Health of Older Ohioans: 2019 Update

May 2021

OMAS
Ohio Medicaid Assessment Survey

Ohio Department of Medicaid

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EXECUTIVE SUMMARY

Older adults are those age 60 and older as defined in the Older Americans Act. The Ohio Department of Aging serves Ohioans with programs for older adults and adults with disabilities. This age population has a greater overall disease burden. Both age and chronic conditions have made COVID-19 more lethal for the older adult population.

Key Findings

- The proportion of Ohio's population that is 60 and older is growing, increasing the future demand for health care, caregiving, and community-based services.
- 11.6% of older Ohioans had Medicaid or both Medicaid and Medicare (they were dual eligible).
- Older Ohioans who were Hispanic were four times as likely to be without health insurance as those who were white.
- 14.5% of older Ohioans had household income at or below 100% of the Federal Poverty Level (FPL).
- The percentage of older Ohioans who were Black or Hispanic and had annual household income at or below 100% of the FPL was more than twice that of those who were white or Asian.
- 24.3% of older Ohioans whose household income was less than 138% of the FPL had unmet health care needs, compared to 14.2% for those with household income above 138% of the FPL.
- Older Ohioans who were Hispanic were twice as likely, and those who were Black were one and a half times as likely as those who were white to report not getting needed health care.
- Older Ohioans who were Hispanic, Black, Asian or had children living in their household experienced more food insecurity than those who were white or lived with no children.
- Overall, older Ohioans had a high prevalence of risk factors and chronic conditions including obesity, hypertension, arthritis, high cholesterol, and diabetes.
- Older Ohioans with Medicaid or Medicaid and Medicare had the highest rates of diagnoses for all of the chronic conditions surveyed compared to those with other insurance types.
- 51.6% of adults age 60 and older and 75.0% of adults age 75 and older in the Medicaid population had a diagnosis or device indicating frailty.
- Older Ohioans were at the highest risk for mortality from COVID-19, accounting for over 93% of virus-attributable fatalities in Ohio.[1]

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

EXECUTIVE SUMMARY

Ohio's older adults faced unprecedented challenges in the wake of the COVID-19 pandemic. In 2020, social distancing, wearing masks, and washing hands were the available means to prevent infection. Social distancing inevitably increased the isolation of older Ohioans with as yet unmeasured consequences.

The current focus on public health may present the opportunity to improve health care for older Ohioans by highlighting the disparities in access to care and the need for permanent expansion of telehealth coverage. Ohio's growing population of older adults will be further stressed by COVID-19 and the demands for their care and protection. The well-being of Ohio's future older adults depends on measures to eliminate societal health disparities, improve health behaviors, and promote the treatment of chronic conditions that otherwise lead to poor health and loss of independence.

For further information related to Ohio and COVID-19, please see the Ohio COVID-19 Survey dashboard at: https://grcapps.osu.edu/OCS/.

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

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BACKGROUND

Older Ohioans are a growing age group in the state, both in number and as a proportion of the state's population. The proportion of Ohioans ages 60 and older is projected to grow from about one in five Ohioans in 2010 to more than one in four Ohioans by 2025.[2] This chart book provides information for policymakers regarding the health and socioeconomics of Ohio's older adults.

Older Ohioans include ages spanning multiple decades. OMAS estimates are presented for age ranges including: 55-59, 60-64, 65-74, 75-84, and 85 or older, also known as the "oldest old". Ages 55-59 are included as a group because they will be the next older Ohioans. This breakdown of age groups is meant to highlight changes in prevalence that occur with age.

Ohioans may qualify for Medicaid if they meet income requirements and are aged, blind, or disabled.[3] Ohioans age 65 and older are also eligible for Medicare if they meet lifetime work requirements. Individuals who are eligible for Medicaid and Medicare are called "dual eligible."[4.]

Older adults often experience the onset of chronic conditions, disease-related disability, and changes in cognitive health. Chronic conditions complicate daily activities, are associated with lower quality of life,[5] increased disability,[6] and contribute to premature death.[7] They are also associated with increased health care needs and higher medical cost.[8]

Ohioans on average suffer from more illness and disability compared to their counterparts across the country, including a higher prevalence and burden of chronic disease.[9]

According to nationwide rankings in 2019, Ohio ranked 38th out of 50 US states in terms of population health, and 30th for Senior Health (age 65 and older). In the same report, Ohio ranked 43rd among US states for smoking, 34th for physical inactivity, and 34th for obesity. Ohio ranked 43rd for cancer deaths, 40th for early death (age 65 to 74), 39th for cardiovascular deaths, 35th for diabetes prevalence, and 32nd for stroke prevalence.[10]

As in the United States as a whole,[11] Ohio's older adults suffered greater mortality from COVID-19 than the young (Appendix E). Over 93% of deaths from COVID-19 in Ohio were individuals 60 or older as of February, 2021 (Appendix F).

The COVID-19 pandemic has focused needed attention on health disparities that must be addressed at the societal and structural levels, not only at the levels of individuals and health care providers. Accessible resources including education, employment, healthy food, and a safe living environment with all kinds of activity are necessary for Ohioans to achieve optimal health.[12]

Older Ohioans' health status, health insurance, health care access and utilization, and health-related behaviors determine their health outcomes. Along with these aspects the demographics and social determinants of health were examined for this growing population.

OBJECTIVES

The purpose of this chart book is to present the results from the 2019 Ohio Medicaid Assessment Survey describing the health, health care, and other non-medical factors affecting the health of older Ohioans. The results from OMAS were supplemented by Ohio Medicaid administrative data.

Demographics of Older Ohioans

The proportion of Ohio's older adult population was analyzed by gender, race or ethnicity, developmental disability, education, marital status, income, household composition, county type, and Medicaid regions, by age groups.

Social Determinants of Health for Older Ohioans

Social determinants of health were examined for Ohio's older adult population including employment status, household income as a percent of the Federal Poverty Level (FPL), health insurance status, social isolation, and food insecurity by age groups. The %FPL, health insurance status, and food insecurity were analyzed by race or ethnicity, and food insecurity was analyzed by household composition.

Health Conditions and Outcomes

The prevalence and age distribution of self-rated physical and mental health, diagnosed chronic conditions, obesity as body mass index categories, difficulty with activities of daily living, and fall injuries were estimated for older Ohioans by age category and race or ethnicity. Medicaid administrative data was used to determine the prevalence of COPD, cancer, chronic pain, osteoarthritis, rheumatoid arthritis, dementia, frailty, and needs for services in the older Ohioan Medicaid population.

Health Care Utilization

Older Ohioans' regular sources of care, including routine check-ups for preventive health care, places where care was usually received, and hospitalization and emergency care were estimated by age category and health insurance status.

Barriers to Health Care

Unmet needs for general health care, prescription drugs, and mental health care, and avoidance of health care due to financial barriers, unavailability of providers, and lack of access to transportation were estimated for older Ohioans by age group, health insurance status, and race or ethnicity.

Health Risk Behaviors

The prevalence of risky behaviors such as tobacco use, vaping, and cannabis use was estimated for Ohio's older adult population by age group, and tobacco use was estimated by household %FPL and insurance status. The prevalence of substance use disorders was determined for the Ohio older adult Medicaid population using Ohio Medicaid administrative data.

METHODS

Description of Data Sources

The 2019 Ohio Medicaid Assessment Survey (OMAS) is an Ohio-specific assessment that provides health status and health system-related information about residential Ohioans at the state, regional and county levels, with a concentration on Ohio's Medicaid, Medicaid-eligible, and non-Medicaid populations. This multi-mode study collected data through a sample of landline and cellular phones in Ohio through random digit dialing, as well as by web-based or paper versions through address-based sampling. A total of 31,558 surveys of Ohioans 19 years of age and older and proxy interviews for 7,404 children 18 years of age and younger were completed by researchers in 2019: 30,068 by phone, 950 by web, and 540 by mail-in paper survey. The 2019 OMAS is the eighth iteration of the survey. For details, please see the OMAS methods report at grc.osu.edu/OMAS.

Older adults are defined by the Older Americans Act as adults age 60 and older. Older Ohioans included in these results were those members of Ohio residential households age 60 and older.

Adults age 55-59 are the population on the verge of becoming older Ohioans. They were included for this reason and for comparison to older age groups. Older Ohioan residents living in facilities were excluded from the OMAS, but such residents were included in the Medicaid Administrative data analyses.

