Ohio's Older Adult Population

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OMAS
Ohio Medicaid Assessment Survey

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medtapp
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Ohio Colleges of Medicine Government Resource Center

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Executive Summary

By 2030, 1 in 4 Ohioans are projected to be age 60 and over.[1] The Ohio Department of Aging (ODA) has set a goal to ensure that "all Older Ohioans live longer, healthier lives with dignity, [and] autonomy."[2] The Ohio Department of Aging's *State Plan on Aging, 2023-2026,* highlights improving health, building more accessible communities, increasing access to care, and promoting social connectedness. The following 2023 OMAS chartbook provides important insights regarding Ohio older adults' health, unmet needs, and other topics such as economic distress, housing, food insecurity, and access to reliable transportation. We chose age 60 for this chartbook to be consistent with the age eligibility for the federal Older American's Act and Title III funding eligibility standards.

Key Findings*:

1. Self-rated health as well as disability has improved for those age 60 and over since 2019, but racial/ethnic differences remain.

2. Cost is the number one concern for those with unmet needs regarding dental, vision, prescription drugs, and mental health services.

3. Difficulty paying medical bills has declined for the older population between 2019 and 2023, but one in five Black older adults found it difficult to pay their medical bills in 2023.

**Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.*

Visit grc.osu.edu/OMAS for additional information about OMAS, including public use files, codebooks, and methods

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Background

By 2030, Ohio's overall population is projected to decline by 1%, but its older population will increase by 3% to 2.9 million.[1] In short, one in four Ohioans will be aged 60 years and older. With the growth of the older population, it is important to understand this group's similarities and differences to ensure that "all older Ohioans live longer, healthier lives with dignity, [and] autonomy." [2] For consistency with the age eligibility for the federal Older American's Act and Title III funding eligibility standards, we focused on adults aged 60 and older.

The 2023 OMAS Older Ohioans Chartbook provides an avenue to examine Ohio's current older population and explore health trends over time. It provides crucial insights into self-rated health, a validated measure linked to various negative outcomes in older adults.[3]

Additionally, in this chartbook, we examine telehealth, a possible means to enhance healthcare access.[4] However, evidence suggests that telehealth use is not without challenges in the population of older adults as difficulties with internet use within the older population are common and increase with age.[5]

Background

In this chartbook we further highlight areas of distress related to housing, food, and transportation. Additional information about neighborhood risks are explored as living in neighbourhoods with higher prevalence of socio-economic distress, crime, pollution, and poor access to care have an impact on older adults' health.[6]

Here, we also explore the unmet healthcare needs of the older adult population and the reasons these needs remain unmet. Financial costs are significant barriers, especially for older females, the uninsured, individuals with lower education levels, poorer self-reported health, and lower income levels.[7] Additionally, older females experience greater unmet needs, and there are reported racial and ethnic differences in unmet needs.[8]

Loneliness, which peaked in the older population during the COVID-19 pandemic, particularly in the older population, is also explored and factors that explain variations in loneliness examined. Loneliness is linked to poor mental, cognitive, and physical health, and is highly prevalent among older adults with fair or poor health.[9]

Objectives

The goal of this chartbook is to identify and describe similarities and differences in experiences related to health status, health behaviors, health care needs, and to document health care for Ohio's older population. We also aim to track current changes in access, utilization, outcomes, unmet needs, and health behaviors and to provide trends focusing on pre-post COVID changes using available 2019, 2021, and 2023 measures.

The Chartbook shows the following for individuals aged 60 years and over and displays trends, where possible:

1. Trends in health between 2019 and 2023 such as "Fair/Poor" self-rated health and "Ever Had" disability.
2. Prevalence of unmet needs and specific reasons for not receiving care.
3. Prevalence of loneliness.
4. Economic distress related to housing, food, and reliable transportation.
5. Perceived neighborhood risks in the community.

Methods

Data Sources: This chartbook uses data from the 2023 Ohio Medicaid Assessment Survey (OMAS), as well as earlier OMAS surveys from 2012 through 2021.

The 2023 OMAS: The OMAS is a repeated cross-sectional random probability survey of non-institutionalized Ohio adults 19 years of age and older and proxy interviews of children 18 years of age and younger. It provides health status and health system-related information about residential Ohioans at the state, regional, and county levels, with a concentration on Ohio's Medicaid, Medicaid-eligible, and non-Medicaid populations. The 2023 OMAS used a combination of an address-based sampling (ABS) frame and a list frame of Medicaid enrollees and collected surveys by phone, web, and paper. The most recent iteration, the 2023 OMAS, was fielded from September 2023 – January 2024. The survey had an overall sample size of 39,626 and an eligibility-adjusted response rate of 24.0%.

Represented Population: The target population for the 2023 OMAS was all residents of Ohio. To ensure estimates are representative of this population, the 2023 OMAS survey weights were adjusted to account for any potential non-response bias. Additionally, poststratification adjustments were made to ensure that the final weights align with population totals from the 2020 5-year American Communities Survey and 2023 Ohio Medicaid enrollment data. See the 2023 methodology report for full details.

Methods, continued

Demographic Information: To see additional demographic information and estimates for the Ohio population represented by the 2023 OMAS, please see the OMAS Series Dashboard at https://grcapps.osu.edu/app/omas. This interactive tool provides fast, real-time result for a data-driven view of Ohio's health and healthcare landscape.

Analysis: Descriptive statistics are reported in the figures and tables in the chartbook. No statistical testing was conducted. Estimates from OMAS are reported in this chartbook only when the data are sufficient for calculating and presenting reliable estimates. We define a reliable estimate as one where the size of the unweighted subpopulation of interest is greater than 30 individuals and the coefficient of variation for the estimate is less than 0.3. Estimates with low precision are either hidden from view or are replaced with N/A.

Interpretation: This chartbook is descriptive in nature, and any differences observed between groups should not be used to draw conclusions about underlying causes. The findings presented do not account for important factors that might influence any observed differences (e.g., income, education level, general health status etc.). Therefore, the findings in this chartbook cannot be used to conclude that group differences are due to group membership as there are many factors that may be driving these findings, and this analysis was not designed to be able to control for them.

For further details about the 2023 OMAS methodology, questionnaire, and access to the dashboard, please visit: **grc.osu.edu/OMAS/2023Survey**.

Methods, continued

Variable Definitions

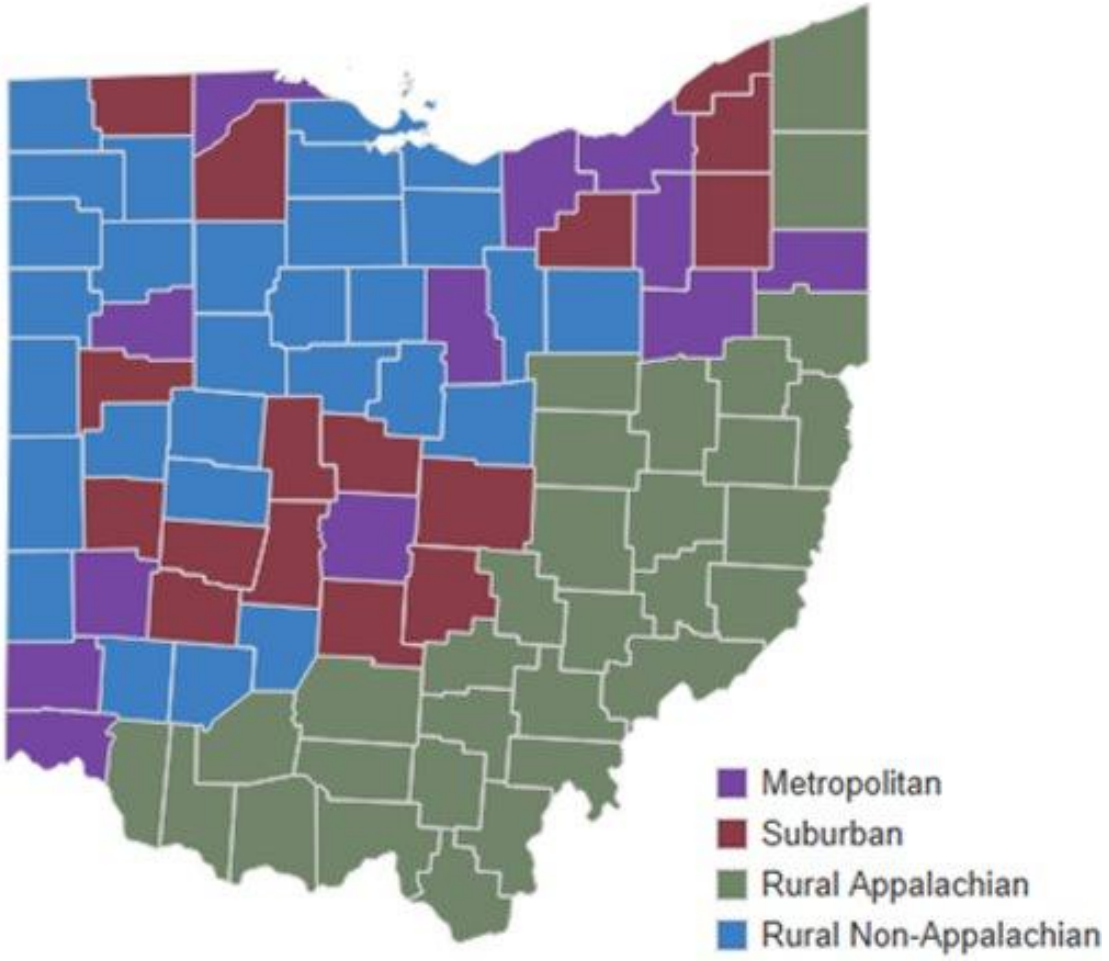
- *Older adult:* All respondents aged 60 and over as identified in OMAS.
- *Disability (American Community Survey, ACS):* A proxy measure is used to determine whether an adult or a child has a disability or disabilities in 2019-2023. This uses the six functional limitations items from the ACS. For adults, this is whether the individual has serious difficulty hearing, seeing (even when wearing glasses), walking or climbing stairs, dressing or bathing, concentrating, remembering or making decisions, or doing errands alone (such as visiting a doctor's office or shopping).
- *Medicaid only:* Older Adults whose health insurance is only Medicaid.
- *Dual eligible:* Older Adults who have Medicaid and Medicare insurance coverage.
- *Fair/Poor health status:* Combines the mutually exclusive self-reported health categories of Poor and Fair as recorded in the OMAS.

