Rural and Appalachian Health

November 2025

OMAS
Ohio Medicaid Assessment Survey

Ohio Department of Medicaid

medtapp
Medicaid Technical Assistance & Policy Program

OHIO COLLEGES OF MEDICINE
GOVERNMENT RESOURCE CENTER

Authors

Amy Ferketich, PhD[1], Graciela Muniz-Terrera, PhD[2], Ani Ruhil, PhD[3]

[1] Ohio State University College of Public Health
[2] Ohio University Heritage College of Osteopathic Medicine
[3] Ohio University Voinovich School of Leadership and Public Service

Executive Summary

Where one lives is a well-established determinant of health outcomes and health care experiences. In this chartbook, we document similarities and differences in select health care access, utilization, and unmet needs by county type of residence and by Medicaid status (enrolled, potentially eligible but not enrolled, not potentially eligible).

Key Findings*:

1. Access to care:

(a) Access to a usual source of care was most similar for adults aged 19-64 with Medicaid (a low of 83.1% in metropolitan counties to a high of 84.4% in suburban counties) and adults (19-64) not potentially Medicaid-eligible (a low of 84.6% in rural non-Appalachia to a high of 86.5% in suburban county-type), regardless of where they lived in Ohio. Potentially Medicaid-eligible adults (19-64) had considerably lower prevalence of access to a usual source of care (a low of 59.2% in rural non-Appalachia to a high of 76.3% in suburban county-type).

(b) Medicaid-enrolled and not potentially Medicaid-eligible children had higher and very similar prevalence of access to a usual source of care in each county-type. Prevalence of access ranged from a low of 93.3% (metropolitan) to a high of 97.5% (suburban) of Medicaid-enrolled children. Potentially Medicaid-eligible children had lower prevalence of access to a usual source or care, ranging from a low of 83.2% in rural Appalachia to a high of 88.9% in rural non-Appalachia.

**Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.*

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

Executive Summary

(c) Prevalence of a doctor's office or health center serving as the usual source of care for Medicaid-enrolled adults aged 19-64 tended to be lower than that of not potentially Medicaid-eligible adults (19-64) but higher than that of potentially Medicaid-eligible adults (19-64), across all county-types. This pattern also held true for children, but the Medicaid-enrolled versus not potentially Medicaid-eligible gap was considerably smaller.

2. Telehealth visits:

Rural non-Appalachian (16%) and rural Appalachian (19.1%) adults (19-64) had a lower prevalence of one or more telehealth visits compared to metropolitan (25%) and suburban (25.1%) adults.

3. Unmet health care needs:

The prevalence of unmet dental, vision, and mental health care needs was highest among Medicaid-enrolled adults in all county-types, with not potentially Medicaid-eligible adults reporting the lowest prevalence in all county-types. Costs (36.5% of adults) and insurance not accepted by provider (35.2% of adults) were most commonly voiced reasons for Medicaid-enrolled rural Appalachian adults' unmet mental health care needs. Medicaid-enrolled adults in other county-types had the highest prevalence of insurance not being accepted by the provider as a reason for unmet mental health care needs.

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

Contents

Background

For several decades, poorer health outcomes have been documented for rural versus urban residents. Increasing socioeconomic disadvantage in rural households is often cited as the reason for poor health. The rural-urban divide has garnered renewed interest because of last decade's focus on "diseases of despair“ which led to numerous studies and reports – many by the Centers for Disease Control and Prevention -- charting rural-urban divides in health behaviors, chronic diseases, and leading causes of death. This highlights the need for health policy to focus on rural areas.

Geographic health divides in Ohio continue to be explored through OMAS briefs and papers. In 2017, an extended report on the health of Appalachian residents was created and the results suggested that access to health care, health care utilization, chronic health conditions, quality of care, risky health behaviors and unmet health care needs are challenges faced by Ohioans living in Appalachia versus other parts of the state.

Many of the differences in outcomes among rural residents can be attributed to Health Professional Shortage Areas (HPSAs), which are geographic areas, population groups or facilities that have been determined to have a shortage of healthcare providers according to federal criteria (HRSA, 2019). In Ohio, most of the 32 Appalachian counties are designated as HPSAs.

Telehealth is a strategy believed to be necessary to improve access to healthcare providers (RHIhub, 2022). Telehealth allows individuals to see specialists and mental health providers from their homes or local healthcare facility. This method of delivering care can also benefit the local providers because it allows them to have access to specialists for guidance.

Background, continued

During the COVID-19 pandemic, when telehealth greatly expanded, rural broadband differences emerged. The Federal Communications Commission (FCC) reported that 22.3% of Americans in rural areas lacked broadband coverage, much higher than the 1.5% of Americans in urban areas who lacked broadband coverage (FCC, 2020). The situation is much worse in Appalachian Ohio, where one-third of households lack access to FCC minimum broadband speeds of 25/3 Mbps, and three quarters of the region's populated area is unserved (Connecting Appalachia n.d.).

Objectives

The fundamental motivation for this chartbook is to document notable similarities and differences in the health experiences of adults and children living in Ohio's rural and non-rural counties. Specifically, in this chartbook we seek to:

- Report on access, utilization, and unmet needs in 2023 (and, in some cases over time) using previous OMAS data.
- Examine similarities and differences in experiences related to these health care challenges in three specific populations – adults and children who report Medicaid coverage, and those who were potentially Medicaid-eligible but did not report that they had Medicaid coverage, and those not potentially eligible for Medicaid at the time they participated in OMAS in 2023.
- Report outcomes among adults and children living geographic areas of Ohio defined by the four different county types: rural Appalachian, rural non-Appalachian, metropolitan, and suburban.

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.

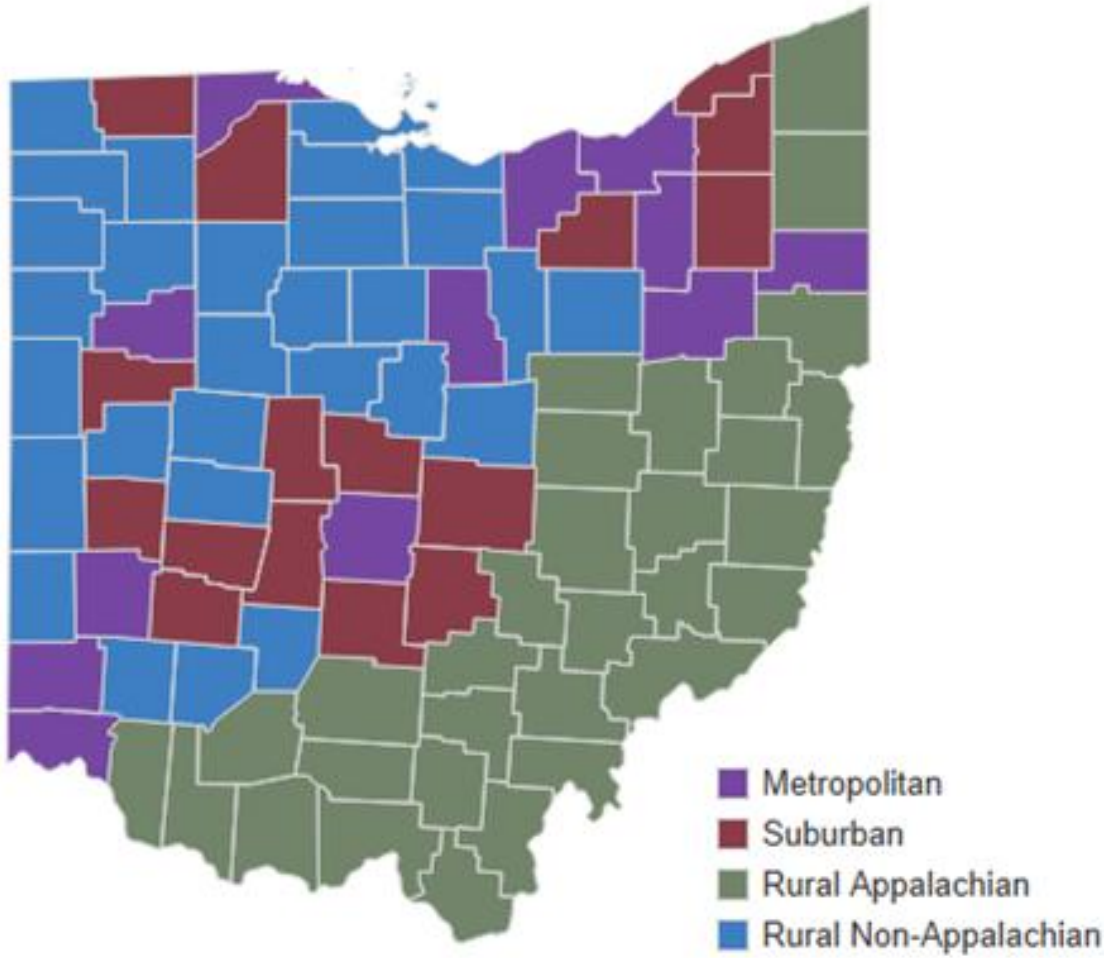
For further details about the 2023 OMAS methodology, questionnaire, and access to the dashboard, please visit: **grc.osu.edu/OMAS/2023Survey**.

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)
- *A usual source of care*: A place where care is usually received when sick or needing advice about health.