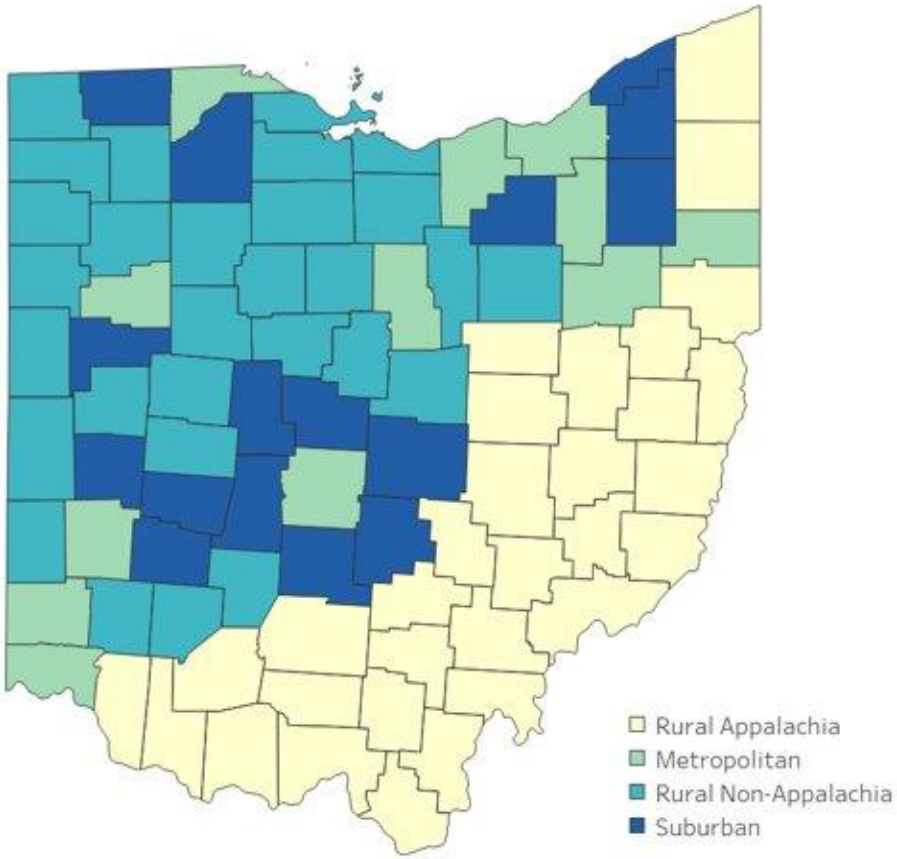
Medicaid Administrative data was also used to supplement the OMAS data with conditions and health care services for which questions were not included in the OMAS, such as "frailty" and "dementia" (see next slide). The Medicaid administrative data analysis included individuals who were dual eligible for Medicaid and Medicare[3].

METHODS

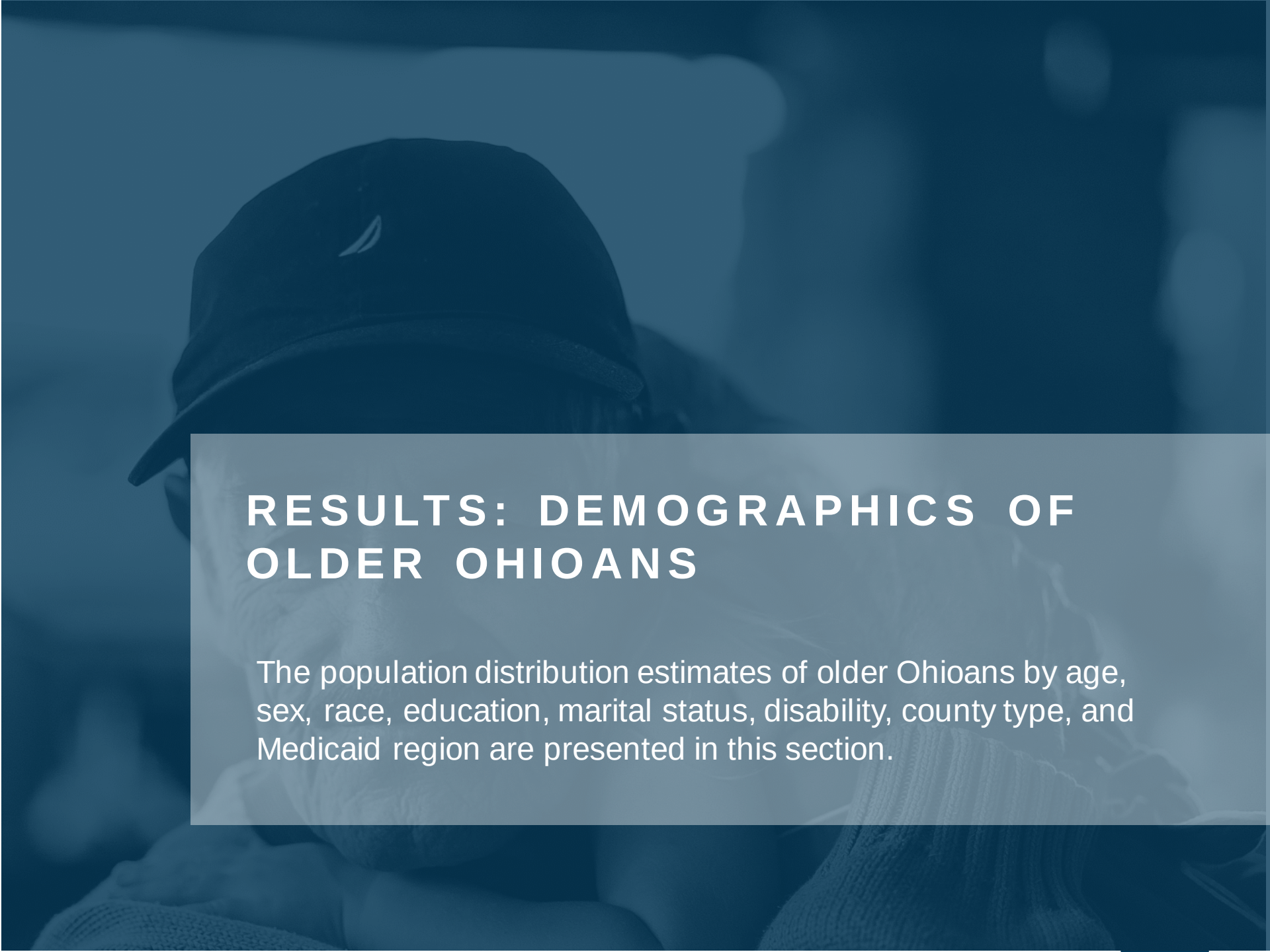
Variable Definitions

- *Assisted Living* was defined by services received in an assisted living facility or from an assisted living provider. An individual was counted if they had any of the codes in Appendix B occurring at least once in 2018.
- *Chronic conditions* were defined to include, hypertension, arthritis, diabetes, asthma, coronary heart disease, heart attack, stroke, and congestive heart failure from the OMAS data. Chronic conditions identified in Medicaid administrative data included osteoarthritis, rheumatoid arthritis, chronic obstructive pulmonary disease (COPD), and cancer. These conditions and were identified for individuals as one diagnosis code in a calendar year. The ICD10CM codes used are in Appendix A.
- *Dual eligible* individuals are those who qualify for health insurance from Medicaid and Medicare, at the same time. Individuals with financial need can qualify for Medicaid on the basis of age or disability.[4]
- *Frailty* included dependence on devices such as canes, walkers, wheelchairs, commode chairs, hospital beds, oxygen, home ventilators, respiratory assist devices, or positive airway pressure machines with humidifiers. Frailty diagnoses included pressure ulcers, muscle wasting or weakness, the need for assistance or supervision, care provider dependency, a history of falling, and dependence on devices. Individuals with frailty were identified by the presence of at least one "Frailty" diagnosis code (ICD10CM) or at least one "Frailty device" code (HCPCS or CPT) in a calendar year, in Appendix A.
- Home Health care is an alternative to inpatient care Individuals were counted if they had at least one record with a code from Appendix B in a calendar year.
- *Older Ohioan* refers to adults in Ohio age 60 and older.
- *Older Ohioans to be*, 55 to 59.
- *Oldest old* is used to describe the 85 years of age and older category.
- *Osteoarthritis* is inflammation and degeneration of joints due to wear and tear. It is distinct from *rheumatoid arthritis* (an autoimmune disease). Osteoarthritis was identified as a distinct condition in the Medicaid administrative data using the ICD10CM codes provided in Appendix A. It was identified by one record with a diagnosis in the 2018 calendar year for an individual.
- *Skilled Nursing* was defined by services received in a skilled nursing facility or from a skilled nursing provider. One or more records with the codes in Appendix B in 2018 were used to count individuals.

OMAS County Types



This chartbook contains analyses that refer to county types, which are Ohio counties grouped by 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: DEMOGRAPHICS OF OLDER OHIOANS

The population distribution estimates of older Ohioans by age, sex, race, education, marital status, disability, county type, and Medicaid region are presented in this section.

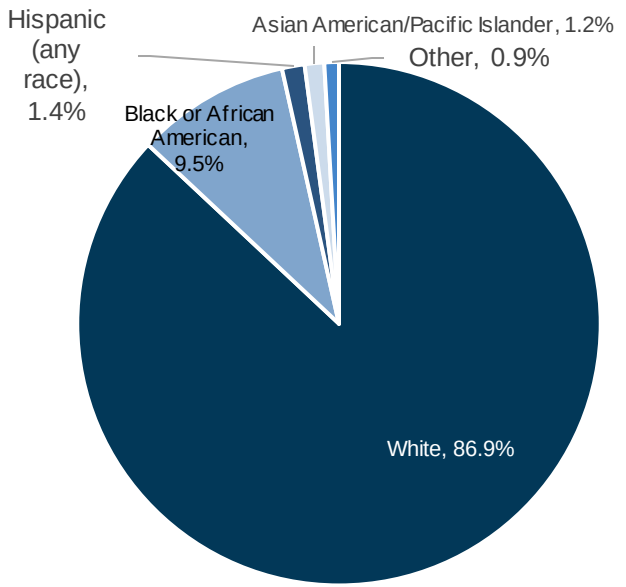
Key Findings: Demographics of Older Ohioans

- Ohio's population of older adults is growing.
- Older Ohioans are disproportionately female; this was even more pronounced among the Medicaid population.
- 2.8% of older Ohioans reported having developmental disabilities.
- 7.4% of older Ohioans reported living in households with children.
- More than half of older Ohioans resided in Metropolitan counties.

