

Community Services and Supports

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Executive Summary

Community services and supports (CSS) are resources that strengthen the environments and conditions in which people live and work, fostering healthier lives. While these resources generally impact specific domains, such as economic stability, access to quality education, access to quality health care, neighborhood safety, and social and community context, we focus on the domains captured by the 2023 and earlier Ohio Medicaid Assessment Surveys (OMAS).

Key Findings*:

1. In comparison to non-Medicaid-enrolled adults, Medicaid-enrolled adults increasingly have a lower prevalence of having earned at least a 4-year college degree.
2. Adults with Medicaid have a higher prevalence of concerns about being unable to or experiencing difficulty with paying for rent/mortgage and food.
3. Adults with Medicaid have a high prevalence of living in communities where they feel crime and/or drug addiction is a very big or moderately big problem.
4. Medicaid enrollees have a higher prevalence of having difficulty accessing reliable transportation.

**Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 9 for more guidance.*

Visit grc.osu.edu/OMAS for additional information about OMAS, including public use files, codebooks, and methods

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Background

Community services and supports (CSS) are resources that strengthen the environments and conditions in which people live and work, fostering healthier lives. These resources affect conditions which are complex and often cluster together. For example, a lack of education may influence employment opportunities resulting in financial hardship. Financial hardship then may make it difficult to purchase nutritious food, to obtain healthcare, live in a safe neighborhood, and may even increase feelings of stress or isolation—all factors associated with poor health and unhealthy behaviors.

While Medicaid coverage provides critical access to health care for some of the most vulnerable members of society, community services and supports (CSS) are known to account for some 50% of the variation in health outcomes (Krause et al. 2021).

Overall, education level is a difficult policy lever, but education influences all other CSS. Studies have shown that there are also educational differences in health behaviors such that unhealthy behaviors such as smoking (Ferketich, 2019) and poor diets (Cutler, 2010) are concentrated among those with lower levels of education. Binet (2022) reported mental and physical health were negatively affected by perceived financial insecurity.

Background, continued

Ohio has nearly 500,000 households living at or below 30% of their median area income (Aurand et al, 2023). Nearly 70% of this group is paying 50% or more of their income on rent. Low income, minority status, and living alone are associated with housing insecurity (Martin et al. 2019). Housing insecurity is linked to poor health outcomes such as high blood pressure, chronic conditions, and not utilizing preventative care or having a usual care visit (Martin et al. 2019).

As Booyesen et al. (2021) highlights, family structure has long been recognized as an important correlate of a child's social, educational, and health outcomes.

Transportation issues are associated with worse health and healthcare outcomes. According to RWJ, 5 percent of all Americans skipped care due to transportation issues (Smith, et al., 2023).

Objectives

In this chartbook we report on the distribution of 2023 Community Services and Supports (CSS) in Ohio to provide an overview of the post-pandemic state of CSS and to examine the more vulnerable subpopulations. Additionally, we examine changes in CSS over the 2010-2023 period. Our analytic focus is on the following areas of CSS for adults (19-64 years-old) and children (0-18 years-old):

1. Educational Attainment
2. Financial security
3. Housing
4. Food insecurity
5. Family structure
6. Transportation
7. Major problems in communities

Note: The layout of this chartbook is segmented by independent topics which are not generalized between topics for a unified theme.

Methods

Data Sources: This chartbook uses data from the 2023 Ohio Medicaid Assessment Survey (OMAS), as well as earlier OMAS surveys from 2012 through 2021.

The 2023 OMAS: The OMAS is a repeated cross-sectional random probability survey of non-institutionalized Ohio adults 19 years of age and older and proxy interviews of children 18 years of age and younger. It 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. The 2023 OMAS used a combination of an address-based sampling (ABS) frame and a list frame of Medicaid enrollees and collected surveys by phone, web, and paper. The most recent iteration, the 2023 OMAS, was fielded from September 2023 – January 2024. The survey had an overall sample size of 39,626 and an eligibility-adjusted response rate of 24.0%.

Represented Population: The target population for the 2023 OMAS was all residents of Ohio. To ensure estimates are representative of this population, the 2023 OMAS survey weights were adjusted to account for any potential non-response bias. Additionally, poststratification adjustments were made to ensure that the final weights align with population totals from the 2020 5-year American Communities Survey and 2023 Ohio Medicaid enrollment data. See the 2023 methodology report for full details.

Methods, continued

Demographic Information: To see additional demographic information and estimates for the Ohio population represented by the 2023 OMAS, please see the OMAS Series Dashboard at <https://grcapps.osu.edu/app/omas>. This interactive tool provides fast, real-time result for a data-driven view of Ohio's health and healthcare landscape.

Analysis: Descriptive statistics are reported in the figures and tables in the chartbook. No statistical testing was conducted. Estimates from OMAS are reported in this chartbook only when the data are sufficient for calculating and presenting reliable estimates. We define a reliable estimate as one where the size of the unweighted subpopulation of interest is greater than 30 individuals and the coefficient of variation for the estimate is less than 0.3. Estimates with low precision are either hidden from view or are replaced with N/A.

Interpretation: This chartbook is descriptive in nature, and any differences observed between groups should not be used to draw conclusions about underlying causes. The findings presented do not account for important factors that might influence any observed differences (e.g., income, education level, general health status etc.). Therefore, the findings in this chartbook cannot be used to conclude that group differences are due to group membership as there are many factors that may be driving these findings, and this analysis was not designed to be able to control for them.