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: Access to Usual Source of Care

Most adults (19+) and children (0-18) have a usual source of health care, regardless of where they reside in 2023

Population	Rural Appalachian Prevalence (90% CI)	Rural Non-Appalachian Prevalence (90% CI)	Metropolitan Prevalence (90% CI)	Suburban Prevalence (90% CI)
Adults (19+)	84.7% (83.3% - 86.2%)	84.5% (82.8% - 86.3%)	85.0% (84.0% - 86.0%)	87.1% (85.7% - 88.4%)
Children (0-18)	94.4% (92.2% - 96.6%)	94.9% (92.9% - 96.9%)	94.3% (93.3% - 95.2%)	96.5% (95.1% - 97.9%)

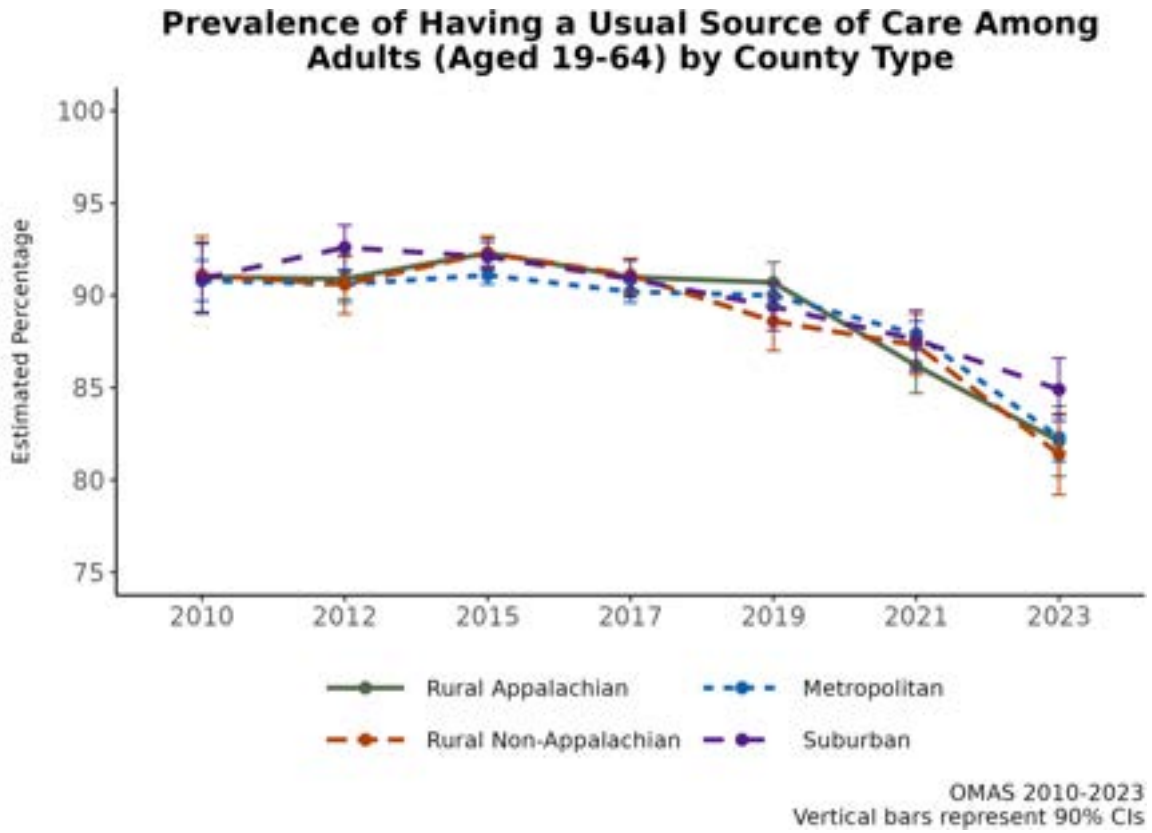
- Prevalence of having a usual source of health care ranged from 84.5% of adults in rural non-Appalachian county-type to a high of 87.1% of adults in suburban county-type.
- For children, the prevalence of having a usual source of care ranged from 94.3% of children in metropolitan county-type to 96.5% of children in suburban county-type.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

RESULTS: Access to Health Care Among Adults

Have a usual source of care, site of usual source of care, and telehealth visits

Prevalence of adults aged 19-64 years with a usual source of care continues to decline in every county-type



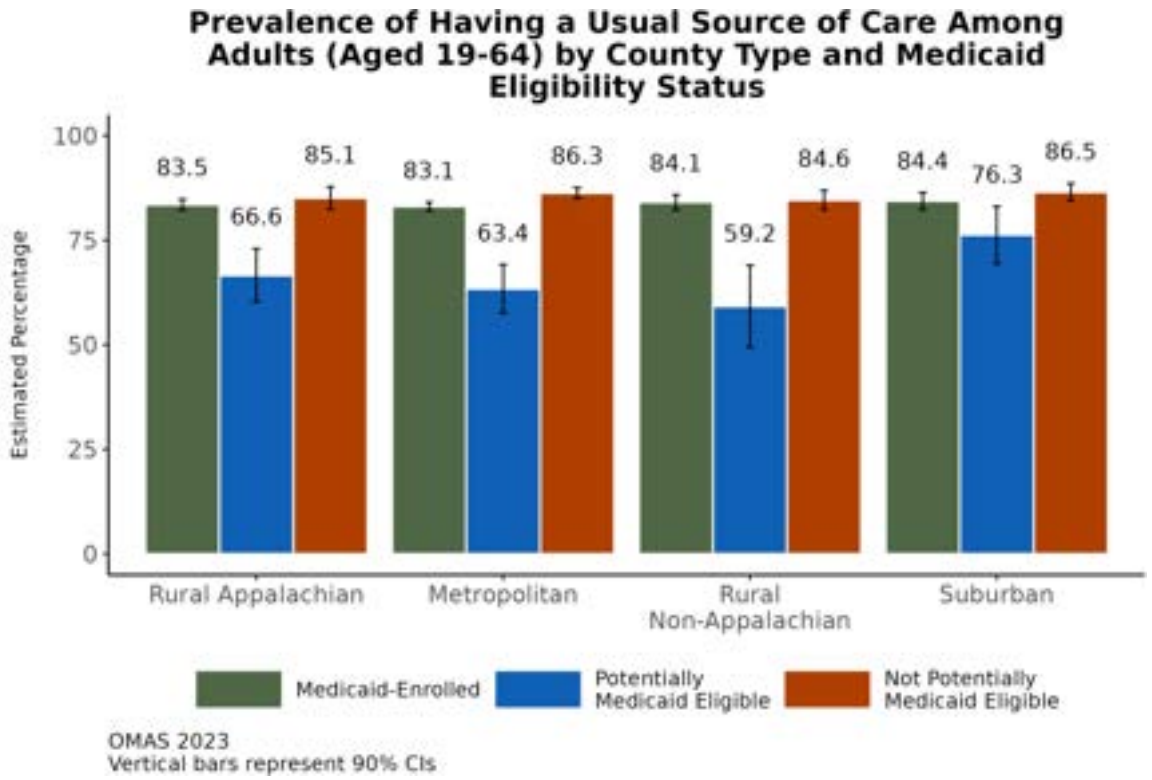
- The prevalence of having a usual source of care among adults (19-64) has started falling sharply since 2019.
- Access to a usual source of care for adults (19-64) fell from 2019 to 2023 in all four county types – 8.3 percentage points in rural Appalachia, 7.7 percentage points in metropolitan counties, 7.12 percentage points in rural non-Appalachia, and 4.5 percentage points in suburban counties.

<u>Additional Insights (Results Not Shown)</u>

- Over the 2010-2023 period the decrease in access to usual source of care was less pronounced for children (ranging from one to four percentage points).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

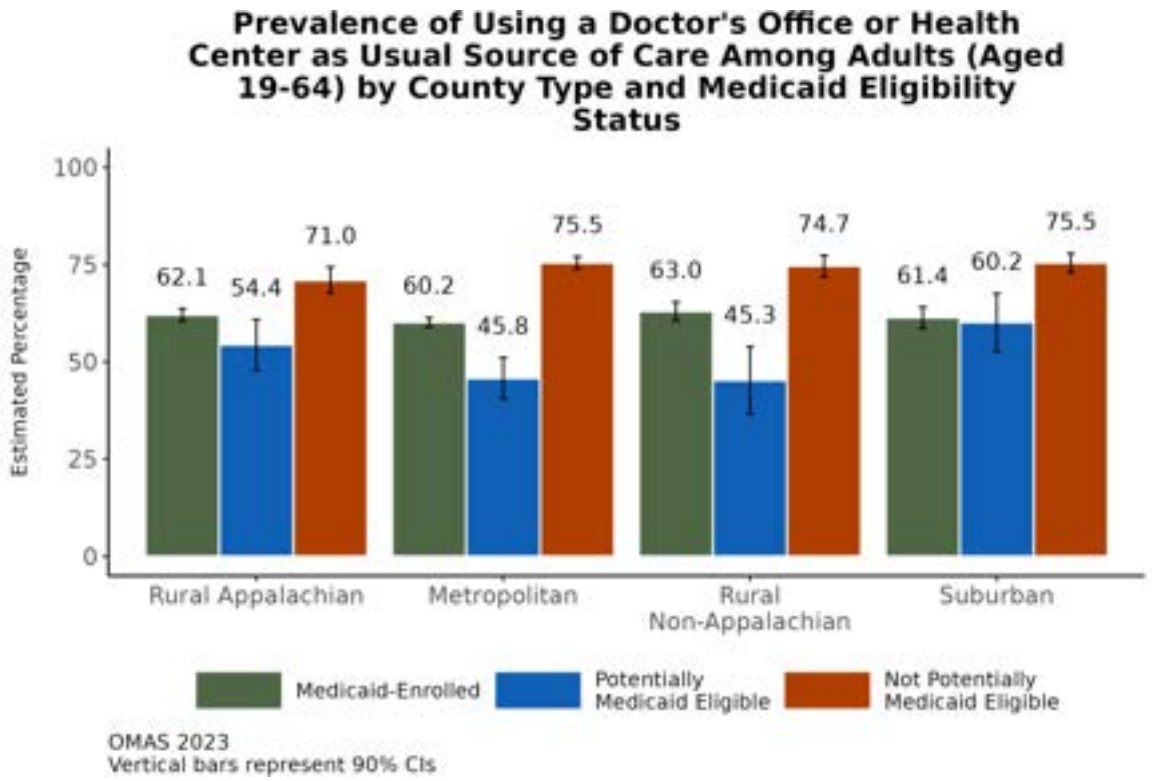
In 2023, prevalence of having a usual source care was similar for Medicaid and not potentially Medicaid-eligible adults (aged 19-64)



