SURVEY OF YOUNG, UNINSURED OKLAHOMANS: PRELIMINARY REPORT

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PREAMBLE

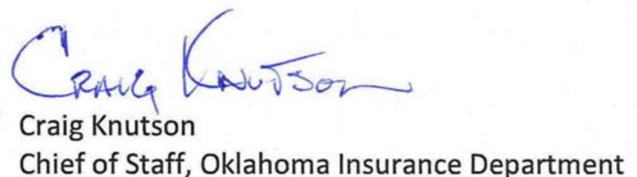
Starting in early 2008, The Oklahoma Insurance Department (OID) led a statewide initiative to expand coverage to approximately 600,000 uninsured Oklahomans. The process was partially funded by a Robert Wood Johnson Foundation grant through its State Coverage Initiatives (SCI) program. The SCI process involved over 250 stakeholders from both the public and private sectors, from health providers and insurers to employers and consumer groups. The process had four major components, which include the ability to better understand who and where the uninsured are to ensure the strategies we develop through this process are successful in expanding coverage.

To address that component, we relied upon a statewide survey done by the State Health Access Data Assistance Center (SHADAC), whose primary mission is to help states monitor and understand trends in rates of health insurance coverage. SHADAC performed their survey in the summer of 2008 and released their preliminary results later that fall. This analysis uncovered that just over 47% of all our uninsured fell within the 19-34 age cohort.

Based upon that finding, the SCI leadership team tasked OID with determining why so many young Oklahomans are uninsured. From there, policy strategies could be developed and/or benefit plan designs offered by insurers, thus making insurance coverage more attractive to this age group. Thanks to dollars raised from our state's philanthropic community, OID collaborated with the University of Oklahoma, School of Social Work in a two-pronged process to better understand the reasons for the high rates of uninsurance among Oklahomans, aged 19-34.

We are pleased with both our partnership with the University of Oklahoma and the findings produced. Our intent is to share this report with policy makers and domestic insurers to encourage targeted efforts to reducing the number of uninsured among this segment of the population.

Kim Holland
Oklahoma Commissioner of Insurance



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Chief of Staff, Oklahoma Insurance Department

SUMMARY

Recent reports indicate that the number of uninsured individuals in Oklahoma has reached approximately 600,000 individuals, of these, almost half of Oklahoma's uninsured are between the ages of 19-34. Despite this high number, relatively little is known about why this group is underinsured or what strategies might encourage this age group to purchase health insurance. As a response to these alarming figures, the Oklahoma Insurance Department and the University of Oklahoma – Anne and Henry Zarrow School of Social Work have collaborated on a state-wide survey of young, uninsured Oklahomans. The goal of this study, among others, is to uncover the reasons behind this age group's uninsured status, their sense of value for health insurance coverage, and to potentially develop methods of addressing this rising public health issue.

This preliminary report highlights the initial findings of the state wide survey of young Oklahomans and the subsequent focus groups designed to capture the opinions of young Oklahomans regarding access to and the use of Oklahoma's health care system in the absence of health insurance. Strategies for change may be developed through the participation of these young Oklahomans by focusing on their health care experiences and on the identification of barriers related to health care coverage. The study included both a large scale survey as well as focus groups of young uninsured Oklahomans, ages 19-34. Key questions included:

- ⇨ Do young adults prioritize health care expenses?
  - o How do young adults prioritize health care expenses in relation to their monthly, regular expenses?
- ⇨ What are the health care experiences of these young adults?
  - o How do young adults experience health care?
  - o What are their health care priorities?
  - o What are the barriers to obtaining health care coverage?
- ⇨ What would motivate young adults to purchase health insurance?
- ⇨ For those with health insurance, what are the characteristics of that coverage (how are they covered, what kind of coverage, satisfaction with coverage)?
- ⇨ What is the current health status of these young adults?
- ⇨ Are there any subgroup differences?
  - o Are there demographic factors (age, gender, ethnicity, employment) that influence coverage among young adults?

Understanding the barriers to and the value of health insurance coverage among 19-34 year olds, the examination of their experiences with the healthcare system, and discovering their motivations to purchase health insurance will assist in identifying possible policy strategies aimed at increasing insurance coverage for this group.

THE STUDY

This study was conducted in two phases. Phase one consisted of a survey of students enrolled in Oklahoma's Career Vocational-Technical schools. Phase two involved conducting focus groups across the state of Oklahoma.

HUMAN SUBJECTS PROTECTION/INSTITUTIONAL REVIEW BOARD

The University of Oklahoma (OU) Institutional Review Board (IRB) examines and approves or denies research protocols in an effort to safeguard the rights and welfare of human subjects involved in research and to assist researchers and the university in the mutual obligation to comply with all federal, state, and OU regulations and policies with respect to protection of human subjects in research. The OU IRB has jurisdiction to review and approve human subjects research conducted at the University of Oklahoma-Norman Campus, University of Oklahoma-Tulsa Campus (non-medical), and Cameron University. All research which may result in publication or public presentation, involving human subjects or use of data on human subjects that will be performed at or by researchers, faculty, staff or students of the sites named must be reviewed prior to initiation. IRB approval was obtained for this study. For participants who filled out the survey online, consent was obtained online and for the paper and pencil surveys and information sheet was provided and the surveys were completed in the classroom. For participants in the focus groups, written consent to participate in the study and to be audio recorded was obtained for each focus group participant.

INCENTIVES FOR PARTICIPATION

Respondents to the survey (written or online) were not offered compensation for their time or participation, as indicated through the information provided for informed consent. However, those who chose to participate in the written survey were given the opportunity to "win" a $25.00 Wal-Mart® Gift Card through a random drawing. Participants were informed of the odds of receiving a gift card for completing the survey (approximately 4%). All individuals who chose to participate in the focus group portion of the study were compensated for their time with a $25.00 Wal-Mart® Gift Card.

PHASE I - THE SURVEY

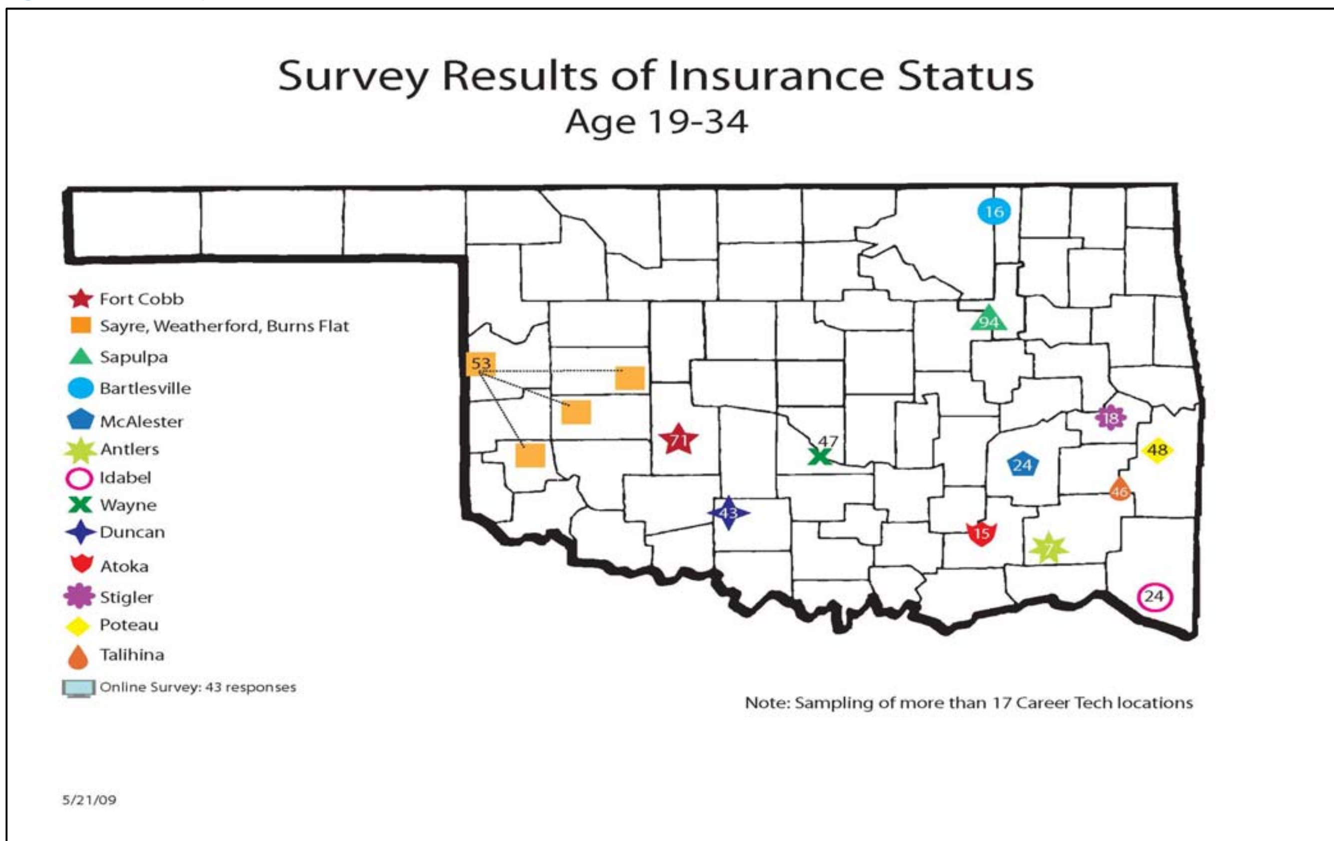
DATA COLLECTION

Students enrolled in Oklahoma's Career Vocational-Technical schools were invited to participate in the study. The vocational-technical schools were chosen as ideal sites for locating individuals in the study's target age range (19-34). Over 500 students chose to participate. Oklahoma Insurance Department employees were responsible for the initial distribution and collection of completed surveys from Career Vocational-Technical schools throughout the different regions of the state. This method of distribution was employed in an attempt to reach the desired population: individuals in the desired age range, individuals without insurance, limited access to coverage and/or healthcare services, and those

who may have limited access to resources in general, i.e. higher education. Surveys were distributed at locations in the following communities across the state (Figure 1):

- **Southwestern Oklahoma**
  - Sayre
  - Weatherford
  - Burns Flat
  - Duncan
  - Wayne
  - Fort Cobb
- **Northeastern Oklahoma**
  - Bartlesville
  - Sapulpa
- **Southeastern Oklahoma**
  - Stigler
  - McAlester
  - Poteau
  - Talihina
  - Atoka
  - Antlers

Figure 1: Survey Distribution Sites



*See Appendix for complete survey questionnaire.

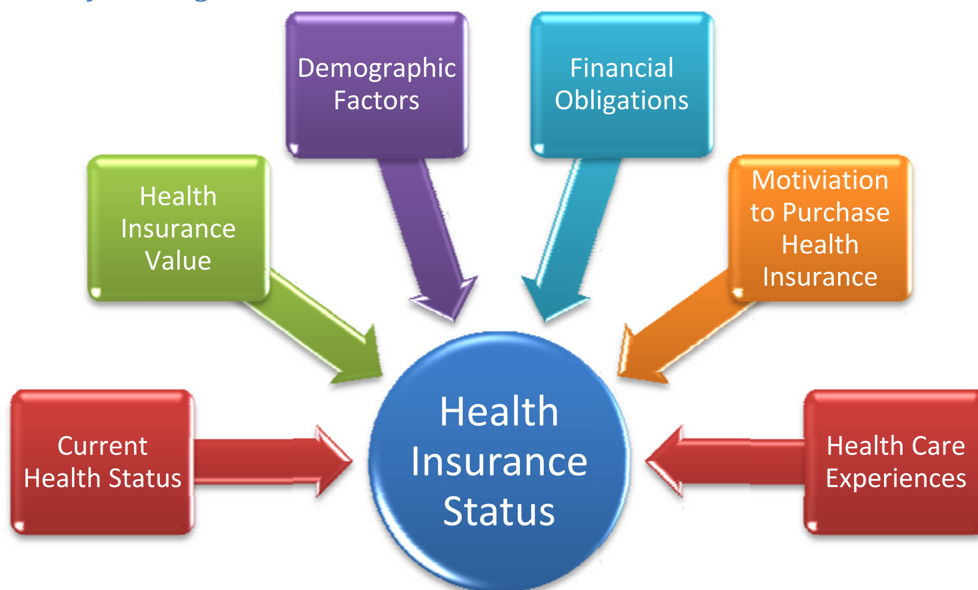
Instructors at these locations were invited to either email an invitation to students to complete the survey online, or to conduct a paper and pencil survey in their classroom. The survey took approximately 15 minutes to complete. Online surveys were conducted using Survey Monkey®. Each location's institutional officials made the final decision regarding their preference, whether to send the email link or conduct the paper and pencil surveys in the classroom. All data collected from either the

online or paper and pencil survey was compiled and entered into SPSS® statistical software for analyses. Any respondents who were outside of the age range of the study were omitted from the final data set.

SURVEY MEASURES[1]

A set of demographic factors that are commonly thought to have an effect on health insurance status were collected. Age, gender, marital status (single, married, divorced, widowed), ethnicity (white versus not white), number of dependents, number of years employment at current job, income, number of dependents, housing status, monthly rent/mortgage, and education (a ranking system of 1 – 5 was employed; with higher scores representing highest level of education) were used.

Figure 2: Factors Influencing Insurance Status



Survey participants were asked a series of questions pertaining to whether or not they currently possessed health insurance coverage; subsequent questions were directly related to how that question was answered:

- ⇨ **Current Coverage** - (yes versus no)
- ⇨ **Respondents With Coverage, The Following Questions Were Asked:**
    - Prescription drug coverage (yes versus no)
    - Name of insurance company
    - How insurance coverage is obtained (employment, parents, self pay, spouse, etc)
    - Perception of security of health care coverage (yes versus no)

[1] The survey questionnaire is available in the Appendix (page 50).

- ⇨ **Respondents Without Coverage:** A set of nine questions regarding their lack of coverage were asked in an effort to uncover factors related to insurance status (perception that health insurance is not needed, unemployed, employment does not provide health insurance, etc).

All respondents were asked a series of questions regarding their value of health insurance and specific medical services, their current health status and health care experiences, their motivation to purchase health insurance, and a ranking of monthly expenses. This was done so in an attempt to understand the impact these factors may have on the obtaining and maintenance of healthcare coverage (Figure 2).

- ⇨ **ASPECTS OF HEALTH INSURANCE VALUE**: Set of variables that measure the value or importance of health insurance and aspects of health insurance coverage.
- ⇨ **VALUE OF SPECIFIC MEDICAL SERVICES:** Set of items that measure the importance of specific types of medical services (hospital care, dental care, pharmacy) covered by health insurance.
- ⇨ **MOTIVATION TO PURCHASE INSURANCE:** Incentives versus Penalties.
- ⇨ **FINANCIAL OBLIGATIONS:** Where insurance premiums land in relation to regular, monthly expenses.
- ⇨ **CURRENT HEALTH STATUS:** Existing significant health problems, chronic health problems or disability.
- ⇨ **HEALTH CARE EXPERIENCES:** Health literacy, medical debt, access to health care, usual source of care.

PHASE II – FOCUS GROUPS

DATA COLLECTION

A total of 9 focus groups were conducted at seven sites.[2] At the start of each focus group, the purpose of the study and the process of the focus group were thoroughly described and a record of consent was obtained. Each focus group was audio recorded and then transcribed for analyses and transferred into NVIVO® qualitative analyses software. Overall, the participants of the focus groups were of a more disadvantaged socio-economic background and the majority did not have healthcare coverage; in the instances where participants did have coverage, it was generally through government funded programs such as SoonerCare, Medicaid, or Indian Health Care. Two specific groups were held where the majority of participants had completed or were actively seeking higher education and currently held health insurance. These two groups were utilized for the obtainment of a non-biased comparative sample.

[2] Two more focus groups are planned, to be incorporated in a revised draft.