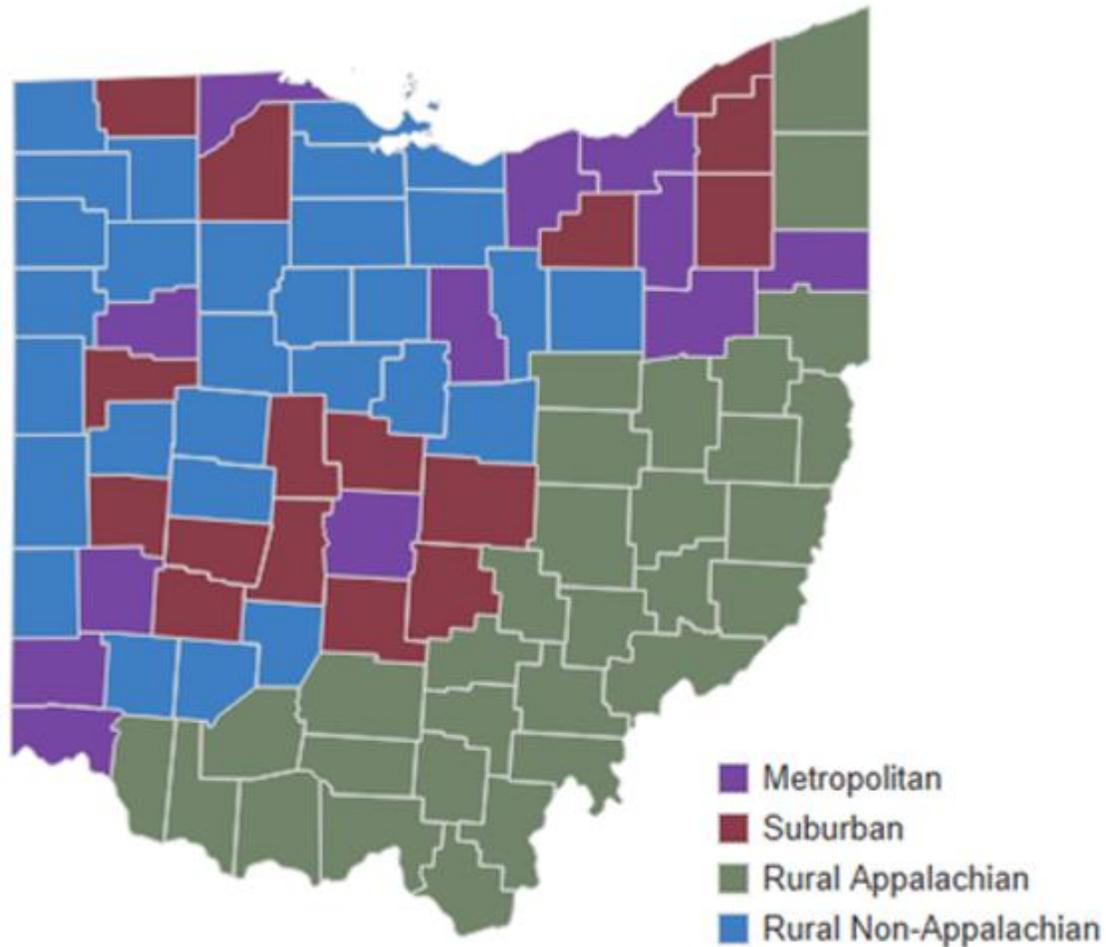
For further details about the 2023 OMAS methodology, questionnaire, and access to the dashboard, please visit: grc.osu.edu/OMAS/2023Survey.

Methods, continued

Variable Definitions

- *Adults*: 19 years old or older as identified in OMAS
- *Children*: 18 years old or younger as identified in OMAS
- *Medicaid subpopulation*: Adults/children with Medicaid health insurance coverage
- *Potentially Medicaid-eligible subpopulation*: Adults who are not currently enrolled in Medicaid, but who have incomes that meet the Federal Poverty Level (FPL) requirements for enrollment (138% FPL, or 206% FPL for individuals who are pregnant)
- *Not potentially Medicaid-eligible subpopulation*: Adults who are not currently enrolled in Medicaid, and who have incomes that do not meet the Federal Poverty Level (FPL) requirements for enrollment (greater than 138% FPL, or 206% FPL for individuals who are pregnant)
- *Housing Insecurity*: Having difficulty paying rent or mortgage over the last 12 months
- *Food insecurity*: Having difficulty paying for food over the last 12 months
- *Usual household expenses*: Expenses such as food, rent or mortgage, medical expenses, etc.

OMAS County Types



OMAS assigns counties to one of four mutually exclusive county types – **rural Appalachian, rural non-Appalachian, metropolitan, and suburban**. OMAS defines these county types in accordance with federal definitions, as follows: (1) rural Appalachian is defined using the Appalachian Regional Commission (ARC) standard; (2) metropolitan is defined using US Census Bureau definitions incorporating urban areas and urban cluster parameters; (3) rural non-Appalachian is defined by the Federal Office of Rural Health Policy at the Health Resources and Services Administration (HRSA), excluding Appalachian counties; (4) suburban is defined by the US Census Bureau and is characterized as a mixed-use or predominantly residential area within commuting distance of a city or metropolitan area.

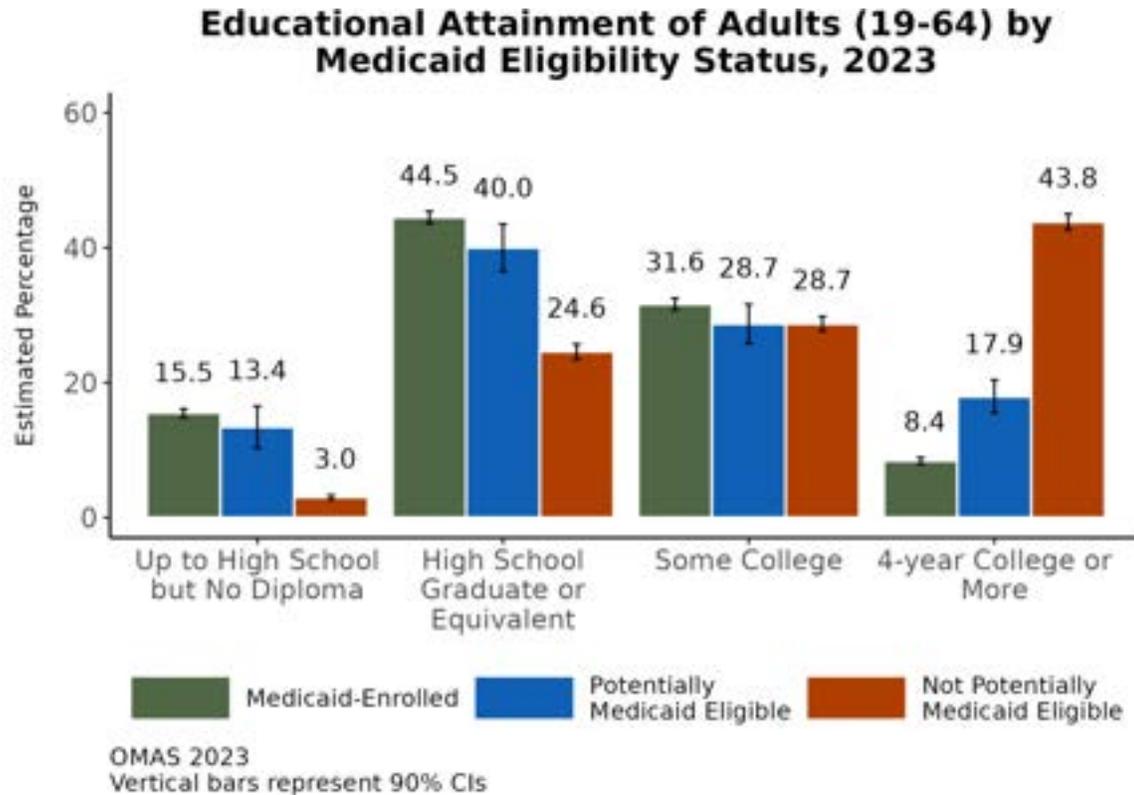
For further details about the OMAS county types, please visit: grc.osu.edu/OMAS/2023Survey.