- Access to a usual source of care was most similar for adults with Medicaid and adults not potentially Medicaid-eligible.
- The prevalence of having a usual source of care among potentially Medicaid-eligible adults was considerably less in each county-type, ranging from 59.2% in rural non-Appalachian counties to 76.3% in suburban counties.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

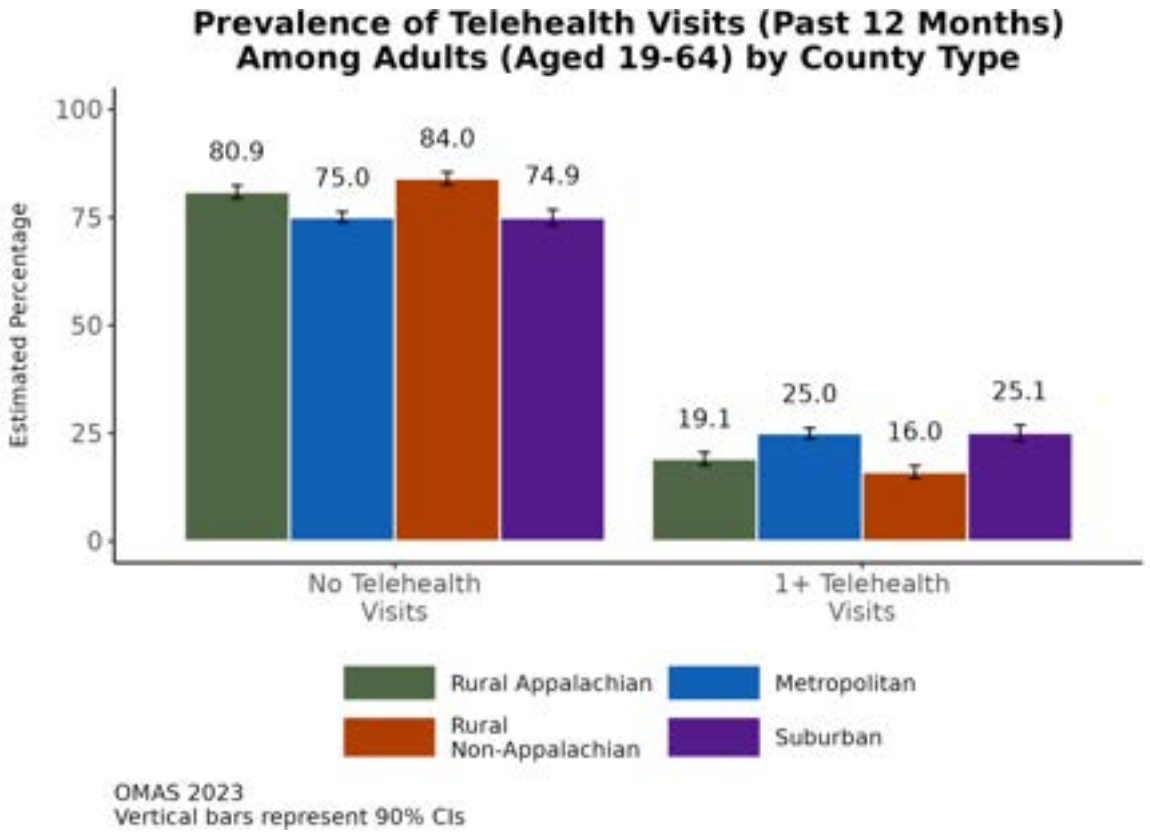
In 2023, fewer Medicaid-enrolled adults (aged 19-64) usually accessed care at a doctor's office than not potentially Medicaid-eligible adults (19-64)



- 62.1% of Medicaid-enrolled adults aged 19-64 in rural Appalachian counties usually accessed care at a doctor's office or health center, slightly less than adults (19-64) not potentially Medicaid-eligible (71%).
- Within metropolitan counties, Medicaid-enrolled adults' aged 19-64 prevalence differed a lot from that of not potentially Medicaid-eligible adults (60.2% vs. 75.5%).
- In each county-type, potentially Medicaid-eligible adults aged 19-64 had the lowest prevalence of using a doctor's office or health center as their usual source of care.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

Metropolitan and suburban adults (aged 19-64) had a higher prevalence of one or more telehealth visits in 2023



Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

- Rural non-Appalachian and rural Appalachian adults (aged 19-64) had a lower prevalence of one or more telehealth visits compared to metropolitan and suburban adults.

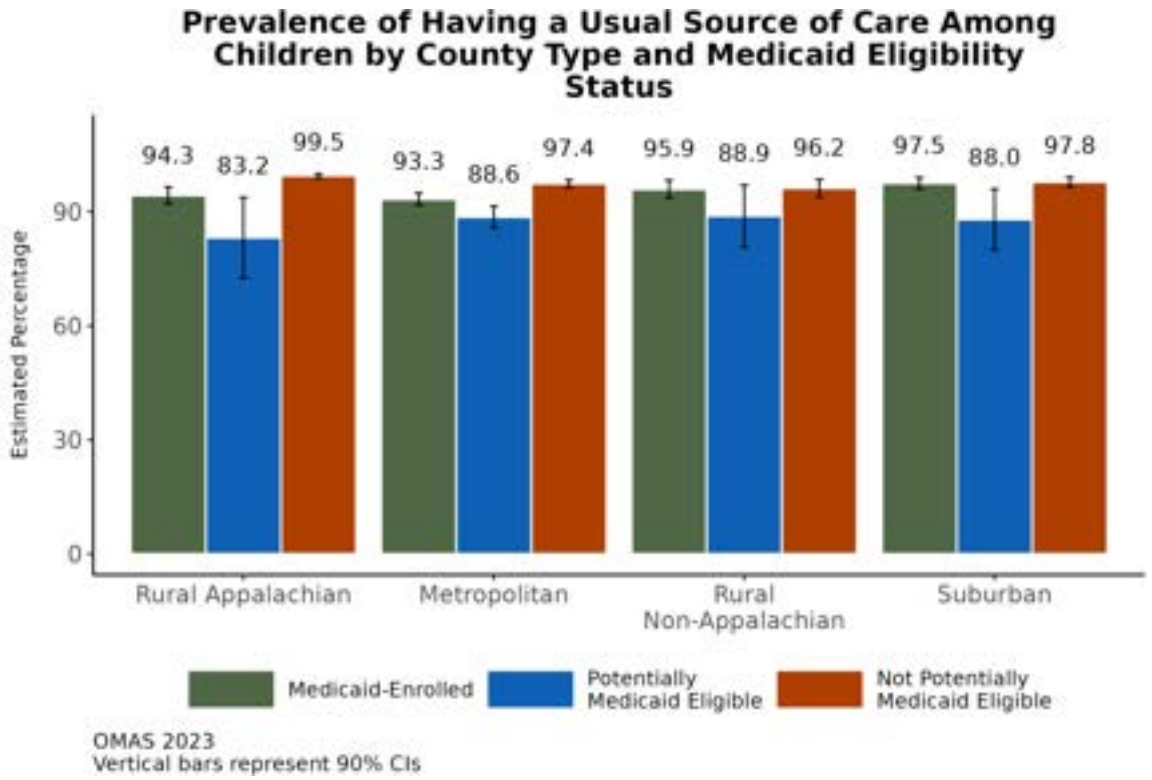
<u>Additional Insights (Results Not Shown)</u>

- Among adults aged 19-64, in each county type women had a higher prevalence than men of having one or more telehealth visits:
  - Metropolitan counties -- 28.7% of women (90% CI: 27.2%-30.2%) versus 20.6% of men (90% CI: 18.7%-22.5%).
  - Suburban counties – 28.4% of women (90% CI: 26.1%-30.6%) versus 21.9% of men (90% CI: 18.9%-24.8%).
  - Rural Appalachian counties – 20.8% of women (90% CI: 19.1%-22.5%) versus 17.5% of men (90% CI: 15.1%-19.8%)
  - Rural non-Appalachian counties -- 16.9% of women (90% CI: 15.1%-18.6%) versus 14.9% of men (90% CI: 12.6%-17.3%)

RESULTS: Access to Health Care Among Children

Have a usual source of care, site of usual source of care, and telehealth visits

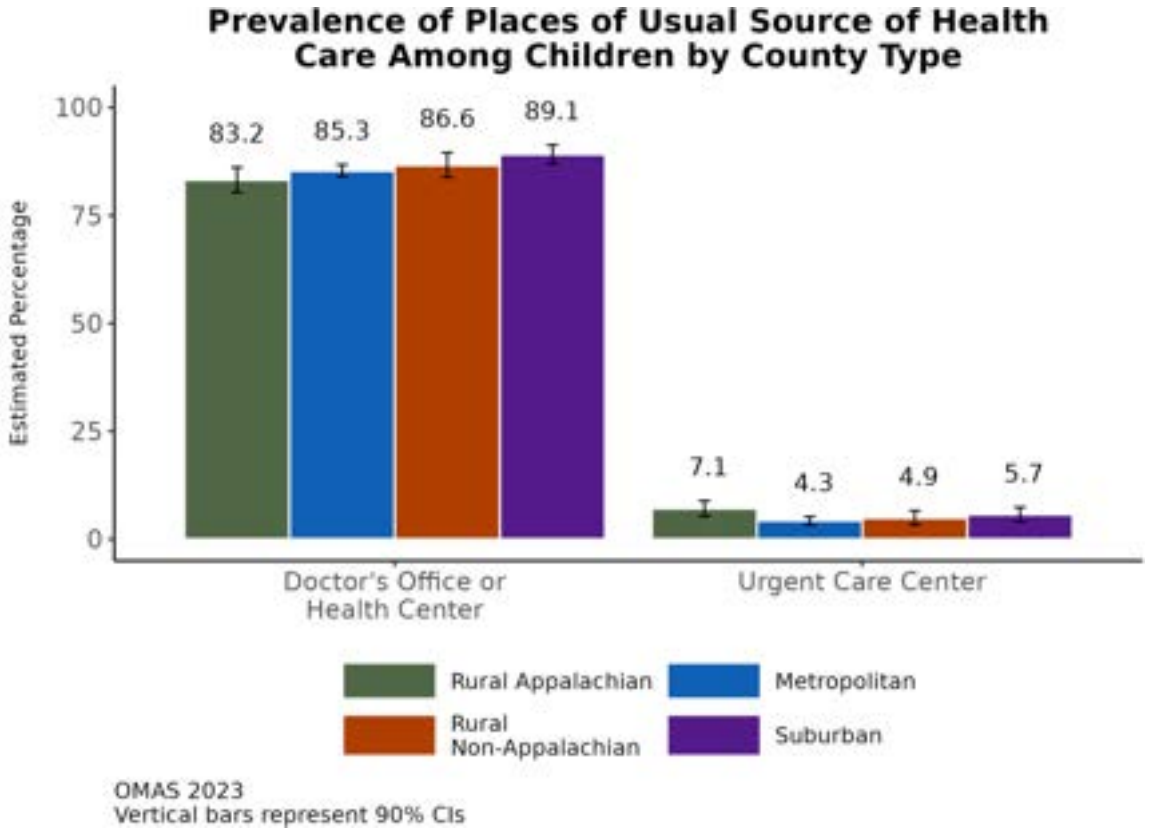
Prevalence of having a usual source of health care was lowest among potentially Medicaid-eligible children in all county-types