FOCUS GROUP SITES

With the assistance of the Oklahoma Insurance Department, focus group sites were scheduled and ultimately held in locations specifically chosen for their access to individuals whom are the focus of this study, uninsured young adults. Throughout the region, social service agencies, educational institutions, and county health departments were enlisted to assist in forming these focus groups. Because of the nature of this study, the participating agencies were eager to be of assistance to this research team in reaching individuals within our desired demographic. Some difficulty was had in securing volunteers for the focus groups, therefore some sites were eliminated, and others were limited to one focus group. Site specific information is as follows:

- **Metropolitan Tulsa Urban League**
  240 East Apache
  Tulsa, 74106
  The Metropolitan Tulsa Urban League is an organization that strives to enable African Americans and others in need to secure self-sufficiency through education and life skills development programs, as well as, collaborating with individuals in need with the goal of building individual self-worth, productive families, and an engaged community. One focus group was held at this location with a total of 11 (eleven) participants. An initial pilot group - whose responses to the questionnaire would not be included in the final sample - was also held at this location in order to test the focus group questions. This pilot group was made up of 10 (ten) individuals ranging in age from 23-32 years of age, with a mean age of 25.7 years. Of the test group, 70% was female; ethnically, the group was fairly evenly split between Caucasians, African Americans, and Hispanics, and 90% reported they currently were not working. Likewise, 90% of the test group reported being single and interestingly, 70% reported that they currently had health insurance coverage.
  (Source - http://www.mtul.org/)

- **The Salvation Army®**
  102 North Denver Avenue
  Tulsa, OK 74103
  The Salvation Army operates year-round programs throughout the Tulsa community with the goal of meeting human needs whenever and wherever possible using proven methods of evaluation and response. The mission of the organization resolves itself to ministering to the mental, spiritual, moral, and physical needs of individuals at the point of need, and at the time of need. Each program is developed to deliver special assistance to a population that otherwise has no alternative resources. One focus group was held at this location with a total of 8 (eight) participants.
  (Source - http://www.uss.salvationarmy.org/uss/www_uss_tulsa_ac.nsf)

⇨ **Washington County Health Department**
5121 Jacquelyn Lane
Bartlesville, OK 74006
The Washington County Health Department's goal is to offer a variety of services to the people of Washington County. Some of these services include: Child Health Services, Chronic Disease screening, Communicable Disease control, Dental Health Program, Early Childhood Programs, Environmental Health, General Clinic, Guidance Services, Hispanic Clinic, Sooner-Start Early Intervention, and WIC Services. These services will be provided by our professional staff that are licensed or certified in their specific field. All services are available to the public without regard to religion, race, color, national origin, creed, disability, gender or ability to pay. Two focus groups were held at this location with a total of 15 (fifteen) participants.
(Source - http://www.ok.gov/health/County_Health_Departments/Washington_County_Health_Department/)

⇨ **Muskogee County Health Department**
530 South 34th Street
Muskogee, Oklahoma 74401
The Muskogee County Health Department works to prevent disease, promote health, and protects our community by providing education on healthy behaviors, injury prevention, protection of the food we eat, and assisting in improving access to care. One focus group was held at this location with a total of 9 (nine) participants.
(Source - http://www.ok.gov/health/County_Health_Departments/Muskogee_County_Health_Department/index.html)

⇨ **Northeastern State University**
600 N. Grand Ave., Tahlequah, OK
Oklahoma's fourth-largest public four-year institution and one of six regional institutions governed by the Regional University System of Oklahoma board. The university serves a learning hub in northeastern Oklahoma formed by three campuses – the main campus in Tahlequah and branch campuses in Muskogee and Broken Arrow – which together serve nearly 9,000 students annually. One focus group was held at this location with a total of 8 (eight) participants.
(Source - http://www.nsuok.edu/GettingStarted/NSUsHeritage.aspx)

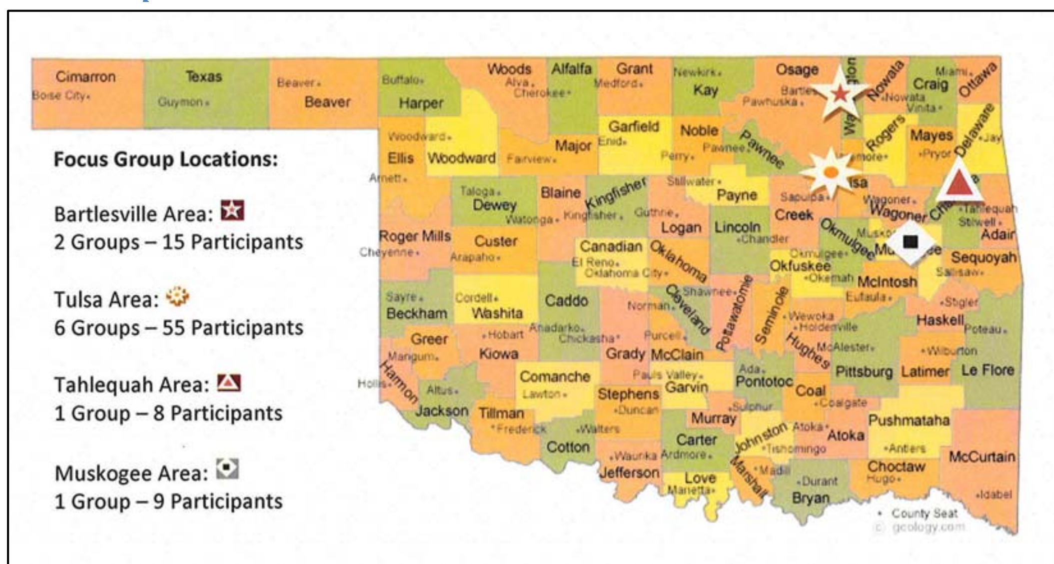
⇨ **OU-Physicians Tulsa Community Heath Centers**
Sandy Park Apartments Clinic
6112 W. 11th St.
Tulsa, Ok 74127
Through compassionate care and preventive education, patients are empowered to take responsibility for their health and disparities are removed. Our OU Physicians Community Health (a department under the OU School of Community Medicine) is keeping families healthy and kids in school, alleviating emergency room use and realizing lasting positive impact. One focus group was held in this location with a total of 4 (four) participants.
(Source - http://tulsa.ou.edu/medicine/bedlam/)

- **University of Oklahoma – Tulsa**
  College of Public Health
  The College of Public Health provides quality graduate and professional education for both public health practice professionals and research scientists. The OU College of Public Health is one of only 38 accredited schools of public health in the United States. A multi-disciplinary faculty prepares students for public health practice in five core areas; biostatistics**,** epidemiology**,** health administration and policy**,** health promotion sciences and occupational and environmental health and in the area of public health preparedness and terrorism emergency response. Two focus groups were held at this location with a total of 22 (twenty-two) participants.
  (Source - http://www.coph.ouhsc.edu/coph/)

- **University of Oklahoma**
  Anne & Henry Zarrow School of Social Work
  1005 S. Jenkins Avenue
  Norman, OK 73019-0475
  The University of Oklahoma, School of Social Work has held full accreditation since 1952, and has continued to grow. The national and statewide expansion of human service programs and areas of practice that utilize social work knowledge and skills has created a demand for professional social workers. This facility is dedicated to creating students devoted to humanly well-being and the alleviation of poverty and oppression. Two focus groups are planned at this facility with a proposed minimum of 8 (eight) participants.
  Source: http://www.ou.edu/socialwork/index.html

Figure 3, below, illustrates the disbursement of focus groups throughout northeastern Oklahoma:

Figure 3: Focus Group Locations



Source: Geology.com; Edited by: G. Lance Cartlidge

LITERATURE REVIEW

INTRODUCTION

Recent reports indicate that the number of uninsured in Oklahoma has reached approximately 600,000 individuals. Approximately 48% of Oklahoma's uninsured are between the ages of 19-34. Despite this high number, relatively little is known about why this group is uninsured or what strategies might encourage this age group to purchase insurance. Further review indicates there are few published reports related to this age group, thus contributions of research in this area would add to scholarly literature and reveal possible policy recommendations aimed at increasing insurance coverage among this group. In the context of health care reform, data that informs strategies aimed at this population are warranted.

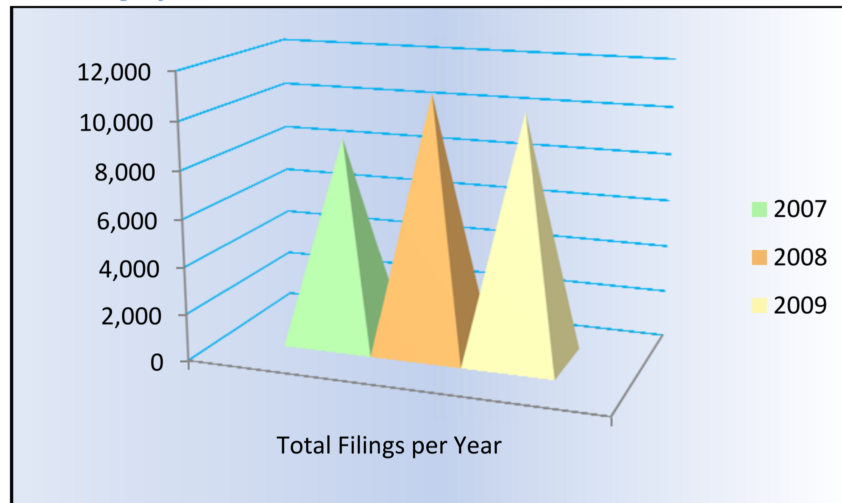
BACKGROUND

Significant health disparities exist between Oklahomans who are insured and those who lack healthcare coverage, particularly among young Oklahomans. The poor health outcomes experienced by this group can be partially attributed to their lack of access to stable and continuous healthcare coverage (Commonwealth Fund, 2007). Oklahoma's history of serious health problems such as arthritis, asthma, cancer, diabetes, heart disease, hypertension, and risk factors like obesity and poverty, in conjunction with current data on the health status of the Tulsa area alone, is indicative of these substantial health disparities (Commonwealth Fund, 2007; US Census Bureau, 2006; Henry J Kaiser Foundation, 2006). Oklahoma is a state with higher than national average poverty rates and numbers of uninsured (Kids Count Fact Book, 2007; Oklahoma Institute for Child Advocacy [OICA], 2005; Women's Foundation of Oklahoma [WFO], 2007; American Academy of Pediatrics, 2007).

Oklahoma's health ranking has dropped to 49th out of the 50 states, a move of two places since the state's ranking of 47th in 2008 (America's Health Ranking, 2009). Oklahoma also ranks higher than the national average in regard to many significant health risk factors. Oklahoma has a higher percentage of adults who smoke, 25.4% versus 18.4% nationally, (Commonwealth Fund State Scorecard, 2009), higher rates of obesity, 66.4% versus 63.0%, and less access to healthy fruits and vegetables via healthy food retailers, 57.4% versus the national average of 72.0% (Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey Data (BRFSS), 2009; Centers for Disease Control and Prevention (CDC) State Indicator Report on Fruits and Vegetables, 2009). Further, Oklahoma has a higher heart disease related death rate than the national average, 251.1 versus 200.2 per 100,000; a higher teen death rate of 90 versus 65 per 100,000; an overall death rate of 919.9 versus 760.3 per 100,000 residents (The Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics Report, 2009; Kids Count National Data, 2008). Studies also indicate that Oklahomans are less likely to access healthcare services such as oral/dental care when compared to the national average, 57.9% versus 71.3%; this is

likely to be directly attributed to the cost of services or the lack of dental insurance coverage (The National Oral Health Surveillance System, The Center for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System [BRFSS], 2009). A large portion of the uninsured and underinsured, across the country goes without needed care due to the expense related to services. This situation is not only a wellness issue, but a financial one as well (The Nation's Health; August, 2009). Individuals who do not possess adequate healthcare coverage or have access to affordable healthcare services not only place their health at risk, but can potentially subject themselves and their families to financial ruin. This is evidenced by the continued rise in bankruptcy filings across the state of Oklahoma; the majority of these filings are related to Chapter 7 Bankruptcy; this type of bankruptcy allows for the discharge of all debt, including medical debt. While the 2009 numbers do not show an increase since the previous year, all data for 2009 has not been included in the final figures as seen in Table 1.

Table 1: Oklahoma Bankruptcy Statistics

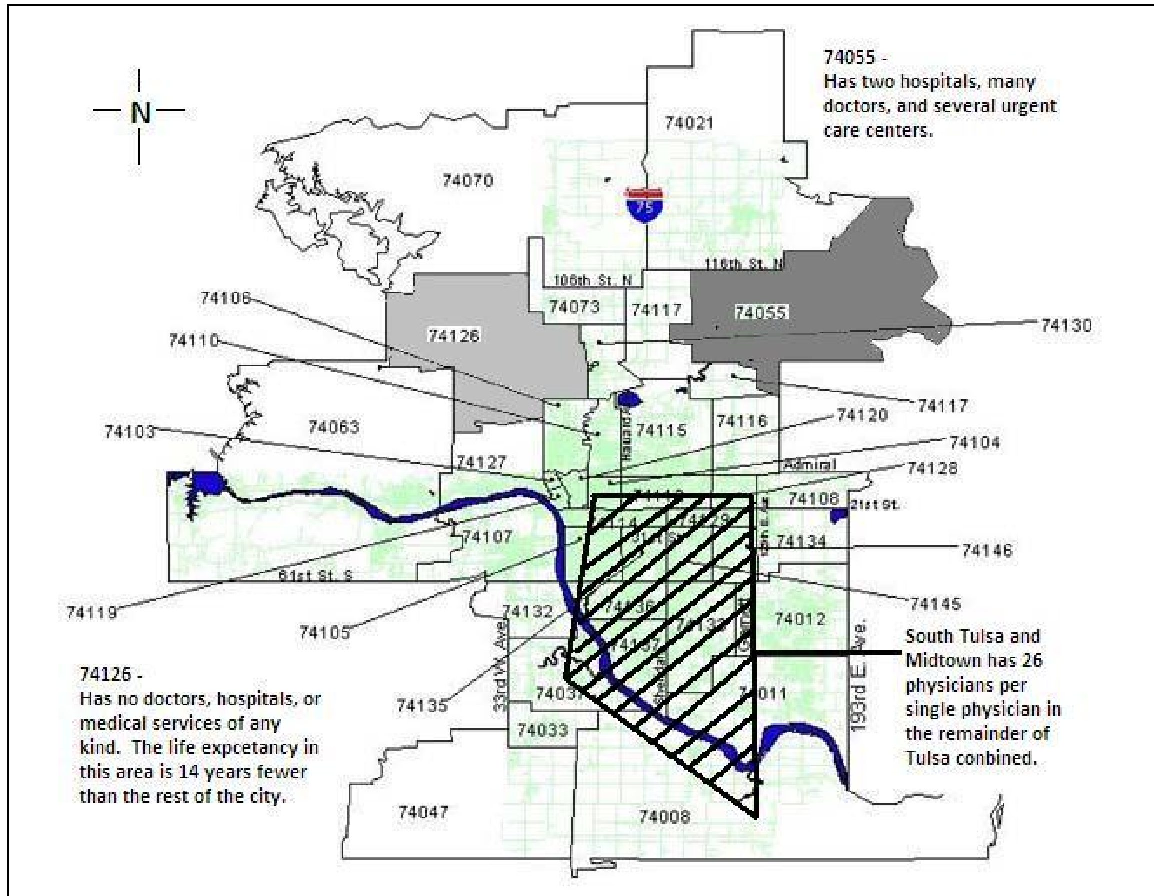


Source: Bankruptcies per capita; CreditCards.com, 2009.

Past estimates reveal that over 600,000 (19%) of Oklahomans or about one in five individuals in the state, lack health insurance, (Henry J Kaiser Foundation, 2006), a rate that is higher than the national average. Within the state, 26% of children, 14% of elderly, and 35% of the rural population reside in poverty (Kaiser, 2006). Minority groups within Oklahoma also experience higher rates of poverty and are less likely to be insured. Further, the state of Oklahoma ranks the worst on most major studies of health care outcomes, disparities, access, and quality. Oklahoma ranked 50th on the Commonwealth Fund State Scorecard on Health System Performance, which measures access, quality, avoidable hospital use and costs, equity, and healthy lives (Commonwealth Fund, 2007). In the city of Tulsa alone, dramatic disparities in access to health care are present - access to health care providers is highly concentrated in south Tulsa which is in vast contrast to the lack of provider availability in north and west Tulsa (Figure 4). Not surprisingly, these areas within the city with fewer health care providers

also have some of the worst health care outcomes in the state. In the case of north Tulsa, current data shows that the life expectancy is 14 years less than those living in south Tulsa.

Figure 4: Healthcare Access and Lifespan Disparities: Tulsa Metro Area



Source: Map – Google Images; Data – Tulsa World, February 2008; The Commonwealth Fund, June 2007; The Lewis Report, 2006; Editing – G. Lance Cartlidge

The prevalence of financial and healthcare access disparities in underserved urban and rural areas can have direct effect on the population at large. This is reflected by recent numbers that suggest that throughout the state of Oklahoma, the number of children in poverty has increased from 17.0% to 21.8% of those under the age of 18 (America's Health Ranking, 2009). Oklahoma's impoverished and working poor are a group with significantly higher risk factors when it comes to health and mortality. Youth from these low-income families have a greater risk of dropping out of school, engaging in dangerous behaviors, having sex before the age of sixteen, developing unhealthy drug and alcohol habits, and being unemployed (Kent, 2009). Along with these risk factors, cost appears to further widen the gap between the need for adequate healthcare and actual service delivery. According to a survey conducted in 2008 by the Oklahoma Health Care Authority, 40.6% of the individuals surveyed

responded that healthcare coverage was too expensive and that cost was a deterrent to enrolling in public health programs for which they may potentially be eligible. This is of great concern due to recent knowledge that the reported health status of non-elderly adults has declined and that reported chronic illnesses has increased. Furthermore, uninsured individuals of all ages were less likely to have a usual source of care; 17% of the individuals surveyed stated that they utilized the emergency room as their usual source of care - a fact that may ultimately determine a person's health outcome (Call, Spenser, & Nelson, 2009).

