

Employment in Ohio: 2019 Update

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Department of
Medicaid

Mike DeWine, Governor
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OHIO COLLEGES OF MEDICINE
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EXECUTIVE SUMMARY

Medicaid exists at an intersection between economic and health policy where policymakers balance Medicaid's protective safety net role for families facing unemployment, economic difficulties to a high cost health care system, and financial independence. Appreciative of these factors, this chartbook examines employment dynamics for both Ohio's Medicaid population and overall adult workforce. Most analyses rely on the 2019 Ohio Medicaid Assessment Survey (OMAS) and supplemental analyses from the State of Ohio administrative records.

Key Findings

- In 2019, more than two-fifths (43.1%) of adult Ohio Medicaid enrollees were actively employed (Slide 17).
 - For all Ohioans not working, leading barriers to work were physical or mental health limitations (51.4%), caring for a family member (30.6%), and not being able to find work (21.5%) (Slide 18).
 - For all Ohioans not working, looking for work, but unable to find a job, the most common barriers were the need for additional skills through school or training (39.5%), transportation problems (32.4%), and employer background checks (21.1%) (Slide 20).
- In terms of Medicaid expansion longevity (duration of enrollment), as of December 2019, approximately half (52.8%) were continuously enrolled since 2018, and less than a quarter (24.4%) were continuously enrolled since 2016 (Slide 50).

The results from this chartbook show a connection between Medicaid enrollment and employment policy. Almost half (43%) of adult Medicaid enrollees were employed at the time of interview, and enrollees in the ACA expansion often transition quickly off Medicaid. Most Ohioans who were not working reported having health limitations, caring for a family member, or experienced high barriers to securing employment, including a lack of schooling or transportation. Efforts to increase employment for Ohioans who are not working should factor for health limitations and limited demand for many Ohioans' workforce preparation.

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

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BACKGROUND

Jobs and Employment in Ohio

Ohio's economy and workforce have faced a turbulent last ten years. Particularly problematic is that Ohio has lost approximately 1,200,000 jobs for the period March through May of 2020, due to the COVID-19 pandemic. The long run effects of COVID-19 are still unknown and available data were limited or preliminary when this chartbook was produced. The analyses presented here therefore predate the COVID-19 pandemic, but important longer-term trends are considered. In particular, comparative retrospective analyses have shown that the 2008 recession caused: (1) Unemployment to rapidly rise, with Ohio losing 411,000 jobs from December 2007 to February 2010 (Source: Bureau of Labor Statistics, Total Nonfarm Payrolls, Authors' Calculations); (2) workforce participation to decline; and (3) average household income to fall to its lowest level in decades. Ohio's economy gradually recovered over the subsequent decade, but policy challenges in Ohio due to the 2008 recession remained before the onset of the coronavirus pandemic.

Job Insecurity and Barriers to Employment

Job loss and insecurity have long been shown to have important consequences for both individual outcomes and economic growth (Brand, 2015; Greenhalgh et al, 1984). These consequences also affect Ohio's communities due to personal and community resource stresses, and Ohio Medicaid due to enrollment and service demand increases. Beyond loss of income, savings, or wealth, job loss and

perceived job insecurity can also deteriorate important social and family institutions, potentially resulting in family dissolution and lower educational attainment for children of families experiencing job loss (Brand, 2015; Doiron et al, 2011). Job loss is also directly associated with adverse physical and behavioral health effects (Burgard, 2007; Olesen et al, 2013), including an increased risk for substance use disorder, higher tobacco use, heavy alcohol use, illicit drug use, social isolation, and under-utilization of health care and increases in health risk behaviors (Catalano et al, 1993; Compton et al, 2014; McKee-Ryan et al, 2005).

Key Research Population

Medicaid enrollees, particularly Ohio's ACA Medicaid Expansion (also known as Group VIII) enrollees, are this chartbook's key research population. Research from the 2015 Ohio Medicaid Assessment Survey showed that nearly half the adult Medicaid expansion population in Ohio worked (Seiber et al, 2017). However, little is known about the breadth and depth of job insecurity and the barriers to employment among Medicaid enrollees, particularly in comparison to those not enrolled in Medicaid but potentially eligible. Current analyses reveal that employment barriers may be interrelated and multiplicative (Acker et al, 2001; Son et al, 2011), and that the negative effects of job loss can be amplified among lower-income families with fewer resources (Yeung et al 1998).

BACKGROUND

Employment and Medicaid Enrollment

The relationship between employment and Medicaid enrollment has been examined across states and over time. Several studies have concluded that higher unemployment is followed by increases in Medicaid enrollment, implying many individuals who lose their jobs during an economic downturn gain Medicaid income eligibility and coverage, assuming they meet relevant program enrollment criteria (Holahan et al, 2001; Rowland, 2009). Similar studies showed that as unemployment rates rise, more children enroll in Medicaid and CHIP (Cawley et al, 2013).

Economic downturns can also impose financial barriers upon states required to balance their budgets, limiting abilities to expand Medicaid benefits (Cromwell et al, 1997). Medicaid enrollment itself may affect employment discussions among enrollees, although a recent examination of the effects of expanding Medicaid coverage on labor force participation found evidence that expanding Medicaid coverage did not result in significant decreases in employment, job switching, or part-time work status among adults with incomes below 138% of the federal poverty level (\$29,435 in annual income for a family of three) (Gooptu et al, 2016). Evidence from Ohio showed that local economic conditions were not associated with length of Medicaid enrollment among Group VIII enrollees (Nau et al, 2018).

Medicaid and Employment Policy

The Center for Medicare & Medicaid Services (CMS) acknowledges that employment is a fundamental part of life for people with and without disabilities (Doiron et al, 2011). In turn, policymakers across the country continue to work to strengthen state Medicaid benefits and employment opportunities for their constituents, recognizing health insurance coverage and employment opportunities can be critical for ensuring the health and well-being of low-income individuals, families, and local communities (Burgard et al, 2007). Several states have begun to develop Medicaid eligibility waiver programs to promote access to pre-vocational services, education, and training opportunities to help build their constituents' career strengths and interests. Ohio Medicaid is currently planning for the implementation of a 1115 Waiver Community Engagement requirement beginning in January 2021 that requires certain Medicaid expansion enrollees without exemptions to average 20 hours per week in paid or volunteer work and assists enrollees with finding job opportunities.

OBJECTIVES

This chartbook has multiple interrelated objectives that are organized into five sections:

Barriers to Employment

Describes the distribution of employment and barriers to work among Ohioans, including health-related limitations, school/training commitments, family commitments, concerns about losing benefits, lack of schooling/training, and transportation barriers.

Employment Stability and Weekly Hours

Examines stability of all Ohio workers in terms of their current job and the prevalence of full-time compared to part-time work and employment churn.

Employment Patterns and Worker Health

Depicts the association between employment and health status for Ohio workers, including self-rated health, chronic condition status, social isolation, and health risk behaviors.

Employment Patterns and Medicaid Enrollment Patterns

Documents Medicaid enrollment data, a survey of Ohio Medicaid expansion enrollees (the 2018 Ohio Medicaid Group VIII Assessment Telephone Survey), and survey data linked to Medicaid data in order to document the connection between work status and changes in Medicaid enrollment status.

General Employment Patterns and Trends in Ohio

Provides historical and contextual information regarding the rate of employment, household income, distribution of occupations, and prevalence of large compared to small employers in Ohio.

METHODS

Description of Data Sources

- This chartbook uses data from the Ohio Medicaid Assessment Survey (OMAS) series, the 2018 Ohio Medicaid Group VIII Survey, Ohio Medicaid administrative data, and linked data between the Group VIII Survey and Ohio Medicaid administrative data.

Further Details on the 2019 OMAS

- The Ohio Medicaid Assessment Survey (OMAS) is an Ohio-specific assessment that provides health care access, utilization, and health status 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 OMAS mission is to assist the efficient and effective administration of Ohio's Medicaid program.
- The 2019 OMAS is a mail, web, and random digit dial complex design telephone survey. In its eighth iteration, OMAS enables tracking of the state's health system and health status over time.
- The main topics for OMAS are health care access, health care use, insurance status, chronic and acute health conditions, mental health, health risk behaviors, and health demographics such as employment, income, and socioeconomic indicators. These topics assist the Ohio

Department of Medicaid and Ohio's other health-associated state and local agencies in identifying health services and system gaps and assists in developing strategies for improving health services to Ohio's population.

- OMAS is widely used for health system research and program development by Ohio's colleges and universities, state and local governments, private sector organizations, and policymakers. OMAS data have been used for grant applications, community health initiatives, academic publications and presentations, health system planning activities, and philanthropic activities. These uses comply with the OMAS project's purpose to serve Ohio's Medicaid population and the state's health and socioeconomically vulnerable populations.

Other Data Sources

- The other data sources used in this chartbook are the 2018 Ohio Medicaid Group VIII Telephone Survey, Medicaid administrative data, and publicly available data from federal agencies including the U.S. Federal Reserve, U.S. Census Bureau, and Bureau of Labor Statistics.

METHODS

Other Data Sources (cont.)

- The 2018 Ohio Medicaid Group VIII Survey was conducted to analyze employment, health status, access to care, and enrollment patterns among current and former Ohio Medicaid Affordable Care Act expansion enrollees along with a comparison group of non-expansion Medicaid enrollees. Additional information regarding the survey methodology and key findings are available in the 2018 Ohio Medicaid Group VIII Assessment ²⁰ and Methodology Report ²¹

<https://medicaid.ohio.gov/reports>).

- Medicaid administrative data were analyzed in this report to assess enrollment patterns for adult Medicaid enrollees. To do this, eligibility and enrollment records were accessed for enrollees in Ohio's: (1) Medicaid's Expansion; (2) Aged, Blind, and Disabled (ABD) program; and (3) and covered families and Children programs (CFC). Enrollment records for respondents of the 2018 Ohio Medicaid Group VIII Survey were linked to their survey responses in order to examine the relationship between enrollment patterns and factors not available

in administrative data but of interest for this chartbook, including employment status, hours worked per week, and employment history.

- Publicly available employment data for Ohio from federal agencies was included in the final section of this chartbook, *General Employment Trends and Patterns in Ohio*, in order to provide additional context regarding Ohio's economic situation in Ohio. As needed, the specific source and any additional information regarding methodology are documented below each figure in the chartbook.

Variable Definitions

- Disability: having serious difficulty hearing, seeing even when wearing glasses, walking or climbing stairs, bathing or dressing, concentrating, remembering or making decisions, difficulty doing errands alone, having a development disability having 14 or more days in the past month where one's mental health interfered with daily functioning.

METHODS

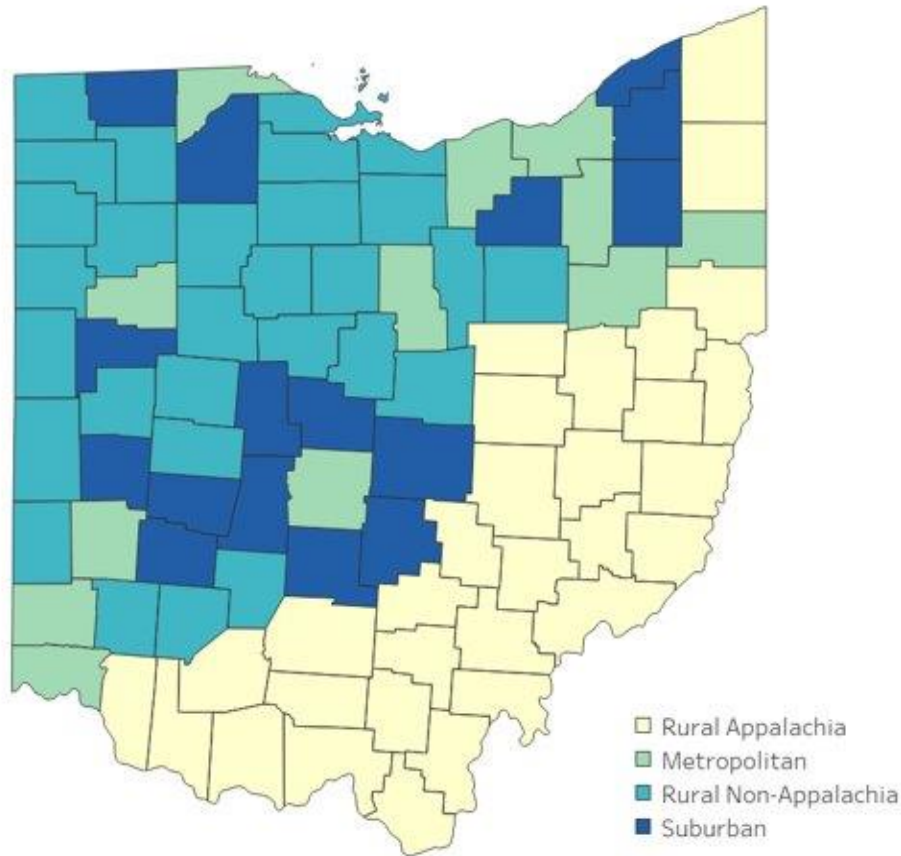
Variable Definitions (cont.)

- Binge drinking: consuming four or more drinks in a sitting in the past month if an individual is female, or five or more drinks in a sitting in the past month if the individual is male.
- Loneliness: constructed as a count of the number of times a person answers 'sometimes or often' to questions about the frequency of lacking companionship, feeling left out, and feeling isolated from others. Loneliness in this case can range from a count greater than or equal to three, but less than or equal to nine. Here, we consider the state of being lonely as having a score greater than or equal to six out of nine.

Analyses

- Analyses for this chartbook will emphasize age groupings from 19 to 64 years, the prime adult eligibility years for most Medicaid programs and the Affordable Care Act Medicaid expansion.

OMAS County Types



This chartbook contains analyses that refer to county types, which are Ohio counties grouped into demographic characteristics. OMAS defines these county types in accordance with federal definitions, as follows: (1) Appalachia 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 is defined by the Federal Office of Rural Health Policy at the Health Resources and Services Administration (HRSA), excluding Appalachian counties; and (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. These designations were originally set by the Ohio Department of Health in 1997 for the 1998 Ohio Family Health Survey (OFHS) and were slightly adjusted in 2004 and again adjusted in 2010 to include Ashtabula and Trumbull counties as Appalachian, in accordance with a federal re-designation. Guidance for these categories was provided by National Research Council's Committee on Population and Demography staff – for original designations and revisions.



RESULTS: EMPLOYMENT & BARRIERS TO WORK

Employment status and reasons for not working by age, sex, race/ethnicity, county type, and insurance status are presented in this section.

Key Findings: Employment & Barriers to Work

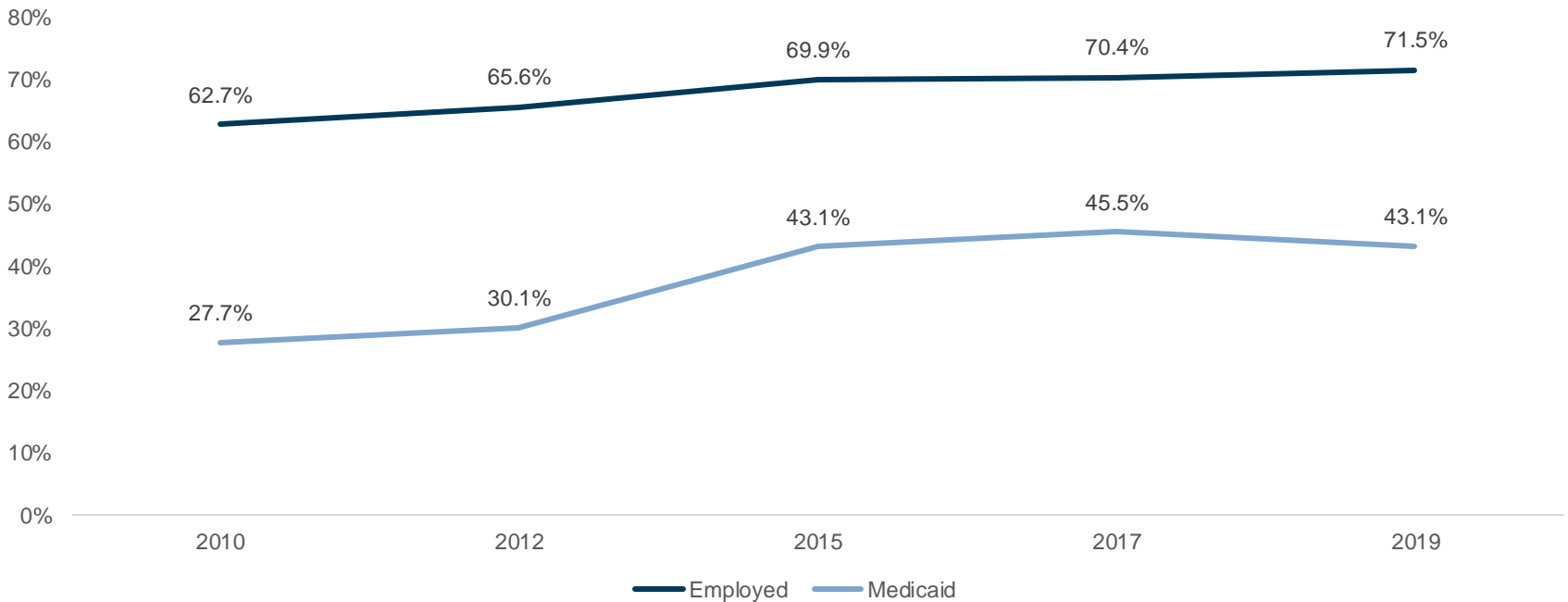
Employment Rates. Employment in Ohio recovered steadily from the 2008 Great Recession through 2019. In that year, the demographic group among individuals ages 19-64 most likely to be employed was white men (78.0%), followed by African American men (67.5%), white women (66.7%), African American women (65.7%), and Hispanic women (58.4%). More than two fifths (43.1%) of adult Ohio Medicaid enrollees were employed.

Barriers to Work. Among Ohioans ages 19-64 who were not working, many experienced barriers to work. The most commonly cited barriers for not working were physical or mental health limitations (51.4%), caring for another family member (30.6%), and not being able to find work (21.5%). Among those who reported being unable to find work, the most common reasons were the need for additional school or training (39.5%) transportation issues (32.4%) and that an employer background check is required (21.1%). Additionally, among Medicaid enrollees, 18.2% cited being worried about losing Medicaid coverage as a reason for not working.



Figure 1. Percent Employed

Among Ohioans Ages 19-64



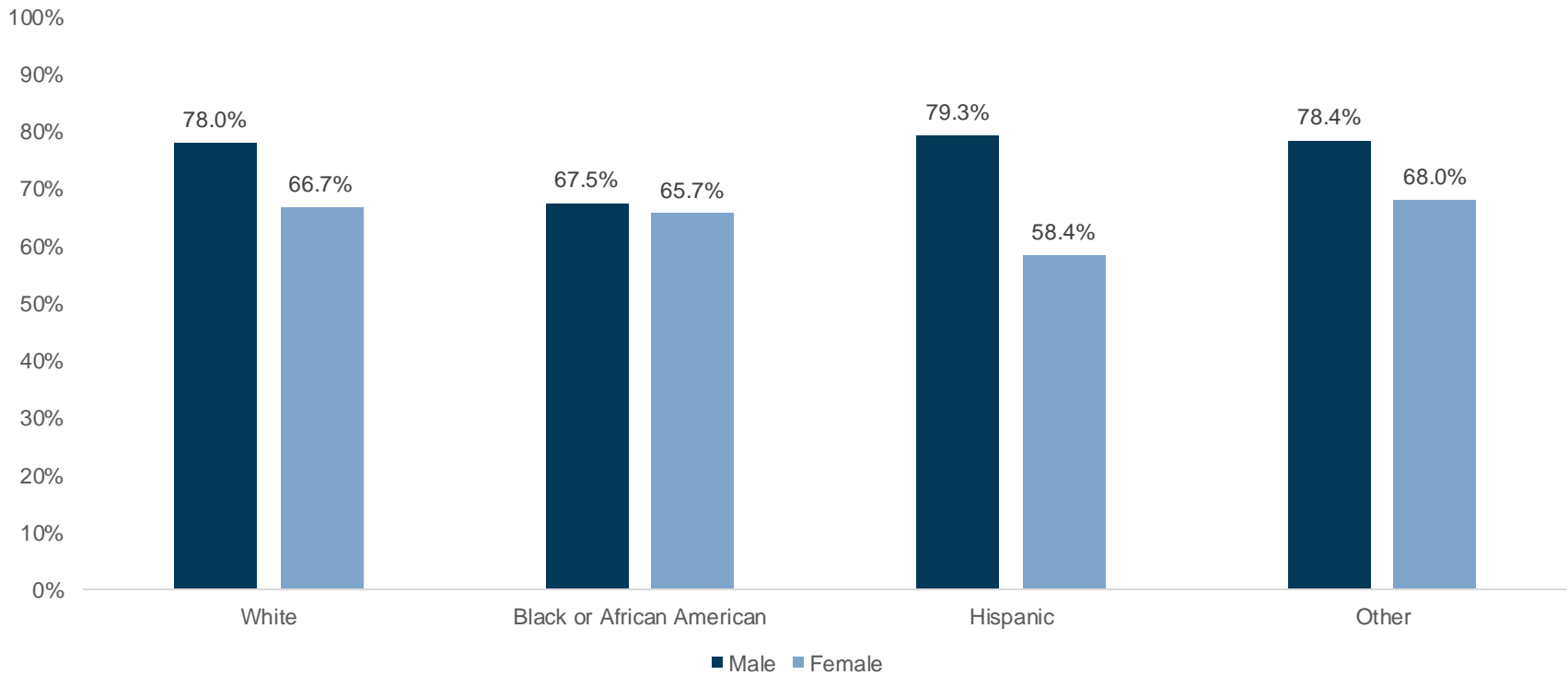
Source: 2010-2019 Ohio Medicaid Assessment Survey Data

The overall percentage of Ohioans employed increased from 62.7% in 2010, to 71.6% in 2019. The percentage of Ohioans enrolled in Medicaid who were employed increased from 27.7% in 2010 to 43.1% in 2019, with a peak of 45.5% of enrollees employed in 2017.

