

OHIO MEDICAID ASSESSMENT SURVEY

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Taking the pulse of health in Ohio

Policy Brief

A HEALTH PROFILE OF OHIO WOMEN AND CHILDREN June 2013

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INTRODUCTION

The primary goal of this brief is to provide a health profile of Ohio women of reproductive ages (19 through 44) and children ages 0 through 18 years. The health status, health risk behaviors and access to health care among women of reproductive ages have an impact on the health of Ohio's children. Health service access in the preconception, prenatal, and postpartum periods offer unique opportunities for addressing the health needs of Ohio's women and future children. Additionally, prevention, early detection and interventions before, during and after a woman's reproductive years are essential to reducing the burdens of illness and disability in their later years. Understanding not only patterns of child health status and conditions, but also the health environment in which Ohio children live, will help multiple agencies develop policies and programs that ultimately improve child well-being and the health of Ohio's population in the future.

A key feature of the Patient Protection and Affordable Care Act (ACA) concerns the possible expansion of Medicaid to previously ineligible populations. A focus in this report is to compare the health status, conditions and behaviors among women and children currently enrolled in Medicaid to those that may be eligible in 2014 based on their family income if an expansion is enacted.

This research brief summarizes findings from an analysis of the 2012 Ohio Medicaid Assessment Survey (OMAS). The authors examine the health characteristics of all women of reproductive ages, and then focus on differences in health characteristics and unmet needs for health care by insurance coverage (i.e., any Medicaid enrollment, other insured, and uninsured) among low-income populations.

A supplemental analysis examines the racial and ethnic patterns in health care access among women of reproductive ages. Children's health characteristics are presented, with a focus on differences in health characteristics and unmet needs for health care by insurance coverage (i.e., any Medicaid enrollment, other insurance, and uninsured) among low-income populations. Refer to the full report for methodological details.

OHIO WOMEN AGES 19 THROUGH 44 YEARS

Health Status and Risk Behaviors

Table 1 presents the age-adjusted percentage of key health status and risk behaviors for all Ohio women ages 19-44 and for those who were currently or recently pregnant. This latter category includes women who were not currently pregnant at the time of the survey but were pregnant in the last 12 months.

TABLE 1: AGE-ADJUSTED PERCENTAGE OF KEY HEALTH STATUS AND RISK BEHAVIORS, OHIO WOMEN (19-44 years)

	All Women (ages 19 - 44)	Currently or Recently Pregnant Women (ages 19 - 44)
General health is "fair/poor"	18.3	13.3
Obese	30.1	27.4
Current Smoker	29.5	27.6

Source: 2012 Ohio Medicaid Assessment Survey. All estimates are weighted and adjusted for design effects.

LOW-INCOME OHIO WOMEN AGES 19 THROUGH 44 YEARS

Health Characteristics by Insurance Coverage

Medicaid insures 24% of all women of reproductive ages and 41% of currently or recently pregnant women ages 19 through 44. The 2010 Affordable Care Act (ACA) includes the possible expansion of Medicaid coverage to all individuals with incomes up to 138% (133% plus 5% income disregard) of the Federal Poverty Level (FPL). It is important to compare and contrast patterns of health characteristics of populations currently eligible and insured by Medicaid to similar low-income populations that are either uninsured or have other insurance coverage. Low-income here is defined as having a family income \leq 138% of FPL (\$15,028 for an individual; \$25,571 for a family of three in 2011).

Medicaid insures roughly 48% of Ohio's low-income women of reproductive ages, while 26% are insured by other forms of insurance. Over a quarter of low-income women in this age group are uninsured.

- Over 30% of Ohio low-income women of reproductive ages enrolled in Medicaid report "fair or poor" health compared with 22% covered by other insurance.
- Over 40% of Ohio low-income women of reproductive ages enrolled in Medicaid are classified as obese, compared with 28% covered by other forms of insurance.
- Half of low-income women ages 19-44 enrolled in Medicaid are current smokers, compared with 33% covered by other insurance.

Unmet Health Care Needs and Health Care Access

For many low-income women of reproductive ages, accessing the health care system is a challenge, even if they are insured through Medicaid or some other form of insurance. Health care access is measured by placing respondents into one of three categories: 1) has no usual source of care; 2) usual source is a hospital emergency room or 3) usual source is a doctor's office or health clinic. Respondents also reported if they had any unmet need for health care in the past 12 months. **Table 2** presents the age- and health-status adjusted percentage of low-income Ohio women of reproductive age reporting unmet need for health care and access to care by insurance coverage.