Table 1. Age, Gender, & Race Distribution of Ohioans by Age Group

Source: 2019 OMAS

Age Categories	55-59	60-64	65-74	75-84	85+
Population Proportion Estimate	21.4%	23.3%	32.1%	17.5%	5.7%
Gender					
Female	50.5%	52.3%	53.8%	58.9%	61.5%
Male	49.5%	47.7%	46.2%	41.1%	38.5%
Race/Ethnicity					
White	83.6%	85.1%	86.5%	89.0%	90.6%
Black or African American	11.1%	10.8%	10.1%	7.7%	7.0%
Hispanic (any race)	2.1%	1.9%	1.2%	1.4%	1.0%
Asian American/Pacific Islander	1.8%	1.1%	1.5%	1.0%	0.3%
Other	1.5%	1.1%	0.7%	0.9%	1.1%

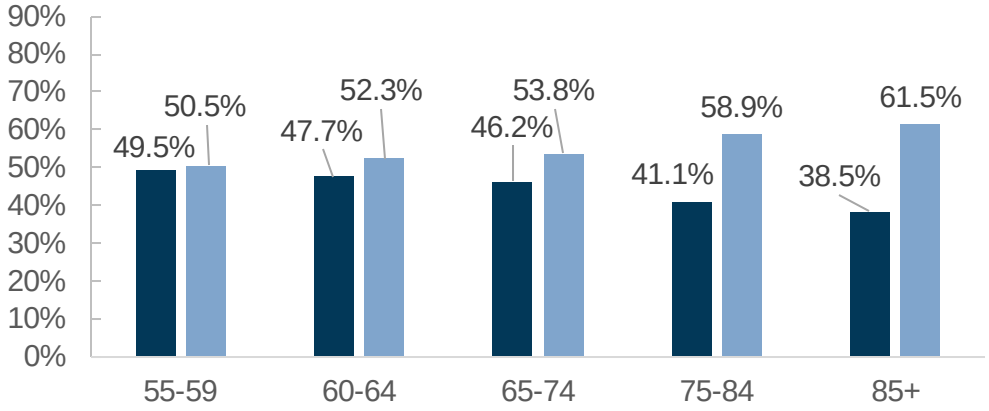


The distribution of age, gender, and race/ethnicity within age groups for adult Ohioans is shown. The proportion of non-white adults was greater among the younger age groups, so Ohio's future older adult population will be more diverse. Among older Ohioans, the proportion who were white was 86.9% [85.9-87.8%]*, Black or African American was 9.5% [8.8-10.3%]*, Hispanic (any race) was 1.5% [1.2-1.8%]*, Asian American/Pacific Islander was 1.2% [0.8-1.8%]*, and other was 0.9% [0.8-1.0%]*.

*95% CI

Figure 1. Proportion of Women & Men Among Older Ohioans

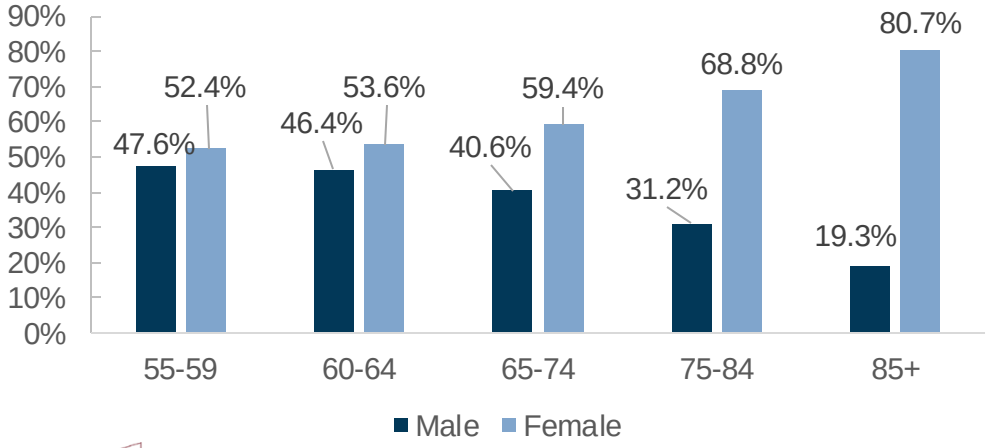
Figure 1A. Older Ohioan Population



Source: 2019 OMAS, 2018 Medicaid Administrative Data

The OMAS 2019 gap in the estimated proportions of women and men increased with age group.

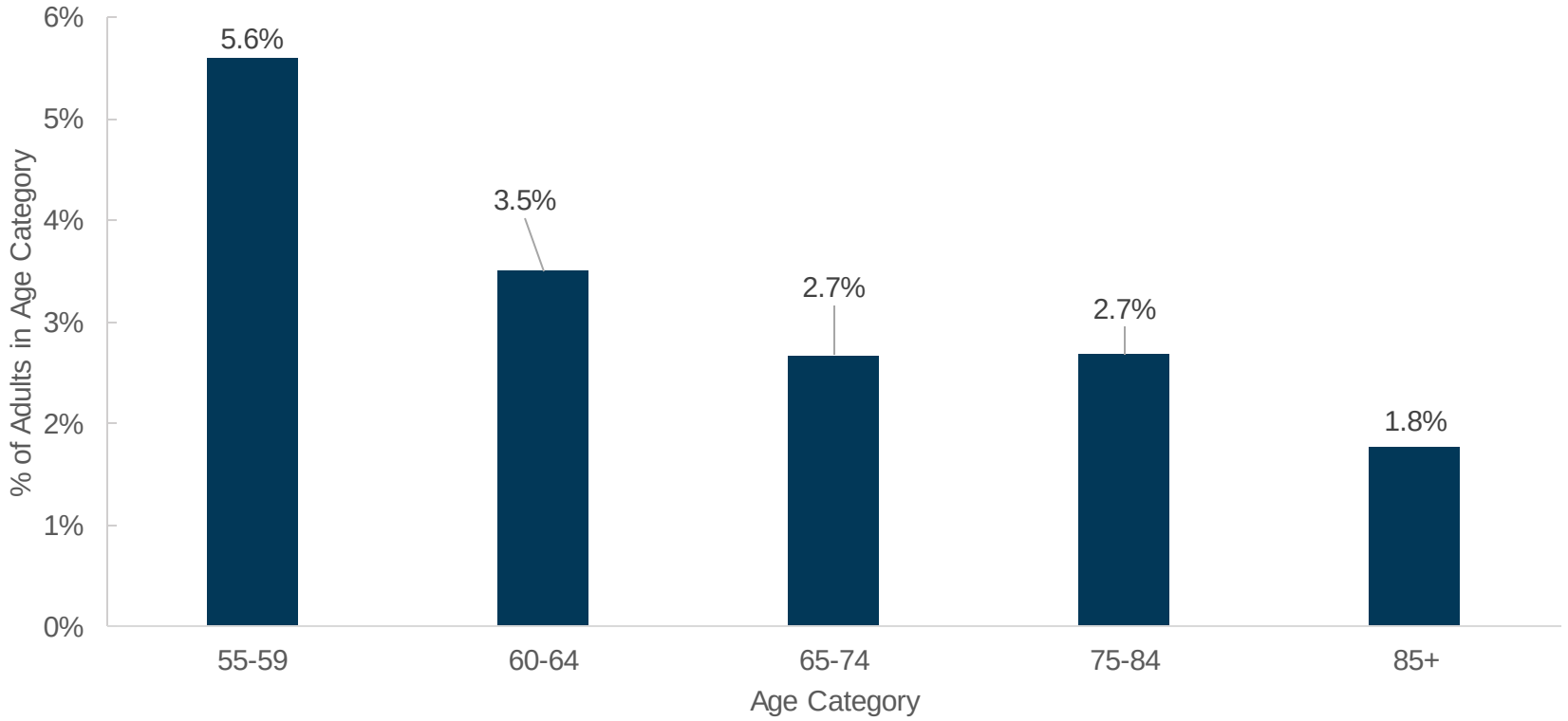
Figure 1B. Ohio Medicaid Population



The gap in the proportion of women to men in the older adult Medicaid population (2018) was much greater than that for the state population.

Figure 2. Proportion of Older Adult Ohioans with a Developmental Disability

Source: 2019 OMAS



2.8% [2.4-3.4%, 95% CI] of older Ohioans reported having developmental disabilities.

