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## INTRODUCTION

Adults with developmental disabilities are significantly more likely to experience adverse health outcomes and encounter barriers to obtaining access to health care than adults without disabilities (Havercamp & Scott, 2015). This data brief uses the 2015 Ohio Medicaid Assessment Survey (OMAS) to describe several key health indicators of Ohio's adults with developmental disabilities (DD) and adults with special health care needs (SHCN), with special emphasis given to the Medicaid enrolled. These indicators include insurance coverage, poverty status, health status, employment status, access to health care, and health care utilization. This brief addresses differences and similarities between adults with DD, SHCN and non-disabled (ND) adults in Ohio.

## DEFINITION OF ADULTS WITH DEVELOPMENTAL DISABILITIES, ADULTS WITH SPECIAL HEALTH CARE NEEDS, AND NON-DISABLED ADULTS

The 2015 OMAS data was collected through telephone interviews with an adult in the household. Prior waves of the OMAS survey did not collect information about developmental disabilities for adult respondents, but a question was added in 2015 to enable identification of adults with developmental disabilities in the sample. Adult respondents were identified as having a developmental disability if they responded "yes" to the question, "Do you have a Developmental Disability?" If needed, participants were told that a developmental disability was defined as "a group of conditions due to impairment in physical, learning, language, or behavior areas. These conditions begin by age 21, may impact day-to-day functioning, and usually last throughout a person's lifetime." This definition of developmental disability is also used by the Centers for Disease Control and Prevention (CDC, 2015).

In 2015, 4.1% (362,443) of adults 19 years and older in Ohio reported having a developmental disability (DD). This finding is slightly higher than expected, as it has been estimated that adults with developmental disabilities make up about 2.2% of the United States population (Larson et al., 2000). More than half of these adults were covered by Medicaid insurance.

This brief compares adults with developmental disabilities to adults who have special health care needs other than a developmental disability. A person is considered to have a special health care need if they had a chronic physical, developmental, behavioral, or emotional condition and require more services than non-disabled people (Looman et al., 2012).

In the 2015 OMAS, an adult was considered to have special health care needs if they did not answer "yes" to the developmental disability question, but responded "yes" to at least one of the following three questions:

- Because of a physical, mental, or emotional condition lasting 6 months or more, do you have difficulty doing or need assistance doing day-to-day activities?
- Because of a physical, mental, or emotional condition lasting 6 months or more, do you need or get special therapy?
- Because of a physical, mental, or emotional condition lasting 6 months or more, do you need or get treatment or counseling for any kind of mental health, substance, abuse or emotional condition?

According to the 2015 OMAS data, 15.8% (1,392,662) of adults 19 years and older in Ohio were reported to have special health care needs excluding DD.

Adults were considered non-disabled (ND) if they did not meet the criteria for developmental disabilities or special health care needs. This brief compares adults with DD to adults with SHCN and to ND adults.

## RESULTS

### DEMOGRAPHIC AND HOUSEHOLD CHARACTERISTICS

Compared to ND adults, adults with DD are more likely to be male (55% vs. 50%) and relatively younger, as 88% of adults with

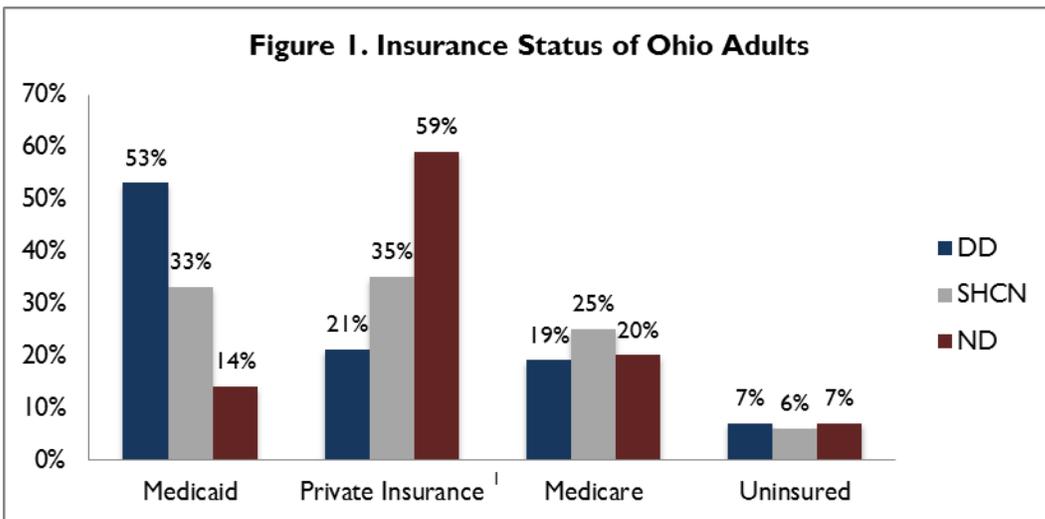
DD were between the ages of 19 and 64 compared to 79% of ND adults. Adults with DD, SHCN and ND were similar in terms of racial identification and county type.

