



Demographic and Health Characteristics of Ohio's Non-Elderly Adult Medicaid Population: 2019 OMAS Update

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INTRODUCTION

Medicaid, a safety net health coverage program for low-income individuals, is tasked with providing necessary health services to enrollees with the goal of improving population health for current and future generations of Ohioans. To do this successfully, the Ohio Department of Medicaid (ODM) must ensure adequate and appropriate care for their population, which requires an understanding of the composition and distribution of the people they serve. Since Medicaid eligibility income limits are relatively high for pregnant women and children, the program will continue to disproportionately cover these populations. With Medicaid expansion, however, participant demographics evolved. Each demographic group may have different health needs, varying issues accessing certain types of care, or may benefit from community health workers or care coordinators to help them navigate the health care system. This brief presents an updated description of Ohio's adult Medicaid population.

METHODS

The 2019 Ohio Medicaid Assessment Survey (OMAS) is an Ohio-specific assessment that 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. This multi-mode study collected data through a sample of landline and cellular phones in Ohio through random digit dialing, as well as by web-based or paper versions through address-based sampling. A total of 31,558 surveys of Ohioans 19 years of age and older and proxy interviews for 7,404 children 18 years of age and younger were completed by researchers in 2019: 30,068 by phone, 950 by web, and 540 by mail-in paper survey. The 2019 OMAS is the eighth iteration of the survey. For details, please see the OMAS methods report at <https://grc.osu.edu/OMAS>.

Data Analysis

Three populations of adults ages 19-64 are covered in this brief: those eligible for and enrolled in Medicaid (in this brief, labelled as "enrolled"), those *potentially* eligible for Medicaid but not enrolled ("potentially Medicaid eligible"); and those who are *not likely* to be Medicaid eligible based on the information provided ("likely not eligible"). Descriptive characteristics are

KEY FINDINGS

- A plurality of the Medicaid population fell into one or more of the following demographic groups: 1) non-Hispanic Whites; 2) females; 3) 19-44 years old; and 4) educated at the high school level or below. Additionally, more than half (51.7%) lived in a household with children.
- Health status and mental health-related impairment were both higher among the Medicaid enrolled population than either of the comparison populations.
- Both the Medicaid enrolled population and the potentially Medicaid eligible population had higher unmet needs compared to the not eligible population.

presented by these three categories, with a focus on the Medicaid enrolled population. Significance testing was performed using logistic regression. Because of occasional missing data and the limitations of surveys, OMAS could not conclusively determine every individual’s eligibility status. Therefore, the findings presented are estimates of eligibility status. Medicaid-Medicare dual-eligible individuals are not included in the analyses.

Patterns of several key outcomes—health status, unmet healthcare needs, and mental health-related impairment—are presented by Medicaid enrollment and eligibility status.

RESULTS

Table 1 presents demographic characteristics of Medicaid enrollees, those who are potentially Medicaid

eligible but are not enrolled and those not eligible for Medicaid (e.g., “What percent of Medicaid enrollees were female?”), whereas Table 2 (next page) presents the Medicaid enrollment and eligibility status of different demographic groups (e.g., “What percent of females were Medicaid enrollees?”) This section includes results from both tables.

Demographics

Age

Medicaid-enrolled adults were notably younger than the 2 comparison groups: those who were potentially Medicaid eligible but not enrolled, and those who were likely not Medicaid eligible (Table 1).

Sex

The higher income eligibility threshold for pregnant women as well as the likelihood of women having

lower incomes than men continued to influence the demographic makeup of the Medicaid population resulting in a higher proportion of women (Table 1). Well over half of Medicaid enrollees were female (60.0%) -- a higher percent than those who were potentially eligible, not enrolled (51.9%) or not likely eligible (47.4%; Table 1). In 2019, one in five (21.1%) Ohio adult females were enrolled in Medicaid, compared to less than one in six (14.2%) Ohio adult males (Table 2).

