

INTRODUCTION

Access to affordable and comprehensive health insurance is a crucial part of obtaining good health outcomes and reducing mortality.¹ Health insurance can provide access to primary care doctors, resources to control chronic conditions, and the ability to receive essential medications. Studies have shown that countries with a stronger primary care system have better health outcomes.² Additionally, regions with a higher density of primary care providers have better health outcomes.³ Contrary to specialty care, primary care has been shown to be associated with fewer health disparities.³ Health insurance has the ability to provide access to primary care, which in turn can enable people to prevent the onset of disease and control existing chronic conditions. Indeed, a study of Medicaid expansion in three states found that expansion to low income groups resulted in a significant decrease in the rate of delayed care because of cost.¹

Medicaid expansion in Ohio provided health insurance to many people who were previously uninsured. This objective of this brief is to compare the difference in the presence of chronic diseases, substance use, and mental impairment across health insurance types among working-age adults (age 19-64 years) in Ohio, with a focus on adults newly eligible for Medicaid expansion through the Affordable Care Act (ACA). Prevalence estimates are presented for all working-age adults and those who live at or below 138% of the Federal Poverty Level (FPL).

METHODS

The data source for all analyses in this brief is the 2015 Ohio Medicaid Assessment Survey (OMAS). OMAS is a telephone survey that samples both landline and cell phones of Ohio residents. The survey examines insurance status, access to the health system, health statuses, demographics and other characteristics of Ohio's Medicaid, Medicaid eligible, and non-Medicaid populations. In 2015, researchers completed 42,876 interviews with adults and 10,122 proxy interviews of children. The 2015 OMAS is the sixth iteration of the survey (previously known as Ohio Family Health Survey). For details, please see the OMAS Methodology Report.⁴

Health insurance type is classified as newly eligible for Medicaid, oldly eligible for Medicaid, employer sponsored insurance, other-private, exchange insurance, and uninsured. Oldly eligible for Medicaid is defined as adults with disabilities enrolled before 2014, adults with dependent children living at or under 95% of the FPL, 19 and 20-year olds without dependent children having income at or under 44% FPL, and pregnant women at or below 200% of the FPL. Newly eligible for Medicaid is defined as individuals not qualifying under oldly eligible rules who meet the ACA requirements for Medicaid expansion. This includes adults under the age of 65 with monthly income that is 138% of the FPL or less. In the analysis that was limited to adults living at or below 138% FPL, the three comparison groups are newly eligible and enrolled in Medicaid, oldly eligible and enrolled in Medicaid, and potentially eligible but not enrolled in Medicaid.

The health status measures in this brief include the following chronic conditions, all measured by self-report: coronary heart disease (CHD), myocardial infarction (MI) or heart attack, congestive heart failure (CHF), diabetes, cancer, hypertension (high blood pressures), and obesity (body mass index ≥ 30). Substance use and mental health impairment were also measured by self-report. The indicators included in this brief are: current smoking status, binge drinking in the past month (4 or more drinks in one sitting for women or 5 or more drinks in one sitting for men), misuse of prescription pain medication in the past 12 months (using prescription pain medication without doctor's advice), and mental health-related impairment or MHI (adults who report 14 or more days when a mental health condition or emotion problem kept them from doing their work or other usual activities).

The analyses presented in this brief are descriptive in nature. Percentages for each health status and health behavior measure are reported in the figures by insurance type.

RESULTS

Chronic Health Conditions by Insurance Type

Among all working-age adults in Ohio, chronic conditions are more prevalent among those with Medicaid and who have exchange insurance. Figure 1a presents the prevalence estimates for heart diseases (CHD, MI, CHF) and the results indicate that adults who are oldly eligible for Medicaid have the highest prevalence of each condition, followed by the newly eligible and adults with exchange insurance.

In a parallel analysis, the prevalence estimates among adults not enrolled in Medicaid, but potentially eligible for Medicaid, were examined. As seen in Figure 1b, the prevalence estimates of all three reported heart diseases are similar between working-age adults who are newly eligible for Medicaid and those who are potentially eligible for Medicaid.