RESULTS: Educational Attainment

Prevalence of adults with (i) a 4-year college degree or more, (ii) some college, (iii) high school diploma or equivalent, and (iv) up to high school but no diploma



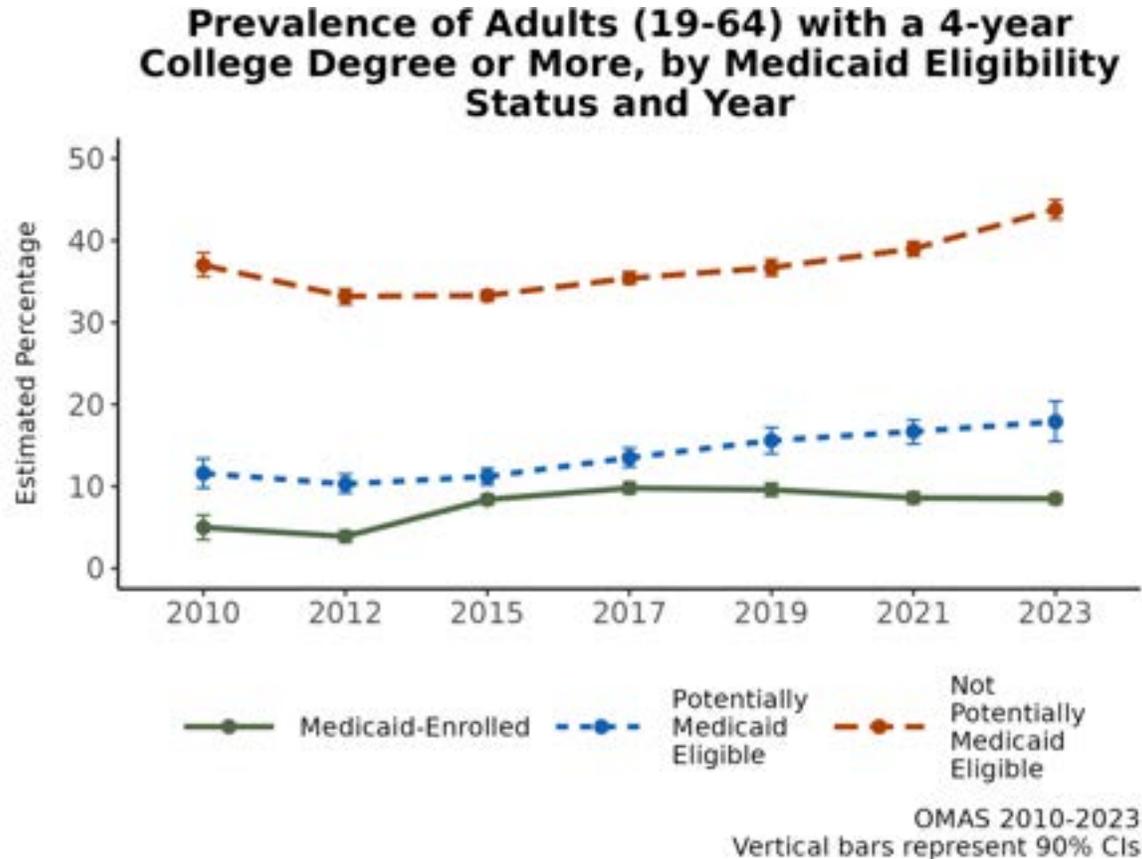
In 2023, most adults (19-64) with Medicaid were a high school graduate or equivalent



- In 2023, more than one in two Medicaid-enrolled adults aged 19-64 either had a high school diploma or equivalent (44.5%) or had studied up to high school but earned no diploma (15.5%).
- Medicaid-enrolled adults aged 19-64 had the lowest prevalence of having earned a 4-year college degree or more (8.4%). This contrasts with adults aged 19-64 who were not potentially Medicaid-eligible; 43.8% of these adults had a 4-year college degree or more.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 9 for more guidance.

Fewer Medicaid-enrolled adults (19-64) held a 4-year college degree or more in 2023 than in recent years



- Over the 2010-2023 period, the percent of Medicaid enrolled adults with a 4-year college degree or more fell from 9.8% in 2017 to 8.5% in 2023.
- In contrast to the Medicaid-enrolled, both the potentially Medicaid eligible and the not potentially Medicaid eligible subpopulations saw increases. Specifically, potentially Medicaid eligible adults saw an increase from 13.5 % in 2017 to 17.9% in 2023, and not potentially Medicaid eligible adults from 35.4% in 2017 to 43.8% in 2023.

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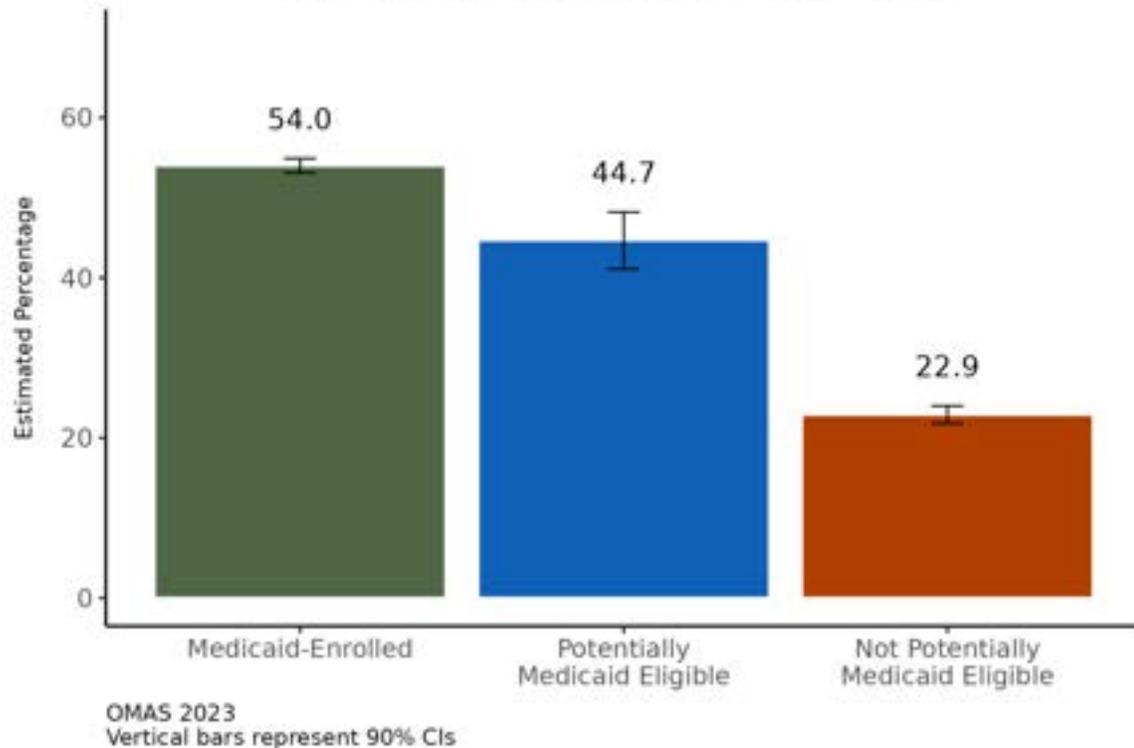
RESULTS: Financial Security