Race/Ethnicity

Approximately two thirds of adult Medicaid enrollees were white (67.0%) with Black or African Americans making up 22.9%, and other races/ethnicities at 10.1% (Table 1). Around half of Black or African American (51.9%) and Hispanic (47.4%) adults were Medicaid enrolled or

Table 1. Demographic Characteristics of Ohio Adults (ages 19-64) by Medicaid Enrollment and Eligibility Status, OMAS 2019

	Among Medicaid Enrolled	Among Eligible Non-Medicaid	Among Not Eligible
Age			
19-44	68.1%	59.3%	52.2%
45-64	31.9%	40.7%	47.8%
Gender			
Male	40.0%	48.1%	52.6%
Female	60.0%	51.9%	47.4%
Race/Ethnicity			
White	67.0%	70.8%	84.1%
African-American	22.9%	16.1%	8.6%
Other	10.1%	13.1%	7.3%
County Type			
Rural Appalachian	17.3%	14.9%	14.2%
Metro	60.4%	59.0%	53.5%
Rural Non-Appalachian	9.4%	12.2%	13.6%
Suburban	12.8%	13.9%	18.7%
Education Level			
≤ High school diploma	58.9%	54.0%	29.9%
At least some college	41.1%	46.0%	70.1%
Household Type			
No Children	48.3%	54.8%	60.3%
Children	51.7%	45.2%	39.7%
Employment			
Employed	45.7%	60.4%	81.0%
Not Employed	54.3%	39.6%	19.0%

potentially Medicaid eligible, whereas only about one third of white (27.6%) and Asian (29.5%) adults were enrolled or eligible (Table 2).

County Typeⁱ

The patterns of Medicaid enrollment and eligibility status varied across county type. For example, 20.6% of rural Appalachian residents and 19.2% of metropolitan county residents were enrolled in Medicaid. However, only 13.1% of rural non-Appalachian residents and 13.3% of suburban residents were enrolled (Table 2). Although the proportions of Medicaid enrollees in rural Appalachian and metropolitan counties were very similar, 60.4% of the Medicaid enrolled population resided in metropolitan counties because close to half of Ohio's adult population aged 19-64 lived in metropolitan counties (Table 1).

Education

Those with the lowest education levels were more likely to be enrolled in or potentially eligible for Medicaid. Among those with a high school diploma or less, slightly less than half were Medicaid enrolled or potentially Medicaid eligible and 27.0% were enrolled in Medicaid. However, for those with at least some college, 22.4% were potentially eligible for Medicaid and only 11.8% were enrolled (Table 2). Medicaid enrollees as a population had lower educational attainment than either of the comparison populations, with more than half (58.9%) having a high school education or less (Table 1).

Table 2. Medicaid Enrollment and Eligibility Status of Ohio Adults (ages 19-64) by Demographic Characteristics, OMAS 2019

	Percent Medicaid Enrolled	Percent Eligible Non-Medicaid	Percent Not Eligible
Age			
19-44	21.4%	15.0%	63.6%
45-64	12.8%	13.1%	74.1%
Gender			
Male	14.2%	13.7%	72.1%
Female	21.1%	14.7%	64.3%
Race/Ethnicity			
White	14.9%	12.7%	72.4%
African-American	33.2%	18.8%	48.1%
Hispanic	18.9%	28.5%	52.6%
Asian	17.5%	12.0%	70.5%
Other	27.1%	21.1%	51.8%
County Type			
Rural Appalachian	20.6%	14.2%	65.3%
Metro	19.2%	15.1%	65.7%
Rural Non-Appalachian	13.1%	13.7%	73.2%
Suburban	13.3%	11.7%	75.0%
Education Level			
≤ High school diploma	27.0%	19.9%	53.0%
At least some college	11.8%	10.6%	77.6%
Household Type			
No Children	14.8%	13.6%	71.6%
Children	21.4%	15.1%	63.6%
Employment			
Employed	11.2%	11.9%	76.9%
Not Employed	34.0%	20.0%	46.1%

Children in the Household

Over a fifth (21.4%) of Ohio adults living with a child in the household were enrolled in Medicaid, compared to 14.8% of adults without children in the household (Table 2). While pre-expansion Medicaid eligibility rules were much more restrictive for adults without children, Medicaid expansion opened up the program to many more low-income adults without children. Consequently, one in five (14.8%) of adults without children in the household were enrolled in Medicaid (Table 2). The composition of the Medicaid enrolled population has become more balanced between the household types: 48.3% of enrollees had no children in the household, while 51.7% of enrollees did have children in the household (Table 1).