**Table I. Distribution of Select Demographic characteristics of adults with DD, SHCN, and ND in Ohio**

		DD # of adults	%	SHCN # of adults	%	ND # of adults	%
<b>Gender</b>	Male	197,688	55%	532,279	38%	3,519,418	50%
	Female	164,754	46%	860,383	62%	3,532,133	50%
<b>Age (Years)</b>	19-34	121,025	33%	317,515	23%	198,2657	28%
	35-64	198,600	55%	793,052	57%	359,4637	51%
	65+	42,818	12%	282,095	20%	147,4257	21%
<b>Race/Ethnicity</b>	White	272,383	75%	1,142,799	82%	5,833,574	83%
	African-American	64,481	18%	177,718	13%	776,299	11%
	Hispanic	18,171	5%	41,724	3%	187,245	3%
	Other	7,408	2%	30,421	2%	254,432	4%
<b>County Type</b>	Metro	208,203	57%	799,270	57%	3,801,563	54%
	Rural Appalachian	63,503	18%	235,305	17%	1,174,791	17%
	Rural Non-Appalachian	37,006	10%	158,235	11%	961,769	14%
	Suburban	53,730	15%	199,852	14%	1,113,428	16%
<b>Income (% of FPL)</b>	138% or less	230,256	64%	579,128	42%	1,534,441	22%
	138% to 250%	60,655	17%	309,616	22%	1,522,878	22%
	250% to 400%	36,677	11%	248,899	18%	1,710,717	24%
	400% or more	31,854	9%	255,017	18%	2,283,515	32%
	<b>Insurance</b>	Medicaid Only	128,518	36%	329,954	24%	837,508
Medicaid and Medicare	63,999	18%	134,804	10%	162,145	2%	
Medicare Only	68,316	19%	346,011	25%	1,380,576	20%	
Employer-Sponsored	40,196	11%	386,295	28%	3,481,793	50%	
Other Directly Purchased and Exchange	8,823	2%	46,935	3%	420,152	6%	
Other and Unknown Type	27,453	8%	60,102	4%	268,853	4%	
Uninsured	25,139	7%	88,861	6%	500,523	7%	

The 2015 OMAS data revealed that 64% of all adults with DD live in households with incomes below 138% of the Federal Poverty Level (FPL) compared to 42% of adults with SHCN and only 22% of ND adults. Adults with DD are more likely to live in poverty, which has been associated with poor health outcomes and has been shown to have a negative impact on access to quality health care (Anderson et al., 2013). Table I demonstrates detailed information about the demographics of the three groups.

Figure 1 demonstrates insurance status among the three groups. Adults with DD are much more likely to be covered by Medicaid compared to adults with SHCN and ND adults (53% vs. 33% vs. 14%, respectively). This finding is expected because people with disabilities often live in low income households and are more likely to be covered under state-funded health insurance plans such as Medicaid compared to individuals without disabilities (Drainoni et al., 2006). The uninsured rate is about the same across the three groups of adults.



<sup>1</sup> Private Insurance is defined as employer-sponsored, other directly purchased, Exchange, or other

## EDUCATION LEVEL

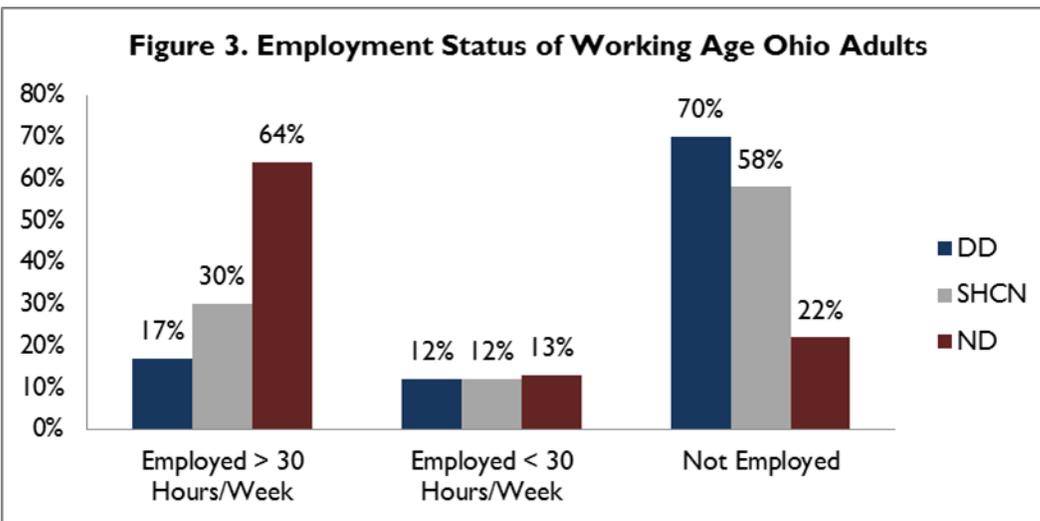
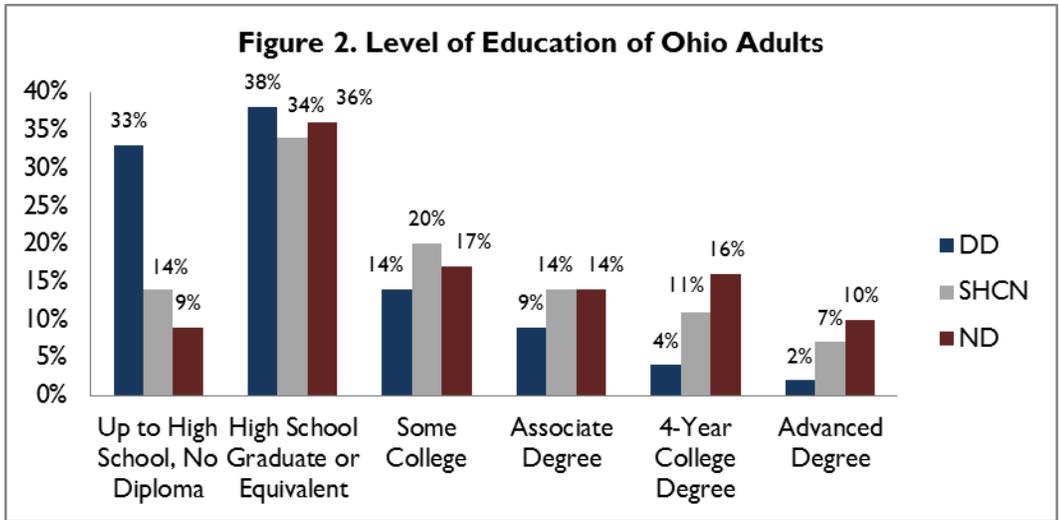
Figure 2 shows that 33% of adults with DD in Ohio do not have a high school diploma compared to 14% of adults with SHCN and 9% of ND adults. Further, 38% of adults with DD were a high school graduate or equivalent compared to 34% of adults with SHCN and 36% of ND adults. The 2015 OMAS data revealed that 4% of adults with DD were 4-year college graduates and 2% had advanced degrees, which is a higher proportion than expected; however, it has been estimated that 34% of adults with DD do not have

