

# Profile of Medicaid-Enrolled and Unenrolled Children

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**OMAS**  
*Ohio Medicaid Assessment Survey*

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# EXECUTIVE SUMMARY

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The primary objective of the analyses in this chartbook is to describe the population of children (ages 0-18) who are: 1) currently enrolled in Medicaid; 2) potentially eligible for Medicaid based on family income; and 3) not potentially eligible based on family income. Data from the 2015 Ohio Medicaid Assessment Survey (OMAS) were analyzed and figures are presented throughout the chartbook.

The estimates in this chartbook profile insurance status, health care access, unmet health needs, health status, and substance use among adult respondents to the survey. Key findings from this analysis included:

- Medicaid-enrolled children have poorer health than both children potentially eligible for Medicaid and children not eligible for Medicaid.
- While having a greater need for medical care, Medicaid-enrolled children have fewer unmet medical needs than children potentially eligible for Medicaid and they are similar to children not eligible for Medicaid in terms of unmet dental, vision, and prescription drug needs.
- Most of the Medicaid-enrolled children have a usual source of care and have seen a healthcare provider in the past year, and they are more similar to children not eligible for Medicaid than those potentially eligible but not enrolled in Medicaid. However, Medicaid-enrolled children had the

highest reported prevalence of using the emergency room.

- Over two-thirds of children enrolled in Medicaid live with at least one smoker in the household, which is much higher than the percentages among children potentially eligible and those not eligible for Medicaid.
- Both Medicaid-enrolled children and children potentially eligible for Medicaid have a lower prevalence of living with at least one binge drinker in the households compared to children not eligible for Medicaid.

The results presented in this brief are largely consistent with other research that has been conducted among children with Medicaid. That is, national data also suggest that children enrolled in Medicaid have more health conditions but fewer barriers to care compared to children potentially eligible for Medicaid (e.g., uninsured, other covered low-income children). Moreover, national data suggest that Medicaid-enrolled children are heavier users of the emergency room compared to uninsured children and children with employer-sponsored insurance.

Visit [grc.osu.edu/OMAS](http://grc.osu.edu/OMAS) for additional information about OMAS, including the data and electronic version of this chartbook.

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# BACKGROUND

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In Ohio, nearly 2.8 million residents are between the age of 0 and 18 years, with about 45% of these children covered by Medicaid. For many reasons, it is important to monitor the health status, access to care, and household exposures of children. Policymakers and advocates are united in their goal to improve child health outcomes.

The World Health Organization recognizes the early childhood period to be the most important phase of development because it serves as the foundation for lifelong quality of health, learning, and behavior (WHO, 2016). One particularly poor indicator of child health in Ohio is the infant mortality rate, which is among the highest in the country (ODH, 2013). To address this problem in Ohio, communities, state agencies, and businesses are working together on initiatives to reduce the infant mortality rate (CDF, 2014). Ohio Medicaid is promoting access to extra prenatal care among pregnant women living in “hotspot” areas in Ohio that have the highest infant mortality rates (Higgs, 2014). Ohio’s state health improvement plan prioritizes infant mortality reduction as well as reducing chronic diseases and barriers that prevent access to care.

Children in Ohio are eligible for Medicaid coverage if their family members’ income is at 206% or below the Federal

Poverty Level (FPL). Medicaid provides children with access to quality medical, dental, vision, and behavioral health care. Not only does Medicaid provide access, but they promote health care utilization as well, both in Ohio and nationally, through the Healthchek program. Healthchek is a federally mandated program that guarantees that state Medicaid programs measure health and developmental history to assess physical and mental health, as well as screen for vision, hearing, and dental problems (ODM, 2014).

Unfortunately, not all children who are eligible for Medicaid are enrolled and some of those who are eligible for Medicaid remain uninsured. As indicated in this brief, a higher percentage of children who are potentially eligible for Medicaid but not enrolled in Medicaid are uninsured compared to children who are not eligible for Medicaid. While the overall rate of uninsured children is lower in Ohio than nationally (Rudowitz et al. , 2014), it is still a population that should not be forgotten. Uninsured children have difficulty accessing and receiving health care, as evidenced by data that suggests they are less likely to visit physicians and other health care providers and have a usual source of medical care (Rudowitz et al., 2014).

# OBJECTIVES

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The primary objective of this chartbook is to describe the population of children (0-18 years) who are currently enrolled in Medicaid, those potentially eligible for Medicaid based on family income, and those who are not eligible for Medicaid based on family income.

The measures of in this chartbook include:

1. Demographics and insurance status;
2. Health status, including general health status, special health care needs, obesity, and intake of sugary beverages;
3. Health care access, including barriers to healthcare and routine health care use;
4. Unmet health needs, specifically unmet dental, vision, and prescription needs;
5. Behaviors of the adult respondent in the household, including smoking status, binge drinking, and misuse of prescription drugs.

# METHODS

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The Ohio Medicaid Assessment Survey (OMAS) is a population-based survey that examines access to the health system, health status, and health determinant characteristics of Ohio's Medicaid, Medicaid eligible, and non-Medicaid child and adult populations. The 2015 OMAS used a random stratified dual-frame telephone survey design to collect data from samples representative of all non-institutionalized Ohio residents. This survey included both landline and cell phone frames. The landline sampling was based upon a list-assisted stratified random digit dial (RDD) procedure. African-Americans, Asians, and Hispanics were oversampled in landline sampling. The cell phone sampling was a stratified random sample of cell phone numbers by the county in which their cellphone was activated, with oversampling of African-Americans.

From January through June 2015, trained telephone interviewers administered the OMAS to 42,876 adult Ohio residents, with 16,453 complete in the landline sample and 26,423 completed in the cell phone sample. For landline telephone numbers, households were randomly selected through a list assisted 1+block RDD method. Upon reaching the household, the interviewer selected an eligible adult age 19 years and older who had the most recent birthday to complete the adult component of the survey. For cellphone telephone numbers, persons were

randomly selected through a random sample of cellphone numbers in eligible 1,000-blocks. Upon reaching a person, the interviewer asked the predominant user of the cellphone, if he/she was 19 years or older, to complete the adult component of the survey. If the predominant user of the cellphone was under 19 years old, the telephone number was ineligible for the survey.

When a respondent indicated that there was one or more children age 0-18 years in the household, the interviewer selected the child who had the most recent birthday. In the landline sample, the adult who was most knowledgeable of the selected child completed the child component of OMAS on behalf of the child; in the cellphone sample, the adult who completed the adult section also completed the child section. There were 10,122 respondents to the child portion of the survey.

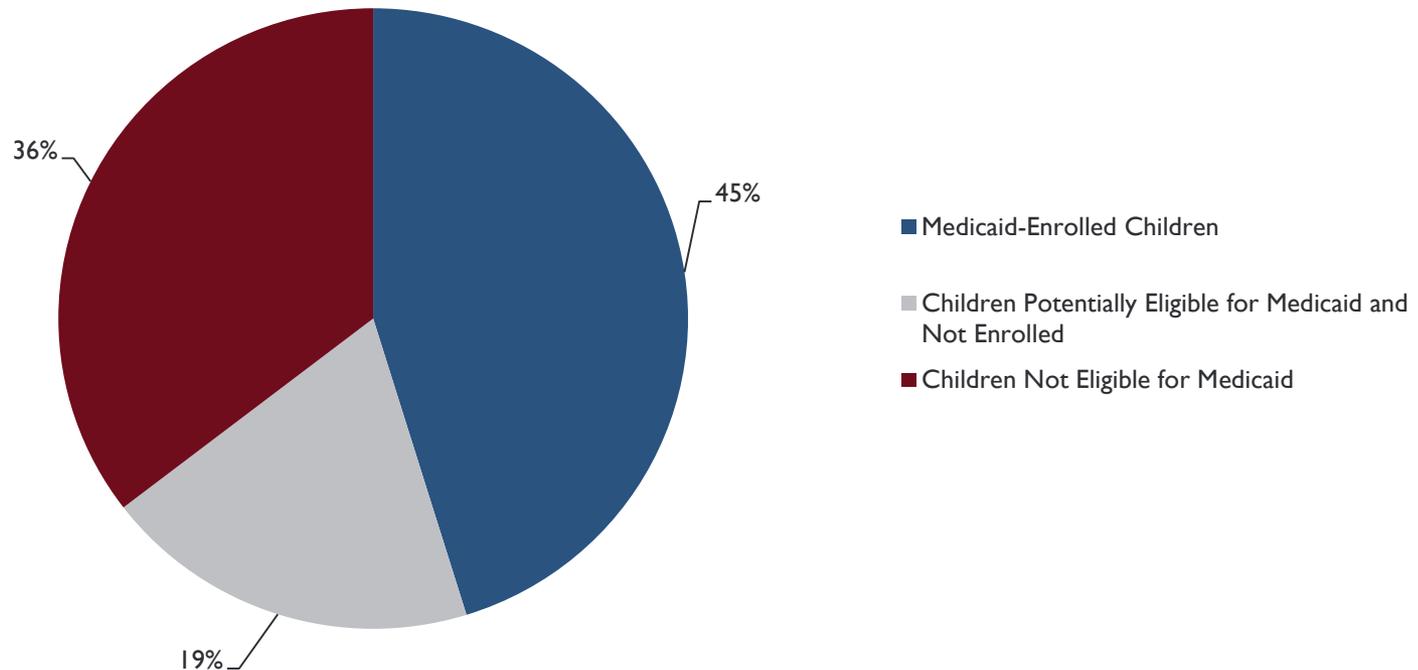
The overall response rate for the survey was 24.1%, including a 25.8% response rate for the landline sample and 22.9% for cell phone sample. A detailed description of the survey methodology can be found at [www.grc.osu.edu/OMAS](http://www.grc.osu.edu/OMAS).

# RESULTS

## SECTION I: INSURANCE AND DEMOGRAPHICS

The first section describes insurance status and demographic information of both Medicaid-enrolled and unenrolled children aged 0 through 18.

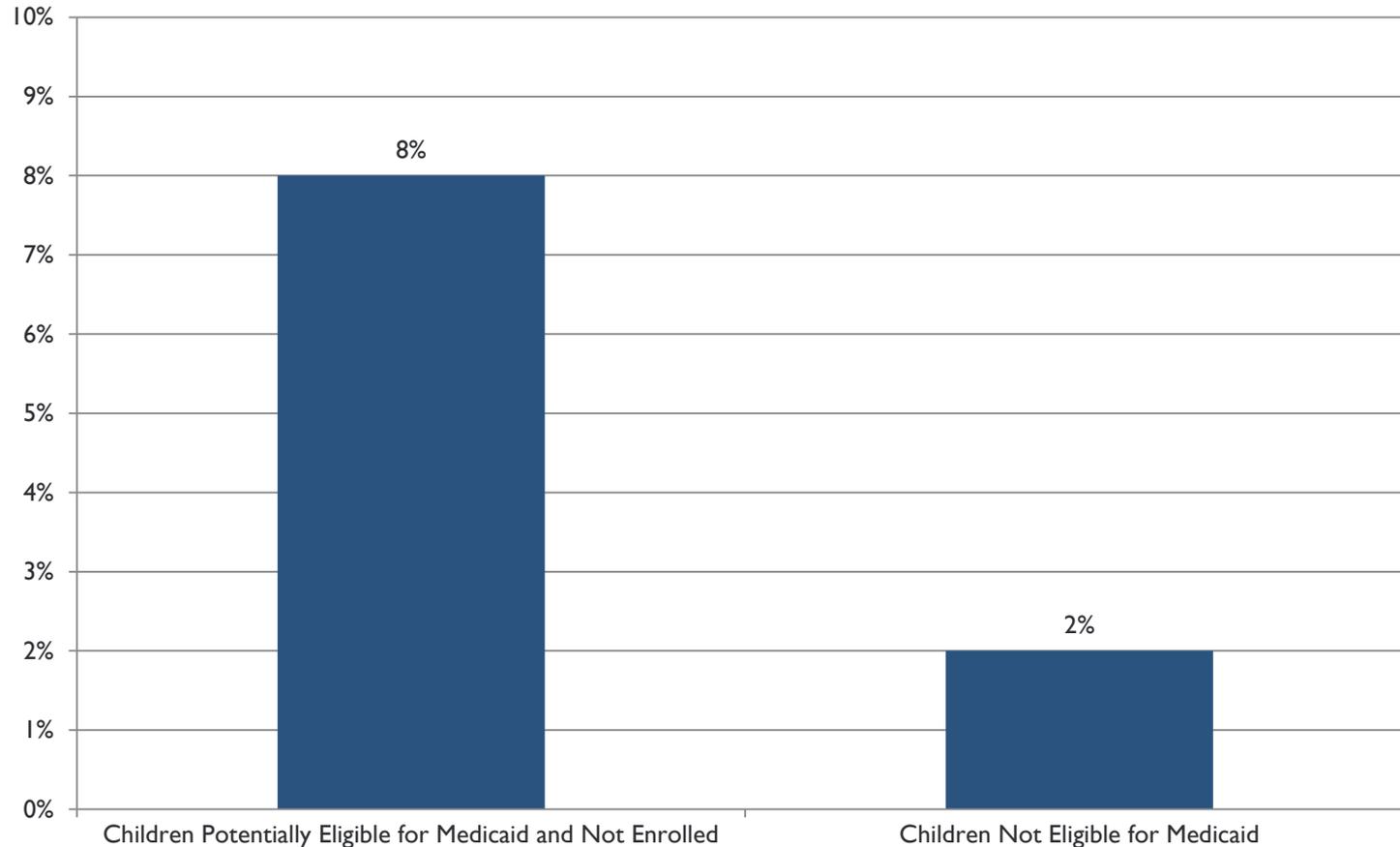
# I.I DISTRIBUTION OF GROUPS



The three groups that will be compared throughout this chartbook are the following:

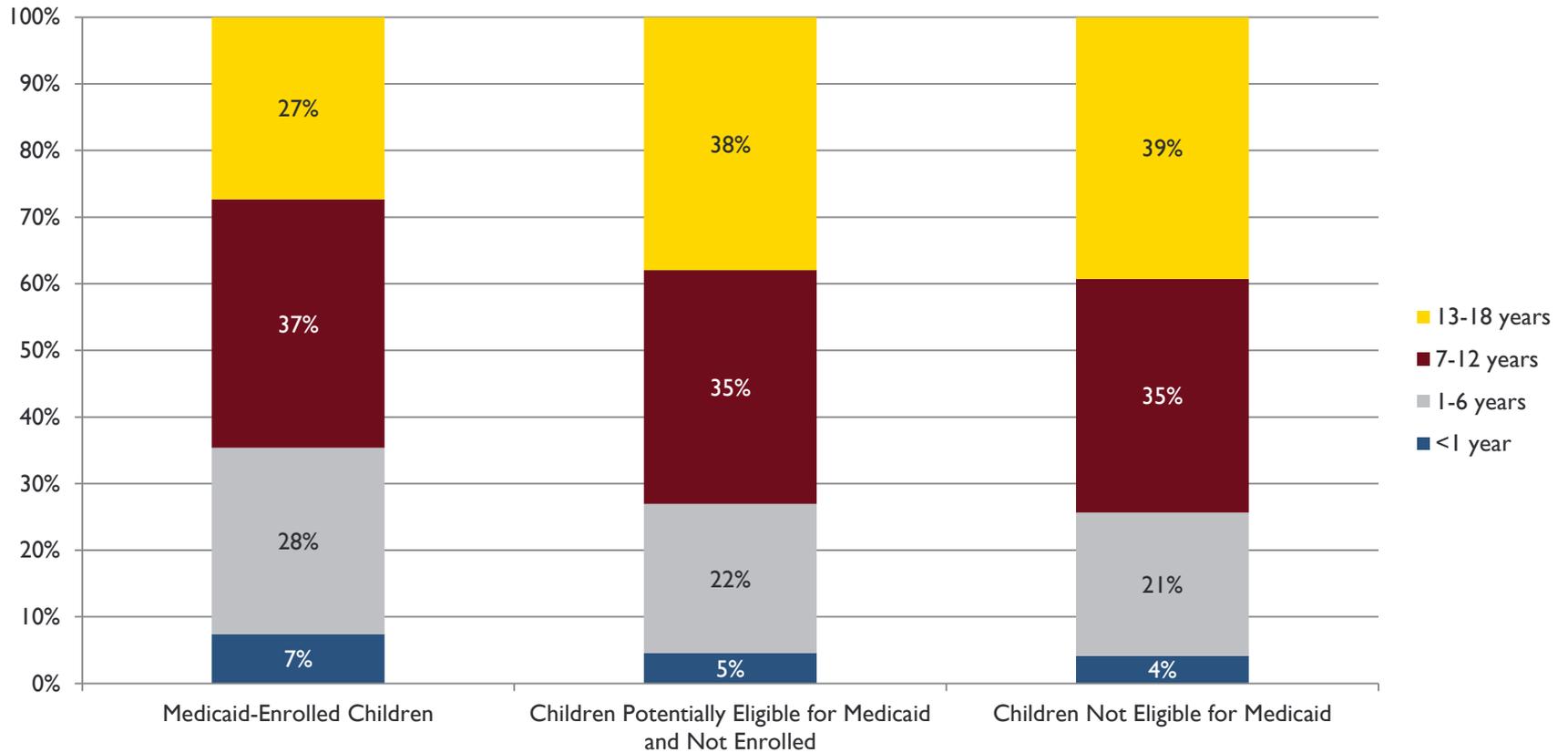
1. Medicaid-Enrolled Children, comprising 45% of the population of children between ages 0 and 18 (Weighted N = 1,260,275).
2. Children Potentially Eligible for Medicaid, comprising 19% of the population of children between ages 0 and 18 (Weighted N = 540,037).
3. Children Not Eligible for Medicaid, comprising 36% of the population of children between ages 0 and 18 (Weighted N = 987,196).

## 1.2 CHILDREN LACKING HEALTH INSURANCE



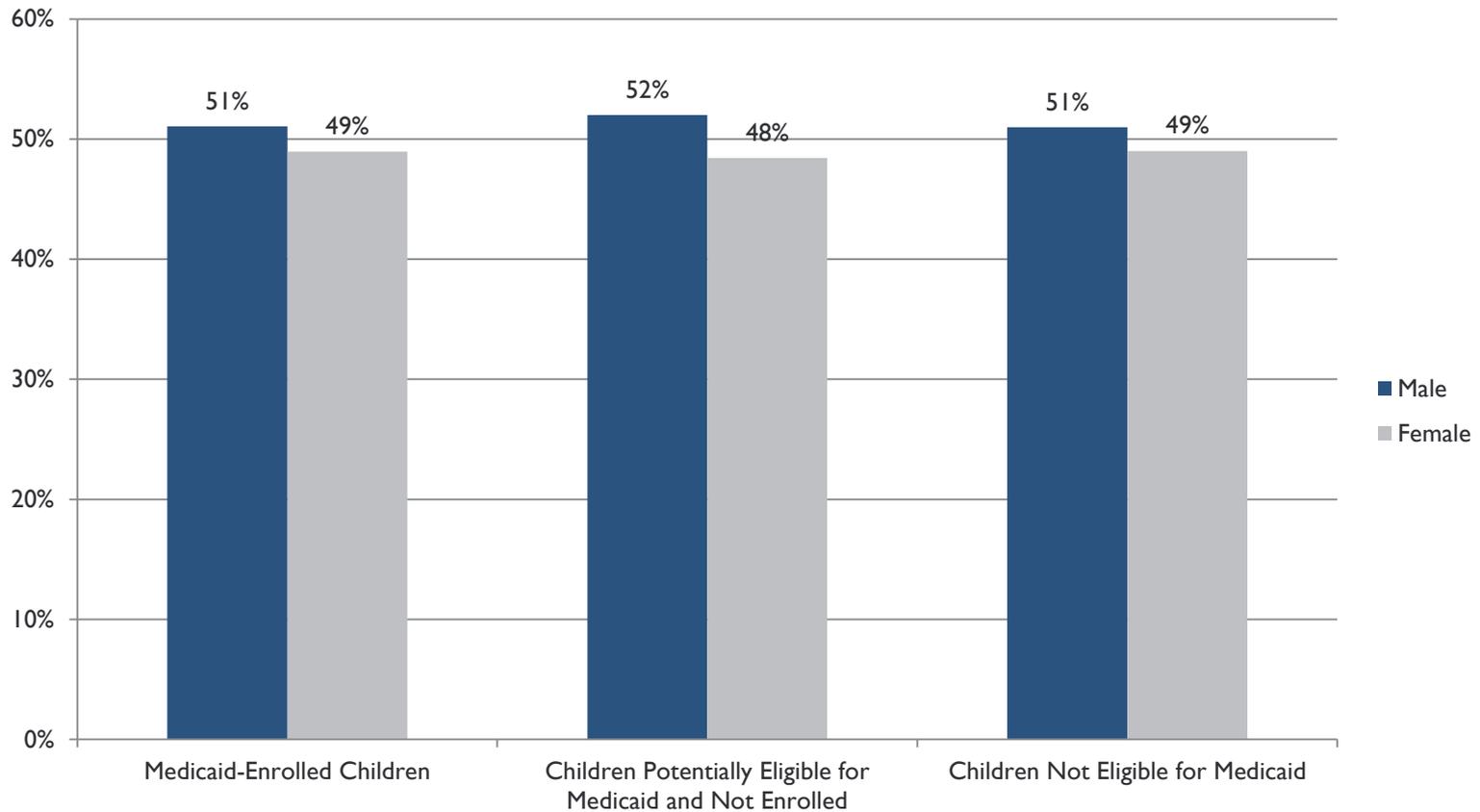
It is important to note that 8% of children who are potentially eligible for Medicaid are uninsured, with the remaining 92% covered by some other form of health insurance. Only 2% of children not eligible for Medicaid have no health insurance. By definition, 100% of children enrolled in Medicaid have insurance coverage.

# I.3 AGE



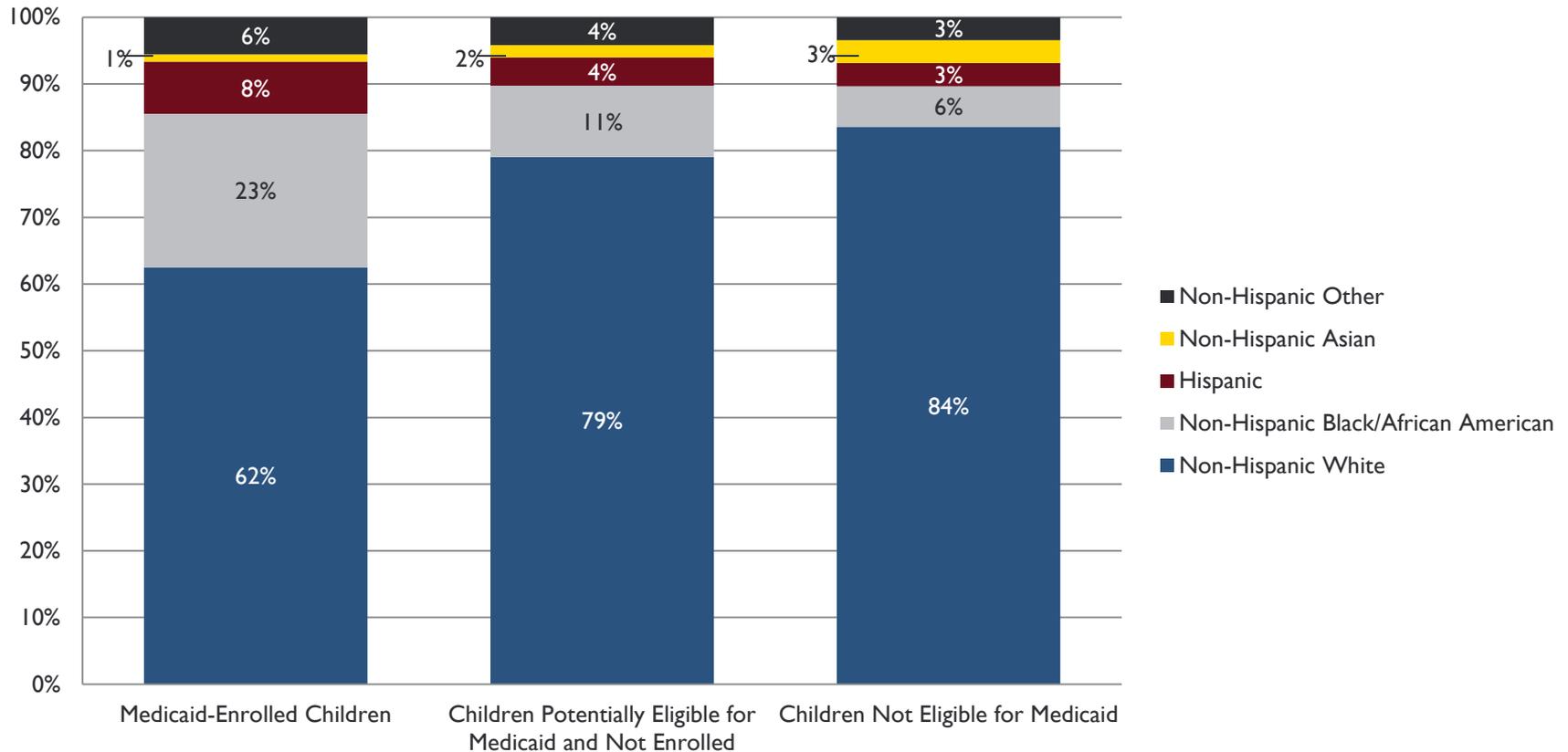
The Medicaid population of children in Ohio tends to be younger, as it has a larger percentage of children under age 7 (35%) compared to the population of children potentially eligible for Medicaid (27%) and those not eligible for Medicaid (25%).

## I.4 SEX OF CHILDREN



The sex distribution is balanced and similar between all three groups of children in Ohio.

# I.5 RACE/ETHNICITY



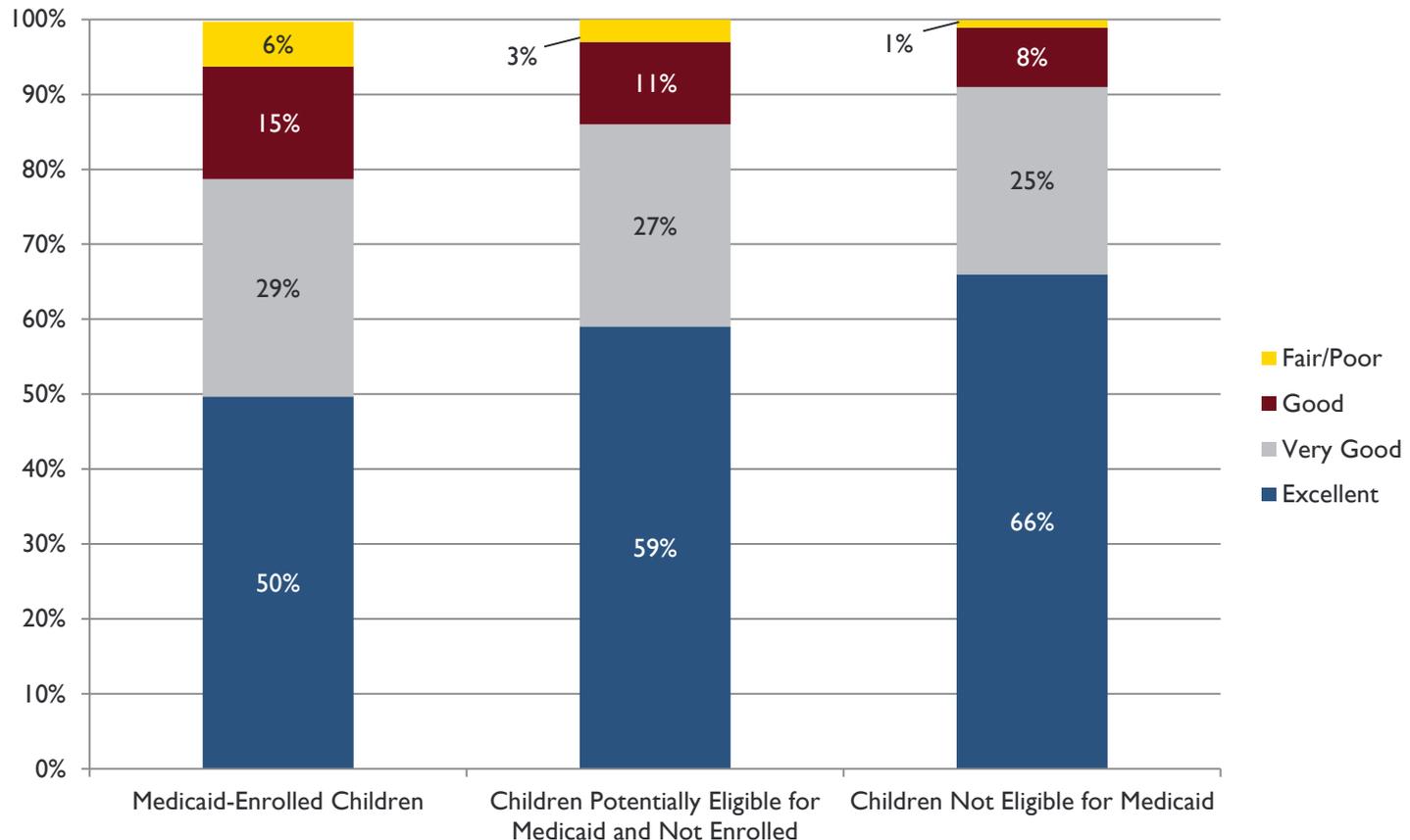
The Medicaid-enrolled population has a higher percentage of children from minority groups, including non-Hispanic Black/African American and Hispanic and the lowest percentage of children who are non-Hispanic white. The group that is potentially eligible for Medicaid is in between those on Medicaid and those not eligible for Medicaid in terms of race and ethnicity distribution.