Difficulty paying for usual expenses, paying medical bills, & paying debt



Most Medicaid-enrolled adults (19-64) found it somewhat or very difficult to pay for usual household expenses in 2023

Prevalence of Difficulty Paying for Usual Household Expenses (Past 12 Months) Among Adults (19-64) by Medicaid Eligibility Status



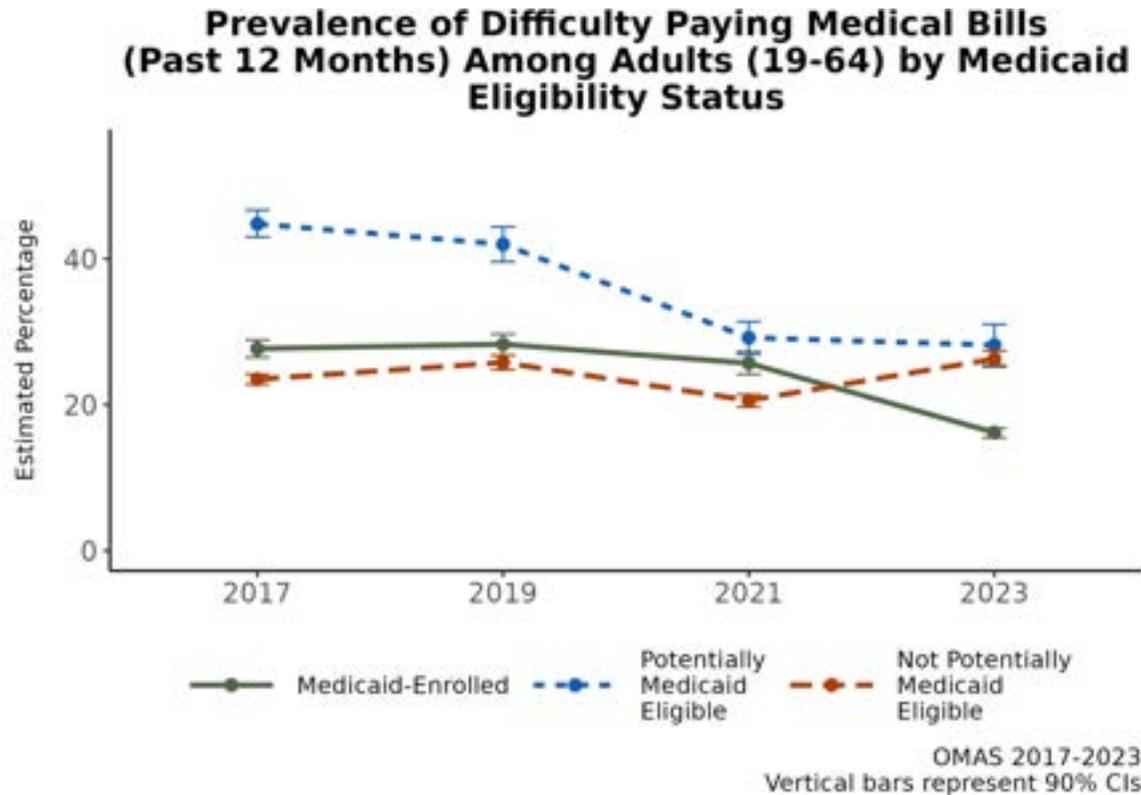
- More than half of Medicaid-enrolled adults aged 19-64 found it somewhat or very difficult to pay for usual household expenses in the past 12 months. This is more than twice the prevalence among adults aged 19-64 who were not potentially Medicaid eligible (22.9%), and 9.3 percentage points higher than the prevalence among potentially Medicaid eligible adults (44.7%).

Additional Insights (Results Not Shown)

- Within each of the Medicaid eligibility status subpopulations, female adults aged 19-64 had a higher prevalence of difficulty (somewhat or very) paying for usual household expenses – 55.6% (90% CI: 54.4 - 56.7) of Medicaid-enrolled females versus 51.6% (90% CI: 50.1 - 53.2) of males; 44.8% (90% CI: 40.9 - 48.6) of potentially Medicaid eligible females versus 43.8% (90% CI: 37.7 - 49.9) of males, and; 25.2% (90% CI: 23.8 - 26.6) of not potentially Medicaid eligible females versus 20.8% (90% CI: 19.1 - 22.5) of males.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 9 for more guidance.

Difficulty paying medical bills continues to decrease for adults with Medicaid and for potentially Medicaid-eligible adults



- Since 2017, while the prevalence of difficulty paying medical bills has decreased among Medicaid-enrolled adults and potentially Medicaid eligible adults aged 19-64, the not potentially Medicaid eligible subpopulation has seen an increase.
- In 2017, 27.7% of Medicaid-enrolled adults aged 19-64 had difficulty paying medical bills compared to 16.2% in 2023. Potentially Medicaid eligible adults aged 19-64 saw a decrease from 44.8% in 2017 to 28.2% in 2023. Not potentially Medicaid eligible adults aged 19-64 saw an increase from 23.5% in 2017 to 26.3% in 2023.