- In every county-type, over 93% of Medicaid-enrolled and not potentially Medicaid-eligible children (0-18 years) had a usual source of health care in 2023.
- Potentially Medicaid-eligible children had a lower prevalence of having a usual source of care than both Medicaid-enrolled and not potentially Medicaid-eligible children in all county-types, ranging from a low of 83.2% in rural Appalachia to a high of 88.9% in rural non-Appalachia.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

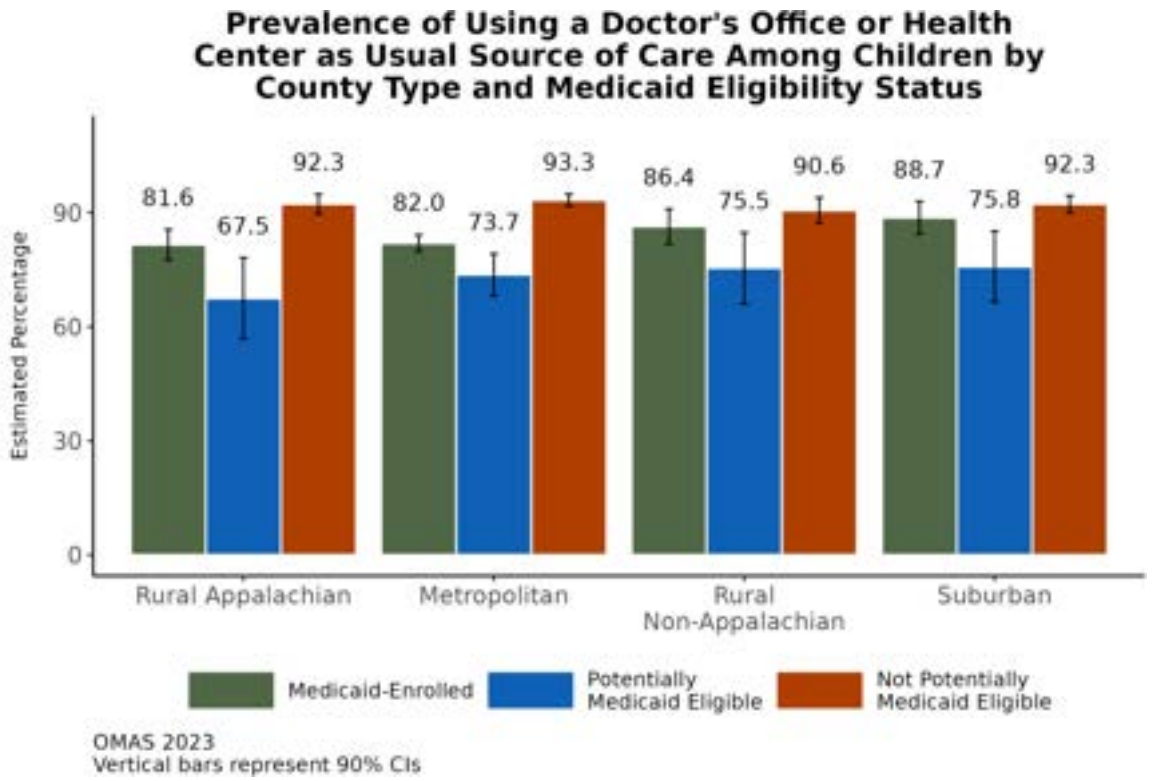
In 2023, the prevalence of a doctor's office/health center serving as the usual source of care was lowest for rural Appalachian children



- In 2023, 83.2% of rural Appalachian children used a doctor's office or health center as their usual source of care. This was the lowest prevalence among the four county types.
- In contrast, 7.1% of rural Appalachian children used an urgent care center as their usual source of care – the highest prevalence of the four county types.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

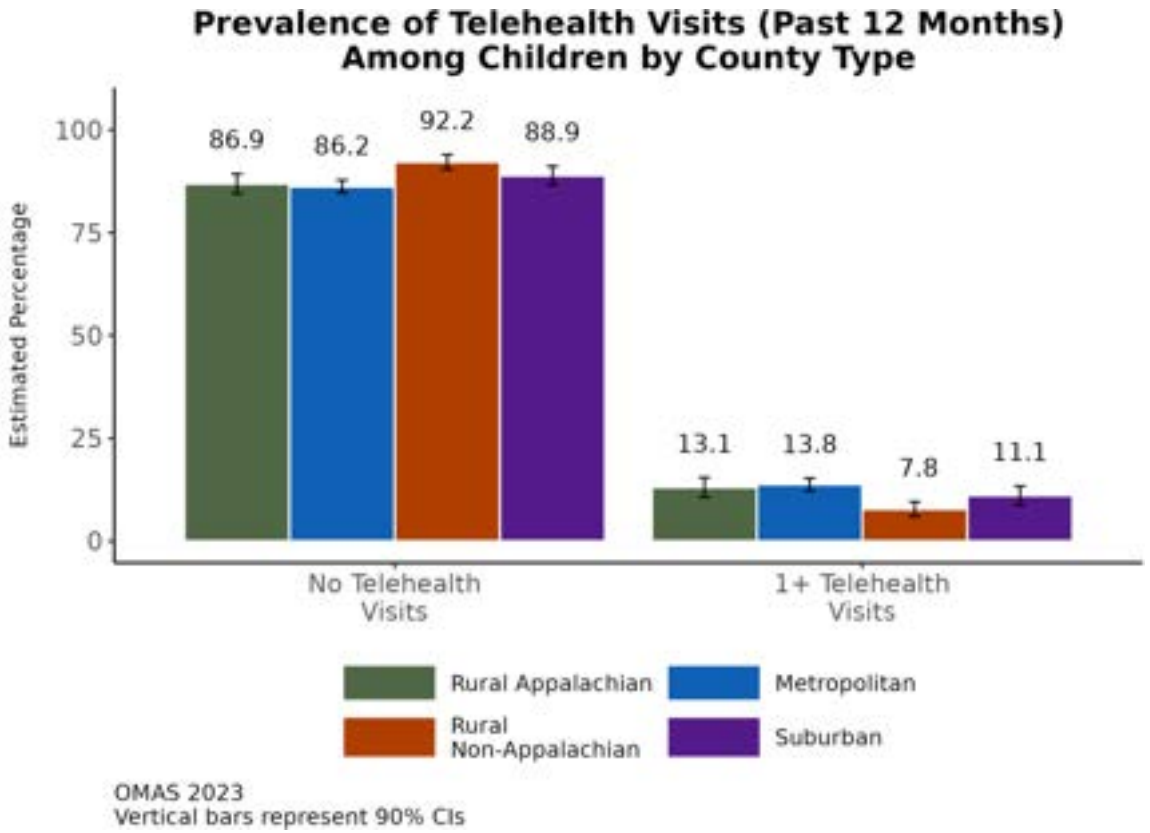
In 2023, fewer children with Medicaid usually accessed care at doctor's office than those not potentially Medicaid-eligible



- Potentially Medicaid-eligible children had the lowest prevalence of going to a doctor's office or health center as their usual source of health care in each of the four county-types.
- When comparing Medicaid-enrolled children to not potentially Medicaid-eligible children, the difference in prevalence was the least in the suburban county-type (3.6 percentage points) and rural non-Appalachian counties (also 3.6 percentage points).
- This Medicaid-enrolled versus not potentially Medicaid-eligible gap in prevalence was largest for children in metropolitan counties (11.3 percentage points), and then for children in rural Appalachian counties (10.7 percentage points).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

Rural Appalachian and metropolitan children had the highest prevalence of one or more telehealth visits in 2023



- Metropolitan children had the highest prevalence of one or more telehealth visits in the past 12 months (13.8%), followed by rural Appalachian children (13.1%), suburban children (11.1%), and lastly by rural non-Appalachian children (7.8%).