# RESULTS

## SECTION 2: HEALTH STATUS

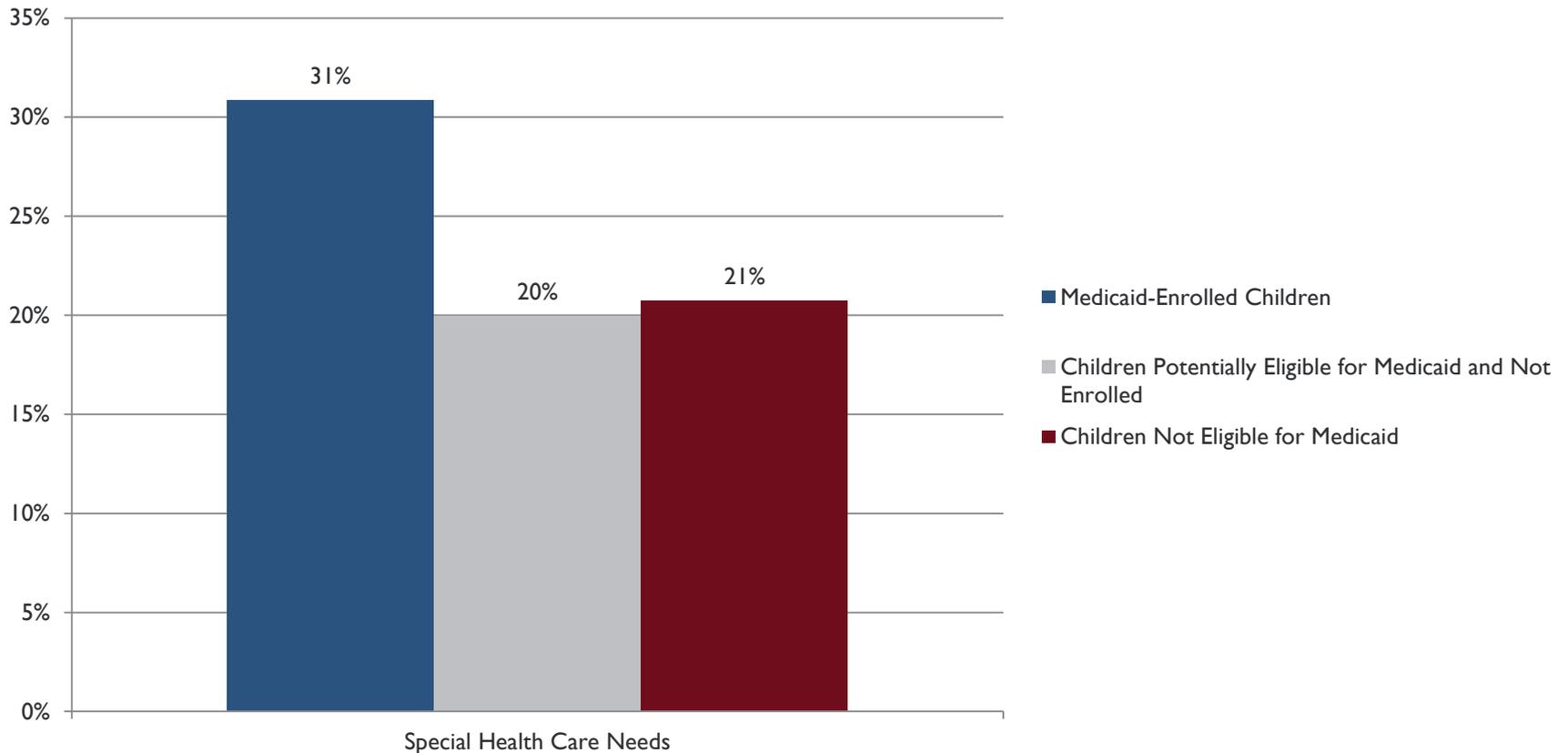
This section profiles current health status for children aged 0 through 18 years both enrolled and unenrolled in Medicaid.

## 2.1 SELF-RATED HEALTH (BY ADULT PROXY RESPONDENT)



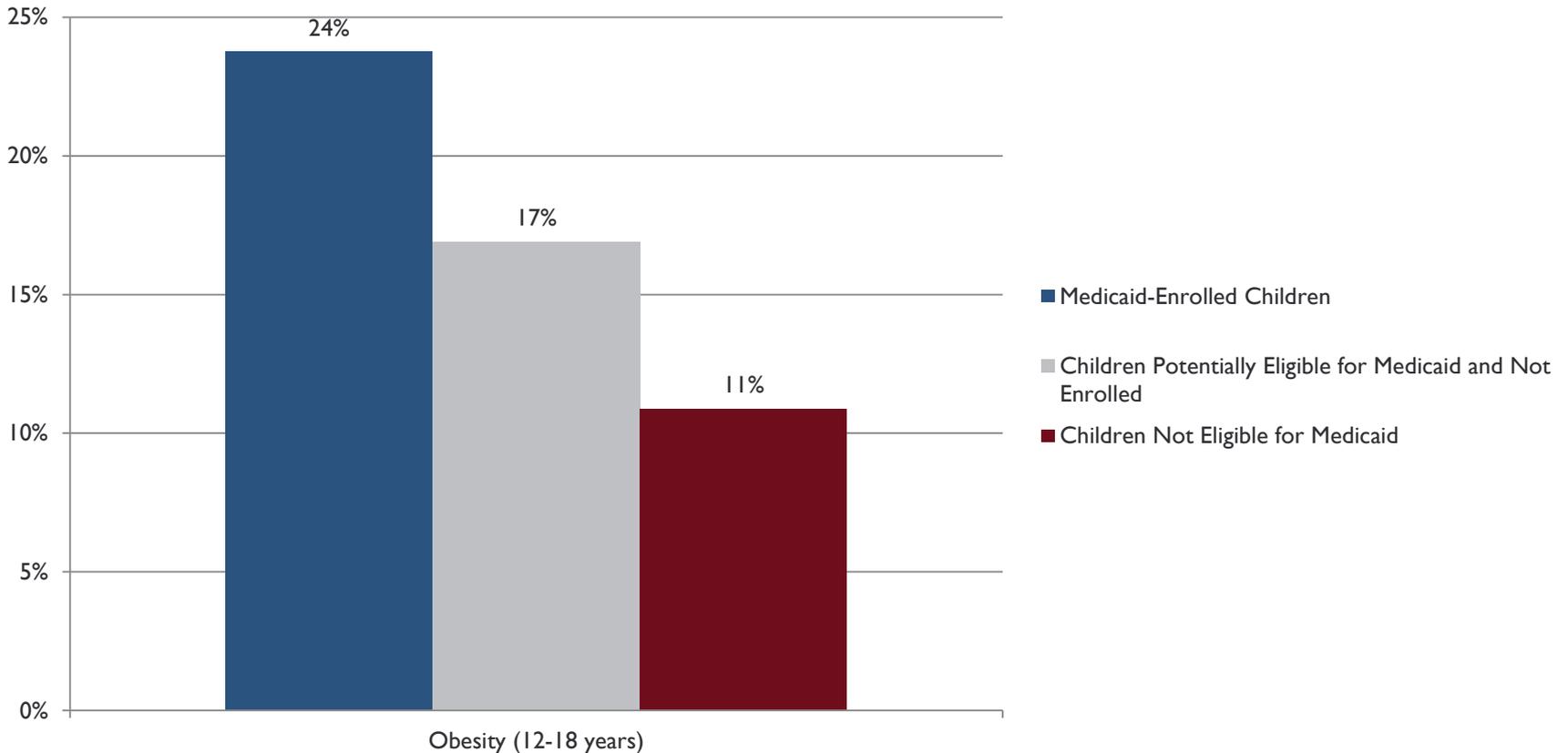
Overall, few children in Ohio have self-rated health that is fair or poor (by adult proxy). However, the highest percentage of fair/poor health is found among children enrolled in Medicaid, followed by those potentially eligible for Medicaid but not enrolled. Only 1% of children not eligible for Medicaid have fair or poor health.

## 2.2 SPECIAL HEALTH CARE NEEDS



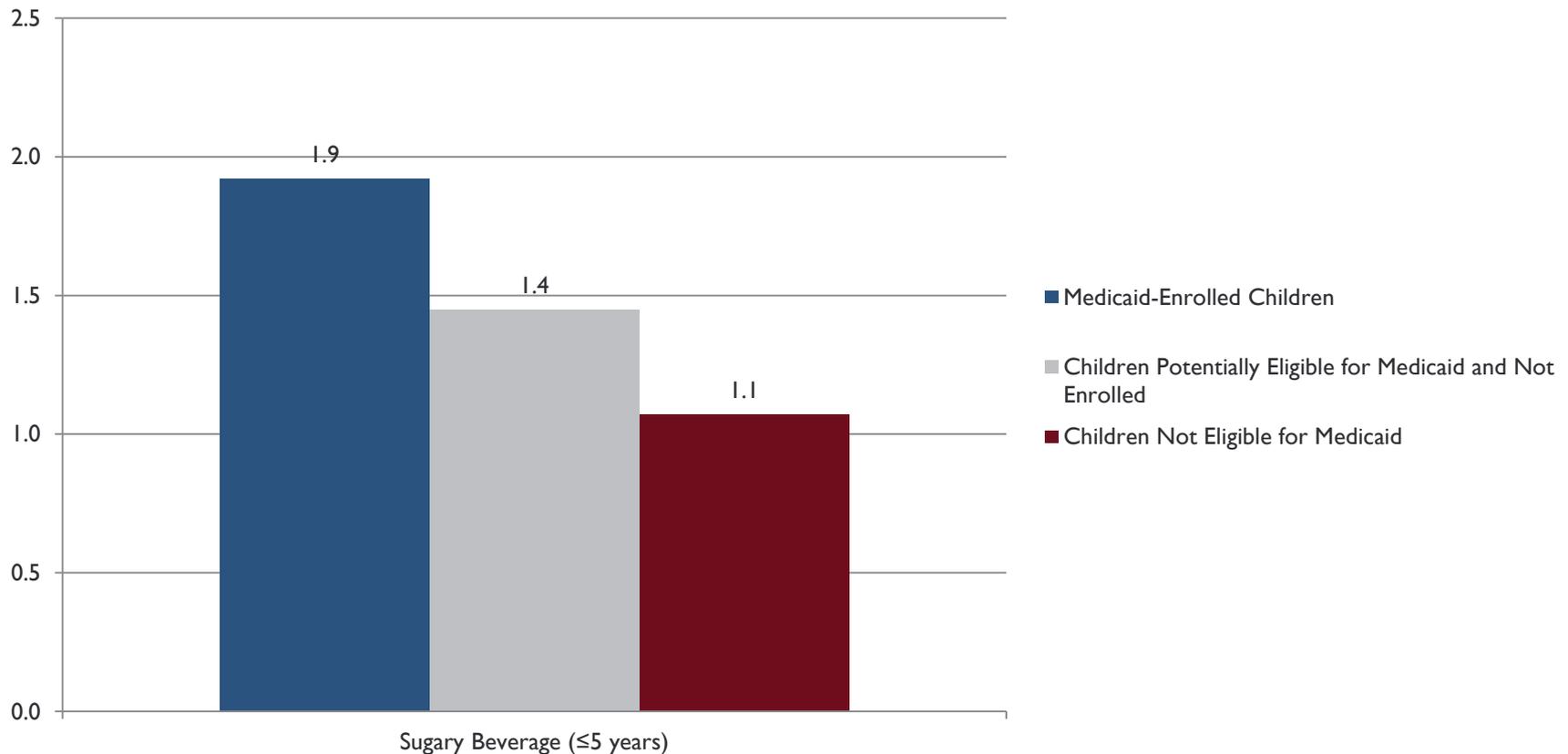
Nearly one-third of children covered by Medicaid have a special health care need. There is little difference between children potentially eligible for Medicaid and those who are not with respect to the presence of a special health care need. In those two groups, about 1 in 5 have a special health care need.

## 2.3 OBESITY, 12-18 YEARS OLD



Childhood obesity is a public health problem and this figure indicates the problem is greatest among children enrolled in Medicaid, followed by those potentially eligible but not enrolled in Medicaid. Only about 1 in 10 children who are not eligible for Medicaid are categorized as obese.