intellectual disabilities, which could be explain the high education levels among adults with DD in Ohio. These individuals may have spina bifida, cerebral palsy, or autism spectrum disorder (Larson et al., 2000).

### EMPLOYMENT STATUS

The literature suggests that adults with DD are less likely to be employed than adults without DD and, when they are employed, it is usually part-time employment (Yamaki & Fujiura, 2002). In 2011, it was estimated that 23% of working-age

adults with cognitive disabilities were employed, which is lower than the general population (Nord, Luecking, Mank, Kiernan, & Wray, 2013). Figure 3 illustrates that only 17% of working age (ages 19-64) adults with DD were employed over 30 hours per week, compared to 30% of adults with SHCN and 64% of ND adults. The majority of working age adults with DD were unemployed at a rate of 70% compared to 58% of adults with SHCN and only 22% of ND adults.

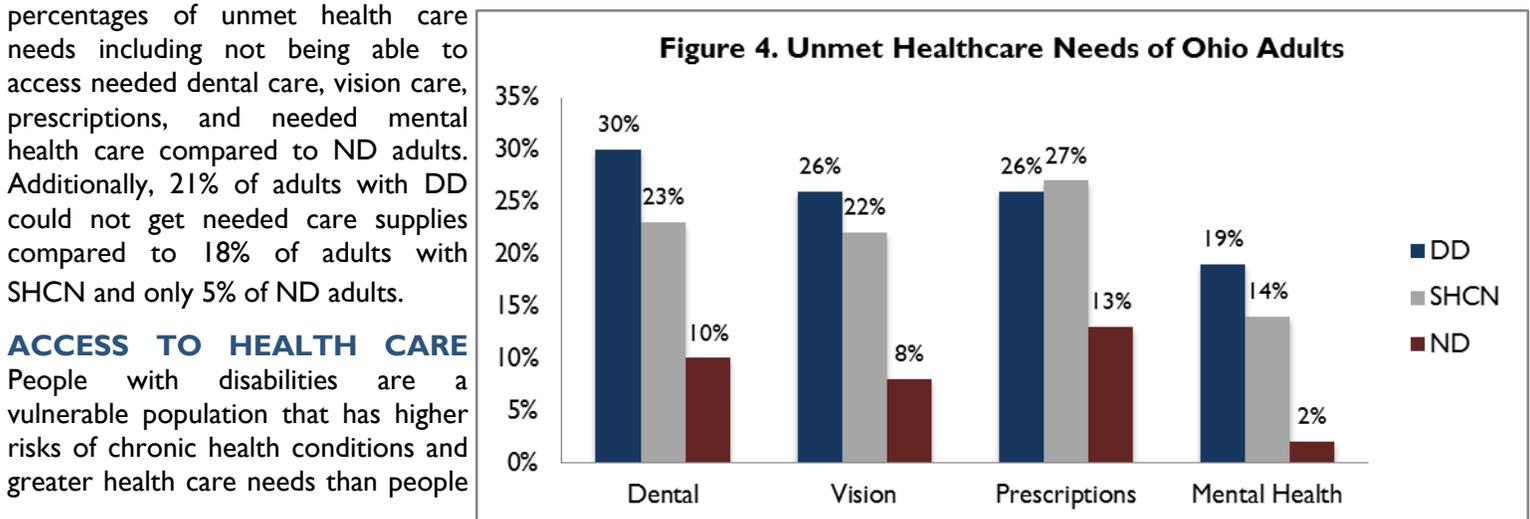


### REPORTED HEALTH STATUSES

Adults with DD are more likely to report having a fair or poor health status than adults without DD (Havercamp, Scandlin, & Roth, 2004). Further, adults with DD have experienced lower quality preventive care and higher rates of comorbid chronic conditions that affect health status, such as heart disease and cancer compared to adults without DD (Ward, Nichols, Freedman, 2010). The 2015 OMAS data revealed that 56% of adults with DD reported having fair or poor health status

compared to 46% of adults with SHCN and only 11% of ND adults.