Table 2. Population Changes for Older Ohioans

OMAS Ohio Population Estimates

Age Categories	0-18	19-64	65+
2015	23.5%	60.9%	15.6%
2019	21.8%	60.8%	17.5%
% Change	-1.7%	-0.1%	1.8%

Ohio Medicaid Population

Age Categories	0-18	19-64	65+
2015	42.1%	53.1%	4.8%
2019	42.5%	51.8%	5.6%
% Change	0.4%	-1.3%	0.9%

Source: 2015, 2019 Ohio Medicaid Assessment Survey

The estimated proportion of Ohioans age 65 and older increased from 2015 to 2019 consistent with projections.[13]

The number of adults age 65 and older increased by an estimated 196,994, while the number of adults age 19-64 decreased by 64,308.

Source: 2015, 2019 Medicaid Administrative Data

The proportion of adults age 65 and older was smaller among the Medicaid population than the general population due to eligibility rules. There was an increase in age 65 and older from 2015 to 2019.

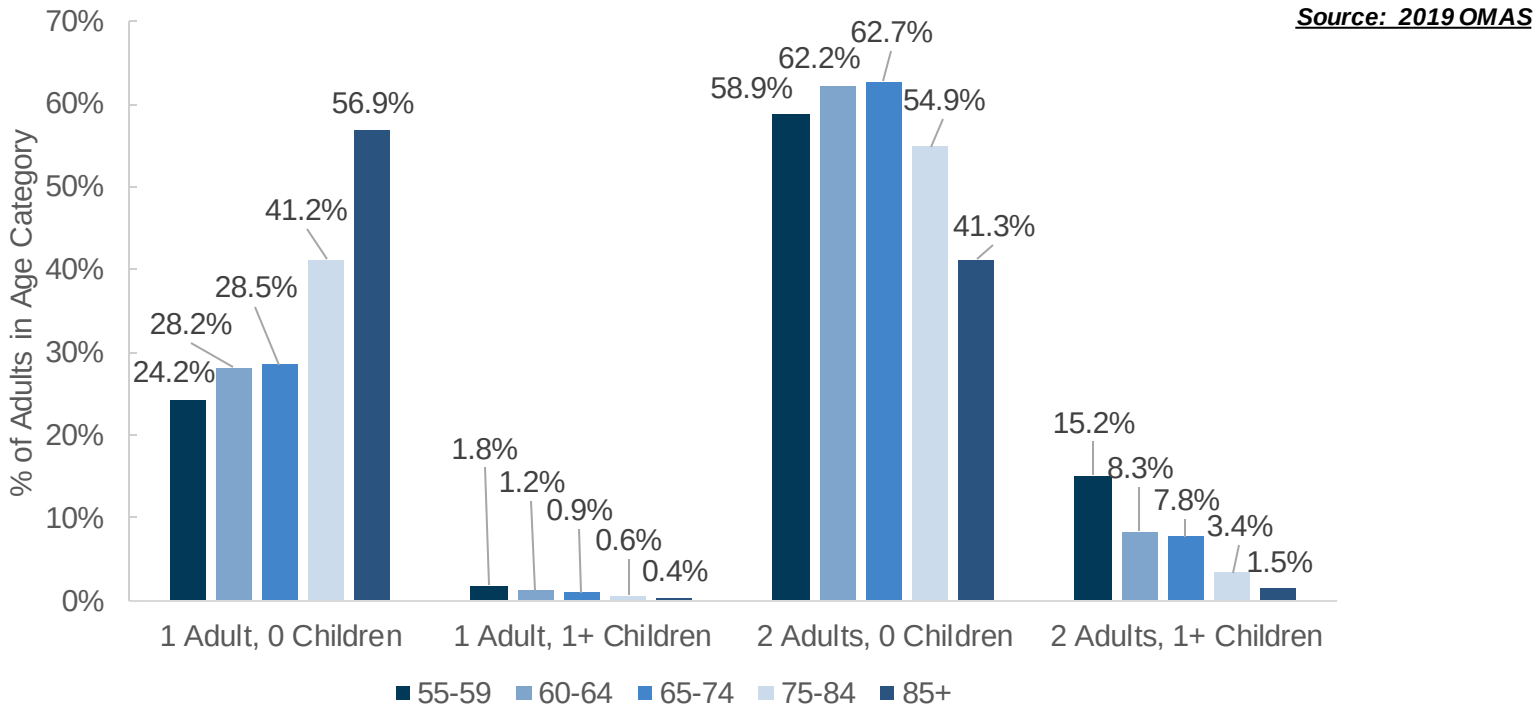
Table 3. Older Ohioans' Education & Marital Status

Age Categories	55-59	60-64	65-74	75-84	85+
Education					
Less than High School Graduate	9.2%	8.8%	11.5%	16.1%	17.3%
High School Graduate	35.2%	37.4%	37.2%	42.4%	44.8%
Some College	15.0%	15.6%	14.4%	15.4%	12.3%
Associate Degree	15.4%	13.3%	10.8%	7.7%	7.4%
4-year College Graduate	15.1%	14.4%	13.5%	8.5%	9.5%
Advanced Degree	10.2%	10.4%	12.8%	9.8%	8.7%
Marital Status					
Married	56.2%	57.9%	60.0%	49.1%	32.5%
Divorced/Separated	20.2%	19.0%	14.8%	13.1%	5.4%
Widowed	4.6%	8.4%	14.4%	32.6%	57.9%
Never Married	12.0%	10.9%	6.9%	2.8%	2.4%
Unmarried Couple	7.0%	3.8%	3.9%	2.5%	1.8%

More Ohioans younger than age 65 reported having an associate degree, and younger than age 75 a bachelor's degree, than those who were older.

About 1 in 5 Ohioans under age 65 reported being divorced, only 1 in 20 of the oldest old were. As expected, the proportion of Ohioans who were widowed increased with age.

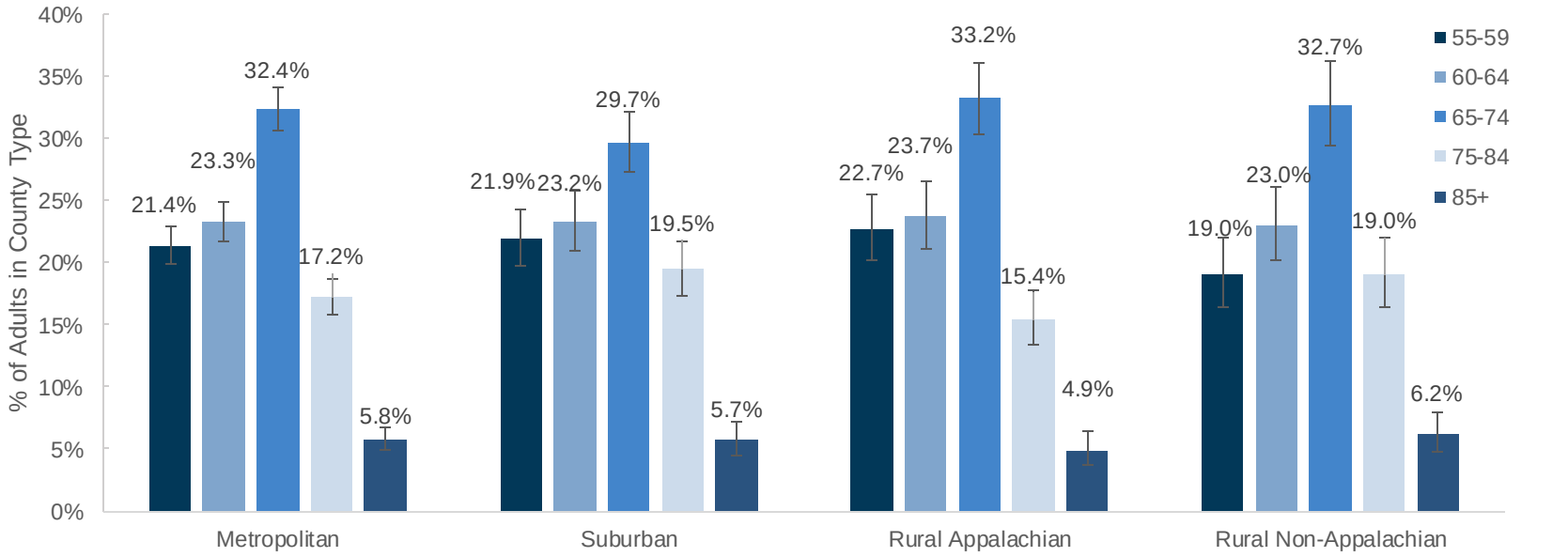
Figure 3. Household Composition of Older Ohioans



Most older Ohioans reported living in households without children. For the 7.4% [6.7-8.3%, 95% CI] of older Ohioans living in households with children, increased financial burden,[14,15] and risk of COVID-19 infection from younger household members were potential challenges.

Figure 4. Age Distribution of Older Ohioans Within County Types

Source: 2019 OMAS



% of Age 60+ [95% CI]	**57.9% [56.4-59.4%]**	**13.4% [12.5-14.3%]**	**15.0% [14.0-16.1%]**	**13.7% [12.6-14.9%]**

The age distribution within each county type (Map in Methods, Slide 9) was similar among the county types as shown with 95% CI. More than half of older Ohioans resided in Metropolitan counties (percentage with 95% CI shown below the chart). The remainder were somewhat evenly distributed among the other county types.