- Low-income Ohio women (ages 19 through 44) insured by Medicaid have lower levels of unmet need than similar women insured by other forms of insurance or who are uninsured.

- 20% of low-income women of reproductive ages enrolled in Medicaid report an unmet need for prescription care, compared with 28% covered by other forms of insurance.
- 22% of low-income women (ages 19 through 44) enrolled in Medicaid and 16% women covered by other forms of insurance have either no usual source of health care or use the emergency room as a usual source of care.

TABLE 2. AGE AND HEALTH STATUS ADJUSTED PERCENTAGE REPORTING UNMET NEED FOR HEALTH CARE AND ACCESS TO CARE, OHIO LOW-INCOME WOMEN (19-44 years)

	Medicaid	Other Insured	Uninsured
Unmet need	%	%	%
Any ^{a,b,c}	41.3	50.5	69.2
Other health care ^{b,c}	10.9	15.1	39.6
Dental ^{a,b,c}	17.3	27.0	39.1
Vision ^{b,c}	13.2	13.0	23.3
Prescription ^{a,b,c}	19.6	27.7	47.4
Mental health care ^b	8.5	12.1	16.4
Access to care			
No usual source of care ^{b,c}	7.4	7.5	24.0
No usual source of care or using the emergency room as a usual source of care ^{b,c}	21.7	15.6	42.0

Source: 2012 Ohio Medicaid Assessment Survey. All estimates are weighted and adjusted for design effects. Predicted percentages based on logistic regression of unmet needs/access to care and controlling for age and health status. See full report for methodological details.

a. Significant difference ($p < .05$) between Medicaid enrolled and Other insurance.

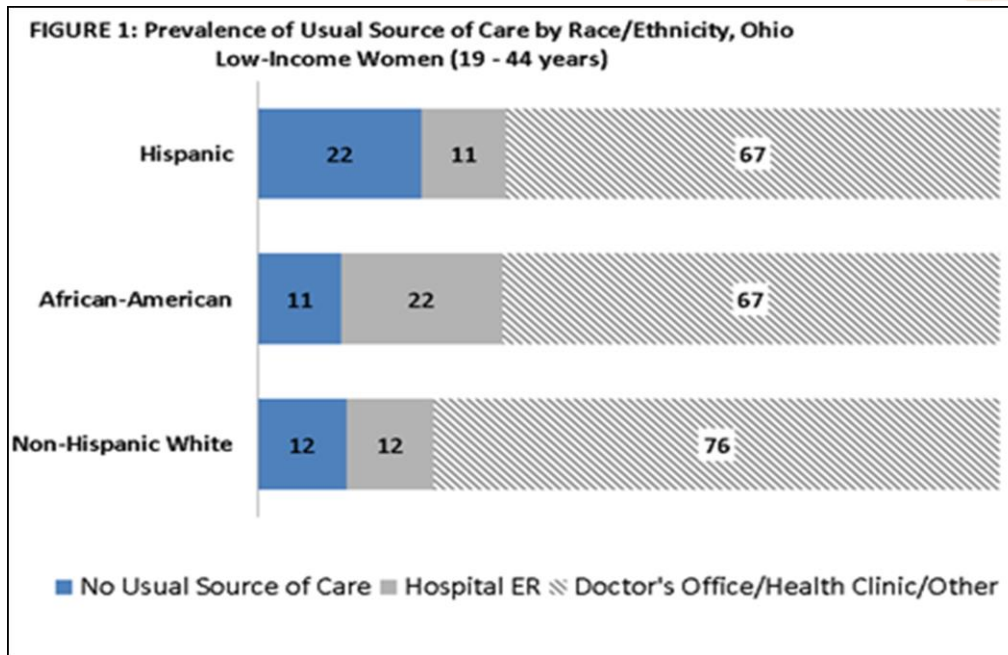
b. Significant difference ($p < .05$) between Medicaid enrolled and Uninsured.

c. Significant difference ($p < .05$) between Other insurance and Uninsured.

Racial and Ethnic Disparities in Access to Health Care

Figure 1 shows racial and ethnic variation in access to health care among low-income women ages 19-44.

- Among low-income women ages 19-44, Hispanic women are much more likely than African-American or white women to report they have no usual source of care, while African-American women are most likely to report using a hospital emergency room as their usual source of care.
- Further analysis examining this disparity in having a usual source of care estimated that among low-income women of reproductive age, having insurance explains about half of the Hispanic-white difference.