“Employed” is defined as respondents ages 19-64 years who indicated they had a job in the previous week. Please note that not employed is different than unemployed. According to the Bureau of Labor Statistics, for an individual who is not working to be considered unemployed, they also need to be available to work and actively looking for work.

Figure 2. Percent Employed

Among Ohioans Ages 19-64,
by Race/Ethnicity and Sex, 2019

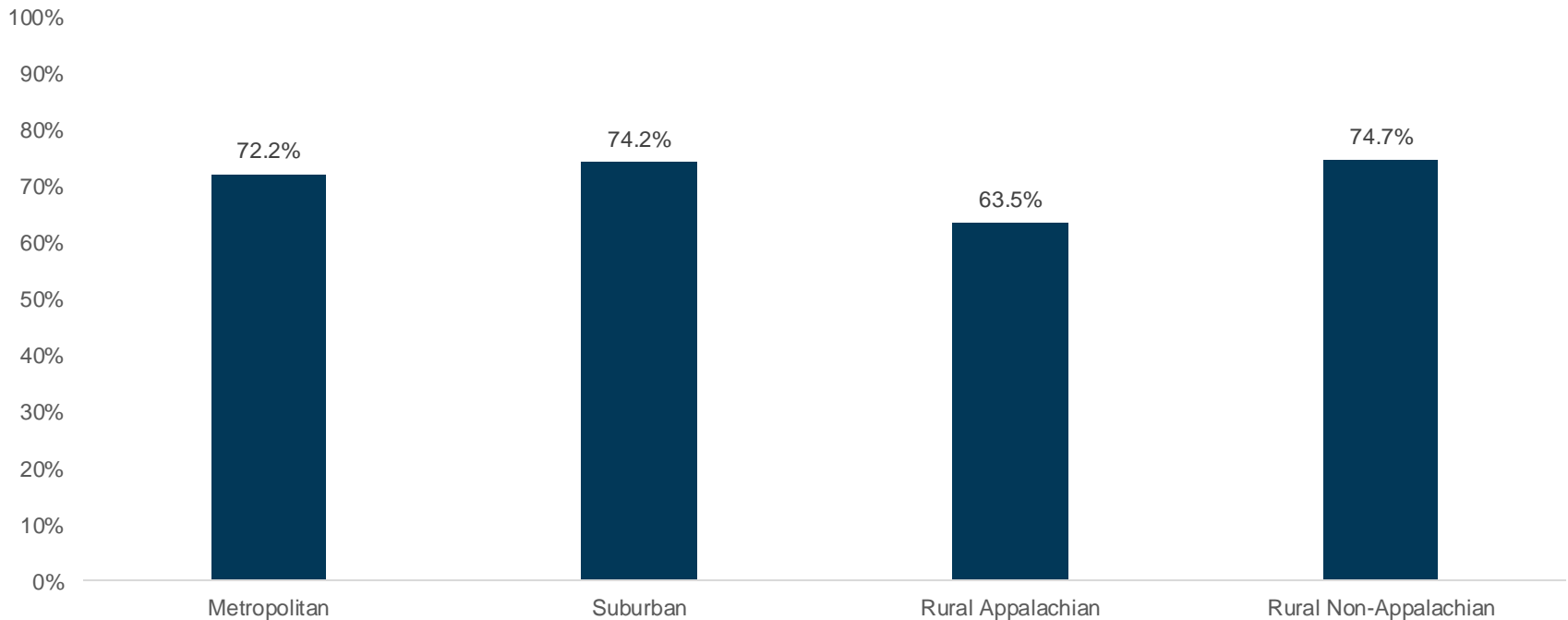


Source: 2019 Ohio Medicaid Assessment Survey Data

Black or African American males had the lowest percentage of employment among Ohio men.
Hispanic females had the lowest percentage of employment among Ohio women.

Figure 3. Percent Employed

Among Ohioans Ages 19-64,
by County Type, 2019

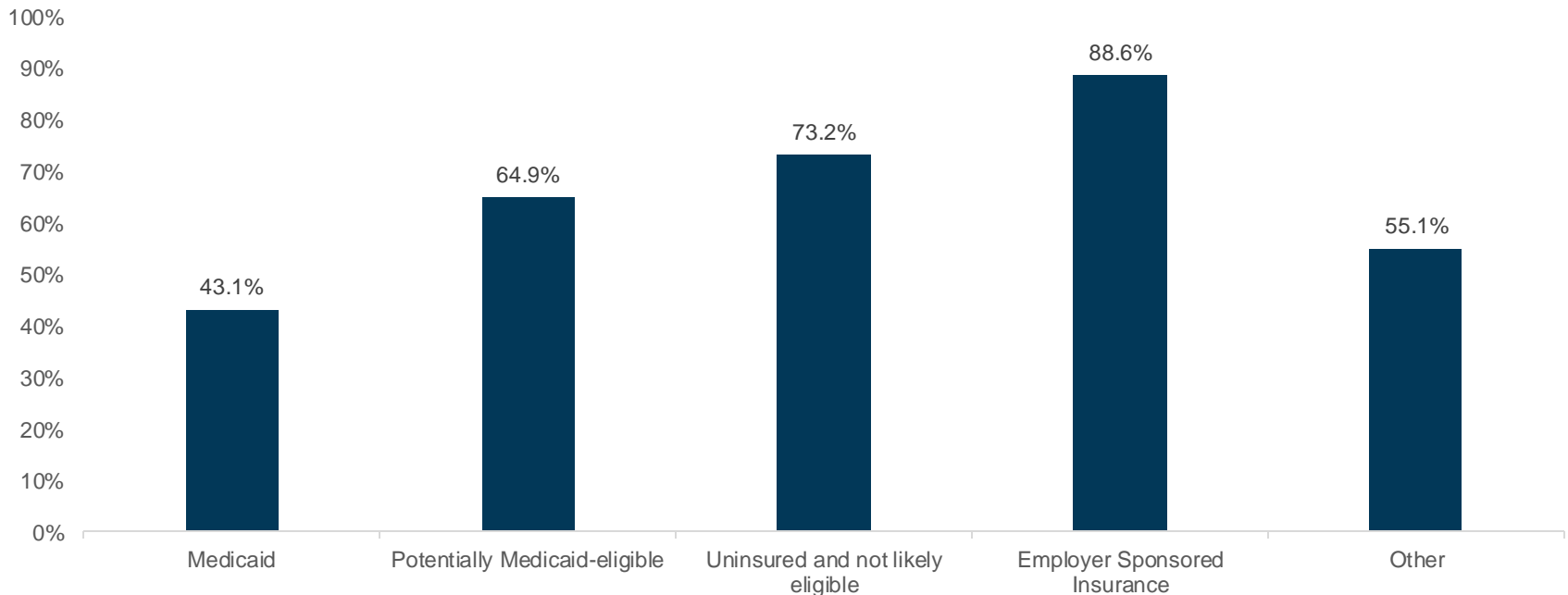


Source: 2019 Ohio Medicaid Assessment Survey Data

The percent of Ohioans ages 19-64 who were employed in 2019 was lowest among those in Appalachian counties (63.5%), followed by metropolitan counties (72.2%) and suburban counties (74.2%). Rural non-Appalachian counties had the highest percentage of employed (74.7%)

Figure 4. Percent Employed

Among Ohioans Ages 19-64,
by Insurance/Income Category, 2019



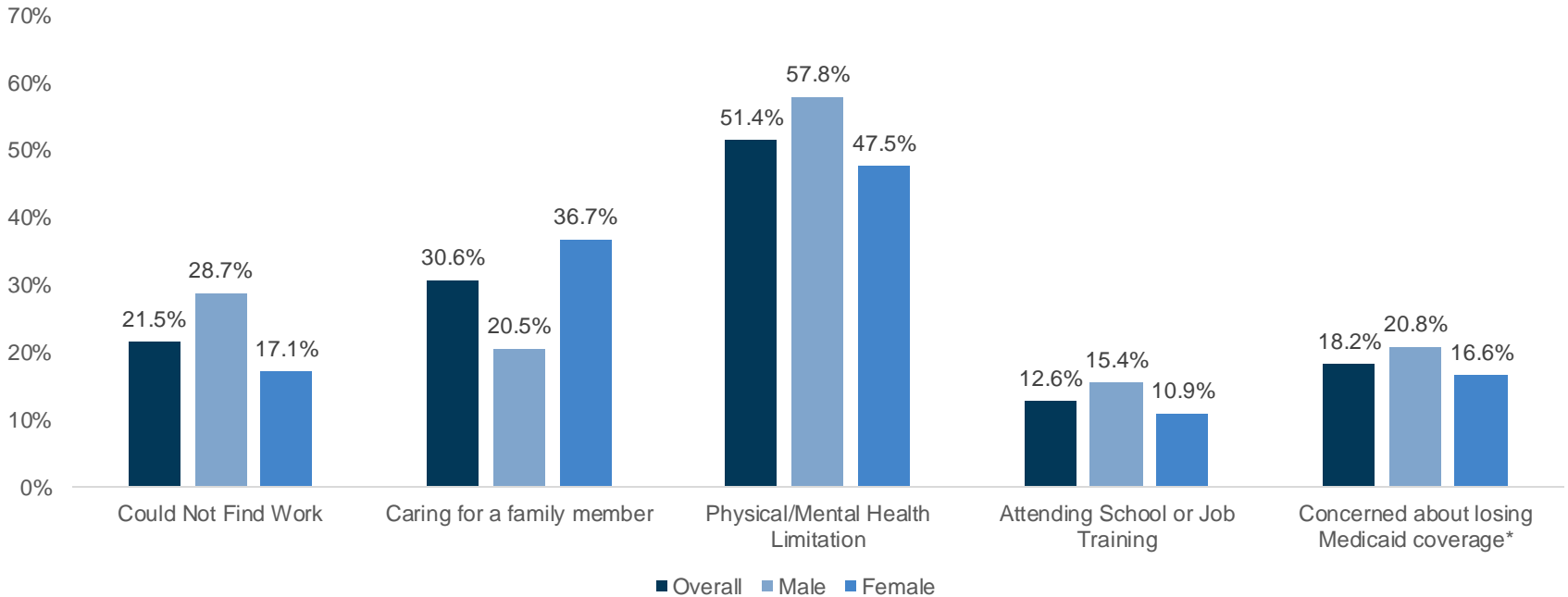
Source: 2019 Ohio Medicaid Assessment Survey Data

Nearly 9 in 10 (88.6%) of those with employer sponsored insurance were employed, while less than half of those enrolled in Medicaid (43.1%) were employed. Many enrolled in Medicaid (65.3%) who were not employed stated they had a physical or mental condition preventing them from working (Slide 23).

Potentially Medicaid-eligible are respondents uninsured but with annual income at or below 138% of Federal Poverty Level. Uninsured, ESI, and Other are any income level.

Figure 5. Reasons for Not Working

Among Ohioans Ages 19-64,
by Sex, 2019



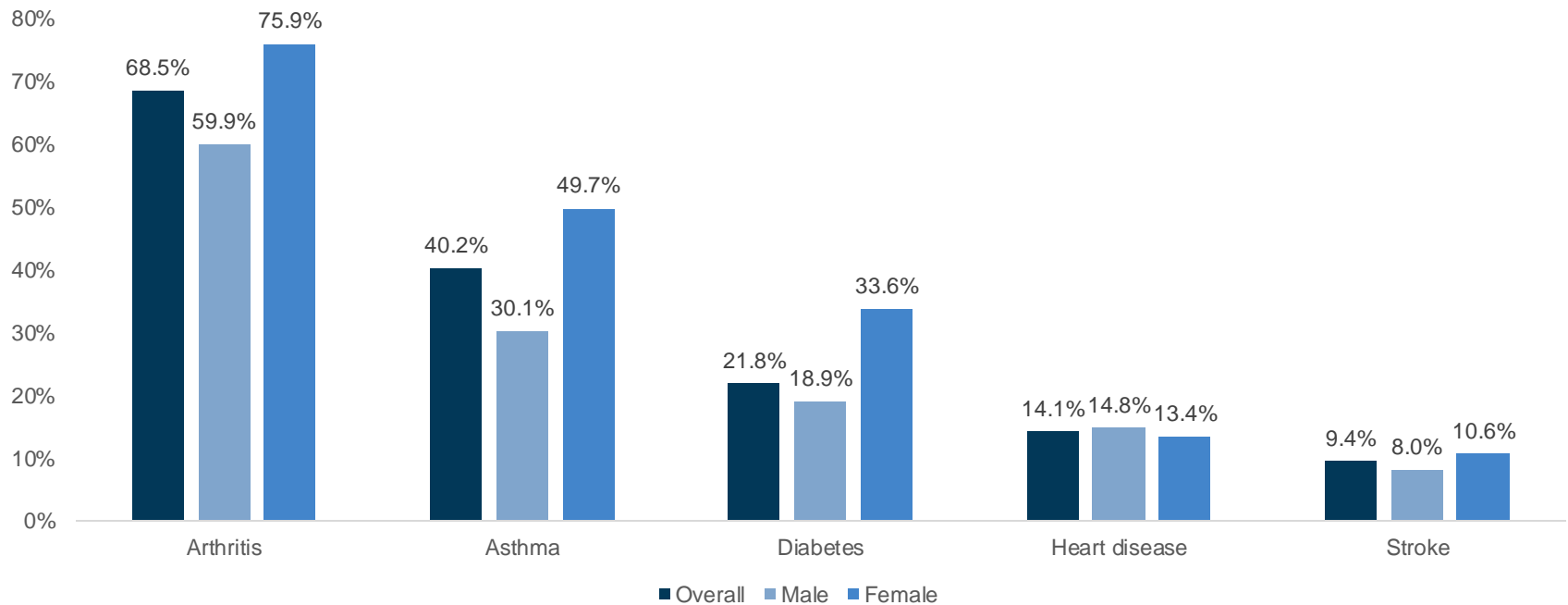
Source: 2019 Ohio Medicaid Assessment Survey Data

Physical/mental health limitations were the most common reason cited for not working among Ohioans, both men and women. Nearly 6 in 10 (57.8%) of men who were not working stated it was for this reason. Among those who stated they were not working because they were concerned about losing Medicaid coverage, 82.5% of men and 66.4% of women (73.3% overall) also had reported having a physical or mental condition which prevented them from working.

*Medicaid enrollees only

Figure 6. Percent with Chronic Diseases & Conditions

Among Ohioans Ages 19-64 Not Working Due to Concern of Losing Medicaid and Having at least One Physical/Mental Health Limitation, by Sex, 2019

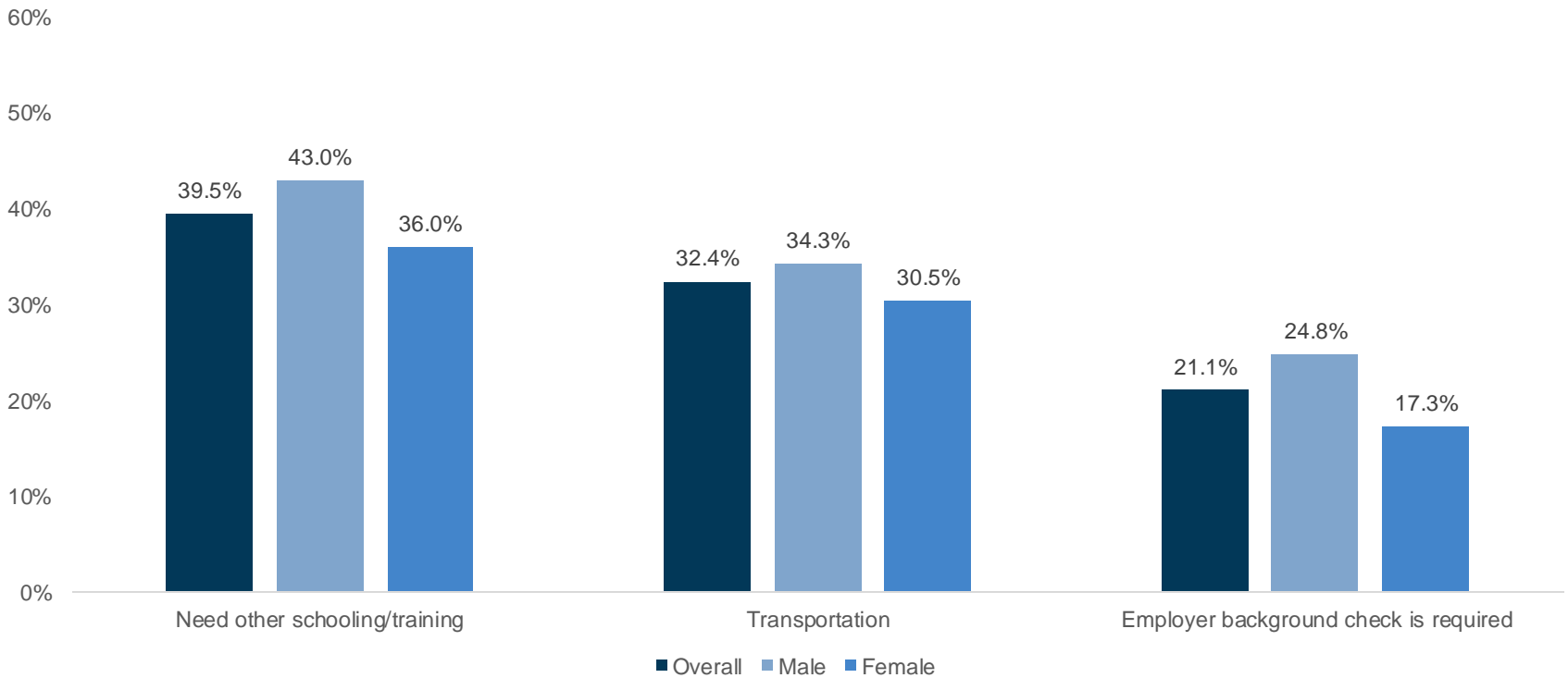


Source: 2019 Ohio Medicaid Assessment Survey Data

Chronic diseases and conditions reported among those concerned about losing Medicaid and stating they had a physical or mental health condition included arthritis (68.5%), asthma (40.2%), and diabetes (21.8%) overall. Women were more likely than men to report experiencing arthritis, asthma, diabetes, or stroke compared to men in this group.

*Medicaid enrollees only

Figure 7. Reasons for Being Unable to Find Work Among Unemployed Ohioans Ages 19-64, by Sex, 2019

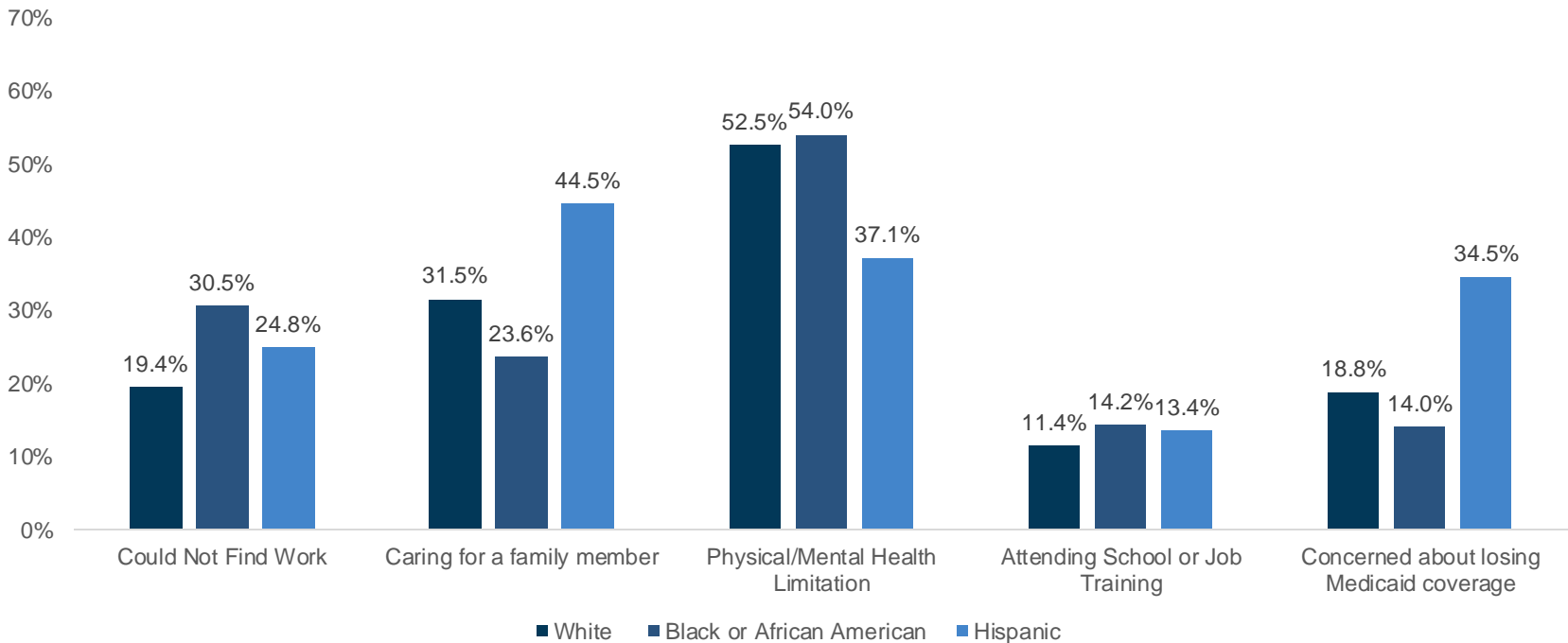


Source: 2019 Ohio Medicaid Assessment Survey Data

Among Ohioans who indicated they were not working because they were unable to find work, the need for additional training was cited most frequently.

