

Demographic Analysis of Low-Income Adults without Dependent Children: Implications for the Expansion of Medicaid

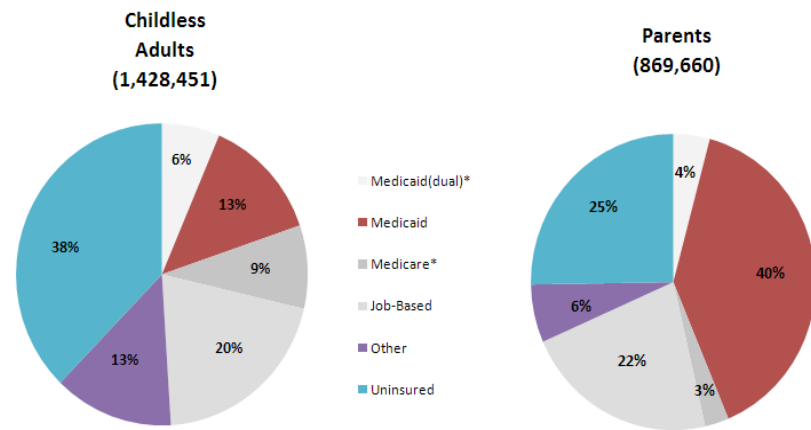
Kelly Stamper Balistreri, PhD, Hsueh-Sheng Wu, MA
Center for Family & Demographic Research, Bowling Green State University

Under health care reform, Medicaid will continue to cover many low-income and medically vulnerable residents (i.e., low-income children, disabled) but will be expanded in 2014 to include low-income adults with no dependent children. This newly eligible group—childless adults—is of particular interest to policy makers and health practitioners because they represent a large and diverse population that is uninsured at high rates and may have greater health needs than other uninsured groups.

Ohio's Low-Income Childless Adults and Parents

- Low-income, childless adults are more likely to be uninsured than low-income parents. Nearly two out of five (38%) of Ohio's low-income, childless adults are uninsured.
- Low-income, uninsured, childless adults report worse physical health than low-income parents eligible for and enrolled in Medicaid. Almost 40% of low-income, uninsured, childless adults report fair/poor health or moderate-to-high levels of psychological distress, yet a substantial proportion lacks a usual source of health care. Childless adults also report higher rates of needing or receiving treatment for mental health or substance abuse problems.
- Low-income, uninsured, childless adults utilize fewer health care services than comparable parents with access to Medicaid, net of demographic characteristics. The probability of visiting a physician in the last two years for a routine check-up or medical care is much higher for low-income parents with access to Medicaid than for the childless and uninsured.