OHIO CHILDREN AGES 0 THROUGH 18 YEARS

Health Insurance Coverage

- Medicaid insures two out of five (41.3%) children in Ohio. This varies by age and race—over half of young children in Ohio (ages 0 through 4) are insured by Medicaid compared to 38% of school age children (ages 5 through 18). Seventy percent of non-Hispanic African-American children, 63% of Hispanic children, and 35% of non-Hispanic white children are insured by Medicaid. Medicaid insures the majority of Ohio children residing in poor families: 82.9% of children living below the poverty line are covered by Medicaid.
- Five percent of Ohio children are uninsured. Seventy-three percent of uninsured children live at or below 200% FPL (the income cut point for access to Medicaid).

Health Status, Health Conditions, and Sedentary Behavior

- Most children (85%) in Ohio are reported as having “excellent or very good” health, but roughly 4% are reported as having “fair or poor” health.
- 28% of Ohio children ages 11 through 18 are classified as overweight or obese.
- Over one in ten children (10.5%) in Ohio currently have asthma.
- 43% of children ages 2 and older, and 11% of children under age 2, spend more than 2 hours watching television/videos or playing video games per day.

LOW-INCOME OHIO CHILDREN AGES 0 THROUGH 18 YEARS

Measures of Socioeconomic Stress

Low-income for children is defined as residing in households at or below 200% of the Federal Poverty Level (\$37,060 for a family of three in 2011) – the income threshold for child Medicaid eligibility. A marginally food secure home indicates a situation in which the responding adult expresses concern that food may run out before they could purchase more, or the amount of food they purchased would not last. Age-adjusted prevalence of characteristics of socioeconomic stress by insurance type is presented in **Table 3**.

- Low-income young children (0 through 4 years) insured by Medicaid are more than twice as likely to also receive benefits from Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in the last year compared with low-income children covered by other forms of insurance. WIC is a nutrition program geared toward providing infants and children with nutritious foods and mothers with breastfeeding support to combat health risks due to inadequate nutrition.
- Low-income children (ages 0 through 6) insured by Medicaid are more likely to be tested for lead, compared to similar children insured by other forms of insurance or the uninsured.

TABLE 3: AGE-ADJUSTED PERCENTAGE WITH CHARACTERISTICS OF SOCIOECONOMIC STRESS BY INSURANCE COVERAGE, OHIO LOW-INCOME CHILDREN (select ages)

	Medicaid	Other Insured	Uninsured
<u>Children living in families ≤200% FPL</u>	%	%	%
Marginally food secure HH (ages 0-18) ^{a,b,c}	70.5	42.2	58.5
WIC in last year (ages 0-4) ^{a,b}	68.6	31.3	39.3
Among WIC eligible (≤185% FPL) ^{a,b}			
WIC in last year (ages 0-1) ^a	82.1	41.8	--
WIC in last year (ages 2-4) ^a	61.2	36.7	--
Never been tested for lead (ages 0-6) ^{a,b}	24.2	58.1	45.6

Source: 2012 Ohio Medicaid Assessment Survey. Age-adjusted, see full report for methodology.
a. Significant difference (p<.05) between Medicaid enrolled and Other insurance
b. Significant difference (p<.05) between Medicaid enrolled and Uninsured
c. Significant difference (p<.05) between Other insurance and Uninsured
Dash in cell indicates insufficient cell size.

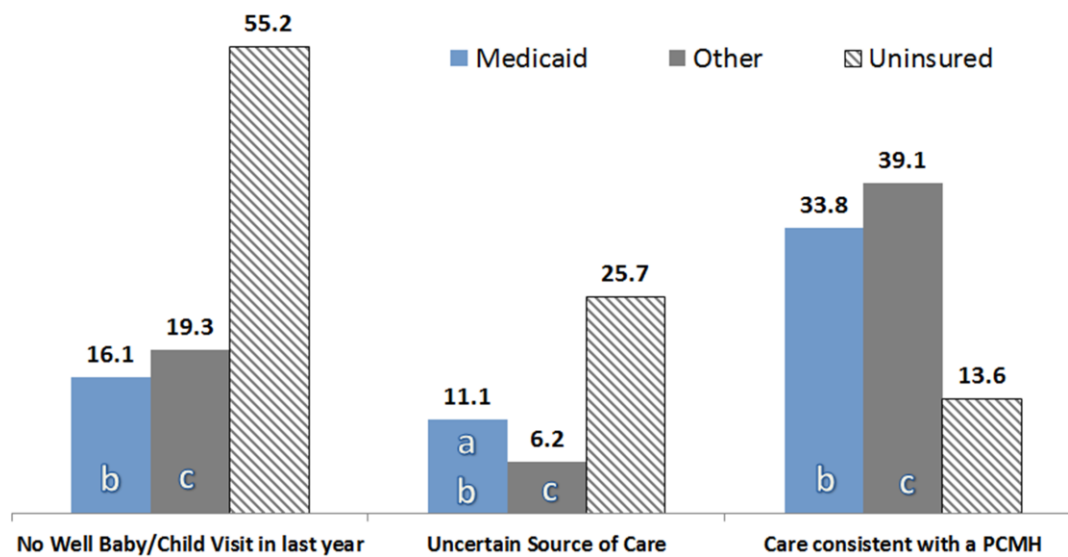
Unmet Needs for Health Care, Health Care Access and Utilization