With respect to other chronic conditions, presented in Figure 2a, the prevalence of a history of cancer is fairly similar by insurance type. The prevalence of diabetes and hypertension is highest among oldly and newly eligible Medicaid enrollees, followed by adults with exchange insurance. Only adults with other private insurance have a prevalence of obesity that is below 25%.

Figure 2b presents the prevalence estimates for these four chronic conditions among adults living at or below 138% FPL. The

Figure 1a. Prevalence of Heart Diseases by Insurance Type among Working Age Adults (19-64) in Ohio

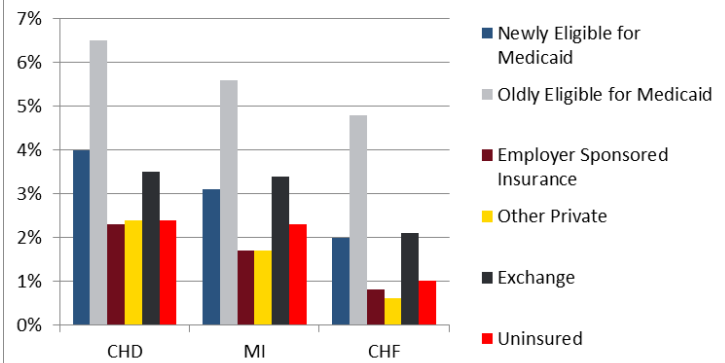


Figure 1b. Prevalence of Heart Diseases by Insurance Type among Working Age Adults (19-64) Living at or Below 138% FPL in Ohio

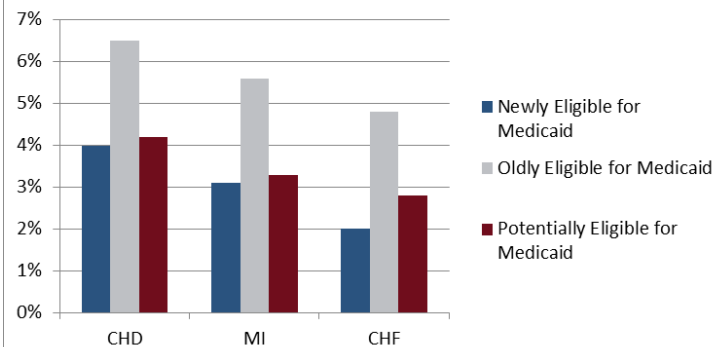


Figure 2a. Prevalence of Other Chronic Conditions by Insurance Type among Working Age Adults (19-64) in Ohio

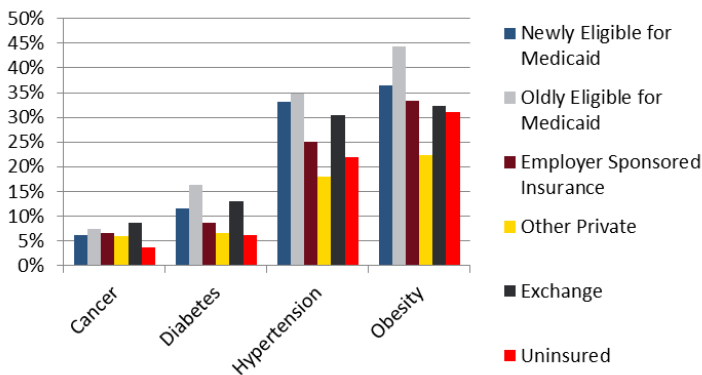
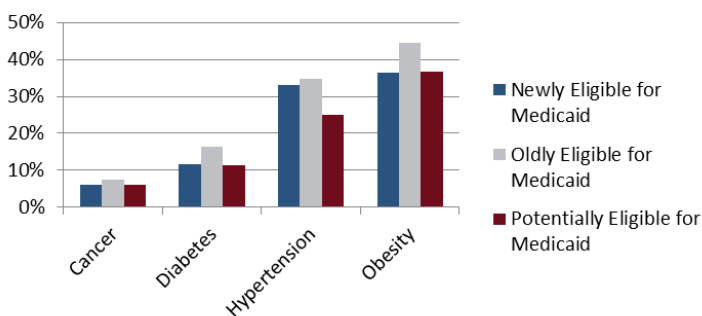


Figure 2b. Prevalence of Other Chronic Conditions by Insurance Type among Working Age Adults (19-64) Living at or Below 138% FPL in Ohio



prevalence estimates for cancer, diabetes and obesity are similar between adults newly eligible and enrolled in Medicaid and adults potentially eligible for Medicaid. However, the hypertension prevalence is slightly lower in the group of adults potentially eligible for Medicaid.