Methods, continued

Variable Definitions

- *Loneliness:* Sum of the number of times a respondent answers 'sometimes' or 'often' to questions about the frequency of lacking companionship, feeling left out, and feeling isolated from others. The total summed score ranges from a low of 3 to a high of 9 with a higher score indicating greater loneliness. Here, we consider respondents 'lonely' if they scored 6 or higher, and respondents as 'not lonely' if they scored less than 6.
- *Unmet needs:* Measured using a series of questions which asked whether respondents needed the following types of care in the last 12 months: dental, vision, mental/emotional, drug or alcohol treatment, and any other type of health care. Respondents who said they needed each type of care were asked whether they received that care. If they reported needing but not receiving at least one type of care, then they were classified as having an unmet health care need.
- *Income relative to FPL (Federal Poverty Level):* OMAS asks about prior annual family income and the number of family members in the household. The income reference for the 2023 OMAS is the 2022 annual family income.
- *Housing Insecurity*: Difficulty paying rent or mortgage in the last 12 months.
- *Food Insecurity:* Difficulty paying for food in the last 12 months.

OMAS County Types



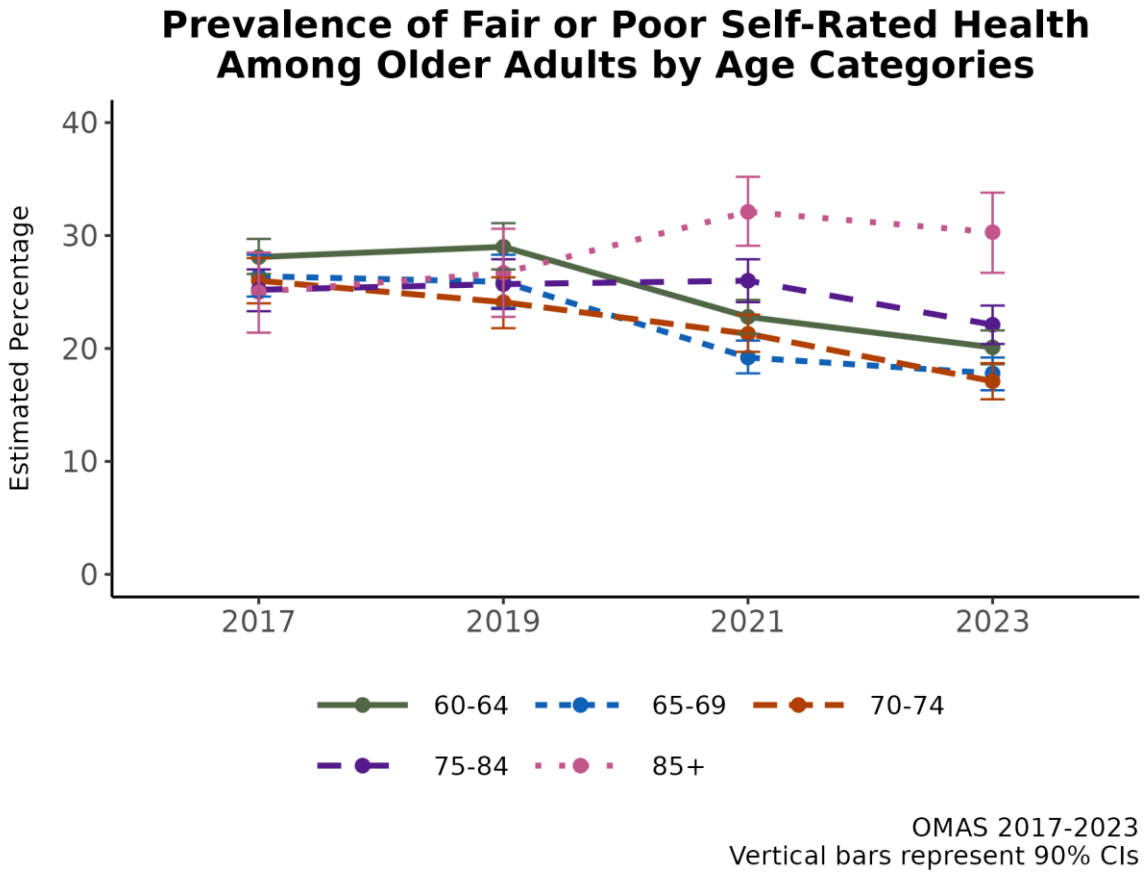
OMAS assigns counties to one of four mutually exclusive county types – **rural Appalachian, rural non-Appalachian, metropolitan, and suburban**. OMAS defines these county types in accordance with federal definitions, as follows: (1) Appalachia is defined using the Appalachian Regional Commission (ARC) standard; (2) Metropolitan is defined using US Census Bureau definitions incorporating urban areas and urban cluster parameters; (3) rural is defined by the Federal Office of Rural Health Policy at the Health Resources and Services Administration (HRSA), excluding Appalachian counties; (4) suburban is defined by the US Census Bureau and is characterized as a mixed-use or predominantly residential area within commuting distance of a city or metropolitan area.

For further details about the OMAS county types, please visit: **grc.osu.edu/OMAS/2023Survey.**

RESULTS: Health Status, Telehealth

Self-rated health, disabilities, telehealth

The prevalence of older Ohioans with fair or poor overall health continues to fall except for those age 85+



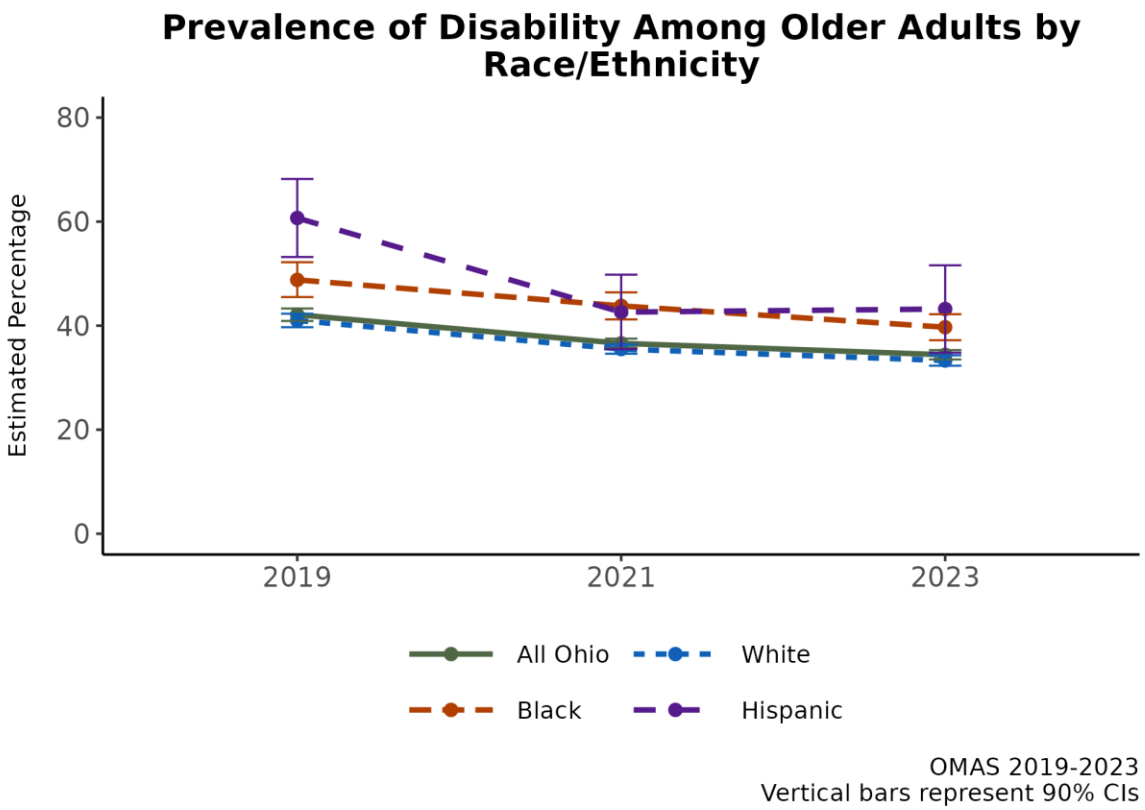
- Over time, the prevalence of older Ohioans with fair or poor self-rated overall health has shown a general declining trend, except for those aged 85+.

