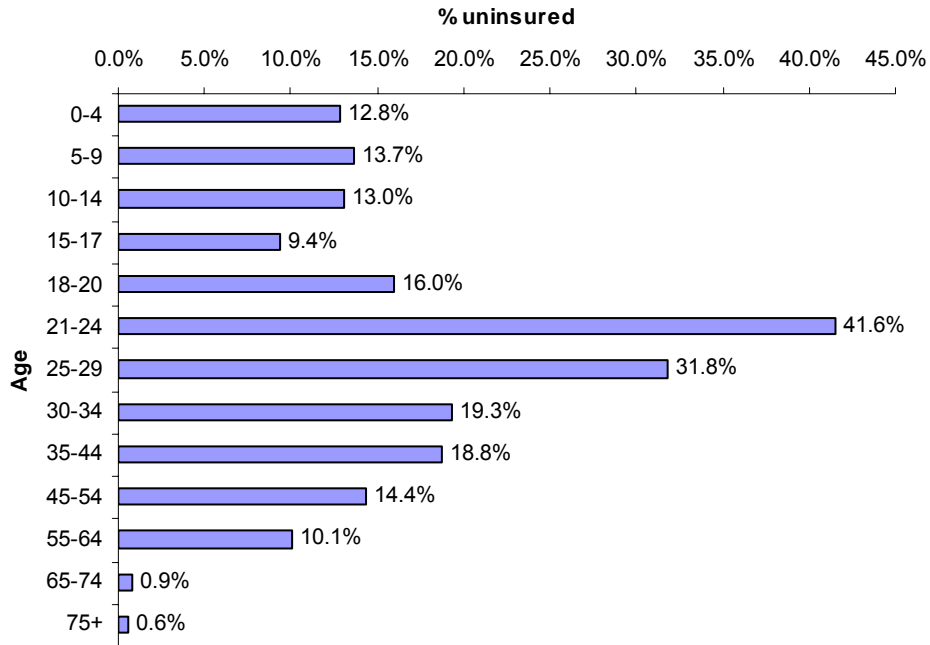
<sup>14</sup> Holahan J, Cook A, *Changes in Economic Conditions and Health Insurance Coverage, 2000-2004*, Health Affairs, 2005 Web Exclusive, W5-49 8-508, Accessed from <http://content.healthaffairs.org/cgi/reprint/hlthaff.w5.498v1> <August 8, 2007>.

<sup>15</sup> Fronstin P, *Workers' Health Insurance: Trends, Issues and Options to Expand Coverage*, The Commonwealth Fund Commission on a High Performance Health System, March 2006, Accessed from [http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=362246](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=362246) <August 8, 2007>.

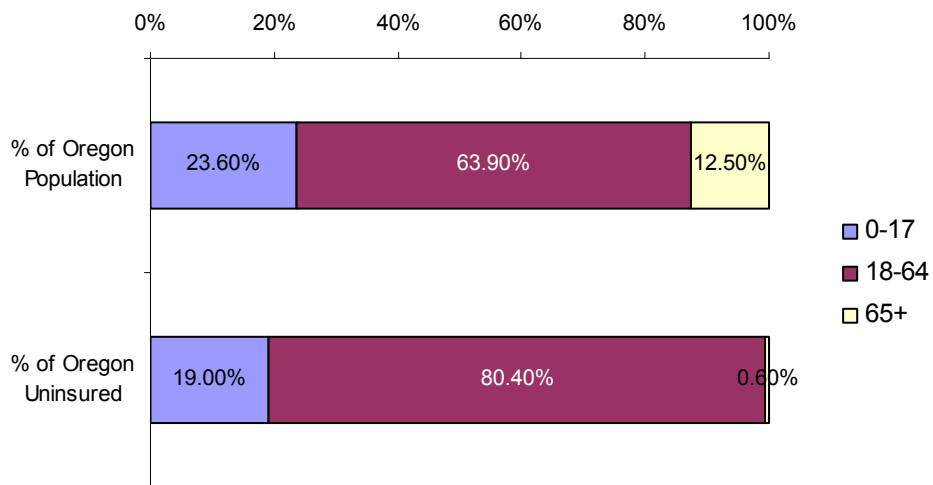
<sup>16</sup> Collins SR, Schoen C, Kriss JL, Doty MM, Mahato B, *Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help*, The Commonwealth Fund, Updated August 8, 2007. Accessed from [http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=514761#areaCitation](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=514761#areaCitation) <August 8, 2007>.

comparison of the percentage of the population and the percentage of the uninsured population each of the three broad age groupings (children, working-age adults, older adults) contribute.

**Chart 3, Percent of Oregonians without health insurance coverage by age, 2006**



**Chart 4, Comparison of overall population vs. uninsured population by age categories, 2006**



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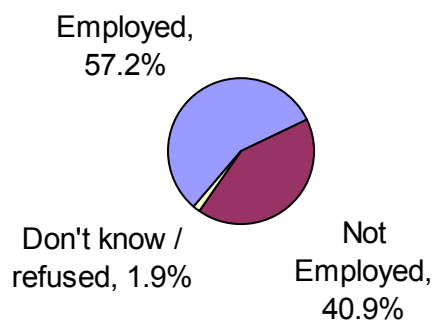
## Employment

Employers still remain the primary source for health insurance in the U.S., with 60% of Americans offered health insurance through an employer in 2005.<sup>17</sup> Many of the same characteristics that impact employment status and income also impact health insurance status (e.g., lower educational achievement is associated with lower income and employment without health benefits). Data from the Kaiser Family Foundation suggests employer sponsored insurance (ESI) has been offered significantly less each year regardless of income levels, but, in addition, there is a steep decline in ESI being offered at lower FPLs (e.g., 34% ESI offered below 100% FPL, 90% offered above 400% FPL).<sup>18</sup> This data illustrates full-time employment alone will not guarantee even access to health insurance coverage, irrespective of the affordability of an employer based insurance product.

Nationally, working-age adults (18-64), who are full-time workers, are less likely to lack health insurance coverage (17.2%) than part-time workers (22.1%) or non-workers (26.1%).<sup>19</sup> Oregon data shows for working-age adults (18-64), 16.3% of full-time workers, 20.0% of part-time workers and 18.0% of non-workers report that they are without health insurance coverage.

When examining characteristics of the Oregon uninsured working-age adults (age 18-64), 57.2% report that they are currently employed for pay or self-employed in a business or farm (See Chart 5). Over 50% of employed, working-age adults who were uninsured had an income below 200% FPL (See Chart 6). National research shows full-

**Chart 5, Employment status of uninsured working-age adults (18-64)**



time, uninsured workers typically are from personal service industries.<sup>20</sup> In Oregon, about one in eight working-age adults who work full-time and are uninsured are employed in construction, and one in ten are employed in food and food service related occupations (Chart 7). Working full-time is not a guarantee of employer sponsored health insurance as Chart 7 shows the percentage of employees who were uninsured; by occupational class

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<sup>17</sup> Kaiser Family Foundation, Employer Health Benefits Annual Survey 2006 Published September 2006, Accessed from <http://www.kff.org/insurance/7527/upload/7527.pdf> <August 8, 2007>.

<sup>18</sup> DiJulio B, Jacobs PD, *Change in Percentage of Families Offered Coverage at Work, 1998-2005*, The Kaiser Family Foundation Issue Brief, July 2007, Accessed from <http://www.kff.org/insurance/7667.cfm> <August 8, 2007>.