RESULTS: SOCIAL DETERMINANTS OF HEALTH

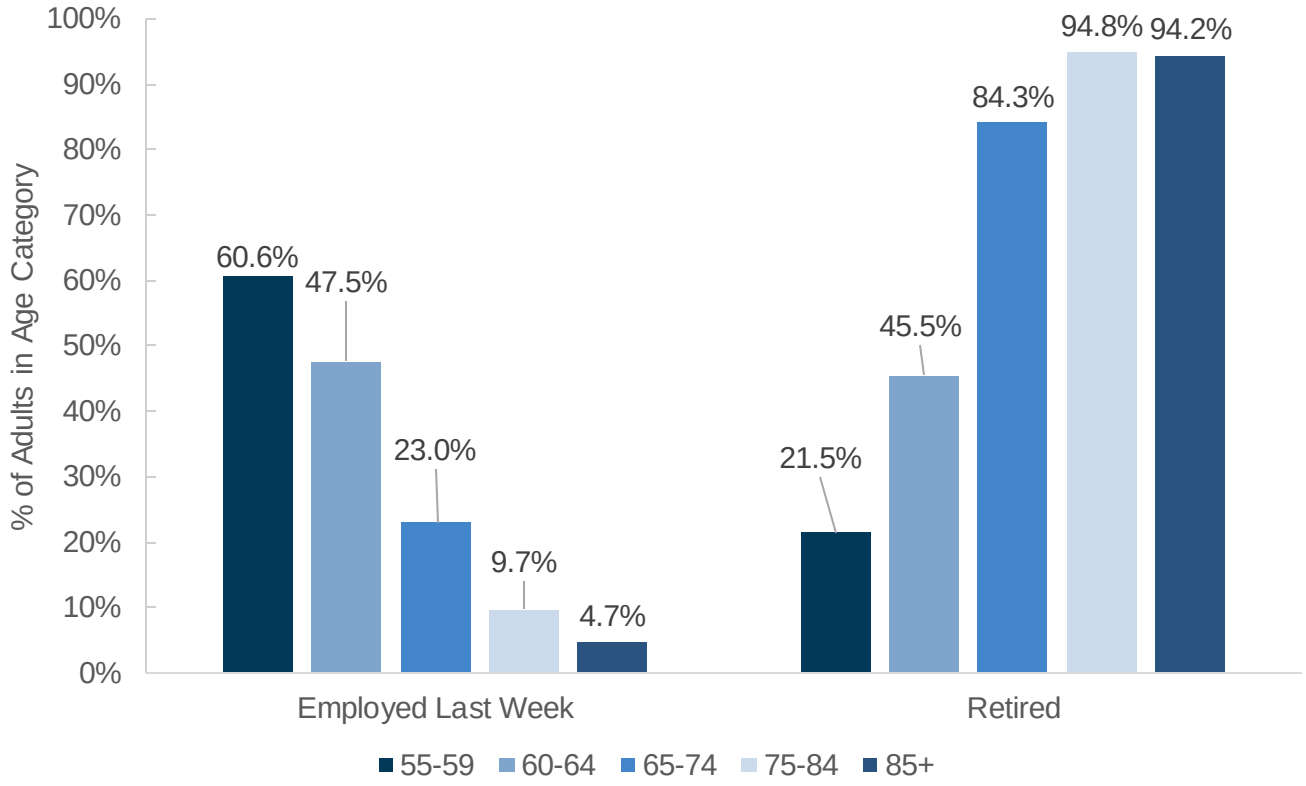
Non-medical factors that contribute to health status, including employment, household income, race or ethnicity, health insurance, social isolation, and food insecurity are presented.

Key Findings: Social Determinants of Health

- 14.5% of older Ohioans had family income at or below 100% FPL; 7.4% had income between 100% and 138% FPL.
- The percentage of older Ohioans who were Black or Hispanic and had annual family income at or below 100% FPL was more than twice that of those who were white or Asian.
- 16.4% of Ohioans 55-64 years of age, and 11.6% of those age 60 or older had Medicaid health insurance or were dual eligible.
- Older Ohioans who were Black or Hispanic were about three times as likely, and those who were Asian were half as likely to have Medicaid (with or without Medicare) compared to those who were white.
- Older Ohioans who were Hispanic were four times as likely to be without health insurance as those who were white or Black.
- 10.2% of Ohioans age 65 and older reported having Medicaid health insurance (most were dual eligible). Less than 1% of adults age 65 and older were without health insurance, most had Medicare insurance.
- 13.7% of older Ohioans reported feelings of loneliness, a risk factor for increased morbidity and mortality. The need for social distancing due to the COVID-19 pandemic increases the concerns for older Ohioans regarding social isolation.
- 9.5% of Ohioans age 60 and older reported worrying about food running out, and 6.7% reported that their food ran out in the last 12 months. Older Ohioans who were Hispanic, Black, Asian or had children living in their household were more likely to experience food insecurity than those who were white.

Figure 5. Employment Status of Older Ohioans

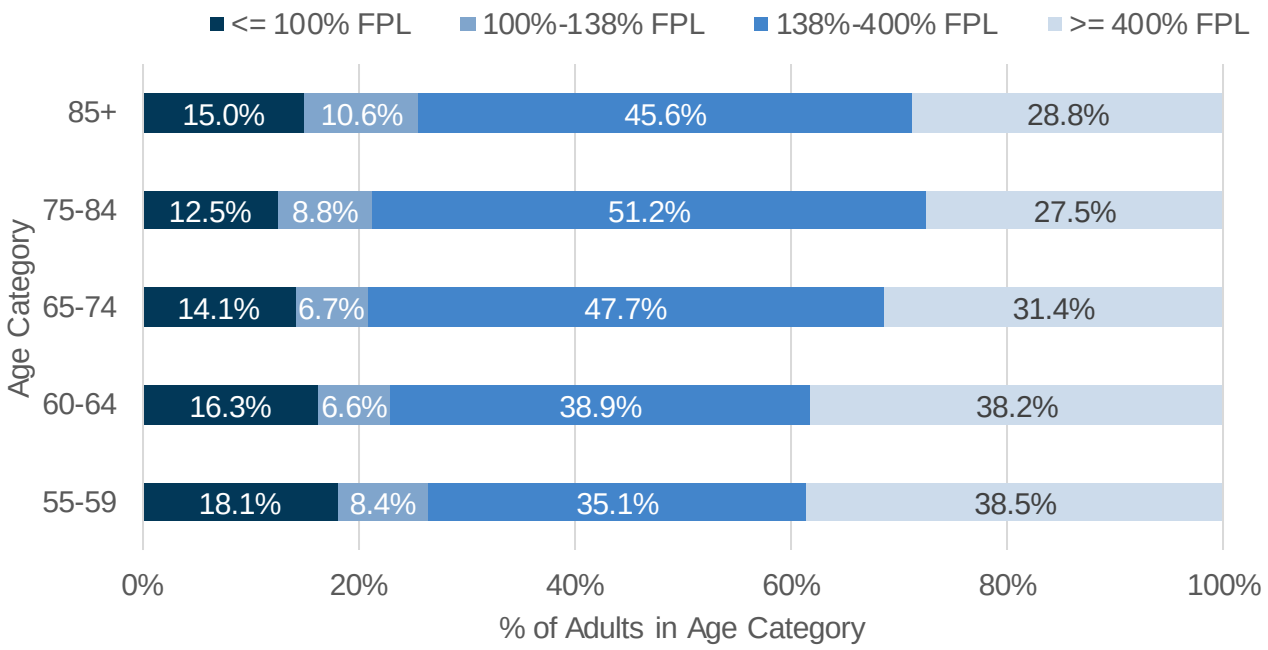
Source: 2019 OMAS



Almost half of Ohioans age 60-64 reported having a job the previous week. Most Ohioans age 65 and older reported being retired.