However, not all is lost as some positive changes have been observed. Oklahoma has seen a decrease over the past year in the number of individuals not covered by health insurance, a shift from 18.3% to 15.9%, as well as having greater health outcomes reported for 2009, 18.7% versus 19.4% in 2008 (America's Health Rankings, 2009). An understanding of the reasons behind these recent changes may hopefully be gained through the engagement of this study.

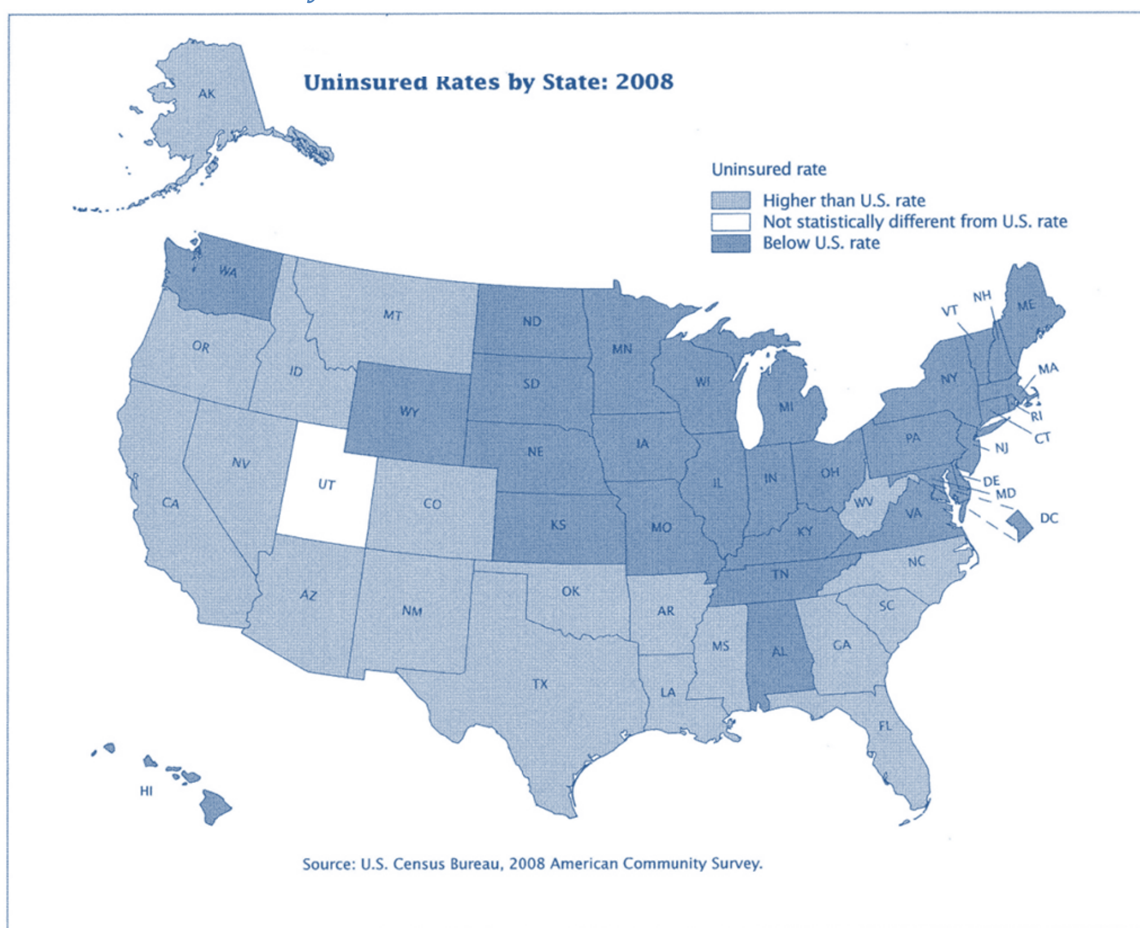
YOUNG ADULTS and HEALTH INSURANCE COVERAGE

Young adults comprise a large number of the uninsured and under-insured in the United States and an individual's 19th birthday has become a benchmark for coverage eligibility in both the public and private sectors of insurance providers, suggesting this problem likely exists across socio-economic lines (Nicholson, Collins, Mahato, Gould, Schoen, and Rustgi, 2009). Despite the rising numbers of uninsured in this age group, the lack of health insurance coverage among young adults has previously been the focus of very few studies in medical literature (Callahan and Cooper, 2004). However, the data that is available on this group makes the situation quite clear - significant health disparities and poor health care outcomes are highly present among young Americans, and specifically, young Oklahomans. Based on current information provided by The Commonwealth Fund, young people (aged 19 to 29) have been ranked as one of the greatest and most rapidly growing segments of the U. S. population who are without health insurance coverage. In little more than a decade, Oklahoma has seen an approximately 9% rise in uninsured adult males and an approximately 17% rise in uninsured adult females in the 19 to 64 age group (SHADAC, 2009). Furthermore, previous evidence suggests that more that forty-five percent (45%) of uninsured Oklahomans are between the ages of 19 and 34.

Oklahoma ranks in the top ten of states whose population has the highest rates of uninsured and has the status of placing 7th among the states with the highest rates of poverty; Oklahoma also ranks with those states whose poverty rate is higher than the national average (U.S. Census Bureau, 2007, Figure 6). Of those uninsured, 74.8% reported that they were eligible for insurance through their employer, but did not enroll based on expense **(**Oklahoma Health Care Authority, Oklahoma Health Care

Insurance and Assess Survey: Select Results, 2008). Nationally, the latest census data shows that nearly 13.2 million young people between the ages of 19 and 29 were uninsured, an increase of 2.3 million since the year 2000. As of 2008, 22.8%, nearly one-quarter of Oklahomans aged 19 – 64 were living without health insurance coverage (SHADAC, 2008). Furthermore, studies indicate that on a national level, the greatest disparities are among low to middle-income households and racial minorities, specifically within African-American and Hispanic populations (Callahan and Cooper, 2004). According to a recently released report by the Community Service Council of Greater Tulsa (Martin & Figart, 2009), Oklahoma is one of the most unhealthy states, and places fourth among all of the states in the ranking of the most uninsured residents within its borders.

Figure 5: Uninsured Rates by State



Source: U.S. Census Bureau, 2008 American Community Survey

Research indicates that education and employment are related to health insurance status and coverage gaps (Nicholson, et al., 2009). Additionally, there are some transition periods (such as college graduation) that are marked by gaps in health insurance coverage. Although college enrollment correlates with more secure health insurance coverage, at college graduation points, a little over a third of those graduates were without healthcare coverage at some point in time following graduation

and thirteen percent (13%) went without health insurance for six months or longer (Nicholson, et al., 2009). Graduation from high school also marks a period of insurance vulnerability - three out of ten new high school graduates became uninsured for some time during the year following high school (Nicholson, et al., 2009).

Furthermore, research indicates the there are distinct differences between college graduates and those with less than a college education. One survey suggests that privately insured individuals were more likely to have at least some college education, whereas those who were uninsured or were on a government funded insurance program were less likely to have a college education (SHADAC, 2008). Along with educationally based disparities, racial disparities are shown to exist as well. One report indicates that by age 24, a little over half (57%) of African American youth are employed, immediately following high school, compared to nearly three quarters of white youth. Of those who are employed, the median income for white youth was approximately one third higher than that of African American youth (Kuehn & McDaniel, 2009). Clearly, being underemployed or underpaid can be an overwhelming obstacle to overcoming poverty and accessing the healthcare system in its current form.

RISKS OF LIVING UNINSURED, ESPECIALLY IN THE CURRENT ECONOMY

The risks of living uninsured in the United States are stratified and well documented. Uninsured individuals and families not only experience greater difficulties trying to access healthcare services than those who maintain health insurance coverage - they also experience fewer opportunities for preventative care. Uninsured individuals often fail to establish a medical home and subsequently do not receive early screenings, diagnosis, and treatment for disease. They suffer the social stigma related to uninsurance status, and ultimately, experience early mortality (Nicholson, Collins, et al., 2009). The young uninsured also tend to delay seeking healthcare services due to cost, an action that often results in an emergency department visit for an advanced healthcare situation. Life expectancy can be impacted (Seshamani, 2009; and as illustrated by the lifespan disparities in Tulsa, Figure 5) by the lack of available medical services and affordable healthcare coverage. There are other risks directly related to our current economic crisis:

- As the economy worsens and more and more Americans lose their jobs, the number of uninsured is expected to soar.
- Too many businesses are forced to choose between providing coverage and creating jobs, this ultimately forces spend more of their income on health insurance, or simply go without.
- Those who are uninsured are at greater risk for financial problems related to high "out-of-pocket" costs due to unexpected injury or illness, resulting in more medical debt, and subsequently, credit problems.

Additionally, young people who go without insurance have their access to healthcare services greatly reduced. An individual's uninsurance status creates an immediate barrier to services when care is needed, as well as barriers to preventative care, particularly for women (Nicholson, Collins, Mahato, Gould, Schoen, and Rustgi, 2009). An individual's lack of a medical home and general preventative care tends to lead one to the last bastion of hope, the emergency department. This appears to often be the case for Oklahoma's uninsured youth. A recent study of the emergency departments in the Tulsa area suggested that 30% of the visits were non-urgent and could have been handled in a less costly setting (The Lewin Report, 2006).

RESULTS

SURVEY

Over 500 individuals participated in the survey (see Table 3 for a description of the full sample). Of those surveyed, over half report that they are uninsured and the majority of the respondents were between the ages of 18 and 24. The sample was approximately 40% male and 60% female, with just under a third reporting being married. Approximately 40% reported having at least one child, 56% are employed, and 59% have a high school education or less.

Table 2: Survey Sample vs. Population

Sample Vs. Population Comparison:		Survey Sample	Oklahoma	United States
Ethnic Make-up of Population	**Caucasian**	68%	71.4%	79.8%
	African American	2.5%	8.0%	12.8%
	Native American	18.6%	8.0%	1.0%
	Hispanic/Latino	3.5%	7.6%	7.6%

Table 2 compares both state and national populations with the survey sample; of those participants, 68% reported themselves as Caucasian, 18.6% as Native American, 3.5% as Hispanic, 2.5% as African American, and 7.4% as "other". "Other" is a status that was generally a combination of two of more of the previous ethnicities or of study participants that classify themselves as members of ethnic groups which were not accounted for in this study. Based on figures made available by the U.S. Census, Oklahoma's population is made up of 71.4% white non-Hispanics, 8.0% African-Americans, 7.6% Hispanic/Latino, and Native Americans 8.0 % of the total population, and as a whole, the U.S. population is made up of 79.8% Caucasian, 12.8% African-American, 1.0% Native American, and 7.6% Hispanic/Latino.

Table 3: Characteristics of Full Survey Sample

Characteristics of Full Survey Sample (N = 519)					
Variable	N	%	Variable	N	%
Gender			**Dependents**		
Male	210	40.50%	None	293	57.80%
Female	309	59.50%	One or More	208	41.50%
Marital Status			**Employment Status**		
Married	145	28.20%	Employed	293	58.50%
Single	327	63.60%	Unemployed	208	41.50%
Divorced	41	8.00%	**Education**		
Widowed	1	0.20%	8th Grade or Less	2	0.40%
Ethnicity			Some High School	24	4.70%
Native American	96	18.60%	HS Grad or GED	301	59.40%
African American	13	2.50%	Some College	162	32.00%
Hispanic	18	3.50%	Four-Year Degree	15	3.00%
Caucasian	350	68.00%	Post-Grad Degree	3	0.60%
Other	38	7.40%	**Age**		
			18-24 Years	317	62.80%
			25-35 Years	188	37.20%

INSURANCE STATUS

THE UNINSURED

A little over half of the individuals surveyed, reported they did not have health insurance. As illustrated by Table 4, of those without health insurance, 68% reported a having a high school education or less. Further, slightly over half reported having been denied care based on their insurance status and approximately 69% went without medical care due to the expense related to receiving services.

Approximately 65% of the uninsured reported using the emergency room to pursue care because they had no access to a physician. Additionally, 55% report having no usual source of care, and 81% reported that insurance coverage is “too expensive”.

Table 4: Snapshot of Survey Results

Snapshot of Survey Results N = 519		
Variable	**N**	**%**
Uninsured	272	52.3%
Unemployed	297	41.5%
Uninsured (N = 272)		
Lack Knowledge of Government Funded Programs	109	40.1%
Education < or = High School	185	68.0%
Report Being Denied Care	151	66.5%
Report Coverage is Too Expensive	221	81.3%
Forwent Care due to Expense	188	66.7%
No Usual Source of Care	150	55.1%
Used Emergency Room because of No Access to Physician	165	65.4%

KNOWLEDGE OF STATE PROGRAMS

Over half of the respondents without health insurance reported that they were aware of the state offered benefits that may be available, but a little under half reported that they had attempted to investigate government funded programs.

Many of those uninsured who did seek out state offered benefits found themselves in a situation where they simply did not qualify. Table 5 highlights the uninsured's reported knowledge of state or government funded programs.

Table 5: Uninsured with Knowledge of State Programs

Uninsured Survey Respondents Who:			
Variable	**N**	**Total N**	**%**
Had Knowledge of State Programs	146	253	58.1%
Investigated these Programs	127	261	48.6%
Did Not Qualify	176	252	69.8%

Overall, results suggest that the uninsured survey respondents did possess knowledge of the health insurance programs that are made available to them by the state of Oklahoma; however, the survey results also show that those who were aware of state programs held a belief that they were unlikely to qualify for those benefits.

Those who responded that they did not have healthcare coverage were asked a series of questions investigating why the respondent did not have health insurance. Respondents could give multiple

answers to this question. Respondents site the expense of health insurance (85.3%) as the main reason for lack of coverage. Following this was the knowledge or belief that they would not qualify for government funded programs (69%), unemployment (61%), their employer does not provide coverage (34%), and the presence of a preexisting condition (19%). Only a very small percentage of respondents indicated that they did not need health care insurance as their reason for no coverage (4%).

Table 6, below, illustrates the ranking of the reasons for uninsured status given by the respondents to the Oklahoma Insurance Department survey:

Table 6: Rank of Reasons for Uninsurance Status

Reasons for Uninsured Status

Variable	%
"It's Too Expensive"	85.3%
"I Don't Qualify"	69.8%
"I'm Unemployed"	61.3%
"My Employer Doesn't Offer It"	34.0%
"I Have a Pre-existing Condition"	19.3%
"I Don't Need It"	4.0%

By far, the main reason cited by uninsured young adults for not having health insurance was expense. Of the many possible obstacles to obtaining healthcare coverage, affordability in health insurance is clearly an important consideration for young adults.

THE INSURED

Approximately 47% of the survey respondents reported having health insurance coverage (see Table 4). Survey respondents who answered affirmatively to the question regarding current insurance coverage, four follow-up questions were asked. Those questions related to whether or not their plan included prescription coverage, whether they felt secure in that coverage, and asked the name of their insurance provider, and who pays for their coverage. Of those insured, the top three ranked methods of obtaining coverage were through their parents (35.5%), government funded programs (29.2%), and through their employer (18.9%). Less than 10% of the sample received health insurance through their spouse.

Table 7: Insured Respondents Reported Method of Insurance Attainment

Method of Attaining Insurance	Full Sample N =245	
Variable	N	%
Through Parents	87	35.5%
Government Funded Programs	71	29.2%
Job	46	18.9%
Spouse	24	9.9%
Self	17	7.0%

Further, of those respondents who currently have health insurance coverage over 90% reported that their plan included a prescription drug benefit, and most reported that they felt secure in that coverage.

Of the insurance carriers reported in the survey (Table 8), the top three were Blue Cross/Blue Shield (25.0%), government funded programs (22.5%), and finally, Health Choice[3] (7.2%). These numbers appear consistent with the overall population of Oklahomans covered under a state funded insurance program, 17% (OHCA Sooner Care Fast Facts, December 2008; US Census Bureau State and County Quick Facts, 2008). Blue Cross/Blue Shield of Oklahoma is a subsidiary of Health Care Service Corporation, the nation's largest customer owned health insurer and the fourth largest insurer overall (About Health Care Service Corporation, 2009). Blue Cross and Blue Shield of Oklahoma is one of the Oklahoma's largest and oldest private health insurance company, over 600,000 Oklahoman's are covered by Blue Cross and Blue Shield (Blue Cross & Blue Shield of Oklahoma, N.D.)