## 2.4 SUGARY BEVERAGE INTAKE (FRUIT JUICE AND SODA), CHILDREN ≤5 YEARS OLD



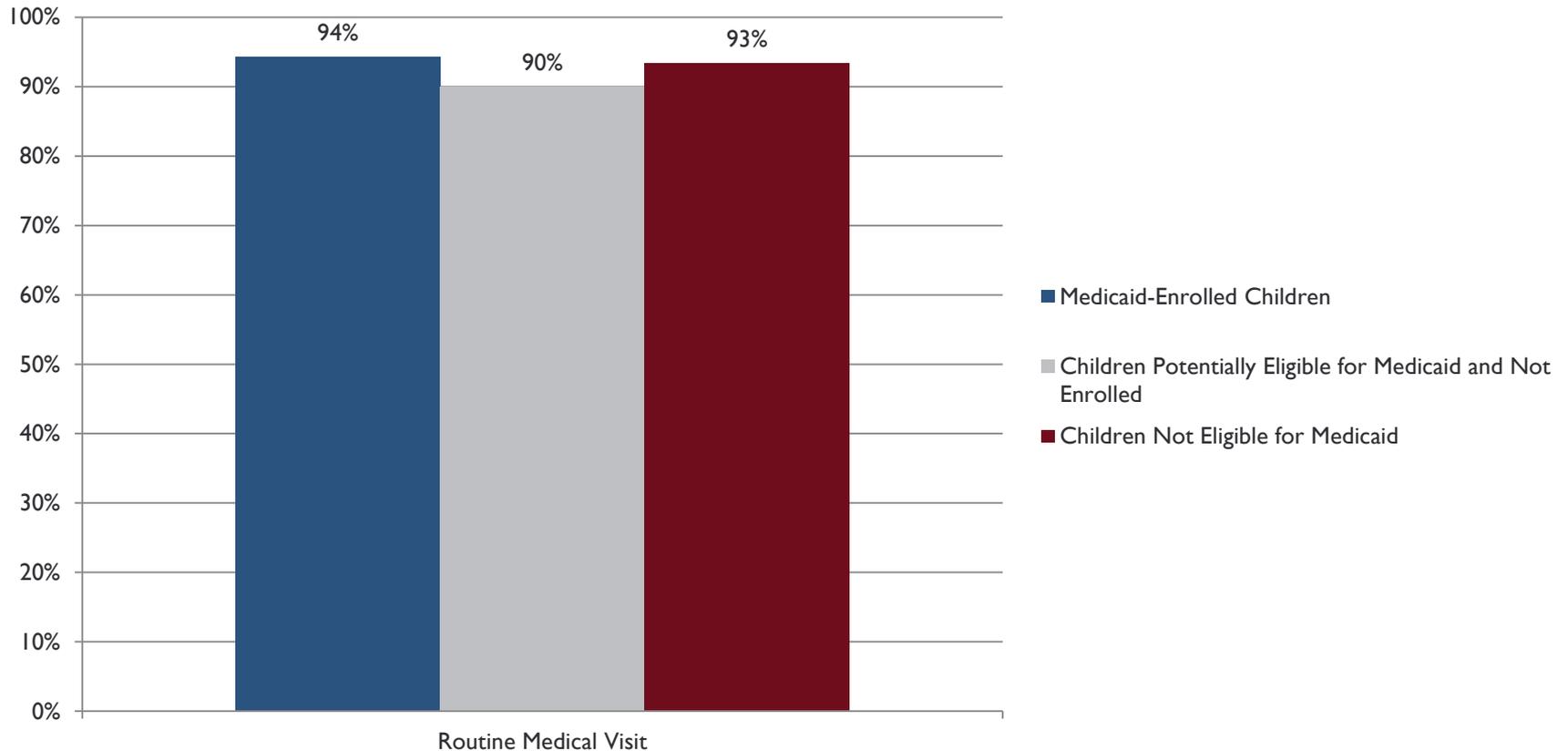
Among young children (age 5 or less), the highest consumption of sugary beverages (fruit juices and non-diet soda) was reported by adult respondents of children enrolled in Medicaid, closely followed by children who are potentially eligible for Medicaid. The lowest consumption was reported by adult respondents of children not eligible for Medicaid.

# RESULTS

## SECTION 3: HEALTH CARE ACCESS

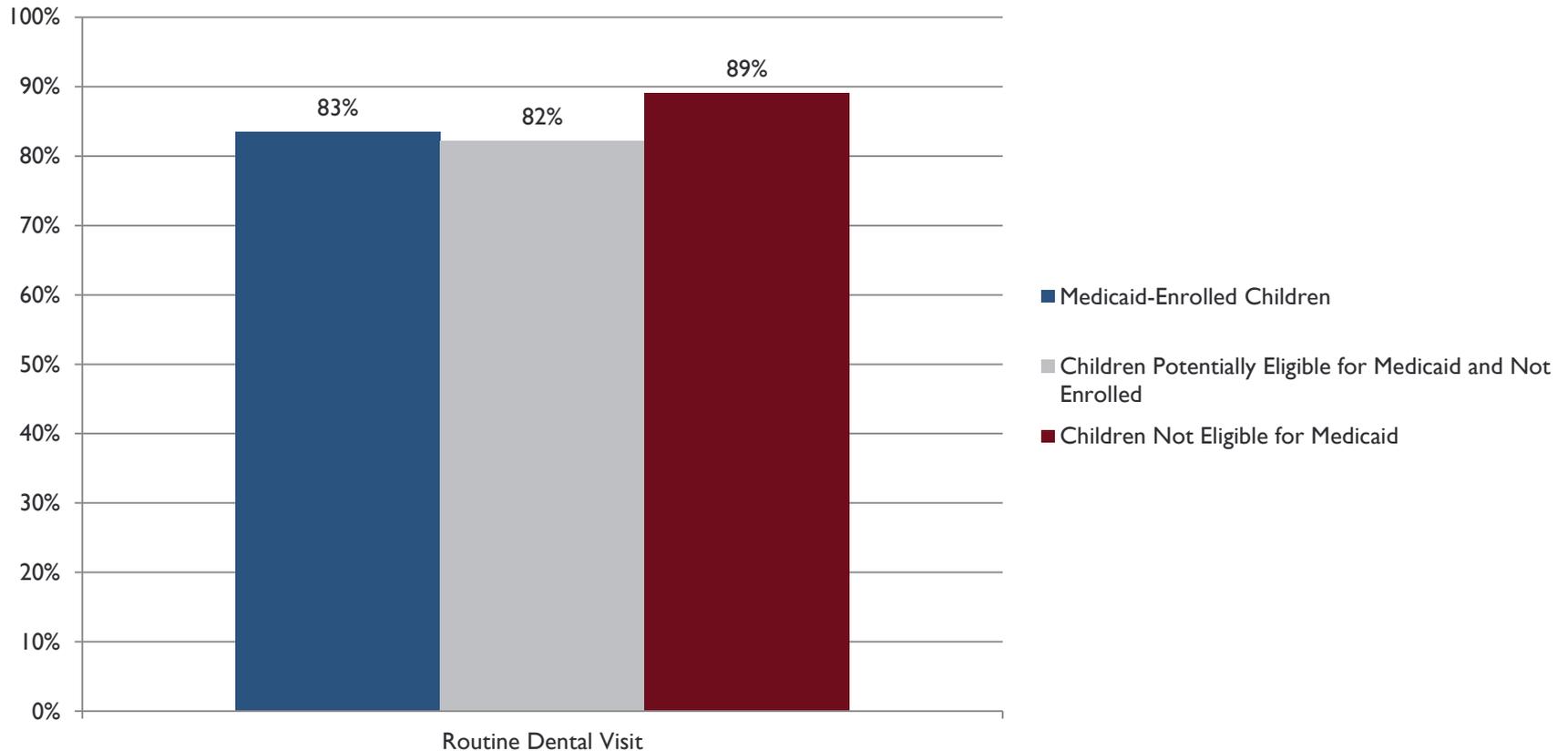
This section profiles utilization patterns and problems seeking care among children enrolled in Medicaid and those unenrolled aged 0 through 18 years.

## 3.1 ROUTINE MEDICAL VISIT, PAST YEAR



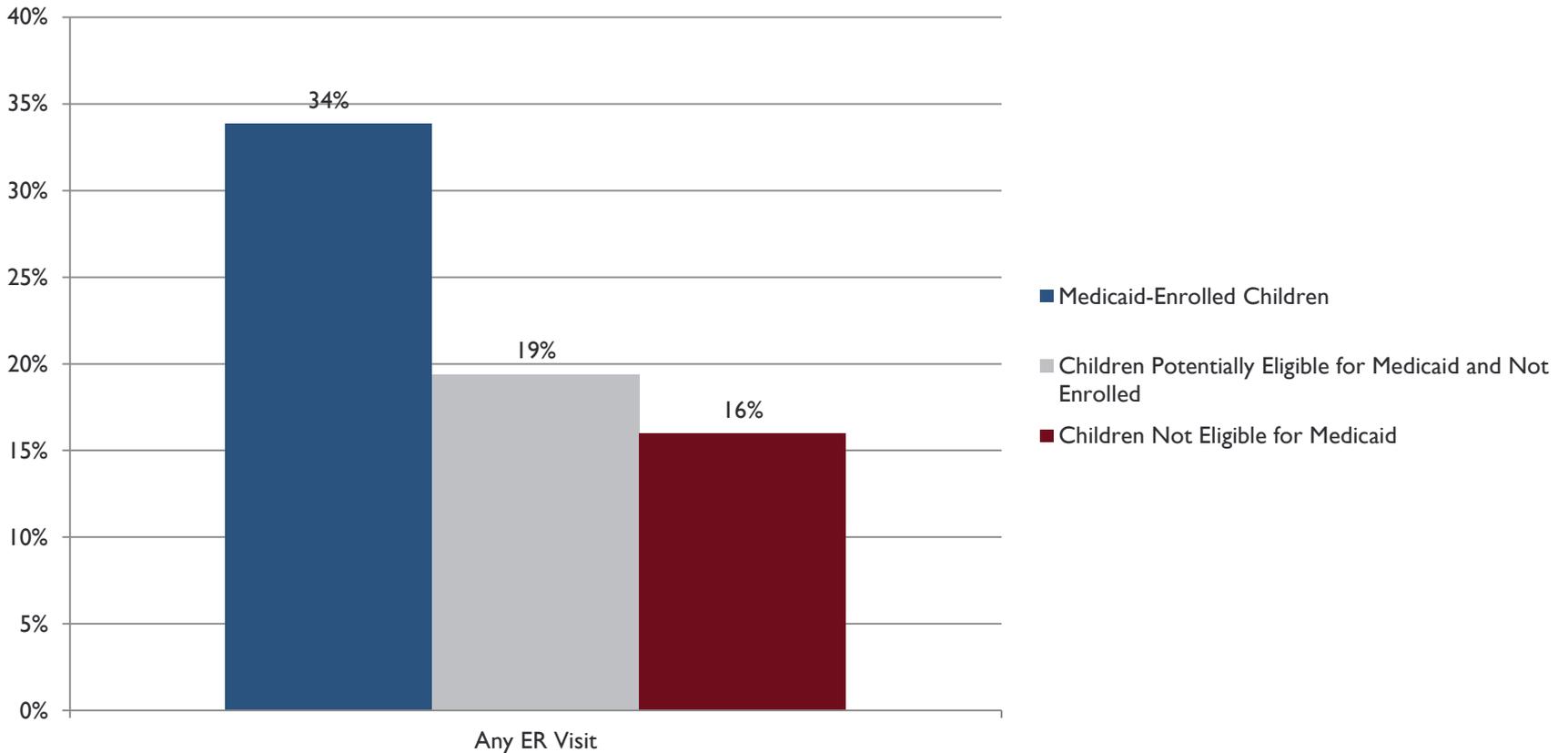
Children enrolled in Medicaid and those not eligible have had a routine visit in the past year at about the same rate, while slightly fewer children potentially eligible for Medicaid have had a routine medical visit in the past year.

## 3.2 ROUTINE DENTAL VISIT, PAST YEAR



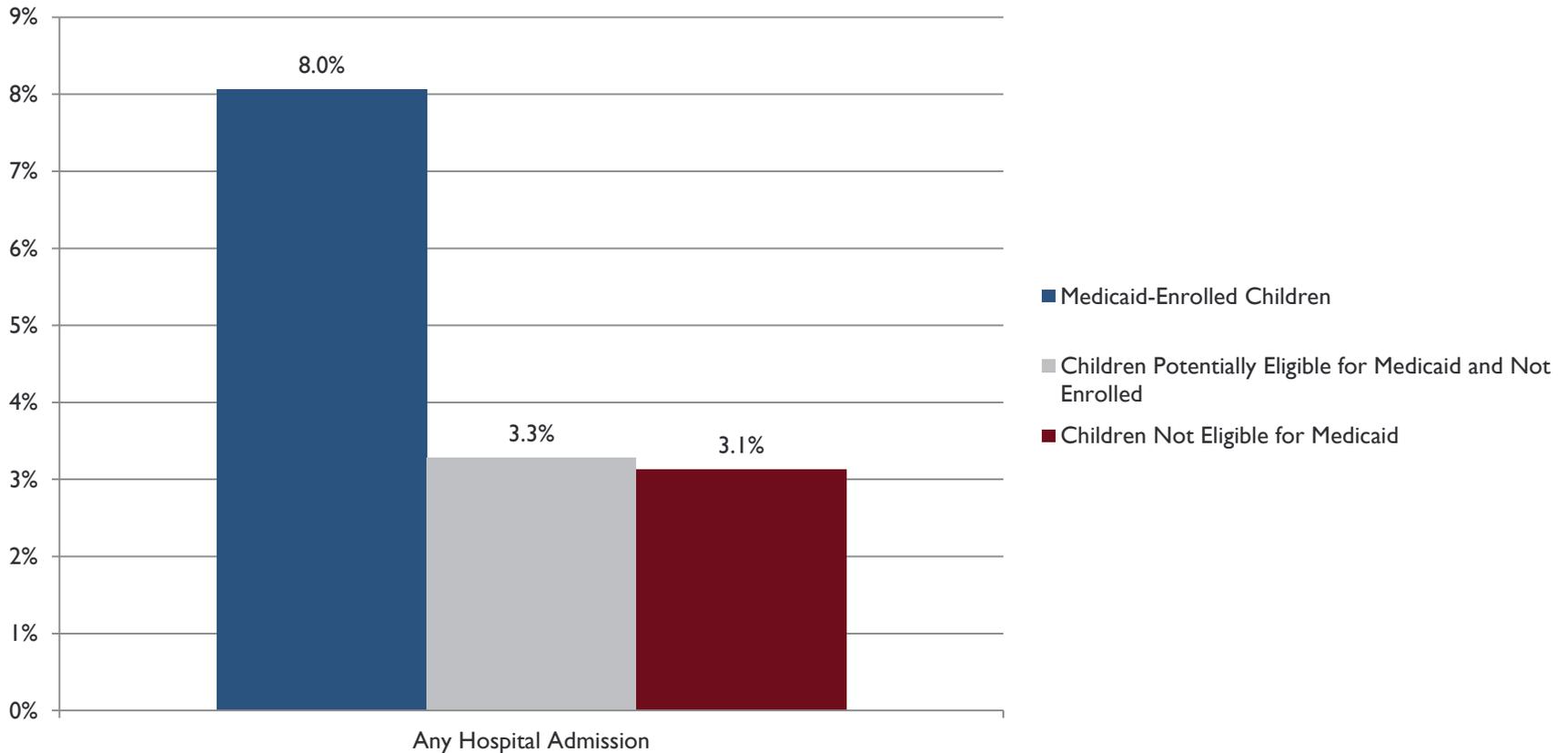
Over 80% of all children in Ohio have had a dental visit in the past year. The highest percentage of children who have had a routine dental visit in the past year are those not eligible for Medicaid, followed by children enrolled in Medicaid and then children potentially eligible for Medicaid but not enrolled.