<u>Additional Insights in 2023 (Results Not Shown)</u>

- In 2023, White (18.5%, 90% CI: 17.7%-19.3%) and Asian (16.3%, 90% CI: 9.6%-22.9%) older adults had the lowest prevalences of fair or poor self-rated overall health.
- The prevalence of fair or poor self-rated overall health among adults aged 60+ with income less than 138% FPL was 3-fold higher (34.6%, 90% CI: 32.6%-36.6%), than among adults aged 60+ with income of 400% of poverty, which was (11.7%, 90% CI: 10.6%-12.9%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

The prevalence of older Ohioans with one or more disabilities continues to fall



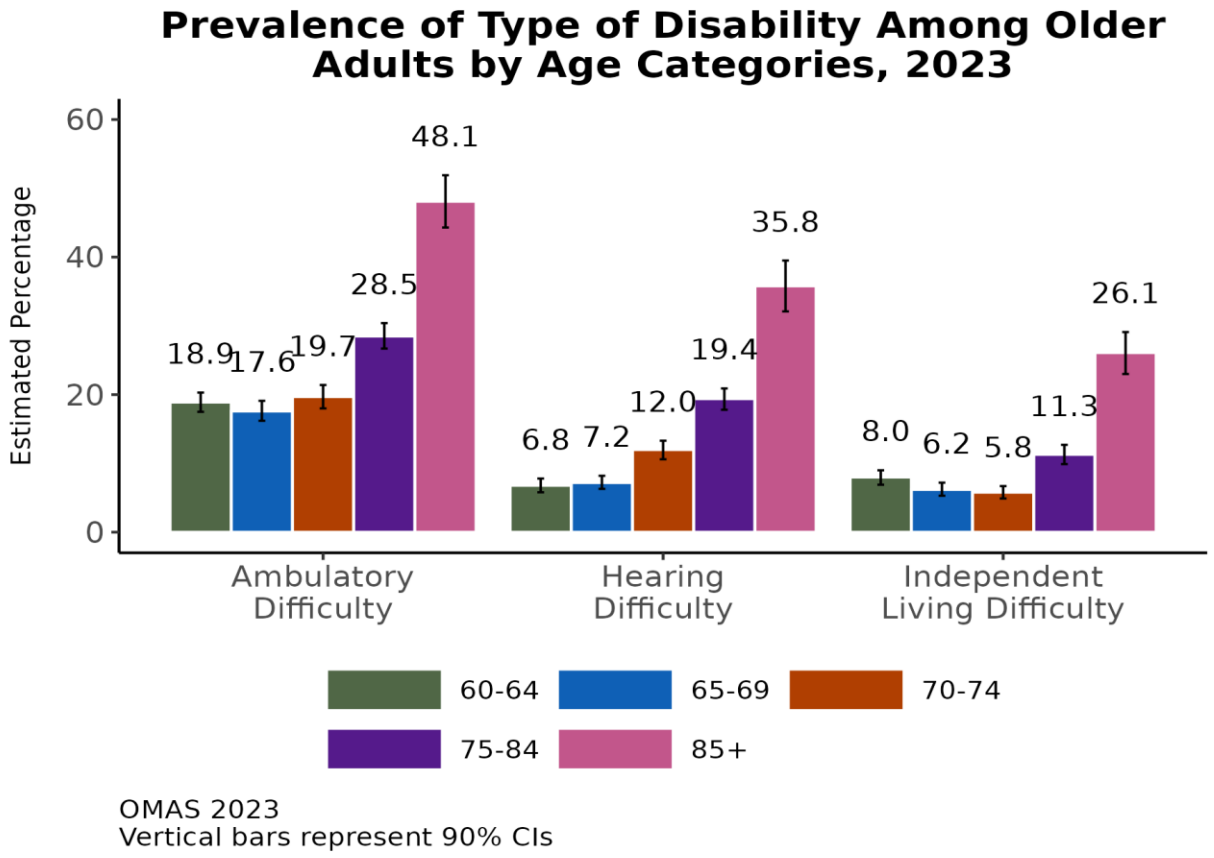
- Prevalence of a disability, based on the ACS definition of disability, among older adults has declined between 2019 and 2023 from 42.1% to 34.4%.
- In 2023, Hispanic (43.2%) and Black (39.7%) older adults had rates of disability higher than White older adults (33.3%).

<u>Additional Insight in 2023 (Results Not Shown)</u>

- All older adult age groups, except those 85+, have seen a decline in disability prevalence between 2019 and 2023. Among older adults 85+, prevalence of disability has increased from 57.4% (90% CI: 53%-61.8%) to 66.1%. (90% CI: 62.4%-69.8%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

The prevalence of ambulatory, hearing and independent living difficulty increases with age for older Ohioans



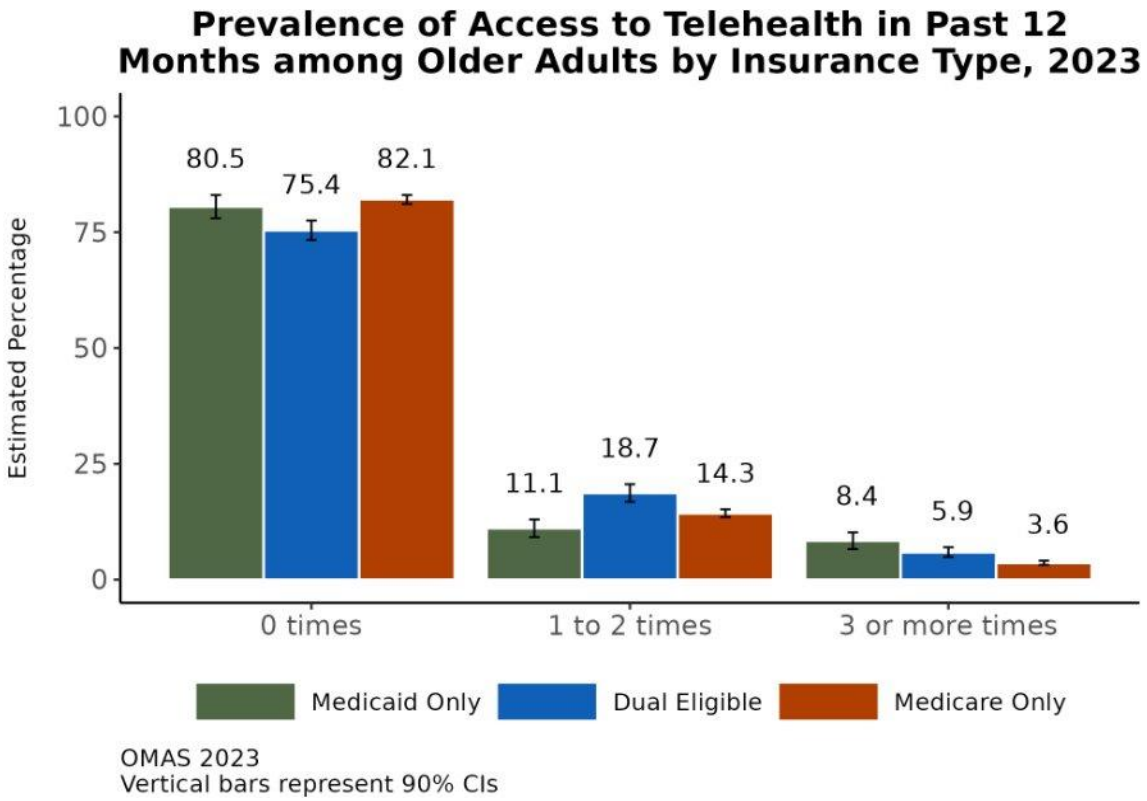
- One in two adults 85+ has difficulties with ambulation, whereas in the 60-64 age group it was almost one in five. There is a considerable increase between the ages of 75-84 and 85+ in the three difficulties.

<u>Additional Insights in 2023 (Results Not Shown)</u>

- One in four adults (25.7%, 90% CI: 24%-27.5%) aged 60+ in rural Appalachian counties have ambulatory disabilities.
- Older adults who receive Medicaid-only or are dual eligible have the highest prevalence of ambulatory and independent living difficulty. Older adults with Medicare only and those dual eligible have highest prevalence of hearing difficulty.
- Except for hearing, the prevalence of individuals with the five other types of disabilities declined with higher income category.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Most older Ohioans have not used telehealth in the past 12 months



- In 2023, over eight in ten Ohioans aged 60+ had no telehealth appointments in the past 12 months.
- The prevalence of Ohioans aged 60+ who had a telehealth appointment in past 12 months is higher among dual eligible older adults than those with Medicaid only and Medicare only insurance.