<sup>19</sup> US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2006. Accessed from [http://www.census.gov/hhes/www/cpssc/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cpssc/cps_table_creator.html) <August 7, 2007>.

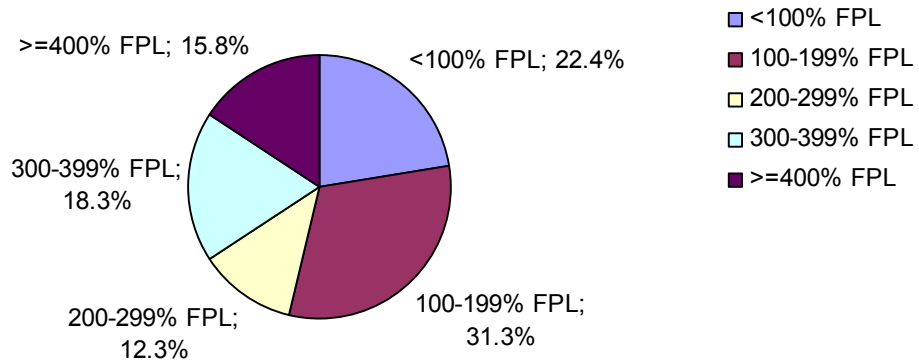
<sup>20</sup> P. Fronstin, *Workers' Health Insurance: Trends, Issues, and Options to Expand Coverage*, The Commonwealth Fund, March 2006 Accessed from [http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=362246](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=362246) <August 8, 2007>.

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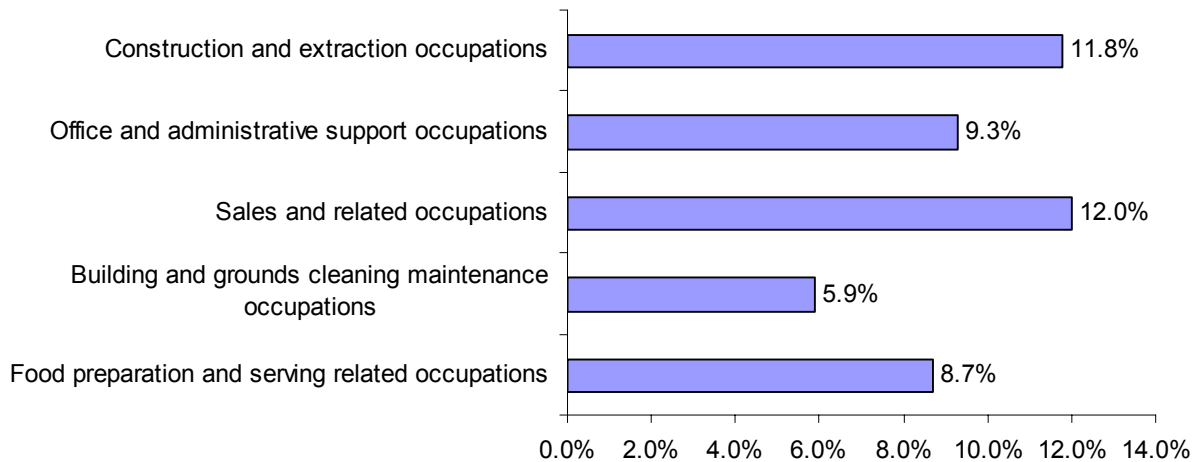
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and employment status for the most frequently reported occupational classes for the uninsured.

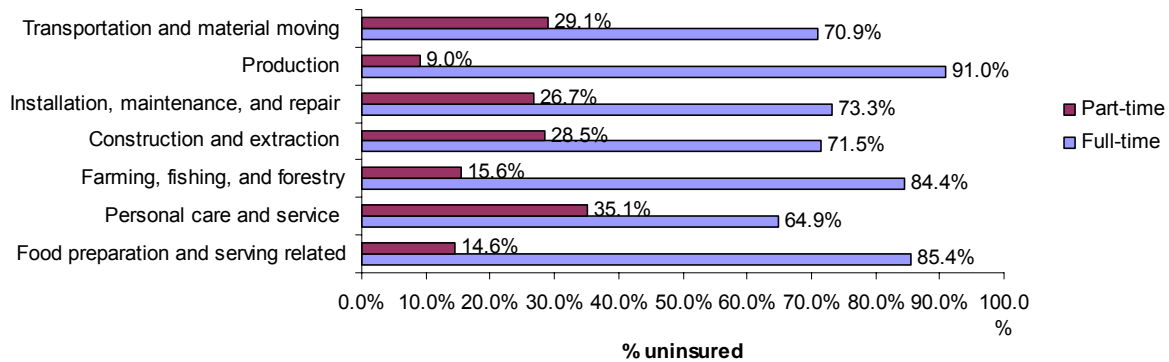
**Chart 6, Uninsured working-age adults who were employed by income (federal poverty level)**



**Chart 7, Percent of employed, working-age adults (18-64) who report being uninsured by occupational class, 2006**



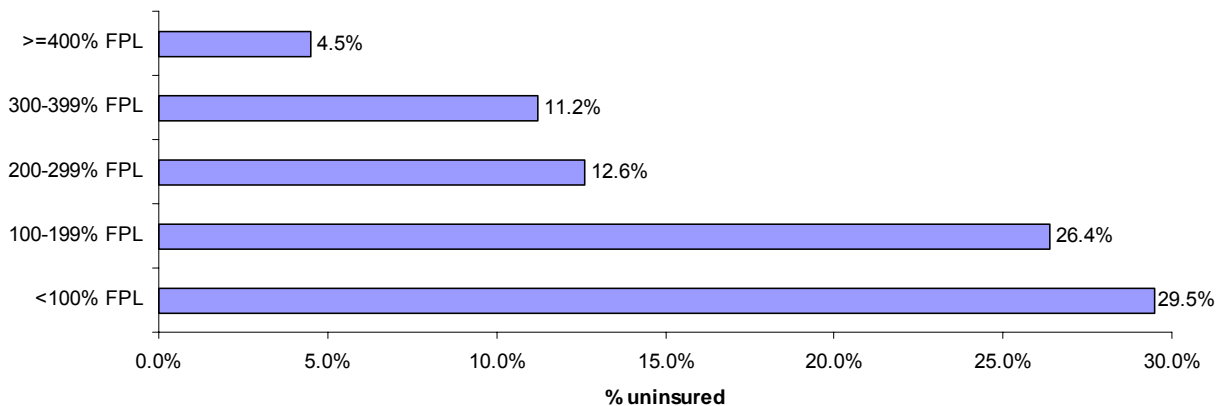
**Chart 8, Percentage of uninsured, employed working-age adults by occupational class and employment status, 2006**



### Income

Income is clearly associated with health insurance status; individuals and families are more likely to have health insurance as income rises.<sup>21</sup> Oregonians with incomes below 200% of the federal poverty level (*See Appendix B for federal poverty guidelines*), were more than twice as likely to be uninsured as those with incomes above 200% of the federal poverty level. The greatest proportion of the uninsured had incomes between 100% and 200% FPL, most likely reflecting the eligibility criteria for public coverage at incomes above 100% of the federal poverty level.

