



## 2008 Summary of Initial Findings

The Ohio Family Health Survey (OFHS) data is the most current data available on different health coverage and other health-related characteristics of Ohioans, with collection having been conducted between August 2008 and January 2009. The 2008 OFHS provides the major data set for planning healthcare reform and for establishing Ohio healthcare budgets. The primary purpose of the OFHS is to provide Ohio policymakers with information about the health status, health care utilization, health insurance coverage and health care access of Ohioans at a state and county level for all Ohioans, with special emphasis on those on Medicaid and who are uninsured

This survey is the third interval of the OFHS, with prior surveys having been conducted in 1998 and 2004. The 2008 survey contains responses from over 51,000 adults (one per household). It also contains proxy responses for over 13,000 children (one per household). The 2008 survey utilizes a complex design requiring special statistical techniques and software for analysis. Its design allows for county-level analysis. Survey data are not fully comparable to prior years due to design and information modifications so any such comparisons must be done with caution.

The results presented from the 2008 Ohio Family Health Survey are descriptive. Accordingly, associations between variables should not be assumed. Techniques for modeling associations and causality should use methods appropriate for cross-sectional data.

### **Children**

The uninsured rate for children has significantly improved since 2004, down from 5.4% to 4%. The reduction in uninsured children is believed to be due to expansion of health care coverage for children under the State Children's Health Insurance Program (SCHIP) and outreach efforts by Ohio's Medicaid program.

The majority of uninsured children are in families with incomes within the existing Medicaid/SCHIP income eligibility standard of 200% of the poverty level. The percent of children receiving job-based coverage fell from 59.5% in 2004 to 53.3% in 2008.

Disparities also affect Ohio children. Hispanic children were 3.3 times more likely than the general population to be uninsured; 18-to-64-year-old Hispanics were 2.6 times more likely to

be uninsured. The uninsured rate for black and white children was not significantly different. Children in rural counties had the highest uninsured rate (4.9% for rural non-Appalachian counties and 4.8% Appalachian counties), followed by Metropolitan counties (3.9%), and suburban counties (3.3%).

Children without coverage reported greater access to care issues than those with insurance. For instance, uninsured children were 5.1 times more likely to have no usual source of care.

Just over 45% of Ohio's children were from families with reported 2007 family income below 101% of the federal poverty level, while over 60% of Ohio's children (62.8%) lived in families with incomes below 301% of poverty in all regions. The rate of children in families with incomes below 301% of poverty is highest in the Appalachian region (75.1%), followed by the Rural non-Appalachian region (64.7%), Metropolitan region (62.9%), and Suburban region (52.4%). The rate is also highest for Blacks (86.5%), followed by Hispanics (79.9%)

For supplemental services not always covered under a regular health insurance plan, children had the highest reported rate of no coverage for vision care (22.3%), followed by dental care (18.3%), and prescription medications (6.9%). Uninsured children reported unmet dental needs that were 4.2 times that of insured children and unmet prescription medication needs that were 4.8 times that of insured children.

### **Working age adults**

The uninsured rate for working age adults 18 to 64 increased from 15.0% in 2004 to 17.0% in 2008, increasing from an estimated 1,055,651 uninsured 18-to-64-year-olds in 2004 to 1,220,895 uninsured 18-to-64-year-olds in 2008. A key explanation for this increase in the uninsured rate is the decline in job-based coverage, which has fallen from 63.5% in 2004 to 61.7% in 2008. One reason for this decline in employer-based coverage is a large increase in the number of people not working, up from 30.6% in 2004 to 35.1% in 2008. The number of people not working included those who were unemployed and looking for work, those who were unemployed and no longer counted as looking for work, those who retired early, those who could not work, and those who chose to stay home.

Independently employed workers and workers at small firms with 49 or fewer workers had significantly higher uninsured rates than those at other firms. The uninsured rate for workers at small firms was 22.7% compared to 10% for firms with 50-249 employees, 6% for firms with 250 to 999 employees, and 4.5% for firms with over 1,000 employees. With employer-sponsored insurance having traditionally been the most common means of insurance access, more Ohioans are being forced to find health insurance on their own.

Disparities exist among the working age uninsured. For working age adults (18 to 64), the uninsured rate has increased since 2004 for whites, blacks, and Hispanics. However, the increase is particularly significant for Hispanics (from 27.2% to 39.1%). Blacks aged 18 to 64 were 1.8 times more likely to be uninsured than whites.

Uninsured working age adults were more than 2.6 times likely to report having a harder time in getting care than 3 years ago than those who are insured (51.98% to 19.47%). The

uninsured also reported a greater likelihood of poor or fair health status: 24.5% of uninsured working age adults reported poor or fair health compared to 14.8% of those with insurance.

The uninsured reported more difficulty gaining access to care and paying for care than those who are insured. Uninsured working age adults were 2.7 times more likely to have no usual source of care (33.8% to 12.6%). Additionally, the working age uninsured reported a greater use of hospital emergency rooms (28.5% to 20.7% for at least one visit), but a lower rate of hospitalization admissions (10.7% to 12.8%). Even though the working age insured had a lower rate of using the ER, they accounted for a much greater number of ER visits than the uninsured (1,230,621 to 347,704).

Working age adults without dental coverage were more than 3 times likely to report having an unmet dental health need. Working age adults without vision care were more than 2 times likely to report having unmet vision health need. Working age adults without prescription drug coverage were more than 2.7 times likely to report having an unmet medication need.