- Low-income children are more than twice as likely as children at higher incomes to experience an unmet need for health care—14% of low-income children have an unmet need compared with 6% of children above 200% FPL.
- Among low-income children, no significant differences were found in the probability of having an unmet need for care between children enrolled in

Medicaid (12%) and children covered by some other insurance (10%). The key differences are between insured and uninsured children—low-income uninsured children have over twice the level (26%) of unmet need for health care as insured low-income children.

- 55% of Ohio’s low-income uninsured children have not had a well-baby/child checkup in the last year (Figure 2).

FIGURE 2: AGE AND HEALTH STATUS ADJUSTED PERCENTAGE OF HEALTH CARE ACCESS AND UTILIZATION, OHIO LOW-INCOME CHILDREN (0 -18)



Source: 2012 Ohio Medicaid Assessment Survey. All estimates are weighted and adjusted for design effects. Percentages based on survey weighted logistic regression model estimates of health care access and utilization adjusting for child’s age and health status. See full report for methodological details.

- a. Significant difference (p≤.05) between Medicaid enrolled and Other insurance
- b. Significant difference (p≤.05) between Medicaid enrolled and Uninsured
- c. Significant difference (p≤.05) between Other insurance and Uninsured

•Low-income children with insurance are roughly three times as likely to receive care consistent with a patient-centered medical home (PCMH). Components of a patient-centered medical home measured here include having a usual source of sick and well care, having a personal doctor or nurse, having family-centered care, and not experiencing problems getting needed referrals.

•Uninsured low-income children are more than twice as likely as insured children to have an uncertain source of health care. Among Ohio's low-income insured children, those enrolled in Medicaid are almost twice as likely to have an uncertain source of health care (11%) compared to children insured by other means (6%). Uncertain source of care refers to having no usual source of care or utilizing the emergency room, hospital outpatient department, or someplace other than a doctor's office or health clinic as a usual source of care.

KEY CONSIDERATIONS

Understanding the potential implications of the ACA for Ohio requires information on the populations eligible for Medicaid and how those insured through Medicaid, other types of coverage, and the uninsured differ in their health status, conditions, and risk behavior.

Ohio Women Ages 19 through 44 Years

Uninsured women of reproductive age in Ohio report many risk factors, including a lack health care access. Nearly a quarter of uninsured women of reproductive ages lack a usual source of care and 70 percent express unmet needs for health care. Expanding coverage to uninsured women of reproductive ages may increase the use of preventative care services which are important for not only ensuring a healthy pregnancy, but also important for promoting healthy behaviors.

The demographic composition of the uninsured population is also cause for concern; minority women are disproportionately represented among the uninsured population. The results suggest that among low-income women of reproductive ages, Hispanic women are less likely than white women to report a usual source of care in large part because they are much less likely than whites to be covered by Medicaid or some other source of insurance.

These findings suggest that disparities between white and Hispanic women in health care access could be reduced by increasing levels of Medicaid coverage among Hispanic women. It is expected that reducing the number of uninsured women and children in Ohio could ultimately reduce, but not eliminate, Ohio's rate of health disparities. Any potential Medicaid reform will need to take into account the special circumstances of Hispanic women and their families.

Ohio Children Ages 0 through 18 Years

Among low-income children, Medicaid is as effective as private coverage in providing care. Given the fact that over a quarter of Ohio's uninsured children experience some form of unmet need for health care compared to only 13% covered by Medicaid, expanded efforts to enroll eligible children in Medicaid may help alleviate unmet needs for health care among uninsured children. Expanding Medicaid coverage to parents may encourage enrollment of uninsured children and ensure that they receive needed health care services.

Among young low-income children, those enrolled in Medicaid are more likely to also receive WIC benefits than are similar children covered by other forms of insurance. WIC outreach efforts could be made to eligible families who are not enrolled in Medicaid as a means of safeguarding the nutritional health of infants and young children.

More information about OMAS, including the data and electronic versions of reports and research briefs, is available online at:

<http://grc.osu.edu/omas/>