Additional Insights (Results Not Shown)

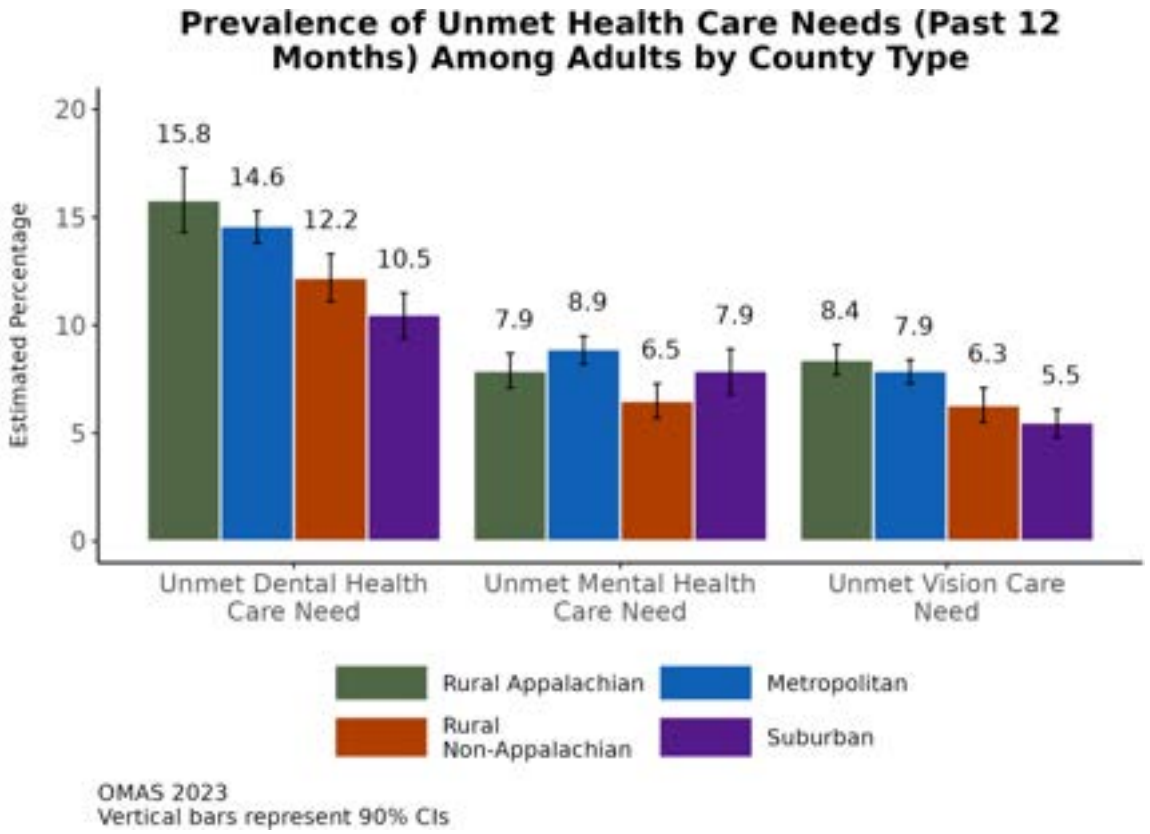
- Medicaid-enrolled children in rural non-Appalachian counties (7.7%, 90% CI: 4.7%-10.7%) had the lowest prevalence of having any telehealth visits in the past 12 months, followed by those in suburban counties (8.8%, 90% CI: 5.2%-12.3%), rural Appalachian counties (11%, 90% CI: 8.2%-13.8%), and metropolitan counties (16.3%, 90% CI: 13.7%-18.9%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

RESULTS: Unmet Health Care Needs Among Adults

Needed but did not receive mental health, dental, or vision care, prescription medication needs, as well as reasons why a need went unmet

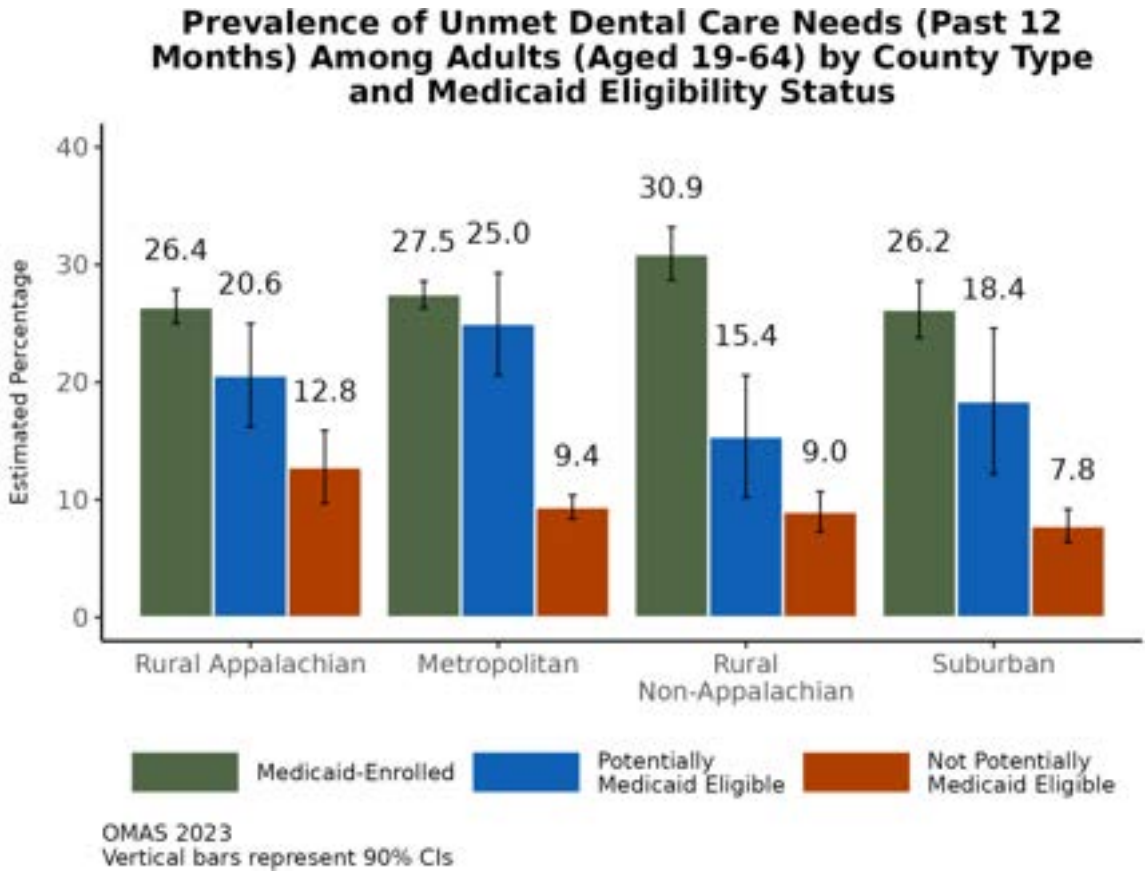
Among all adults, dental care was the most prevalent unmet health care need in 2023



- Needed dental care was the most prevalent of all unmet health care needs among adults in 2023.
- Adults in rural Appalachian counties had the highest prevalence of unmet dental care needs (15.8%), considerably higher that the 12.2% prevalence noted for rural non-Appalachian adults.
- Prevalence of unmet vision care needs was also the highest for adults in rural Appalachian (8.4%) counties.
- Metropolitan adults had the highest prevalence of unmet mental health care needs, followed by adults in rural Appalachian and suburban counties (7.9% each), and lastly by rural non-Appalachian adults (6.5%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

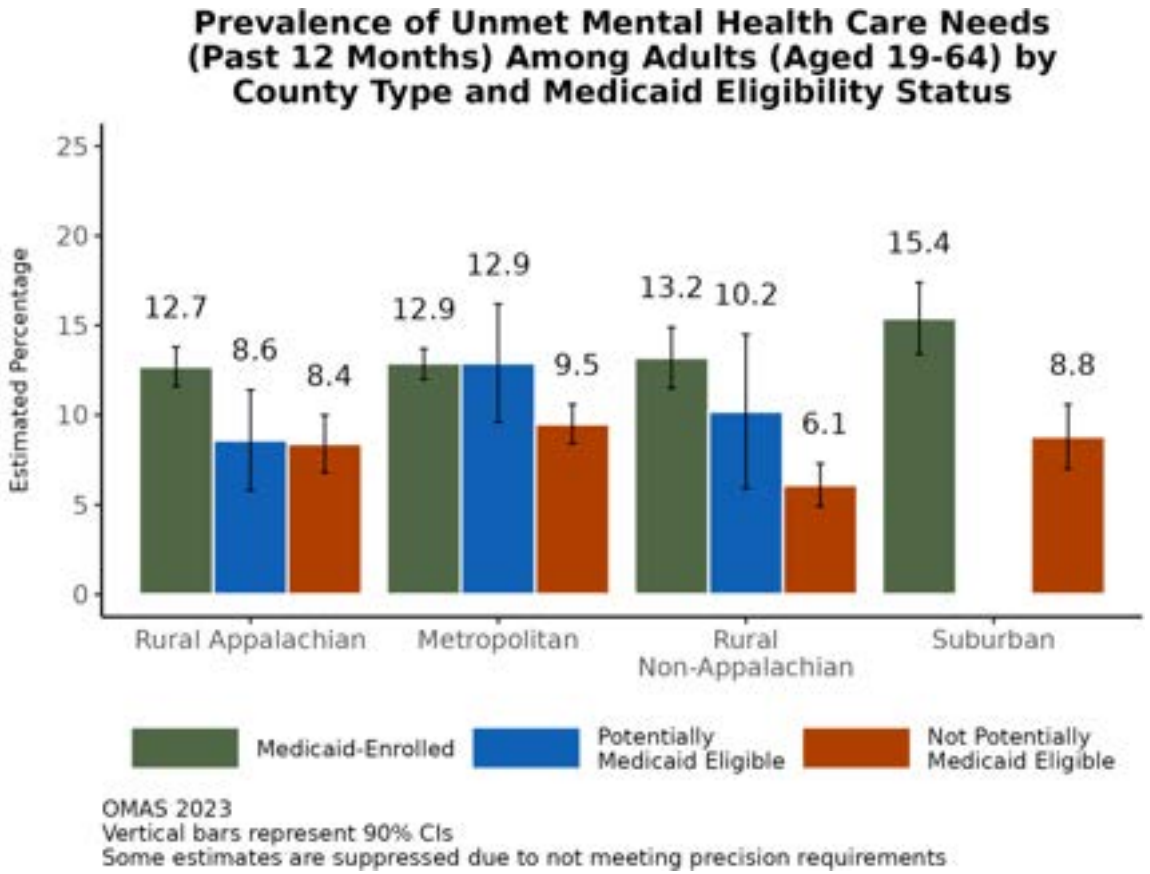
Medicaid-enrolled adults (19-64) had a higher prevalence of unmet dental care needs in all county types in 2023