**Chart 9, Income characteristics of the uninsured, 2006**



<sup>21</sup> Kaiser Family Foundation Commission on Medicaid and the Uninsured, *The Uninsured and Their Access to Health Care Fact Sheet*, The Kaiser Family Foundation, October 2006, Access from <http://www.kff.org/uninsured/1420.cfm> <August 15, 2007>.

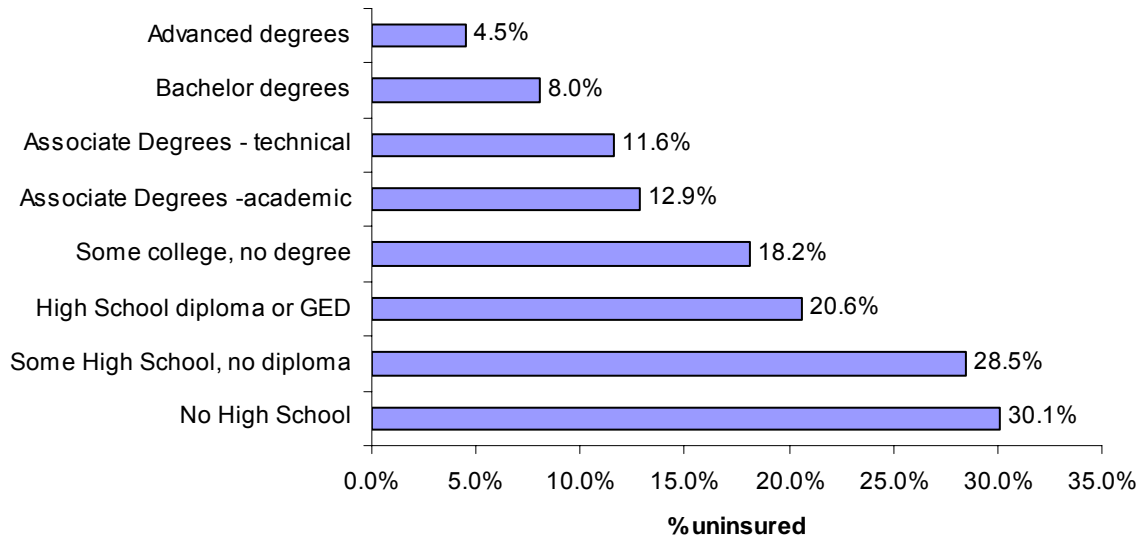


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## Education

The likelihood an Oregonian will be uninsured increases with less education. The relationship of insurance status to education is likely interrelated to income. Chart 10 shows the percent of uninsured Oregonians at each education level.

**Chart 10, Percent of uninsured by education level**



## Racial and Ethnic Disparities

Health insurance rates are also not distributed evenly across racial and ethnic groups. According to the Commonwealth Fund Biennial Health Insurance Survey, Hispanic adults are at least 2.5 times more likely to lack health insurance at some point during the past year.<sup>22</sup> Insurance coverage rates are also not uniform across demographic groups in Oregon. However, because of the relatively small size of Oregon's diverse racial groups, simple random sampling does not generate an adequate number of respondents to produce reliable estimates of health insurance coverage so special augment sampling was used.

Chart 11 displays the relative disparities in health insurance coverage by race. Those who self-identified as American Indian/ Alaskan Native and Others were at least twice as likely to be uninsured than any other group.

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<sup>22</sup> M. M. Doty and A. L. Holmgren, *Health Care Disconnect: Gaps in Coverage and Care for Minority Adults*, The Commonwealth Fund, August 2006, Accessed from [http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=386220#areaCitation](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=386220#areaCitation) <August 8, 2007>.

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**Chart 11, Percent uninsured by race, 2006**

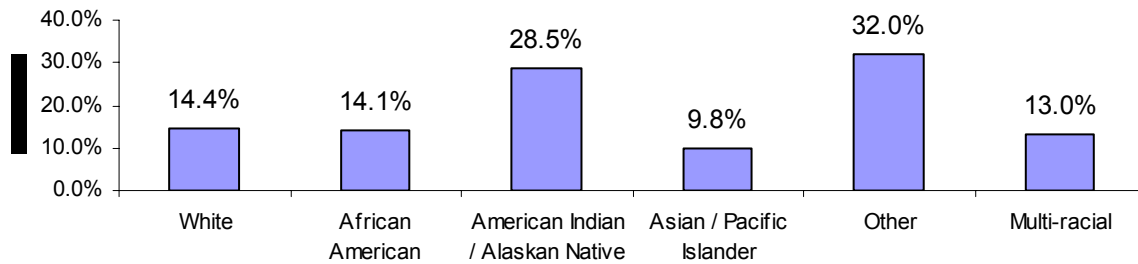
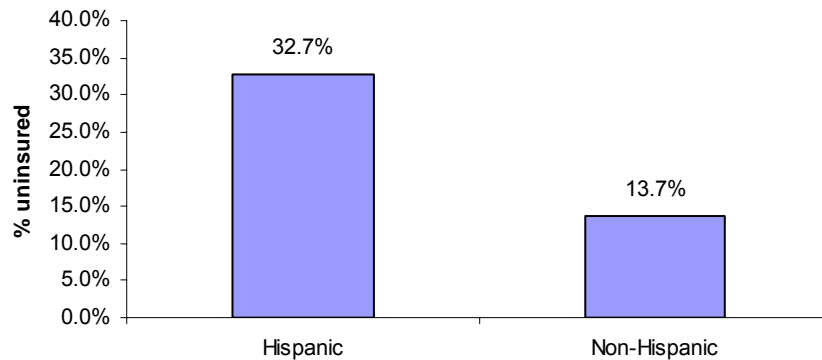


Chart 12 compares health insurance coverage for the Spanish, Hispanic or Latino populations to those reporting no Hispanic ethnicity. Those who self-identified as Spanish, Hispanic or Latino were more than twice as likely to be uninsured (32.7%) than the non-Hispanic population.

**Chart 12, Percent uninsured by ethnicity, 2006**



### Health/Disability Status

The Oregon Population Survey asks a limited number of health status questions, primarily related to disability. Of those reporting they were without health insurance coverage in 2006, 4.2% indicated they had blindness, deafness, or a severe vision or hearing impairment, 8.5% had other conditions that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying. The majority (77.2%) of these uninsured and disabled indicated their disability limits the kind of work they do.

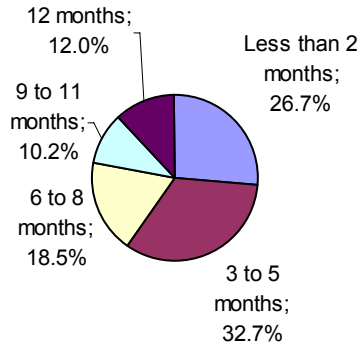
### Gaps in Coverage

Capturing an accurate estimate of Oregonians who lack health insurance and understanding the dynamic nature of this population is vital to designing effective policy. The Office for Health Policy and Research estimates the percentage of uninsured from the Oregon Population Survey's (OPS) point-in-time estimates, providing only a snapshot of the uninsured. This underestimates the scope of the problem because it

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ignores the ongoing stream of people who flow quickly into and out of the uninsured "pool."