Employment Status

Of Medicaid enrollees 19-64 years old, 45.7% were currently employed, while 60.4% of those potentially Medicaid eligible but not enrolled were employed (Table 1). Still, roughly one third (34.0%) of Ohio’s non-elderly non-working adult population was enrolled in Medicaid (Table 2).

Ohio’s non-elderly adult Medicaid population was at a disadvantage concerning employment: their educational attainment tended to be lower, health status tended to be worse (Figure 2), and they were more likely to have children in the household than other non-elderly adults in Ohio.

OMAS estimates of employment status and Medicaid enrollment resemble estimates derived from the

American Community Survey. Figure 1 illustrates the percent of adults in the state who are not working (either unemployed or not in the labor force) by county. These estimates are substantially higher than the federal unemployment rate since they include both the unemployed and those not looking for work [i.e., not in the labor force].

Medicaid enrollment differences were also clear within the populations of employed vs. not employed adults. Only 11.2% of employed adults were enrolled in Medicaid (Table 2). However, among those not employed, 34.0% were Medicaid enrollees. (Table 2).

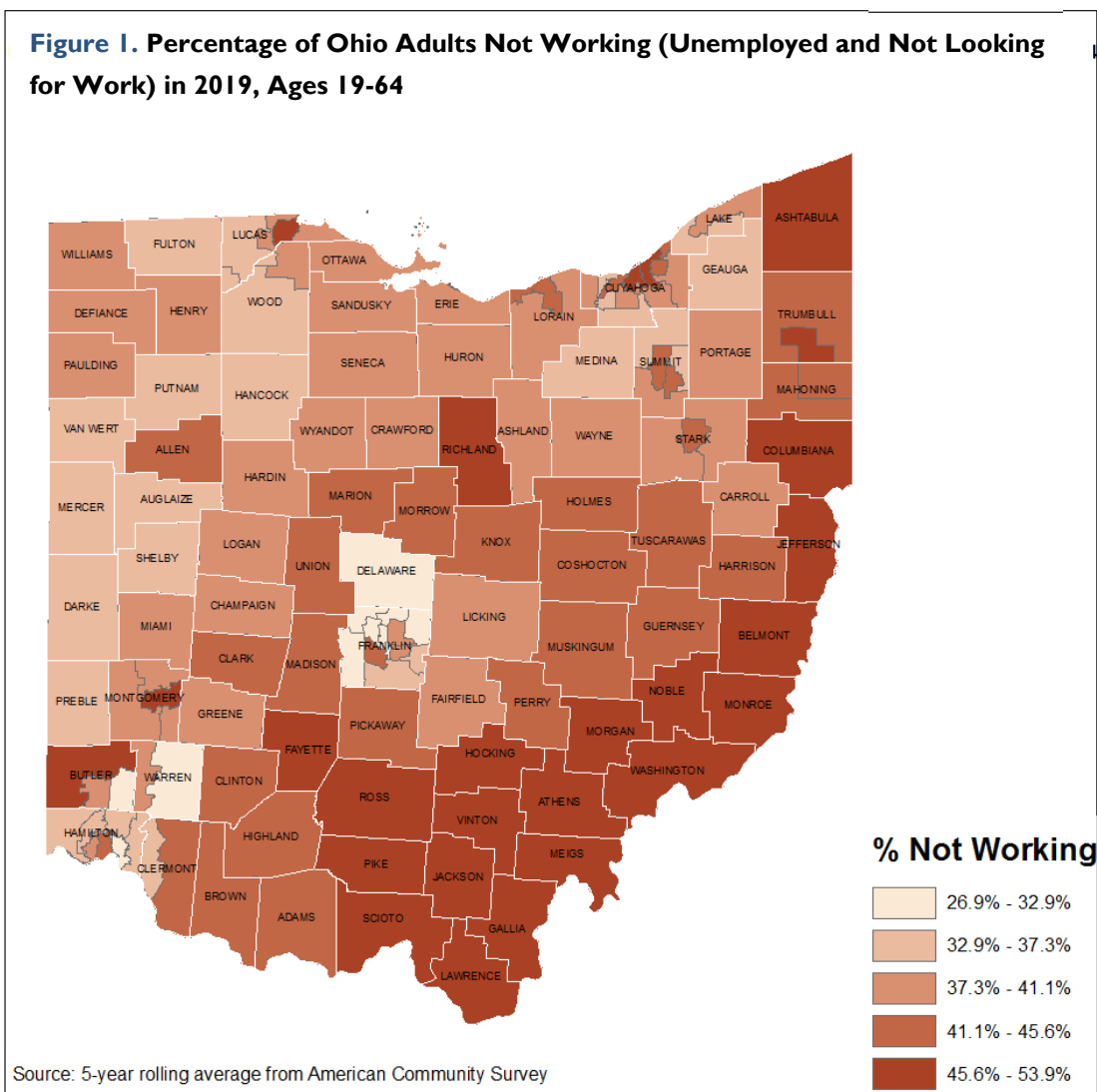
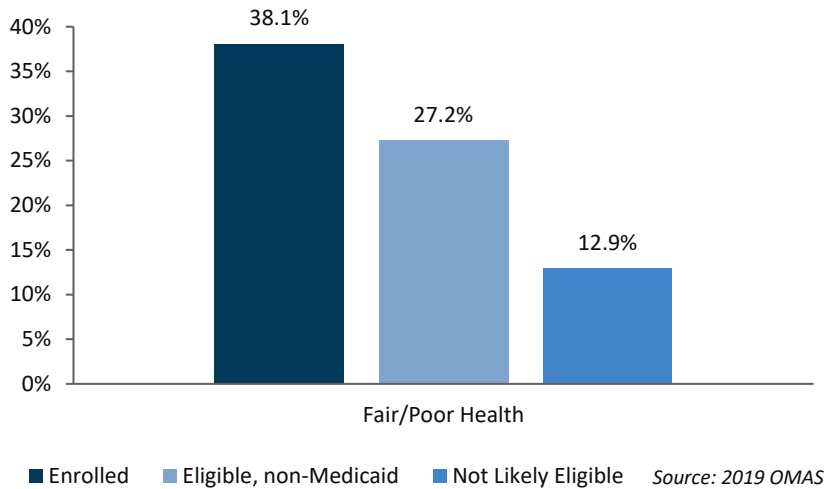