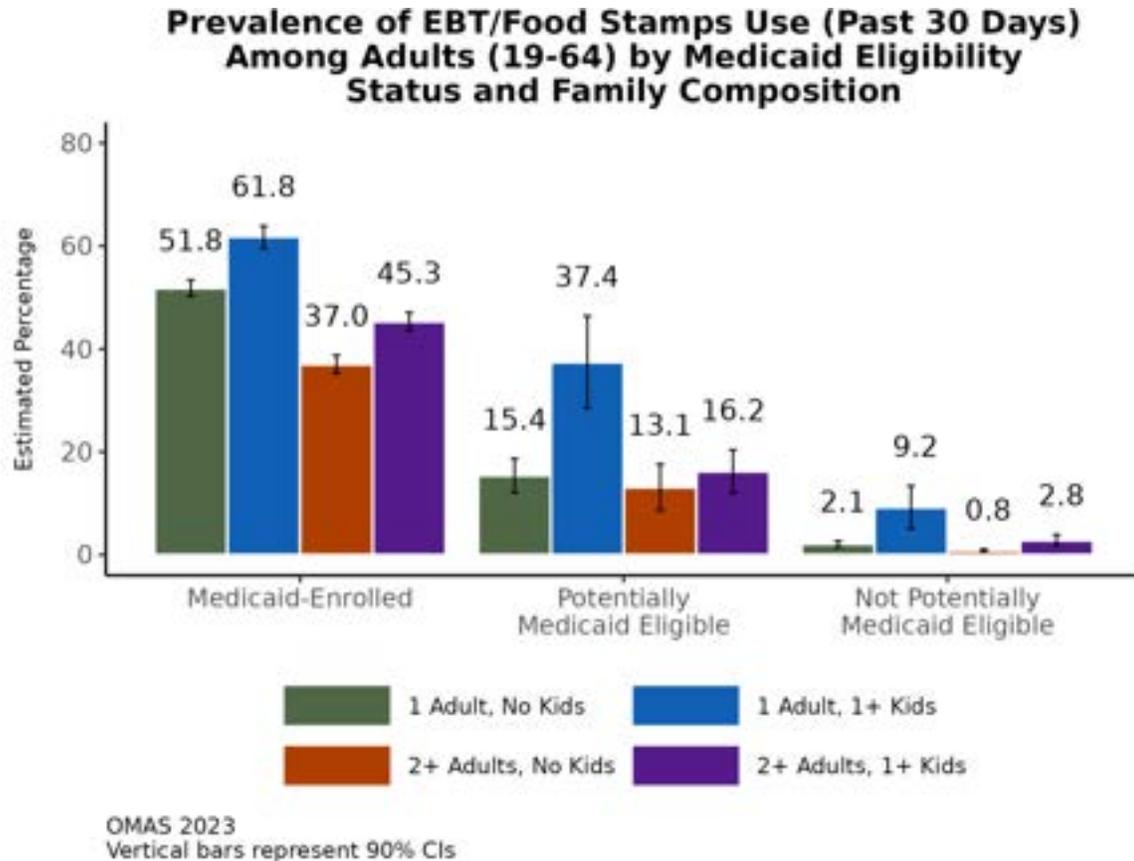
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 9 for more guidance.

RESULTS: Food insecurity

Difficulty paying for food, used EBT stamps, & worried about running out of food



Single adult households with one or more children had the highest prevalence of using EBT/food stamps in 2023



- Regardless of Medicaid eligibility status, the prevalence of EBT/Food Stamp use in the past 30 days was highest among adults aged 19-64 in single adult households with one or more children, ranging from 61.8% for the Medicaid-enrolled to 37.4% for the potentially Medicaid eligible, and 9.2% for the not potentially Medicaid eligible.
- Regardless of family composition, EBT/Food Stamp use highest among Medicaid-enrolled adults aged 19-64.

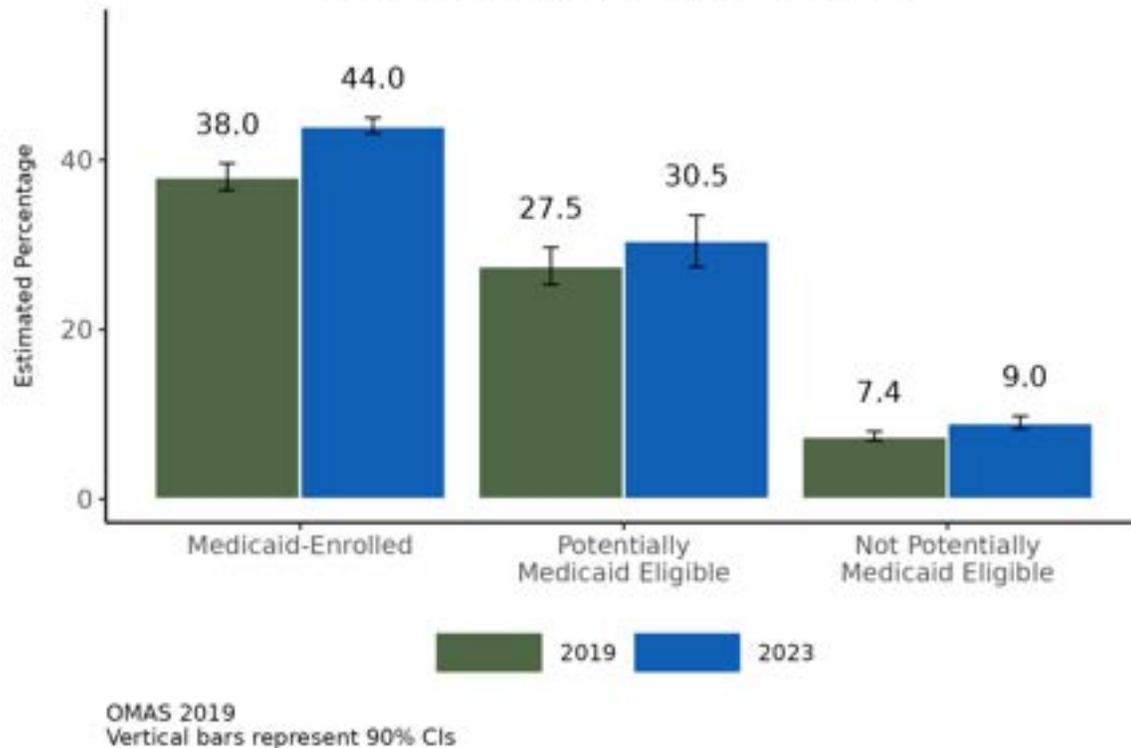
Additional Insights (Results Not Shown)

- Prevalence of reported EBT/Food Stamp use in the past 30 days was considerably higher for Medicaid-enrolled adults aged 19-64 (47.8%; 90% CI: 46.9 - 48.7) than it was for those potentially Medicaid eligible (16.0%; 90% CI: 13.5 - 18.4) and compared to the not potentially Medicaid eligible adults aged 19-64 (1.9%; 90% CI: 1.5 - 2.4).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 9 for more guidance.

Within each Medicaid eligibility subpopulation, the prevalence of adults who ran out of food grew between 2019 and 2023

Prevalence of Running Out of Food (Past 12 Months) Among Adults (19-64) by Medicaid Eligibility Status, 2019 and 2023



- In 2023, regardless of Medicaid-eligibility status, more adults aged 19-64 ran out of food in the past 12 months, compared to 2019.