Figure 8. Reasons for Not Working

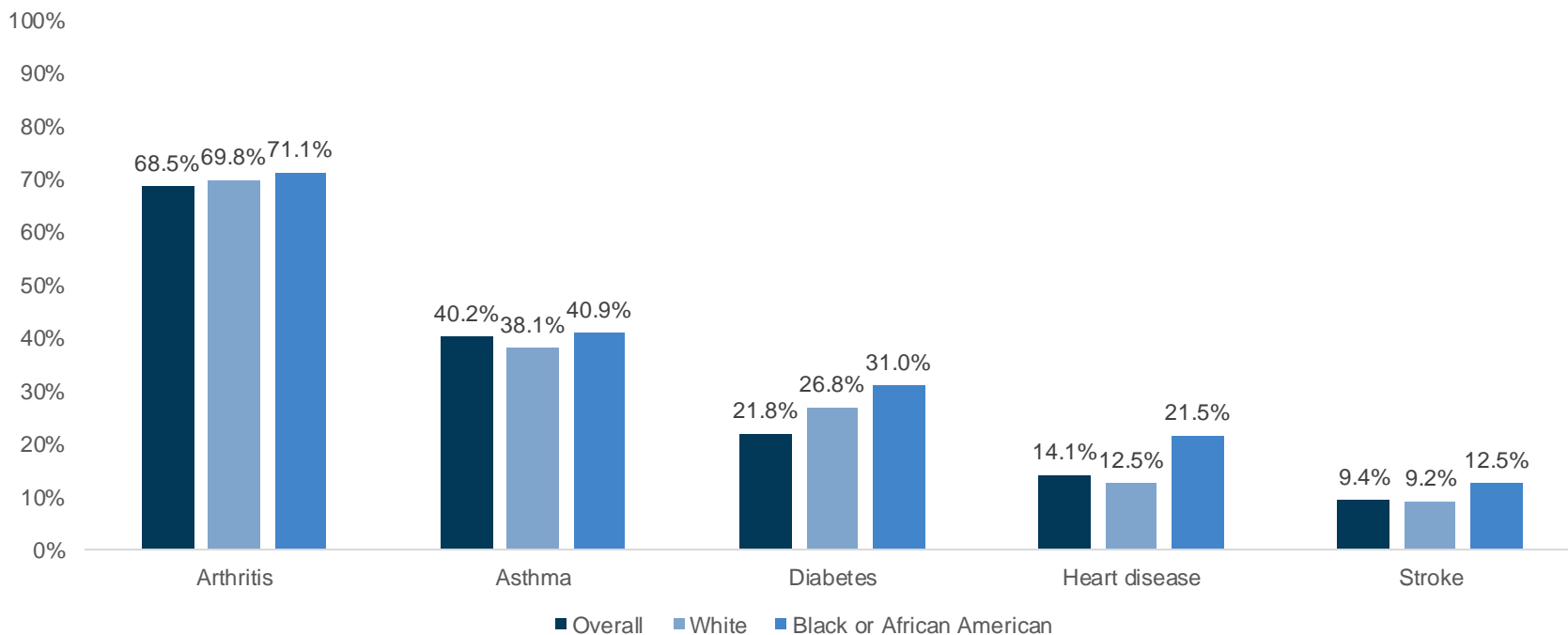
Among Ohioans Ages 19-64,
By Race/Ethnicity



Source: 2019 Ohio Medicaid Assessment Survey Data

Physical and mental health limitations were the most frequently cited reason for not working among both white and Black or African American Ohioans, while caring for a family member was the most common reason among Hispanic Ohioans. Among those Ohioans who were concerned about losing Medicaid coverage, 72.7% of white respondents, 74.0% of Black respondents, and 74.3% of Hispanic respondents had also reported having a physical or mental health limitation which kept them from working.

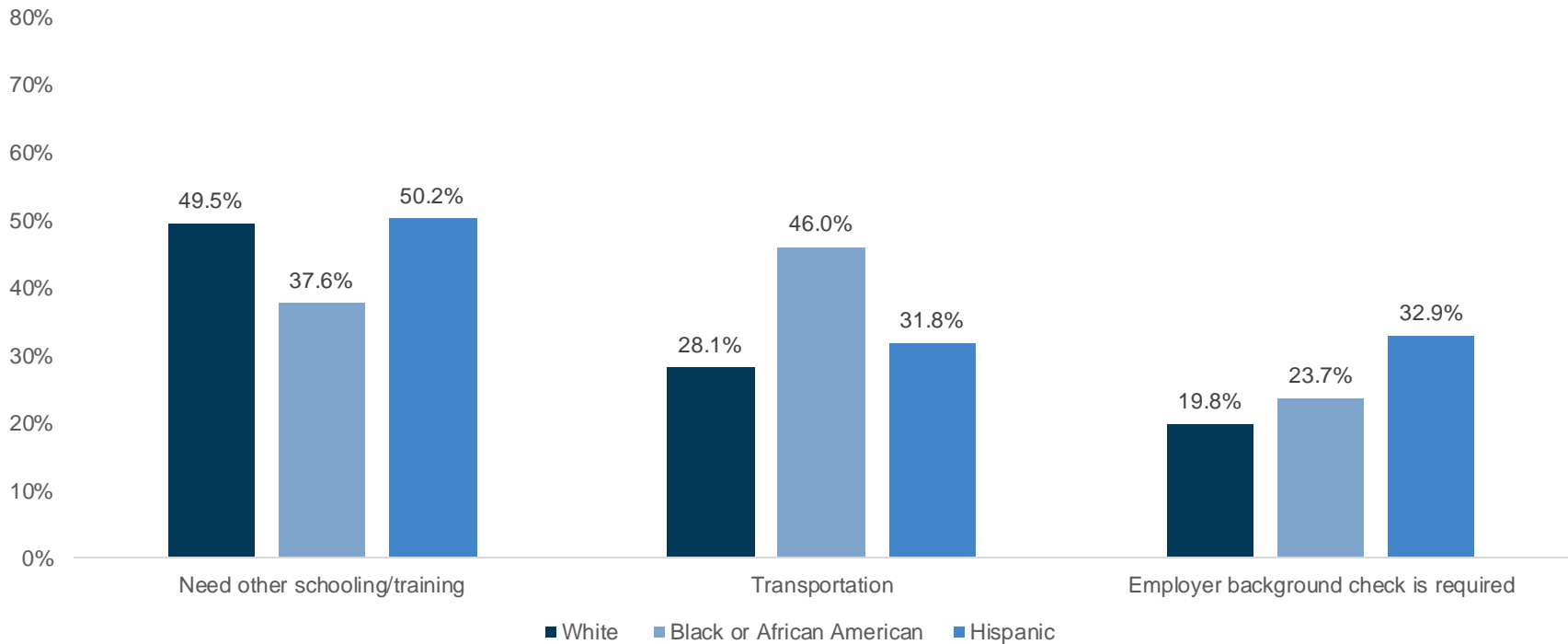
Figure 9. Percent with Chronic Diseases & Conditions Among Ohioans Ages 19-64 Not Working Due to Concern of Losing Medicaid and Having At Least One Physical/Mental Health Limitation, by Race/Ethnicity



Source: 2019 Ohio Medicaid Assessment Survey Data

Among Black respondents concerned about losing coverage and reporting a physical or mental health limitation, 31.0% reported having diabetes, 40.9% reported having asthma, and 71.1% had arthritis. Among white respondents, over a quarter (26.8%) reported a diabetes diagnosis, 38.1% reported asthma, and 69.8% reported arthritis.

Figure 10. Reasons for Being Unable to Find Work Among Ohioans 19-64, by Race/Ethnicity

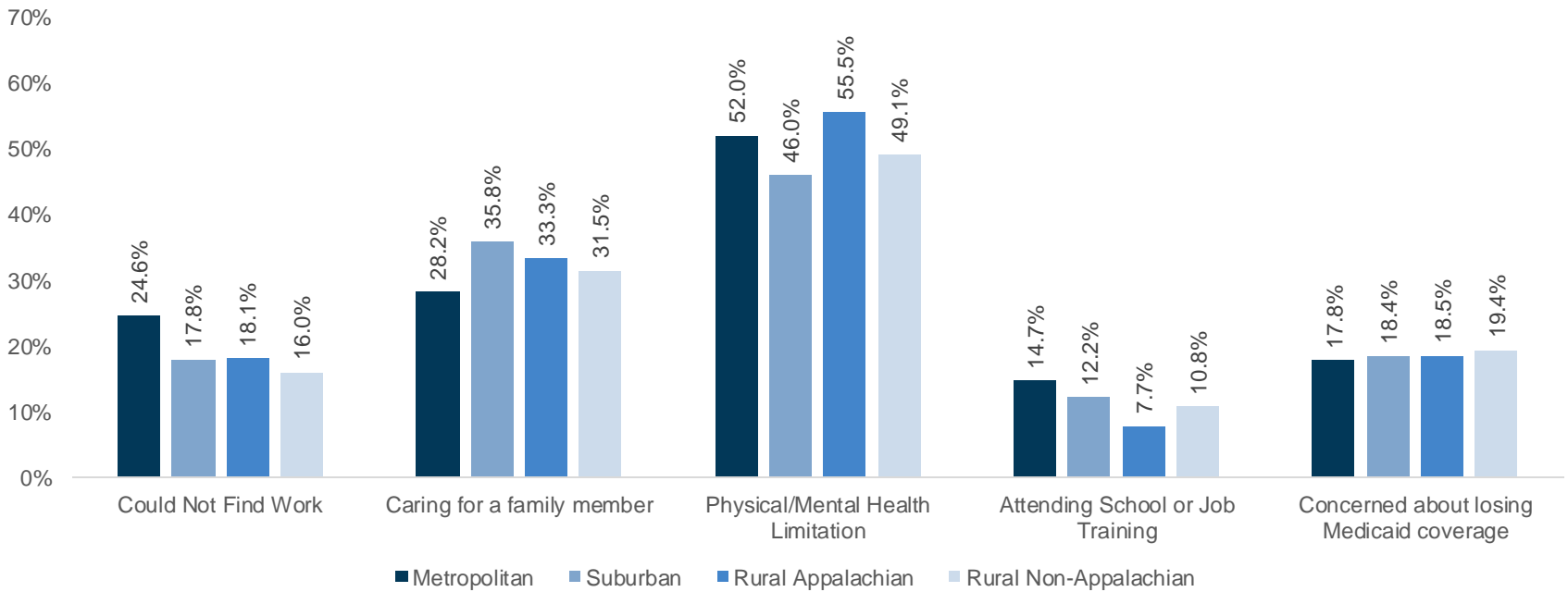


Source: 2019 Ohio Medicaid Assessment Survey Data

Among Ohioans who indicated they were not working because they were unable to find work, the need for additional training was cited most frequently among white (49.5%) and Hispanic (50.2%) respondents. Transportation was most frequently discussed as a barrier to work among Black or African American Ohioans (46.0%).

Figure 11. Reasons for Not Working

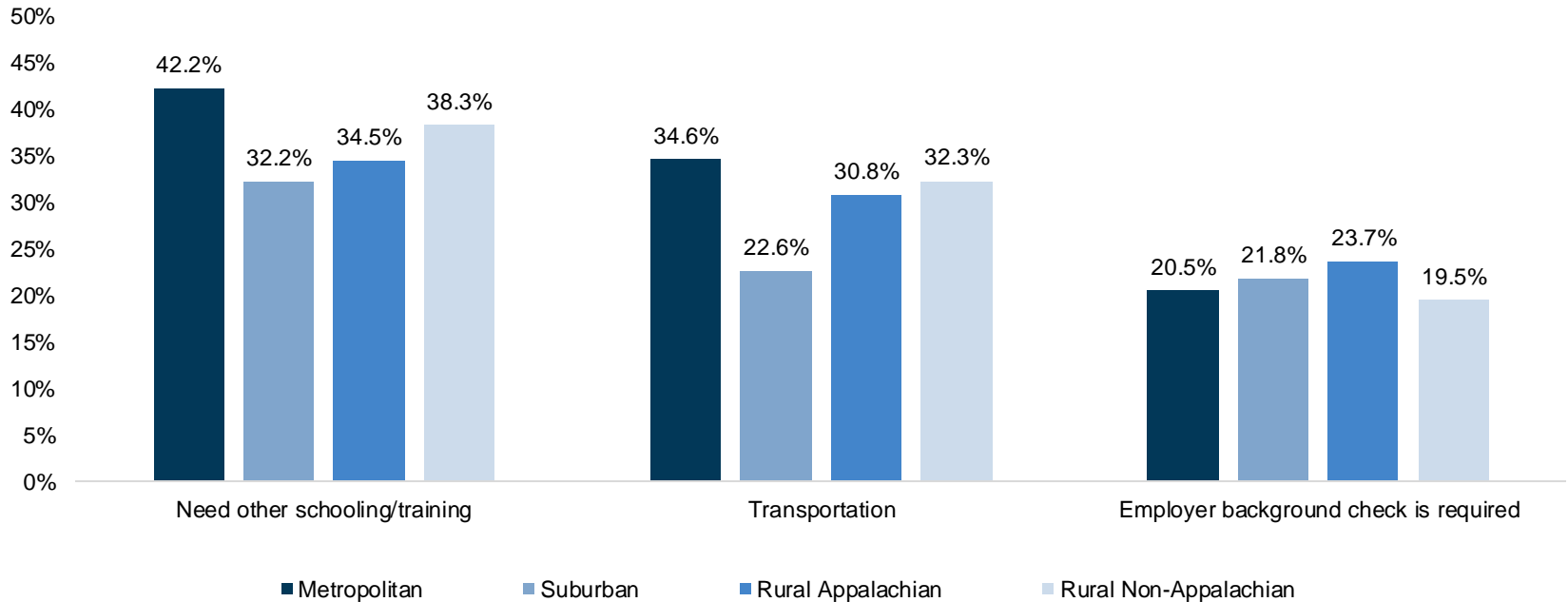
Among Ohioans Ages 19-64,
by OMAS County Type



Source: 2019 Ohio Medicaid Assessment Survey Data

Physical/mental health limitations were the most common reason cited for not working among Ohioans among all OMAS county types and was highest among those in rural Appalachian counties (55.5%).

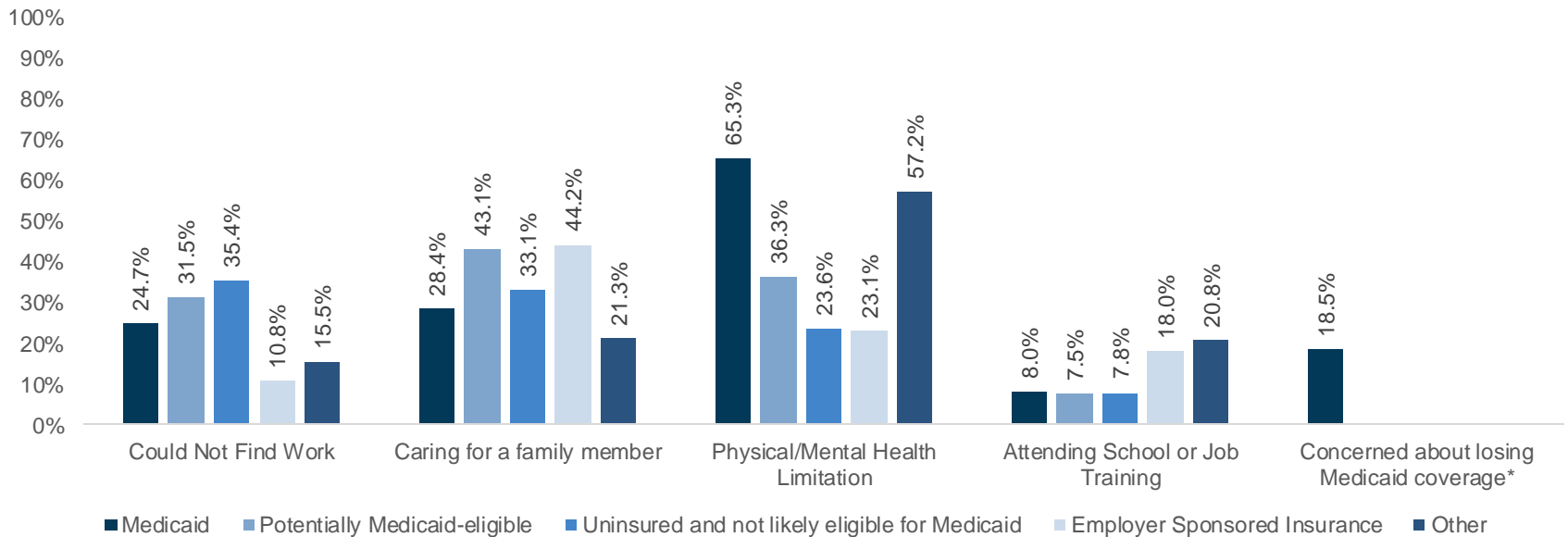
Figure 12. Reasons for Not Being Able to Find Work Among Ohioans 19-64, by OMAS County Type



Source: 2019 Ohio Medicaid Assessment Survey Data

Among Ohioans who indicated they were not working because they were unable to find work, the need for additional training was cited as the primary reason, especially among those in metropolitan counties. Transportation was also commonly referred to as a reason for not being able to find work, though not in primarily suburban counties.

Figure 13. Reasons for Not Working Among Ohioans Ages 19-64 Years, by Insurance Status



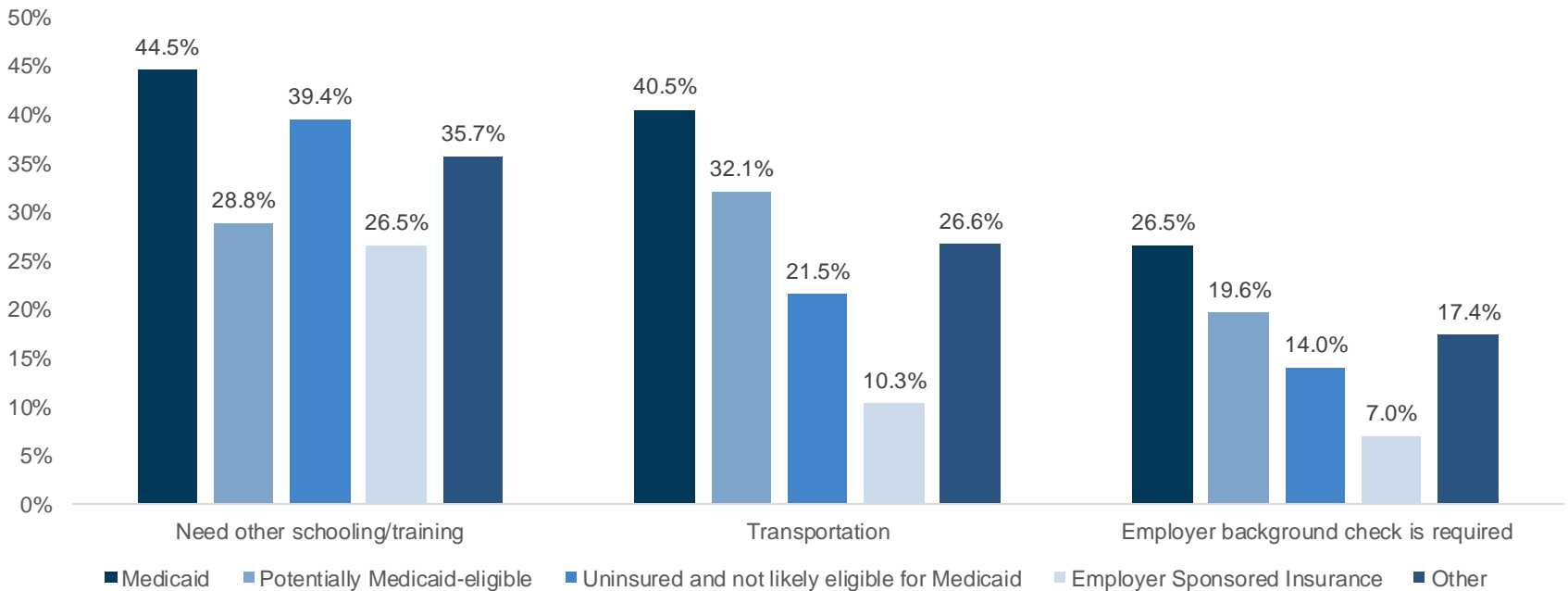
Source: 2019 Ohio Medicaid Assessment Survey Data

Among Ohioans who indicated that they were not working, the most often reported reason among those enrolled in Medicaid (65.3%) or who had other insurance (57.2%) was a physical or mental health limitation. Caring for a family member was the most often reported reason among potentially Medicaid-eligible respondents (43.1%) and those with employer sponsored insurance (44.2%). Being unable to find work was most often reported as the reason for not working among those uninsured and not likely eligible for Medicaid (35.4%).