**Chart 13, Percentage length of time of the uninsured, 2006**



To assess the extent gaps in coverage affect Oregonians, the OPS asks those who state that they are currently insured if they've been uninsured at any time in the previous 12 months. About eight percent (8.1%) of the respondents reported a gap in their coverage at some time in the previous 12 months. Among them, about one in eight (12%) had been uninsured for the entire previous 12 months. The average gap in insurance was 5.3 months. Chart 13 shows the percentage length of time without coverage for those who were uninsured at the time the 2006 OPS was fielded.

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**Appendix A:  
Data Tables**

## All Oregonians

Category	Group	Percent Uninsured	Lower bound	Upper bound	Number of Uninsured	Uninsured Distribution	Population	Population Distribution	Record Count
Total	All Oregonians	15.6%	14.1%	17.3%	575,719	100.0%	3,690,505	100.0%	10,120
Age Group	Children 0-17	12.6%	10.0%	15.9%	109,907	19.1%	872,280	23.6%	2,362
	Adults 18-64	19.6%	17.7%	21.6%	461,910	80.2%	2,356,685	63.9%	6,370
	Seniors 65+	0.7%	0.4%	1.4%	3,231	0.6%	461,539	12.5%	1,203
SCHIP Age Children	SCHIP Age Children 0-18	12.6%	10.0%	15.7%	116,193	20.2%	922,168	25.0%	2,909
Gender	Females	14.0%	12.3%	16.0%	259,302	45.1%	1,852,159	50.2%	5,091
	Males	17.2%	15.2%	19.4%	316,196	54.9%	1,838,346	49.8%	5,011
Hispanicity	Spanish, Hispanic or Latino	32.7%	26.7%	39.4%	120,680	21.0%	369,051	10.0%	1,020
Race	White	14.4%	12.7%	16.2%	447,574	77.7%	3,108,152	84.2%	8,863
	African-American/Black	14.1%	10.1%	19.3%	8,861	1.5%	62,845	1.7%	239
	Asian	9.8%	6.5%	14.5%	4,702	0.8%	47,977	1.3%	408
	American Indian/ Native Alaskan	28.5%	21.8%	36.3%	38,764	6.7%	136,015	3.7%	176
	Other	32.0%	26.2%	38.3%	57,810	10.0%	180,655	4.9%	120
	2 or more races	13.0%	9.0%	18.5%	20,256	3.5%	155,818	4.2%	314
Employment (age 18-64, not retired)	Currently employed	15.3%	13.1%	17.9%	163,700	28.4%	1,069,935	29.0%	4,599
	Not currently employed	29.2%	22.2%	37.4%	251,864	43.7%	862,547	23.4%	3,701
Poverty Level (2006 FPL for a family of 4 = \$20,000)	<100% FPL	29.5%	25.3%	34.2%	131,770	22.9%	446,677	12.1%	1,402
	100-199% FPL	26.4%	21.4%	32.2%	152,417	26.5%	577,337	15.6%	1,700
	200-299% FPL	12.6%	9.6%	16.4%	58,036	10.1%	460,605	12.5%	1,382
	300-399% FPL	11.2%	8.5%	14.7%	72,773	12.6%	649,762	17.6%	1,731
	>=400% FPL	4.5%	3.1%	6.5%	51,926	9.0%	1,153,920	31.3%	2,886

Category	Group	Percent Uninsured	Lower bound	Upper bound	Number of Uninsured	Uninsured Distribution	Population	Population Distribution	Record Count
Education (>17)	Advanced degree	4.5%	2.6%	7.7%	19,005	3.3%	422,333	11.4%	882
	Bachelor degree	8.0%	5.7%	11.2%	53,265	9.3%	665,809	18.0%	1,370
	Associates degree-academic	12.9%	6.8%	22.9%	17,176	3.0%	133,148	3.6%	273
	Associates degree-technical	11.6%	7.0%	18.6%	17,372	3.0%	149,762	4.1%	305
	Some college-no degree	18.2%	14.9%	22.0%	158,487	27.5%	870,808	23.6%	1,783
	High school diploma or GED	20.6%	17.5%	24.0%	218,784	38.0%	1,062,059	28.8%	2,131
	Some high school-no diploma	28.5%	23.1%	34.5%	87,178	15.1%	305,887	8.3%	625
	No high school	30.1%	21.6%	40.2%	24,290	4.2%	80,699	2.2%	168
Region	One (Clatsop, Columbia, Lincoln, Tillamook)	14.7%	11.3%	18.9%	22,647	3.9%	154,060	4.2%	429
	Two (Clackamas, Multnomah, Washington, Yamhill)	14.7%	12.2%	17.6%	244,144	42.4%	1,660,845	45.0%	4,518
	Three (Benton, Lane, Linn, Marion, Polk)	17.1%	13.8%	21.1%	154,832	26.9%	905,450	24.5%	2,483
	Four (Coos, Curry, Douglas, Jackson, Josephine)	15.8%	12.5%	19.6%	73,916	12.8%	467,825	12.7%	1,303
	Five (Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler)	14.4%	11.4%	18.1%	19,445	3.4%	135,035	3.7%	369
	Six (Crook, Deschutes, Jefferson)	19.1%	15.5%	23.2%	37,923	6.6%	198,550	5.4%	556
	Seven (Grant, Harney, Klamath, Lake)	13.5%	10.8%	16.8%	11,920	2.1%	88,295	2.4%	246
	Eight (Baker, Malheur, Union, Wallowa)	14.6%	11.7%	18.1%	11,745	2.0%	80,445	2.2%	215

## Children, 0-17

Category	Group	Percent Uninsured	Lower bound	Upper bound	Number of Uninsured	Uninsured Distribution	Population	Population Distribution	Record Count
Age Group	Children 0-17	12.6%	10.0%	15.9%	109,907	100.0%	872,280	100.0%	2,362
Gender	Females	13.0%	9.7%	17.3%	55,251	50.1%	425,006	48.7%	1,243
	Males	12.3%	8.9%	16.7%	55,015	49.9%	447,275	51.3%	1,218
Hispanicity	Spanish, Hispanic or Latino	20.1%	12.60%	30.50%	46,163	42.0%	141,171	16.2%	382
Race	White	12.5%	9.50%	16.30%	102,130	92.9%	709,233	81.3%	1,920
	African-American/Black	5.8%	2.30%	13.90%	2,643	2.4%	18,746	2.1%	51
	Asian	5.4%	2.30%	12.10%	1,256	1.1%	12,820	1.5%	35
	American Indian/Native Alaskan	28.8%	15.90%	46.60%	8,944	8.1%	31,381	3.6%	85
	Other	20.2%	12.30%	31.50%	10,019	9.1%	31,308	3.6%	85
	2 or more races	6.4%	2.60%	14.80%	8,943	8.1%	68,792	7.9%	186
Poverty Level (2006 FPL for a family of 4 = \$20,000)	<100% FPL	13.0%	7.9%	20.5%	22,510	20.5%	173,154	19.9%	469
	100-199% FPL	23.8%	15.4%	34.9%	43,501	39.6%	182,777	21.0%	495
	200-299% FPL	9.9%	5.5%	17.4%	15,311	13.9%	154,653	17.7%	419
	300-399% FPL	10.3%	5.6%	18.0%	13,766	12.5%	133,649	15.3%	362
	>=400% FPL	6.6%	3.1%	13.6%	11,871	10.8%	179,868	20.6%	487
Region	One (Clatsop, Columbia, Lincoln, Tillamook)	15.1%	8.7%	25.0%	5,081	4.6%	33,648	3.9%	92
	Two (Clackamas, Multnomah, Washington, Yamhill)	11.0%	7.2%	16.6%	44,321	40.3%	402,915	46.2%	1,065
	Three (Benton, Lane, Linn, Marion, Polk)	15.7%	9.7%	24.3%	33,210	30.2%	211,526	24.2%	587
	Four (Coos, Curry, Douglas, Jackson, Josephine)	10.1%	4.8%	20.1%	10,301	9.4%	101,995	11.7%	280
	Five (Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler)	11.3%	6.6%	18.7%	3,957	3.6%	35,022	4.0%	99
	Six (Crook, Deschutes, Jefferson)	19.1%	12.8%	27.5%	8,912	8.1%	46,661	5.3%	128
	Seven (Grant, Harney, Klamath, Lake)	9.1%	4.8%	16.7%	1,946	1.8%	21,381	2.5%	58
	Eight (Baker, Malheur, Union, Wallowa)	11.4%	6.5%	19.4%	2,181	2.0%	19,129	2.2%	53