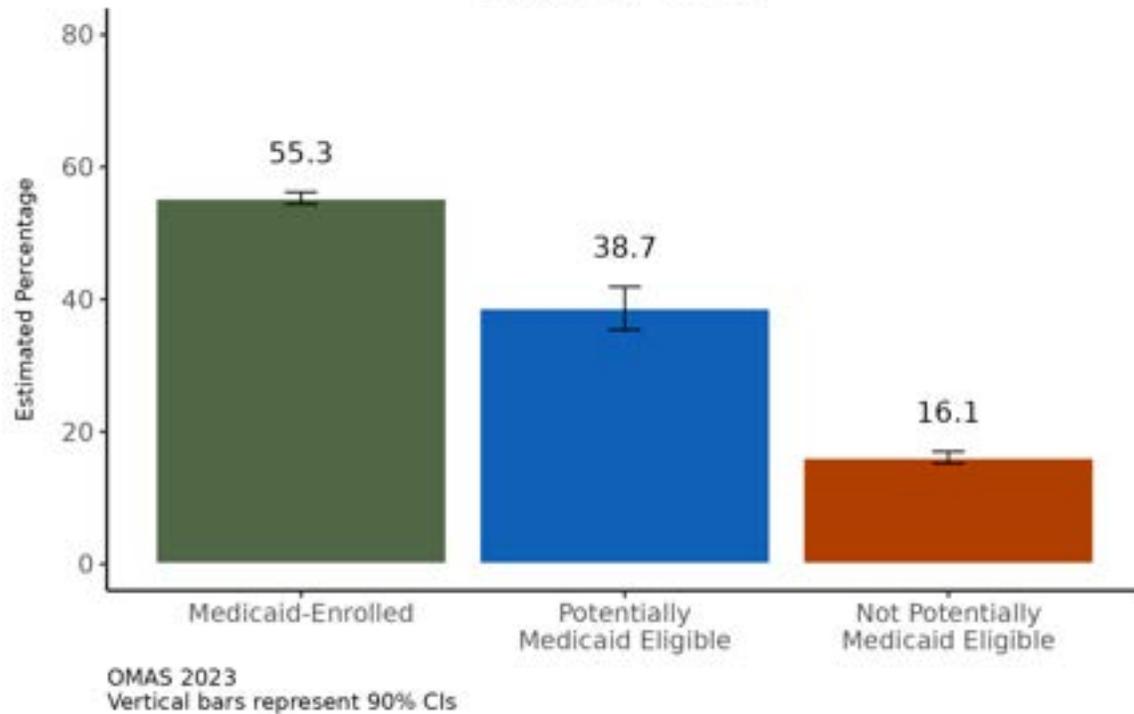
Additional Insights (Results Not Shown)

- In 2023, in each county-type, adults aged 19-64 with Medicaid had the highest prevalence of having run out of food in the past 12 months – 45.4% (90% CI: 44.1 - 46.7) in metropolitan, 43.6% (90% CI: 42 - 45.3) in rural Appalachian, 41.4% (90% CI: 38.6 - 44.1) in suburban, and 39.9% (90% CI: 37.5 - 42.3) in rural non-Appalachian.
- In comparison, the prevalence of adults aged 19-64 who ran out of food in the past 12 months was smaller among those not potentially Medicaid eligible in each county type – 10.2% (90% CI: 8.4 - 12.1) in rural Appalachian, 9.9% (90% CI: 8.6 - 11.1) in metropolitan, 7.8% (90% CI: 6.3 - 9.4) in rural non-Appalachian, and 6.9% (90% CI: 5.4 - 8.4) in suburban.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 9 for more guidance.

Adults with Medicaid had the highest prevalence of worrying about running out of food in 2023

Prevalence of Adults (19-64) Who Worried About Running Out of Food Before Getting Money to Buy More (Past 12 Months) in 2023, by Medicaid Eligibility Status



- More than half of adults aged 19-64 with Medicaid (55.3%) worried about running out of food in 2023, which was about three times the prevalence among those not potentially Medicaid eligible (16.1%).

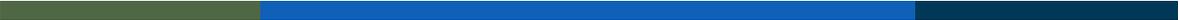
Additional Insights (Results Not Shown)

- The prevalence of adults aged 19-64 worrying about running out of food was considerably higher in 2023 than in 2019, regardless of Medicaid-eligibility status. For example, in 2019, 46.8% (90% CI: 45.0 - 48.5) of Medicaid-enrolled adults worried about running out of food versus 55.3% (90% CI: 54.4 - 56.2) in 2023.
- Among potentially Medicaid eligible adults aged 19-64 the prevalence was 33.9% (90% CI: 31.6 - 36.2) in 2019 versus 38.7% (90% CI: 35.4 - 41.9) in 2023, and among the not potentially Medicaid eligible the prevalence was 11.3% (90% CI: 10.7 - 12.0) in 2019 and 16.1% (90% CI: 15.2 - 17.0) in 2023.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 9 for more guidance.

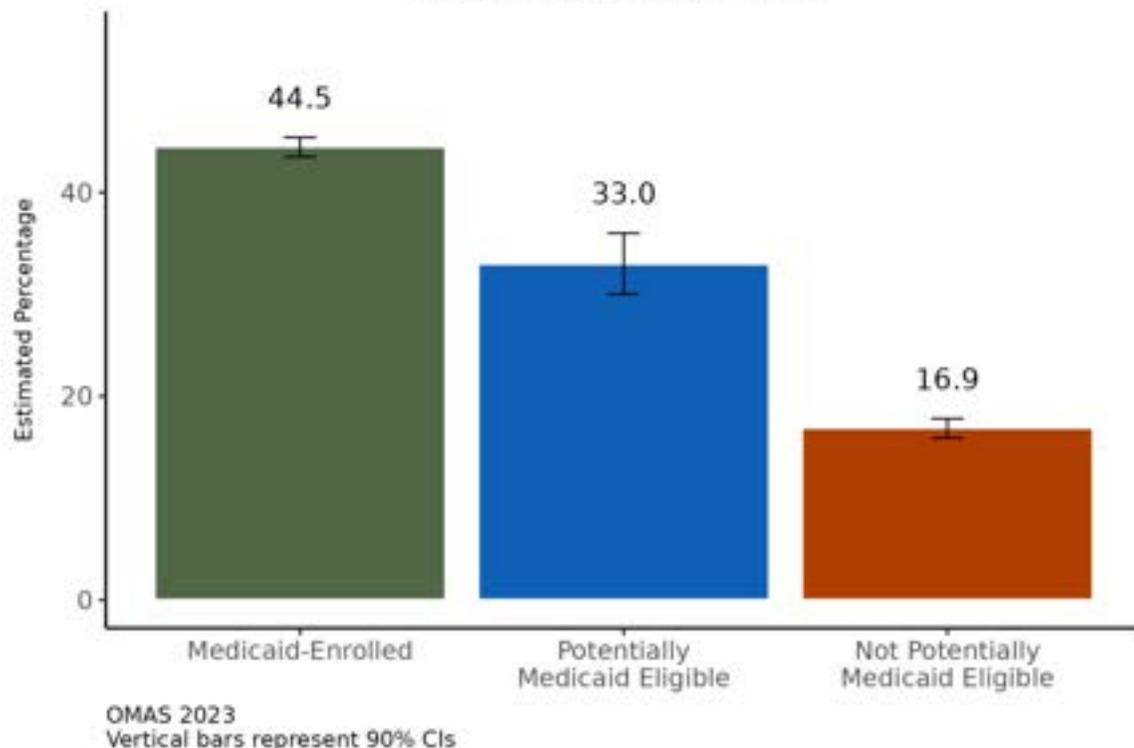
RESULTS: Housing Insecurity, Access to Reliable Transportation

Difficulty paying rent or mortgage or rent in the last 12 months



Almost half of adults (19-64) with Medicaid had difficulty paying rent or mortgage in 2023

Prevalence of Difficulty Paying Rent or Mortgage (Past 12 Months) Among Adults (19-64) by Medicaid Eligibility Status, 2023



- In 2023, 44.5% of Medicaid-enrolled adults aged 19-64 had difficulty paying rent/mortgage in the past 12 months, a considerably higher prevalence than that among both those potentially Medicaid eligible (33%) and not potentially Medicaid eligible (16.9%).