More than half (56.4%) of uninsured working age adults reported difficulty paying medical bills, compared to 23.5% insured working age adults. Of those uninsured having difficulties paying medical bills 46.8% reported being unable to pay for other necessities due to their medical bills compared to 34.1% for the insured having difficulty paying medical bills. Over 60 percent of both insured and uninsured working age adults who had difficulty paying medical expenses used savings to help pay for medical bills (64.04% for the uninsured and 60.12% for the insured). More of the insured having difficulty paying medical bills took out loans or debts (32.1%) than did the uninsured facing this same problem (23.6%).

Many working age Ohioans lacked coverage for dental, vision, mental health, or prescription drug services. Ohioans reporting a lack of coverage for major supplemental services is highest in the area of vision (39.9%), compared to dental (36.4%), and prescription coverage (20.8%). Lack of coverage may lead people to delay or forgo treatment, some of which may be unnecessary and some of which is necessary.

## **Seniors**

The belief that Ohio's senior population (65 and older) is secure with Medicare/Medicaid is a misnomer. Although nearly all (99.3 percent) of Ohio's seniors reported having health insurance coverage, many identified gaps in coverage and challenges in paying medical bills. Nearly 12% (11.9%) of seniors reported difficulty in paying for medical expenses (183,730 people). Of these seniors having difficulties paying medical bills, more than one-third of seniors (38.3%) reported being unable to pay for other necessities due to the medical bills. More than 60 percent of these seniors (63.8%) used savings to help pay for medical bills, while over one-fourth (25.2%) reported taking out a loan or using debt to pay for medical bills.

With the implementation of Medicare Part D, the percent of seniors without drug coverage has been reduced by almost 60%, though 11.8% still reported not having prescription drug coverage. Many seniors also lacked coverage for dental (60.1%) and vision (45.3%). Even with the high rate of not having any coverage for dental health services, only 4.8% reported

having had an unmet dental health need. 7.5% of seniors reported having had an unmet medication need.

Most seniors indicated that they were in good to excellent health. However, more than a quarter (27.1%) of seniors reported being in poor-to-fair health.

Disparities exist among the senior population as well. The uninsured rate for Hispanic seniors was almost 8 times greater than the rate of whites (4.5% to 0.6%).

A significant proportion of Ohio's seniors are living with family income at or below 300% of poverty. Based on 2007 reported income, 14.3% lived with incomes below 101% of the federal poverty level, 45% lived with incomes below 201% of the federal poverty level, and 69.2% lived with incomes below 301% of the federal poverty level. More than 80.2% of Appalachian seniors have incomes below 301% of the poverty level compared to 73.9% in rural, non-Appalachian counties, 66.7% in metropolitan counties, and 66.1% in suburban counties. Over 80 percent of black (83.1%) and Hispanic (80.7%) seniors live in families with incomes below 301% of the federal poverty level, which is 1.2 times more than for whites (69.2%) and 2.1 times more than for Asians (39.7%).

### **Poverty**

The percent of Ohioans below 101%, 201%, and 301% of the federal poverty level has increased since the 2004 survey (comparing reported income for 2003 and 2007). More than 84% of uninsured working aged adults (84.2%) had family income below 301% of poverty, even though this income group accounted for only 51.8% of all 18-to-64-year-olds.

Racial and geographic disparities exist by poverty measurements. More than 70% of working age blacks (74.1%) and Hispanics (73.9%) had family income below 301% of poverty compared to just over 50% for whites (52.2%). At the same time, more than three-fourths of Appalachian children and 80% of Appalachian seniors lived in families earning less than 300% of the federal poverty level.

The increase in poverty is likely one of the key factors for the dramatic increase in Medicaid enrollment in the state since 2000 and for the continuing strong demand and use of services for Ohio's safety net and social services programs.

### **Policy Implications**

The 2008 OFHS provides information that can be useful for estimating the potential number of people who would be eligible for different health reform proposals or for existing health coverage options. Below are estimations for different policy proposals that have or are being discussed in Ohio. It is important to note that these estimates likely overstate the number of people who would be eligible due to income eligibility or other design characteristics associated with the reform proposal.

Most of the uninsured children have incomes below 201% of poverty, suggesting that they are income eligible for Medicaid/SCHIP. The proposed expansion of SCHIP to 300% of poverty would extend an offer of coverage to an estimated 20,895 children as of the time of the survey.

The proposed requirement that employers offer 125 cafeteria plan opportunities for workers to use pre-tax dollars to purchase individual health policies could apply to the 441,414 working uninsured, if this proposal covers both full-time and part-time workers in firms of all sizes. This estimate does not include the 130,342 working uninsured who are independent contractors. It also include people who work at firms with less than 10 employees, firms that are not included in this proposal.

A proposal to reform open enrollment for health insurance would insure 52,000 more Ohioans, according to the Department of Insurance. Open enrollment is a period in which anyone can apply – and get accepted – for insurance. The open enrollment proposal would likely reduce the premium rates for those uninsured in poor-to-fair health (304,800) and at least those over age 54 (154,854). Some of the people over age 54 are also counted in the poor-to-fair health figure. Many of these uninsured may still have incomes too low to afford even these lower premiums.

Proposals to expand coverage to all uninsured working age adults below 101% of the federal poverty level would make an estimated 390,910 Ohioans potentially eligible. It should be noted that some of these parents may potentially already be eligible for Medicaid, along with their children.

Proposals to cover all uninsured working age Ohioans between 101 and 200% of the federal poverty level would make an estimated 250,088 people potentially eligible.

Proposals to provide financial assistance to uninsured working age adults between 201 and 300% of poverty would make an estimated 154,939 Ohioans potentially eligible.

Proposals to mandate coverage to all working age Ohioans would make an estimated 1,220,895 Ohioans potentially eligible, including an estimated 424,959 with incomes above 300% of the federal poverty level.