This policy brief highlights findings and policy relevance from the Ohio Family Health Survey related to access to and utilization of health care services among Ohio’s rural and Appalachian children. Unless otherwise noted, Findings are from the 2008 Ohio Family Health Survey. For more detail, please see the complete report on which this brief is based.

Key Findings

Appalachian Children have Less Access to Care

- Appalachian counties have fewer pediatric health care providers.
- Appalachian children in poorer health had less access to regular care, compared to healthier children.
- Having private insurance improved access to care for rural and Appalachian children.
- Having Medicaid coverage improved access to care for Appalachian children, but not rural children.
- Access to regular health care is related to preventive dental care. Children with access to a regular health care provider were 1.5 times more likely and children with a usual place for care were 2.5 times more likely to receive preventive dental care compared to those children without a provider or usual place for care.

Rural Children have Less Health Care Utilization

- Rural children receive less preventive and sickness care than Appalachian children
- Rural children in poorer health receive less preventive care than rural children in better health.
- Private insurance coverage improved preventive (wellness) care for rural children.
• Rural and Appalachian children with a usual place for care were 3.5 times more likely to receive preventive (wellness) care, compared to children without a usual place for care.

• Rural and Appalachian children in poorer health were less likely to receive preventive (wellness) care.

Differences Exist within Ohio’s Appalachian Region

Appalachian Counties not bordering the Ohio River

• Children in poorer health had less access to care, compared to children in better health.

• Children having any type of insurance coverage had less sickness care utilization.

Appalachian Counties bordering the Ohio River

• Children had the most preventive (wellness) care.

• Private insurance coverage’s impact on access to care was greatest in this region

Policy Implications

To improve access, expanding current programs may be justified.

• Efforts to recruit and retain pediatric health care providers are necessary, especially in Appalachia.

• Additional wrap-around services are needed. These “one-stop” centers could meet many health and service needs at once.

To impact wellness care utilization, overcoming barriers and improving safety net of providers may be essential.

• Reduction of “missed opportunities” from care providers is needed.

• Further exploration of the safety net of providers available to rural children is warranted.

• Efforts undertaken in Appalachia could serve as a model to improve utilization of services in rural Ohio.