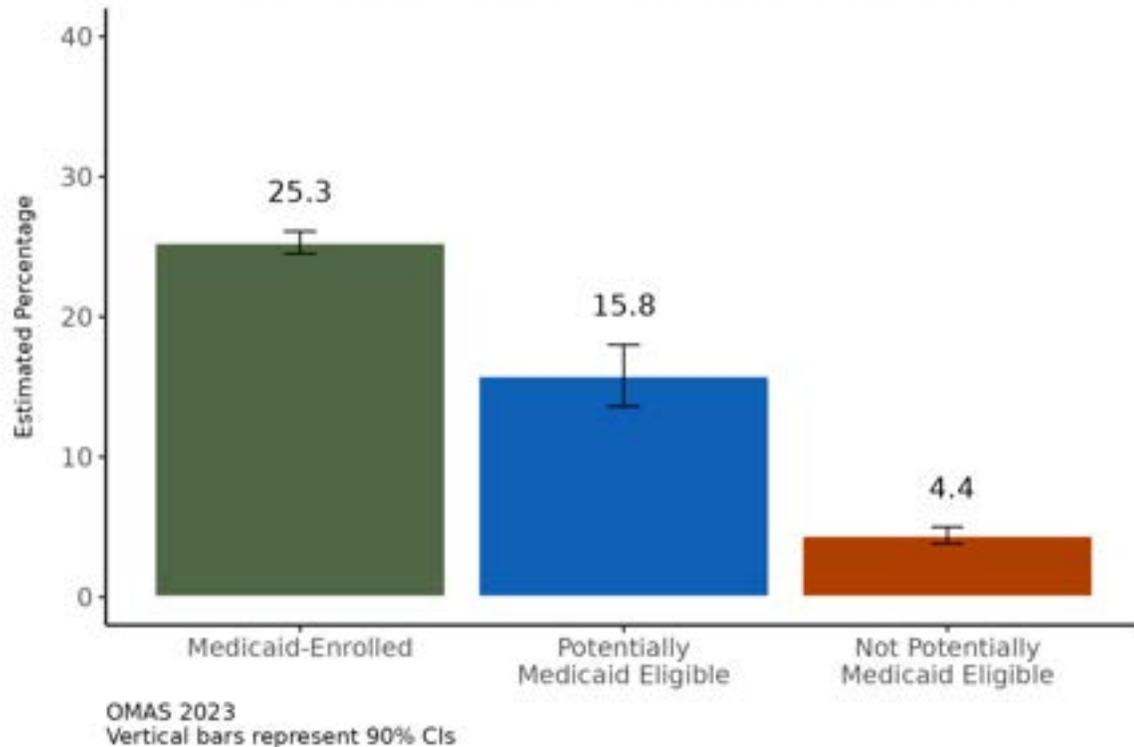
Additional Insights (Results Not Shown)

- Among Medicaid-enrolled adults aged 19-64, the prevalence of difficulty paying rent/mortgage in the past 12 months was the lowest among rural Appalachian adults (40%; 90% CI: 38.4 - 41.7), followed by rural non-Appalachian adults (42.1%; 90% CI: 39.7 - 44.5), suburban adults (44.7%; 90% CI: 42.0 - 47.5), and by metropolitan adults (46.1%; 90% CI: 44.8 - 47.4).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 9 for more guidance.

A quarter of adults (19-64) with Medicaid had difficulty accessing reliable transportation in 2023

Prevalence of Difficulty Accessing Reliable Transportation (Past 12 Months) Among Adults (19-64) by Medicaid Eligibility Status, 2023



- In 2023, Medicaid-enrolled adults aged 19-64 were more likely to have difficulty accessing reliable transportation in the past 12 months (25.3%) than both those potentially Medicaid eligible (15.8%) and not potentially Medicaid-eligible (4.4%).

Additional Insights (Results Not Shown)

- Family composition also plays a role in who has difficulty accessing reliable transportation, as adults aged 19-64 in single-adult families with one or more children (20.8%; 90% CI: 19.0 - 22.6) had more than twice the prevalence of having difficulty accessing transportation as those in two-adult families with one or more children (8%; 90% CI: 7.2 - 8.7).

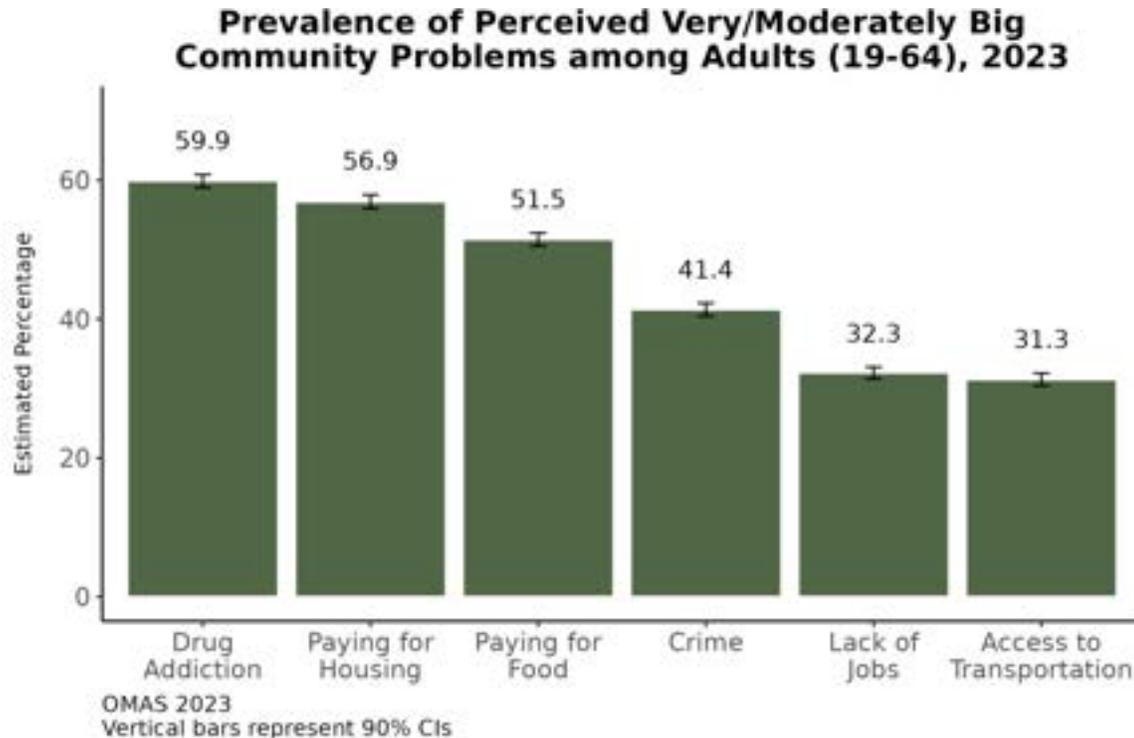
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 9 for more guidance.