Figure 2. Percent Reporting Fair/Poor Health by Medicaid Enrollment or Eligibility, Adults 19-64, 2019 OMAS



those potentially Medicaid eligible but not enrolled and only 12.9% of the ineligible population (Figure 2).

Unmet needs

Unmet needs—having trouble getting healthcare services when needed—are important indicators of access to healthcare. Across different types of services, unmet needs were largely similar for Medicaid enrollees and those potentially Medicaid eligible but not enrolled (Figure 3). Adults likely not eligible for Medicaid reported lower levels of unmet needs, a finding consistent with other studies that found unmet needs more common

Health Outcomes

Health outcomes tended to be worse for those enrolled in Medicaid compared to those potentially Medicaid eligible but not enrolled. This is not surprising for several reasons: first, Medicaid is a public health insurance program for people with low incomes and disabilities; second, people who are actively utilizing the healthcare system are more likely to be enrolled than healthy people who never seek medical care. The not eligible group tended to have better health outcomes, likely because they tend to live in higher-income households, a powerful indicator of factors that contribute to better health status.¹

among low-income groups and the uninsured.⁸ So while Medicaid covers dental, vision, and mental health services, some enrollees were not able to obtain all of the care that they thought they needed.

Unmet dental care was the most-cited unmet need, which may be related to the shortage of dental health professionals in various areas of the state. However, there was no significant association between county type and unmet needs among the Medicaid population.

Mental health-related impairment

Mental health-related impairment (MHI) is a serious and disabling mental health condition that inhibits one’s ability to study or work. As such, it is associated with lower levels of educational attainment and higher rates of poverty and unemployment. MHI was higher among

Self-reported fair/poor health status

Of those enrolled in Medicaid, 38.1% reported their health status as “fair” or “poor,” compared to 27.2% of

Figure 3. Percent Reporting Unmet Needs Among Adults Who Needed that Type of Care Ages 19-64 by Medicaid Enrollment or Eligibility, 2019 OMAS