Figure 6. Age Category & Household Federal Poverty Level of Older Ohioans

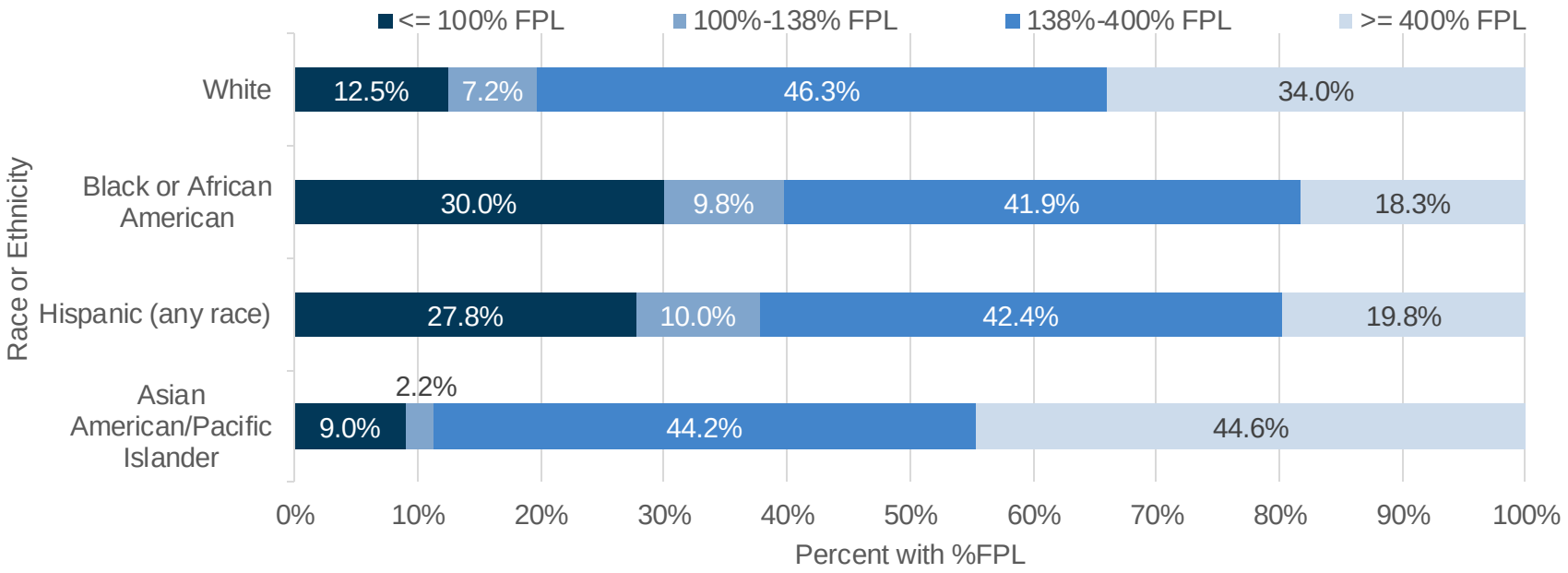
Source: 2019 OMAS



Most older Ohioans had household income at or above the Federal Poverty Level (FPL). 14.5% [13.5-15.5%]* of older Ohioans had household income at or below 100% of the FPL, 7.4% [6.7-8.2%]* had income between 100% and 138% FPL, 45.7% [44.2-47.2%]* had income between 138% and 400% FPL, and 32.4% [31.0-33.8%]* had income above 400% of the FPL.
*95% CI

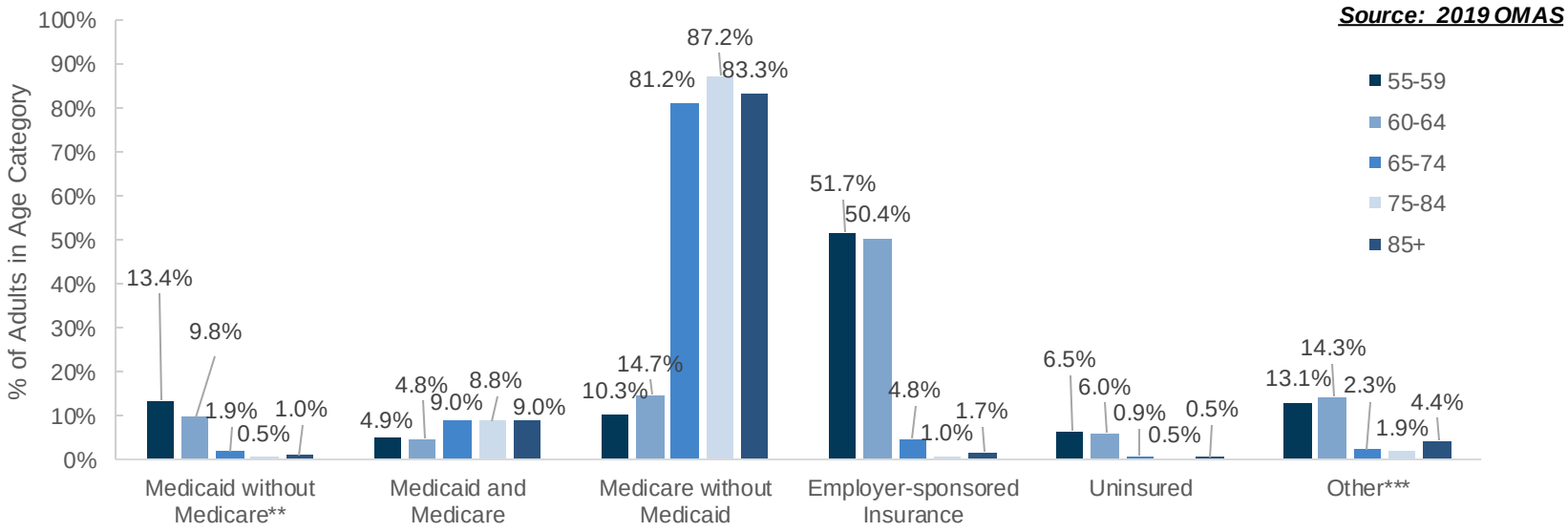
Figure 7. Race/Ethnicity & Household Federal Poverty Level of Older Ohioans

Source: 2019 OMAS



More than twice the percentage of older Ohioans who were Black or Hispanic had annual household income at or below 100% of the Federal Poverty Level (FPL) compared to those who were white. Older Ohioans who were Asian had the lowest proportion reporting household income at or below 100% FPL.

Figure 8. Older Ohioans' Type of Health Insurance



Most Ohioans age 65 and older had Medicare insurance, and the majority (51.0% [49.1-53.0%]*) of Ohio adults 55 to 64 years old had employer-sponsored health insurance. 11.6% [10.8-12.4%]* of older Ohioans, and 10.2% [9.4-11.2%]* of Ohioans age 65 and older reported having Medicaid health insurance, most of them also reported having Medicare (they were dual eligible). 0.7% [0.5-1.0]* of Ohioans age 65 and older were without health insurance. Among Ohioans ages 55-64 years of age, 16.4% [15.2-17.6]* had Medicaid or were dual eligible, and 6.2% [5.3-7.2%]* were without health insurance.
Ohioans age 64 and younger with income below 138% FPL may meet the low income requirements for Medicaid eligibility. Ohioans age 65 and older (aged), or blind or disabled with low income may also qualify for Medicaid.

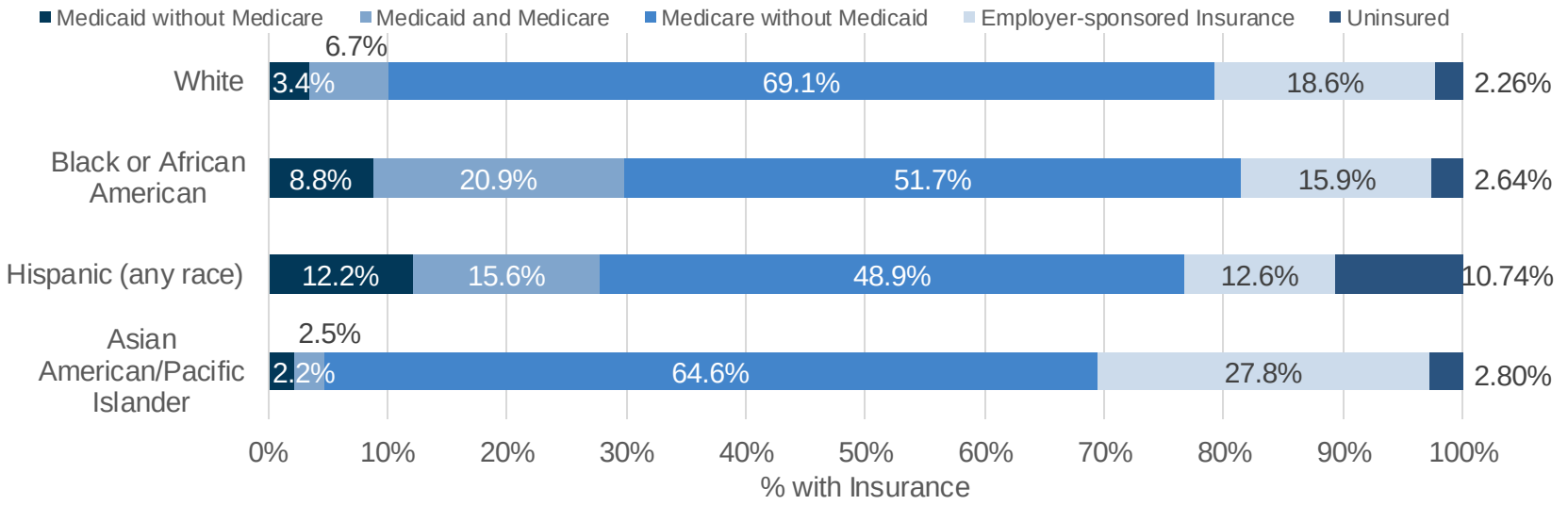
*95% CI

**Note that for adults 65 and older, Medicaid without Medicare is a rare situation where not enough quarters of contribution have been placed into an individual's Medicare account (Centers for Medicaid and Medicare Services).