Previous research has demonstrated that adults with DD tend to receive less preventive health services compared to people without DD (Iacono & Sutherland, 2006). The 2015 OMAS data shows that 55% of adults with DD did not get needed health care compared to 51% of adults with SHCN and only 23% of ND adults. Unmet health care needs can lead to poor health outcomes in all populations. Figure 4 demonstrates that adults with DD and SHCN reported having significantly higher

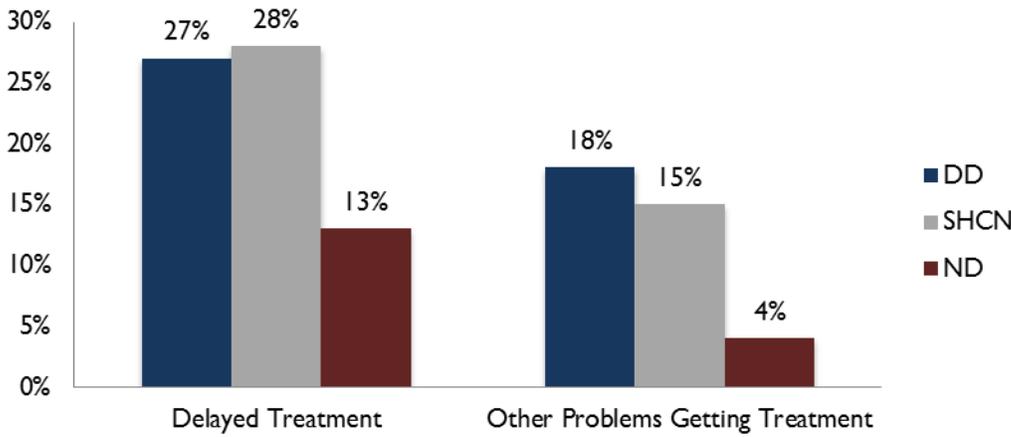


percentages of unmet health care needs including not being able to access needed dental care, vision care, prescriptions, and needed mental health care compared to ND adults. Additionally, 21% of adults with DD could not get needed care supplies compared to 18% of adults with SHCN and only 5% of ND adults.

### ACCESS TO HEALTH CARE

People with disabilities are a vulnerable population that has higher risks of chronic health conditions and greater health care needs than people

**Figure 5. Access to Healthcare in Ohio Adults**



without disabilities. Despite this fact, adults with disabilities have decreased access to health care services (Havercamp & Scott, 2015). The majority of Ohio adults reported having a usual source of care that was not an emergency room (94% for DD, 95% for SHCN, and 92% for ND). However, the 2015 OMAS data indicates that having a usual source of care did not necessarily guarantee access to this care. The data revealed that 27% of adults with DD and 28% of adults with SHCN had delayed treatment within the past 12 months compared to only 13% of ND adults.

In addition, Figure 5 demonstrates that 18% of adults with DD reported other problems getting care, compared to 15% of adults with SHCN and only 4% of ND adults.

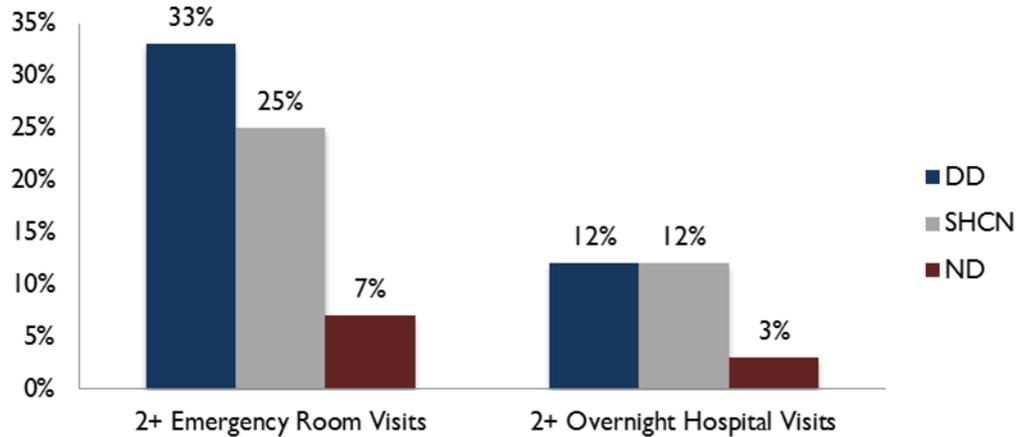
According to the 2015 OMAS, a higher percentage of adults with SHCN needed specialist care compared to adults with DD (65% vs. 55%, respectively). Only 32% of ND adults reported the need for specialist care. Of the adults who saw a specialist, 25% of adults with DD reported a big problem seeing a specialist compared to 17% adults with SHCN and only 7% of ND adults.