## SCHIP Age Children, 0-18

Category	Group	Percent Uninsured	Lower bound	Upper bound	Number of Uninsured	Uninsured Distribution	Population	Population Distribution	Record Count
Age Group	Children 0-18	12.6%	10.0%	15.7%	116,193	100.0%	922,168	100.0%	2,157
Gender	Females	12.8%	9.6%	16.8%	57,526	49.7%	449,424	48.7%	1,232
	Males	12.3%	9.1%	16.5%	58,148	50.3%	472,744	51.3%	1,283
Hispanicity	Spanish, Hispanic or Latino	20.5%	13.2%	30.3%	31,054	26.7%	151,483	16.4%	414
Race	White	12.2%	9.3%	15.8%	91,398	78.7%	749,163	81.2%	2,045
	African-American/Black	5.6%	2.2%	13.4%	1,081	0.9%	19,300	2.1%	53
	Asian	5.7%	2.6%	12.1%	9,662	8.3%	33,903	3.7%	36
	American Indian/Native Alaskan	28.5%	16.1%	45.2%	2,918	2.5%	13,142	1.4%	93
	Other	22.2%	14.3%	32.9%	7,642	6.6%	34,425	3.7%	94
	2 or more races	7.5%	3.5%	15.4%	5,418	4.7%	72,235	7.8%	197
Poverty Level (2006 FPL for a family of 4 = \$20,000)	<100% FPL	13.9%	8.9%	20.9%	26,119	22.5%	187,907	20.4%	513
	100-199% FPL	23.7%	15.4%	34.6%	43,990	37.9%	185,612	20.1%	507
	200-299% FPL	9.4%	5.1%	16.6%	15,188	13.1%	161,578	17.5%	441
	300-399% FPL	10.3%	5.8%	17.5%	14,859	12.8%	144,259	15.6%	394
	>=400% FPL	6.3%	3.0%	12.8%	11,928	10.3%	189,340	20.5%	517
Region	One (Clatsop, Columbia, Lincoln, Tillamook)	14.8%	8.6%	24.4%	5,248	4.5%	35,461	3.8%	96
	Two (Clackamas, Multnomah, Washington, Yamhill)	10.7%	7.1%	16.0%	45,343	39.0%	423,768	46.0%	1,131
	Three (Benton, Lane, Linn, Marion, Polk)	15.7%	10.0%	23.7%	35,607	30.6%	226,798	24.6%	636
	Four (Coos, Curry, Douglas, Jackson, Josephine)	10.0%	4.8%	19.5%	10,776	9.3%	107,755	11.7%	293
	Five (Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler)	11.6%	7.0%	18.6%	4,258	3.7%	36,703	4.0%	104
	Six (Crook, Deschutes, Jefferson)	19.1%	12.8%	27.5%	9,331	8.0%	48,854	5.3%	135
	Seven (Grant, Harney, Klamath, Lake)	10.6%	5.9%	18.3%	2,387	2.1%	22,518	2.4%	64
	Eight (Baker, Malheur, Union, Wallowa)	11.4%	6.7%	18.8%	2,315	2.0%	20,310	2.2%	59



## Adults, 18-64

Category	Group	Percent Uninsured	Lower bound	Upper bound	Number of Uninsured	Uninsured Distribution	Population	Population Distribution	Record Count
Age Group	Adults 18-64	19.6%	17.7%	21.6%	461,910	100.0%	2,356,685	100.0%	6,370
Gender	Females	17.2%	15.0%	19.5%	200,817	43.4%	1,167,538	49.5%	3,173
	Males	22.0%	19.4%	24.8%	261,612	56.6%	1,189,147	50.5%	3,183
Hispanicity	Spanish, Hispanic or Latino	41.8%	34.5%	49.5%	92,000	19.9%	220,096	9.3%	595
Race	White	18.0%	15.9%	20.2%	358,113	77.5%	1,989,516	84.4%	5,378
	African-American/Black	20.2%	14.6%	27.2%	7,816	1.7%	38,692	1.6%	105
	Asian	11.3%	7.6%	16.6%	10,453	2.3%	92,504	3.9%	77
	American Indian/Native Alaskan	31.3%	24.3%	39.3%	8,897	1.9%	28,425	1.2%	250
	Other	37.8%	30.7%	45.5%	48,480	10.5%	128,254	5.4%	347
	2 or more races	20.3%	13.8%	28.8%	16,097	3.5%	79,293	3.4%	214
Poverty Level (2006 FPL for a family of 4 = \$20,000)	<100% FPL	42.5%	35.9%	49.4%	126,633	27.4%	297,960	12.6%	805
	100-199% FPL	33.6%	28.1%	39.5%	121,648	26.3%	362,047	15.4%	979
	200-299% FPL	17.2%	13.2%	22.1%	47,692	10.3%	277,280	11.8%	749
	300-399% FPL	13.6%	10.6%	17.2%	56,346	12.2%	414,312	17.6%	1,120
	>=400% FPL	4.7%	3.2%	6.8%	36,588	7.9%	778,465	33.0%	2,104
Region	One (Clatsop, Columbia, Lincoln, Tillamook)	17.8%	13.5%	23.1%	16,935	3.7%	95,139	4.0%	266
	Two (Clackamas, Multnomah, Washington, Yamhill)	18.1%	15.0%	21.7%	197,667	42.8%	1,092,084	46.3%	2,935
	Three (Benton, Lane, Linn, Marion, Polk)	20.9%	17.1%	25.3%	121,001	26.2%	578,953	24.6%	1,545
	Four (Coos, Curry, Douglas, Jackson, Josephine)	22.3%	18.1%	27.1%	62,790	13.6%	281,570	11.9%	781
	Five (Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler)	18.8%	15.2%	23.0%	15,394	3.3%	81,883	3.5%	221
	Six (Crook, Deschutes, Jefferson)	22.8%	18.7%	27.4%	28,577	6.2%	125,337	5.3%	349
	Seven (Grant, Harney, Klamath, Lake)	18.7%	15.1%	23.0%	9,939	2.2%	53,150	2.3%	147
	Eight (Baker, Malheur, Union, Wallowa)	19.6%	15.7%	24.1%	9,520	2.1%	48,570	2.1%	126

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## Adults, 65 and over

Because Medicare covers most individuals 65 and over, the uninsured rate for this group of Oregonians is quite low: 0.7%. Detailed tables created from such small numbers would not be reliable.