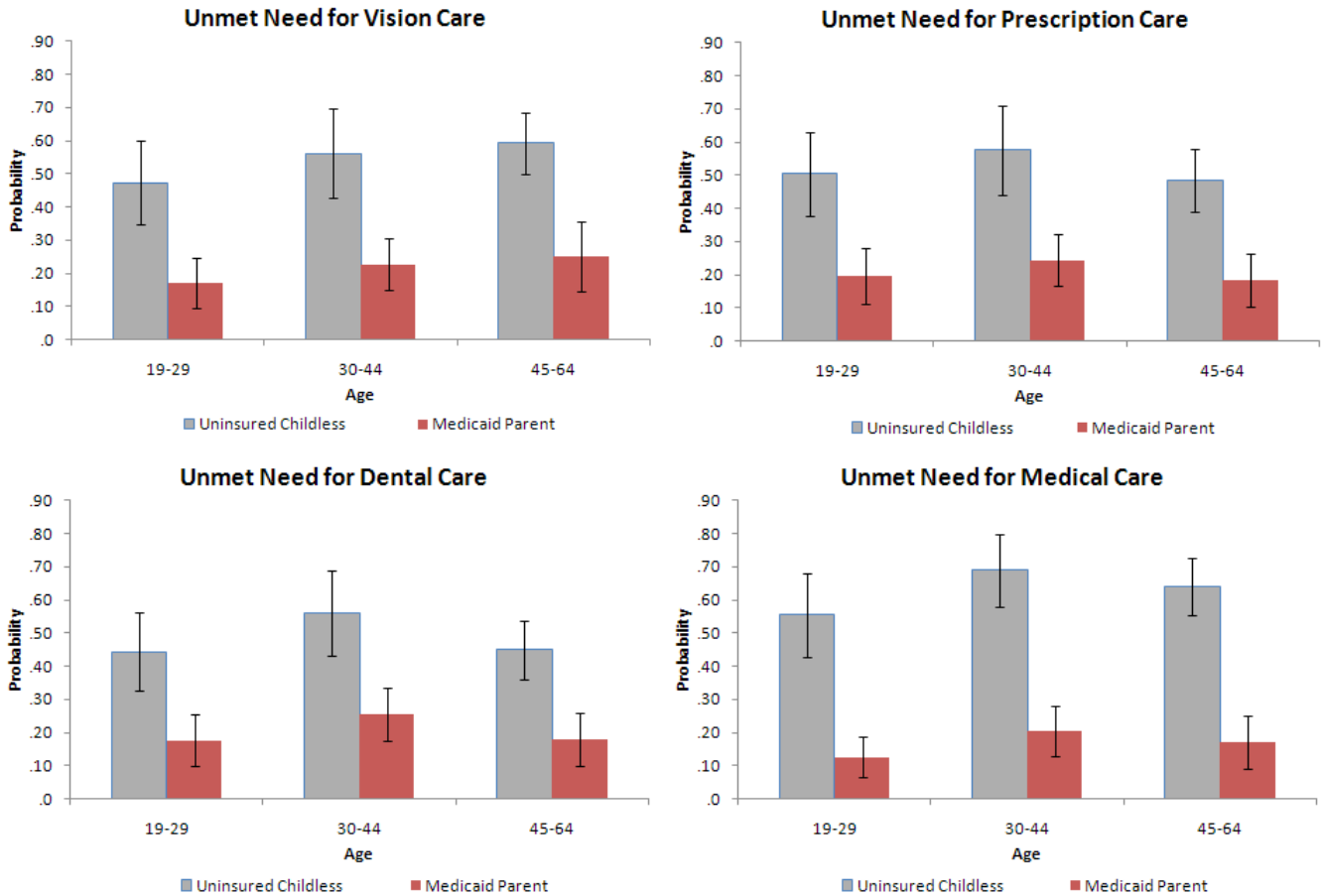
Insurance Status of Childless Adults and Parents (ages 19 to 64) with Family Income \leq 138% of FPL, Ohio 2010



* Recipients of Medicaid plus Medicare (Dual Eligible's) and Medicare in the are range are categorized as disabled. Disability here is defined as an individual that requires: (1) long term day-to-day assistance; (2) long-term therapies; (3) is in fair or poor health and needs personal care, domestic care or social assistance; (4) has a potential disabling mental health condition or (5) has a Medicaid or Medicare waiver.

- Ohio's uninsured, childless adults have much higher probabilities of unmet need for medical, vision, dental, and prescription care than parents enrolled in Medicaid. Almost two-thirds of Ohio's low-income, uninsured, childless adults have some form of unmet need for health care.
- Several service regions in the state may shoulder a disproportionate proportion of the state's potential Medicaid expansion population. A ratio of the low-income uninsured population to the total non-elderly population suggests that the North East Central, Eastern Central, and West Central regions are likely to have the heaviest share in relation to their overall population size.

Adjusted Probabilities (and 95% Confidence Intervals) of Unmet Need for Vision Care, Prescription Care, Dental Care and Medical Care, Low-Income ($\leq 138\%$ FPL) Uninsured Childless Adults vs. Parents using Medicaid



Note: Charts are based on reduced form logit models of restricted sample of low-income adults (19 to 64) with family income at or below 138% FPL. Estimated probabilities are for Non-Hispanic white women. Medicaid users include dual recipients of Medicare and Medicaid.

Policy Implications

- Uninsured, low-income childless adults face health problems and lack a secure avenue to obtain health care. Medicaid programs must provide suitable outreach to enable this group not only to be enrolled in the program but also to access the care that they need.
- The demographic composition of Ohio’s low-income uninsured is also a cause for concern. Given that there is a concentration of young men and older women among the low-income uninsured, health providers must take into account varying health needs. This may be a defining feature of future health care needs or outreach efforts.
- Future Medicaid enrollees may be childless adults who struggle with chronic conditions, including mental health and substance abuse problems, making it unlikely that they could reach a level of employment to secure job-based insurance. This, in turn, may create a demand for mental health or substance abuse treatment services among the new Medicaid expansion population.