### HEALTH CARE UTILIZATION

People with disabilities utilize significantly more healthcare than people without disabilities and account for one of the largest groups of health care consumers in the United States (Drainoni et al., 2006). While 95% of adults with DD were reported to have a usual source of care, 33% of adults with DD had two or more visits to the emergency room in the past 12 months, compared to 25% of adults with SHCN and only 7% ND adults. High rates of emergency room use can be indicative of problems with accessing appropriate primary care while continuity of care has been associated with a decrease in the number of emergency room visits for people with developmental disabilities (Wood, Hall, Hou, Wludyka, & Zhang, 2007).

Figure 6 demonstrates that 12% of adults with DD and adults with SHCN had one or more overnight hospital visits in the past 12 months compared to only 3% of ND adults.

**Figure 6. Health Care Utilization Among Ohio Adults**



**Figure 7. Percentage of Adults Below 138% Federal Poverty Level**



### OHIO ADULTS AND MEDICAID

As stated earlier in this brief, 53% of Ohio adults with DD were enrolled in Medicaid. Figure 7 demonstrates that adults with DD covered by Medicaid are much more likely to have incomes below 138% of the Federal Poverty Level (FPL) compared to all adults with DD (81% vs. 64%, respectively). This finding is expected because Medicaid has an income eligibility requirement of 138% FPL and, as

stated earlier, the literature suggests that a higher proportion people with developmental disabilities live in low income households compared to ND individuals.

Overall, adults with DD enrolled in Medicaid have similar health status and health care utilization patterns as the entire population of adults with DD. The 2015 OMAS data indicates that 60% of adults with DD enrolled in Medicaid reported a fair or poor health status compared to 56% of the full population of adults with DD. Figure 8 shows that adults with DD

and SHCN enrolled in Medicaid were reported to have significantly higher percentages of unmet health care needs including being unable to receive needed dental care, vision care, prescriptions, and needed mental health care compared to ND adults with Medicaid. These findings were similar across all types of insurance.

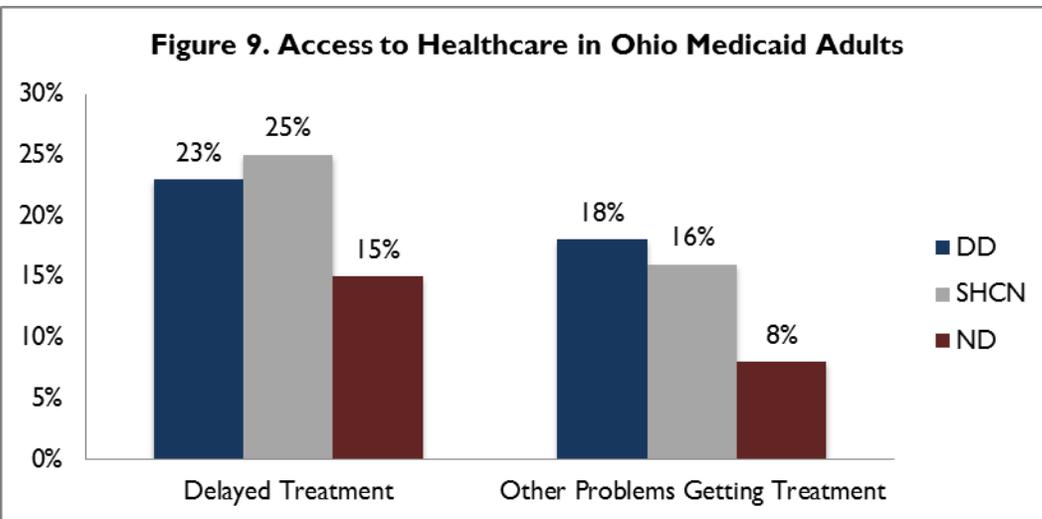
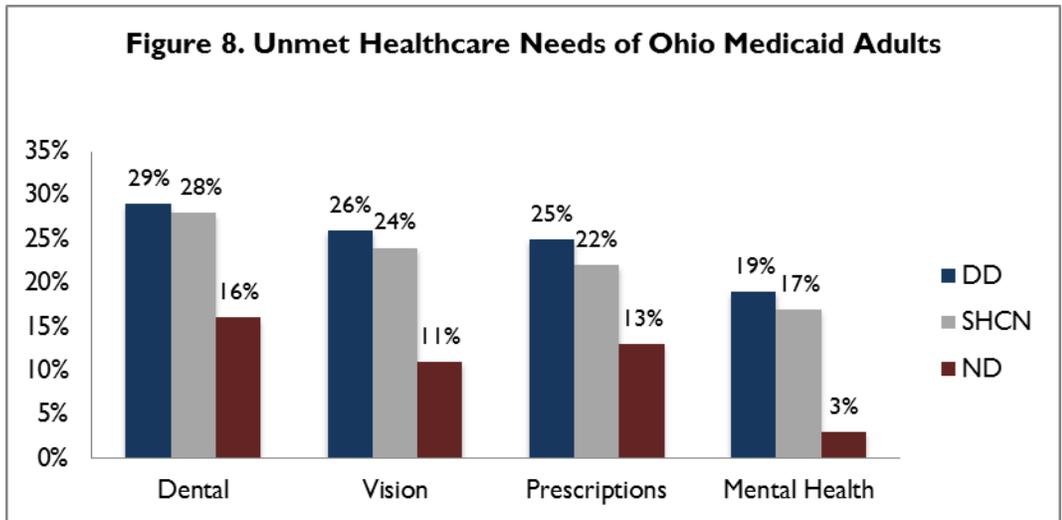
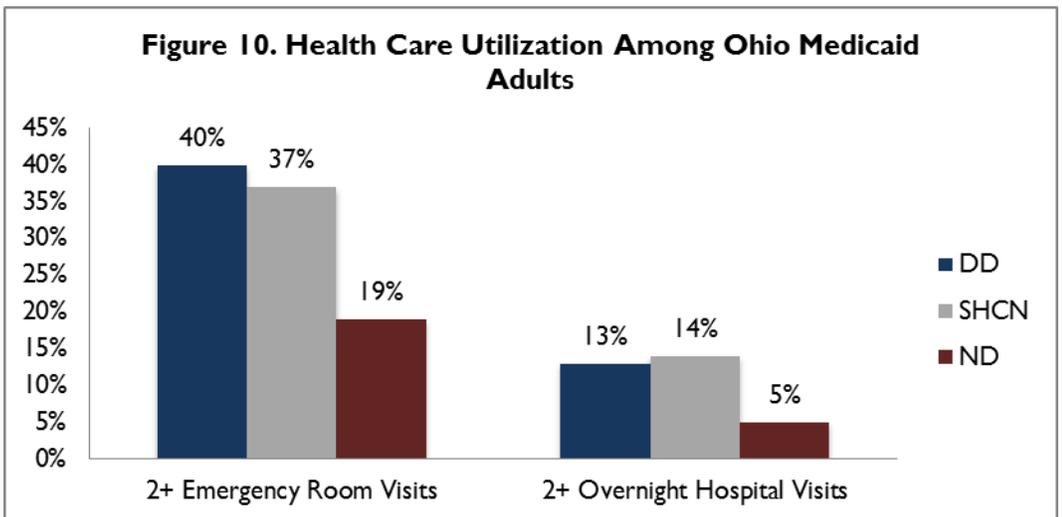