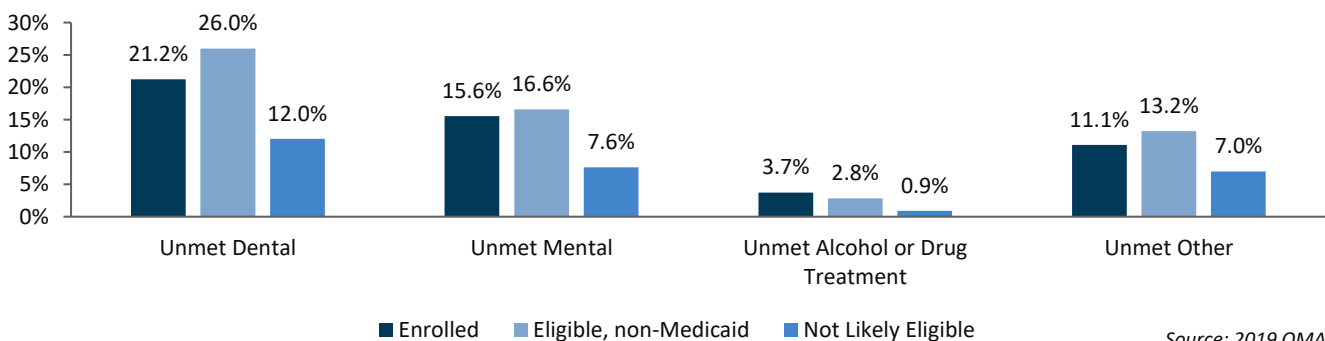
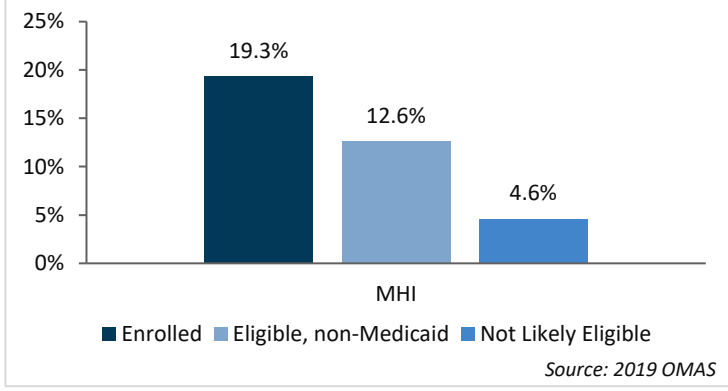


Figure 4. Percent Reporting Mental Health-Related Impairment Among Adults Ages 19-64 by Medicaid Enrollment or Eligibility, 2019 OMAS



the Medicaid enrolled than those who are Medicaid eligible but not enrolled (Figure 4). Given the composition of the Medicaid population, it is unsurprising that 19.3% of the Medicaid enrolled population experienced MHI during the previous month—notably higher than those who were potentially Medicaid eligible but not enrolled (12.6%) and those likely not eligible for Medicaid (4.6%).

Those reporting MHI had significantly lower rates of employment than those who had not experienced MHI, regardless of Medicaid enrollment or eligibility. In addition, the prevalence of MHI was significantly higher among the not employed populations of each group (Figure 5).

CONCLUSIONS

A plurality of the Medicaid population fell into the following demographic groups: 1) non-Hispanic whites; 2) females; 3) 19-44 years old; and 4) educated at the high school level or below. Additionally, over half (51.7%) lived in a household with children.

The percentage of respondents reporting fair or poor health status and mental health-related impairment (MHI) were both higher among the Medicaid enrolled population than in either of the comparison populations.

Both the Medicaid enrolled population and potentially Medicaid eligible population had higher unmet needs compared to the likely not eligible population.

The Medicaid enrolled and potentially Medicaid eligible populations had very similar demographic characteristics. However, when compared to the likely not eligible population, Medicaid enrollees were disproportionately reported to be parents, young, female, Black or African American, educated at no higher than a high school level, and not employed.

The percentage of respondents reporting fair or poor health status and/or mental health-related impairment (MHI) were higher among the Medicaid enrolled population than the comparison populations. However, unmet needs for care were similar between the Medicaid enrolled and potentially Medicaid eligible populations. Both populations had higher unmet needs compared to the population not likely eligible for Medicaid.