Table 8: Characteristics of Coverage

Characteristics of Coverage		
Prescription Coverage (N = 245)		
	N	**%**
Yes	229	93.4%
No	16	6.5%
Secure in Healthcare Coverage (N = 244)		
	N	**%**
Yes	210	86%
No	34	13.9%
Most Often Reported Providers (N = 248)		
	N	**%**
BlueCross/Blue Shield	62	25%
Government Funded Programs	56	22.5%

[3] The OSEEGIB, or Oklahoma State and Education Employees Group Insurance Board.

Health Choice	18	7.2%

Of those reporting having healthcare coverage, 48% reported being currently employed, earned an average annual income of $13,692.66, and 41% reported that they had completed college or above. Further, the majority of those insured reported being single and fewer than forty percent reported having children in the home (see Table 9).

Table 9: Characteristics of the Insured

Characteristics of the Insured
(N = 245)

Variable	N	%
Are Currently Employed	117	48.6%
Completed College or Above	100	41.0%
Are Single or Unmarried	164	67.4%
Have Children	94	38.3%
Highly Value Health Insurance	72	29.3%
Average Yearly Income	$13,692.66	

HOW THE INSURED ARE COVERED – GROUP DIFFERENCES

To examine for any group differences in the method of attaining insurance, bivariate statistics were used to test for differences based on gender, ethnicity, marital status, employment status, whether or not respondent has dependents, and education level and method of attaining insurance. Full sample statistics can be seen in Table 10.

GENDER: There are some significant gender differences among those with health insurance. Female respondents were significantly less likely to obtain health insurance through employment, but more likely to obtain coverage through government funded programs or through spouses. In fact, only 12% of insured men were covered through government funded programs and no male respondents with health insurance coverage were covered through spouses. Males were significantly more likely to obtain healthcare coverage through their parents than were females.

FAMILY STATUS: Further method differences in obtaining health insurance exist by marital status, where not surprisingly, non-married respondents were more significantly likely to obtain coverage through parents (10% of married respondents versus 48% of non-married respondents) as well as through their spouses. Of the married respondents with health insurance, 30% were covered by their spouse. Non-married respondents were significantly less likely to obtain coverage through

employment or through self-pay, and were more likely to obtain coverage through government funded programs.

DEPENDENTS: Significant differences exist between those respondents with children versus those respondents without children. Respondents with children were significantly less likely to obtain coverage through their parents than respondents without children. However, they are significantly more likely to obtain coverage through spouses or government funded programs.

EMPLOYMENT STATUS: Respondents who report that they were employed, not surprisingly, were more likely to report obtaining coverage through employment; however, this number is not overwhelming; as of the 115 respondents who were both insured and employed, only 35% received health insurance through employment. In fact, of the total those with health insurance, only 18.9% obtained insurance through their employment. Finally, respondents not working were more likely to obtain coverage through government funded programs or through their spouses.

Table 10: Method of Obtaining Coverage by Variable

Method of Obtaining Coverage	Job		Parents		Self		Government Funded Programs		Spouse	
	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured
Gender	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Male	**24(26.7)**	**66(73.3)**	**51(56.7)**	**39(43.3)**	6(6.7)	84(93.3)	**11(12.2)**	**79(87.8)**	**0(0)**	**90(100)**
Female	**21(13.8)**	**131(86 .2)**	**38(25.0)**	**114(75.0)**	11(7.2)	141(92.7)	**60(39.5)**	**92(60.5)**	**24(15.8)**	**128(84.2)**
Marital Status										
Married	**22(27.8)**	**57(72.2)**	**8(10.1)**	**71(89.8)**	**10(12.6)**	**69(87.3)**	**15(19.0)**	**64(81.0)**	**24(30.4)**	**55(69.6)**
Non-Married	**23(13.8)**	**138(85.7)**	**80(47.9)**	**81(50.3)**	**7(4.2)**	**154(95.6)**	**55(34.2)**	**106(65.8)**	**0(0)**	**161(100)**
Ethnicity										
Caucasian	36(20.0)	144(80)	71(39.4)	109(60.5)	**16(8.9)**	**164(91.1)**	**43(23.9)**	**137(76.1)**	18(10.0)	162(90)
Non-Caucasian	8(13.1)	52(86.6)	17(27.9)	43(71.6)	**1(1.6)**	**59(98.3)**	**28(46.7)**	**32(53.3)**	6(10.0)	54(90)
Dependents										
None	21(15.0)	119(85)	**81(57.8)**	**59(42.1)**	7(5.0)	133(95)	**23(16.4)**	**117(83.6)**	**9(6.4)**	**131(93.5)**
One or More	20(21.3)	74(78.7)	**5(5.3)**	**89(94.6)**	9(9.6)	85(90.4)	**47(50)**	**47(50)**	**15(16)**	**79(84)**
Employed										
Yes	**40(34.8)**	**75(65.2)**	43(37.3)	72(62.6)	11(9.6)	104(90.4)	**18(15.7)**	**97(98.3)**	**6(5.2)**	**109(86.5)**
No	**4(3.2)**	**122(96.8)**	46(36.5)	80(63.4)	6(4.8)	120(95.2)	**53(42.1)**	**73(57.9)**	**18(14.3)**	**108(85.7)**
Education										
HS/GED or Lower	**15(10.3)**	**124(89.2)**	**60(41.4)**	**79(56.8)**	**6(4.1)**	**133(95.6)**	**51(36.7)**	**88(63.3)**	11(7.6)	128(92)
College or Higher	**29(29.2)**	**70(70.7)**	**27(27.2)**	**72(72.7)**	**11(11.1)**	**88(88.8)**	**19(19.2)**	**80(80.8)**	13(13.1)	86(86.9)
Age Group										
18-24	**20(12.9)**	**134(87)**	**84(54.5)**	**70(45.4)**	**3(1.9)**	**151(98)**	40(26)	114(77)	**9(5.8)**	**145(94.1)**
25-35	**24(30)**	**56(70)**	**2(2.5)**	**78(97.5)**	**13(1.6)**	**67(83.7)**	28(35)	52(65)	**15(18.8)**	**65(81.3)**

*Bold indicates statistically significant difference.

The preliminary findings of this report suggest that being employed and being insured do not go hand-in-hand. The majority of the uninsured survey respondents, seventy-one percent (71%), are employed full-time, and thirteen percent (13%) work part-time. These employed but uninsured individuals often work for entities that do not offer healthcare plans, or the workers wage is simply too low for him or her to afford coverage that is offered.

EDUCATION: Those with some college or above were more likely to have healthcare coverage through employment and through their parents and were less likely to be covered through self-pay. Respondents with lower levels of education were more likely to have coverage through a government funded program than those respondents with higher levels of education.

AGE: Respondents in the age group (25-35) were significantly more likely to obtain health care coverage through their employer, spouse, or self pay than younger respondents. Not surprisingly, younger respondents were more likely to obtain coverage through their parents than the older respondents.

ETHNICITY: Differences also exist based on ethnic group – white respondents were more likely to be insured through self-pay than non-white respondents. Non-whites were more likely to be insured through government funded programs. As previously stated African-Americans were more likely to be under-employed or earn a wage that allowed for the purchase of healthcare coverage (Kuehn & McDaniel, 2009). Table 11 below provides a snapshot of how the non-white, insured respondents obtained health insurance. Of those respondents who were non-white and insured, just over a third were covered through state programs, just under a fourth were covered through their parents, and thirteen percent received coverage through employment.

Table 11: Snapshot of Insured by Method of Coverage: Non-Whites

Methods of Coverage: Non-Whites

Variable	N	%
Job	8	13%
Parents	17	28%
Self	1	2%
Government Funded Programs	28	47%
Spouse	6	10%

SUMMARY OF COVERAGE ISSUES FOR INSURED

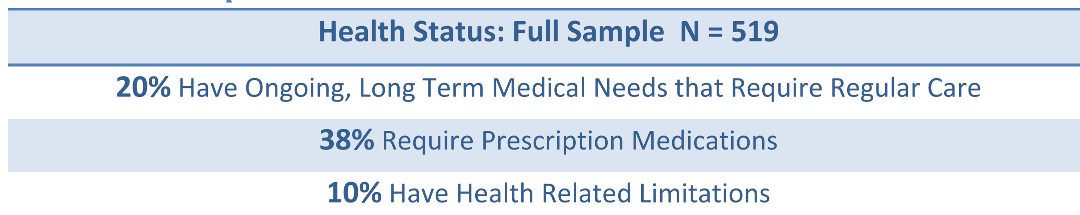
Of the possible methods of obtaining health insurance coverage, the top three methods of doing so are through one's parents, through an employer, or through enrollment in government funded programs. Respondents who are male, single, or without dependents were most likely to obtain coverage through parents. Finally, females, those with dependents, and those unemployed are most likely to have health care coverage through enrollment in a government funded program.

HEALTH STATUS

A series of items designed to explore the health status of respondents were also obtained. These included questions about current health status, worries about current health, ongoing health needs, prescription medication needs, and disability. Another set of items were used examine the health care experiences of respondents including health literacy, self rating of the quality of their current health care, medical debt, whether respondents have a long term relationship with a physician, if they have been denied medical care or did not seek care due to expenses, and if they used the emergency department for care because they did not have a regular health care provider. Further, differences between the uninsured and insured and age group were examined using these items.

Results indicate that among all respondents (Figure 6), about 20% report that they have persistent, long term medical needs that require care, 38% require prescription medication, and 10% report have health related limitations. Further, many reported experiences of being denied care, using the ER because they did not have access to a usual source of care, avoided obtaining care because of the expense, and have medical debt.

Figure 6: Health Status Snapshot



Health Status: Full Sample N = 519
20% Have Ongoing, Long Term Medical Needs that Require Regular Care
38% Require Prescription Medications
10% Have Health Related Limitations

However, there are differences in health status that exist based on insurance status. Uninsured individuals report that they have more long term medical needs than those with insurance and report more health related limitations than those with insurance. As illustrated in Table 12, there are distinct differences between the insured and uninsured and their responses to questions concerning current health issues.

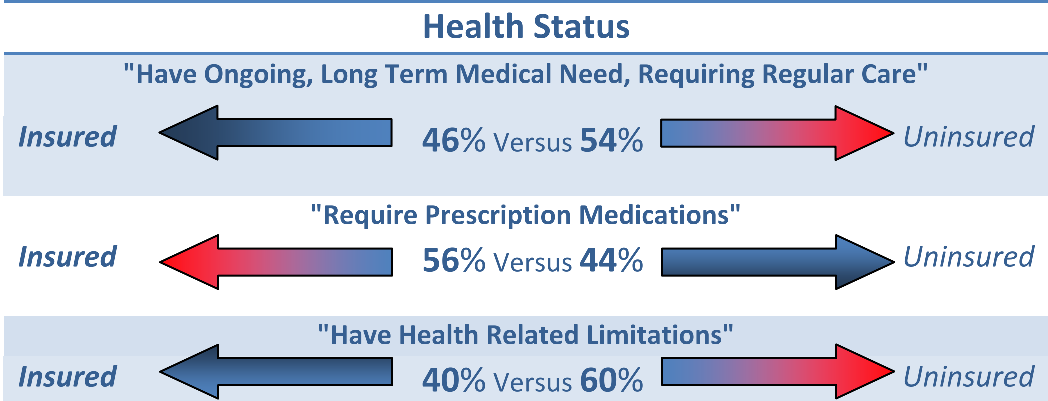
Table 12: Current Health Issues by Insurance Status

Current Health Issues by Insurance Status			
	Full Sample	Uninsured	Insured
	Mean (SD)	Mean (SD)	Mean (SD)
Quality of Current Health Care	3.01 (1.66)	**2.25 (1.70)**	**3.87 (1.12)**
Worries About Health	3.26 (1.46)	**3.44 (1.41)**	**3.04 (1.48)**
Current Health Status	3.93 (1.01)	**3.79 (1.03)**	**4.08 (.96)**

*Bold indicates statistically significant difference.

Those with current healthcare coverage reported greater satisfaction with the quality of their current care. A greater number of respondents without health insurance reported having significantly more worries about their health. Finally, more individuals with current healthcare coverage self reported that the general state of their health was better than that reported by non-insured respondents. As shown in Figure 7, 46% of the insured versus 54% of the uninsured have ongoing medical needs, and 40% of the insured versus 60% of the uninsured reported having health related limitations. As for prescriptions medications, 56% of the insured versus 44% of the uninsured reported requiring prescription medications; this discrepancy could be directly related to the limited access to care faced by the uninsured.

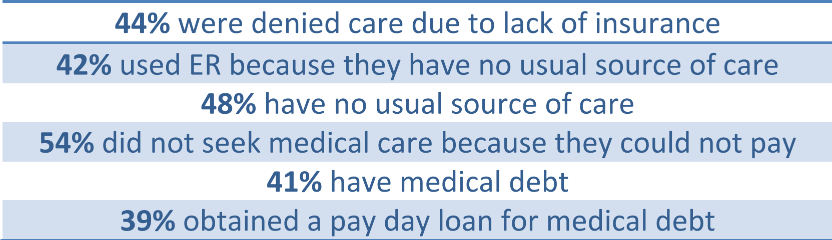
Figure 7: Contrasting Health Status of Insured and Uninsured Respondents



Almost half of the entire sample reported that they had no access to a usual source of care, and a little over half did not seek medical care because of affordability. Around 44% report that they had been

denied care due to a lack of health insurance coverage and 42% reported they use the emergency department because they did not have a usual source of care. Surprisingly, 40% report that they had no medical debt and 9% had used a payday to assist with paying a medical debt. Overall, those with health insurance have more positive experiences with health care than those without insurance (Figure 8). Uninsured young adults are more likely to be denied care due to lack of insurance, and report that they use the emergency department because they have no source of usual care. They are also more likely to report that they have medical debt and used a payday lender to help them pay for medical care. Uninsured respondents are also more likely to report that they do not have a usual source of care and that they did not seek medical care due to the expense.

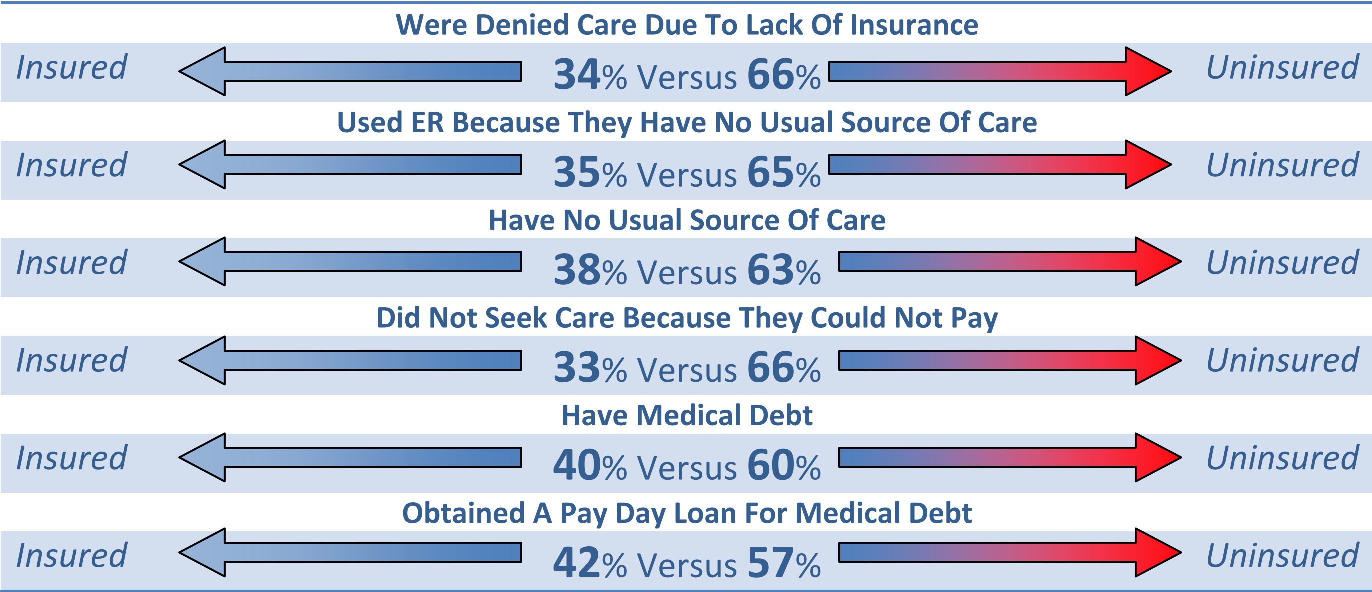
Figure 8: Snapshot of Health Care Experiences



44% were denied care due to lack of insurance
42% used ER because they have no usual source of care
48% have no usual source of care
54% did not seek medical care because they could not pay
41% have medical debt
39% obtained a pay day loan for medical debt

Clear differences have appeared between the insured and uninsured in terms of health care experiences. Figure 9, contrasts the differences health care experiences between the uninsured and those with health insurance coverage. Of those insured, 34% reported having been denied care, 38% reported no usual source of care, and 40% reported having medical debt. In contrast, 66% if the uninsured reported having been denied care, 63% reported having no usual source of care, and 60% reported having medical debt.