### 3.3 ANY EMERGENCY ROOM (ER) VISIT



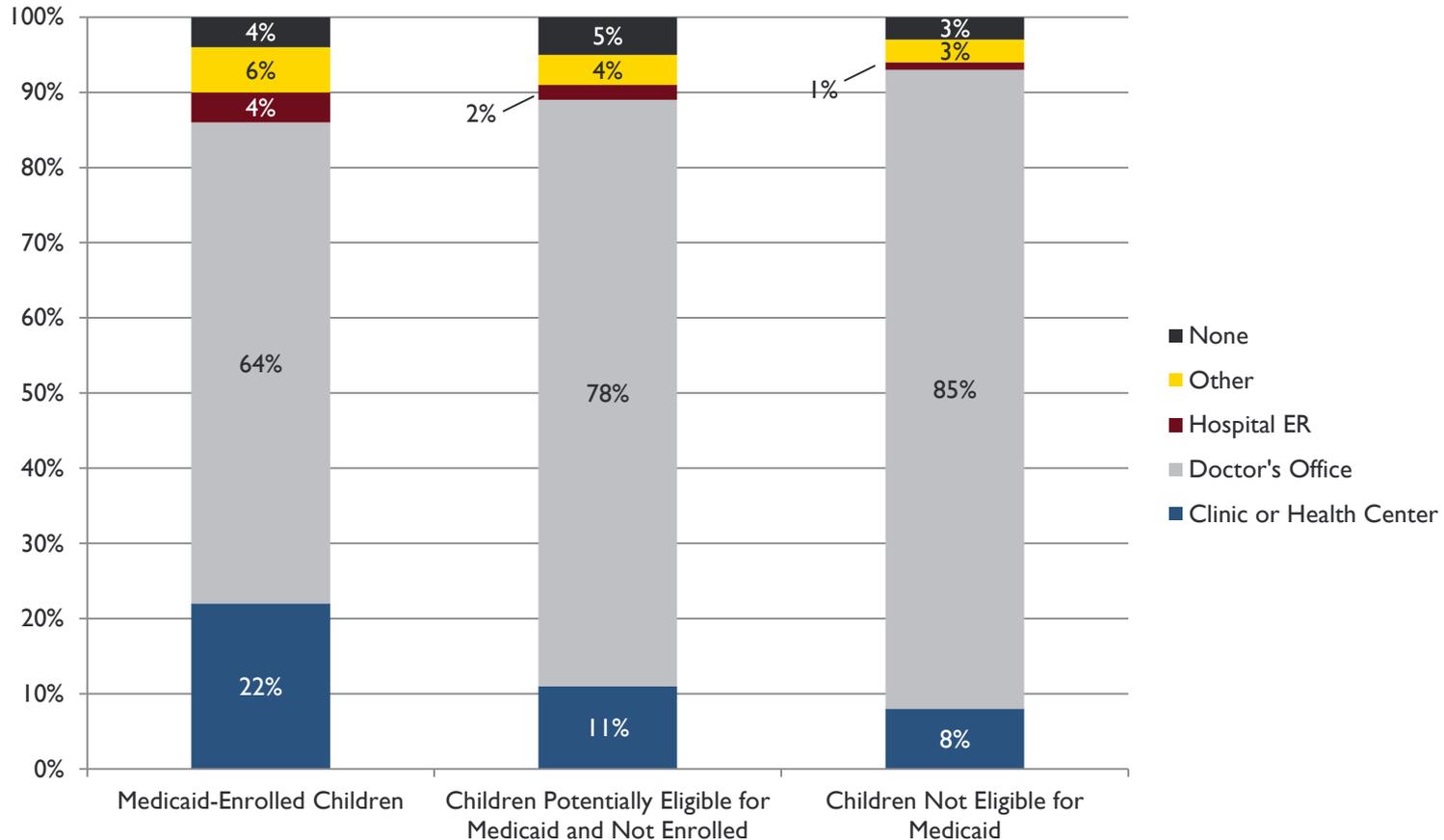
About one-third of children enrolled in Medicaid have visited the emergency room (ER) in the past year, which is more than twice the prevalence observed among children not eligible for Medicaid. About 1 in 5 children potentially eligible for Medicaid, but not enrolled, visited the ER in the past year.

## 3.4 ANY HOSPITAL ADMISSION



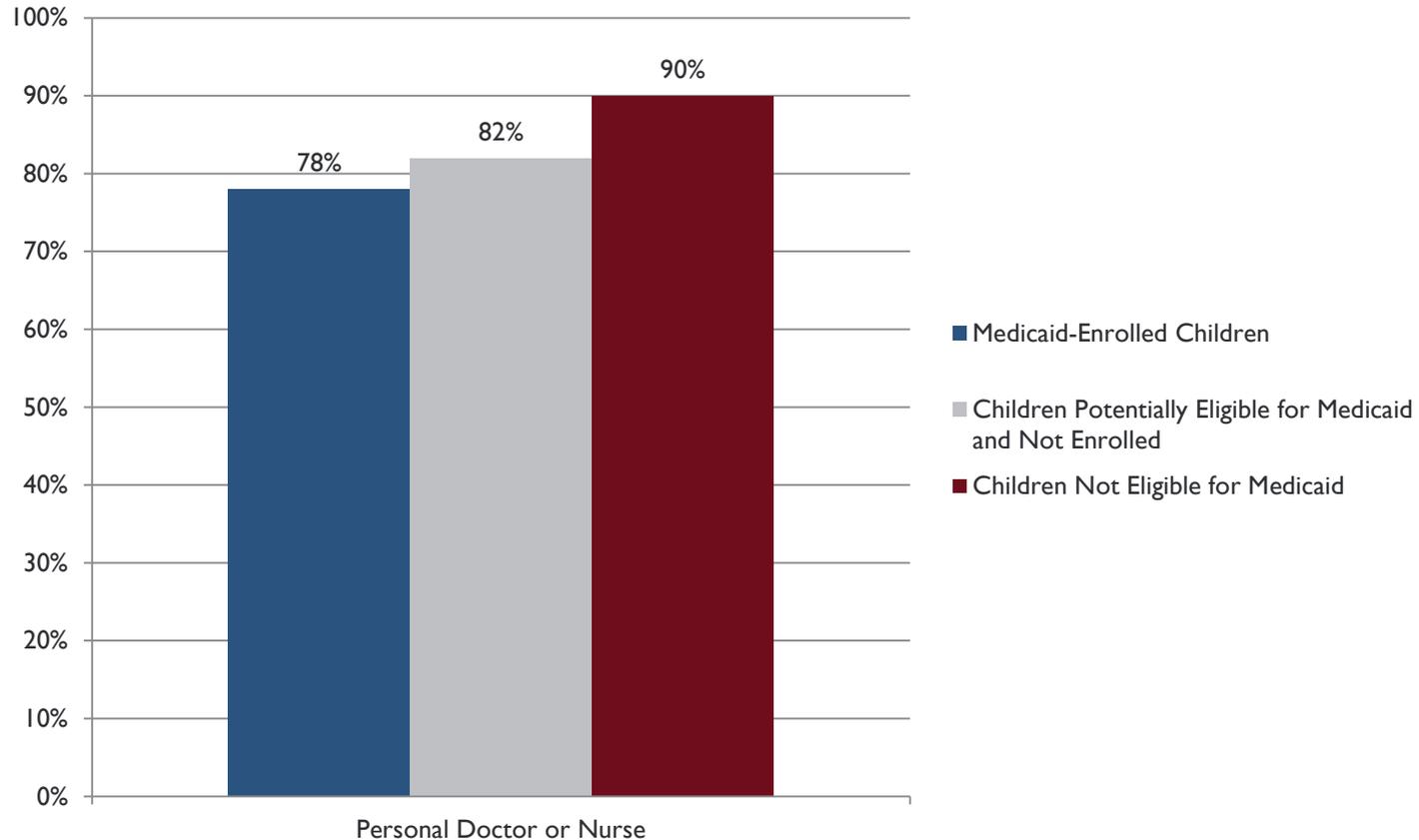
Similar to ER visits, the prevalence of having at least one hospitalization was more than twice as high among Medicaid-enrolled children compared to children potentially eligible and not enrolled and those not eligible.

# 3.5 USUAL SOURCE OF CARE



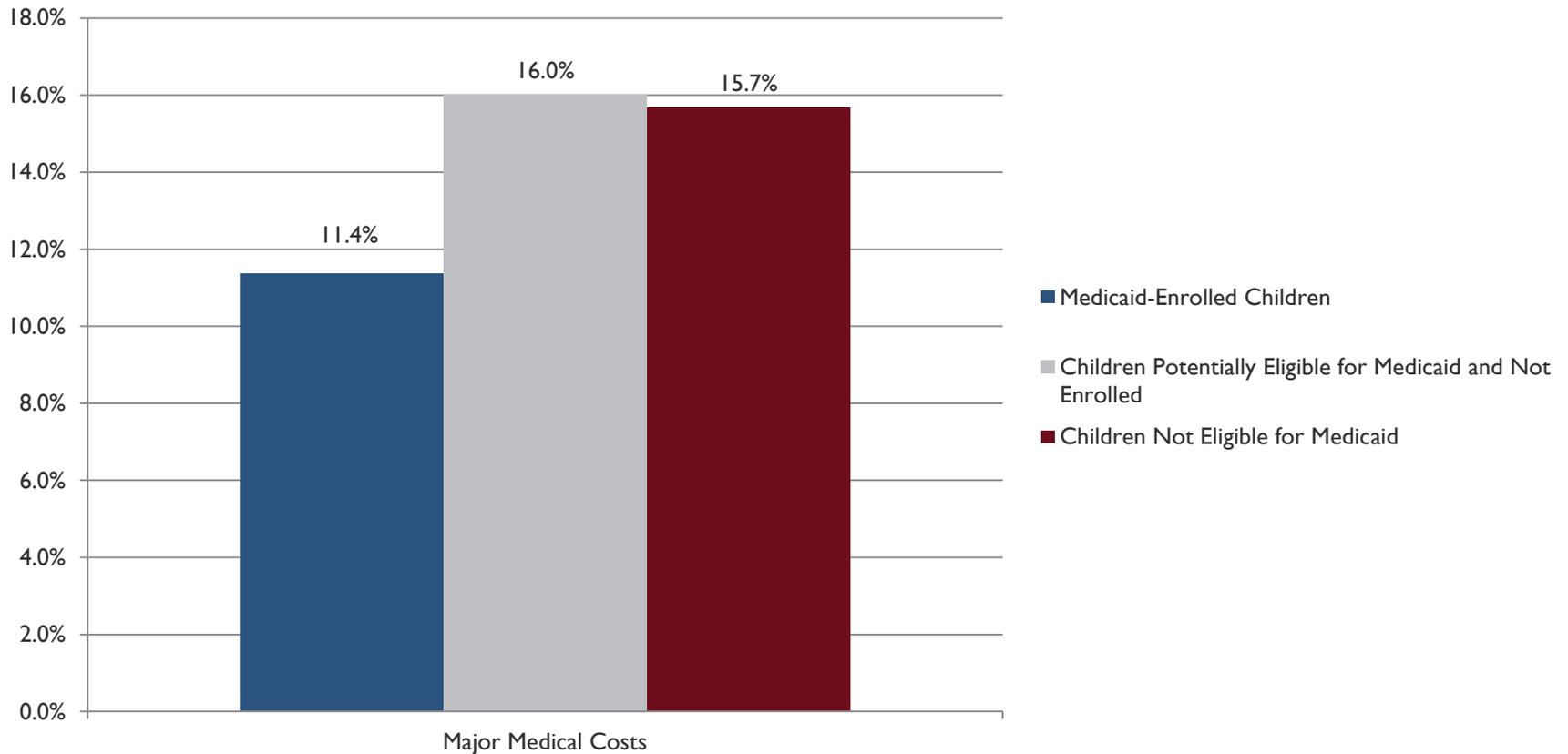
Nearly all of Ohio’s children have a usual source of care, as reported by the adult respondent. There is little difference among the three Medicaid-defined groups in terms of having no usual source of care. However, a larger percentage of children not eligible for Medicaid have a doctor’s office as a usual source of care compared to children potentially eligible and children on Medicaid.