- Within each county-type, the prevalence of unmet dental care needs was highest among Medicaid-enrolled adults aged 19-64, followed by those potentially Medicaid-eligible, and then those not potentially Medicaid-eligible.
- The Medicaid-enrolled versus not potentially Medicaid-eligible prevalence gap was the largest in rural non-Appalachian counties (21.9 percentage points), followed by metropolitan counties (18.3 percentage points), then by suburban counties (18.4 percentage points), and was the least among rural Appalachian counties (13.6 percentage points).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

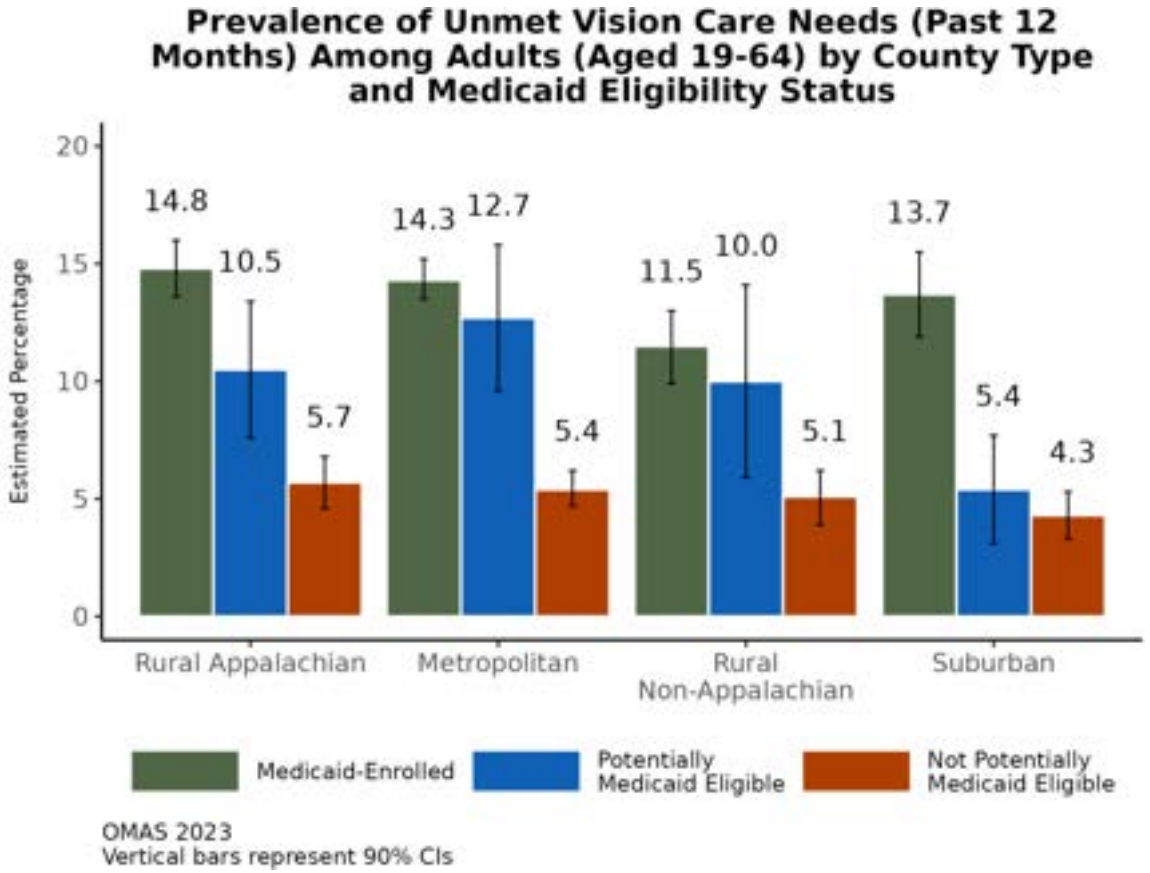
Medicaid-enrolled adults (19-64) had a higher prevalence of unmet mental health care needs in all county types in 2023



- In every county-type Medicaid-enrolled adults aged 19-64 had a higher prevalence of unmet mental health care needs than those not potentially Medicaid-eligible.
- The Medicaid-enrolled versus not potentially Medicaid-eligible prevalence gap was the largest in rural non-Appalachian counties (7.2 percentage points), followed by in suburban counties (6.6 percentage points), in rural Appalachian counties (4.3 percentage points), and in metropolitan counties (3.4 percentage points).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

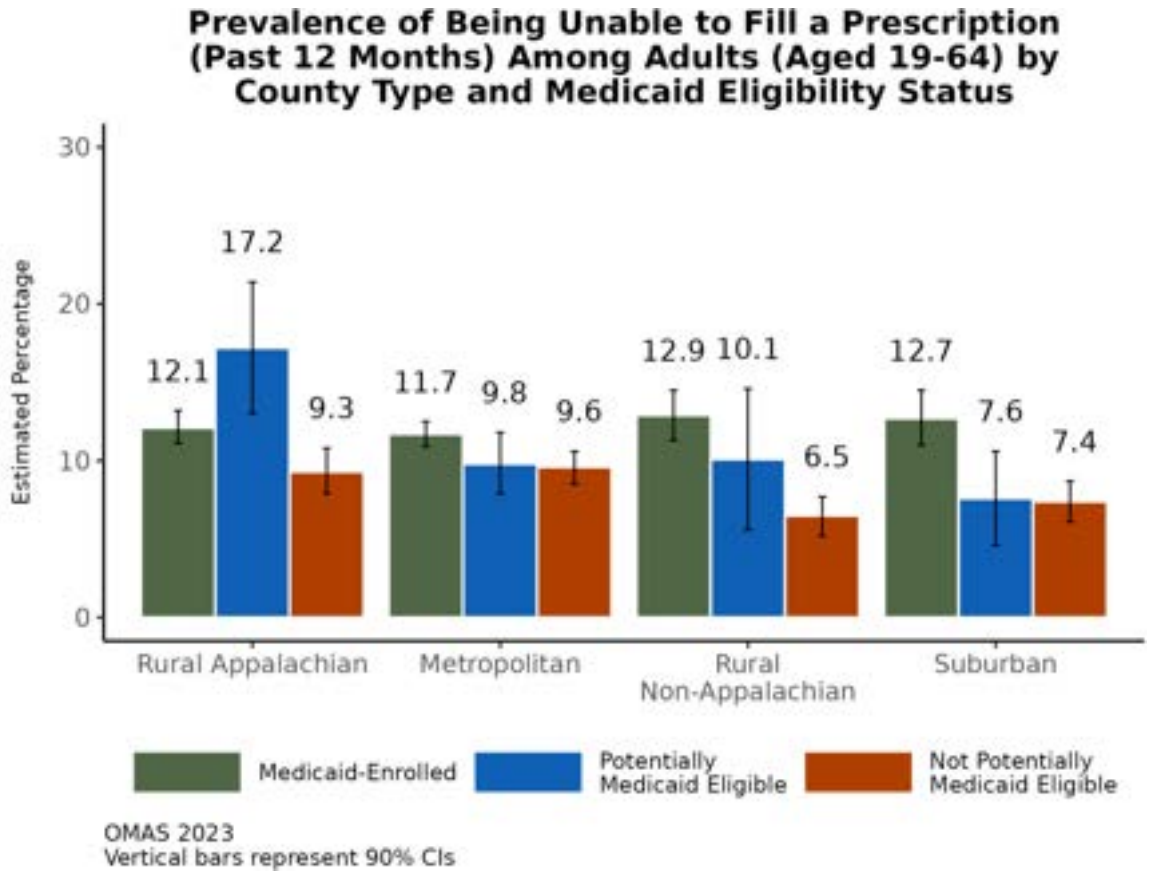
Medicaid-enrolled adults (19-64) had a higher prevalence of unmet vision care needs in all county types in 2023



- Adults aged 19-64 with Medicaid had the highest prevalence of unmet vision care needs in all county types, followed by those potentially Medicaid eligible and not potentially Medicaid eligible.
- The Medicaid-enrolled versus not potentially Medicaid-eligible prevalence gap was largest in suburban counties (9.4 percentage points), followed by rural Appalachian counties (9.1 percentage points), metropolitan counties (8.9 percentage points), and rural non-Appalachian counties (6.4 percentage points).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

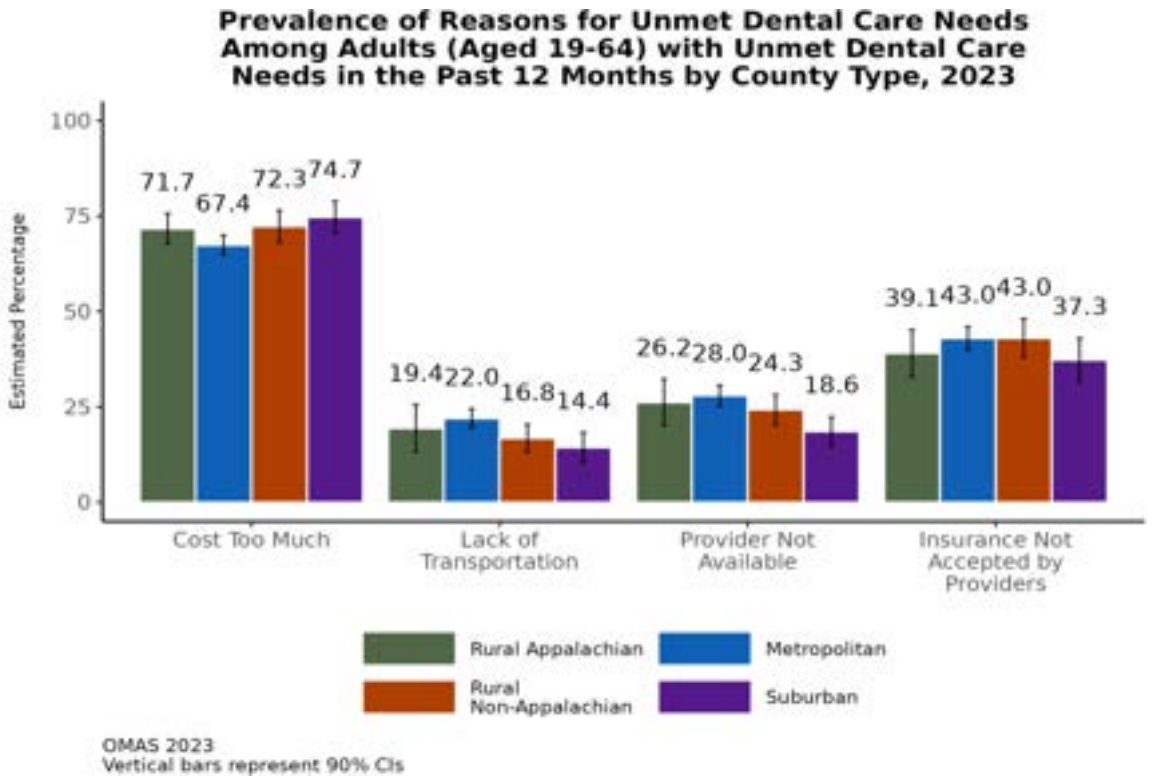
Medicaid-enrolled adults had the highest prevalence of experiencing being unable to fill a prescription in the past 12 months in most county types