Figure 9: Contrasting Health Care Experiences: Insured and Uninsured



SUMMARY OF HEALTH STATUS and EXPERIENCES

Not surprisingly, insured individuals reported requiring more prescription medications than do the uninsured; it is possible that due to more regular access to medical care they have greater access to prescription medications. There are marked differences in health status and health care experiences based on health insurance status. Those with no insurance are more likely to be denied care, use the emergency department for care, more likely to have no usual source for care, and may avoid seeking care due to the expense. Of the two age groups, no significant differences were found except one - the older group (25 – 35) was significantly more health literate than the younger age group. However, as indicated in Table 13, uninsured individuals rated their overall quality of healthcare lower than those who had insurance. It is also clear that of the two age groups, the older reports a lower quality of care versus the younger group, possibly related to a greater need for healthcare.

Table 13: Survey Respondents' Current Health Status

Survey Respondents' Current Health Status by Age Range and Insurance Status

		Insurance Status		Age Group	
	Full Sample	Uninsured	Insured	18-24yo	25-35yo
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Confidence in Filling Out Forms Range: 0 = Not at all Confident, to 5 = Extremely Confident	3.58 (1.41)	3.53 (1.42)	3.62 (1.40)	**3.31 (1.42)**	**4.06 (1.25)**
Quality of Current Health Care Range: O = Very Poor, to 5 = Excellent	3.01 (1.66)	**2.25 (1.70)**	**3.87 (1.12)**	3.05 (1.65)	2.91 (1.69)
Worries About Health Range: 0 = Almost Never, to 5 = Almost Always	3.26 (1.46)	**3.44 (1.41)**	**3.04 (1.48)**	3.16 (1.53)	3.41 (1.34)
Current Health Status Range: 0 = Very Poor, to 5 = Excellent	3.93 (1.01)	**3.79 (1.03)**	**4.08 (.96)**	3.99 (.99)	3.82 (1.03)

Bold indicates statistically significant difference.

Health Insurance Value

One aspect of the survey was to help understand the how health insurance coverage and specific medical services are valued by the target population. Survey participants were asked to rate on a scale of 0 – "Not Important" to 5 – "Very Important" different aspects of health insurance and its complexities. The themes explored included importance of health insurance coverage, employer provided coverage, the cost of coverage, and the ability to choose one's own doctor, hospital, or specialty provider.

Table 14 highlights responses to items related to the value of health insurance and are presented for the full survey sample and by insurance status and age group.

Arguably the most striking finding was that all participants value health insurance – a fact that is contrary to the notion that younger Americans do not value health insurance. Further analyses revealed that older respondents (those 25-35) rate the importance of health insurance, importance of choice in health care and importance of employment that provides insurance at higher levels than do younger respondents. Additionally, respondents with health insurance coverage value health insurance and physician and specialty care choice at higher level than those without health insurance coverage.

Table 14: Health Insurance Value: By Insured Status & Age Group

		Insurance Status		Age Group	
Health Insurance Value	**Full Sample**	**Uninsured**	**Insured**	**18-24yo**	**25-35yo**
(Range: 0=not important, 5=very important)	Mean (SD)	Mean(SD)	Mean (SD)	Mean (SD)	Mean (SD)
How important is having health insurance to you?	4.39 (1.02)	**4.18 (1.13)**	**4.62 (.84)**	**4.28 (1.09)**	**4.57 (.87)**
How important is finding a job that provides health insurance to you?	4.27 (1.09)	4.24 (1.08)	4.30 (1.10)	**4.14 (1.09)**	**4.51 (1.02)**
How important is the price of health insurance to you?	4.47 (.95)	4.52 (.88)	4.41 (1.02)	**4.39 (1.00)**	**4.62 (.79)**
How important is being able to choose your own hospital to you?	4.31 (1.00)	4.29 (1.00)	4.33 (1.00)	**4.17 (1.09)**	**4.56 (.79)**
How important is being able to choose your own doctor to you?	4.43 (.94)	**4.34 (.99)**	**4.51 (.87)**	**4.27 (1.02)**	**4.68 (.74)**
How important is being able to choose your own specialty care to you?	4.44 (.97)	**4.35 (1.05)**	**4.52 (.88)**	**4.30 (1.05)**	**4.66 (.78)**

*Bold indicates statistically significant difference.

It is a commonly held notion within the insurance industry that young people are generally healthy; therefore they do not have a need for healthcare coverage and coverage has not been made available to this group. It has also been suggested that the young uninsured themselves are responsible for their uninsured status due to a belief that they do not need healthcare coverage or are not willing to go to the expense of obtaining coverage. The responses to this survey and the comments of the focus group participants (reported in the next section) suggest otherwise.

Based on the information obtained from this study, young people perceive health insurance to be important, but generally see the overwhelming financial cost of obtaining coverage as the first obstacle that presents itself. Due to the difficulties related to obtaining affordable coverage, for some, the only option is to live as one of the uninsured. Further, results revealed that these young adults, particularly those without health insurance, face rather significant health challenges.

Table 15: Importance of Healthcare Coverage by Ethnicity

Importance of Healthcare Coverage by Ethnicity	**Native American N =96** Mean (SD)		**African American N = 13** Mean (SD)		**Hispanic/Latino N = 18** Mean (SD)		**Caucasian N = 350** Mean (SD)		
Importance of Healthcare Coverage	**4.06AB**	1.34	4.64	0.63	**4.71A**	0.56	**4.49B**	0.88	F = 6.86 P< .000
Importance of Employer Coverage	4.02	1.46	4.14	0.86	4.67	0.66	4.36	0.94	F = 3.86 P=.010
Importance of Health Insurance Costs	4.3	1.44	4.71	0.61	4.38	1.28	4.53	0.85	NS
Importance of Health Insurance Coverage Choice	**4.21A**	1.02	4.52	0.72	4.44	0.85	**4.47A**	0.81	F = 2.82 P=0.04

The importance of health care coverage and health care experiences were explored by ethnicity. Overall, there were differences based on value of health care coverage where both white and Hispanic respondents rated the importance of health care coverage significantly higher than Native Americans. In terms of health care coverage, whites valued having more choice in health care coverage than did Native Americans.

VALUE OF SPECIFIC MEDICAL SERVICES

Respondents were asked to assign value to a list of specific medical services such as hospital care, pharmacy, or preventative care, etc. Overall, most of the medical services listed were ranked as important to all respondents. Table 16 provides a rank order of the medical services for the entire sample by age, insurance status and a mean for the service's specific value. Hospital care was ranked as the most important while mental health substance abuse treatment were ranked as having the lowest importance. Tables 15 and 16 illustrate the value of those services broken down into specific categories – the full sample and both with and without insurance coverage.

Of the eleven different service aspects related to health insurance coverage, those rankings that did not change based on insurance status were: primary care services, tests/labs, and substance abuse treatments. As indicated by Table 17, both those respondents with and without health insurance, rated the same services in the top five they valued, but the ranking of those services differed between those with insurance and those without. Overall, the uninsured ranked dental services as the most highly valued; for insured individuals, hospital services was the highest ranked, and both groups ranked substance abuse treatment as the least valued medical service.

Table 16: Ranked Value of Specific Services – Full Survey Sample

Ranked Value of Specific Medical Services N = 519
1. Hospital Care
2. Dental Care
3. Pharmacy
4. Primary Care
5. Tests/Labs
6. Specialty Care
7. Scans/X-Rays
8. Preventative Care
9. Rehabilitation Services
10. Mental Health Services
11. Substance Abuse Services

The research indicates that Individuals with health insurance coverage are more likely to value hospital care, tests/labs, specialty care, preventive care, and rehabilitation services than those without health insurance. In addition, across all services, respondents in the 25-34 age group value medical services more than do the younger respondents.

Table 17: Ranked Value of Services by Insurance Status

Uninsured (N = 272)	Insured (N = 245)
Dental	Hospital Care
Hospital Care	Pharmacy
Pharmacy	Dental
Primary Care	Primary Care
Tests/Labs	Tests/Labs
Scans/X-Rays	Specialty Care
Specialty Care	Scans/X-Rays
Prevention	Prevention
Mental Health	Rehabilitation
Rehabilitation	Mental Health
Substance Abuse	Substance Abuse

For those individuals living without health insurance coverage, it becomes clear that this group, in both age categories, highly value dental services. It has been postulated that may be due to the differences in access to dental versus medical services.

Table 18: Ranked Value of Specific Medical Services – Full Survey Sample

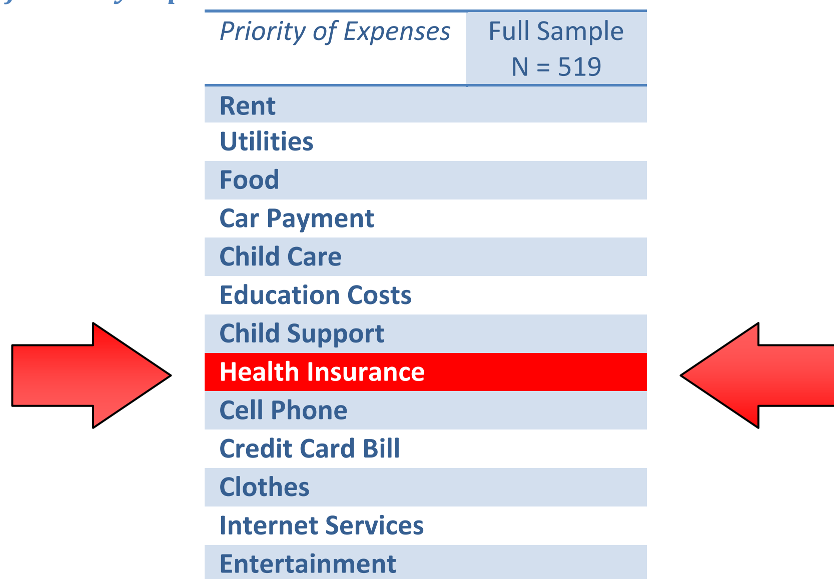
Value of Specific Medical Services – Full Survey Sample ***(0=not important, 5=very important)***					
	Full Sample	**Insurance Status**		**Age Group**	
	N = 519 Mean (SD)	**Uninsured N = 272 Mean (SD)**	**Insured N = 245 Mean (SD)**	**18-24 N = 317 Mean (SD)**	**25-35 N = 188 Mean (SD)**
Hospital Care	4.60 (.74)	**4.52 (.81)**	**4.69 (.62)**	**4.48 (.85)**	**4.81 (.45)**
Specialty Care	4.25 (1.24)	**4.13 (1.32)**	**4.37 (1.14)**	**4.14 (1.31)**	**4.43 (1.10)**
Primary Care	4.35 (.95)	4.28 (.98)	4.42 (.92)	**4.15 (1.08)**	**4.70 (.59)**
Preventative Care	4.16 (1.17)	**4.05 (1.23)**	**4.28 (1.09)**	**3.97 (1.26)**	**4.51 (.90)**
Scans and X-Ray	4.21 (1.09)	**4.17 (1.03)**	**4.31 (.89)**	**4.08 (1.05)**	**4.50 (.77)**
Tests Coverage	4.29 (1.03)	**4.21 (1.09)**	**4.39 (.96)**	**4.12 (1.11)**	**4.58 (.84)**
Pharmacy	4.50 (.92)	**4.38 (1.01)**	**4.62 (.80)**	**4.39 (1.02)**	**4.69 (.74)**
Mental Health	3.68 (1.55)	3.69 (1.47)	3.68 (1.63)	**3.58 (1.59)**	**3.90 (1.44)**
Rehab	3.77 (1.45)	**3.65 (1.47)**	**3.90 (1.42)**	**3.58 (1.53)**	**4.13 (1.21)**
Dental	4.55 (.84)	4.54 (.79)	4.55 (.89)	**4.45 (.95)**	**4.72 (.60)**
Substance Abuse	2.73 (2.08)	2.60 (2.40)	2.76 (2.06)	2.47 (2.15)	3.60 (1.71)

*Bold indicates statistically significant difference.

PRIORITY OF EXPENSES – YOUNG ADULTS

Respondents were provided with a list of 13 common monthly expenses and were then asked to respond to each item according to the following scale: 0 = I would pay this if I have money left over, to 5 = I would pay this first. As one might expect, the most important to the full survey sample are rent, utilities, food, car payment, and child care. Health insurance is prioritized behind child support and education cost, ranking 8th in importance (Table 19).

Table 19: Priority of Monthly Expenses



Priority of Expenses	Full Sample N = 519
Rent	
Utilities	
Food	
Car Payment	
Child Care	
Education Costs	
Child Support	
Health Insurance	
Cell Phone	
Credit Card Bill	
Clothes	
Internet Services	
Entertainment	

PRIORITY OF COMMON EXPENSES BY AGE AND INSURANCE STATUS

When compared by age, monthly expense priorities did not vary and illustrated by Table 20. Of the thirteen different expenses, health insurance was the eighth most important monthly expense for both groups. While health insurance held the same ranking for both age groups, the older group was statistically more likely to prioritize items such as rent and food, and was less like to value cell phones, credit card bills, internet, and entertainment expenses. It appears that a correlation exists between maturity level and the value of both health insurance coverage and adequate access to health care services.

Table 20: Monthly Expense Ranking by Age Group

Expenses: 18-24
Rent
Utilities
Food
Car Payment
Child Care
Education Costs
Child Support
Health Insurance
Cell Phone
Credit Card Bill
Clothes
Internet Services
Entertainment

Expenses: 24-35
Rent
Utilities
Food
Car Payment
Child Care
Education Costs
Child Support
Health Insurance
Cell Phone
Credit Card Bill
Clothes
Internet Services
Entertainment

When compared by insurance status, the difference in healthcare ranking becomes quite clear (Table 21). The comparison suggests that having healthcare coverage may have a distinct impact on how monthly expenses are prioritized.

Table 21: Ranking of Monthly Expenses by Insurance Status

Expenses - Insured
Rent
Utilities
Food
Car Payment
Child Care
Health Insurance
Education Costs
Child Support
Cell Phone
Credit Card Bill
Clothes
Internet Services
Entertainment

Expenses- Uninsured
Rent
Utilities
Food
Car Payment
Child Care
Education Costs
Child Support
Cell Phone
Health Insurance
Credit Card Bill
Clothes
Internet Services
Entertainment

Those individuals with healthcare coverage more highly prioritized paying their health insurance premium, ranking it 6th on the list of priorities, above education costs and even child support; this is versus a ranking of 9th by those who were uninsured. The uninsured respondents ranked paying for healthcare coverage below education costs, child support payments and paying their cell phone bill. Table 22 has a detailed listing of the priority of expenses by insurance status and age group.

Table 22: Priority of Expenses

Priority of Expenses (0=pay if left over $, 5=pay first)		Insurance Status		Age Group	
	Full Sample Mean (SD)	**Uninsured** Mean (SD)	**Insured** Mean (SD)	**18-24yo** Mean (SD)	**25-35yo** Mean (SD)
Rent	4.66 (.92)	4.66 (.87)	4.65 (.97)	**4.55 (1.04)**	**4.83 (.69)**
Child Care	3.83 (1.69)	3.77 (1.73)	3.91 (1.65)	3.77 (1.73)	3.90 (1.66)
Clothes	2.30 (1.59)	2.25 (1.58)	2.35 (1.61)	2.30 (1.56)	2.30 (1.68)
Car Payment	4.17 (1.24)	4.15 (1.27)	4.19 (1.21)	4.13 (1.23)	4.22 (1.30)
Entertainment	1.27 (1.38)	1.17 (1.31)	1.39 (1.45)	**1.41 (1.47)**	**1.06 (1.20)**
Child Support	3.42 (1.81)	3.27 (1.90)	3.58 (1.70)	3.52 (1.67)	3.25 (2.02)
Utilities	4.56 (.91)	4.57 (.93)	4.56 (.89)	4.51 (.96)	4.67 (.82)
Education Costs	3.63 (1.29)	3.60 (1.30)	3.67 (1.29)	3.71 (1.21)	3.52 (1.44)
Health Insurance	3.38 (1.60)	**2.94 (1.72)**	**3.88 (1.30)**	3.45 (1.54)	3.20 (1.72)
Food	4.38 (.91)	4.38 (.92)	4.38 (.89)	**4.29 (.93)**	**4.54 (.85)**
Credit Card Bill	2.65 (1.74)	**2.43 (1.81)**	**2.88 (1.65)**	**2.78 (1.71)**	**2.39 (1.80)**
Cell Phone	3.10 (1.57)	3.06 (1.57)	3.14 (1.57)	**3.31 (1.47)**	**2.74 (1.69)**
Internet Services	1.86 (1.62)	1.82 (1.64)	1.92 (1.61)	**2.03 (1.64)**	**1.66 (1.60)**

*Bold indicates statistically significant difference.