<u>Additional Insights in 2023 (Results Not Shown)</u>

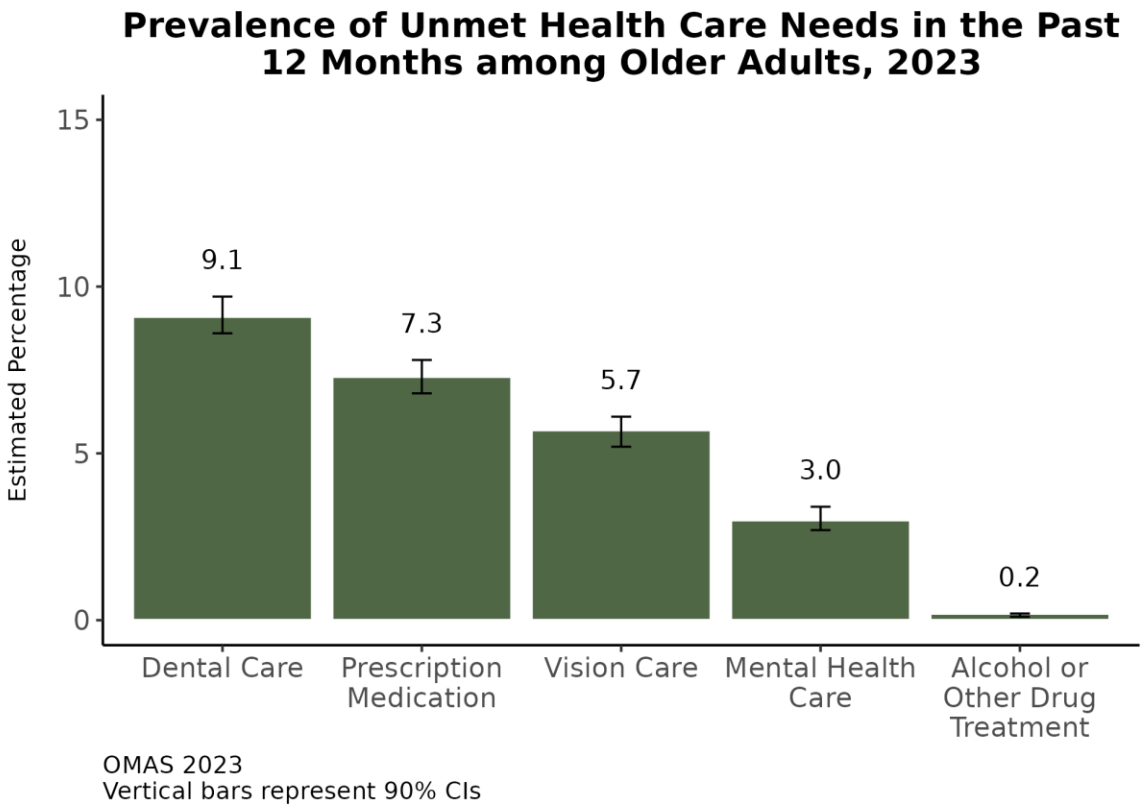
- There were no substantial age, gender, racial/ethnic or income differences in use of telehealth among older adults in the last 12 months.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

RESULTS: Unmet Needs & Loneliness

Dental, vision, prescriptions, mental health, drug and alcohol treatment

Dental and prescription medication are older Ohioans' most prevalent unmet health care need in 2023



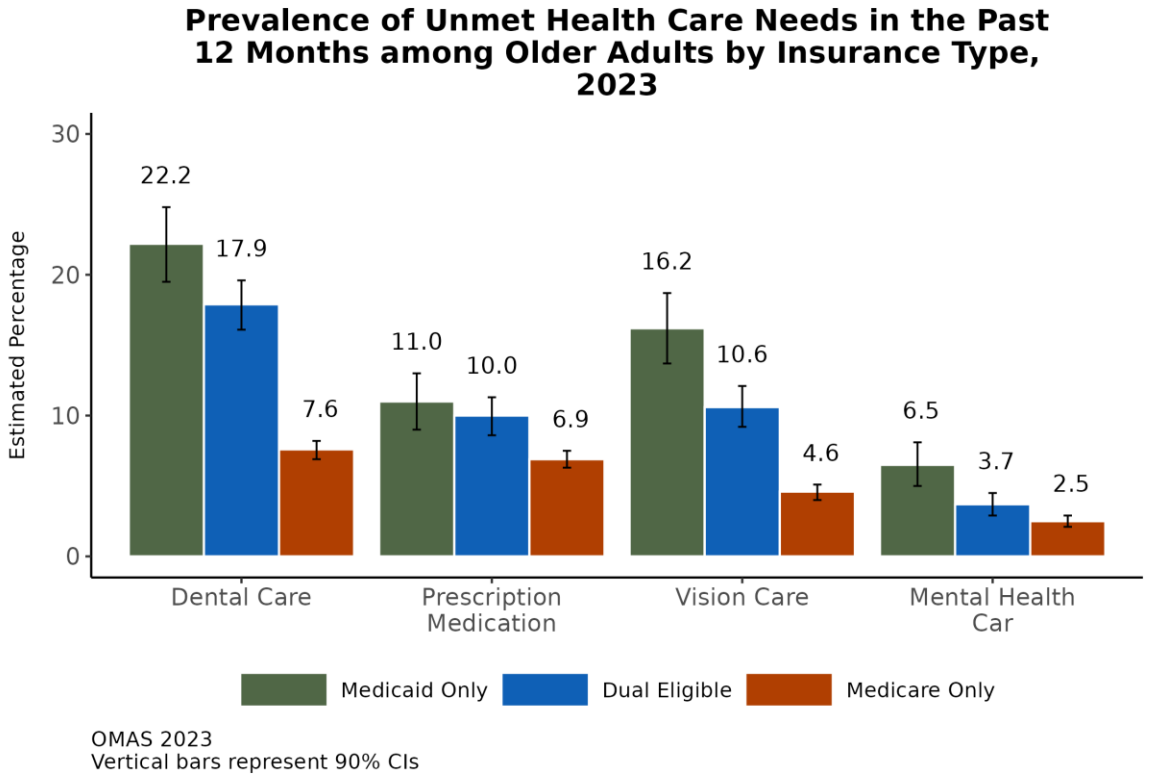
- In 2023, the highest prevalence rates for unmet needs among older adults were dental (9.1%), prescription drugs (7.3%), and vision (5.7%) care needs.
- Less than 1% of the 60+ population had an unmet need related to alcohol and other drug treatment in 2023.

<u>Additional Insights in 2023 (Results Not Shown)</u>

- The prevalence of all unmet needs declined with increasing age.
- Cost was the overwhelming reason for older adults not receiving needed dental care (67.1%, 90% CI: 64%-70.2%) and prescription medications (56.9%, 90% CI: 53.2%-60.5%) among those who had unmet healthcare needs in past 12 months.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

About 1 in 5 older Ohioans with Medicaid only insurance and who are dual eligible had unmet dental needs over past 12 months



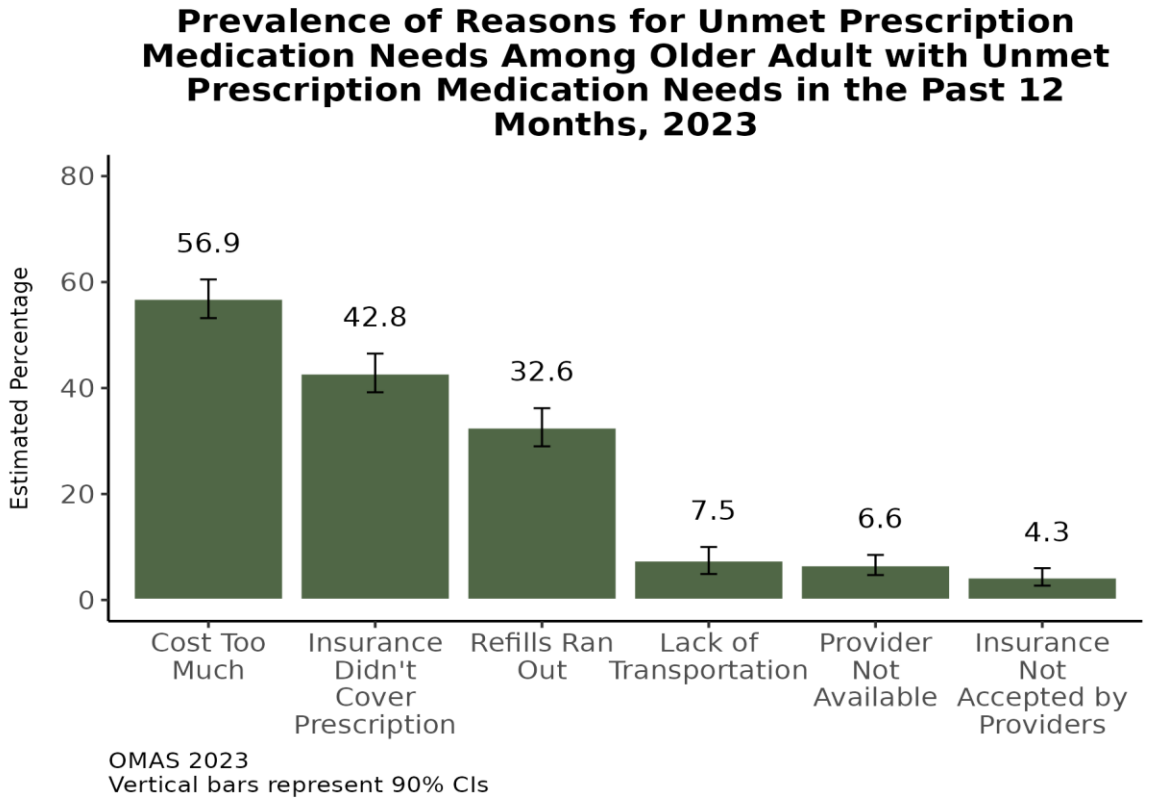
- The prevalence of unmet vision and mental health care needs was higher in older adults with Medicaid only insurance compared to other insurance types.
- About one in five older adults with Medicaid only insurance had unmet dental needs. This was about three times the prevalence of unmet dental care needs in older adults with Medicare only insurance.