## 3.6 PERSONAL DOCTOR OR NURSE



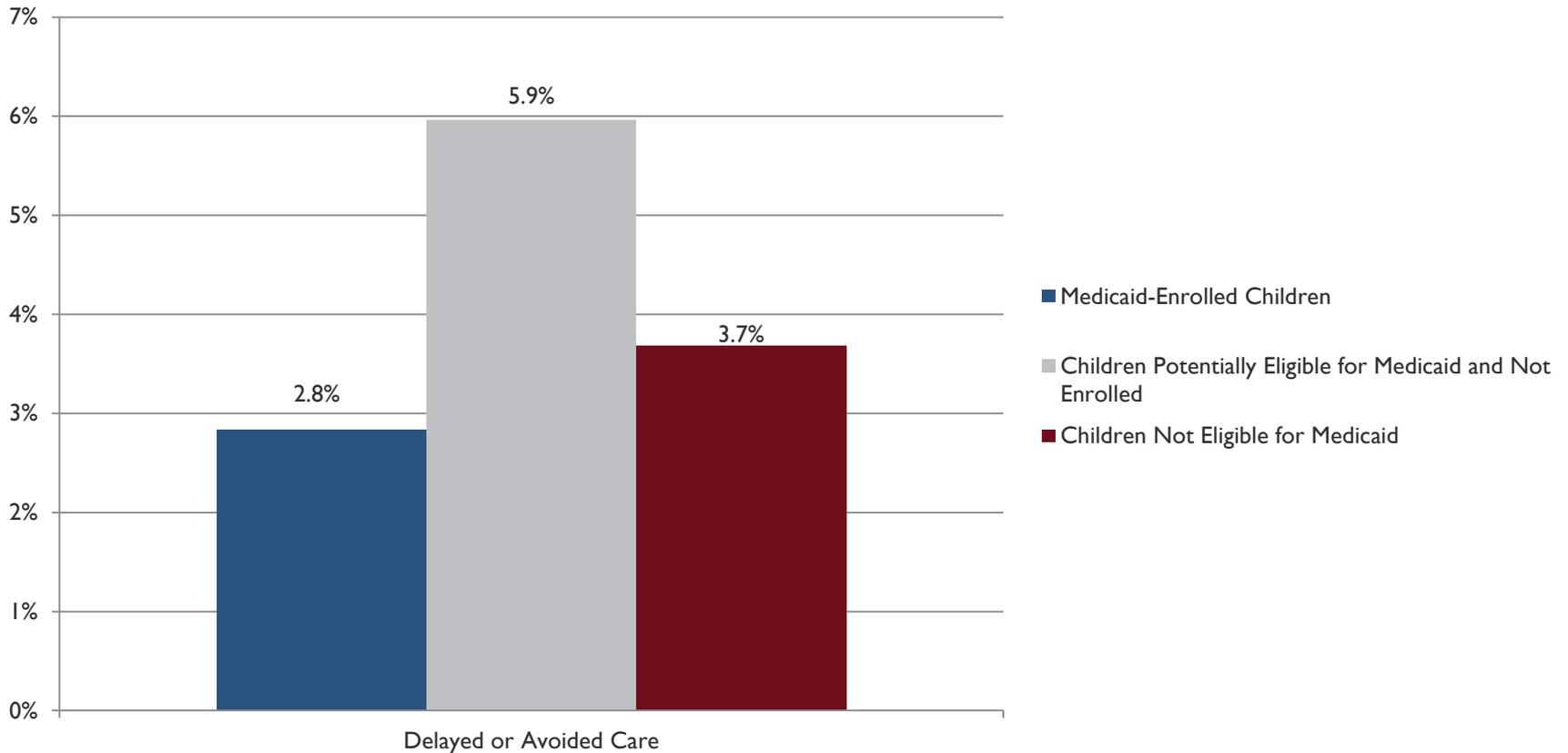
This figure shows the percentage of children who have a personal doctor or nurse. A slightly higher percentage of children not eligible for Medicaid have a personal doctor or nurse compared to children enrolled in Medicaid and those potentially eligible but not enrolled in Medicaid.

## 3.7 MAJOR MEDICAL COSTS, PAST YEAR



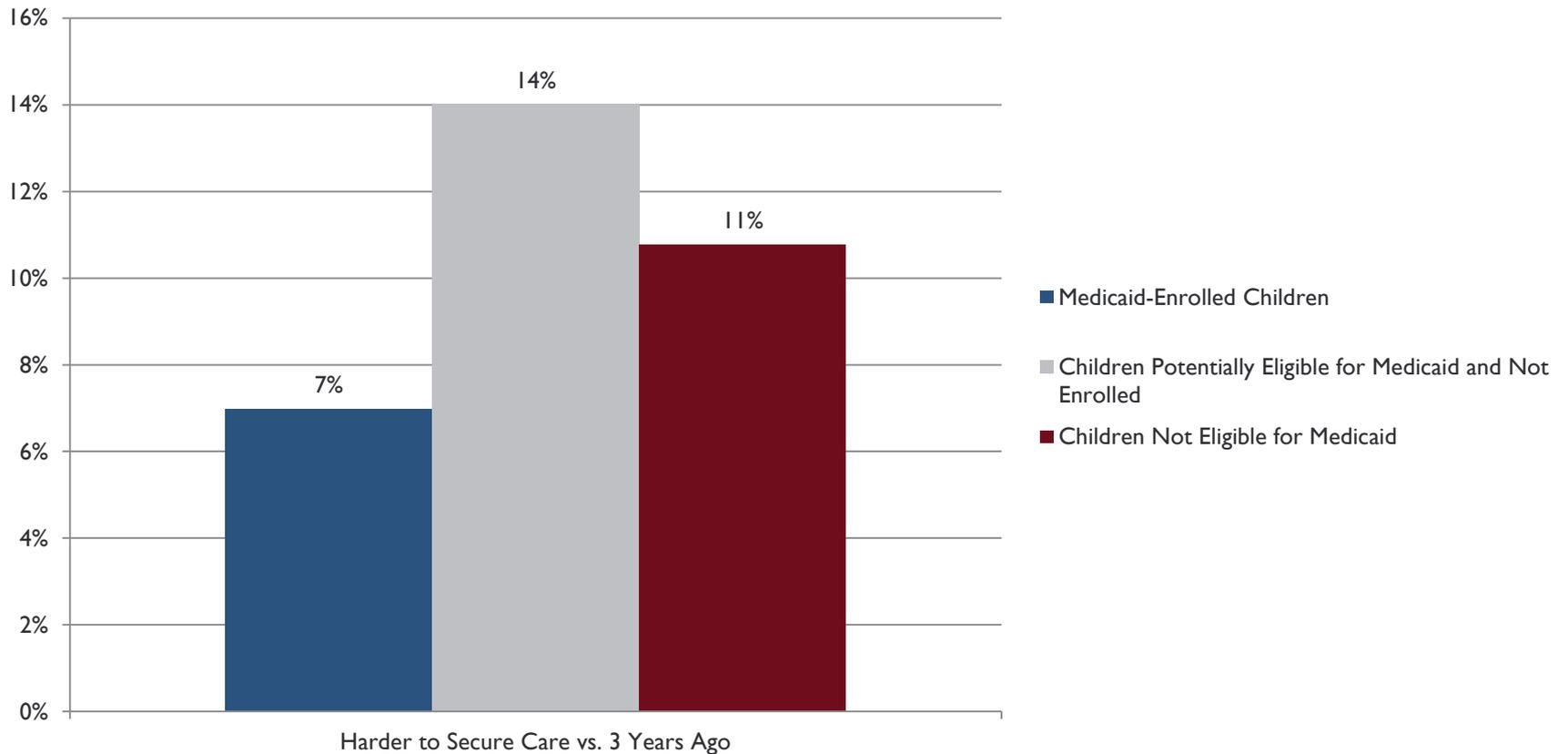
Fewer children enrolled in Medicaid incurred major medical costs in the past year compared to children either potentially eligible and not enrolled in Medicaid or not eligible for Medicaid.

## 3.8 DELAYED OR AVOIDED CARE, PAST YEAR



Children potentially eligible for Medicaid had twice the prevalence of delaying or avoiding care compared to children enrolled in Medicaid.

# 3.9 MEDICAL CARE ACCESS COMPARED TO THREE YEARS AGO AMONG CHILDREN OVER AGE TWO YEARS



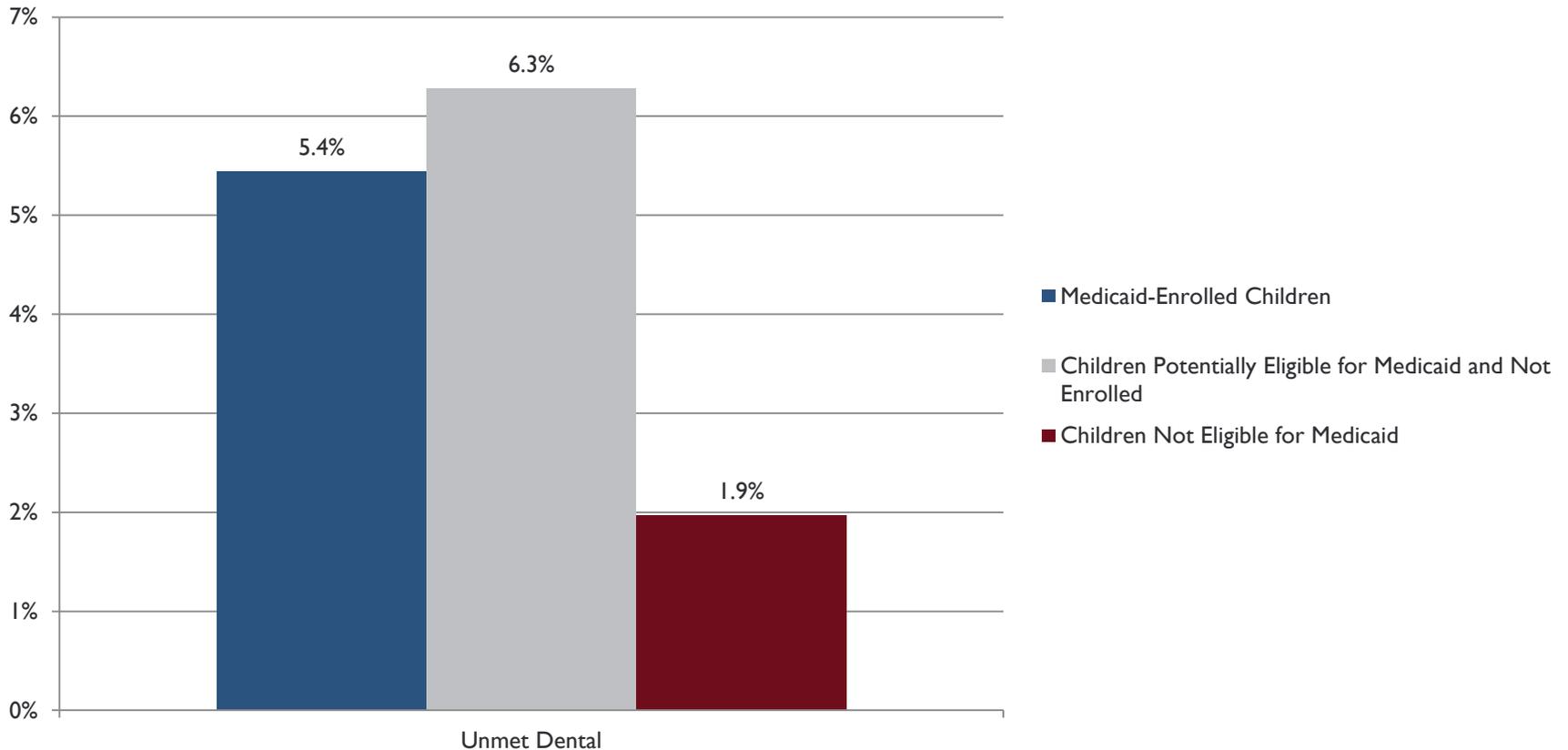
The prevalence estimates in this figure are limited to children over the age of 2. Only 7% of adult proxies of children enrolled in Medicaid reported that medical care was harder to secure now compared to 3 years ago; adult proxies of children potentially eligible for Medicaid had twice the rate of reporting that care was harder to secure now compared to 3 years ago. About 1 in 10 adult proxies of children not eligible for Medicaid reported that care was harder to secure now compared to 3 years ago.