Substance Use and Mental Impairment

Figure 3a presents the prevalence estimates for current smoking, binge drinking, misuse of prescription pain relievers and mental health-related impairment (MHI) among all working-age adults in Ohio. Current smoking prevalence is the highest among Medicaid enrollees (both newly and oldly eligible). The prevalence of binge drinking is lowest among working-age adults who are oldly eligible for Medicaid. Misuse of prescription pain relievers is highest among the uninsured. Mental impairment is greatest among those with Medicaid (both newly and oldly eligible), followed by the uninsured.

In Figure 4b, the estimates for adults not enrolled in Medicaid are limited to those who are potentially eligible for Medicaid. The prevalence of binge drinking and misuse of prescription pain relievers is similar among adults newly eligible for Medicaid and those who are potentially eligible for Medicaid. Adults potentially eligible for Medicaid have a lower smoking prevalence and prevalence of MHI compared to both groups of adults enrolled in Medicaid.

CONCLUSIONS

The results presented in this brief suggest that working-age adults who are newly eligible for Medicaid have a lower prevalence of most chronic conditions presented in this report compared to those oldly eligible for Medicaid, but a higher prevalence of most conditions compared to adults with employer sponsored insurance. When comparing the newly eligible to adults who are potentially eligible for Medicaid but not enrolled, the prevalence of most chronic conditions is similar, except for hypertension. Additionally, adults newly eligible for Medicaid have a similar prevalence of binge drinking and misuse of prescription pain relievers, but a higher prevalence of smoking and MHI compared to adults who are potentially eligible but not enrolled in Medicaid.

Increased access to care among the newly eligible Medicaid population of working-age adults should help with better management of their chronic conditions. Future efforts could focus on promoting Medicaid enrollment to adults who are eligible but not currently enrolled. Future research could determine if chronic conditions, substance use and mental impairment improve in this population over time and determine the utilization of the new health insurance in this population. Previous research demonstrates that access to Medicaid reduces financial burden⁵ and has the potential to improve health outcomes and mortality.¹

References

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FOR MORE INFORMATION

To view more information about OMAS and the findings in this policy brief, please visit the OMAS website at the Ohio Colleges of Medicine Government Resource Center gcr.osu.edu/OMAS.

Figure 3a. Prevalence of Substance Use and MHI among Working Age Adults (19-64) in Ohio

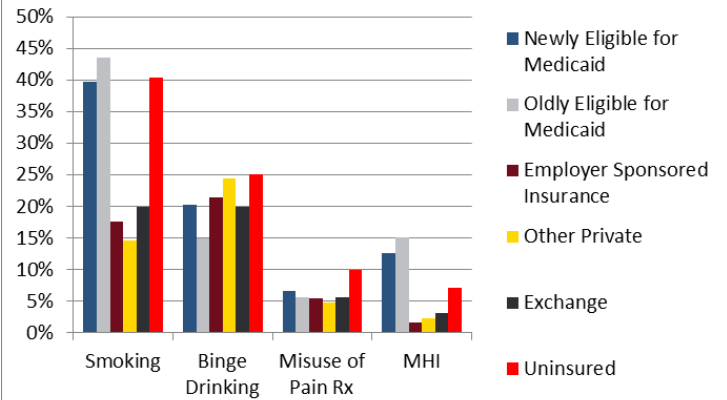


Figure 3b. Prevalence of Substance Use and MHI among Working Age Adults (19-64) Living at or Below 138% FPL in Ohio