Additional Insights in 2023 (Results Not Shown)

- About three in four older adults who have unmet dental care needs and Medicare only insurance say cost is the reason for unmet dental care in the last 12 months (74.5%, 90% CI:70.9%-78.2%).
- Almost two in three older adults with Medicare only insurance who have unmet vision needs in last 12 months say cost is the reason (65.2%, 90% CI: 59.4%-71.1%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Over half of older Ohioans who have unmet prescription needs find cost to be the leading reason for unmet needs



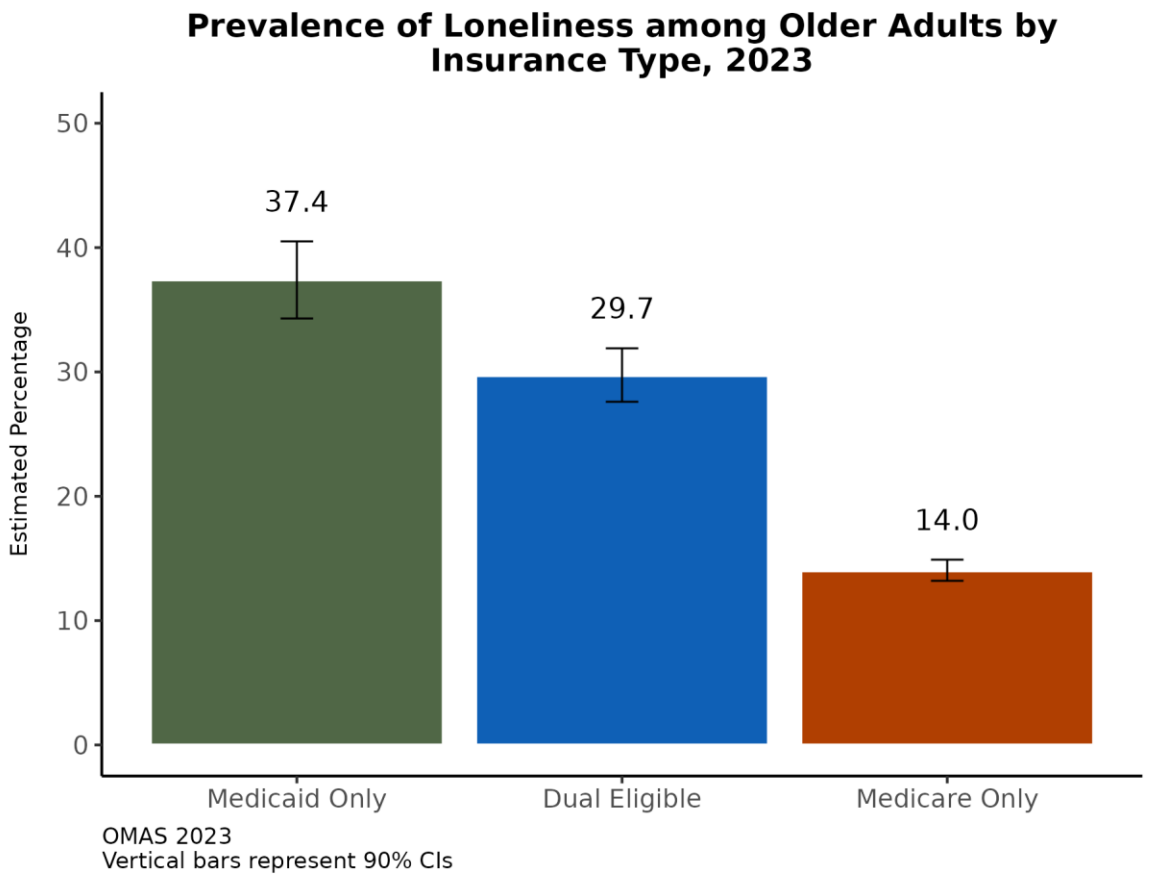
- In 2023, the most common reasons for unmet prescription medication need among older Ohioans were cost (56.9%), insurance coverage (42.8%), and refills running out (32.6%).

<u>Additional Insights in 2023 (Results Not Shown)</u>

- Cost was the most prevalence reason for unmet prescription needs among older Ohioans regardless of age, race, and county type.
- Among, older Ohioans with Medicaid only insurance the most prevalence reasons for unmet prescription medication needs were insurance coverage (50.4%, 90% CI: 40.8%-60.1%), refills running out (47.6%, 90% CI: 37.9%-57.2%), cost (41.2%, 90% CI: 31.9%-50.5%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Over 1 in 3 older Ohioans with Medicaid experienced loneliness



- About one in three adults with Medicaid only insurance (37.4%) and those who were dual eligible experienced loneliness (29.7%), a two-fold higher prevalence than in older adults with Medicare only (14%).

<u>Additional Insights in 2023 (Results Not Shown)</u>

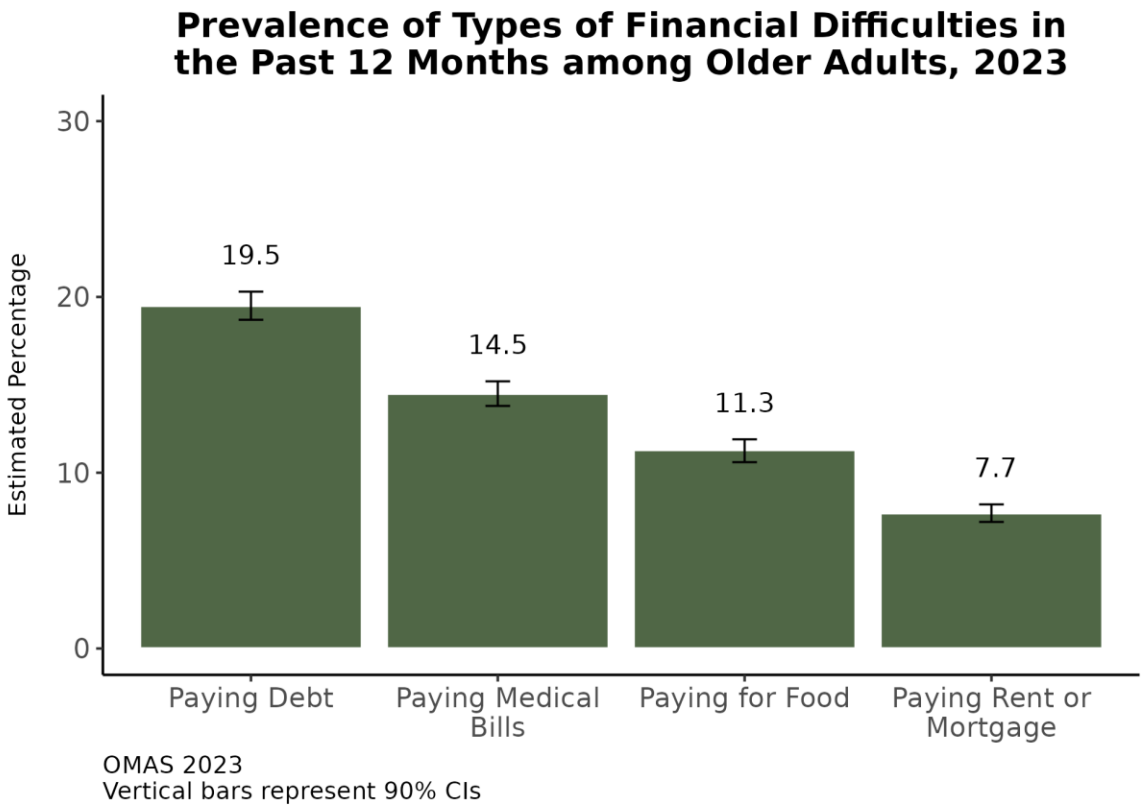
- Prevalence of loneliness in adults aged 60-64 years old was 18.8% (90% CI: 17.4%-20.2%) and declines with age to 13.6% (90% CI: 12.5%-14.8%) among adults aged 75 and over. In those aged 85+, although loneliness peaked in 2021, its prevalence dropped to values similar to other ages' prevalence.
- Prevalence of loneliness among older females was 16.9% (90% CI: 16%-17.8%), higher than for men which was 14.1% (90% CI: 13.1%-15.1%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