*Among those currently enrolled in Medicaid only

Note: Some figures are omitted because estimates were unreliable

Figure 14. Reasons for Being Unable to Find Work Among Ohioans 19-64 Years, by Insurance Status



Source: 2019 Ohio Medicaid Assessment Survey Data

Among Ohioans who indicated they were not working because they were unable to find work, the need for additional training was cited as the primary reason.

Note: Some figures are omitted because estimates were unreliable



RESULTS: EMPLOYMENT STABILITY & WEEKLY HOURS

Job tenure and hours worked by age, sex, race/ethnicity, county type, and insurance status are presented in this section.

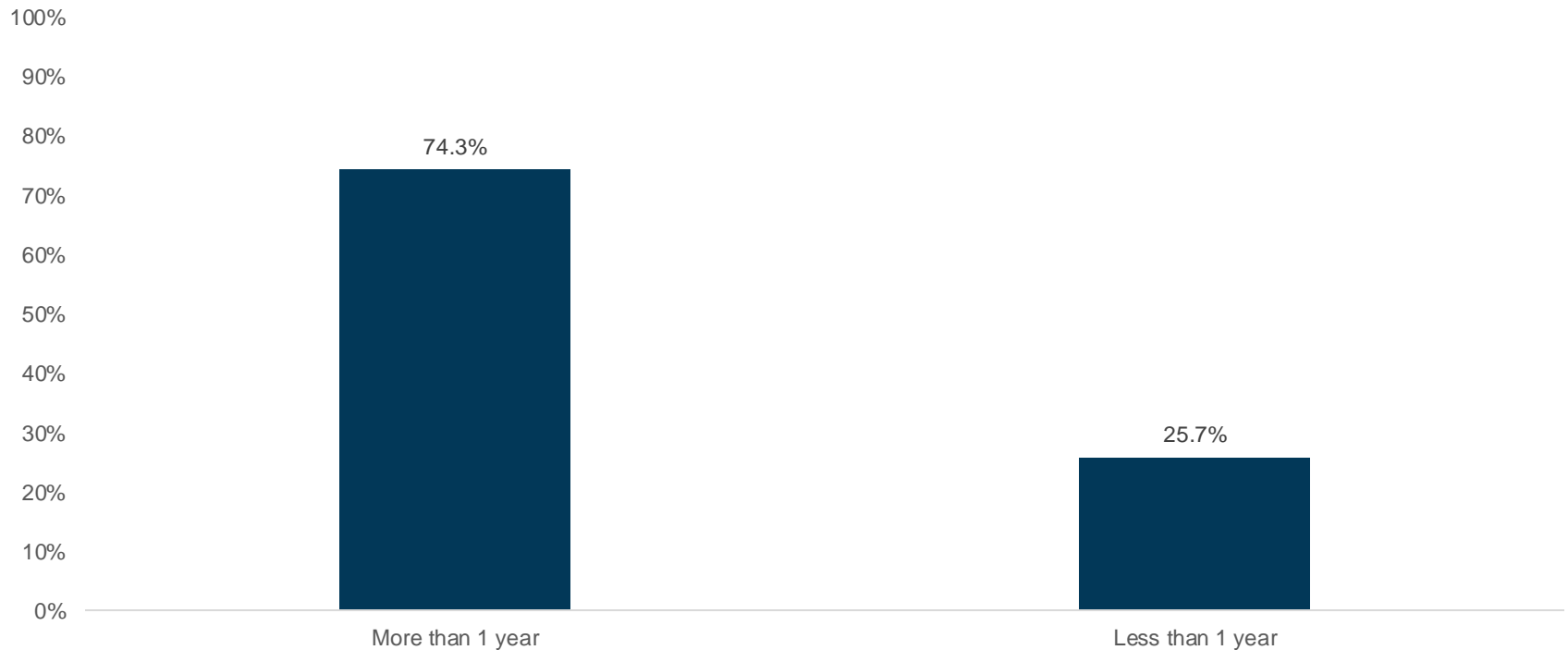
Key Findings: Employment Stability & Weekly Hours

Job Tenure. In 2019, about three-quarters (74.3%) of employed Ohioans ages 19-64 had their current job for more than one year. Employment longevity was lower for Medicaid enrolled workers, compared to non-Medicaid workers with employer-sponsored insurance (ESI) (83.4% vs. 51.4%).

Full-Time versus Part-Time Work. Among all employed Ohioans ages 19-64, most (74.2%) worked full-time, defined as 35 or more hours per week. Among the remaining workers, 15.3% worked 20-34 hours and 10.5% work 0-19 hours in the last week. About half (49.0%) of employed Medicaid enrollees worked full-time, while 32.2% worked 20-34 hours, and 18.7% worked 0-19 hours in the last week.

Figure 15. Tenure at Current Job

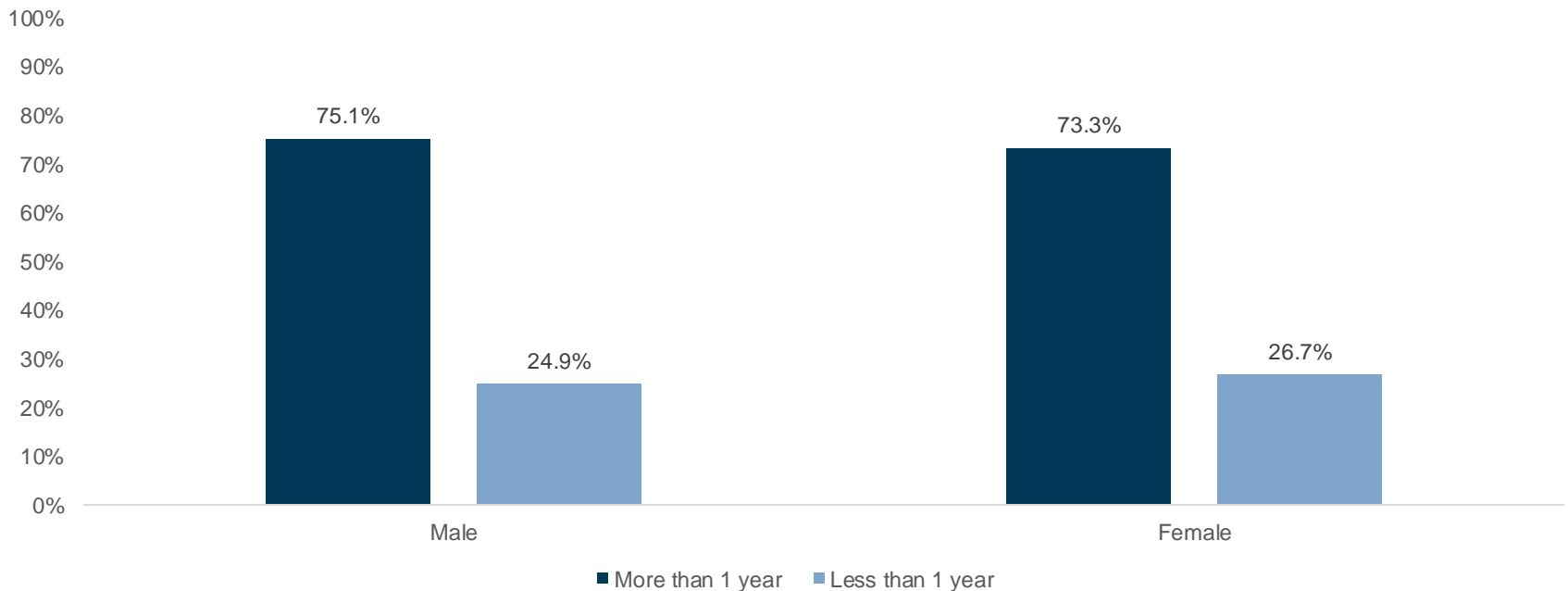
Among Employed Ohioans Ages 19-64



Source: 2019 Ohio Medicaid Assessment Survey Data

Nearly three in four Ohioans (74.3%) who stated they had work in the previous week stated they had been at their job one year or more in 2019.

Figure 16. Time Since Beginning Current Job Among Employed Ohioans Ages 19-64, by Sex

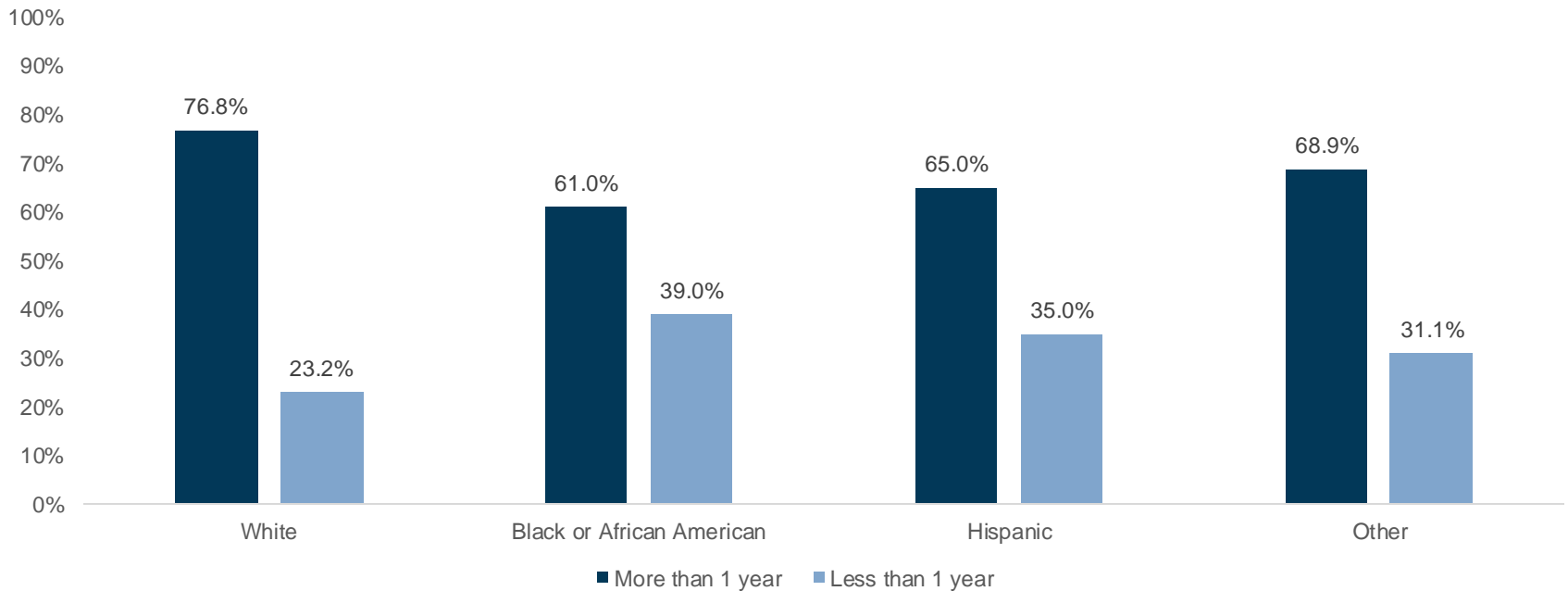


Source: 2019 Ohio Medicaid Assessment Survey Data

Approximately three quarters of men and women who were employed in 2019 indicated that they had been at their current job for one year or more.

Figure 17. Time Since Beginning Current Job

Among Employed Ohioans Ages 19-64 Years,
by Race/Ethnicity

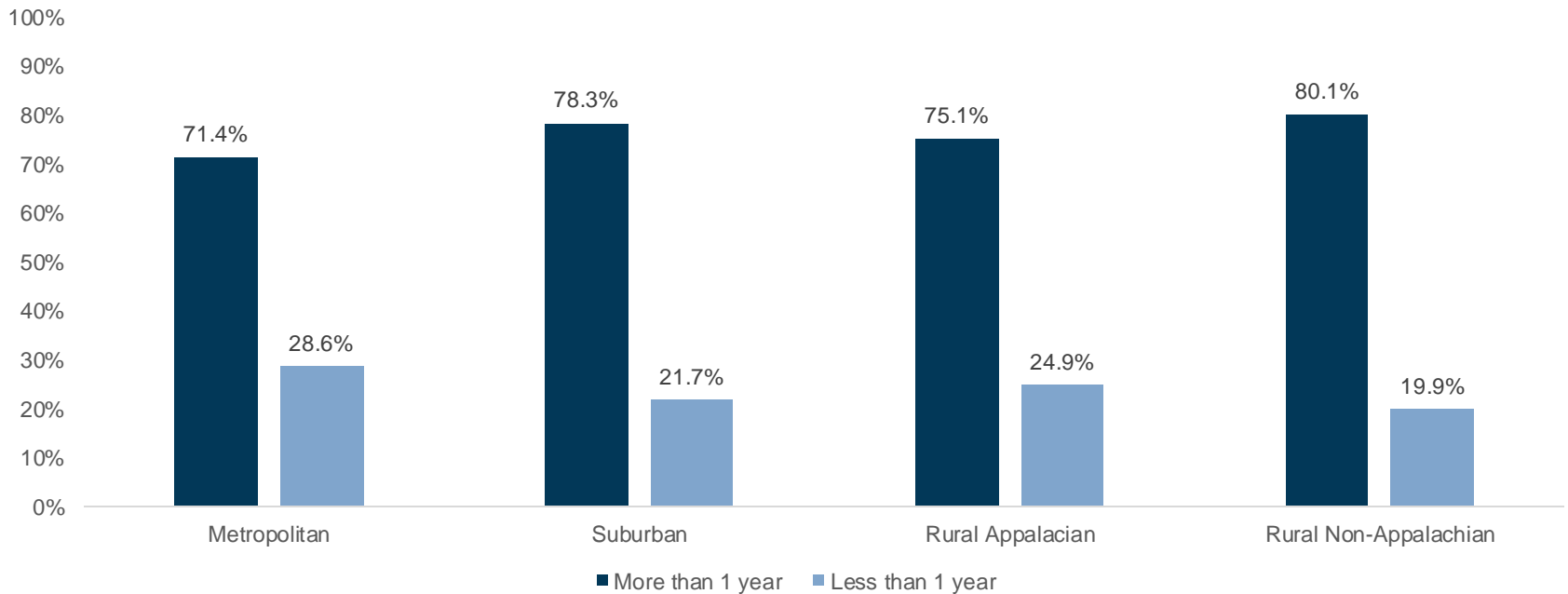


Source: 2019 Ohio Medicaid Assessment Survey Data

A smaller proportion of Black or African American and Hispanic Ohioans who were employed reported being at their job for a year or more compared to white Ohioans, though a majority of all three groups reported employment at their current job for a year or more.

Figure 18. Job Tenure

Among Employed Ohioans Ages 19-64,
by OMAS County Type

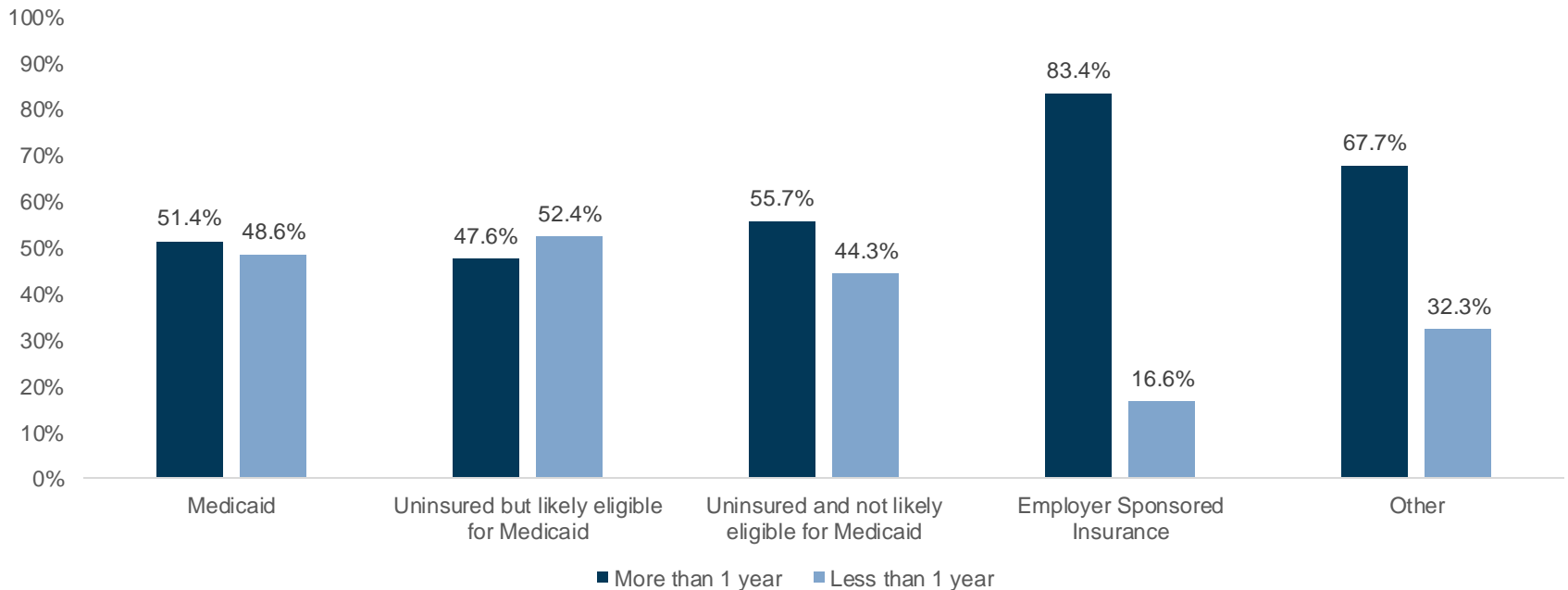


Source: 2019 Ohio Medicaid Assessment Survey Data

Most Ohioans who were employed had held their job for one year or more across all OMAS county types. The percent of employed individuals who had their job for more than one year was lowest for metropolitan counties (71.4%) and highest for rural non-Appalachian counties.

Figure 19. Job Tenure

Among Employed Ohioans Ages 19-64,
by Insurance Status

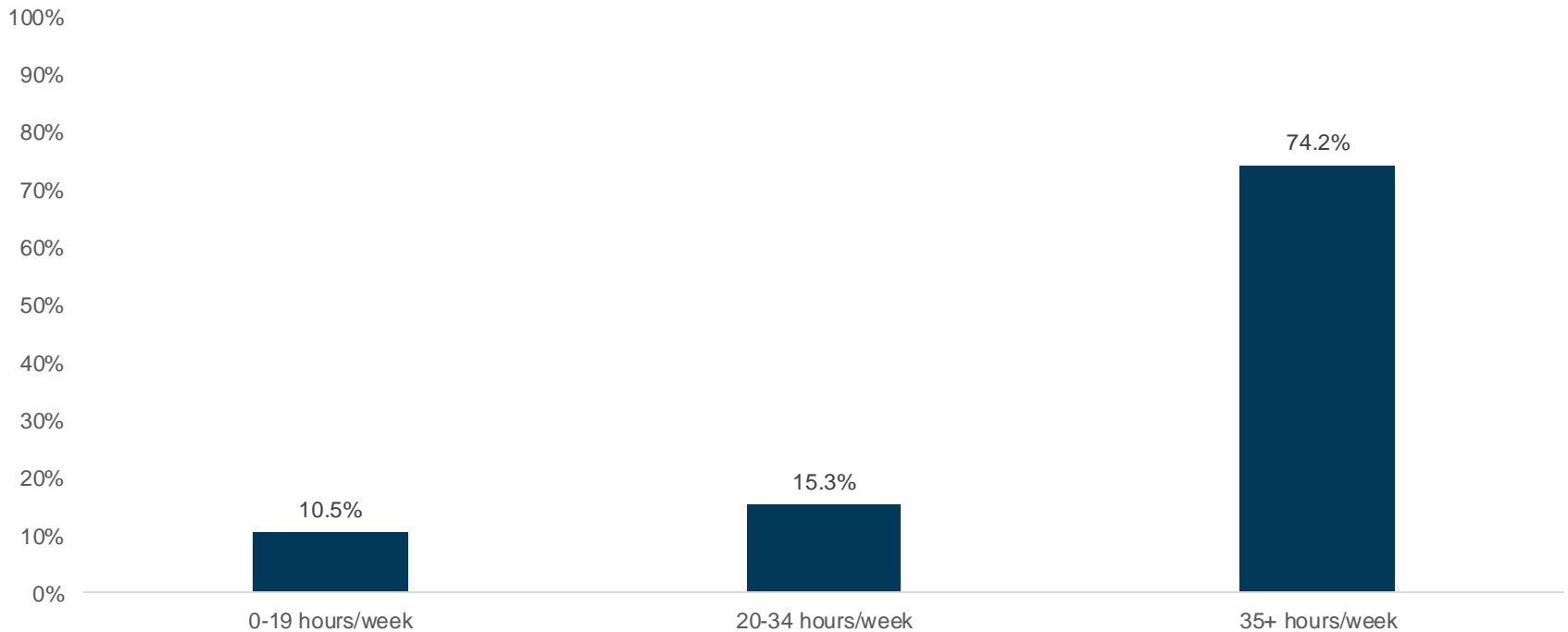


Source: 2019 Ohio Medicaid Assessment Survey Data

Among Ohioans who were employed, those with employer sponsored insurance were most likely to have been at their current job for one year or more.