MOTIVATION TO PURCHASE HEALTH INSURANCE

Motivating factors to purchase and maintain health insurance as well as those that work support health insurance policies are highly relevant to young adults. Respondents were asked what factors might motivate them to purchase and maintain health insurance coverage and were asked to rate those factors on a scale of 0 – Not likely at all through 5 – Very likely. As illustrated in Table 23, a mean score of the full sample on all three items indicated that they were "likely" purchase insurance if it were required by law, if there were incentives involved, and to avoid penalties.

Table 23: Motivation to Purchase Coverage

Motivation to Purchase Healthcare Coverage - Full Sample				
Would Purchase Insurance if...	Current Insurance Status	N	Mean	SD
Required by Law	Insured	242	3.45	1.65
	Uninsured	267	2.64	1.85
Incentives were Offered	Insured	242	3.50	1.54
	Uninsured	268	3.20	1.63
To Avoid Penalties	Insured	243	3.60	1.75
	Uninsured	266	2.82	2.03

PREDICTING HEALTH INSRUANCE STATUS: A MODEL OF YOUNG OKLAHOMANS

Analysis of the findings indicated that ethnicity, education, health worries, current health status, health issues, payment priority of health insurance, and health insurance value were significantly associated with health insurance status. Being white and having higher levels of education is associated with having health insurance. Also significantly associated with having health insurance was having good health, having fewer health worries, placing a high value on health insurance, and ranking paying for health insurance as a priority. Table 24 highlights these results.

Table 24: Binary Logistic Regression for Variables Associated with Health Insurance Status (n=457)

		SE	Odds Ratio	CI	
Variable				**Lower/Upper**	
Gender	.371	.236	1.449	.913	2.302
Children	.226	.274	1.254	.732	2.147
Family Status	-.339	.253	.712	.434	1.169
Ethnicity	**.478***	.230	1.614	1.029	2.531
Education	**-.479***	.233	.620	.392	.979
Age	-.008	.028	.992	.939	1.049
Worries about Health	**-.334****	.083	.716	.608	.842
Current Health Status	**.295****	.116	1.343	1.071	1.685
Health Issues	.182	.132	1.200	.927	1.555
Coverage Choice	-.062	.142	.940	.712	1.240
Health Literacy	-.040	.083	.961	.817	1.129
Payment Priority	**.371****	.072	1.450	1.260	1.668
HI Value	**.371****	.140	1.449	1.101	1.907

p<.05 **p<.01

FOCUS GROUPS – RESULTS

Immediately prior to the focus group, respondents were asked to complete a brief, 9 question survey. Those results are reported first. Next reported are the focus group responses.

FOCUS GROUP DEMOGRAPHICS

Focus group participants were recruited through a variety of methods including partnerships with various agencies, the posting of informational fliers, and through word of mouth. The total number of focus group participants for this study was 77 (seventy-seven) individuals between the ages of 18 and 34, and various ethnicities, educational achievement status and socioeconomic background (Table 25). The majority of the participants expressed strong opinions on the current state of healthcare; most of the group participants shared their stories of how they or their family members have been personally impacted by the realities of living life as one of the uninsured.

Table 25: Focus Group Demographics

Characteristics of Focus Group Sample (N = 77)					
Variable	N	%	Variable	N	%
Gender			**Employment Status**		
Male	34	44.10%	Employed	43	55.80%
Female	43	55.84%	Unemployed	34	44.20%
Marital Status			**Education**		
Married	24	31.20%	8th Grade or Less	2	2.60%
Single	46	59.70%	Some High School	19	24.70%
Divorced	3	3.90%	HS Grad or GED	13	16.90%
Widowed	1	1.30%	Some College	16	20.80%
Separated	3	3.90%	Four-Year Degree	4	5.20%
Ethnicity			Some Post Grad	15	19.20%
Nt. Hawaiian/Pac. Islander	1	2.60%	Post-Grad Degree	7	9.10%
African American	13	2.50%	**Age**		**Mean/SD**
Hispanic/Latino	7	9.10%	18-24 Years	27	21.40 (2.024)
Caucasian	42	54.40%	25-35 Years	50	30.42 (5.775)
Asian	2	2.60%	**Reported Health Problems**		
Other	6	7.80%	Yes	23	29.90%
Insurance Status			No	54	70.10%
Insured	31	40.30%			
Uninsured	46	59.70%			

The following summarizes the focus group responses to the questions regarding health status, healthcare access issues, opinions on the importance of healthcare coverage, anxiety related to healthcare needs, willingness to purchase health insurance, motivation to purchase insurance, financial concerns related to health, security with healthcare coverage, responsibility for providing coverage, their view of good healthcare coverage and their knowledge of the program *Insure Oklahoma*.

HEALTH CONCERNS AND SECURITY

Health concerns faced at the present time:

Overall, the general health for the target age group was reported as satisfactory. However, there was a subset of individuals that reported experiencing health issues such as diabetes, high blood pressure, cancer, asthma, mental health, seizure disorders, and dental problems. Of these issues, dental care was a significant concern for many respondents, particularly for those who have never had consistent dental care. In addition, many had worries concerning unexpected illness or injury. These worries

were salient for participants, particularly in the context of uninsurance. Individuals with health problems revealed anxiety related to potential medical costs that they could not cover. Respondents expressed concerns about the possibility of illness and injury that could have a catastrophic effect on their lives or livelihood.

"I don't really know much about healthcare or anything but I'm always nervous, like, right now, if I got hurt, like, I really wouldn't be able to pay for it, so that's always a concern."

Concerns were also raised about the potential for those with pre-existing conditions (such as diabetes or mental health issues) to be denied health insurance, a status that can ultimately create a barrier between them and the long term care they require.

"My friend, he is diabetic and he can't afford to go see a doctor and he goes to the store and buys his own insulin buys his own needles; basically takes care of it by himself. He has been doing that for the last ten to fifteen years."

—

"I already have high blood pressure, I think, and he [my dad] is a diabetic, so my long term worry is that I won't have enough money to cover, like, if I am diagnosed with diabetes."

Other concerns were related to mental health and the ability to meet the care needs related to a mental health diagnosis.

"I have mental health problems as well as physical health problems."

Worries about financial issues related to health:

Concerns were raised regarding medical debt and its affect on credit ratings, having to borrow the funds to access care, and general anxiety about facing a healthcare crisis while uninsured. Despite the stereotype of this age group's nonchalance regarding insurance, results indicated the respondents were quite concerned about healthcare coverage and its associated costs.

> ***"I worry a lot about finances and being able to pay for everything like health care coverage; until I graduate from college and can get a job with health care coverage."***
>
> **—**
>
> ***"There's always a little, that little voice in the back of your head saying watch out, you don't have health insurance, so how are you going to pay…so, you're really not secure."***

Accessing care for chronic illness was another important thread. Many either had no strategy to receive the medications or services they need other than to utilize emergency services. However, emergency care is not a fool-proof plan. Once the acute crisis has been dealt with, the issue of accessing needed medications continues to be an obstacle to an overall better health outcome.

> ***"I'm supposed to be on medication but the medication is five hundred dollars a bottle every month, yeah right...that's a farfetched dream."***
>
> **—**
>
> ***"I have had health problems since I was eighteen; it has been a consistent thing, my kidneys, it has been something so I have been there for a while."***

Further concerns raised were related to cost of healthcare services and the inability to afford required care. Many respondents stated that they were willing to incur the cost of an emergency services visit because payment is not required at the point of service. Furthermore, most believed that non-payment of the bill was inconsequential, or do not express an understanding of the importance of credit and unpaid debt.

"I didn't have insurance, so I had to call my mom to borrow some money."

Security with current health insurance status:

Of those who reported having healthcare coverage the level of security was generally good. However, the fear of losing one's employment or government based benefits, whether their own or their spouse's, was a common concern. An overwhelming number of respondents stated that they were not secure in their healthcare coverage. Still others were concerned about losing employment based coverage due to family responsibilities and unforeseen illness or injury. Most respondents reported a fair amount of financial stress and insecurity, leading to feelings of uncertainty about the benefit of healthcare and it outweighing the associated costs.

"I missed a lot of work because I was sick and the kids were sick and my husband is sick all the time because he's diabetic."

Many who were not covered suggested that a feeling of security came with having some form of healthcare coverage, without regard to its origin, i.e. public or private. To be without coverage was to be without security in ones health status.

"Yeah, I have a little bit of asthma, but under control, and I also have high blood pressure-that is why I wanted Medicaid."

Negative experiences accessing healthcare services:

Respondents answered with experiences such as coverage denial due to preexisting conditions, limited coverage, and loss of coverage. Additionally, respondents indicated having a sense of being demeaned

while trying to access healthcare while uninsured or having been treated differently based on the type of insurance they held. Most uninsured respondents reported experiencing disrespect and poor treatment by health care providers.

"You don't get treated near as well as people with insurance."

—

"I think if you pay well then you get treated well, if you've got this sooner insurance, whatever, they don't really care about that."

Respondents remarked about the difficulties associated with trying to obtain healthcare coverage and the expense related to having an ongoing healthcare need.

"One's health needs are all about now; [when you try to get insurance] if you have any previous health things you are going to have to [get approval from] their doctor."

—

"[Healthcare is]very, very expensive without insurance, but sometimes I've found out that going to um, a doctor or going to the hospital, the deductible is sometimes more expensive than the actual services."

Other concerns were related to the difficulties presented by losing one's healthcare coverage, as well as trying to access healthcare, regardless of insurance status.

"We lost our insurance and it was devastating because we have some health issues - we tried to go through the state, but unless you making less than four hundred dollars..."

—

"You have to take off the whole day and you might not get seen that day and then they say, just show up at eight o'clock the next morning."

Responsibility to obtain and maintain healthcare coverage:

Overall, the group responded that obtaining health insurance coverage should require a certain level of personal responsibility, but that government should bear a percentage of the cost as well. Likewise, most expressed that there should be a social safety net in place to provide coverage for those who are unemployed, underpaid, or underserved.

"Me, I am responsible for obtaining health insurance."

—

"It starts with our selves..."

—

"We've got to have the want to get out there and get ourselves help, you know...but if we can't afford it, you know, we should have help there."

While personal responsibility was a big portion of who should help to get and keep insurance, the theme of governmental responsibility for healthcare ranged from simply being a safety measure for the disabled, unemployed, or underpaid – to government being the only responsible party for one's healthcare.

"The government, in a way, should be responsible for people who cannot afford it."

–

"I think that if the government helped with insurance then we would be able to get a job and then we could put money out and probably help the economy…"

–

"It should be a national right."

IDEAL HEALTH COVERAGE

View of what is "good health coverage" and support such coverage:

Overall, good coverage was defined as an umbrella that meets all of the insured's needs, i.e., medical, hospital, primary care, specialty care, mental health, dental, vision, and prescription coverage. Along with coverage aspects, the majority felt that affordability was part of what could be defined as good health coverage.

> ***"Cover everything I guess, full coverage on everything."***
>
> **–**
>
> ***"A good plan would be coverage on everything."***
>
> –
>
> ***"Affordability, I mean, first you have to [be able to] afford it to get Health Insurance, then, you know, health, um, vision, dental, you know stuff like that, would be a good start."***

Opinions were mixed in regard to substance abuse treatment, and smoking cessation; the general consensus was that people directly contributed to these problems by choosing unhealthy behaviors and that it was their personal responsibility to help themselves. One respondent remarked on the irony of dividing the body into distinct insurable parts and the different plans to cover such things as vision, dental, and mental health care.

> ***"You chose to do drugs. You are not going to stop doing drugs no matter how much somebody wants you to stop."***
>
> **—**
>
> ***"[Mental health] should be covered, like eyes and teeth… [your brain is] part of your body!"***
>
> **—**
>
> ***"I think, as far as in mental health, it should just be something that comes with your Health Insurance; it shouldn't be separate."***

BARRIERS AND COSTS ASSOCIATED WITH LACK OF HEALTH COVERAGE

Factors that prevent respondents from getting and keeping health care insurance:

Most respondents reported that affordability and preexisting conditions were the main obstacle to getting and keeping healthcare insurance. It would seem that a large portion of the respondents have connected access to insurance to being employed. Based on that notion, responses were given that reflected a need for employment or a higher wage that permitted the purchase of health insurance. Further, individuals stated that having pre-existing conditions were a factor in whether or not they had insurance. The overall feelings shared were that insurance should be available to all, pre-existing condition or not.

"They [the insurance company] just pretty much gave up on me, they said…no one is going to cover what I have going on in the past."

—

"My concern is that I can't get insurance because my daughter has type 1 diabetes and I don't have a job right now and I tried to get a individual plan, it was really, really high, but they would not even take her. They said she was uninsurable."

—

"I've got this shoulder [problem] and they go, no, it is pre existing."

Dealing with unanticipated health crisis:

Respondents reported four main strategies to accessing healthcare during a crisis while uninsured – 1) seek care from the hospital emergency department; 2) hope for charity assistance; 3) pay cash or try work out a payment schedule; 4) or to simply go without care.

"The necessities that you really need, can put you in debt, you know, going to the hospital is going to put you in debt if you don't have insurance."

—

"If I was to get sick, or god forbid was to catch a serious illness. I would have to suffer with it and live with it."

Further, some respondents expressed a desire to pay for healthcare services in the face of an unexpected illness or injury; many have the belief that high healthcare costs were an unavoidable eventuality.

"If something happened (I) would just have to go to the emergency room and just face the cost of, you know, what it would be."

—

"I would probably try to get them to set me up on some sort of really low payment plan to pay it off."

Psychological pressures related to insurance status:

Respondents commonly reported having anxiety, stress, and worry as related to the possibility of a catastrophic injury or illness. Responses were also related to the stressors of being unemployed and the reality of living with out healthcare insurance.

"[Not having healthcare insurance] is stressful."

—

"It is like walking around with a loaded gun to your head. You don't know what is going to happen."

Many of the respondents spoke of the bloated costs related to receiving healthcare as an aggravating factor when it comes to utilizing needed healthcare services.

"Stress, I mean, seriously it's nothing but stress and heartache if you don't have insurance I mean, because bills are going to start coming in…"

—

"If you miss work, you don't have any pay coming in, so you can pay bills and you get more and more behind."

How does unemployment make you think about health coverage for you and your family?

Those who were currently employed held concerns about losing their job and subsequently their healthcare coverage, and those without employment, who were on a government funded plan feared earning too much and losing their benefits. Some respondents described the problems faced by the working poor – the balancing act of living life on the dividing line between earning a living wage and needing public assistance. As previously noted, may respondents have drawn a connection between employment and insurance; with that in mind, one must assume the opposite to be true – many see unemployment as the main barrier to getting and keeping healthcare coverage.

"[With a job] you've got an income, I mean, you can pay for this stuff plus if you got a job most places give you benefits and they just take it right out of your check."

Conversely, others saw employment as a possible detractor to their being able to receive needed services from the state. This is seems to be a common problem for the working poor; the constant fear of losing one's benefits while struggling with the desire to better their family's lives.

"If I were to go get a job they would cut my food stamps, you know...those food stamps really help, and so, it's either my health or my kids eating."

MOTIVATION TO OBTAIN HEALTH CARE COVERAGE

Motivation to get and keep coverage:

Responses ranged from "not motivated at all" to "very motivated". Individuals who were not motivated were likely to be currently covered under parent or spouse's plan. Those who were very motivated generally had a medical need and would benefit from health insurance.

"I'm not well I'm not that motivated because I'm with my mom and it's just, like whatever. I just kind of blow it off."

Others were motivated to, but were experiencing cost as a barrier to being able to purchase a plan and access services.

"They're going to have to lower the rates and they're going to have too up our wages so that we can afford it."

And many responded that they believed it to be widely understood that everyone would like to have healthcare coverage.

"I don't think there's anybody here that would say OK, I don't want Health Insurance..."

Importance of health care coverage:

Overall, responses suggest that health insurance is highly important. Many reported having the desire to work and be responsible for their own healthcare coverage. Responses suggest that if given the opportunity, respondents would be willing to sacrifice in order to have the healthcare coverage they need.