RESULTS: Community Services and Supports

Food, Housing, Transportation, Neighborhood Risk

About 1 in 5 older Ohioans had difficulty paying debt in the last 12 months



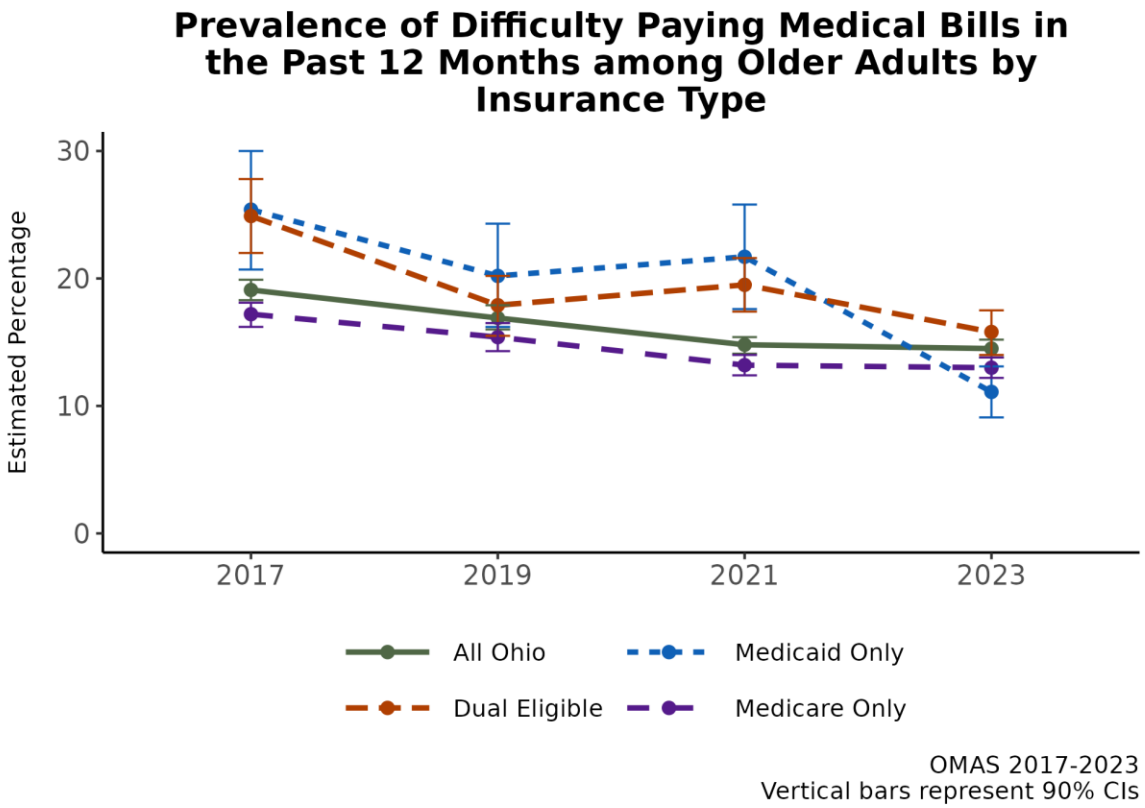
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- The highest prevalence of financial difficulty among adults aged 60+ was related to paying debt (19.5%) and medical bills (14.5%).

Additional Insights in 2023 (Results Not Shown)

- Over four in ten older adults (43.0%, 90% CI: 39.8%-46.2%) with Medicaid only and about one in three (34.9%, 90% CI: 32.7%-37.2%) of older adults who were dual eligible had difficulty paying debt in the last 12 months.
- Across most financial distress indicators (except paying for rent or mortgage), female older adults had higher prevalence than male older adults.
- Older adults living in Appalachian counties had higher prevalence of financial difficulties (except paying rent or mortgage) than older adults living in other county types .

The prevalence of older Ohioans on Medicaid having difficulty paying medical bills declined between 2019 and 2023



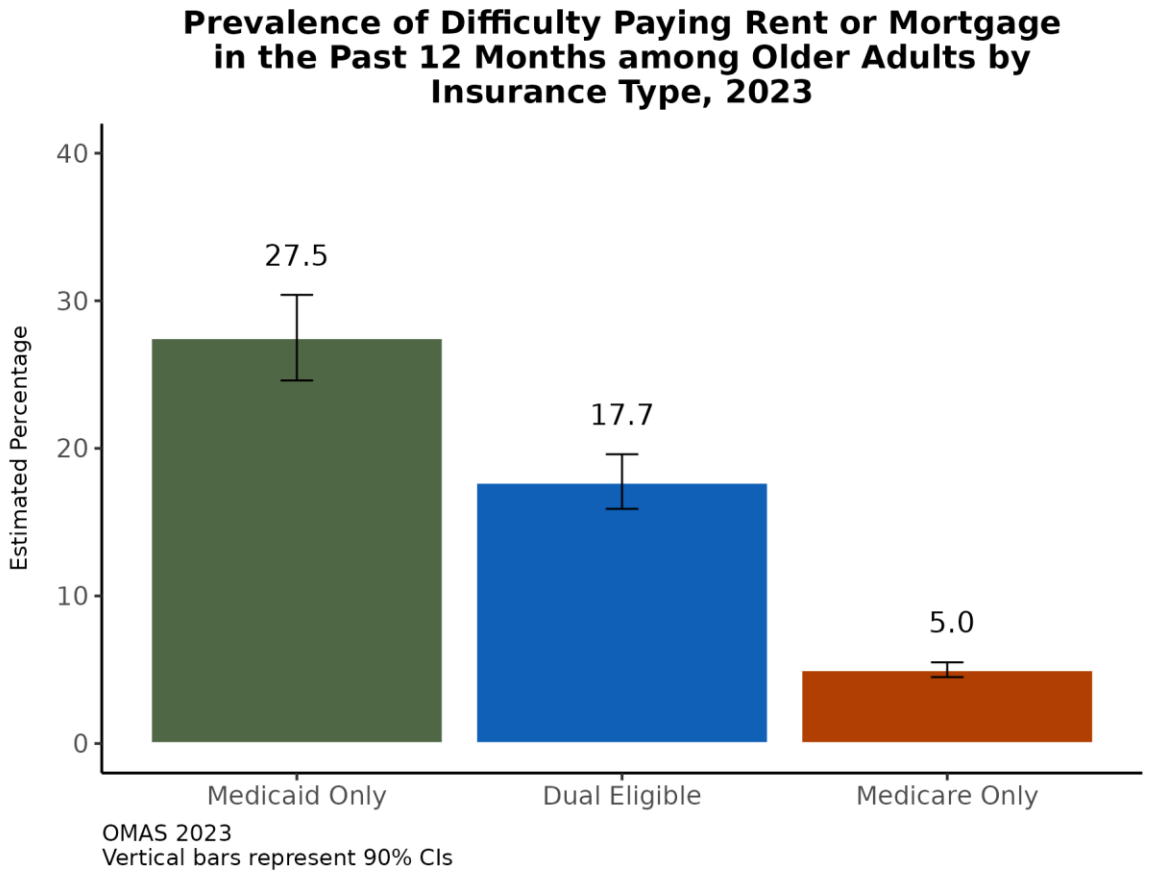
- The prevalence of older individuals who have difficulty paying medical bills declined from 16.9% to 14.5% between 2019 and 2023.
- Between 2019 and 2023, the prevalence of older adults with Medicaid only insurance who had trouble paying medical bills was nearly cut in half from 20.2% to 11.1%.

<u>Additional Insights in 2023 (Results Not Shown)</u>

- In 2023, 21.1% (90% CI: 18.9%-23.3%) of Black older adults had difficulty paying their medical bills in the last 12 months versus 13.4% (90% CI: 12.7-14.1) of White older adults.
- The largest prevalence of difficulty paying medical bills was in Rural Appalachian counties, 18.1% (90% CI: 16.4-19.8), followed by Metropolitan (14.3%, 90% CI: 13.2-15.3), Rural Non-Appalachian (14.2%, 90% CI: 12.7-15.8), and Suburban counties (12.4%, 90% CI: 11-13.7).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

About 1 in 4 older Ohioans with Medicaid only had difficulty paying for housing in past 12 months



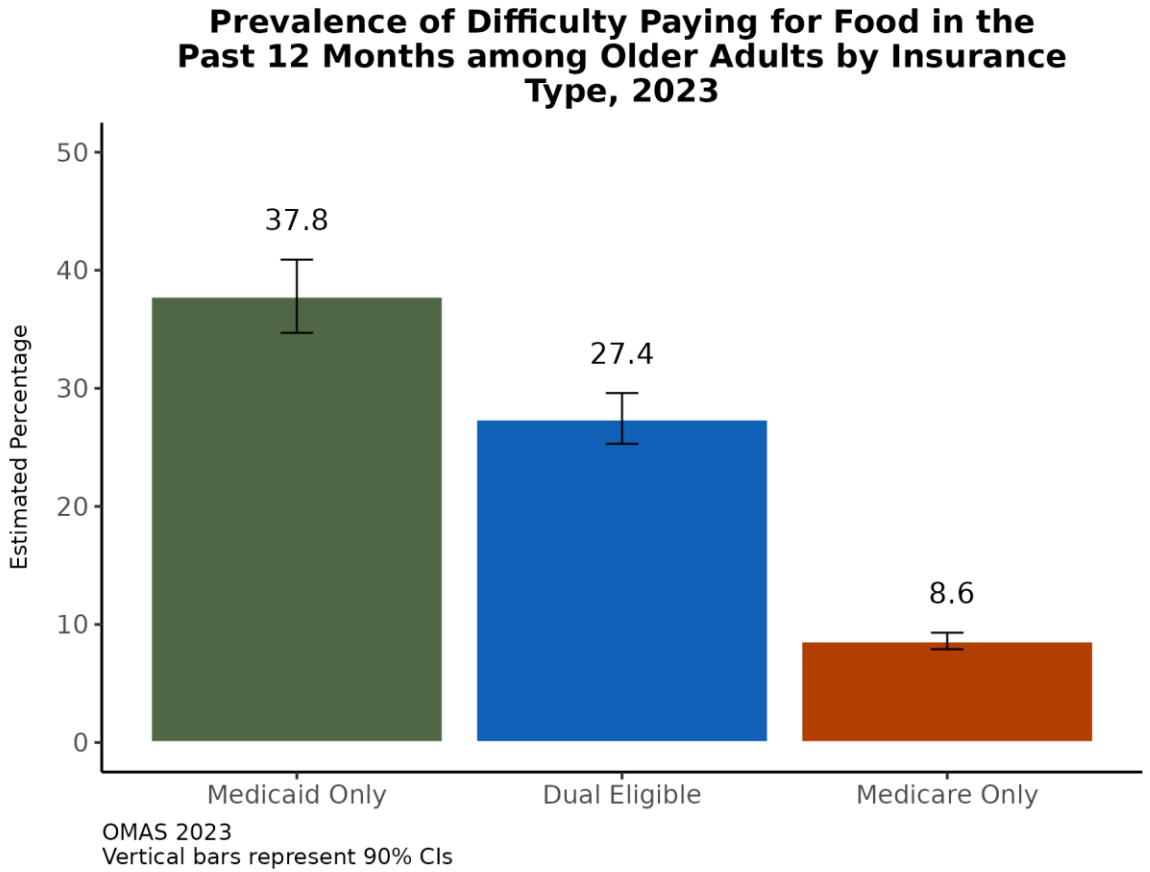
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- In 2023, about one in four older adults with Medicaid only had difficulty paying rent/mortgage in the past 12 months.