Figure 20. Hours Worked Last Week

Among Employed Ohioans Ages 19-64

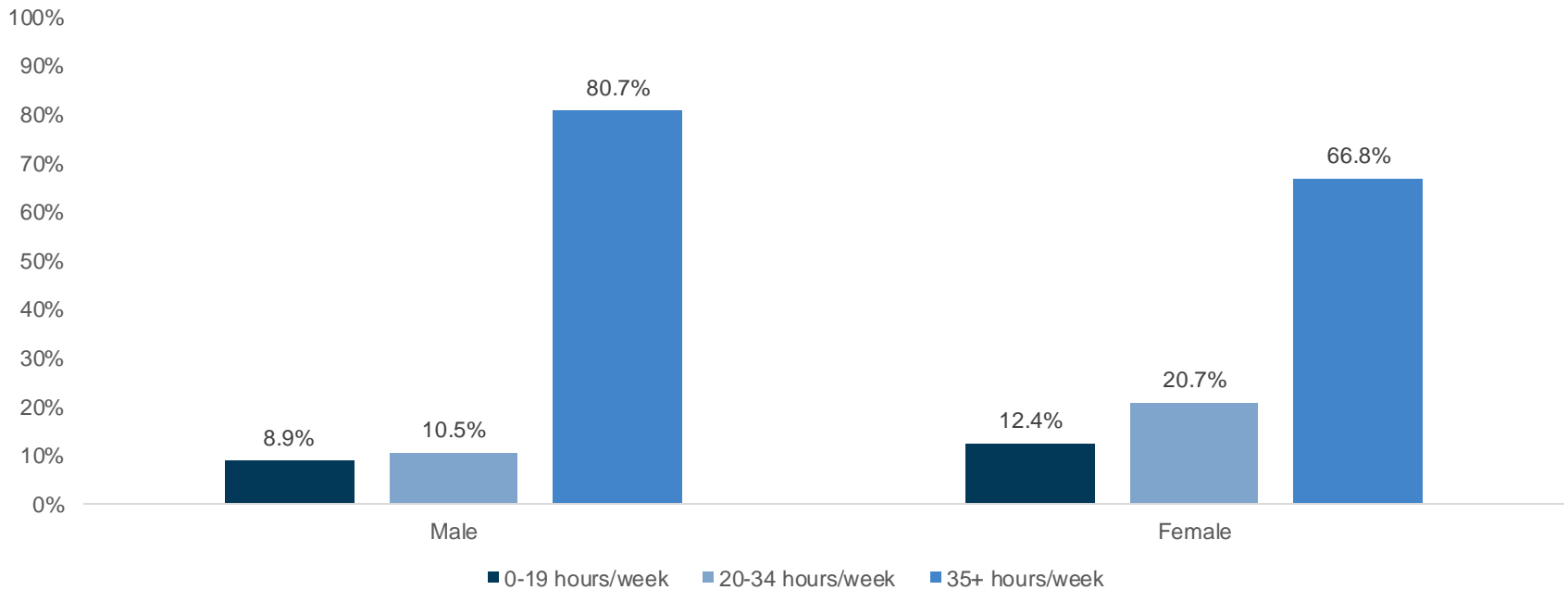


Source: 2019 Ohio Medicaid Assessment Survey Data

Among Ohioans who indicated they were working, nearly three in four (74.2%) reported they worked 35 hours or more in the previous week.

Figure 21. Hours Worked Last Week

Among Employed Ohioans Ages 19-64,
by Sex

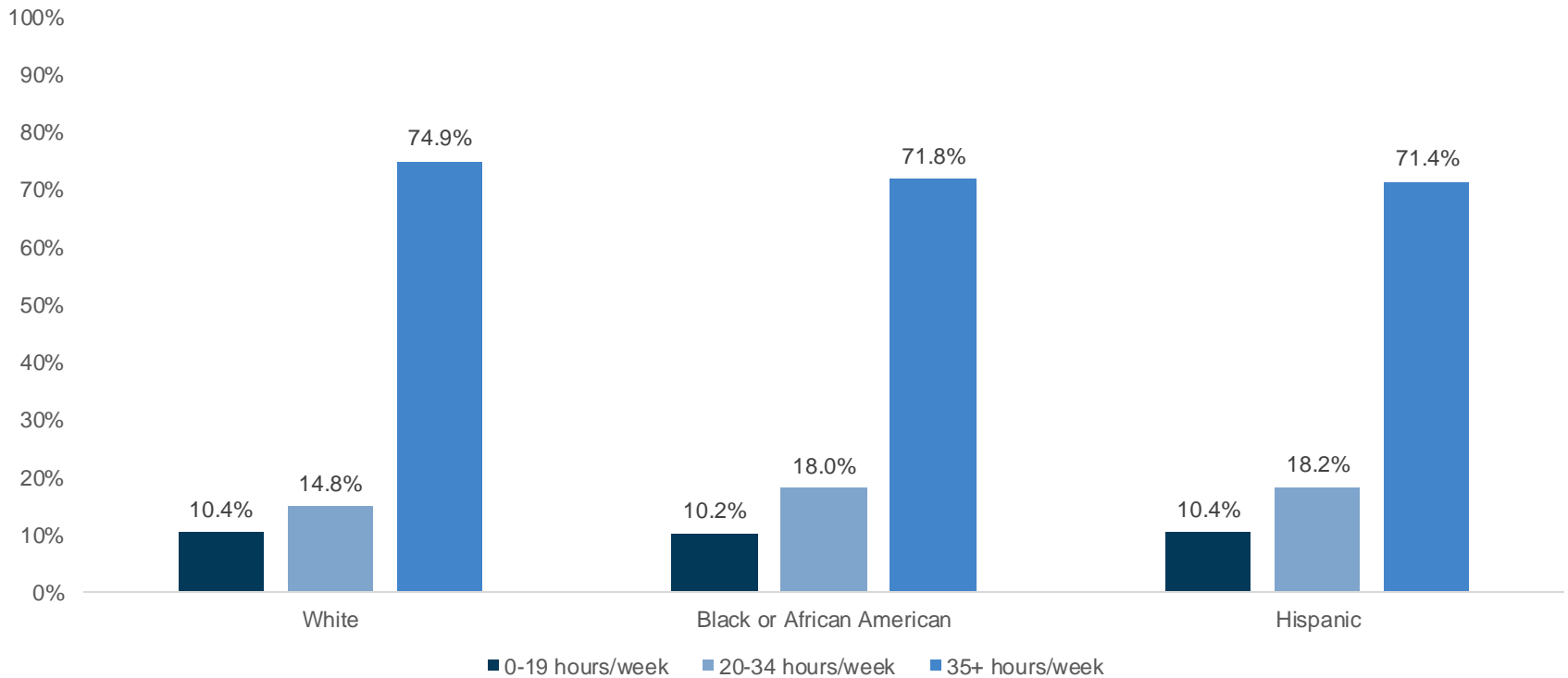


Source: 2019 Ohio Medicaid Assessment Survey Data

Men and women in Ohio who were employed were likely to work 35 or more hours each week, with a higher proportion of men indicating they worked 35+ hours compared to women (80.7% vs 66.8%).

Figure 22. Hours Worked Last Week

Among Employed Adults 19-64 Years,
by Race/Ethnicity

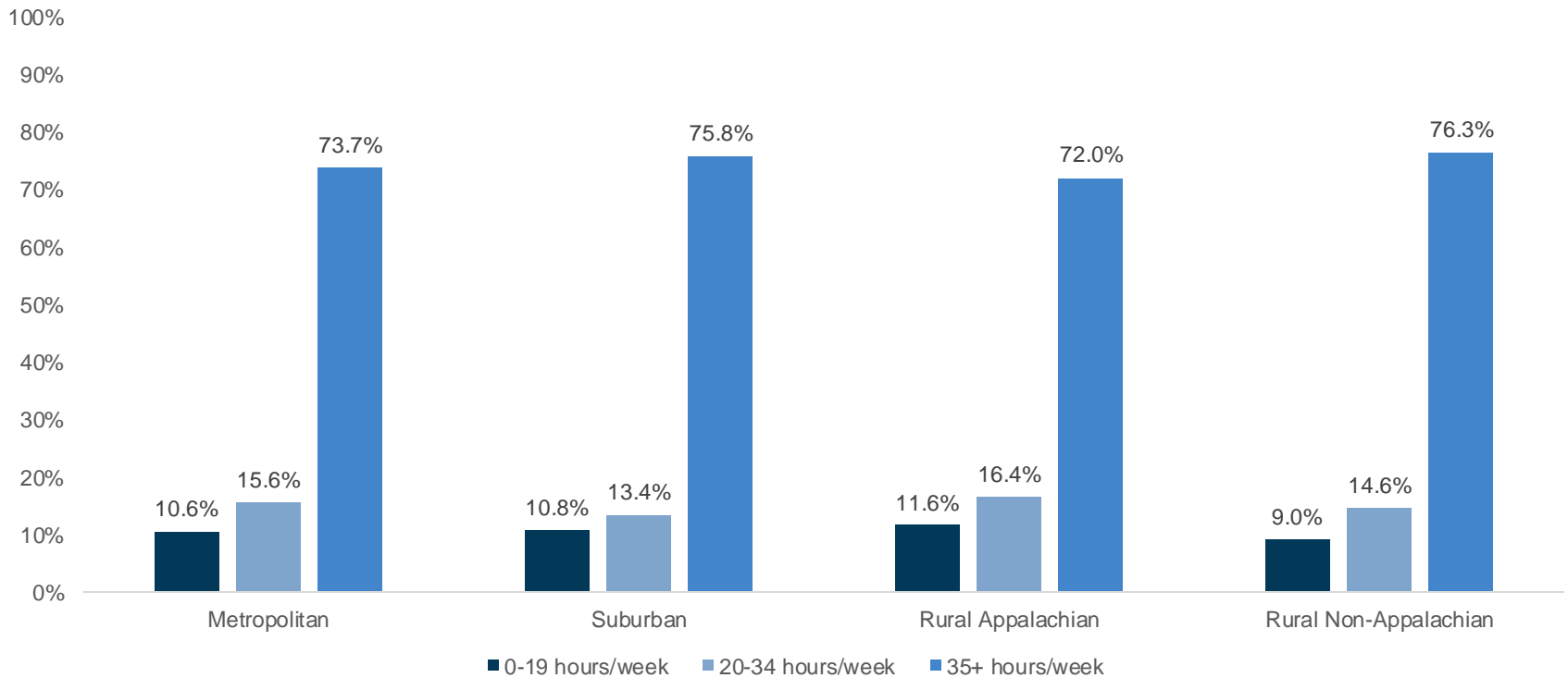


Source: 2019 Ohio Medicaid Assessment Survey Data

Approximately three quarters of white, Black or African American, and Hispanic Ohioans who were employed worked 35 or more hours in the prior week.

Figure 23. Hours Worked Last Week

Among Employed Adults 19-64,
by OMAS County Type

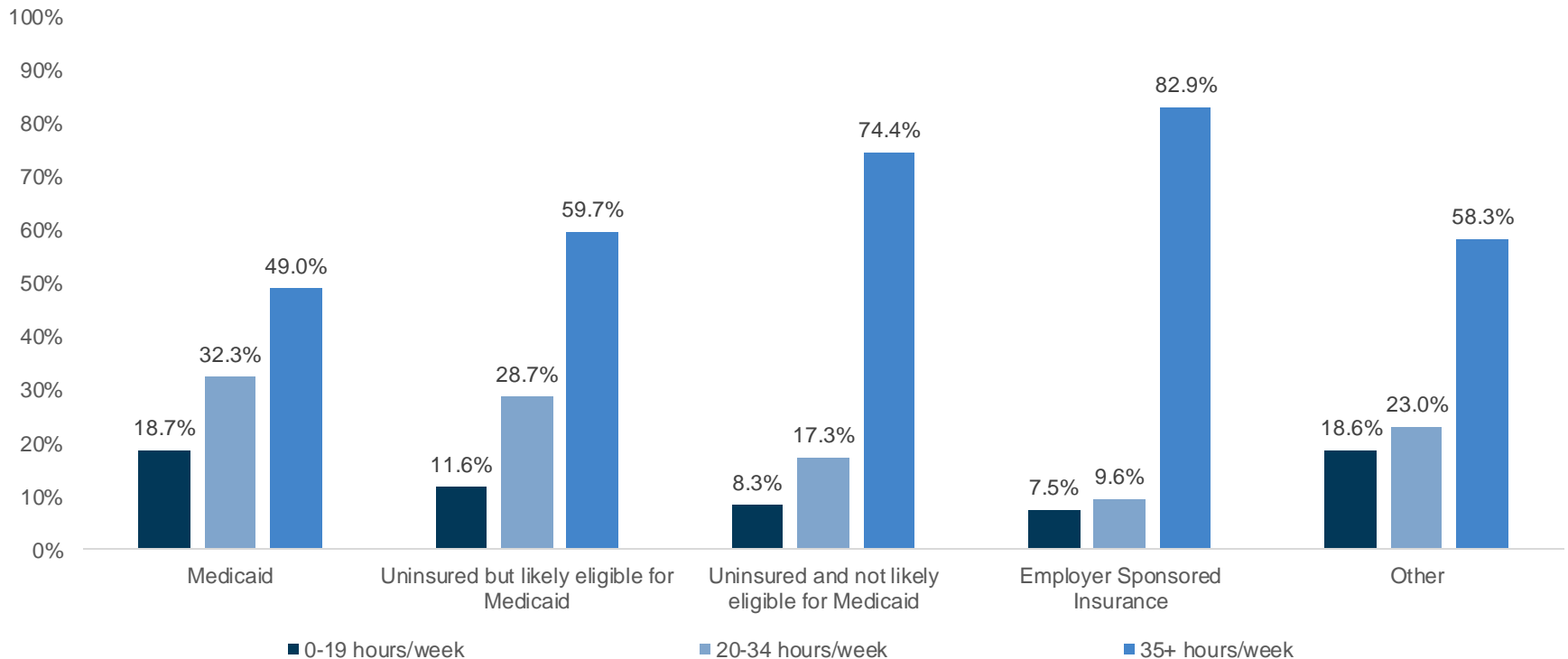


Source: 2019 Ohio Medicaid Assessment Survey Data

Approximately three quarters of Ohioans who were employed worked 35 or more hours in the prior week, regardless of OMAS county type of residence.

Figure 24. Hours Worked Last Week

Among Employed Ohioans 19-64,
by Insurance Status



Source: 2019 Ohio Medicaid Assessment Survey Data

While most employed Ohioans worked 35 or more hours the week prior to being interviewed, those enrolled in Medicaid worked fewer hours than those uninsured or who had other insurance coverage.

RESULTS: EMPLOYMENT & HEALTH

Self-rated health, chronic disease/condition prevalence, loneliness status, and smoking, e-cigarette, and binge drinking frequency are presented in this section.

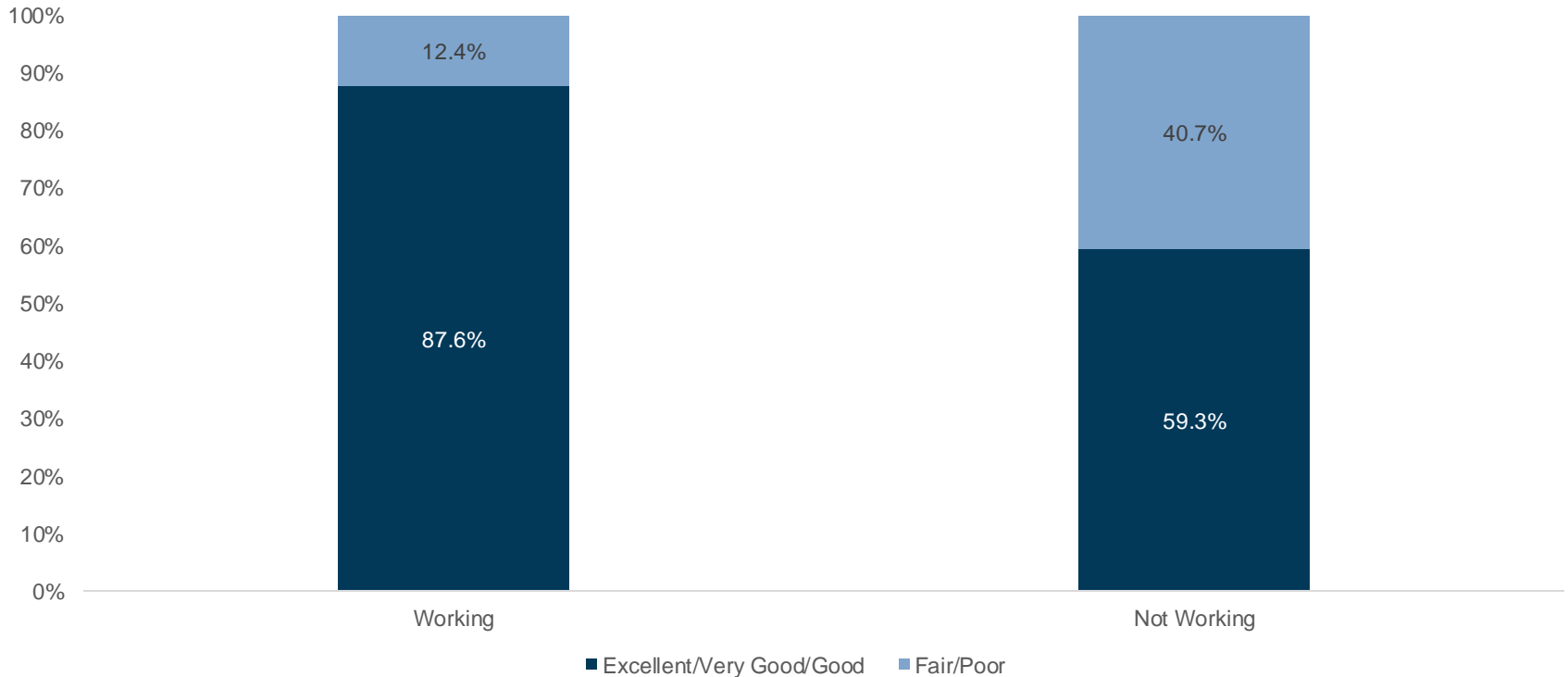
Key Findings: Employment & Health

Overall Health. Ohioans 19-64 years of age who reported having fair/poor health were less likely to be working compared to those with good, very good, or excellent health.

Chronic Diseases. The prevalence of chronic diseases were lower among Ohioans who were working versus those who were not working, including for asthma (7.2% for working vs. 18.5% for nonworking), arthritis (32.0% vs. 56.8%), diabetes (7.2% vs. 18.5%), heart disease (3.2% vs. 12.5%), and stroke (1.7% vs 6.3%).

Figure 25. Self-Rated Health Status

Among Ohioans 19-64,
by Employment Status

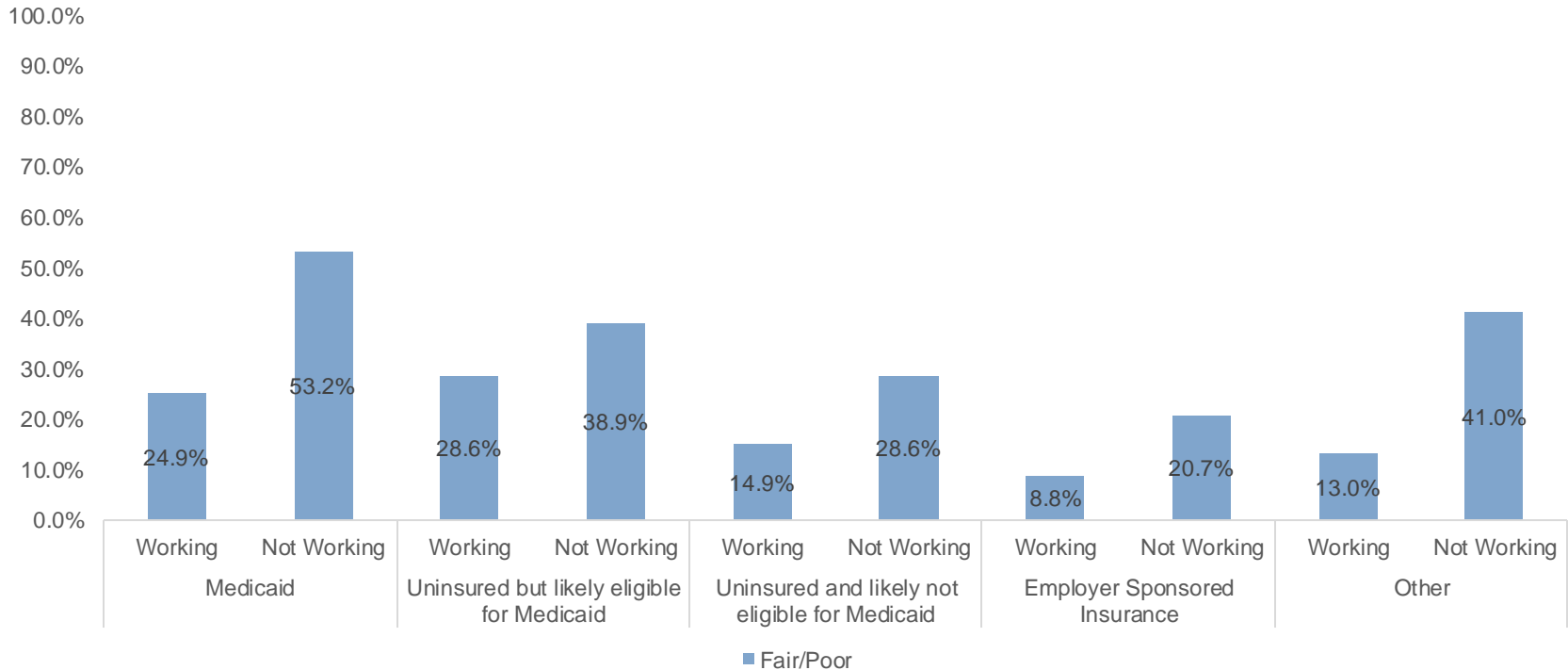


Source: 2019 Ohio Medicaid Assessment Survey Data

A higher proportion of Ohioans who were not working reported fair-to-poor health status compared to those who were employed (40.7% vs. 12.4%).