# RESULTS

## SECTION 4: UNMET NEEDS

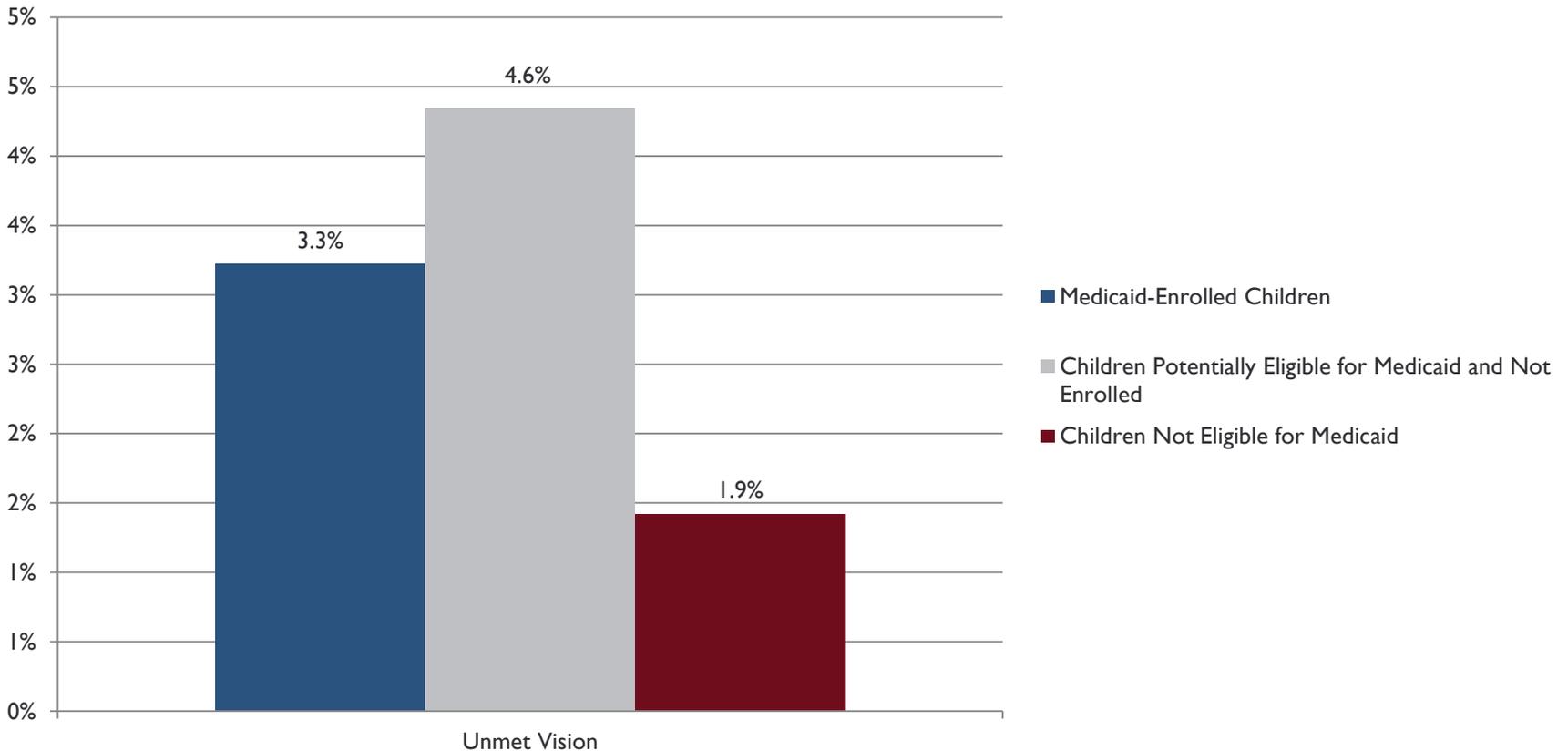
This section profiles unmet dental, vision, and prescription needs in the past 12 months among children enrolled in Medicaid and those unenrolled aged 0 through 18 years.

## 4.1 UNMET DENTAL NEEDS, PAST YEAR



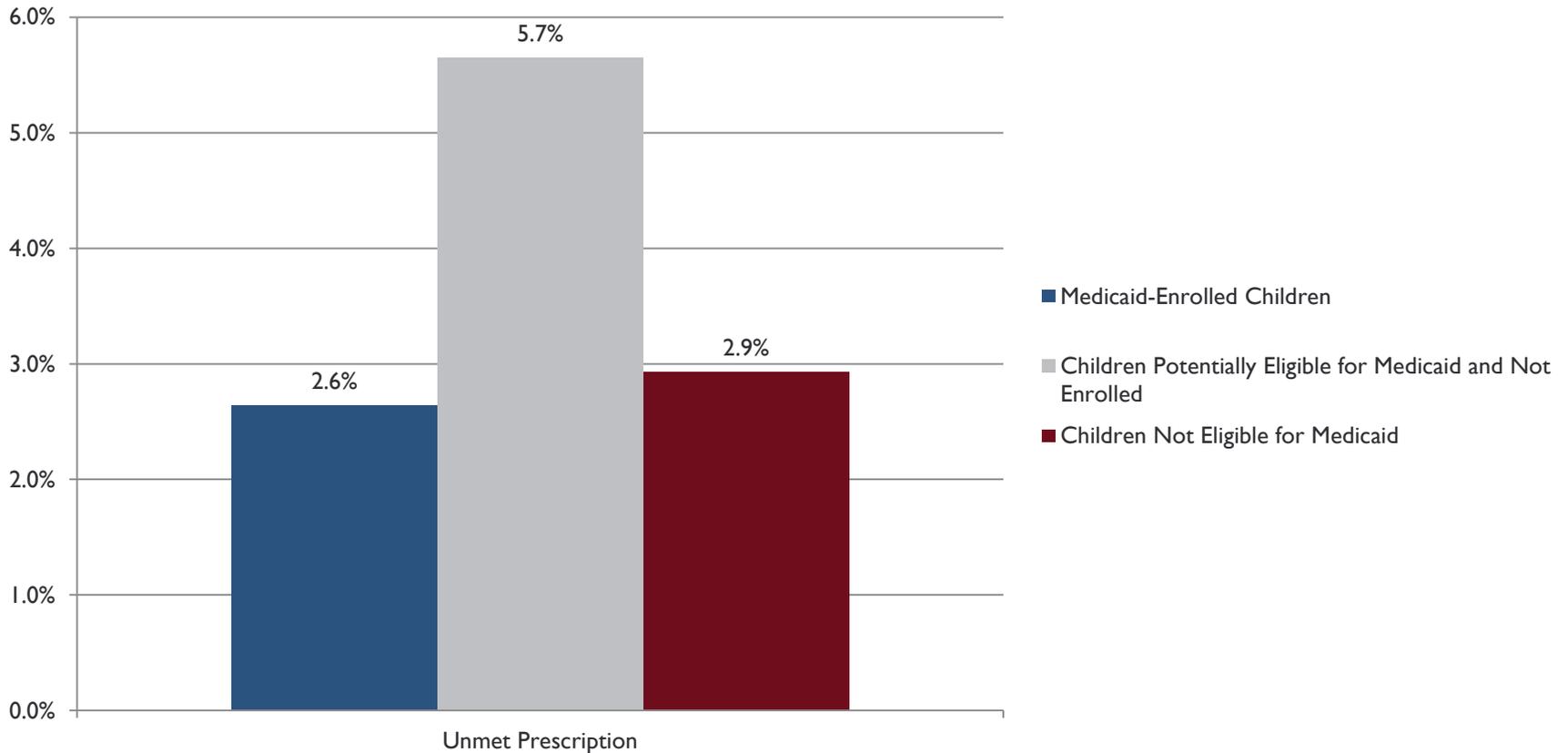
A low percentage of children had unmet dental needs in the past year. Children not eligible for Medicaid had the lowest prevalence of unmet dental needs, followed by children enrolled in Medicaid and children potentially eligible for Medicaid but not enrolled. NOTE: The “unmet need” is the adult proxy’s report of an unmet need. The reports may underestimate the true need for dental care among children in Ohio.

## 4.2 UNMET VISION NEEDS, PAST YEAR



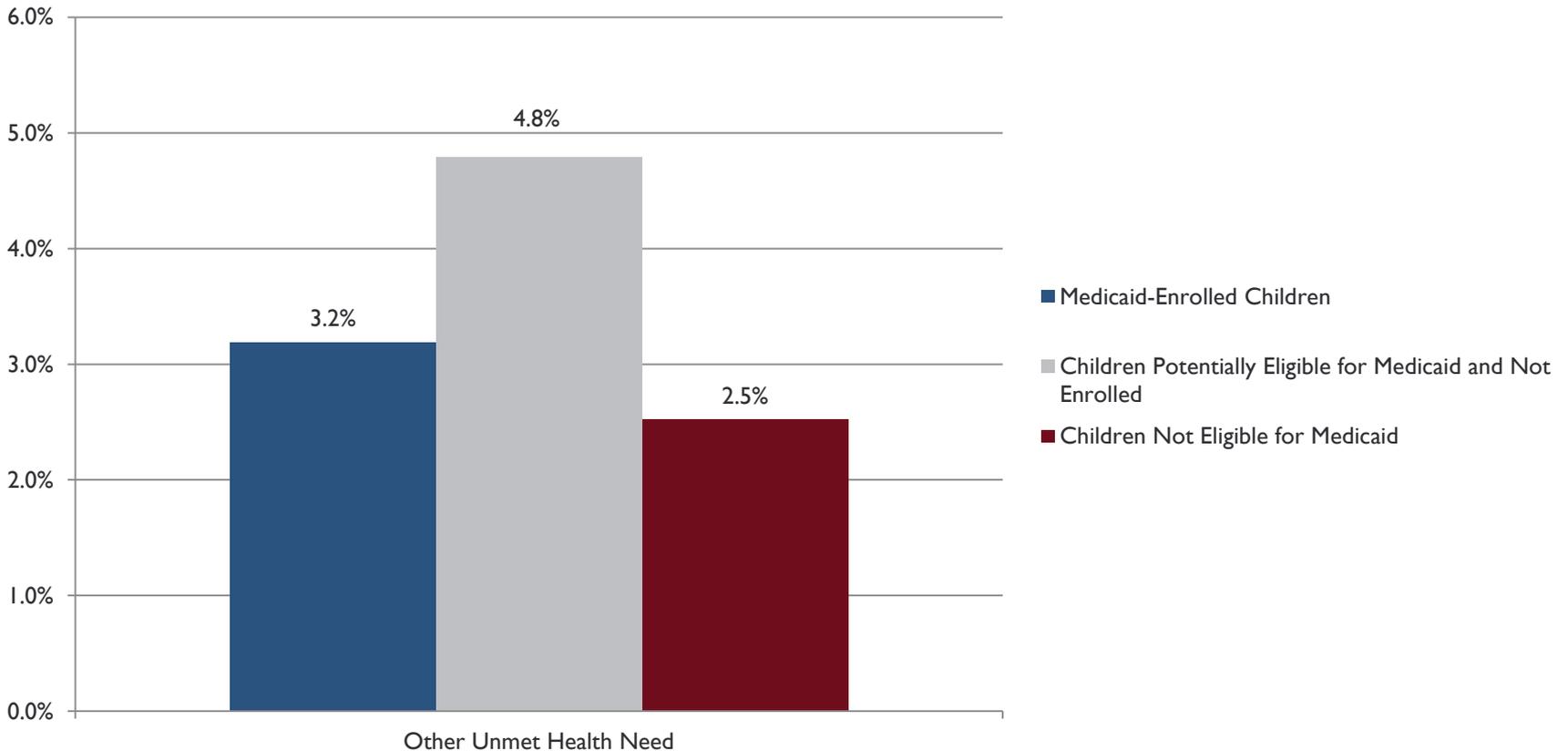
Similar to unmet dental needs, few children had unmet vision needs in the past year. Children enrolled in Medicaid had a prevalence of unmet need that was in between that of children not eligible for Medicaid and those potentially eligible but not enrolled in Medicaid. NOTE: The “unmet need” is the adult proxy’s report of an unmet need. The reports may underestimate the true need for vision care among children in Ohio.

## 4.3 UNMET PRESCRIPTION NEEDS, PAST YEAR



A similar pattern emerges when examining unmet prescription needs in the past year. About 3% of children enrolled in Medicaid and children not eligible for Medicaid had unmet prescription drug needs in the past year, and children potentially eligible for Medicaid had about twice the prevalence of unmet prescription needs (5.7%) in the past year.

## 4.4 OTHER UNMET NEEDS, PAST YEAR



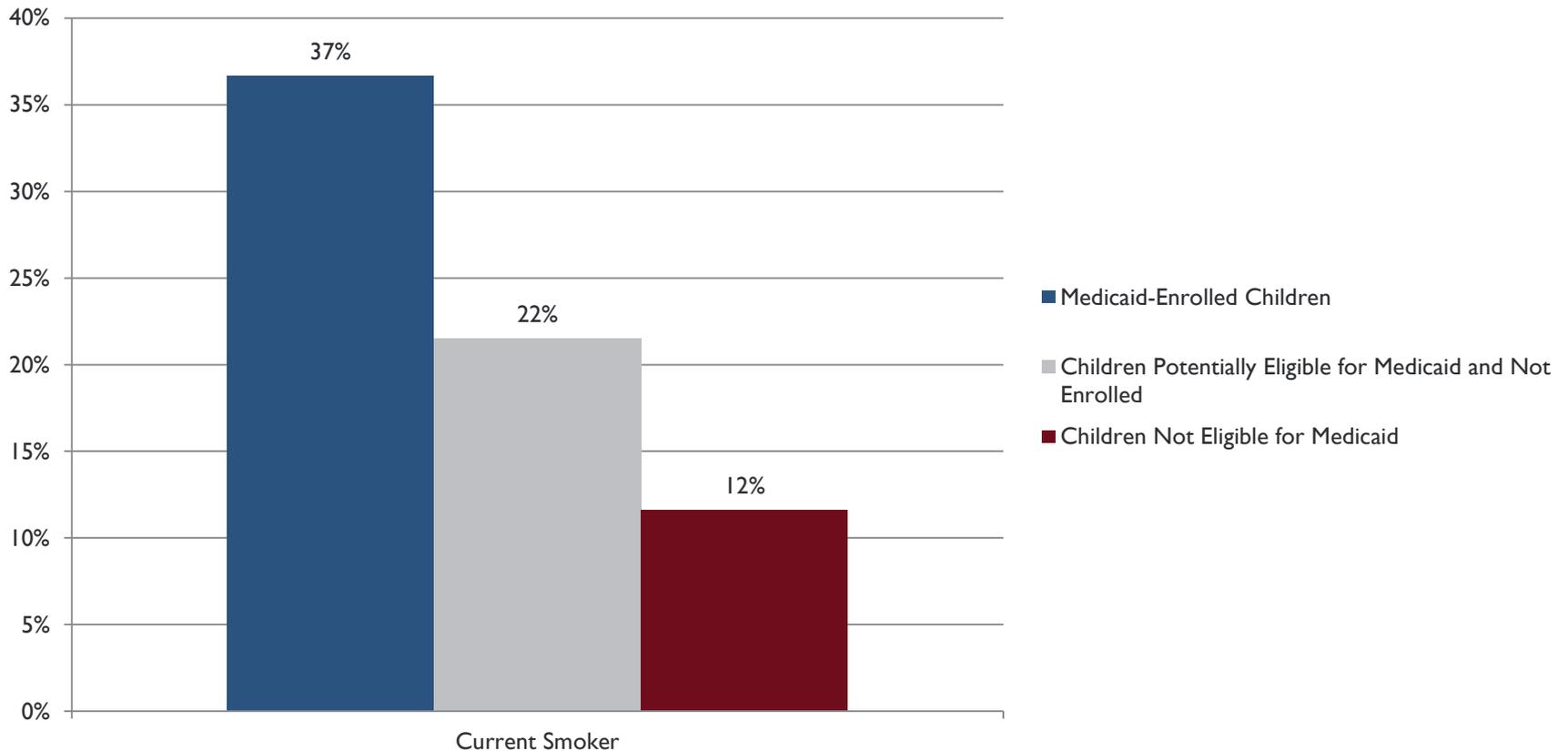
For this measure, adult respondents were asked to consider all other medical needs (besides dental, vision, and prescription drugs) and if any of them were unmet in the past year. Children enrolled in Medicaid and those not eligible for Medicaid had a low prevalence of any other unmet need in the past year, whereas children potentially eligible for Medicaid had a higher prevalence of an unmet medical need in the past year.