Additional Insights in 2023 (Results Not Shown)

- The prevalence of older adults having difficulty paying rent/mortgage in the past 12 months declined with increasing age. For those aged 60-64, prevalence was 12.8% (90% CI: 11.5-14.0), for those aged 65-69, it was 8.0% (90% CI: 7-9); for adults aged 70-74, the prevalence of difficulty paying for housing was 5.2% (90% CI: 4.2-6.1); for those aged 75-84, it was 4.6% (90% CI: 3.8-5.5); and for those aged 85+, it was 1.7% (90% CI: 1.0-2.4)
- There were no county or gender differences in prevalence of difficulty paying for housing among older Ohioans.

Over 1 in 4 older Ohioans with Medicaid only and who are dual eligible have food insecurity



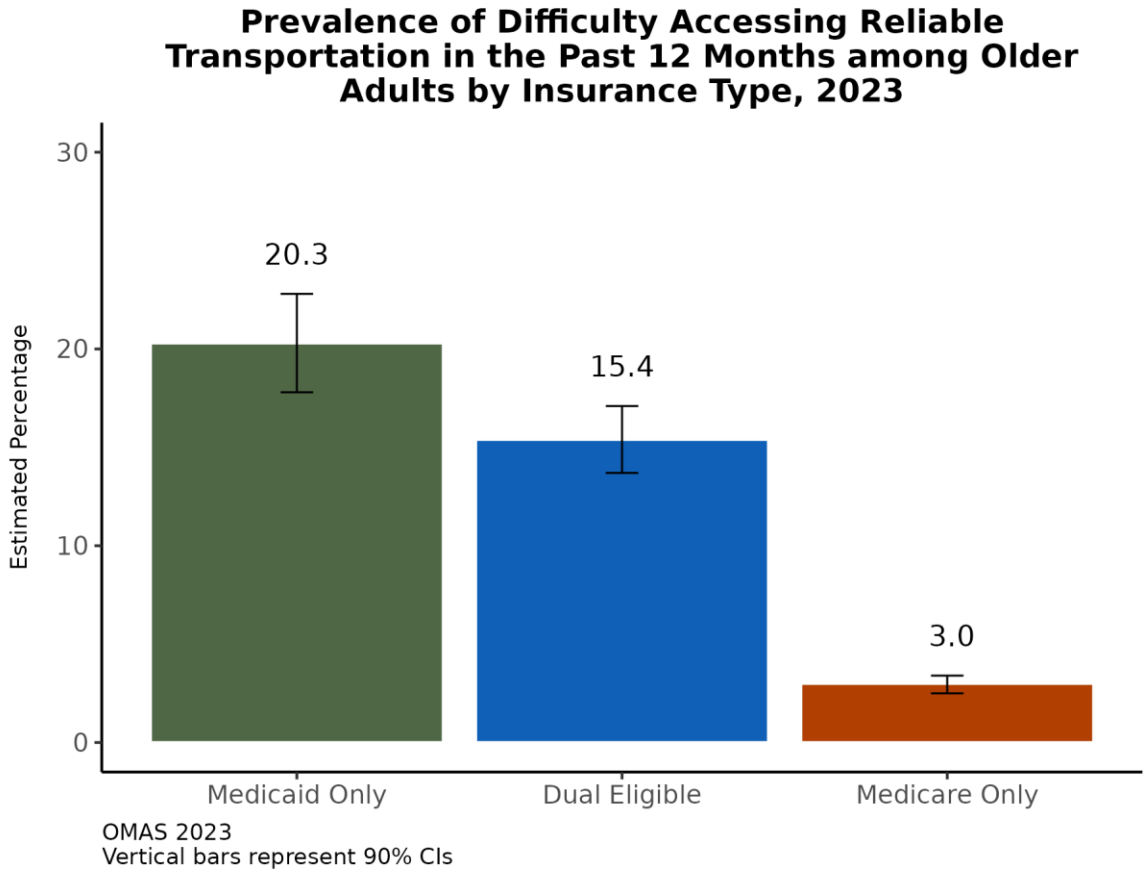
- The prevalence of older adults with Medicaid-only who had difficulty paying for food was 37.8% compared to 8.6% for those who were insured by Medicare only.

<u>Additional Insights in 2023 (Results Not Shown)</u>

- In 2023, 11.3% (90% CI: 10.6%-11.9%) of older adults had difficulty paying for food in the last 12 months.
- Older Black adults have more than twice the prevalence (22.6%, 90% CI: 20.4%-24.9%) of food insecurity as older White adults (9.5%, 90% CI: 8.9%-10.2%).
- Older adults with income at or below 138% FPL had an 8-fold higher prevalence of difficulty paying for food (28.7%, 90% CI: 26.7%-30.6%) compared to the highest income category 400% or higher FPL (3.3%, 90% CI: 2.6%-4.1%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

About 1 in 5 older adults on Medicaid only and who are dual eligible have difficulty accessing reliable transportation



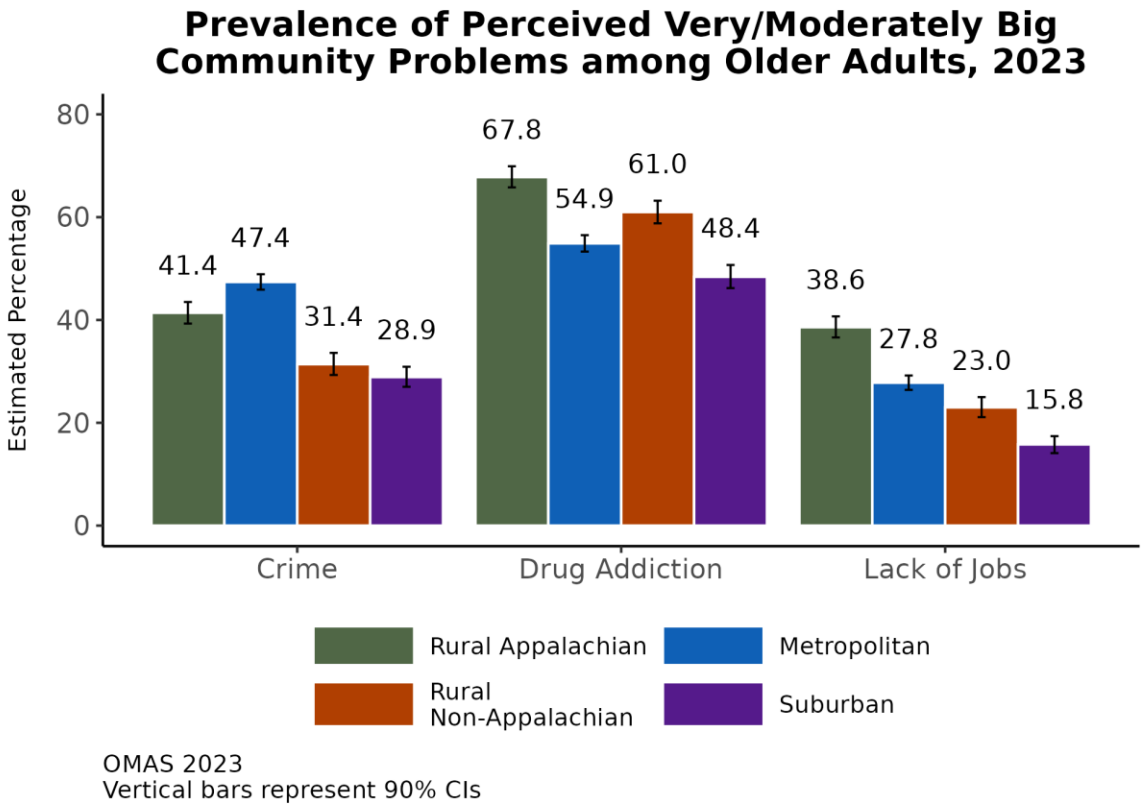
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- The prevalence of difficulty accessing reliable transportation in past 12 months was much greater among Medicaid only older adults (20.3%) and dual eligible insured (15.4%) than in older adults with Medicare only (3%) insurance.