***Some respondents reported other types insurance such as TRICARE military or Ohio Health Insurance Marketplace insurance

Figure 9. Race/Ethnicity & Health Insurance of Older Ohioans

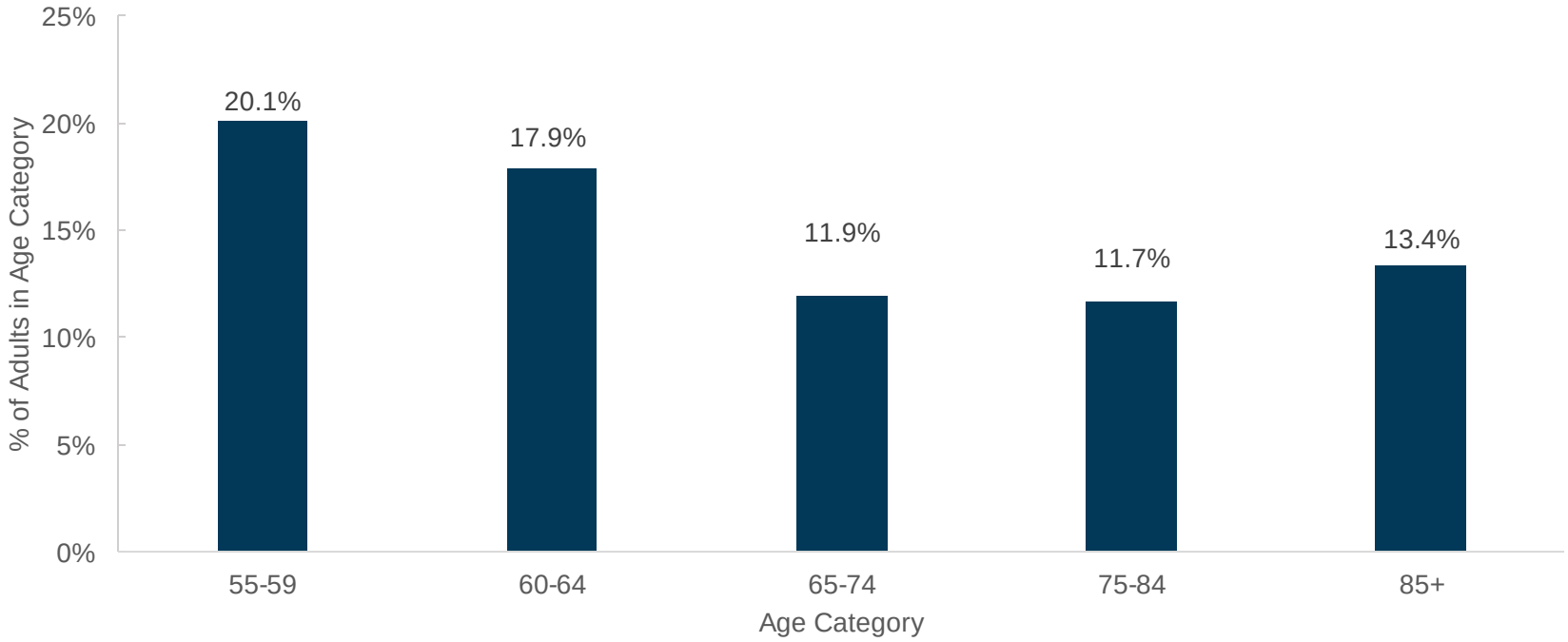
Source: 2019 OMAS



About three times the percentage of older Ohioans who were Black or Hispanic, and half the percentage of those who were Asian had Medicaid (with or without Medicare) compared to those who were white. Four times the percentage of older Ohioans who were Hispanic were without health insurance as those who were white or Black. A larger percentage of older Ohioans who were white had Medicare (without Medicaid) than those who were Black or Hispanic.

Figure 10. Percent of Older Ohioans Reporting Feelings of Loneliness

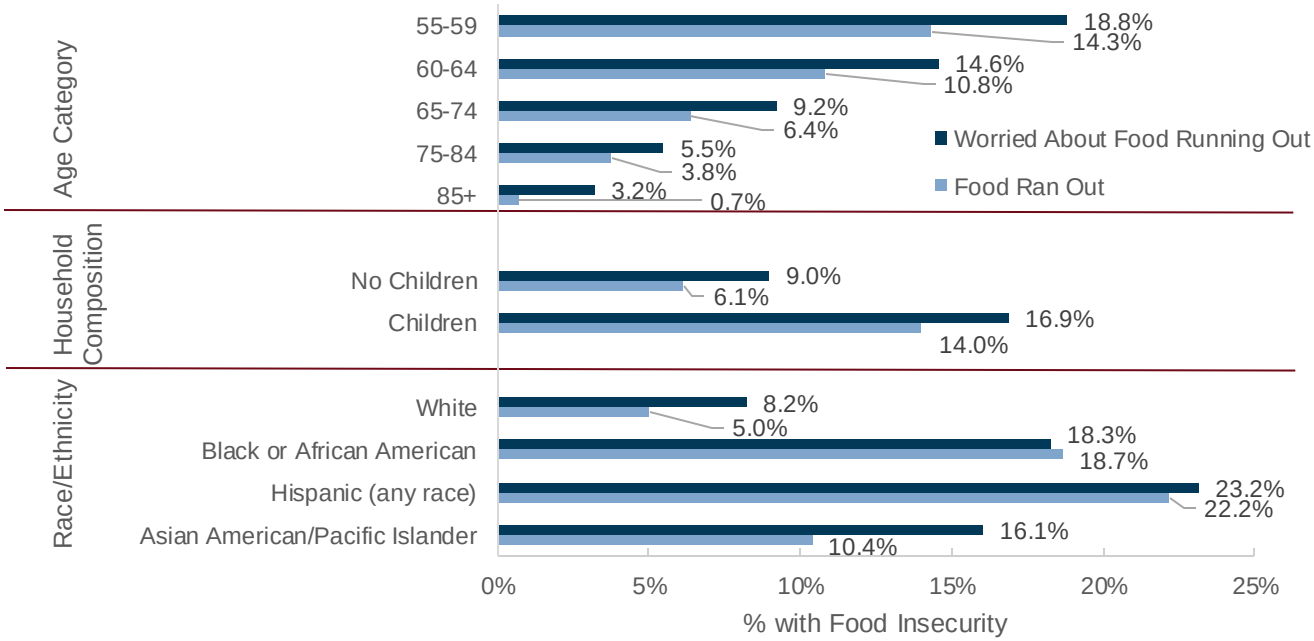
Source: 2019 OMAS



The proportion of older adults who experienced feelings of isolation (lacking companionship, feeling left out, or feeling isolated) are shown for each age category. 13.7% [12.8-14.8% 95% CI] of older Ohioans reported experiencing isolation. Loneliness and social isolation increase the risk for morbidity and mortality,[16,17] a major concern for older Ohioans who practiced social distancing because of the COVID-19 pandemic.

Figure 11. Percent of Older Ohioans Experiencing Food Insecurity

Source: 2019 OMAS



9.5% [8.8-10.4%]* of older Ohioans said that in the last 12 months they worried about whether their food would run out, and 6.7% [6.1-7.4%]* reported that their food ran out, before they had money to buy more. More than twice the percentage of older Ohioan households with children ran out of food than those without children. Four times the percentage of older Ohioans who were Hispanic, three times the percentage of those who were Black (not Hispanic), and twice the percentage of those who were Asian American reported running out of food than the percentage of those who were white (not Hispanic).
The proportion of older Ohioans experiencing food insecurity decreased with age category, as it did for national estimates.[18]
*95% CI

RESULTS: HEALTH CONDITIONS & OUTCOMES

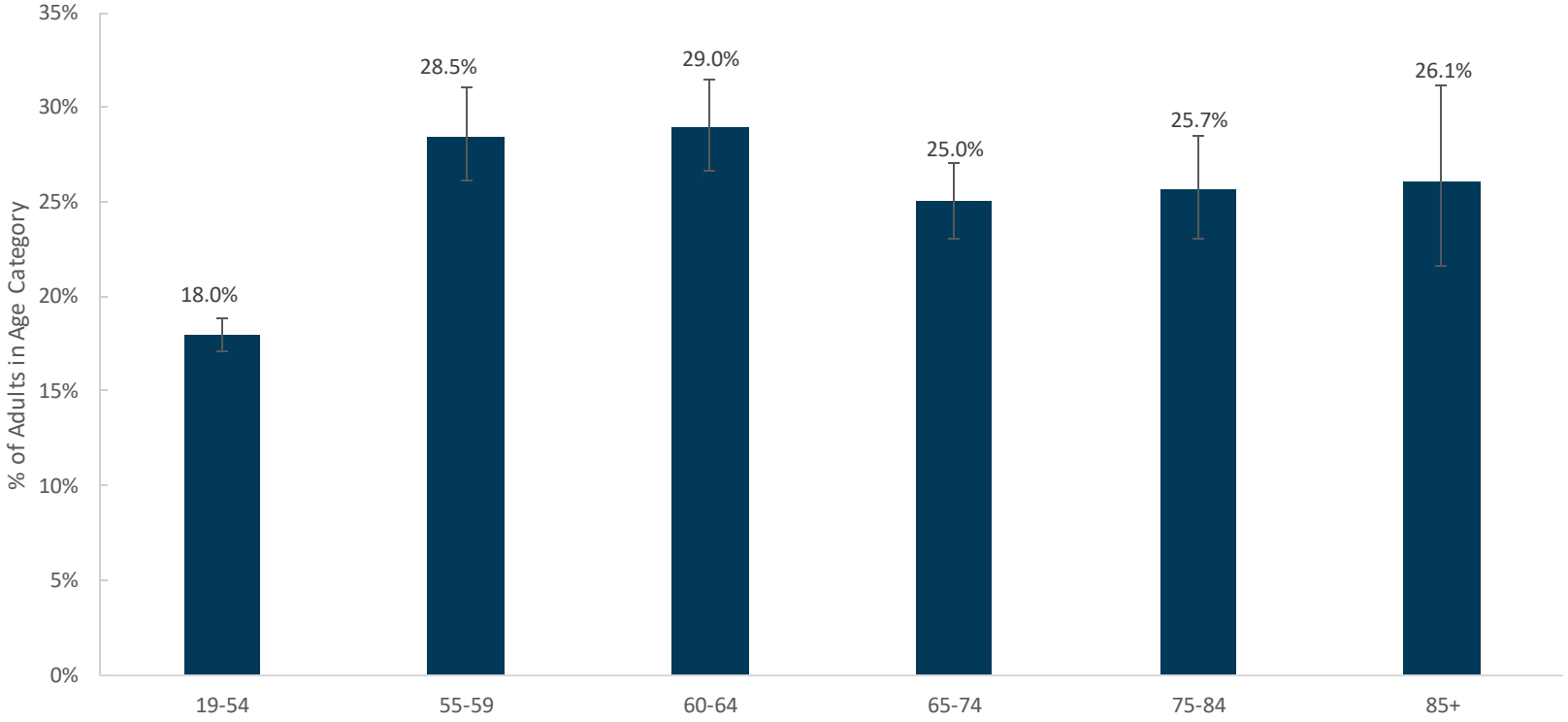
This section contains results from older Ohioan responses to OMAS questions regarding self-rated health, the need for assistance with activities of daily living, chronic conditions, BMI calculated from height and weight, falls, and mental health. It also contains Medicaid administrative data results for diagnoses of chronic pain, osteoarthritis, rheumatoid arthritis, dementia, frailty, cancer, COPD, and types of care received by older Ohioans.