Medicare covers those who are:

- 65 or older and are, or have a spouse who is, getting (or is eligible for) retirement benefits from Social Security or Railroad Retirement.
- Under 65 and getting Social Security Disability Insurance (SSDI) or Railroad Retirement disability benefits (There is a 24-month waiting period for most people in this category.)
- Under 65 years of age with end-stage renal disease (ESRD) and have met (or have a spouse who has met) the Medicare work requirement. The number of years of Medicare-covered employment that you need to qualify varies, depending on the age at which you got ESRD. Dependent children with ESRD are also eligible if one of their parents has met the Medicare work requirement.

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## **Appendix B:**

### **Federal Poverty Levels, 2006**

Space in Public Buildings and Grounds, to request the use of public space in Federal buildings and on Federal grounds for cultural, educational, or recreational activities. A copy, sample, or description of any material or item proposed for distribution or display must also accompany this request.

#### B. Annual Reporting Burden

Respondents: 8,000.  
Responses Per Respondent: 1.  
Hours Per Response: 0.05.  
Total Burden Hours: 400.

#### Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VIR), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 208-7312. Please cite OMB Control No. 3090-0044, GSA Form 3453, Application/Permit for Use of Space in Public Buildings and Grounds, in all correspondence.

Dated: January 13, 2006.

Michael W. Carleton,

Chief Information Officer.

[FR Doc. 06-071 Filed 1-23-06; 8:45 am]

BILLING CODE 8820-23-S

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

**SUMMARY:** This notice provides an update of the HHS poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index.

**DATES:** *Effective Date:* Date of publication, unless an office administering a program using the guidelines specifies a different effective date for that particular program.

**ADDRESSES:** Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services (HHS), Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. Contact information for two frequently requested programs is given below:

For information about the Hill-Burton Uncompensated Services Program (free

or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Office of the Director, Division of Facilities Compliance and Recovery, Health Resources and Services Administration, HHS, Room 10-105, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. To speak to a person, call (301) 443-5656. To receive a Hill-Burton information package, call 1-800-638-0742 (for callers outside Maryland) or 1-800-492-0359 (for callers in Maryland). You may also visit <http://www.hrsa.gov/osp/djcr/>. The Division of Facilities Compliance and Recovery notes that as set by 42 CFR 124.505(b), the effective date of this update of the poverty guidelines for facilities obligated under the Hill-Burton Uncompensated Services Program is sixty days from the date of this publication.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283 or visit <http://uscis.gov/graphics/howdoi/affsupp.htm>.

For information about the number of people in poverty or about the Census Bureau poverty thresholds, visit the Poverty section of the Census Bureau's Web site at <http://www.census.gov/hhes/www/poverty/poverty.html> or contact the Housing and Household Economic Statistics Information Staff at (301) 763-3242.

For general questions about the poverty guidelines themselves, contact Gordon Fisher, Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 690-7507—or visit <http://aspe.hhs.gov/poverty/>.

#### SUPPLEMENTARY INFORMATION:

##### Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update, at least annually, the poverty guidelines, which shall be used as an eligibility criterion for the Community Services Block Grant program. The poverty guidelines also are used as an eligibility criterion by a number of other Federal programs. The *poverty guidelines* issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses

to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2006 notice reflect the 3.4 percent price increase between calendar years 2004 and 2005. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. The same calculation procedure was used this year as in previous years. (Note that these 2006 guidelines are roughly equal to the poverty thresholds for calendar year 2005 which the Census Bureau expects to publish in final form in August 2006.)

#### 2006 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family unit	Poverty guideline
1 .....	\$9,800
2 .....	13,200
3 .....	16,600
4 .....	20,000
5 .....	23,400
6 .....	26,800
7 .....	30,200
8 .....	33,600

For family units with more than 8 persons, add \$3,400 for each additional person.

#### 2006 POVERTY GUIDELINES FOR ALASKA

Persons in family unit	Poverty guideline
1 .....	\$12,250
2 .....	16,500
3 .....	20,750
4 .....	25,000
5 .....	29,250
6 .....	33,500
7 .....	37,750
8 .....	42,000

For family units with more than 8 persons, add \$4,250 for each additional person.

#### 2006 POVERTY GUIDELINES FOR HAWAII

Persons in family unit	Poverty guideline
1 .....	\$11,270
2 .....	15,180
3 .....	19,090
4 .....	23,000
5 .....	26,910
6 .....	30,820
7 .....	34,730

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**Appendix C:**

**Oregon Population Survey (OPS) Health Insurance Questions**

## Oregon Population Survey Health Insurance Status Questions, 2006

The Oregon Population Survey is sampled at the household level, but data is collected about every member of the household for a subset of questions, including the health insurance series.

HI.# The next questions are about health insurance. Is **<TARGET>** currently covered by some type of health insurance?

- 1 YES [SKIP TO HI2]
- 2 NO [SKIP TO HIa]
- 9 DK / REF [SKIP TO HIa]

HIa# Just to clarify, does **<TARGET>** have **any** health care coverage at all, including Blue Cross, Medicare, Medicaid or Oregon Health Plan, or the Indian Health Service, for example?

- 1 Yes, **<TARGET>** has some form of health insurance [SKIP TO HI2#]
- 2 No, **<TARGET>** does **NOT** have any health insurance [SKIP TO H15#]

**INSTRUCTIONS FOR HI2#:** In the following section, each type of insurance should be read: “Do you **CURRENTLY** have (type of insurance)?”

If **NO**, proceed to the next item in the roster. A response of Don’t Know or Refused is treated as a **NO**.

If **YES**, the item should be followed by the **PROBE**:

“Besides this, do you have any other type of insurance coverage?”

If **YES**, proceed with the roster.

If **NO**, **SKIP TO H17**.

HI2# I am going to read to you a list of different types of health insurance. Please tell me if you **CURRENTLY** have any of the following.  
Do you **CURRENTLY** have (TYPE OF INSURANCE)?

		YES 1	NO 2	D/K 7	RF 9
<b>H1#</b>	Medicare? <b>PROBE:</b> Medicare is the health insurance for persons 65 years old and over or some people with disabilities. This is <b>NOT</b> the Oregon Health Plan. Medicare has a red, white and blue card.	1	2	7	9
<b>H2#</b>	<b>A Railroad Retirement Plan?</b>	1	2	7	9
<b>H3#</b>	Veteran's Affairs, Military Health, TRICARE or CHAMPUS?	1	2	7	9
<b>H4#</b>	Indian Health Service (IHS)? <b>IF H1=1 AND AGE&gt;=65 SKIP TO MEDIGAP</b>	1	2	7	9
<b>H5#</b>	Oregon Health Plan also known as Medicaid or OMAP (Oregon Medical Assistance Program)? [Note: Care Oregon=OHP] <b>PROBE:</b> This is Oregon’s Medicaid program for low-income	1	2	7	9