# RESULTS

## SECTION 5: HOUSEHOLD RISKS

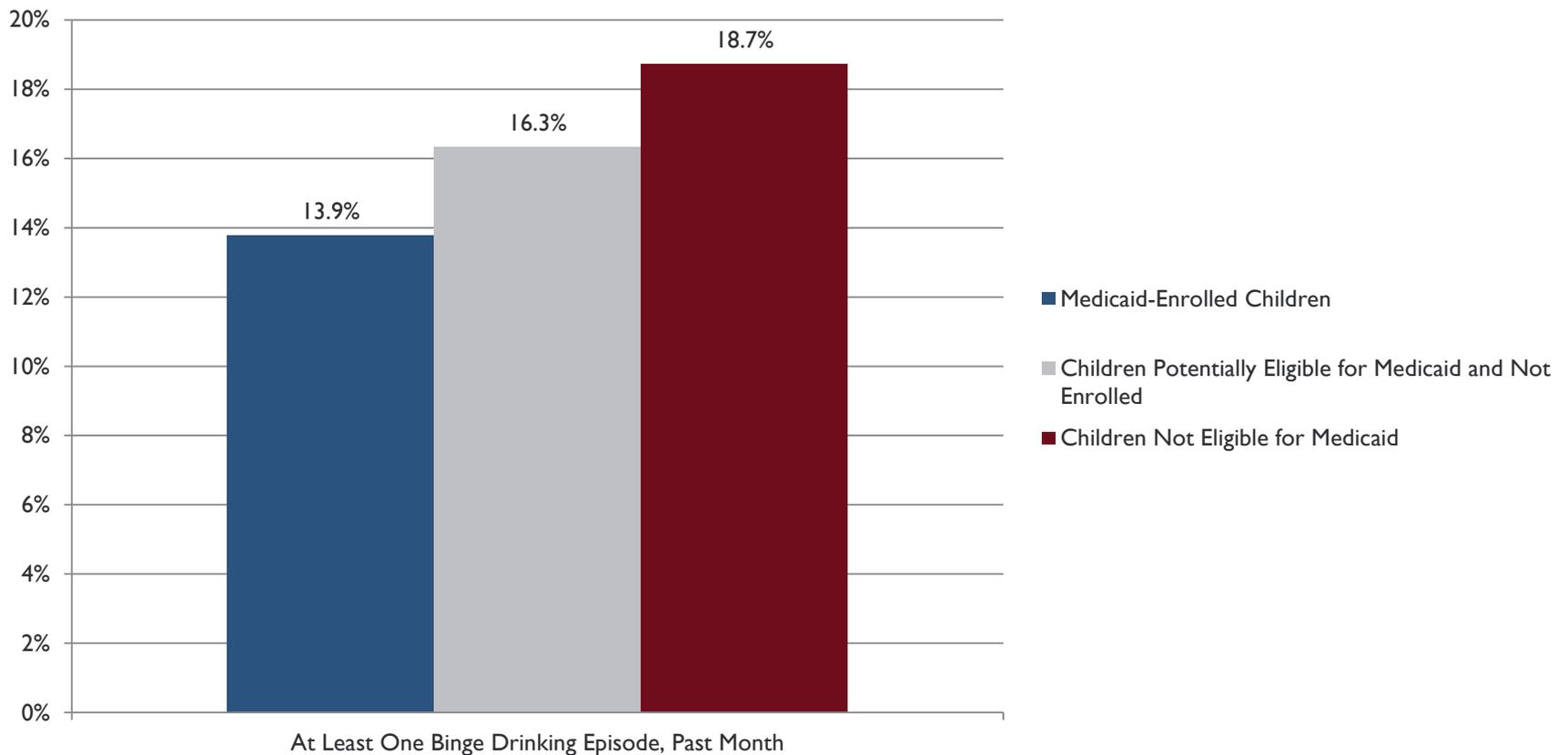
This last section profiles risk factors among the adult respondent who answered the adult questions for the household. Thus, these estimates give an indication of the types of behaviors children are exposed to in the household.

## 5.1 ADULT RESPONDENT, CURRENT SMOKER



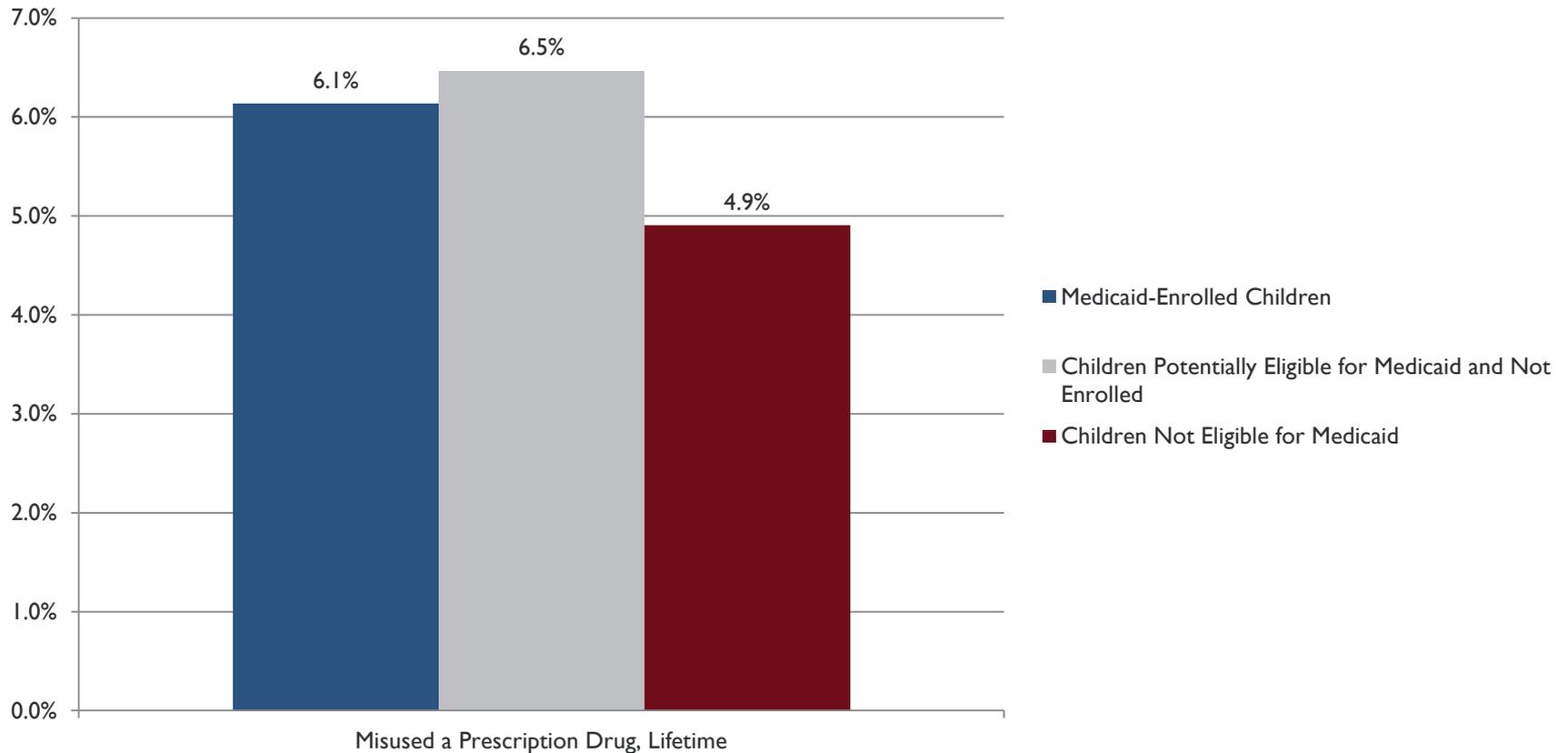
Over one-third of children enrolled in Medicaid live in a household where there is at least one current smoker, whereas less than one-quarter of children potentially eligible for Medicaid live with at least one smoker. About 1 in 10 children not eligible for Medicaid live with at least one smoker.

## 5.2 ADULT RESPONDENT HAD A BINGE DRINKING EPISODE, PAST MONTH



The pattern for binge drinking in the household is the opposite compared to smoking behavior. Nearly 1 in 5 children not eligible for Medicaid live in a household with at least one binge drinker in the past month, whereas only 14% of children enrolled in Medicaid and 16% of potentially eligible children live with at least one binge drinker.

## 5.3 ADULT RESPONDENT MISUSED PRESCRIPTION DRUG, LAST YEAR



There is essentially no difference in the prevalence of children living with at least one adult who misused prescription pain relievers in the past year by Medicaid-enrolled or Medicaid-eligible (potentially) groupings.

# KEY FINDINGS

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This results presented in this chartbook were from analyses that used the 2015 OMAS data. Characteristics and health status of children (0-18 years) who were currently enrolled in Medicaid, potentially eligible for Medicaid, or not eligible for Medicaid were reported. Key findings for these populations of children include:

## **Insurance Coverage**

Among children potentially eligible for Medicaid, 8% were uninsured in 2015. Only 2% of children not eligible for Medicaid were uninsured.

## **Health Status**

Children enrolled in Medicaid have poorer health compared to children potentially eligible and those not eligible for Medicaid. There is a higher prevalence of fair or poor health and special health care needs among Medicaid-enrolled children compared to children who are potentially eligible and those not eligible for Medicaid. Additionally, obesity prevalence is highest among children enrolled in Medicaid, but children potentially eligible for Medicaid have only a slightly lower prevalence of obesity.

## **Access to Care**

Children enrolled in Medicaid and those not eligible for Medicaid appear to have good access to routine care, as evidenced by the fact that 94% had a routine visit in the past year. Fewer children enrolled in Medicaid or potentially eligible for Medicaid saw a dental provider in the past year compared to children not eligible for Medicaid. Children enrolled in Medicaid continue to use the

emergency room at a greater rate than other children.

## **Unmet Healthcare Needs**

While children enrolled in Medicaid have worse health, few have unmet healthcare needs. Among Medicaid-enrolled children, 5% or less had unmet dental, vision, or prescription drug needs in the past year and their estimates of unmet needs are similar to those of children not eligible for Medicaid. Children potentially eligible for Medicaid but not enrolled had the highest percentages of unmet needs in the survey. It is important to note that the unmet needs were based on the adult respondent's impression of an unmet need. The survey did not measure true unmet needs like regular check-ups or screening.

## **Household Risks**

Children enrolled in Medicaid are more likely than other children (potentially eligible and not eligible for Medicaid) to live in a household with at least one smoker. However, fewer children enrolled in Medicaid and those potentially eligible for Medicaid live with at least one binge drinker. About 1 in 20 children in Ohio lives with at least one adult who misused prescription pain relievers in the last year, and the estimates are similar across groups.

# CONCLUSION

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Prior research has shown that children enrolled in Medicaid have worse health status compared to other children, yet their access to care is comparable (MACPAC, 2012). The 2015 OMAS data analyses reported in this chartbook largely support these previous research findings. Importantly, the results presented in this chartbook suggest that children enrolled in Ohio Medicaid have few unmet health needs. The highest unmet need was for dental care, at 5% of the population of children enrolled in Medicaid. However, as noted previously in this chartbook, unmet needs were based on perception of unmet need by the adult respondent. In future surveys, it may be helpful to measure whether routine dental exams and screenings were met according to recommended schedules.

The 2015 OMAS data also indicate that Medicaid-enrolled children use the emergency room more than children potentially eligible for Medicaid and those not eligible for Medicaid. This finding is consistent with national data (Gindi & Jones, 2014). While the 2015 OMAS did not collect information about why children sought care in the emergency room, national data suggest that a higher percentage of children enrolled in Medicaid visit the emergency room for non-emergency reasons and because their doctor's office was not open when they needed care compared to uninsured children and those with private coverage (Gindi & Jones, 2014).

The prevalence of childhood obesity was higher among children enrolled in Medicaid compared to children who are potentially

eligible for Medicaid but not enrolled. Additionally, children enrolled in Medicaid consume slightly more sugary beverages each day compared to their counterparts. The Ohio Department of Health (ODH) is actively addressing the childhood overweight and obesity problem in Ohio through two partnership initiatives. First, the Ohio Healthy Program is a collaborative effort between ODH and the Ohio Child Care Resource and Referral Association that addresses healthy eating in child care facilities. Second, ODH and the Ohio Chapter of the American Academy of Pediatrics are teaming up to deliver the Ounce of Prevention, Pound of Cure program that addresses childhood overweight and obesity through physician and other health care provider training.

The most problematic household risk identified in this report is the high prevalence of at least one adult current smoker in the home among Medicaid-enrolled children. OMAS does not measure rules about smoking in the household; thus, it is unclear whether these children are exposed to secondhand smoke in the home. However, this *potential risk is a public health concern*, as secondhand smoke exposure is dangerous for children (USDHHS, 2006). It is a known cause of SIDS, acute respiratory diseases, ear infections, and more severe asthma among children.

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# APPENDIX

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The following SAS code was used to create the three insurance groups.

```
child_medicaid_cat = .;
if medicd_c_imp = 1 then child_medicaid_cat = 1; /*Medicaid*/
if medicd_c_imp = 2 and 0 <= fpl_mon_pct <= 206 then
child_medicaid_cat = 2; /*Potentially eligible but not on Medicaid*/
if medicd_c_imp = 2 and fpl_mon_pct > 206 then child_medicaid_cat =
3; /*Not eligible for and not on Medicaid*/
```