"We were making a limited amount of money we were still making the payments because it is very important to us."

—

'It's the best of both worlds; a good income and insurance."

Others remarked on the effect losing their coverage had upon them, and the reality that is: human beings need health care coverage.

"We lost our insurance and it was devastating."

—

"People need health care. There is nobody on this earth that doesn't get sick."

Useful incentives to purchasing health care coverage:

Levels of coverage and affordability were the responses given most often. In general, respondents felt that any coverage was better than no coverage and that affordability was a huge deciding factor in whether or not someone was covered.

> ***"Just to have good insurance is enough incentive.***
>
> ***—***
>
> ***"I don't know…I want to say if it was a low enough to be able to afford every month, but I don't know."***

Aside from affordability, respondents believed that being able to obtain insurance was enough incentive to keep it.

> ***"You wouldn't need the incentive, we have the incentive, [but] we just don't have the means."***

Useful penalties to discourage being uninsured:

Overall, the respondents reported that penalties were not a good strategy for getting people to purchase and keep health insurance. The example sited by researchers was that of Massachusetts, where individuals are fined for lack of coverage; respondents felt this approach was wrong. The theme continues to swing back to cost; the majority believed that cost was the determining factor in whether or not one could get healthcare coverage.

> ***"Penalties are going to make it even harder to afford."***
>
> ***—***
>
> ***"I don't agree with penalties."***

Some respondents believed that penalties, like the one sited in the example above, were a good idea – one individual sited the current auto insurance requirements as proof of success.

"I don't think it is a bad idea. We are already required to carry auto insurance; as long as the price is down where it is affordable."

Willingness to obtain and amount willing to spend on health insurance:

The average price point at which individuals were willing to pay was $50.00 per month, and some reported a willingness to go as high as $100.00 per month. As for influences, most reported coverage as a mitigating factor when determining willingness to pay. Cost in relation to need was also a factor; some stated that those who need it more should pay more and those who are sick less should pay less.

"I'm willing to pay twenty dollars a month."

—

"I would say $50.00 right now per month; that is what my family could pay."

—

"I would pay at least maybe one hundred or maybe less, I don't know."

SPECIAL COVERAGE ISSUES – OPINIONS

Importance of mental health coverage:

In general, mental health issues were seen as something unforeseeable and beyond the control of the consumer, therefore it should be included in any health care plan; however, others thought it could be included but as part of the "Cadillac" of health plans.

"Shouldn't that be included?"

—

"It is important; some people really need it."

Those who believed that mental health coverage should be an option made statements reflecting personal choice and that cost could be a factor in determining whether or not they would have coverage.

"I think it should be like your personal option."

—

"That is a luxury to have mental health care coverage."

Inclusion of coverage for substance abuse treatment:

Response to this were mixed: based on the idea that drug and alcohol use was a personal choice, some felt that it should not; some that it should be part of any plan, and still others thought it should be a part of coverage but only as a onetime thing. Overall, most felt that treatment of substance abuse was a personal responsibility.

"That is self inflicted. I don't know about that one."

—

"That is kind of like, your own will to make that mistake."

However, a small portion felt that it was a social responsibility to help an individual who is seeking to make positive life changes and get off of drugs or alcohol.

"I think there should be help; there should be help if you need it."

Inclusion of coverage for smoking cessation:

Responses to smoking cessation were very similar to substance abuse treatment…many felt that it was based on personal choice and should be considered an "add on" to any policy. In general, smoking was considered a bad personal health choice and cessation was up to the individual, not an insurance carrier.

"I think it should be covered."

—

"I think it should if you are willing to quit."

While some believed it should be part of any policy, others remarked that smoking cessation was a personal responsibility and should not be paid for through insurance.

> ***"I think you have to quit on your own."***

Belief that a friend with substance abuse problem should have coverage for care:

The general belief was that alcohol use was one's personal choice to engage in and that an individual should have the option to seek help, however, they also believed that help should be limited and that the person requiring treatment should only be allow a particular number of opportunities to receive help.

> ***"I think it should be covered, to a certain extent."***

However, there were a few individuals that believed if incentives were in place to assist with rehabilitation; more people would be motivated to seek lasting positive change.

> ***"I think there would be more people quitting and people off of the street if they had the push and the help."***

Others believed that there were no incentives that would encourage an individual to seek help with drug or alcohol problems; the motivation had to come from within.

> ***"You chose to do drugs. You are not going to stop doing drugs not matter how much somebody wants you to stop. You are not going to stop until you want to. It is like you are not going to stop smoking cigarettes until you want to."***

Inclusion of mental health, substance abuse, and smoking cessation:

Respondents' answers were split between mental health and the other aspects. Most respondents felt that mental illness was unforeseeable and beyond the control of the consumer, similar to a broken bone or illness. Therefore, mental health should be included. In contrast, substance abuse, alcohol, and tobacco use was a choice made by the consumer and therefore, the consumer has a greater level of accountability and responsibility to pay for treatment. Sentiments were mixed on this issue; opinions ranged from an 'all inclusive' plan to being able to pick and choose the aspects of coverage you or our family may need.

"I think dental, mental, and healthcare coverage should be combined into one [policy]…period. It should be one [all inclusive] Health Insurance plan because it's all dealing with your body, and your head is part of your body."

—

"I think it would be good – we cover everything if you get this package and we cover this if you get that package. It should all be the same no matter what package or who [which company] you go through it should all be the same."

Many of the respondents believed that if they did not have a mental health or substance abuse problem then they should not be responsible for a premium that includes coverage for items that they do not need or want.

"I think that is like you go and get a phone at AT&T you want this no, yes, and no. How much is it going to be if I get this? That would be cool if insurance could do that. You know."

-

"I think you will have different opinions on drug abuse, alcohol abuse because I think a lot of people will say - I don't have this problem so I don't have to pay."

INSURE OKLAHOMA

Respondent's knowledge of the program *Insure Oklahoma*:

Most of the participants had heard of Insure Oklahoma, whether on television or through printed advertisement. The majority of respondents had heard of the name "Insure Oklahoma", but many did not know who the program was meant to serve.

> ***"I have heard about it. I don't know exactly about it, but I have heard of it."***
>
> **—**
>
> ***"I know it's for small businesses a small number of employees like fifty or less, like they help you get insurance through the state of Oklahoma."***

Further, those that were aware of the program and its purpose did not know enough details to understand whether or not the program could be beneficial to them.

> ***"I don't think I know enough about it."***
>
> **—**
>
> ***"I've seen the commercials but I don't know what it is…"***

Summary of Focus Groups

Through analysis of the focus group transcripts, several themes emerged:

- ⇨ Most suggested health insurance coverage should be available for everyone.
- ⇨ Most said they had some personal responsibility for their coverage and would pay for part of it (if they could).
- ⇨ A majority said that mental health services should be covered. The homeless group from the Salvation Army shelter all said if they could get their medications they probably wouldn't be homeless because they could work.
- ⇨ In general, most had very strong reactions to substance abuse and tobacco, though, separate from mental health. "They brought that on themselves" was a common theme; however, some did believe it should be covered.
- ⇨ Many had chronic physical illness (diabetes, high blood pressure).

Responses from focus group participants indicated that these individual were actively engaged in health seeking behaviors, unfortunately, those behaviors were not conducive to overall good health. Likewise, many of those participants were engaged in health seeking behaviors as a last resort effort when faced with a painful or lengthy illness or injury. It is highly likely that the at-risk adults participating in this study were at-risk children as well – this is often referred to as "generational poverty". Individuals experiencing generational poverty often live unhealthy lifestyles that are directly related to lack of education, access to primary and preventative healthcare, knowledge of and access to nutritious foods, healthy methods of food preparation, and often live in areas where healthy outdoor activities are avoided due to neighborhood dangers. In regard to healthcare, one study of generational poverty states that ninety-seven percent of respondents "could not remember going to the doctor or knowing of anyone who went to the doctor" (Beegle, D., p.14, 2003). Similarly, many reported never receiving dental or eye care. Prescriptions coverage was another area covered by Beegle's study; most reported never having enough money to purchase prescriptions, and when they did, they often shared them with friends or family (Beegle, D., 2003).

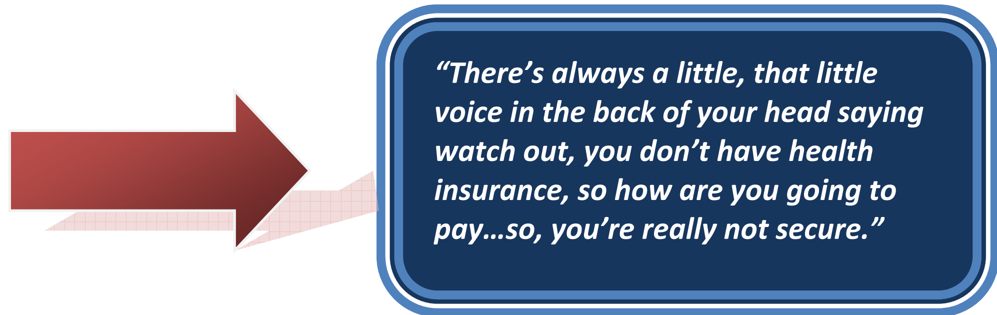
For individuals living in poverty, food is often a barrier to good healthcare. The majority of respondents to Beegle's study "shared stories of hunger" (Beegle, D., p. 13, 2003) and many were able to identify with the feeling of being "weak and shaky as a result of not having enough to eat" (Beegle, D., p. 13, 2003). These are all factors that have a direct impact on overall health outcomes and the promotion of healthy lifestyles. It is highly likely that individuals living in poverty did not have parental figures that could model appropriate healthcare strategies or assist them in obtaining preventative care. Based on this information, safe neighborhood programs, strategies on how to educate this population on the appropriateness of preventive care, and how and where healthy foods and healthy preparation methods can be found are highly warranted.

CONCLUSIONS

⇨ Serious consequences exist for young adults living without health insurance that include higher risk of medical debt and greater health problems.

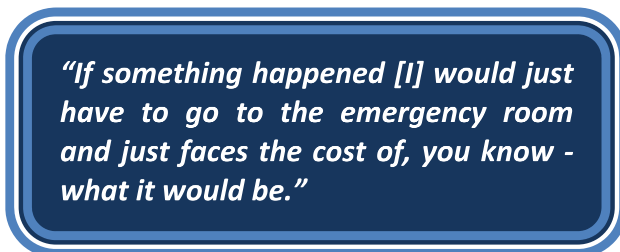
Those survey respondents living without health insurance report that their general health status is lower than those with insurance and over **half** report having long term and ongoing medical problems that require regular care as well as health related limitations. Further, 60% of uninsured individuals report having medical debt and 57% report that they have used pay day lenders to assist with covering medical costs. The potential for serious financial and health consequences for this population is already

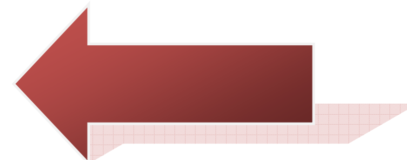
present, making life long success much more difficult. Not surprisingly, survey results show that those without health insurance worry significantly more about their health than those with insurance.



⇨ Big health problems - little follow up.

In addition to the health problems associated with a lack of health insurance, the uninsured have a difficult time accessing needed health services. Over 60% of those without insurance have no usual source of care and many of the uninsured respondents reported using the emergency room because they do not have access to regular care. Additionally, many report that they were denied care due to lack of health insurance and over half avoided seeking care due to the expense. The health problems of uninsured, young Oklahomans in this project should not be surprising; previous research has already determined the health risks associated delayed or the lack of care.

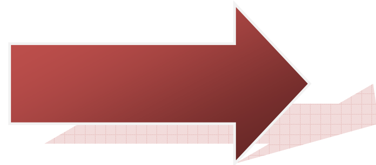




⇨ According to young Oklahomans, the biggest barrier to health insurance coverage is cost.

Among the uninsured, the biggest barriers to obtaining and maintaining health insurance coverage are expense, the belief that one may not qualify for state insurance programs, and lack of employment. The cost of accessing services is significant approximately 35% of the insured and 41% of the uninsured respondents reported having medical debt, an indication that even those with health insurance may struggle with the affordability of health care. The prioritization of paying for health insurance was associated with health insurance status in the regression model, suggesting that the ability to pay for health insurance is significantly related to whether one is insured or not. Young adults indicated that it was important for employers to provide coverage – and most see finding jobs with a

health insurance benefit as important. **Finally, of those without insurance, over 67% indicated that they could afford a monthly premium of under $50.00.**

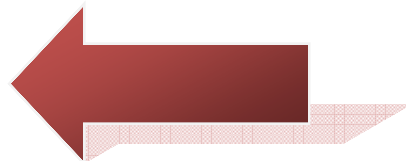


"I can't really afford it like I used to be able to – because I really don't have my job any more."

⇨ Young adults do value health insurance.

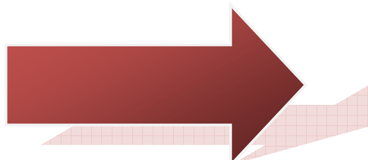
While the insured valued health insurance coverage significantly more than the uninsured, within the sample as a whole, young Oklahomans valued health insurance coverage. Although it has been suggested that the young adults believe that they do not need healthcare coverage, results of this study suggest otherwise. Among those uninsured, only a very small percent reported that they did not have insurance because they did not need it. The fact that the uninsured respondents worried about their health more than those with insurance also suggests that young Oklahomans do understand the importance of health insurance and would likely obtain it if they could.

"We were making a limited amount of money - we were still making the payments because it is very important to us."



⇨ Young adults are minimally informed about state insurance programs and feel they do not qualify for these programs.

Results suggest that a slight majority of the uninsured survey respondents did possess knowledge of the health insurance programs that are made available to them by the state of Oklahoma. However, the survey results suggest that those who were aware of state programs responded that they were unlikely to qualify for those benefits. It is unknown if these respondents actually applied for and were denied government funded benefits or if they simply perceived or held a belief that they would not qualify. Thus education about state programs and enrollment would be helpful in creating better consumer understanding their insurance coverage options.



"I've seen the commercials but I don't know what it is…"

⇨ Parents, state programs, and employers were the top three access points for health insurance coverage among insured young Oklahomans.

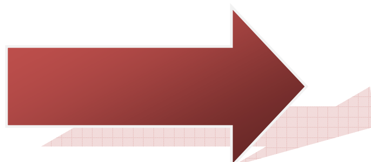
Parents, state programs, and employment were the top three providers of health insurance for young Oklahomans with coverage. Blue Cross was the number one provider, followed by government funded programs. Respondents in the age group (25-35) were significantly more likely to obtain health care coverage through their employer, spouse, or self pay than younger respondents. Not surprisingly, younger respondents were more likely to obtain coverage through their parents than the older respondents. Finally, significantly more non-white respondents were covered by state programs than white respondents and non whites were less likely to have insurance coverage through their parents than whites (28%).

⇨ Socio demographic variables impact health insurance coverage

Education and ethnicity matter: non-white respondents and those with lower levels of education were less likely to be insured. Non-whites were more likely to be insured through government funded programs. Of those without health insurance, 68% reported having a high school education or less. Of those with insurance, respondents who are male, single, or without dependents were most likely to obtain coverage through parents. Finally, females, those with dependents, and those unemployed are most likely to have health care coverage through enrollment in a government funded program. This information is consistent with research which suggests a large earnings gap exists between white and non-white youth, and that non-whites are less likely to have a consistent connection to work or school (Kuehn & McDaniel, 2009).

⇨ Hospital care, dental care, and pharmacy services were the top three ranked medical services by young Oklahomans.

The top three valued health services were hospital care, dental care, and pharmacy services. Those with health insurance and older respondents (25-34) were more likely to value all types of health insurance more than those respondents without insurance and who are younger. The least valued services were mental health and substance abuse treatment and services. Overall, the uninsured ranked dental services as the most highly valued; for insured individuals, hospital services was the highest ranked, and both groups ranked substance abuse treatment as the least valued medical service.



"Well I've tried to get dental work done but, you know, I have to pay cash for it; I didn't have insurance so I had to call my mom to borrow some money."

RECOMMENDATIONS

⇨ Educational campaign regarding the importance of health insurance and consequences of being uninsured

There are serious health and financial consequences, even at young age for those without health insurance. Young adults may not fully understand the consequences of being uninsured on both their health and on finances. Data from this study suggests that many young Oklahomans, and particularly

those without health insurance, are at risk for medical debt and other financial problems. Certainly those without insurance report poorer health and more worries about their health.