Figure 9 demonstrates that 23% of adults with DD enrolled in Medicaid and 25% of adults with SHCN had delayed treatment within the past 12 months compared to only 15% of ND adults enrolled in Medicaid. Further, 18% of adults with DD enrolled in Medicaid reported other problems getting care, such as delays getting health plan approval, compared to 16% of adults with SHCN and 8% of ND adults with Medicaid. These findings are all similar to the patterns reported earlier in this brief across all types of insurance coverage.

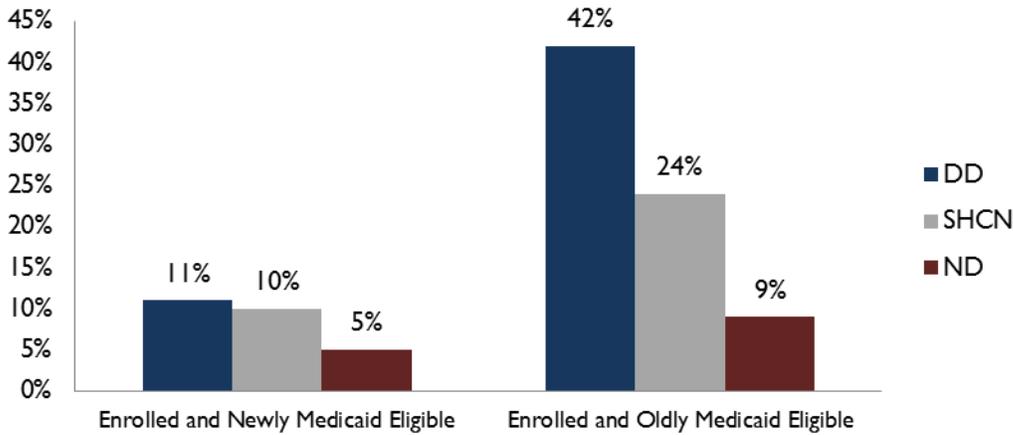
Figure 10 demonstrates that 40% of adults with DD enrolled in Medicaid had two or more visits to the emergency room in the past 12 months compared to 37% of adults with SHCN enrolled in Medicaid and 19% ND enrolled in Medicaid. These emergency room visit reports were slightly higher in the Medicaid population compared to the entire population. Further, 13% of adults with DD enrolled in Medicaid and 14% of adults with SHCN enrolled in Medicaid had two or more overnight hospital visits in the past 12 months compared to only 5% of ND adults with Medicaid.