- In rural non-Appalachian, metropolitan, and suburban county-types, adults aged 19-64 who were Medicaid-enrolled had a higher prevalence of being unable to fill a prescription in the past 12 months than those potentially Medicaid-eligible and not potentially Medicaid-eligible.
- Among adults (19-64) in rural Appalachian counties, those potentially Medicaid eligible (17.2%) had the highest prevalence of unmet prescription medication needs, followed by those with Medicaid (12.1%) and those not potentially Medicaid-eligible (9.3%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

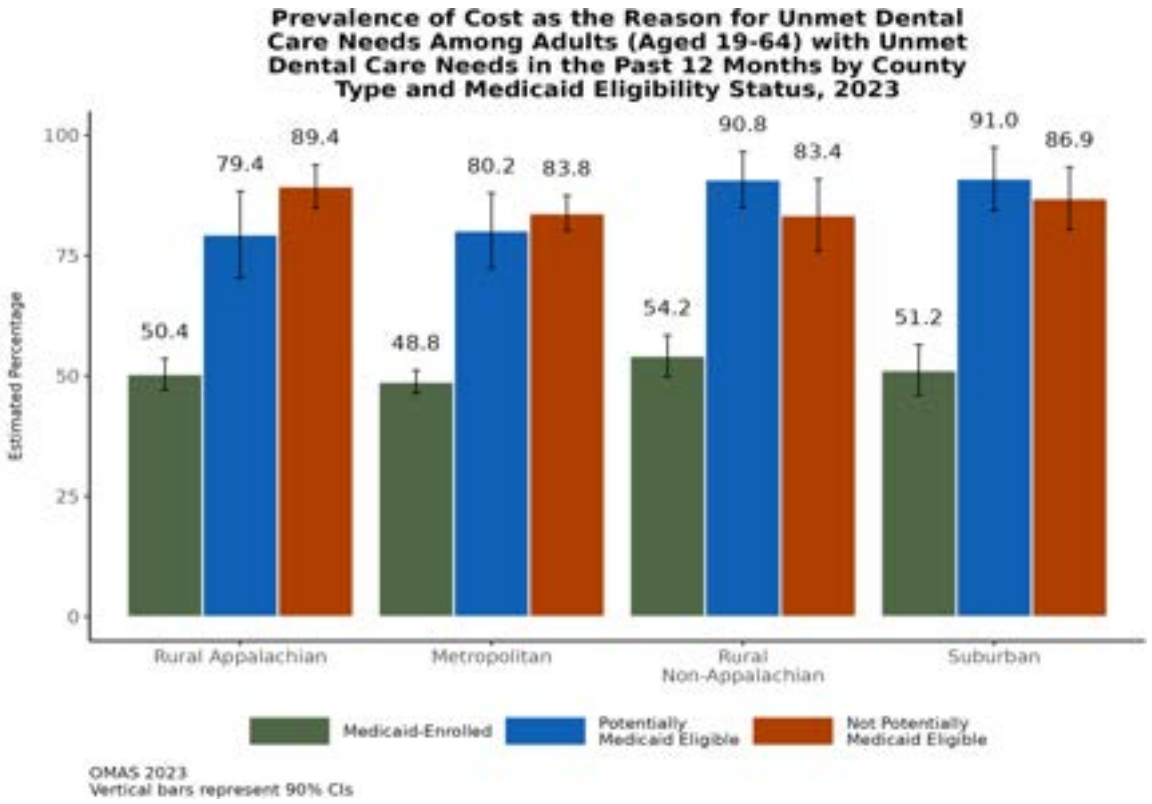
Cost was the most common reason for unmet dental health care needs in every county type in 2023



Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

- In every county-type, cost was the most prevalent reason for unmet dental care needs among adults aged 19-64, followed by insurance not being accepted by providers, provider unavailability, and lack of transportation.
- Rural Appalachian adults aged 19-64 (71.7%) experienced cost as a barrier to needed dental health care with similar frequency to those in rural non-Appalachian counties (72.3%).
- In each county-type, almost 40% of adults (19-64) with unmet dental health care needs had those unmet needs due to their insurance not accepted by providers.
- Unmet dental care needs due to provider unavailability was most prevalence among adults (19-64) in metropolitan counties (28%) and rural Appalachian counties (26.2%).

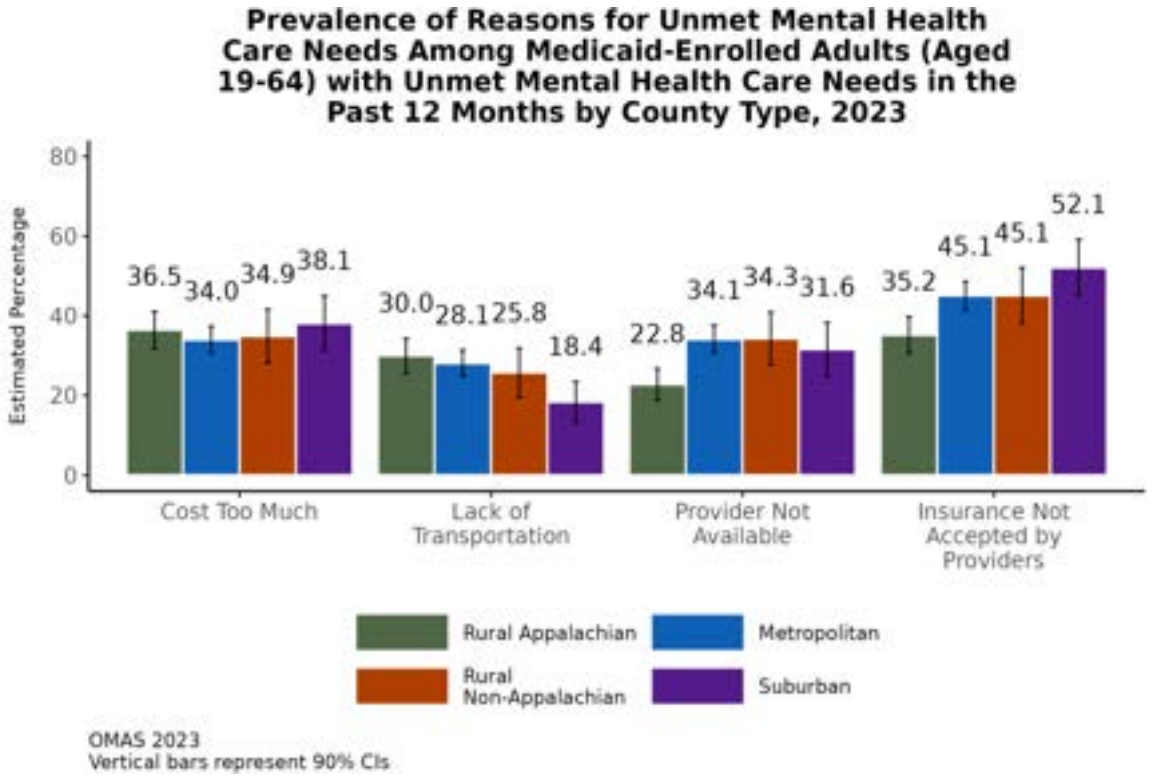
In 2023, Medicaid-enrolled adults (19-64) had the lowest prevalence of cost as a reason for unmet dental health care



- In 2023, as compared to adults (aged 19-64) potentially Medicaid-eligible and not potentially eligible, those Medicaid-enrolled had a lower prevalence of experiencing cost as a reason for unmet dental health care needs, regardless of which county-type they lived in.
- The prevalence gaps between the Medicaid-enrolled and the potentially Medicaid-eligible adults (aged 19-64) are large: 29.0 percentage points in rural Appalachian, 31.4 percentage points in metropolitan, 36.6 percentage points in rural non-Appalachian counties, and 39.8 percentage points in suburban.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