Additional Insights in 2023 (Results Not Shown)

- Older Black adults had a higher prevalence of poor access to transportation in the past 12 months (12.4%, 90% CI: 10.8%-14.1%) than older White adults (3.5%, 90% CI: 3.1%-3.9%).
- There was no difference in difficult accessing reliable transportation by age or gender among older Ohioans.
- Prevalence of difficulty accessing reliable transportation was 4.6% (90% CI: 3.8-5.5) in Rural Appalachian; 5.5% (90% CI: 4.9-6.2) in Metropolitan; 3.2% (90% CI: 2.5-3.9) in Rural and 2.1% (90% CI: 1.6-2.6) in Suburban counties among older Ohioans.

More than 4 in 10 older Ohioans in all county types perceive drug addiction as a very/moderately big community problem



- Over 45% of older adults in all county types perceive drug addiction as a very/moderately big problem in their community, with the highest prevalence of 67.8% in rural-Appalachian counties.
- 47.4% of older adults in metropolitan areas perceive a crime as a very/moderately big problem in their community.
- Older adults in rural Appalachian counties perceive lack of jobs as a very/moderately big community problem followed by metropolitan, rural non-Appalachia, and suburban counties, respectively.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Summary of Results

- The prevalence of fair or poor self-rated overall health dropped between 2019 and 2023 among older Ohioans, and White older adults had lower prevalence of fair or poor self-rated overall health than other ethnic/racial groups.
- Older adults have seen a decline in disability between 2019 and 2023, and ambulatory difficulties are most frequently reported by older adults.
- Less than 1 in 4 adults utilized telehealth appointments in 2023.
- Over one in three older adults with Medicaid-only or who were dual eligible reported loneliness; female older adults experienced higher prevalence of loneliness than male older adults in 2023.
- Among older adults, the most prevalent unmet health care need was dental care. For those with unmet health care needs, cost was the main reason across all unmet health care needs.
- The prevalence of having difficulty paying medical bills in the last 12 months declined from previous years. One in five Black older adults reported finding it difficult to pay their medical bills in 2023.
- Drug addiction is perceived as a very/moderately big community problem by 45% or more of older adults in all county types across Ohio.

References

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Acknowledgments

Commission on Minority Health

Department of Medicaid

Department of Health

Department of Mental Health & Addiction Services

Department of Developmental Disabilities

Department of Aging

Appendix: Demographics

Total, race/ethnicity, gender, age-group, county type, income level and insurance type

Race/Ethnicity Among Older Ohioans (60+) in 2021 and 2023

Race/Ethnicity	2023 Prevalence % (90% CI)	2021 Prevalence % (90% CI)	2023 Total % (90% CI)	2021 Total % (90% CI)
White	85% (84.3%-85.7%)	86.4% (85.8% – 86.9%)	2,580,444 (2,536,797-2,624,092)	2,459,213 (2,419,002-2,499,424)
Black	9.1% (8.6%-9.5%)	9.6% (9.2%-10.1%)	275,624 (261,770-289,477)	273,786 (260,190-287,382)
Hispanic	1.7% (1.4%-2.0%)	1.3% (1.1%-1.5%)	52,734 (43,758-61,709)	37,943 (32,576-43,310)
Asian	1.2% (0.9%-1.5%)	0.6% (0.45-0.7%)	36,712 (27,368-46,057)	15,669 (12,587-18,750)
Other	3% (2.6%-3.4%)	2.1% (1.9%-2.4%)	89,802 (77,701-101,903)	60,779 (53,204-68,353)
Total	-	-	3,035,516 (2,988,590 -3,082,042)	2,847,389 (2,805,418-2,889,361)

Age Distribution of Older Ohioans (60+) in 2021 and 2023

Age Group	2023 Prevalence % (90% CI)	2021 Prevalence % (90% CI)	2023 Total % (90% CI)	2021 Total % (90% CI)
60-64	28.6% (27.7%-29.5%)	30.1% (29.3%-31.0%)	867,584 (834,318-900,851)	858,232 (829,620-886,845)
65-69	23.1% (22.3%-23.9%)	23.3% (22.6%-24.0%)	700,233 (674,717-725,749)	662,985 (641,321-684,649)
70-74	19.2% (18.5%-20%)	19.3% (18.6%-19.9%)	583,635 (559,723-607,546)	548,454 (527,797-569,111)
75-84	22.4% (21.6%-23.2%)	20.6% (19.9%-21.3%)	680,467 (655,190-705,743)	586,936 (564,324-609,548)
85+	6.7% (6.2%-7.2%)	6.7% (6.3%-7.1%)	203,398 (188,208-218,588)	190,782 (178,638-202, 926)
Total	-	-	3,035,516 (2,988,590 -3,082,042)	2,847,389 (2,805,418-2,889,361)

Income (FPL) Distribution of Older Ohioans (60+) in 2021 and 2023

Income Level	2023 Prevalence % (90% CI)	2021 Prevalence % (90% CI)	2023 Total % (90% CI)	2021 Total % (90% CI)
138% FPL and Below	18.8% (18.1%-19.6%)	23.5% (22.8%-24.3%)	571,857 (548,776-594,937)	669,899 (646,516-693,281)
138% - 250% FPL	22.8% (21.9%-23.6%)	23.8% (23%-24.6%)	690,850 (664,020-717,680)	677,828 (653,668-701,987)
250% - 400% FPL	23.6% (22.7%-24.4%)	21.4% (20.7%-22.2%)	715,191 (688,511-741,872)	610,084 (587,197-632,972)
Above 400% FPL	34.8% (33.9%-35.8%)	31.2% (30.4%-32.1%)	1,057,418 (1,023,606-1,091,230)	889,578 (863,304-915,853)
Total	-	-	3,035,516 (2,988,590 -3,082,042)	2,847,389 (2,805,418-2,889,361)

Insurance Type Among Older Ohioans (60+) in 2021 and 2023

Insurance Type	2023 Prevalence % (90% CI)	2021 Prevalence % (90% CI)	2023 Total % (90% CI)	2021 Total % (90% CI)
Medicaid Only	5.3% (5%-5.7%)	4.5% (4.1%-4.9%)	161,493 (151,224-171,762)	127,730 (116,502-138,959)
Dual, Medicaid and Medicare	3.8% (3.6%-4%)	9.2% (8.7%-9.6%)	115,462 (110,001-120,923)	260,712 (247,110-274,314)
Medicare Only	62.2% (61.3%-63.2%)	60.2% (59.3%-61.1%)	1,888,988 (1,850,702-1,927,273)	1,713,848 (1,679,495-1,748,202)
Employer Sponsored	19.3% (18.5%-20.2%)	18.3% (17.6%-19%)	586,914 (557,043-616,785)	520,612 (498,170-543,054)
Other Insured	7% (6.5%-7.6%)	6.1% (5.7%-6.5%)	213,687 (196,581-230,793)	173,291 (160,641-185,940)
Uninsured	2.3% (2%-2.5%)	1.8% (1.5%-2.1%)	68,772 (60,907-76,638)	51,195 (43,449-58,942)
Total	-	-	3,035,516 (2,988,590 -3,082,042)	2,847,389 (2,805,418-2,889,361)

County Type Among Older Ohioans (60+) in 2021 and 2023

County	2023 Prevalence % (90% CI)	2021 Prevalence % (90% CI)	2023 Total % (90% CI)	2021 Total % (90% CI)
Rural Appalachian	14.6% (14.2%-15.1%)	16.2% (15.7%-16.75%)	444,021 (429,639-458,404)	461,943 (445,833-478,053)
Metropolitan	54.6% (53.8%-55.3%)	51.6% (50.8%-52.3%)	1,656,340 (1,617,270-1,695,409)	1,468,522 (1,438,221-1,498,823)
Rural Non-Appalachian	13.6% (13.1%-14%)	13.9% (13.4%-14.3%)	411,380 (397,891-424,868)	395,119 (380,956-409,281)
Suburban	17.2% (16.7%-17.8%)	18.3% (17.7%-18.9%)	523,576 (506,915-540,236)	521,806 (501,838-541,774)
Total	-	-	3,035,516 (2,988,590 -3,082,042)	2,847,389 (2,805,418-2,889,361)

Sex Among Older Ohioans (60+) in 2021 and 2023

Sex	2023 Prevalence % (90% CI)	2021 Prevalence % (90% CI)	2023 Total % (90% CI)	2021 Total % (90% CI)
Male	47.4% (46.5%-48.4%)	46.5% (45.6%-47.4%)	1,439,860 (1,401,185-1,478,535)	1,324,524 (1,291,511-1,357,537)
Female	52.6% (51.6-53.5%)	53.5% (52.6%-54.4%)	1,595,218 (1,558,607-1,631,830)	1,522,866 (1,490,184-1,555,547)
Total	-	-	3,035,516 (2,988,590 -3,082,042)	2,847,389 (2,805,418-2,889,361)