Figure 26. Fair/Poor Self-rated Health Status

Among Ohioans 19-64,
by Employment Status and Insurance



Source: 2019 Ohio Medicaid Assessment Survey Data

Examining the relationship between self-rated health, insurance status, and working, those enrolled in Medicaid who were not working were more likely than others who were not working to indicate they had a fair/poor health status.

Table 1. Percent with Chronic Disease/Condition Among Ohioans Ages 19-64, by Employment Status

	Working	Not working
One or more chronic disease/condition*	32.7%	57.5%
Arthritis	32.0%	56.8%
Asthma	15.9%	25.5%
Diabetes	7.2%	18.5%
Heart disease**	3.2%	12.5%
Stroke	1.7%	6.3%

Source: 2019 Ohio Medicaid Assessment Survey Data

* Included diagnosis of one or more of the following: Arthritis, Asthma, Diabetes, Heart Disease, Stroke.

** Heart disease defined as being diagnosed with any of the following: myocardial infarction (heart attack), coronary heart disease, or congestive heart failure.

Not working was strongly associated with chronic disease status among Ohioans. Individuals need to be healthy enough to work, and as noted elsewhere (Slide 19), physical and mental limitations were the main reason many Ohioans were not working. The physical demands of traveling to and remaining at work, as well as repetitive actions potentially leading to injury and subsequent development of conditions can negatively impact health. Conversely, working may have a positive impact on health, as the financial benefits can help in addressing health concerns. It also may provide a sense of purpose, leading to improved mental health (Antonisse et al, 2018).

Table 2. Percent with Chronic Disease/Condition Among Ohioans Ages 19-64, by Employment Status and Insurance

	Medicaid		Uninsured but likely eligible for Medicaid		Uninsured and likely not Medicaid eligible		Employer Sponsored Insurance		Other	
	Working	Not working	Working	Not working	Working	Not working	Working	Not working	Working	Not working
One or more chronic disease/condition*	37.3%	64.4%	33.5%	44.4%	29.0%	40.9%	32.2%	45.4%	32.3%	62.8%
Arthritis	41.9%	65.8%	31.2%	34.2%	29.3%	46.5%	31.5%	41.2%	31.3%	61.6%
Asthma	24.9%	32.8%	23.0%	25.7%	19.0%	12.7%	13.6%	16.8%	15.6%	24.8%
Diabetes	8.7%	22.8%	7.3%	11.9%	5.0%	10.8%	7.5%	11.7%	5.8%	20.2%
Heart disease**	4.3%	15.6%	5.4%	7.6%	3.0%	7.6%	2.8%	5.3%	3.6%	15.2%
Stroke	2.2%	8.5%	1.2%	4.3%	0.5%	2.5%	1.2%	2.3%	4.5%	7.5%

* Included diagnosis of one or more of the following: Arthritis, Asthma, Diabetes, Heart Disease, Stroke.

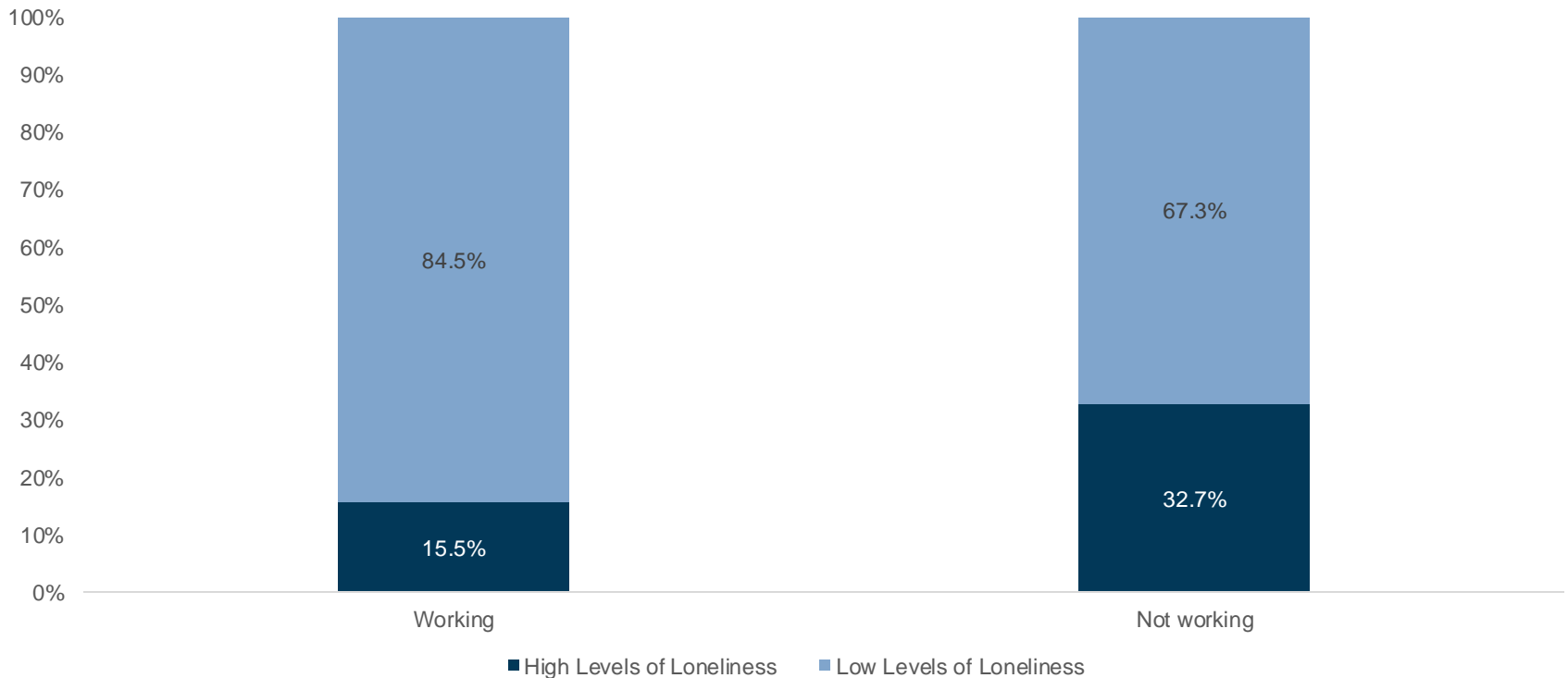
** Heart disease defined as being diagnosed with any of the following: myocardial infarction (heart attack), coronary heart disease, or congestive heart failure.

Source: 2019 Ohio Medicaid Assessment Survey Data

Those enrolled in Medicaid who were not working more often reported having one or more chronic conditions, such as diabetes, heart disease, stroke, arthritis, or asthma, compared to those with different insurance status. Reporting of chronic diseases and conditions among those with “Other” insurance who were not working was similar, if slightly less frequent, compared to those enrolled in Medicaid.

Figure 27. Loneliness Status

Among Ohioans Ages 19-64,
by Employment Status

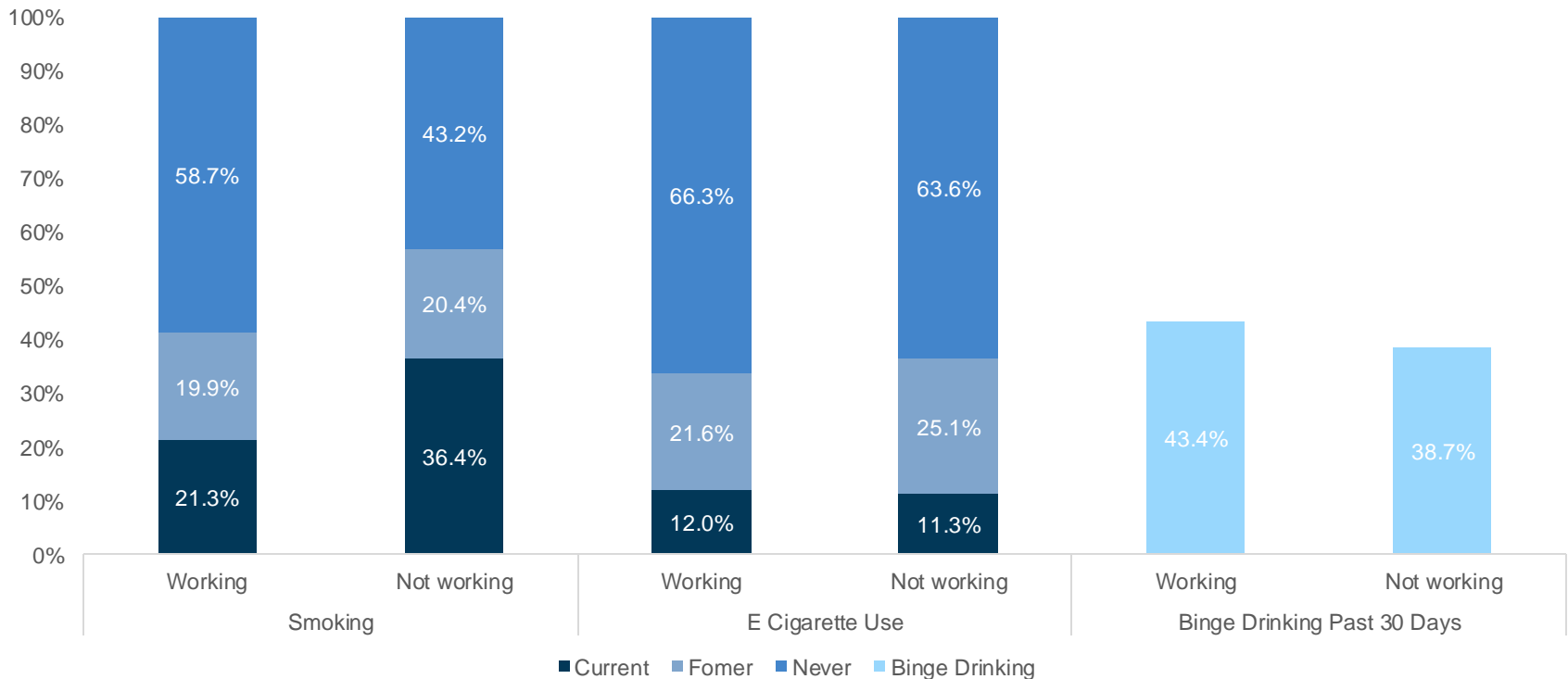


Source: 2019 Ohio Medicaid Assessment Survey Data

The proportion of Ohioans reporting high levels of loneliness among those not working was over twice that of Ohioans who were working at the time of the 2019 OMAS (32.7% vs. 15.5%).

Figure 28. Smoking, E-cigarette Use, and Binge Drinking

Among Ohioans Ages 19-64,
by Employment Status



Source: 2019 Ohio Medicaid Assessment Survey Data

Not working Ohioans reported higher rates of smoking than working Ohioans (36.4% versus 21.3%). E-cigarette use was similar between those Ohioans who were working and those who were not. Binge drinking in the past 30 days was reported more frequently among working Ohioans compared to those not working.

A smiling woman with long blonde hair and glasses is sitting at a desk in an office. She is wearing a light-colored blazer. In front of her is a computer monitor. The background is slightly blurred, showing office equipment and a window. The entire image has a blue tint.

RESULTS: EMPLOYMENT PATTERNS & MEDICAID ENROLLMENT

Medicaid enrollment, churn, re-enrollment, and continuous enrollment are presented in this section.

Key Findings: Employment Patterns & Medicaid Enrollment

Medicaid Enrollment Churn. About half (52.8%) of Medicaid expansion enrollees who enrolled in 2018 and less than one quarter (24.4%) who enrolled in 2016 remained enrolled at the end of 2019.

Enrollment, Employment Status, and Disability. Employed Medicaid expansion enrollees in 2018 were less likely to have Medicaid coverage 18 months later (65.3%), compared to not working enrollees (77.8%). Additionally, non-working individuals reporting inability to work due to a disability in 2018 were more likely to have Medicaid coverage for at least 18 months (82.8%) than non-working individuals reporting no disability (70.2%).



Figure 29. Continuous Medicaid Enrollment

Percentage of Medicaid Enrollees Ages 19-64 Who Remained Continuously Enrolled as of December 2019 by Medicaid Program and Year of Initial Enrollment

Source: Medicaid administrative data

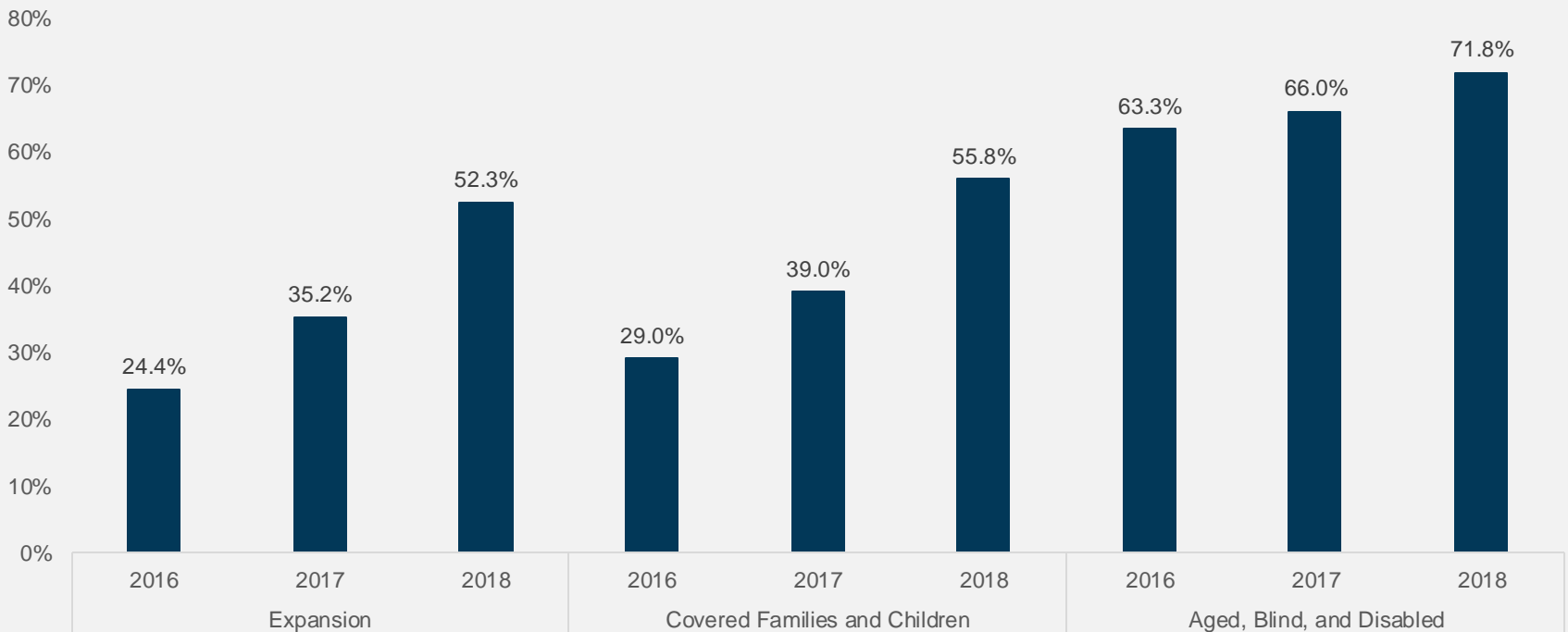
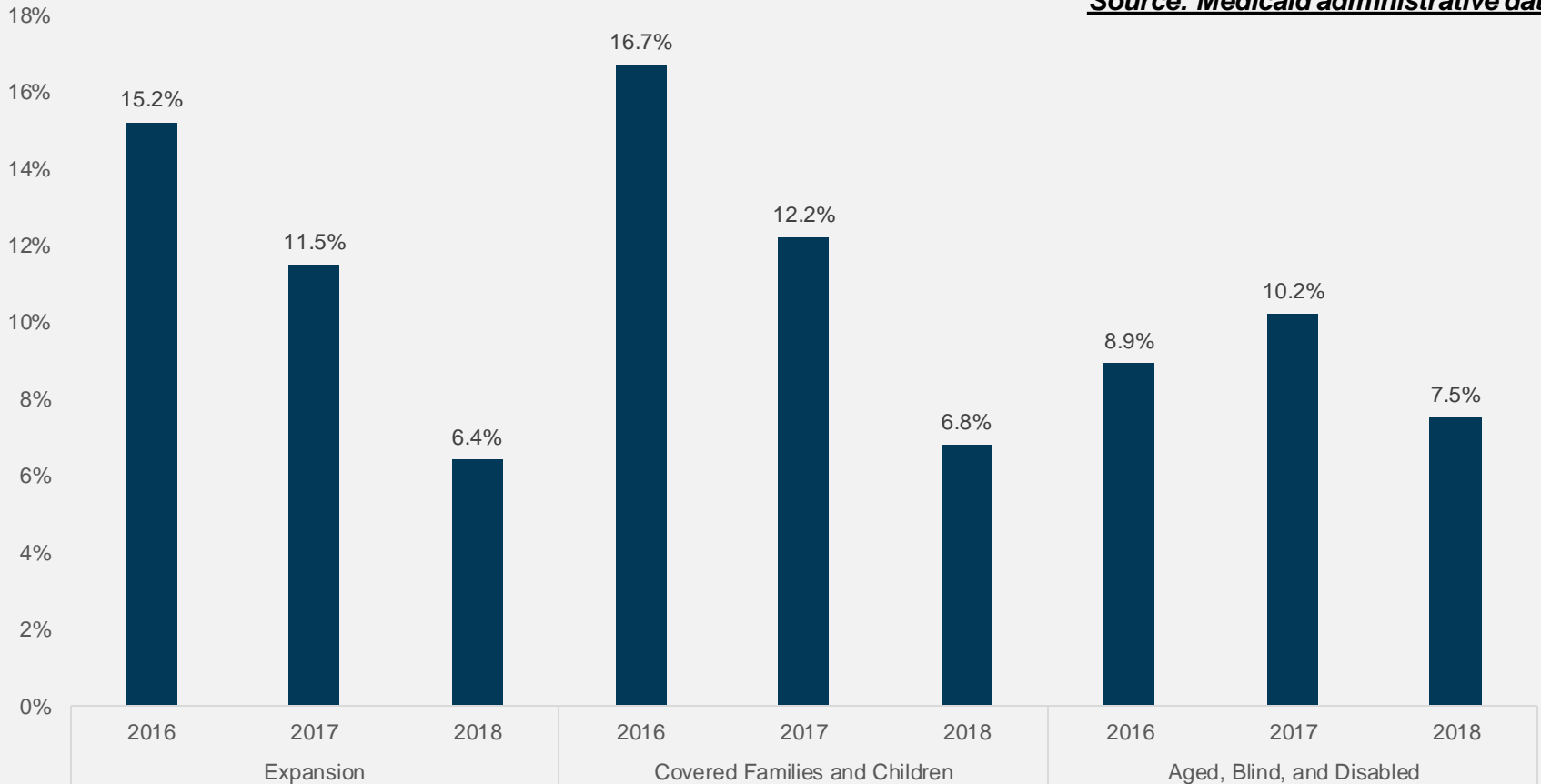


Figure 30. Medicaid Re-enrollment

Percentage of Medicaid Enrollees Ages 19-64 Who Lost Coverage* and Later Re-enrolled as of December 2019 by Medicaid Program and Year of Initial Enrollment

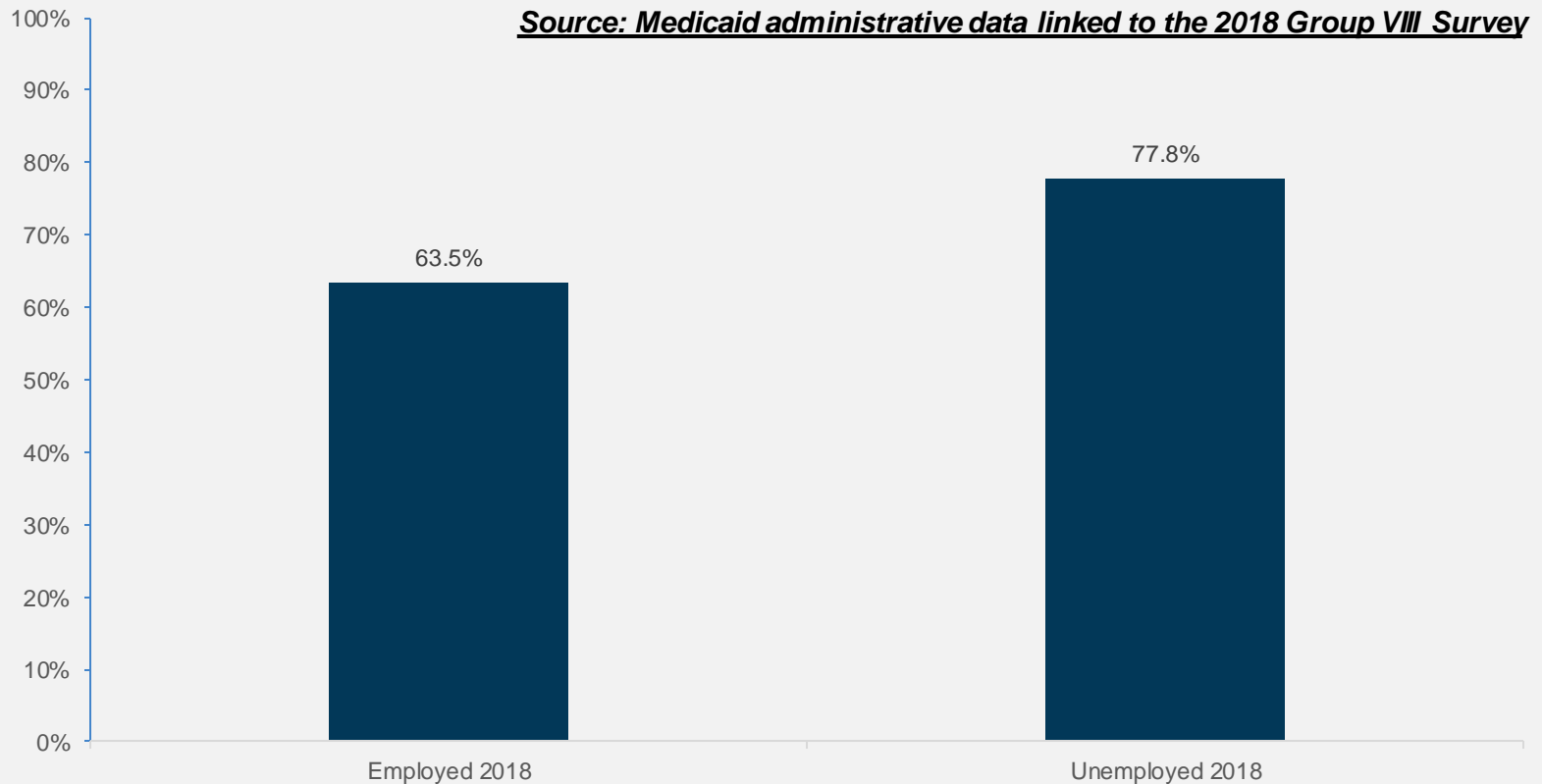
Source: Medicaid administrative data



*A gap in coverage is defined as a period of at least 30 days without Medicaid coverage.