## MEDICAID EXPANSION

Figure 11 shows the distribution of adults in two groups: Medicaid enrollees who were newly made eligible and Medicaid enrollees who were oldly Medicaid eligible. The 2015 OMAS revealed that 11% of adults with DD were newly eligible and enrolled in Medicaid compared to 10% of adults with SHCN and 5% of ND adults. In addition, 42% of adults with DD were oldly Medicaid eligible and currently enrolled in Medicaid, compared to 24% of adults with SHCN and 9% of ND adults. Among



**Figure 11. Ohio Medicaid Enrollees**



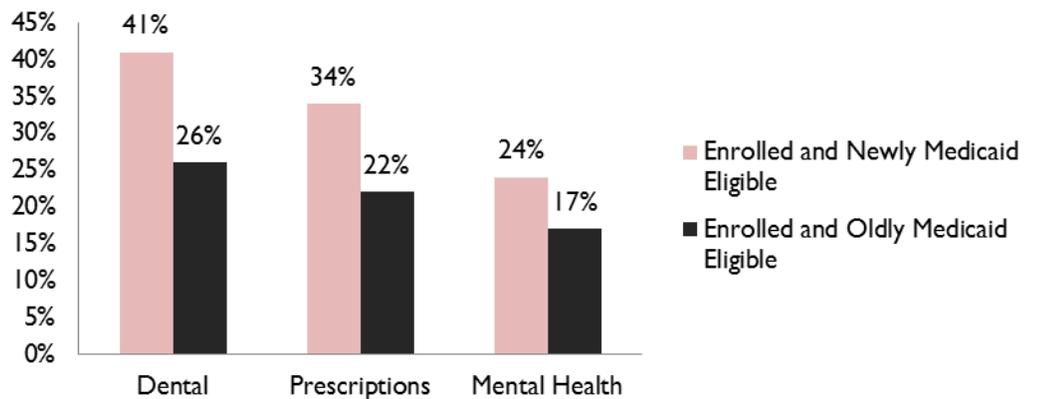
adults enrolled in Medicaid, adults with DD were less likely to be newly eligible compared to adults with SHCN or ND adults (20% vs. 28% vs. 34%, respectively).

The 2015 OMAS data revealed that newly Medicaid enrolled adults with DD were more likely to report that they did not receive needed health care in the past 12 months (64% newly eligible versus 52% oldly eligible). Figure 12 demonstrates that adults with DD who were newly Medicaid enrolled had higher proportions of unmet healthcare

needs for dental care, prescriptions, and mental health compared to adults with DD who were enrolled in Medicaid and oldly eligible. Further, 29% of adults with DD who were newly Medicaid enrolled could not get other needed care supplies compared to only 17% of adults with DD enrolled in Medicaid who were oldly eligible.

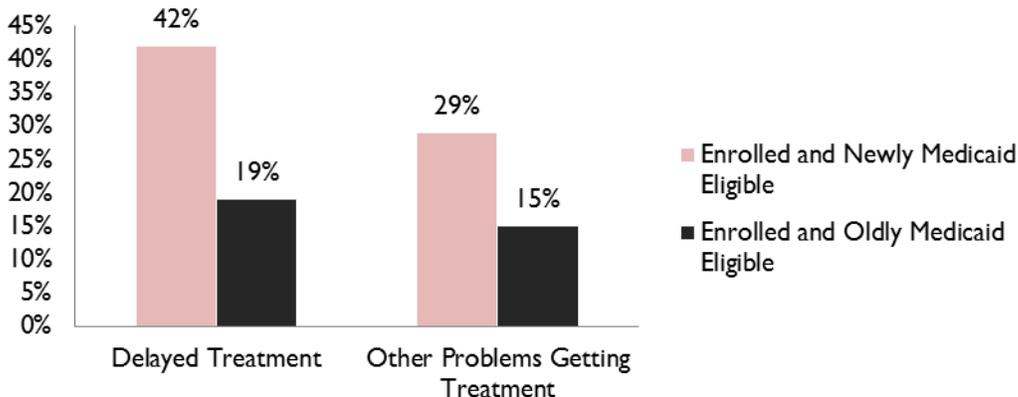
The 2015 OMAS data revealed that adults with DD who were enrolled in Medicaid and newly eligible had less access to health care compared to adults with DD on Medicaid who were oldly eligible. Figure 13 shows that 42% of adults with DD who were enrolled in Medicaid and newly eligible had delayed treatment compared to 19% of adults with DD on Medicaid who were oldly eligible. Further, 29% of newly Medicaid eligible adults with DD had other problems getting treatment compared to 15% of adults with DD enrolled in Medicaid who were oldly eligible.

**Figure 12. Unmet Health Care Needs Among Medicaid Enrollees with DD in the Past 12 Months**



A limitation to these outcomes reported by the 2015 OMAS is that a higher proportion of newly eligible were enrolled for less than one year while unmet needs and delayed care were reported over the past 12 months. Therefore, some of the unmet needs or delays in care reported by the newly eligible may have been before they obtained Medicaid coverage. Thus the data from the 2015 OMAS may not be accurately represented.

**Figure 13. Access to Health Care Medicaid Enrollees with DD in the Past 12 Months**



**KEY CONSIDERATIONS**

**CARE COORDINATION**

Although the majority of adults with DD were reported to have a regular source of care such as a physician in a doctor’s office, the higher proportion of emergency room visits among adults with DD compared to ND adults and the high rate of unmet health care needs reported by DD and SHCN suggests that adults with disabilities may face barriers to accessing primary care. The literature suggests that adults with DD have

higher risks for chronic comorbid conditions, yet have decreased utilization of preventive health care services. Based on the 2015 OMAS findings, adults with DD could greatly benefit from better care coordination. Ohio adults with disabilities would

benefit from focused attention on the unmet health care needs of this vulnerable population and research to explore the barriers to care for adults with DD and SHCN.