RESULTS: Community Risk



In 2023, more than 50% of adults (19-64) lived in communities with problems related to paying for housing and food

- In 2023, more than half of adult (19-64) Ohioans lived in communities where they perceived drug addiction (59.9%) and paying for housing (56.9%) as moderately big or very big problems. The prevalence of paying for food being a very/moderately big problem was slightly lower (51.5%).



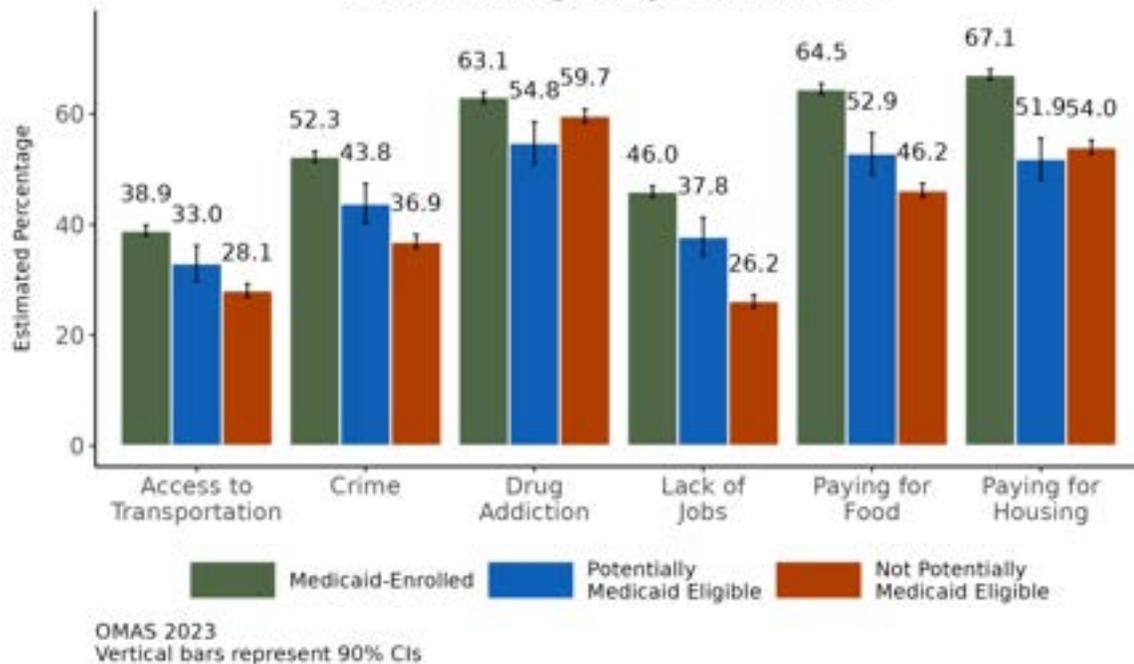
Additional Insights (Results Not Shown)

- Adults aged 19-64 in rural Appalachian counties had the highest prevalence of perceiving very/moderately big problems of drug addiction (69%; 90% CI: 66.8 - 71.1), paying for housing (60.1%; 90% CI: 57.8 - 62.5), paying for food (57.1%; 90% CI: 54.8 - 59.4), lack of jobs (40.1%; 90% CI: 38.1 - 42.1), and transportation (36.4%; 90% CI: 34.3 - 38.6).
- Adults aged 19-64 living in single adult household with one or more children had a high prevalence of perceiving problems of paying for housing (67.4%; 90% CI: 65.3 - 69.5), paying for food (65.2%; 90% CI: 63.0 - 67.3), crime (51.9%; 90% CI: 49.6 - 54.2), lack of jobs (43.2%; 90% CI: 40.9 - 45.5), and transportation (38.1%; 90% CI: 35.8 - 40.3).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 9 for more guidance.

In 2023, more than half of adults with Medicaid lived in communities with housing, food, and drug addiction problems

Prevalence of Perceived Very/Moderately Big Community Problems among Adults (19-64) by Medicaid Eligibility Status, 2023



- In 2023, Medicaid-enrolled adults aged 19-64 had the highest prevalence of living in communities with perceived very big or moderately big problems of paying for housing (67.1%), paying for food (64.5%), and drug addiction (63.1%).
- Of the community problems, Medicaid-enrolled adults aged 19-64 had the lowest prevalence of perceiving crime (52.3%), lack of jobs (46%), and access to reliable transportation (38.9%) as very big or moderately big problems.

Additional Insights (Results Not Shown)

- Among rural Appalachian Medicaid-enrolled adults aged 19-64, 71.5% (90% CI: 69.9 - 73.0) perceived drug addiction, 69.8% (90% CI: 68.2 - 71.4) perceived paying for food, and 68.8% (90% CI: 67.2 - 70.4) perceived paying for housing to be very/moderately big problems in their communities in 2023.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 9 for more guidance.

Summary of Results

Ohioans, especially those enrolled in or eligible for Medicaid, continue to struggle with getting needed CSS. While Medicaid enrollees have a lower prevalence of difficulty paying for medical bills, they have a higher prevalence of all other CSS-related difficulties captured by the 2023 OMAS. Female enrollees and those who are heads of households often have still higher prevalences of those difficulties.

Adults with Medicaid had the lowest prevalence of having a 4-year college degree or more (8.4%). This is in stark contrast to adults who are not potentially Medicaid-eligible; 43.8% of these adults have a 4-year college degree or more.

More than one in two adults with Medicaid (54%) find it somewhat or very difficult to pay the usual expenses. This is more than twice the prevalence of adults who are not potentially Medicaid-eligible but also find it somewhat or very difficult to pay for usual expenses (22.9%). Almost half of adults with Medicaid used EBT/food stamps in 2023 (47.8%), in contrast to 16% of adults potentially Medicaid-eligible and 1.9% of adults not potentially Medicaid-eligible. Ohioans with Medicaid had a higher prevalence of worrying about and then actually running out of food as well as difficulty paying for housing.

Adults with Medicaid had the highest prevalence of living in communities where crime and/or drug addiction are very big or moderately big problems. Medicaid enrollees had the highest prevalence of having difficulty accessing reliable transportation.

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Acknowledgments



Commission on
Minority Health



Department of
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Mental Health &
Addiction Services

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Disabilities

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