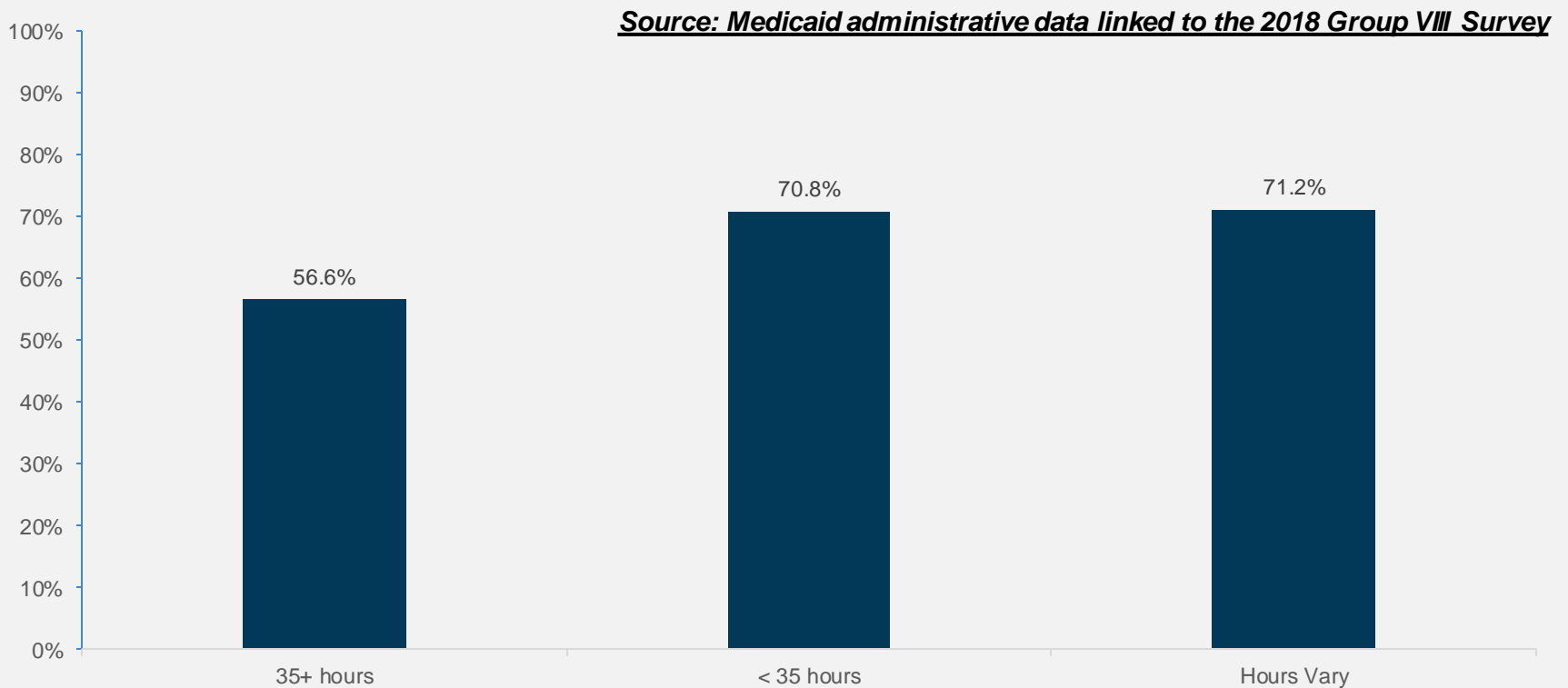
Figure 31. Percent Remaining on Medicaid After 18 Months

Among Workers and Unemployed Medicaid Expansion Enrollees Ages 19-64 in 2018, by Job Status in 2018



18 months was used in this analysis rather than one year in order to allow all cases to be subject to at least one redetermination.

Figure 32. Percent Remaining on Medicaid After 18 Months Among Working Medicaid Expansion Enrollees Ages 19-64 Years in 2018, by Hours Worked Per Week in 2018



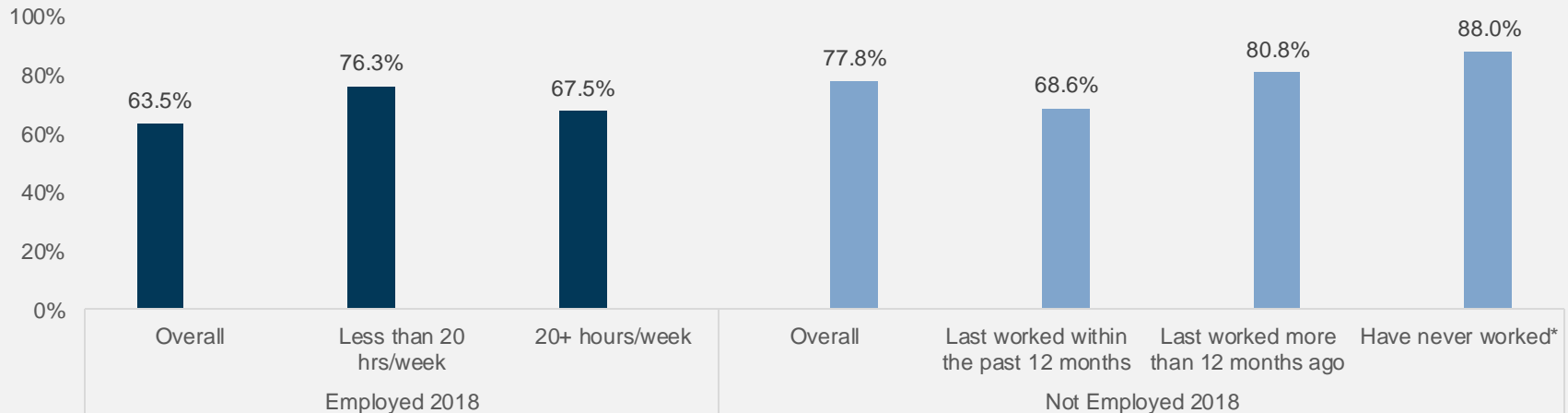
18 months was used in this analysis rather than one year in order to allow all cases to be subject to at least one redetermination.

35 or more hours was the threshold for this analysis in order to compare enrollment patterns among individuals who regularly work full-time and those who work part-time or irregular hours.

Figure 33. Percent Remaining on Medicaid After 18 Months

Among Medicaid Expansion Enrollees Ages 19-64 in 2018,
by Job Status in 2018 and by Hours/Week Worked or Duration Since Last Employment

Source: Medicaid administrative data linked to the 2018 Group VIII Survey



***Percentage of those who never worked who had a disability: 58.0%**

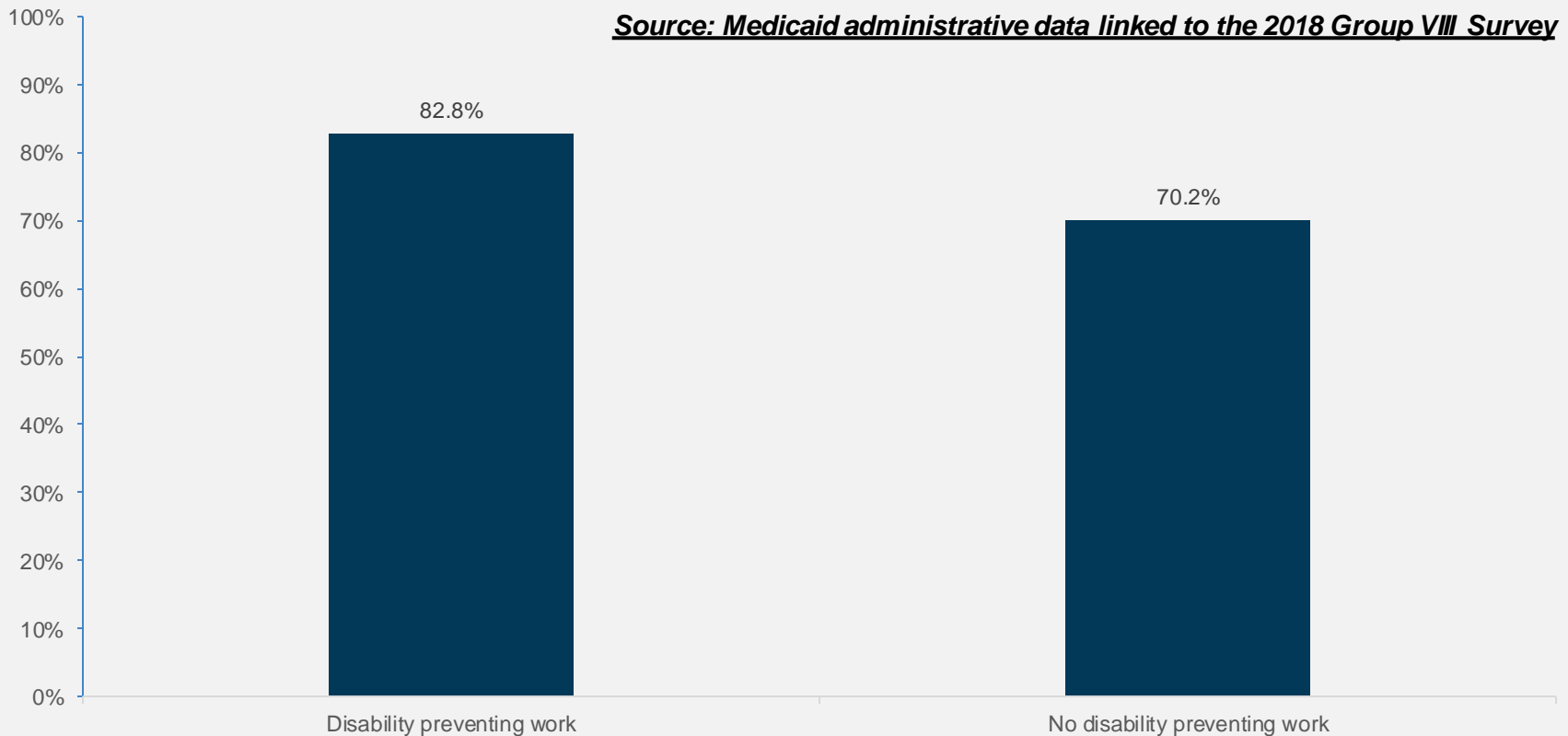
Eighteen months after the 2018 Group VIII Medicaid Expansion Evaluation, 63.5% of those employed in 2018 had been continuously enrolled in Medicaid, while nearly 78% of those not employed in 2018 remained enrolled. Those who were working less than 20 hours a week were more likely to have remained enrolled compared to those working more than 20 hours a week. Among those who never worked, 88% remained continuously enrolled in Medicaid, while less than 70% of those who worked in the past 12 months had remained continuously enrolled.

18 months was used in this analysis rather than one year in order to allow all cases to be subject to at least one redetermination.

20 Hours of work is the threshold in this analysis in order to compare individuals who are likely meeting the pending 1115 Waiver Community Engagement and Work Requirement through employment and those who are likely not meeting the requirement through employment.

Figure 34. Percent Enrolled in Medicaid After 18 Months

Among Non-working Medicaid Expansion Enrollees Ages 19-64 in 2018,
by Disability Status in 2018



18 months was used in this analysis rather than one year in order to allow all cases to be subject to at least one redetermination.



RESULTS: GENERAL EMPLOYMENT PATTERNS & TRENDS IN OHIO

Median household income, unemployment rate, labor force participation, and job sectors by number of jobs, median wages, and distribution are presented in this section.

Key Findings: General Employment Patterns & Trends in Ohio

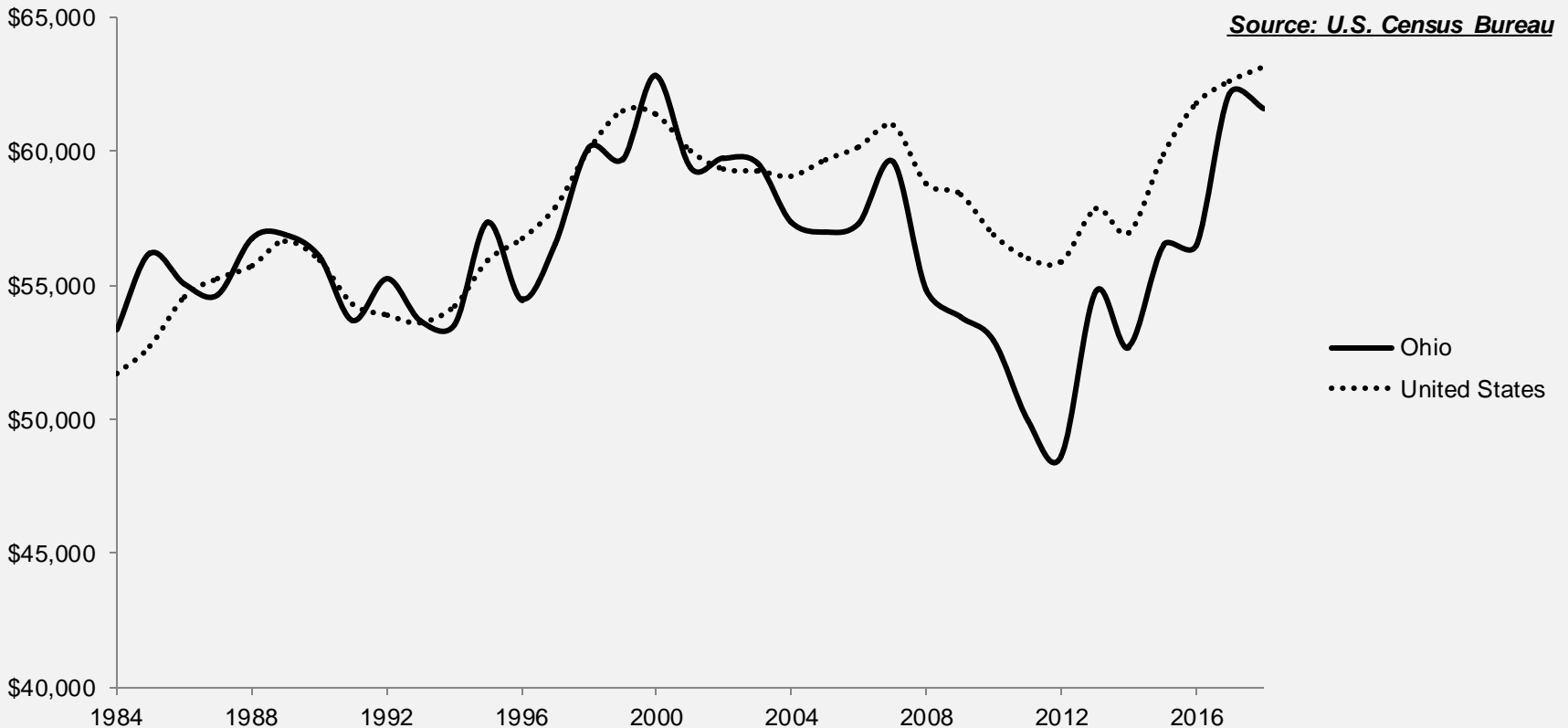
Long-term Changes in Income and Employment. Average inflation adjusted household income changed from \$53,386 to \$56,490 (5.5%) in Ohio from 1984 to 2016. Growth from 2016 to 2018 was 8.4%, in 2018 dollars (\$56,490 in 2016 to \$61,663 in 2018). Ohio's labor force participation rate fell from 67.3% in 2007 to 62.4% in 2015, and then rose to 62.9% in 2019.

Most Common Occupations in Ohio. The top five most common occupations for Ohio workers in 2018 were office and administrative support (815,630 jobs), sales (515,320 jobs), food preparation and serving (505,450 jobs), production (497,280 jobs), and transportation and material moving (401,800 jobs).



Figure 35. Median Household Income

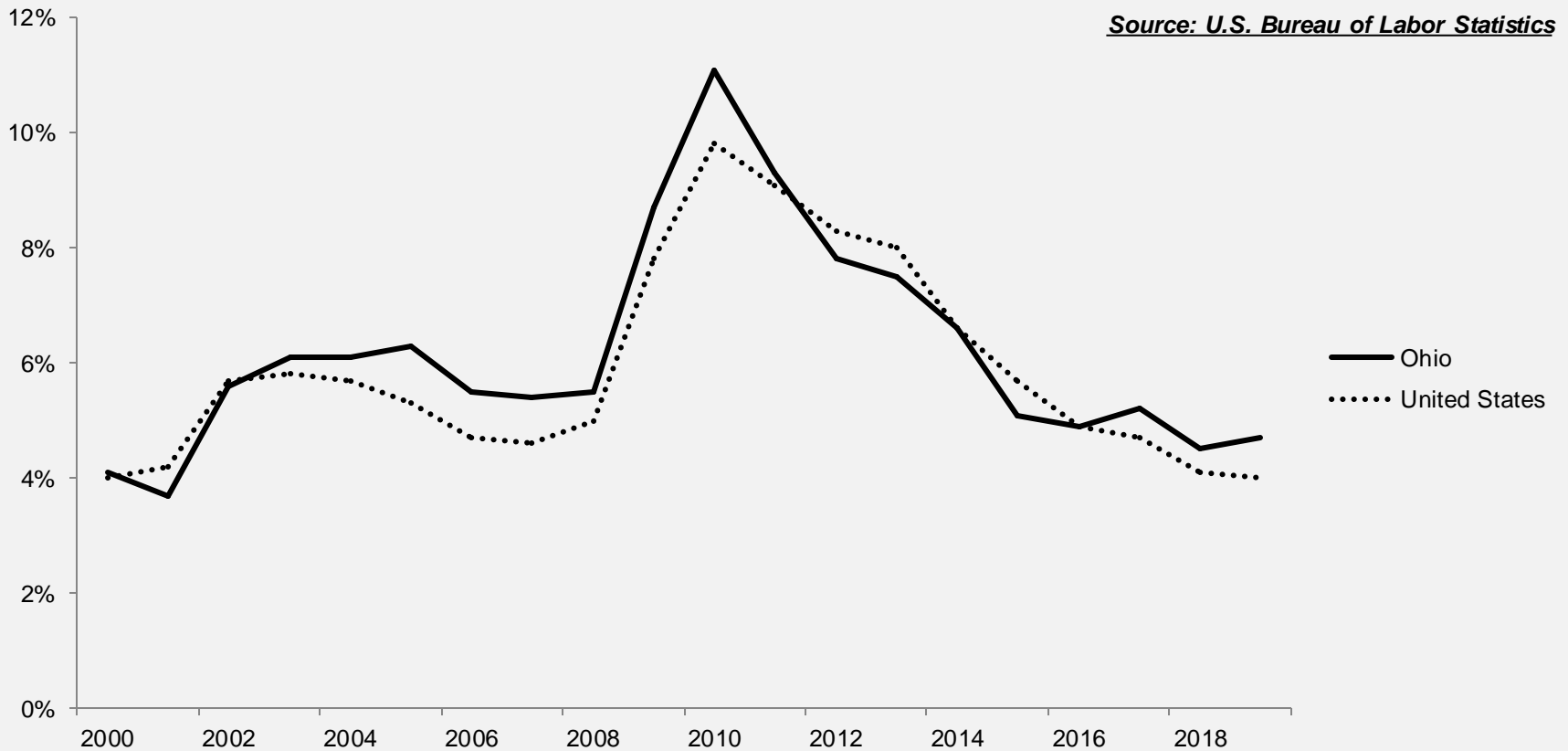
Real Median Household Income for All Households in Ohio and the United States (2018 Dollars)



U.S. Census Bureau, Real Median Household Income in Ohio [MEHOINUSOHA672N] and Real Median Household Income in the U.S. [MEHOINUSA672N] Retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/MEHOINUSOHA672N>, March 4, 2020. Please note that the rapid decline in median household income in Ohio 2008-2012 was likely due to job dislocations from the 2008-2009 Great Recession.