## DISABILITY TRAINING FOR HEALTH CARE PROVIDERS

Adults with DD have more unmet healthcare needs and have higher rates of health care utilization compared to ND adults. Further, the 2015 OMAS found that adults with DD were more likely to report having fair or poor health status compared to their counterparts. Health care providers of all disciplines, specialties, and subspecialties must be prepared to care for adults with developmental disabilities and other special health care needs. It would be valuable for health care training programs in Ohio and nationwide to incorporate clinical practice working with adults with DD as a required part of their curriculum.

## OMAS CONSIDERATIONS

The 2015 OMAS data found a relatively high prevalence of adults with DD and a surprisingly high rate of adults with DD completing bachelor's and graduate training. These findings may indicate that the developmental disability question that was asked in the 2015 OMAS may not accurately capture the true developmental disability population in Ohio. It is possible that adults with attention deficit disorder or learning disabilities endorsed this item. Thus, the OMAS designers may consider refining the developmental disability identifying question to better capture the intended population.

## CONCLUSION

The 2015 OMAS data demonstrates that Ohio's adults with DD have higher poverty rates, greater unmet health care needs, less access to healthcare, and utilize more health care compared to adults with SHCN and ND adults. Adults with SHCN had comparable access to health care to adults with DD, and both disability groups were more likely to delay care compared to ND adults in Ohio.

Compared to ND adults in Ohio, adults with DD were more likely to be in fair or poor health and reported barriers to accessing health care. Ohio may consider conducting additional research to explore the costs and benefits of disability training for health care providers and provisions for care coordination for adults with disabilities and other special health care needs.

## REFERENCES

- Anderson, L. L., Humphries, K., McDermott, S., Marks, B., Sisirak, J., & Larson, S. (2013). The State of the Science of Health and Wellness for Adults with Intellectual and Developmental Disabilities. *Intellectual and Developmental Disabilities, 51*(5), 385–398.
- Drainoni, M.-L., Lee-Hood, E., Tobias, C., Bachman, S. S., Andrew, J., & Maisels, L. (2006). Cross-Disability Experiences of Barriers to Health-Care Access Consumer Perspectives. *Journal of Disability Policy Studies, 17*(2), 101–115.
- Havercamp, S. M., Scandlin, D., & Roth, M. (2004). Health disparities among adults with developmental disabilities, adults with other disabilities, and adults not reporting disability in North Carolina. *Public Health Reports, 119*, 418-426.
- Havercamp, S.M. & Scott, H.M. (2015). National health surveillance of adults with disabilities, adults with intellectual and developmental disabilities, and adults with no disabilities. *Disability and Health Journal, 8*, 165-172.
- Iacono, T., & Sutherland, G. (2006). Health Screening and Developmental Disabilities. *Journal of Policy and Practice in Intellectual Disabilities, 3*(3), 155–163.
- Larson, Sheryl A., K. Charlie Lakin, Lynda Anderson, Nohoon Kwak Lee, Jeoung Hak Lee, and Deborah Anderson. "Prevalence of Mental Retardation and Developmental Disabilities: Estimates From the 1994/1995 National Health Interview Survey Disability Supplements." *American Journal on Mental Retardation 106*, no. 3 (April 1, 2000): 231–52.
- Looman, W. S., Presler, E., Erickson, M. M., Garwick, A. W., Cady, R. G., Kelly, A. M., & Finkelstein, S. M. (2013). Care Coordination for Children With Complex Special Health Care Needs: The Value of the Advanced Practice Nurse's Enhanced Scope of Knowledge and Practice. *Journal of Pediatric Health Care, 27*(4), 293–303.

Nord, D., Luecking, R., Mank, D., Kiernan, W., & Wray, C. (2013). The State of the Science of Employment and Economic Self-Sufficiency for People With Intellectual and Developmental Disabilities. *Intellectual and Developmental Disabilities, 51*(5), 376–384.

Ohio Colleges of Medicine Government Resource Center and RTI International. (2015). 2015 Ohio Medicaid Assessment Survey: Methodology Report. *RTI International*. Retrieved from <https://osuwmcdigital.osu.edu/sitetool/sites/omaspublic/documents/12015OMASMethReptFinal121115psg.pdf>

The Centers for Disease Control and Prevention (CDC). (2015). Facts About Developmental Disabilities. Retrieved May 12, 2016, from <http://www.cdc.gov/ncbddd/developmentaldisabilities/facts.html>

Ward, R. L., Nichols, A. D., & Freedman, R. I. (2010). Uncovering Health Care Inequalities among Adults with Intellectual and Developmental Disabilities. *Health & Social Work, 35*(4), 280–290.

Wood, D., Hall, A., Hou, T., Wludyka, P., & Zhang, J. (2007). Continuity of care to prevent emergency room use among persons with intellectual and developmental disabilities. *Journal of Policy and Practice in Intellectual Disabilities, 4*(4), 219-228.

Yamaki, K., & Fujiura, G. T. (2002). Employment and Income Status of Adults With Developmental Disabilities Living in the Community. *Mental Retardation, 40*(2), 132–141.

## FOR MORE INFORMATION

To view more information about OMAS and the findings in this policy brief, please visit the OMAS website at the Ohio Colleges of Medicine Government Resource Center [grc.osu.edu/OMAS](http://grc.osu.edu/OMAS).