	families with children, seniors, and people with disabilities.				
H6#	Children's Health Insurance Program or CHIP <b>(READ IF NECESSARY: This is health insurance for children available through OHP or OMAP) [IF AGE&lt;19]</b>	1	2	7	9
H7#	Insurance through the Family Health Insurance Assistance Program or FHIAP <b>[NOTE TO INTERVIEWER: PRONOUNCED FEE-AWP]</b> (PROBE: This is a state program that subsidizes health insurance premiums for qualified families?)	1	2	7	9
H8#	Insurance through the Oregon Medical Insurance Pool pool (known as OMIP)?	1	2	7	9
H11#	Health insurance through <TARGET's> work or union? <b>PROBE:</b> This insurance could be through a former employer or a retiree benefit, but not COBRA.	1	2	7	9
H12#	Health insurance through someone else's work or union? <b>PROBE:</b> This insurance could be through a former employer or a retiree benefit, but not COBRA.	1	2	7	9
H13#	Health insurance bought directly by <TARGET>?	1	2	7	9
H14#	Health insurance bought directly by someone else?	1	2	7	9
<b>Programmer Note:</b> IF <TARGET> HAS ONLY INDIAN SERVICES, SKIP TO H15A. IF <TARGET> HAS ANY OTHER INSURANCE, SKIP TO H17. ELSE CONTINUE TO H15.					
H15#	According to the information you provided, <TARGET> does not have health insurance coverage. Does anyone else pay for your bills when he/she goes to a doctor or hospital? <b>IF YES SKIP TO H16#</b> <b>IF NO/DK/REF SKIP TO H19#</b>	1	2	7	9
<b>IF TARGET HAS ONLY INDIAN SERVICES, CONTINUE TO H15A. ELSE SKIP TO H16.</b>					
H15A#	You've just told me <TARGET> receives services through the Indian Health Service. In addition to this, does anyone else pay for <target's> bills when he/she goes to a doctor or hospital? <b>IF NO/DK/REF SKIP TO H19</b>	1	2	7	9
H16#	And who is that? <b>(DO NOT READ, SELECT ANSWER)</b>				

1. MEDICARE
2. RAILROAD RETIREMENT PLAN
3. VETERAN'S AFFAIRS, MILITARY HEALTH, TRICARE OR CHAMPUS?
4. INDIAN HEALTH SERVICE
5. OREGON HEALTH PLAN (OREGON MEDICAL ASSISTANCE PROGRAM (OMAP),MEDICAID, CAREOREGON
6. CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP OR S-CHIP)
7. INSURANCE THROUGH THE FAMILY HEALTH INSURANCE ASSISTANCE PROGRAM (FHIAP)-**(NOTE TO INTERVIEWER: PRONOUNCED FEE-AWP) (THIS IS A STATE PROGRAM THAT SUBSIDIZES HEALTH INSURANCE PREMIUMS FOR QUALIFIED FAMILIES)**
8. OREGON MEDICAL INSURANCE POOL OR OMIP (HIGH RISK POOL)
9. COBRA
10. HEALTH INSURANCE THROUGH **<TARGET'S>**. WORK OR UNION
11. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION
12. HEALTH INSURANCE BOUGHT DIRECTLY BY **<TARGET>**.
13. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE
14. WORKERS' COMPENSATION FOR SPECIFIC INJURY/ILLNESS
15. **<TARGET'S>**EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY
16. FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS
17. NO PRIVATE OR PUBLIC INSURANCE
18. OTHER NON-INSURANCE PAYMENT SOURCE

**IF H16#= 4,15-19 SKIP TO H19#  
ELSE SKIP TO H17#**

		Y	N	DK	RE F
<b>MEDIGAP #</b>	Do you (does <b>TARGET</b> ) have additional insurance to supplement Medicare, such as a self-purchased Medigap policy, or a retiree benefit?	1	2	7	9
<b>H17#</b>	At any time in the last 12 months, was <b>&lt;TARGET&gt;</b> without health insurance? <b>ELSE IF H17=2 SKIP TO DENT1</b>	1	2	7	9
<b>H18#</b>	How many months during the past year was <b>&lt;TARGET&gt;</b> without coverage? <b>ELSE SKIP TO DENT1</b>	<small># months</small> <small>00 &lt;1 mo.</small> <small>99 DK/RF</small>		7	9
<b>H19#</b>	Has <b>&lt;TARGET&gt;</b> been covered by any health insurance in the past 12 months?	1	2	7	9
<b>H20#</b>	Was cost a reason why <b>&lt;TARGET&gt;</b> did not have	1	2	7	9



	health insurance at some point in the past 12 months?				
<b>H21#</b>	Other than cost, what was the primary reason <b>&lt;TARGET&gt;</b> did not have health insurance coverage for part of the past 12 months? <b>(DO NOT READ, SELECT ANSWER)</b>				
	<ol style="list-style-type: none"> <li>1. DID NOT NEED OR WANT ANY HEALTH INSURANCE</li> <li>2. RARELY SICK</li> <li>3. DO NOT KNOW WHERE TO BEGIN/WHERE TO GO</li> <li>4. TOO MUCH HASSLE/PAPERWORK</li> <li>5. EXPECT TO BE COVERED BY A HEALTH INSURANCE POLICY SHORTLY</li> <li>6. BENEFIT PACKAGE DIDN'T MEET NEEDS</li> <li>7. DOUBT ELIGIBLE/REJECTED BECAUSE OF A HEALTH CONDITION</li> <li>8. NOT ELIGIBLE FOR REASON OTHER THAN HEALTH</li> <li>9. CURRENT EMPLOYER DOES NOT OFFER COVERAGE BENEFITS</li> <li>10. DO NOT WORK ENOUGH HOURS IN A WEEK</li> <li>11. HAVE NOT BEEN WITH EMPLOYER LONG ENOUGH</li> <li>12. WAS COVERED, BUT LOST JOB</li> <li>13. EMPLOYER DROPPED COVERAGE</li> <li>77. DON'T KNOW</li> <li>99. REFUSED</li> </ol>				

**FOR HOUSEHOLD ROSTER**

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

STAT(#). Does the (age) (sex) person currently have health insurance?

- 1 yes **GOTO TYPE**
- 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**

TYPE(#). What type of insurance is this person covered by?

- 1. MEDICARE
- 2. RAILROAD RETIREMENT PLAN
- 3. VETERAN'S AFFAIRS, MILITARY HEALTH, TRICARE OR CHAMPUS?
- 4. INDIAN HEALTH SERVICE
- 5. OREGON HEALTH PLAN (OREGON MEDICAL ASSISTANCE PROGRAM (OMAP),MEDICAID, CAREOREGON
- 6. CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP OR S-CHIP)
- 7. INSURANCE THROUGH THE FAMILY HEALTH INSURANCE ASSISTANCE PROGRAM (FHIAP)-**(NOTE TO INTERVIEWER: PRONOUNCED FEE-AWP)**  
*(THIS IS A STATE PROGRAM THAT SUBSIDIZES HEALTH INSURANCE PREMIUMS FOR QUALIFIED FAMILIES)*
- 8. OREGON MEDICAL INSURANCE POOL OR OMIP (HIGH RISK POOL)

- 9. COBRA
- 10. HEALTH INSURANCE THROUGH <TARGET'S>. WORK OR UNION
- 11. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION
- 12. HEALTH INSURANCE BOUGHT DIRECTLY BY <TARGET>.
- 13. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE
- 14. WORKERS' COMPENSATION FOR SPECIFIC INJURY/ILLNESS
- 15. <AGE, SEX>EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY
- 16. FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS
- 17. NO PRIVATE OR PUBLIC INSURANCE
- 18. OTHER NON-INSURANCE PAYMENT SOURCE
- 77 don't know
- 99 refused