Figure 36. Unemployment Rates

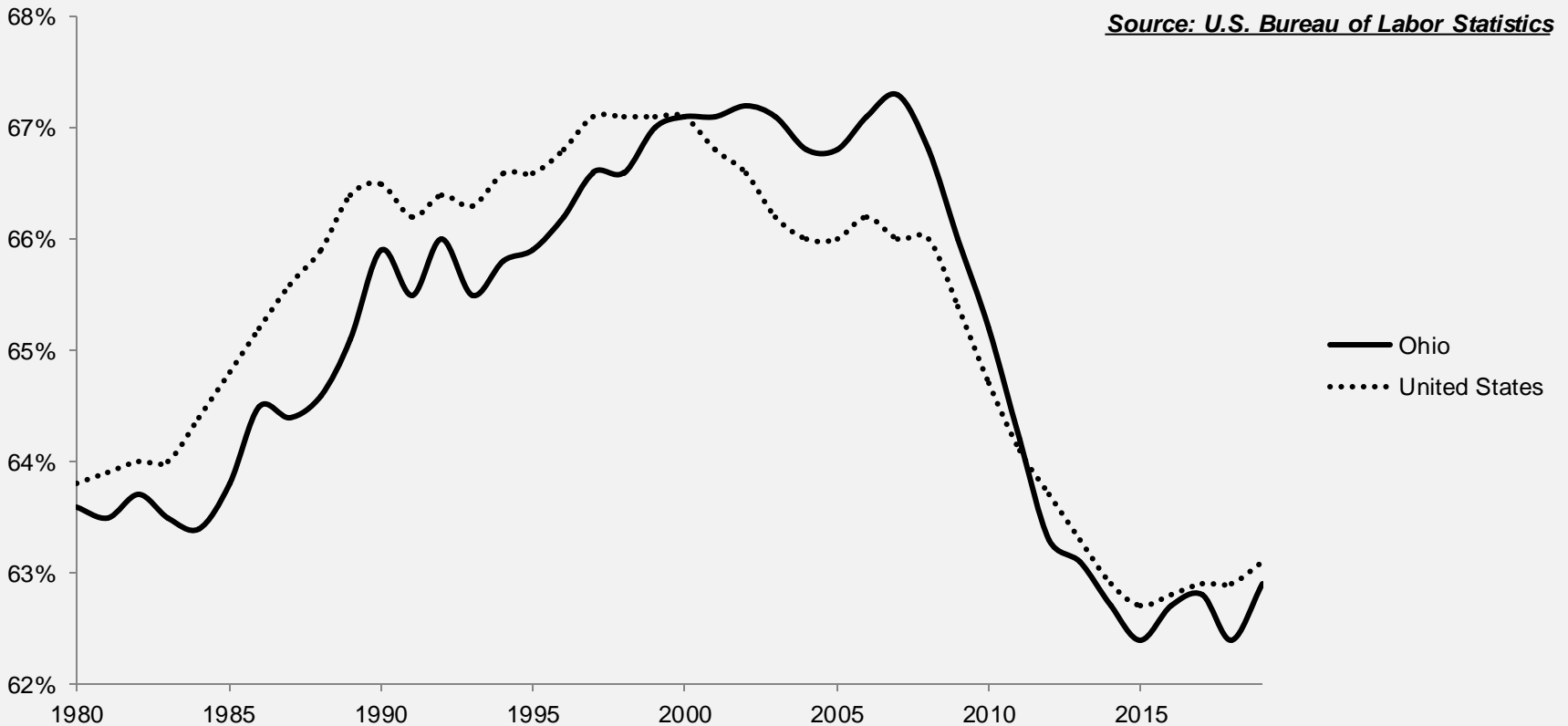
Unemployment Rates in Ohio and United States, 1980-2019 (Bureau of Labor Statistics)



U.S. Bureau of Labor Statistics, Unemployment Rate in Ohio [OHUR] and Unemployment Rate in U.S. [UNRATE]. Retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/OHUR>, March 4, 2020

Figure 37. Labor Force Participation Rate

Labor Force Participation Rate in Ohio and United States Overall, 1977-2019

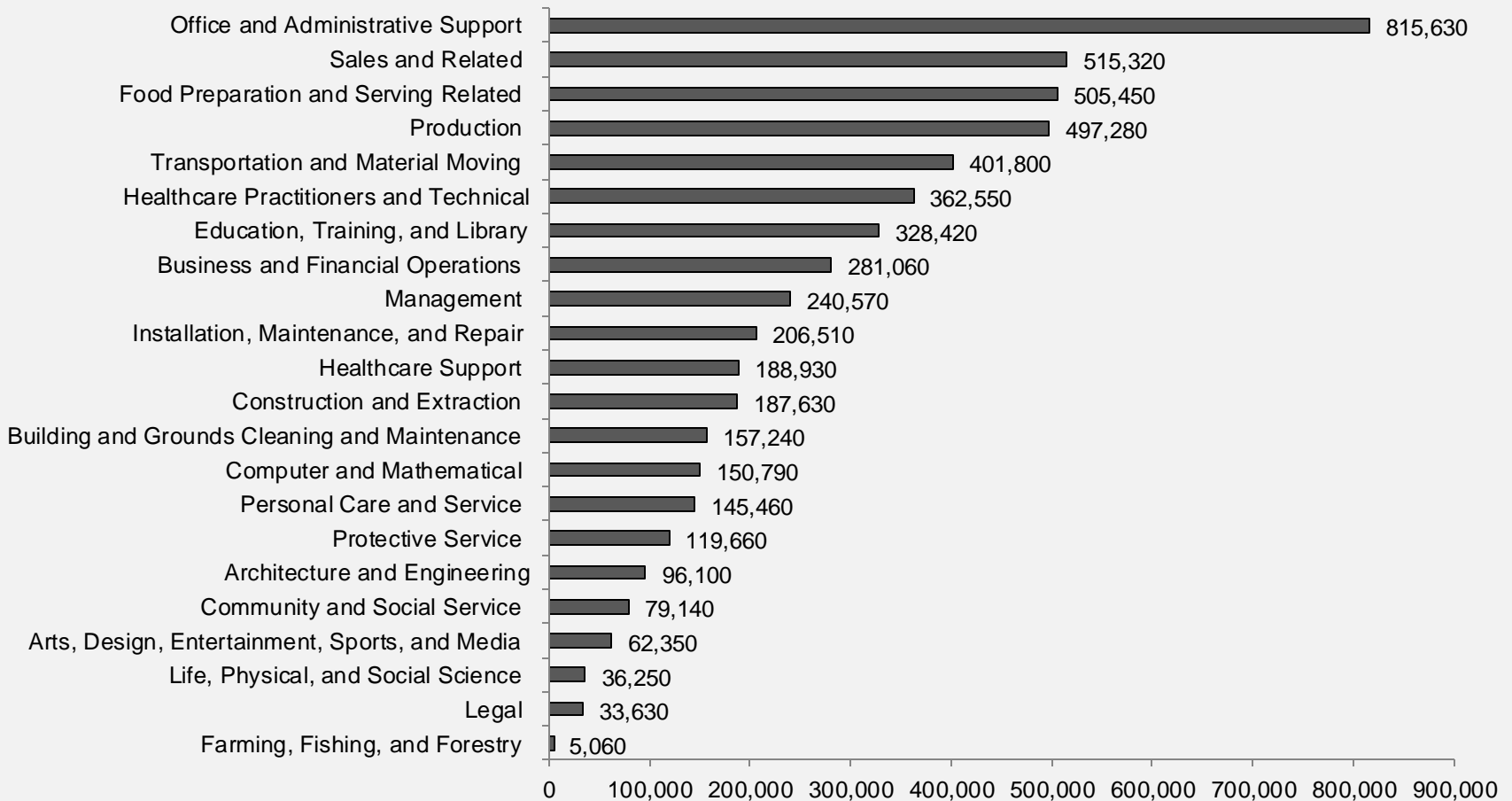


U.S. Bureau of Labor Statistics, Labor Force Participation Rate for Ohio [LBSNSA39], and Labor Force Participation Rate U.S. [CIVPART] Retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/LBSNSA39>, March 4, 2020.

Figure 38. Number of Jobs

Number of Jobs in Ohio by Major Occupation Group, 2018 (Bureau of Labor Statistics Occupational Employment Statistics)

Source: U.S. Bureau of Labor Statistics



Source: Bureau of Labor Statistics, Occupational Employment Statistics (<https://www.bls.gov/oes/tables.htm>)

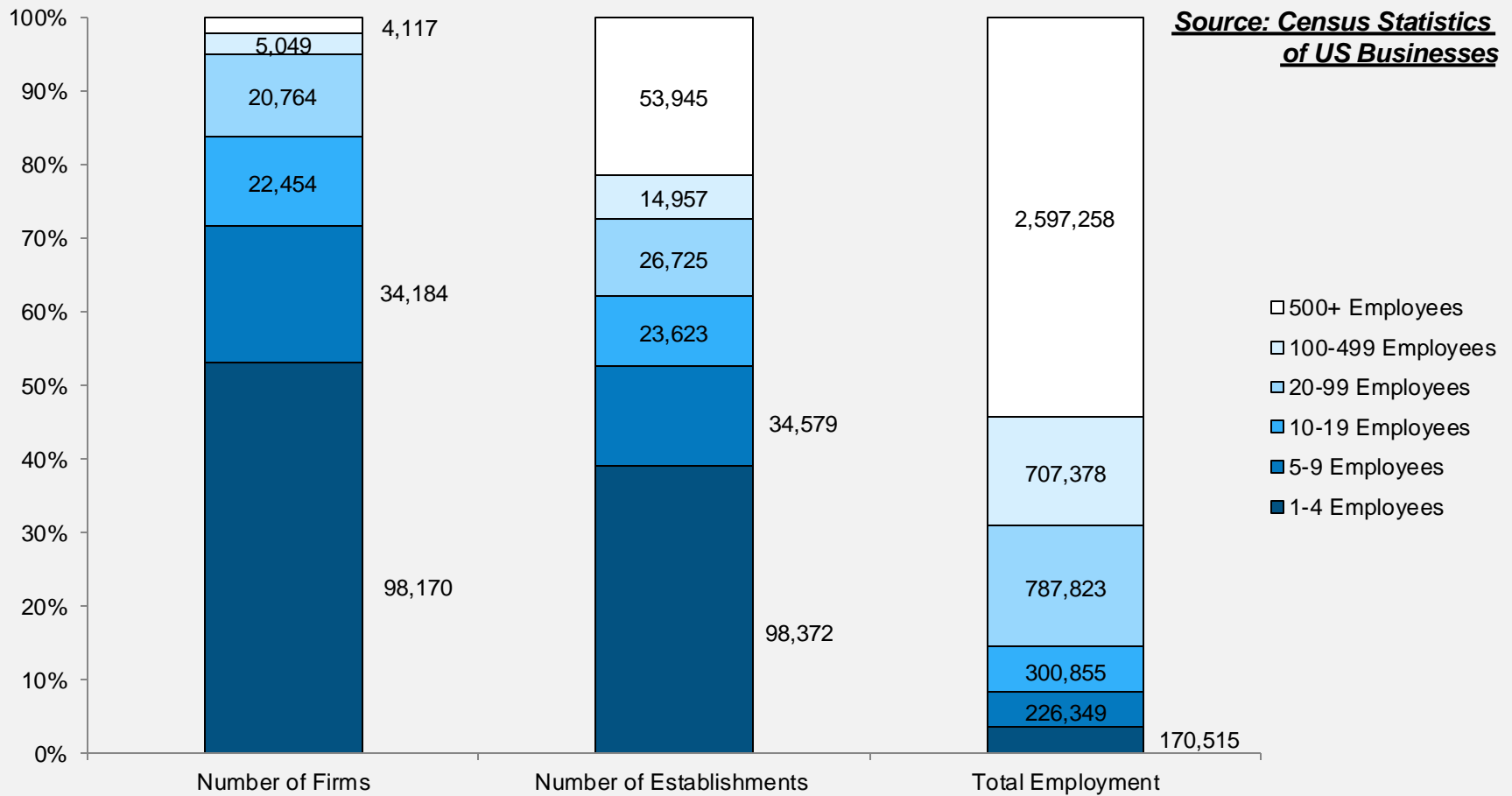
Figure 39. Median Wages by Occupation Group

Median Wages by Major Occupation Group Ranked by Number of Jobs in 2018 (Bureau of Labor Statistics Occupational Employment Statistics)

Source: U.S. Bureau of Labor Statistics

Occupation Group	Median Wages in 2018	Number of Jobs in 2018
Office and Administrative Support	\$16.73	815,630
Sales and Related	\$12.99	515,320
Food Preparation and Serving Related	\$9.64	505,450
Production	\$17.28	497,280
Transportation and Material Moving	\$15.13	401,800
Health Care Practitioners and Technical	\$29.34	362,550
Education, Training, and Library	\$25.13	328,420
Business and Financial Operations	\$30.59	281,060
Management	\$46.45	240,570
Installation, Maintenance, and Repair	\$21.37	206,510
Health Care Support	\$12.80	188,930
Construction and Extraction	\$23.14	187,630
Building and Grounds Cleaning and Maintenance	\$12.20	157,240
Computer and Mathematical	\$37.47	150,790
Personal Care and Service	\$10.90	145,460
Protective Service	\$19.47	119,660
Architecture and Engineering	\$36.07	96,100
Community and Social Service	\$20.70	79,140
Arts, Design, Entertainment, Sports, and Media	\$20.05	62,350
Life, Physical, and Social Science	\$28.99	36,250
Legal	\$32.23	33,630
Farming, Fishing, and Forestry	\$13.85	5,060

Figure 40: Distribution of Firms, Establishments and Total Employment, 2016 (Census Statistics of US Business)



Source: Census Statistics of US Businesses. <https://www.census.gov/data/tables/2016/econ/susb/2016-susb-annual.html>
 Firms are unique businesses whereas establishments are unique physical locations. Firms may have one or more establishments. Definitions of terms: <https://www.census.gov/programs-surveys/susb/about/glossary.html>

SUMMARY OF RESULTS

Employment & Barriers to Work. The rate of employment for adult Ohioans ages 19-64 increased steadily from 2010 (62.7%) to 2019 (71.5%) as Ohio recovered from the 2008 recession (Slide 14). In 2019, more than two-fifths (43.1%) of adult Ohio Medicaid enrollees were employed (Slide 17).

More than three quarters (78.0%) of white men ages 19-64 were employed. This was higher than for white women (66.7%), African American men (67.5%), African American women (65.7%), and Hispanic women (58.4%) (Slide 15).

The most commonly cited barriers to work for Ohio adults who were not working were physical or mental health limitations (51.4%), caring for another family member (30.6%), and not being able to find work (21.5%). Hispanic respondents were even more likely to report caregiving as a barrier to work (44.5%). Among Medicaid enrollees, 18.2% cited being worried about losing Medicaid coverage as a reason for not working (Slide 21).

Among non-working Ohio adults unable to find work, the most common barriers were the need for additional school or training (39.5%) transportation issues (32.4%) and that an employer background check is required (21.1%) (Slide 20).

Employment Stability & Weekly Hours. About three-quarters (74.3%) of employed Ohioans ages 19-64 had their current job for more than one year in 2019 (Slide 30).

Employment tenure was lower for Medicaid enrolled workers, compared to non-Medicaid workers with ESI (51.3% of Medicaid workers had their job for more than one year, compared to 83.4% for non-Medicaid workers with ESI). (Slide 34)

Most (74.2%) employed Ohioans ages 19-64 worked full-time (35 or more hours), while 15.3% worked 20-34 hours and 10.5% work 0-19 hours in the last week (Slide 35). Among employed Medicaid enrollees, about half (49.0%) worked full-time, 32.2% worked 20-34 hours, and 18.7% worked 0-19 (Slide 39).

Employment Patterns & Worker Health. Ohioans 19-64 years of age who considered themselves to be in fair/poor health were less likely to be working compared to those who considered themselves in excellent/very good/good health (Slide 42). Individuals who were not working were also more likely to score high on a social isolation scale than those who were working (32.7% vs. 15.5%) (Slide 46).

SUMMARY OF RESULTS

The prevalence of chronic diseases were higher among Ohioans who were not working versus those who were working, including for asthma (18.5% for nonworking vs. 7.2% for working), arthritis (56.8% vs. 32.0%), diabetes (18.5% vs. 7.2%), heart disease (12.5% vs. 3.2%), and stroke (6.3% vs. 1.7%) (Slide 44).

Employment Patterns & Medicaid Enrollment. About half (52.8%) of Medicaid expansion enrollees who enrolled in 2018 and less than one quarter (24.4%) who enrolled in 2016 remained enrolled at the end of 2019 (Slide 49).

Employed Medicaid expansion enrollees in 2018 were less likely to have Medicaid coverage 18 months later (65.3%), compared to not working enrollees (77.8%) (Slide 53).

Medicaid expansion enrollees who reported inability to work due to a disability in 2018 were more likely to still be enrolled in Medicaid 18 months later (82.8%) than those who were not working but did not report a disability (70.2%) (Slide 55).

General Employment Patterns and Trends in Ohio.

Average inflation adjusted household income increased from \$53,386 to \$56,490 (5.5%) in Ohio from 1984 to 2016; growth from 2016 to 2018 was 8.4%, in 2018 dollars (\$56,490 in 2016 to \$61,663 in 2018) (Slide 58).

Ohio's labor force participation rate fell from 67.3% in 2007 to 62.9% in 2019 (Slide 60).

The top five most common occupations for Ohio workers in 2018 were office and administrative support (815,630 jobs), sales (515,320 jobs), food preparation and serving (505,450 jobs), production (497,280 jobs), and transportation and material moving (401,800 jobs) (Slide 62).

POLICY CONSIDERATIONS

- Since the beginning of the COVID-19 pandemic in early March, over 1.4 million Ohioans have filed an initial application for unemployment insurance in Ohio. These translated to a maximum of almost 800,000 continuing unemployment claims between March and June 2020. With the economy reopening, continuing claims have fallen by almost half to 400,000.* However, it is increasingly likely that many jobs will not return. These displaced workers can be expected to have longer enrollment on Medicaid as they retrain for new jobs in other industries.

* Ohio Jobless Claims for Sunday, July 5, through Saturday, July 11, 2020.
<https://jfs.ohio.gov/ocomm/pdf/Ohio-Initial-Jobless-Claims.pdf>

CONCLUSION

Efforts to boost employment among Ohioans enrolled in Medicaid must take into account several key parameters in the Ohio labor market.

1. Almost half (43.1%) of Medicaid enrollees were employed at the time of interview. Among those, 49.0% were employed full time.
2. The Medicaid expansion population has been very dynamic with nearly half (47.2%) of Medicaid expansion enrollees who had enrolled in 2018 no longer having coverage at the end of 2019.
3. Most non-working Ohioans face health limitations with half (51.4%) reporting a physical or mental health limitation and (30.6%) having to care for another family member.
4. Not working Ohio adults unable to find a job reported important workforce readiness barriers, including a need for additional school or training (39.5%), transportation issues (32.4%), and difficulties with employer background checks (21.1%).

The breadth of the Medicaid population presents challenges to boosting employment among Medicaid enrollees. First, most individuals enrolled in the Aged, Blind, and Disabled population gained Medicaid eligibility due to the fact they are disabled and unable to work. In contrast, Medicaid is a much more temporary coverage for the Medicaid expansion population as their household income commonly changes, with half transitioning off Medicaid every two years. Even within these groups, work preparedness will vary with some older, Expansion Medicaid enrollees having work histories that limit their opportunities in a changing economy.

Finally, although data on employment since the onset of the COVID-19 pandemic were preliminary or limited when this chartbook was produced, the pandemic will likely produce changes to Ohio's labor market that will prove particularly perilous for low income families. The high turnover in the expansion population in general indicates that for many, Medicaid serves as a short-term safety net providing health care access to low income families temporarily displaced from the workforce. Until the economy recovers and Ohio families can find jobs again in the post-COVID era, Medicaid may serve to protect the health of families displaced by the pandemic.

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