Campaigns designed to inform and educate young adults about the consequences of being uninsured as well as provide information about realistic coverage options would benefit young adults. Talking about health costs as part of budgeting courses and financial courses as early as high school may also be important, as our data suggests that paying for health insurance is not a particularly high priority among young adults – but that prioritizing health care costs is significantly associated with health insurance status. Young adults often struggle with the linkage between current behaviors or choices with the future, however, in the case of health insurance it may be important to teach young adults to prioritize, plan and budget for health care costs.

Early education programs are recommended to begin the process of creating an understanding of the importance of higher education but of health insurance itself. Just as every driver knows the repercussions of having no car insurance, the dangers of living without health insurance should be just as common of knowledge. An educational campaign could be launched through vocational-technical schools and subsequently trickling down to younger age groups, so that a better understanding of health insurance is developed earlier in life.

⇨ Targeting young adults particularly at risk for underinsurance

Our study suggests that there are some socio demographic factors that influence health insurance status. Targeting populations that are particularly vulnerable to being uninsured is vital. As previous studies have demonstrates, minority groups are particularly vulnerable and underserved and any educational or outreach programs designed, must target these groups.

⇨ Promoting pathways to higher education and training for young adults

Programs aimed at keeping young adults in school and attaining higher levels of education will help young adults become insured. Better paying jobs mean better health insurance coverage and increasing options for young adults. Education, employment and health insurance are tied together due to the expansion of opportunities that education provides. Ensuring coverage though institutes of higher learning, vocational schools, or other programs may also help young adults secure needed coverage when they are either not employed, employed part time, or in school. Ou (2006) suggests that higher education increases health and mental health status, proposing the existence of correlation between poor health and lack of higher education.

⇨ Address the affordability of coverage.

Of the many possible obstacles to obtaining healthcare coverage, affordability of health insurance is clearly an important consideration for young adults. Respondents without insurance were asked what they thought a reasonable monthly premium for health insurance might be and over 90% indicated the premium they could afford would be under $100 dollars, and 67% indicated less than $50.00. Further, the cost problem likely extends beyond coverage alone, as even when covered, many young adults are not able to afford other health care costs such as co-pays and deductibles (Gabel et al, 2009).

Table 26: Affordable Monthly Premium (Uninsured, N=264)

Monthly Amount	N (%)
↓ $50.00	176 (66.7)
$50-$75	59 (22.3)
$76-$100	20 (7.6)
$101-$125	6 (2.3)
$151 or ↑	3 (1.1)

⇨ Greater access to affordable care is needed for Oklahoma's young workforce.

Additional opportunities for access to affordable health insurance coverage are needed for Oklahoma's young workforce. Greater collaboration between providers and employers, both big and small, may be necessary to create wider availability of employment based health insurance coverage. Many

employers and young adults could benefit from the Insure Oklahoma[4] program. However, this program alone may not be able to solve this problem (Archer, 2009). Incentives for employers to offer health insurance benefits could create immediate change and offer greater access to insurance some workers may not otherwise see. Benefits could be developed through collaboration providers and employers, both big and small; such collaboration will likely become necessary for the expansion of employment based health insurance coverage.

⇨ Education about state programs.

Results indicate that many of the uninsured respondents believe they are not eligible for state programs. Campaigns designed specifically for young adults that capture the importance of health insurance, reduce stigma associated with state programs, and provide information about eligibility are warranted. High school seniors and junior college or vocational-technical students could be targeted using colorful, well designed media materials.

⇨ Provide incentives to young adults to purchase health insurance.

Motivating factors to purchase and maintain health insurance as well as those that work support health insurance policies are highly relevant to young adults. Respondents indicated that they would "likely" purchase insurance if it were required by law, if there were incentives involved, and to avoid penalties. Providers should consider incentive that would be particularly attractive to young adults such as gym memberships, fee iPods, etc.

FINAL SUMMARY

There is currently an ongoing heated public debate on the topic of healthcare reform. Given the high rates of uninsurance and the relatively thin knowledge base on this topic, identifying what are the determining factors of healthcare coverage among young adults is an important topic for exploration. This report has attempted to address why so many young Oklahomans do not have health insurance coverage; the application of this information to the development of future policies may be beneficial to every citizen regarding access to adequate healthcare coverage. The results of a survey and focus groups of young Oklahomans have been presented and conclusions and recommendations have been provided.

[4] http://www.insureoklahoma.org/

APPENDICES

Appendix A: Pre Focus Group Survey (Page 1)

Focus Group Questionnaire
OID Project: Health of Young Oklahomans

Please complete the following questions before you participate in the OID-sponsored focus group. Your group facilitator is available to answer any questions or concerns you should have about this questionnaire.

1. Age in years at last birthday: _____.
2. Gender: Male Female.
3. Are you currently working?
   a. Yes, part-time _____.
   b. Yes, full time _____.
   c. No, not working right now. _____.
4. What is ethnicity? Check all that apply:
   a. Asian _____.
   b. African American _____.
   c. Native Hawaiian/Pacific Islander _____.
   d. Caucasian _____.
5. Do you currently have health insurance?
   a. Yes _____.
   b. No _____.
6. Do you feel secure in your health coverage?
   a. Yes _____.
   b. No _____.
7. What is your family status?
   a. Married _____.
   b. Single _____.
   c. Divorced _____.
   d. Separated _____.
   e. Widowed _____.

1 | Page

Pre Focus Group Survey (Page 2)

8. What is the highest grade or level of school you have completed?

   a. 8th grade or less. _____.
   b. Some high school but did not graduate _____.
   c. High school graduate with diploma or GED. _____.
   d. Some college or two year college _____.
   e. Four year college degree _____.
   f. Some post-graduate education. _____.
   g. Post-graduate degree _____.

9. Do you have a serious health problem at this time?

   a. Yes _____.
   b. No ______.

Thank you for completing this questionnaire. We will start the focus group meeting shortly

Appendix B: Focus Group Questions

OID Focus Group Questions
David P. Moxley, Draft 1.0

Part I/Ask the Following of the Group as a Whole [Health Concerns and Security].

1. What are your health concerns right now at this time in your life?
2. How much do you worry about dealing financially with health issues right now?
3. How secure do you feel with your health coverage at this time?
4. What bad experiences or issues have you had with health care coverage recently?
5. Who is responsible for you getting and keeping health care insurance?
6. What is your view of good health care coverage? Who should support such coverage for you and your family?

Part II/Probe: Let's Talk about Your Experience with Having No Insurance, Inadequate Insurance, or Poor Coverage

7. What is going on in your life that keeps you from getting and keeping health care insurance?
8. If you experienced a serious health challenge right now and without insurance how would you handle it?
9. What psychological pressures do you and your family experience in the face of not having health insurance coverage?
10. How does unemployment make you think about health coverage for you and your family?

Part III/Probe: Let's Talk about How You See Your Own Motivation to Get and Keep Health Insurance.

11. How motivated are you to get and keep health insurance?
12. How important is health insurance coverage for you at this time in your life?
13. What incentives would you find most powerful in helping you get and keep health insurance coverage?
14. What penalties would you find most powerful in motivating you to get and keep health insurance coverage?
15. How much are you willing to pay monthly for health coverage? What is the highest you are willing to go? What influences your willingness to pay for health care coverage?

Part IV/Probe: How Should Health Insurance Work with the Following?

16. How important is mental health care coverage for you as part of any kind of health care insurance program?
17. To what extent do you feel substance use treatment should be part of any kind of health care insurance program?
18. To what extent should treatment for tobacco use should be part of any kind of health care insurance program?
19. If you had a friend with a serious drinking problem to what extent should health insurance support treatment for your friend's problem?
20. To what extent do you feel care for mental health, substance use, tobacco, and alcohols are legitimate areas of coverage for health insurance? Or, are these personal responsibilities and shouldn't be covered by health insurance?

Part V/Insure Oklahoma

21. Have you heard about Insure Oklahoma? Let me tell you about it and see what you think.

Appendix C: Written Survey (Page 1)

Oklahoma Insurance Department
Survey of young Oklahomans

Thank you for agreeing to participate in this survey sponsored by the Oklahoma Insurance Department!

Oklahoma has a crisis that affects all Oklahomans. We have more than 600,000 people without health insurance. Why is this important? Uninsured people are more likely to use hospital emergency rooms for non-emergencies. They also fail to get screenings and preventive care, missing opportunities for early diagnoses and less-expensive treatments. More disturbing, the uninsured are more likely to die earlier.

How does this affect you? More than 45 percent of uninsured Oklahomans are between the ages of 19 and 34. In order to begin solving this problem of uninsured Oklahomans, we need to understand what keeps this age group from being insured and try to come up solutions that are feasible and cost-effective. Thus, we are asking for your thoughts and comments on this survey.

The survey is short but will give us needed and helpful information as we look for ways to make health insurance accessible and affordable. In order for us to gather the specific information we need, you must meet the following criteria: you must fall between the ages of 19 and 34. If you do not fall in this age range, please exit the survey now.

By agreeing to participate, you will agree to answer questions related to factors related to your health and your thoughts about health insurance coverage. The only potential risk to you could be mild anxiety associated with answering questions of a personal nature. Your participation is voluntary and you may refuse to participate or withdraw at any time. Your decision to participate or not or to withdraw your participation will have no effect on your academic standing.

The results of this survey may be published in professional journals, conferences, or to public officials interested in obtaining information about health insurance coverage. No individual participant will be identified.

As an incentive for you to complete the survey, you can enter a drawing to receive a $25.00 gift card. Twenty participants who completed the survey will be selected to receive a gift card. If we have 500 participants your odds for receiving a gift card are approximately 4%.

Written Survey (Page 2)

Please read and answer each question carefully:

1. Do you currently have health insurance? ☐ Yes ☐ No → IF NO, skip to question **2**

1a. Does your insurance include prescription drug coverage? ☐ Yes ☐ No

1b. Do you feel secure in your current health care coverage? ☐ Yes ☐ No

1c. What is the name of your insurance company or plan? ______________________________

1d. How is your insurance paid for?
- ☐ My job
- ☐ Through my parents
- ☐ I pay for my coverage
- ☐ Medicaid or Sooner Care
- ☐ Through my husband/wife
- ☐ Medicare
- ☐ Other_________

GO TO QUESTION 3.

2. I currently do not have insurance because:	
a. I don't need it	☐Agree ☐Disagree
b. My employer does not offer it	☐Agree ☐Disagree
c. I am unemployed	☐Agree ☐Disagree
d. It is too expensive	☐Agree ☐Disagree
e. I don't qualify for Medicaid or other state programs	☐Agree ☐Disagree
f. I have a pre-existing medical condition(s)	☐Agree ☐Disagree
g. I don't know anything about Medicaid or other state insurance programs that I might qualify for	☐Yes ☐No
h. Have you investigated any public assistance programs (Insure Oklahoma, SoonerCare, Medicaid) to help you afford insurance coverage?	☐Yes ☐No
i. What health insurance premium level could you afford personally on a monthly basis?	☐ Less than $50 ☐ $50 - $75 ☐ $76 - $100 ☐ $101 - 125 ☐ $126 - $150 ☐ $151 or above

3. What year you were born? [ ]

4. What is your gender? ☐ Male ☐ Female

5. What is your family status?
- ☐ Married
- ☐ Single
- ☐ Divorced/Separated
- ☐ Widowed

6. What is your ethnicity? (check all that apply)
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ African-American
- ☐ Native Hawaiian/Pacific Islander
- ☐ Hispanic
- ☐ Caucasian

7. What is your zip code? [ ]

Written Survey (Page 3)

8. Are you currently employed? ☐Yes ☐No → IF NO, skip to question 9

8a. Is your current job ☐ Full time ☐ Part time

8b. What is your income (choose the easiest response):

HOURLY	MONTHLY	YEARLY
______	______	______

9. Do you have any dependents/children? ☐Yes ☐No → IF NO, skip to question **10**

9a. How many dependents/children do you have? ☐

9b. Do any of your dependents/children have special health issues that require a lot of medical care? ☐Yes ☐No

9c. Do your dependents have health care coverage? ☐Yes ☐No → IF NO, skip to question **10**

9d. How are they covered? ______________________

10. Do you rent a place to live or own your home? ☐Yes ☐No → IF NO, skip to question **11**

10a. How much is your monthly rent or mortgage payment? ☐

11. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school but did not graduate
- ☐ High school graduate/GED
- ☐ Some college or two-year degree
- ☐ Four-year college degree
- ☐ Post-graduate degree

12. Please respond to the following questions on a scale, with 0 representing 'not important' and 5 representing 'very important'

Question	Not Important 0	1	2	3	Very Important 4	5
a. How important is having health insurance to you?	0	1	2	3	4	5
b. How important is finding a job that provides health insurance to you?	0	1	2	3	4	5
c. How important is the price of health insurance to you?	0	1	2	3	4	5
d. How important is being able to choose your own hospital to you?	0	1	2	3	4	5
e. How important is being able to choose your own doctor to you?	0	1	2	3	4	5
f. How important is being able to choose your own specialty (for example, a cancer doctor) care to you?	0	1	2	3	4	5

Written Survey (Page 4)

13. The following are different types of medical services often covered by insurance plans. Please indicate how important these services are to you:

a. Hospital Care Not Important … Very Important 0 1 2 3 4 5	**b. Specialty Care** (cancer) Not Important … Very Important 0 1 2 3 4 5
c. Primary Care (for minor care or check- ups) Not Important … Very Important 0 1 2 3 4 5	**d. Prevention** (for example, mammograms/colonoscopy) Not Important … Very Important 0 1 2 3 4 5
e. Scans and X-rays Not Important … Very Important 0 1 2 3 4 5	**f. Tests** (for example blood tests) Not Important … Very Important 0 1 2 3 4 5
g. Pharmacy (medication) Not Important … Very Important 0 1 2 3 4 5	**h. Mental Health Issues** Not Important … Very Important 0 1 2 3 4 5
i. Rehab Services (For example, physical therapy) Not Important … Very Important 0 1 2 3 4 5	**j. Dental** Not Important … Very Important 0 1 2 3 4 5

Please respond to the following questions on a scale, with 0 representing 'not likely at all' and 5 being 'very likely'

14. I would be motivated to purchase health insurance if:

a. It were required by law	Not likely at all … Very likely 0 1 2 3 4 5
b. Certain incentives were offered (example covering a gym membership, or weight loss program)	Not likely at all … Very likely 0 1 2 3 4 5
c. There were consequences or penalties for me if I did not have insurance (loss of driver license)	Not likely at all … Very likely 0 1 2 3 4 5

15. Below is a list of items you commonly have to pay for, please rank the importance of each item to you, with 0 representing an item you would pay for if you had money left over, and 5 being the one you would pay first.

Item	I would pay if I had money left over 0	1	2	3	4	I would pay this first 5
a. Rent/mortgage	0	1	2	3	4	5
b. Child care	0	1	2	3	4	5
c. Clothes	0	1	2	3	4	5
d. Car payment	0	1	2	3	4	5
e. Entertainment – movies, etc	0	1	2	3	4	5
f. Child support and/or alimony	0	1	2	3	4	5
g. Utilities	0	1	2	3	4	5
h. School or training expenses	0	1	2	3	4	5
i. Health insurance	0	1	2	3	4	5
j. Food	0	1	2	3	4	5
k. Credit card bill	0	1	2	3	4	5
l. Cell phone bill	0	1	2	3	4	5
m. Internet services	0	1	2	3	4	5

Written Survey (Page 5)

16. Please answer the following questions about your health and health care experiences:	
a. Have you ever needed health care, but did not get it because you did not have insurance?	☐ Yes ☐ No
b. Have you ever needed health care, but did not go to the doctor/clinic/hospital because you could not pay?	☐ Yes ☐ No
c. Have you ever gone to the emergency room for an illness because you did not have access to a doctor?	☐ Yes ☐ No
d. Do you have any medical debt (prescriptions, doctor bills, etc.)?	☐ Yes ☐ No
e. Have you ever taken out a payday loan or title loan to pay for medical debt?	☐ Yes ☐ No
f. Do you have any long-term health issues that require regular medical attention?	☐ Yes ☐ No
g. Do you have any health issues that limit your ability to perform daily tasks?	☐ Yes ☐ No
h. Do you have a doctor with whom you have a long-term relationship, one that you have seen for at least one year?	☐ Yes ☐ No
i. Do you take prescribed medicine?	☐ Yes ☐ No
j. Do you have any health issues that cause you to go to the doctor often?	☐ Yes ☐ No

Question						
k. How confident are you at filling out medical forms by yourself?	Not at all Confident 0	1	2	3	4	Extremely Confident 5
l. How would you rate the quality of health care you have available to you right now?	Very Poor 0	1	2	3	4	Excellent 5
m. How much do you worry about your health?	Almost Never 0	1	2	3	4	Almost Always 5
n. How is your general health now?	Very Poor 0	1	2	3	4	Excellent 5

THANK YOU VERY MUCH!!!!

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