**[PROCEED DOWN ROSTER. REPEAT FOR EACH PERSON IN HOUSEHOLD EXCEPT TARGET]**

**IF TYPE=1, Do does <age, sex> have additional insurance to supplement Medicare, such as a self-purchased Medigap policy, or a retiree benefit?**

- 1 Yes
- 2 No
- 7 DK
- 9 Ref

**IF TYPE=4, You've just told me <age, sex> receives services through the Indian Health Service. In addition to this, does anyone else pay for <age,sex> bills when he/she goes to a doctor or hospital?**

- 1 Yes (go to H22)
- 2 No (go to dent 1)
- 7 DK (go to dent 1)
- 9 Ref (go to dent 1)

**H22 And who is that? [Repeat Type]**

**INSTRUCTIONS: ASK VERIFY FOR ALL UNCOVERED PERSONS**

**VERIFY#.** According to the information you have provided, (LIST ALL AGE and SEX) currently do not have health care coverage. Is that correct?

1 yes (go to dent 1)

2 no What type of insurance is this person covered by? (REPEAT TYPE)

H23 At any time in the last 12 months, was <age,sex> without health insurance? <b>ELSE IF H23=2 SKIP TO DENT1</b>	1	2	7	9
H24 How many months during the past year was <age,sex> without coverage? <b>ELSE SKIP TO DENT1</b>	# months 00 <1 mo. 99 DK/RF		7	9
H25 Has <age, sex> been covered by any health	1	2	7	9

insurance in the past 12 months?				
H26 Was cost a reason why <b>&lt;age, sex&gt;</b> did not have health insurance at some point in the past 12 months?	1	2	7	9
H27 Other than cost, what was the primary reason <b>&lt;age, sex&gt;</b> did not have health insurance coverage for part of the past 12 months? <b>(DO NOT READ, SELECT ANSWER)</b>				
1. DID NOT NEED OR WANT ANY HEALTH INSURANCE 2. RARELY SICK 3. DO NOT KNOW WHERE TO BEGIN/WHERE TO GO 4. TOO MUCH HASSLE/PAPERWORK 5. EXPECT TO BE COVERED BY A HEALTH INSURANCE POLICY SHORTLY 6. BENEFIT PACKAGE DIDN'T MEET NEEDS 7. DOUBT ELIGIBLE/REJECTED BECAUSE OF A HEALTH CONDITION 8. NOT ELIGIBLE FOR REASON OTHER THAN HEALTH 9. CURRENT EMPLOYER DOES NOT OFFER COVERAGE BENEFITS 10. DO NOT WORK ENOUGH HOURS IN A WEEK 11. HAVE NOT BEEN WITH EMPLOYER LONG ENOUGH 12. WAS COVERED, BUT LOST JOB 13. EMPLOYER DROPPED COVERAGE 77. DON'T KNOW 99. REFUSED				

DENT1.# **[IF REL = 1-12, 22, 98]** Which of the following best describes how long it has been since **<TARGET>** last visited the dentist?

**[READ IF NECESSARY: "Year" refers to the previous 12 months (not calendar year)]**

**[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]**

- 1 Less Than One Year Ago
- 2 At Least 1 Year, But Less Than 2 Years
- 3 At Least 2 Years But Less Than 5 Years
- 4 5 Years Or More
- 5 **<TARGET>** HAS NEVER VISITED A DENTIST
- 9 DK / REF

DENT3.# **[IF REL = 1-12, 22, 98]** Is **<TARGET>** covered for any dental care by dental insurance, an HMO plan, Medicaid, public assistance, or the military?

**[YOU ARE ON HOUSEHOLD MEMBER <XAC0> OF <HHNUMAR>.]**

- 1 YES
- 2 NO
- 9 DK / REF

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## **Appendix D:**

### **Comparison of OPS and the Current Population Survey (CPS)**

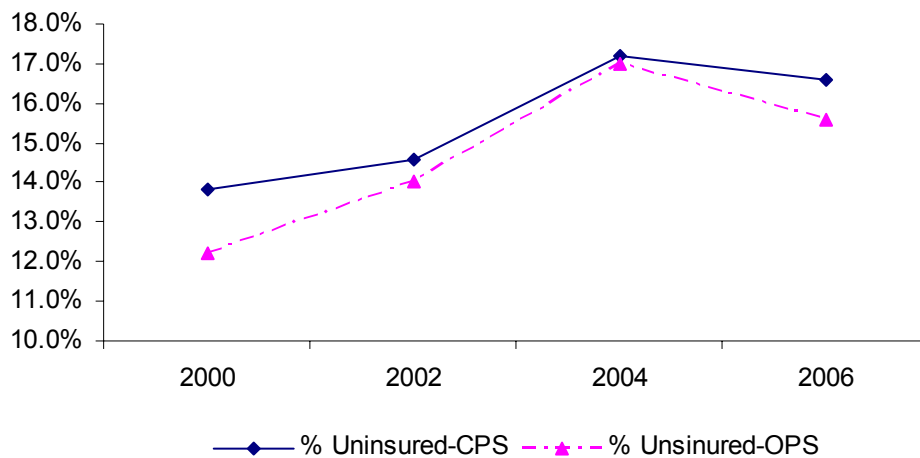
## The OPS and the Current Population Survey (CPS)

The Oregon Population Survey (OPS) is not the only survey that gathers data on health insurance status. The Current Population Survey (CPS), conducted by the US Census Bureau is widely-cited as a reliable source for generating statewide estimates. The Office for Oregon Health Policy and Research (OHPR) is often asked about the differences between the OPS and the CPS.

OHPR uses the OPS because it features a larger sample size, which provides the opportunity to examine insurance coverage at a sub-state level. Having some control over the survey process is important as well, and with the OPS, OHPR and other participating agencies have some flexibility in both question design and sampling approaches. This flexibility allows adjusting questions as state policy changes and to oversample or augment sample in order to examine populations of interest.

The following chart displays the different estimates of the uninsured generated by the CPS and the OPS between 2000 and 2006 (the most recent CPS estimate – 15.3% – is for 2005 as the 2006 CPS uninsured rate is not available yet at the time of this publication. Please note that US Census Bureau revised its 2004 CPS rate to 14.9% ).

**Oregon and CPS Estimates of the Uninsured, 2000 to 2006**



It is remarkable that, given different questions asking about different time periods, the two surveys yield such similar results. The CPS and the OPS health insurance questions address the issue of health insurance status in very different ways. The OPS asks respondents about their health insurance coverage at the *current time* and follows up with questions about coverage in the 12 months preceding the interview. This approach produces both a *point-in-time estimate* of insurance coverage as well as some information about insurance status over an entire year.

The CPS derives an estimate of uninsurance by asking questions about coverage at *any time* during the preceding calendar year. If the respondent reports any coverage at any time during the year, he or she is counted as insured; only those without *any* coverage during the preceding 12 months are counted as uninsured. The accepted interpretation

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of the CPS numbers is that these are individuals who are without health insurance for an entire year. However, with the impact of memory effect on individual recall of coverage, the CPS may be a point-in-time estimate as well.