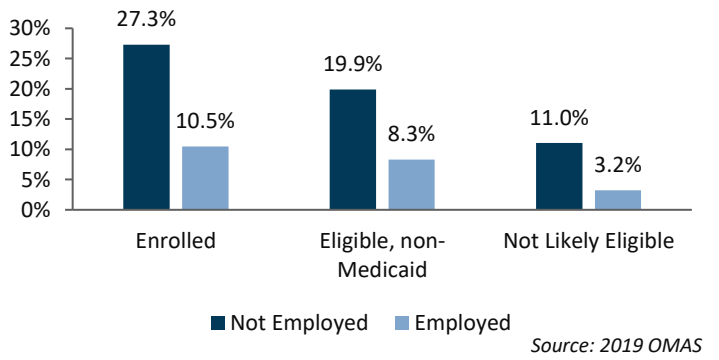
OTHER CONSIDERATIONS

The 2019 OMAS was fielded prior to the COVID-19 pandemic. Given the changes in employment and income during the pandemic along with the halting of the Medicaid renewal process, it is possible that the demographic makeup of the Medicaid population has significantly shifted.

FOR MORE INFORMATION

For more information about the methodology and findings in this brief, please visit: <https://grc.osu.edu/OMAS>.

Figure 5. Percentage of Adults 19-64 who Reported Mental Health-Related Impairment by Employment Status and Medicaid Enrollment or Eligibility, 2019 OMAS



References

1. Villarroel MA, Blackwell DL, Jen A. Tables of Summary Health Statistics for U.S. Adults: 2018 National Health Interview Survey. National Center for Health Statistics. 2019. Available from: <http://www.cdc.gov/nchs/nhis/SHS/tables.htm>.
2. Crane, D., Kim, Y., Bir Adhikari, S. (2017). Mental Health Impairment and Co-occurring Chronic Conditions among Ohioans. Columbus, OH: The Ohio Colleges of Medicine Government Resource Center and The Ohio Department of Mental Health and Addiction Services.
3. Fontenot, K., Semega, J., & Kollar, M. (2018). Income and Poverty in the United States: 2017 (U.S. Census Bureau, Current Population Reports). Washington, DC: U.S. Government Printing Office. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-263.pdf>
4. Holzer, Harry J.; Dunlop, Erin (2013) : Just the facts, ma'am: Postsecondary education and labor market outcomes in the US, IZA Discussion Papers, No. 7319, Institute for the Study of Labor (IZA), Bonn
5. Health Policy Institute of Ohio. (2011, May 1). Ohio Medicaid Basics 2011. Retrieved from <https://www.healthpolicyohio.org/wp-content/uploads/2014/02/MedicaidBasics2011.pdf>
6. Idler, E. L., & Angel, R. J. (1990). Self-rated health and mortality in the NHANES-I Epidemiologic Follow-up Study. American Journal of Public Health, 80(4), 446-452. Retrieved from <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.80.4.446>
7. Idler, E., & Benyamini, Y. (1997). Self-Rated Health and Mortality: A Review of Twenty-Seven Community Studies. Journal of Health and Social Behavior, 38(1), 21-37. Retrieved from <http://www.jstor.org/stable/2955359>
8. Lucas JW, Benson V. Tables of Summary Health Statistics for U.S. Adults: 2016 National Health Interview Survey. National Center for Health Statistics. 2018. Available from: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2016_SHS_Table_P-9.pdf
9. Ohio Department of Medicaid. (2018, August). 2018 Ohio Medicaid Group VIII Assessment: A Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment. Retrieved from <https://www.medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>
10. Sommers, B. D. (2016, October 01). Changes in Access to Care in Low-Income Adults After Medicaid Expansion. Retrieved from <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2542420>
11. United States, U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2018, June 20). History - Centers for Medicare & Medicaid Services. Retrieved from <https://www.cms.gov/About-CMS/Agency-information/History/>

ⁱ The OMAS separates the 88 Ohio counties into 4 types: Rural Appalachian, Metropolitan, Rural Non-Appalachian, and Suburban. Appalachian counties are defined by the Appalachian Regional Commission, with the exception of Mahoning County, which is defined as a Metropolitan County in OMAS. This county type

disparity is due to a change in Mahoning County's status from Metropolitan to Appalachian after the OMAS series had started. In order to trend data across years accurately, Mahoning continues to be classified as Metropolitan within the OMAS.