

OHIO FAMILY HEALTH SURVEY

POLICY BRIEF

A Snapshot of Effective Access to Health Care in Ohio

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WHAT IS EFFECTIVE ACCESS TO HEALTH CARE?

Access to health care is more than having health insurance or having a doctor or dentist. Access includes understanding your own health needs, having a provider who is willing to see you at a time you can actually get to the facility, having transportation to the facility, and being able to pay (or have an insurer pay) the cost of the visit. It means interacting with the facility and providers in ways that meet your needs, being able to understand, afford, and follow the recommendations, understanding how your own behavior affects your health, and taking personal responsibility for your health.

Effective access also means that you not only receive care, but that your health gets better, too. So how you rate your health, the frequency with which you have healthy days (and other things that point to health) are important outcomes in assessing the effectiveness of your health care.

Using data from the 2008 and 2010 Ohio Family Health Survey, this snapshot analyzes associations between and among these factors and presents a picture of Ohio's current health care access climate, portraying a state with a diminishing level of access to effective health care during a period of significant economic challenge.

WHO IN OHIO HAS DIMINISHED ACCESS TO HEALTH CARE?

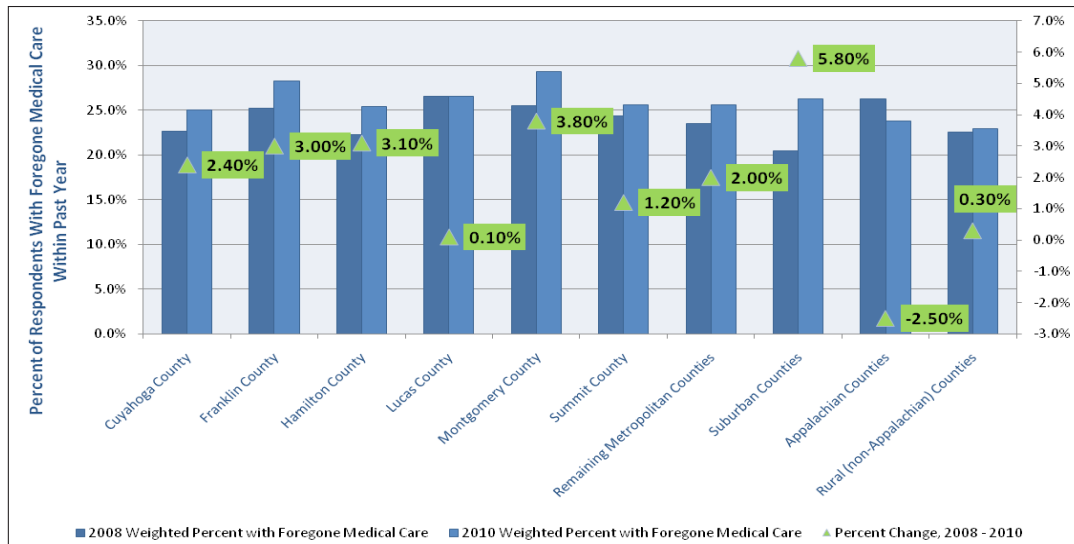
- **25.4% (1 in 4 adult Ohioans) have forgone needed medical care within the past year.**
- **8.3% of adults do not have a usual source of medical care;** those individuals are 3.5 times less likely to have visited a physician or an emergency room in the past year, and 1.4 times less likely to have visited a dentist within the past year, compared with those who have a usual source of medical care.
- **Among adults age 18-64, 18.8% are uninsured for medical care;** those individuals are 3.4 times less likely to have visited a physician or an emergency room in the past year, 2.5 times more likely to have foregone needed medical care within the past year, and 1.5 times more likely to have not visited a dentist within the past year, compared with the privately insured.
- **22.8% of all adults have no prescription drug coverage,** and those individuals are 1.5 times more likely to have foregone purchasing a needed prescription within the past year. 46.7% do not have dental care insurance; those individuals are 1.5 times less likely to have visited a dentist within the past year and 1.9 times more likely to have foregone needed dental care within the past year, compared with those who have prescription drug coverage.
- **28.2% of all adults report difficulty paying medical bills within the past year;** those individuals are 4.5 times more likely to forego needed medical care, 4.3 times more likely to forego needed dental care, and 5.6 times more likely to forego needed prescriptions; they are 1.3 times less likely to have visited a dentist, 2.0 times more likely to report their health status as “fair or poor,” 2.2 times more likely to report high rates of physically unhealthy days, and 2.8 times more likely to report high rates of mentally unhealthy days.
- **Other factors contributing to diminished access to healthcare include:** income, race/ethnicity (Asian and African Americans), insurance status (dual eligibles), gender (women, men in the GLBT community), non-working disabled, health risk behaviors (tobacco, obesity), and region (rural).
 - rates of medical care utilization rose (increased) by 2.2%, from 90.1% to 92.3%