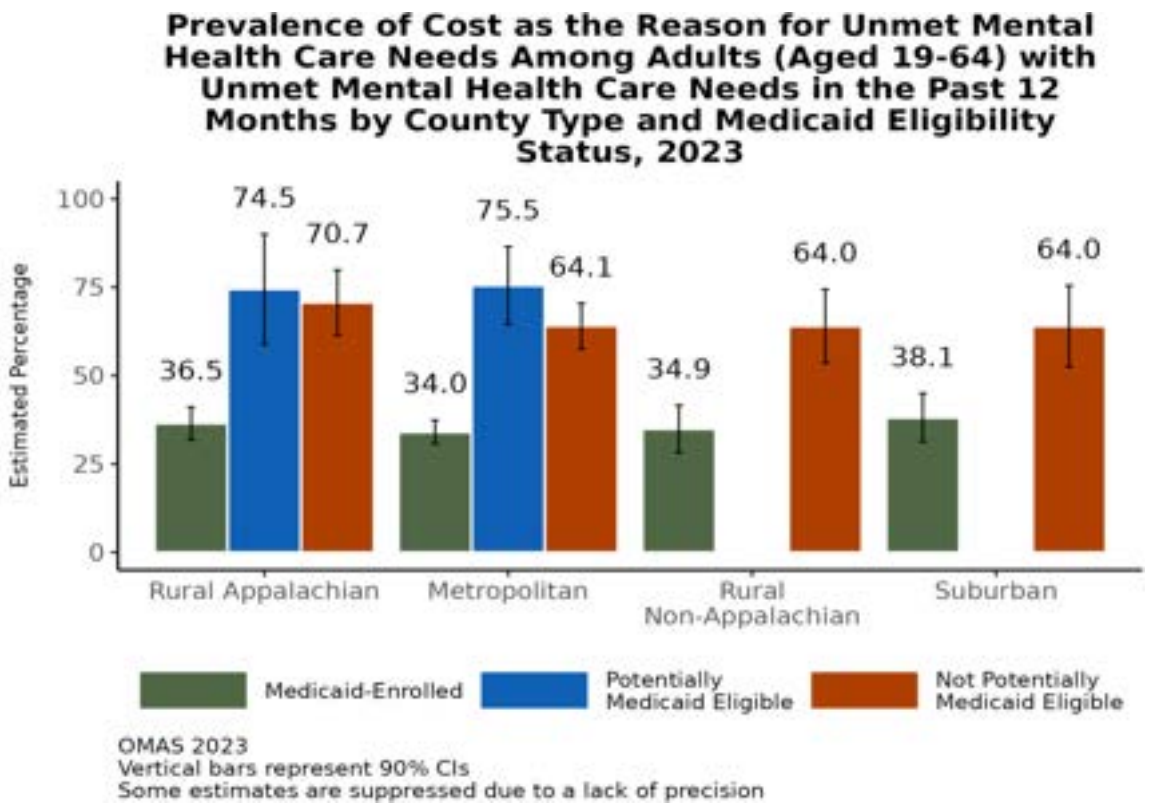
Insurance not accepted and costs are the main reasons for unmet mental health care among Medicaid-enrolled adults (19-64)



Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

- Within the Medicaid-enrolled adult (19-64) population, insurance not being accepted by providers was the most commonly reason for unmet mental health care needs by suburban (52.1%), metropolitan (45.1%), rural non-Appalachian (45.1), and rural Appalachian (35.2%) adults.
- Cost (36.5%) was the most common reason among rural Appalachian Medicaid enrollees aged 19-64 with unmet mental health care needs.
- Medicaid-enrolled rural Appalachian adults (19-64) with an unmet mental health care need had the highest prevalence (30.0%) of lack of transportation as a reason for unmet mental health care needs.
- Rural Appalachian Medicaid enrollees (aged 19-64) had the lowest prevalence (22.8%) of unmet mental health care needs due to provider unavailability.

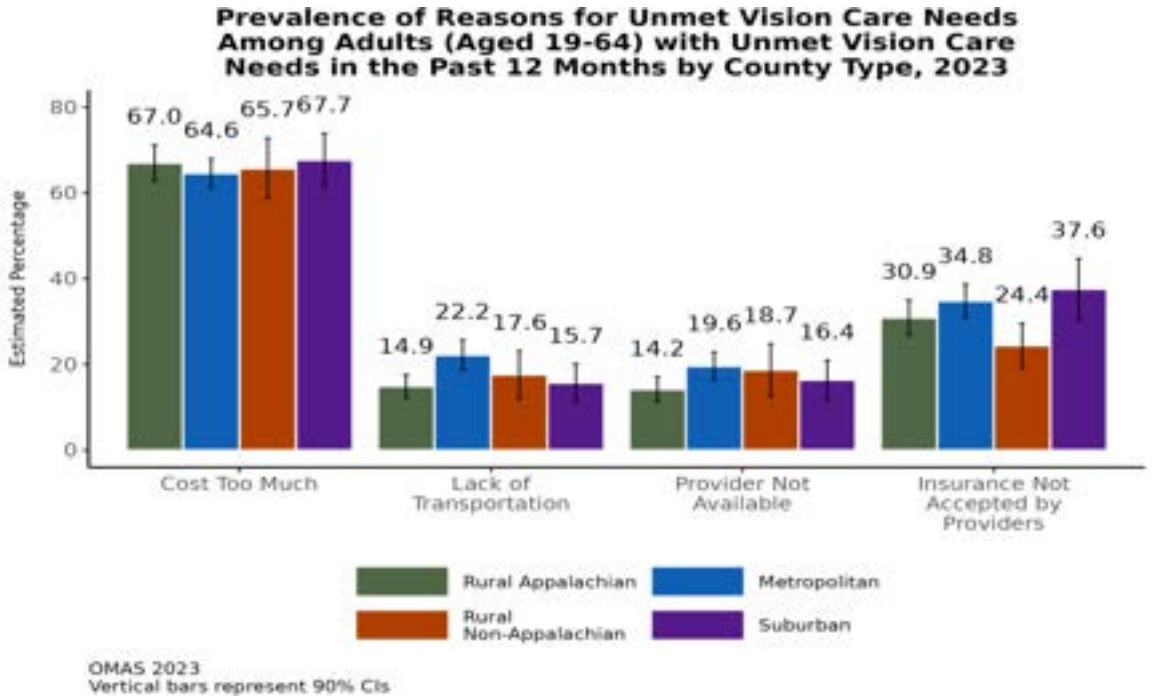
Medicaid-enrolled adults (19-64) experienced cost as a reason for unmet mental health care needs less often than other groups



- Compared to adults aged 19-64 potentially Medicaid-eligible and not potentially Medicaid-eligible, Medicaid enrollees had a much lower prevalence of experiencing cost as a reason for unmet dental health care needs, regardless of county-type.
- 36.5% of rural Appalachian Medicaid-enrolled adults (19-64) with unmet mental health care needs experienced cost as a barrier, versus 70.7% of those not potentially Medicaid-eligible and 74.5% of those potentially Medicaid-eligible.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

Adults aged 19-64 years in every county type had the highest prevalence of experiencing unmet vision care needs to due to cost in 2023



- In every county-type, adults aged 19-64 with unmet vision care needs had the highest prevalence of experiencing their unmet needs due to cost, followed by insurance not accepted by providers, respectively.
- Suburban adults (67.7%) and rural Appalachian adults (67%) aged 19-64 had the highest prevalence of cost as the reason for unmet vision care needs.
- Suburban adults (37.6%) aged 19-64 with unmet vision care needs had the highest prevalence of experiencing that unmet need due to providers not accepting insurance.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 10 for more guidance.

Summary of Results

Access to care: Most adults and nearly all children had a usual source of health care, regardless of where they resided, in 2023. ***However, access to a usual source of care has been decreasing over time, particularly since 2019, with larger declines among adults***. Adults who were potentially eligible but not enrolled in Medicaid had a lower prevalence of a usual source of care, with those in rural non-Appalachian counties being particularly disadvantaged (59.2% had a usual source of care). With respect to specific locations of care, adults and children enrolled in Medicaid had a usual source of care at a doctor's office or health center at a prevalence that was lower than their counterparts not potentially eligible, a pattern consistent across all county types. However, adults who were potentially eligible but not enrolled in Medicaid had the lowest prevalence of receiving care at a doctor's office (range 45.3%-60.2%).

Telehealth visits: Rural non-Appalachian (16%) and rural Appalachian (19.1%) adults (19-64) had a lower prevalence of one or more telehealth visits compared to metropolitan (25%) and suburban (25.1%) adults.

Unmet health care needs: Unmet dental, vision, and prescription needs were highest among adults in Appalachian counties. Regardless of county type, Medicaid-enrolled adults (aged 19-64) had the highest prevalence of unmet dental, vision, and mental health care needs. With respect to unmet prescription needs, Medicaid-enrolled adults had the highest prevalence in all county types except for rural Appalachia (potentially eligible adults have the highest prevalence of unmet needs in those counties). Cost is the most common reason for unmet health care needs.

References

1. BroadbandOhio. (No Date). Telehealth in Schools Blueprint 2.0. Retrieved December 6, 2023, from the BroadbandOhio website: https://innovateohio.gov/wps/wcm/connect/gov/a674b663-5c2a-4c08-9036-1871afdbeedc/Telehealth+in+Schools+Blueprint+II+with+Appendix.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-a674b663-5c2a-4c08-9036-1871afdbeedc-nu2SsTz.
2. Connecting Ohio (No Date). https://connectingappalachia.org/#:~:text=75%25%20of%20the%20region%20is,unserved%20household%20in%20the%20region.
3. Federal Communications Commission. (2020, April). 2020 Broadband Deployment Report. Retrieved December 6, 2023, from the FCC website: https://docs.fcc.gov/public/attachments/FCC-20-50A1.pdf.
4. Health Resources and Services Administration. (2019, August). Shortage Designation Scoring Criteria. Retrieved December 6, 2023, from HRSA Health Workforce website: https://bhw.hrsa.gov/shortage-designation/hpsa-criteria.
5. Office of Research. (2020, June). The Ohio Poverty Report. Retrieved December 6, 2023, from the Development Ohio website: https://development.ohio.gov/static/community/redevelopment/The-Ohio_Poverty-Report-June2020.pdf.
6. Ohio Department of Health. (n.d.). Fact Sheets and Graphics. Retrieved December 6, 2023, from the ODH website: https://odh.ohio.gov/know-our-programs/primary-care-office/resources/fact-sheets-graphics.
7. RHIhub. (2022, November). Healthcare Access in Rural Communities. Retrieved December 6, 2023, from the RHIhub website: https://www.ruralhealthinfo.org/topics/healthcare-access#barriers.1.

Acknowledgments

Commission on Minority Health

Department of Medicaid

Department of Health

Department of Mental Health & Addiction Services

Department of Developmental Disabilities

Department of Aging