KEY TRENDS IN EFFECTIVE ACCESS TO HEALTH CARE IN OHIO

- Statewide, between 2008 and 2010:
 - rates of foregone medical care rose (worsened) by 2.0%, from 23.4% to 25.4%.
 - rates of foregone dental care rose (worsened) by 0.9%, from 13.9% to 14.8%.
 - rates of foregone prescriptions rose (worsened) by 1.4%, from 15.4% to 16.8%.

- rates of dental care utilization dropped (worsened) by 0.3%, from 71.1% to 70.8%.
- rates of “good or better” self-reported health status dropped (worsened) by 3.5%, from 81.6% to 78.1%.
- rates of “fewer than 14 physically unhealthy days” dropped (worsened) by 1.3%, from 86.2% to 84.9%.
- rates of “fewer than 14 mentally unhealthy days” rose (improved) by 6.3%, from 84.8% to 91.1%.
- **Geographic differences.** Appalachian counties experience the lowest overall access to effective health care but experienced improvement in some areas between 2008 and 2010, due to targeted regional efforts to improve medical and dental access to care. Suburban counties have seen significant worsening in access measures since 2008. (Figure 3)

Figure 3: Trends in Foregone Medical Care



SUMMARY

- Access to healthcare for Ohioans worsened between 2008 and 2010, as indicated by reduced rates of health insurance and increased rates of forgone care. At the same time, the health of Ohioans worsened, as indicated by their self-reported health status and rates of physically unhealthy days.
- It is clear that access to dental care is a major issue in 2010, with increasing rates of foregone dental care and declining rates of dental care utilization compared with 2008.
- Higher likelihood of individuals having at least one medical care visit was associated with modifiable health risk behaviors, including smoking or being overweight or obese.
- The burden of high medical costs and difficulty paying medical bills disproportionately impacts the health outcome and likelihood of seeking care for individuals who bear the highest burden of such costs.
- Other groups with disproportionately lower access include the uninsured, women, African Americans, male and African American members of the LGBT community, and those with lowest incomes.
- Results of geographic analysis suggest that Appalachian counties have the least favorable access to health care and Suburban counties have been the hardest-hit during the economic downturn.

POLICY IMPLICATIONS: WHAT CAN WE DO TO IMPROVE EFFECTIVE ACCESS TO HEALTH CARE?

- Target efforts to reduce smoking, increase exercise, and promote healthy eating may result in lower health care costs for the state of Ohio. Continue funding for existing programs and additional programmatic developments should be considered.
- Target efforts to enhance services to individuals living in Appalachian communities with the worst overall access to health care in order to decrease regional disparities in health outcomes.
- Target efforts to enhance services to individuals living in suburban communities experiencing the greatest decrease in access during the Great Recession, while recognizing the connection between health and other issues such as jobs, food security, and safe housing.
- Dental care utilization and unrealized dental care are significant issues. A statewide assessment of the dental workforce and its distribution and availability to those most in need would help define the problem and point toward potential solutions. Enhancement of Medicaid coverage for dental care would improve access to care for some of those most in need.