Key Findings: Health Conditions & Outcomes

- 26.4% of older Ohioans rated their health as fair or poor.
- Older Ohioans were 1.9 times more likely to rate their health as “Fair” or “Poor” if they had a calculated BMI in the obese range.
- Older Ohioans who reported serious difficulty with any ADLs were also more likely to have “Fair” or “Poor” self-rated health.
- Walking was the most often reported ADL causing serious difficulty for older Ohioans.
- 51.6% of adults age 60 and older and 75.0% of adults age 75 and older in the Medicaid population had a diagnosis or device indicating frailty.
- 57.2% of adults in the Medicaid population age 85 and older had a diagnosis of dementia.
- Among older Ohioans in the Medicaid population, 41.1% received Home Health care, 25.4% received skilled nursing care, 13.7% were in assisted living, and 5.3% received hospice care.
- For all of the chronic conditions included in the OMAS, the highest proportions of older Ohioans with a diagnosis were those who had Medicaid or Medicaid and Medicare insurance.
- Hypertension was the most commonly reported chronic condition for older Ohioans, with a prevalence of 62.5%.
- A greater proportion (78.5%) of older Ohioans who were Black or African American had hypertension than other races/ethnicities surveyed.
- A greater proportion (49.3%) of older Ohioans who were Asian American/Pacific Islander had diabetes than the other races/ethnicities surveyed.
- 58.3% of older Ohioans reported two or more chronic conditions.
- A greater proportion of older Ohioans who were Black or African American had more than one chronic condition than other races/ethnicities surveyed.
- 12.6% of older Ohioans reported being injured by a fall in the last 12 months.
- 51.8% of older Ohioans in the Medicaid population were diagnosed with chronic pain in 2018.
- Among those in the older Ohioan Medicaid population, 28.7% had a diagnosis of COPD, and 10.7% had a diagnosis of cancer in 2018.

Figure 12a. Fair/Poor Self-rated Health of Older Ohioans

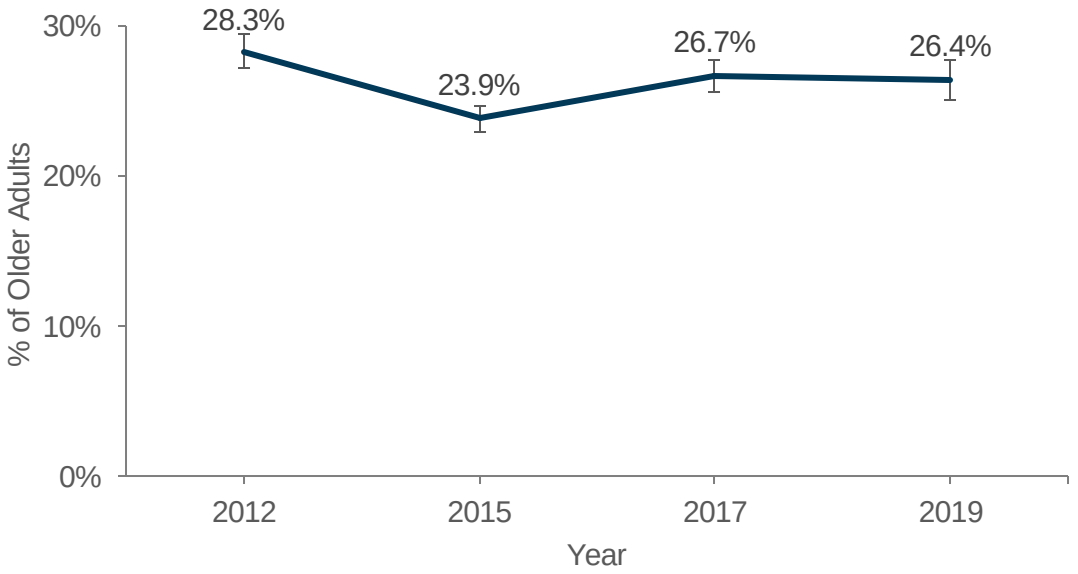
Source: 2019 OMAS



A much higher percentage of adult Ohioans age 55 and older rated their health as “fair” or “poor” compared to those who were younger. The proportion rating their health as “fair” or “poor” did not increase with age older than 55, suggesting that the respondents compared themselves to others their age.
26.4% [25.2-27.7%]* of older Ohioans rated their health as fair or poor.

Figure 12b. Trend in Fair/Poor Self-rated Health of Older Ohioans

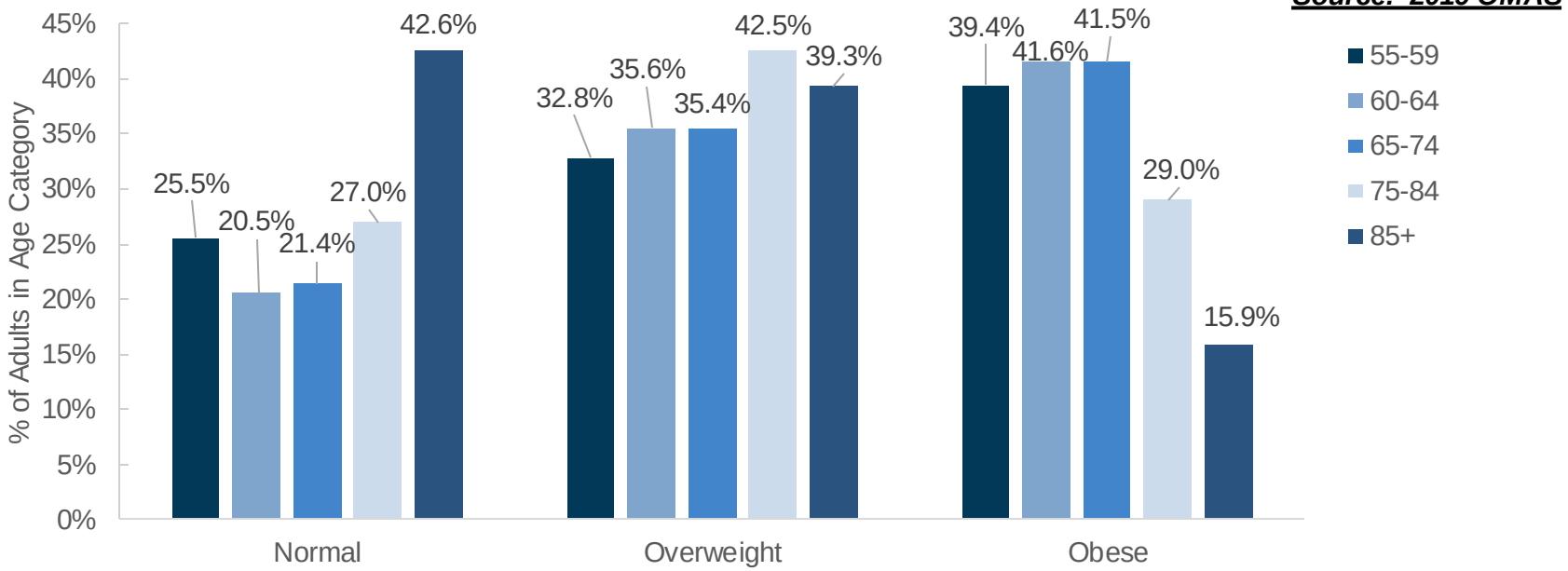
Source: 2012,2015,2017,2019 OMAS



There was not a distinct trend in the proportion of older adults who rated their health as Fair/Poor from 2012 to 2019.

Figure 13. Body Mass Index* Category of Older Ohioans

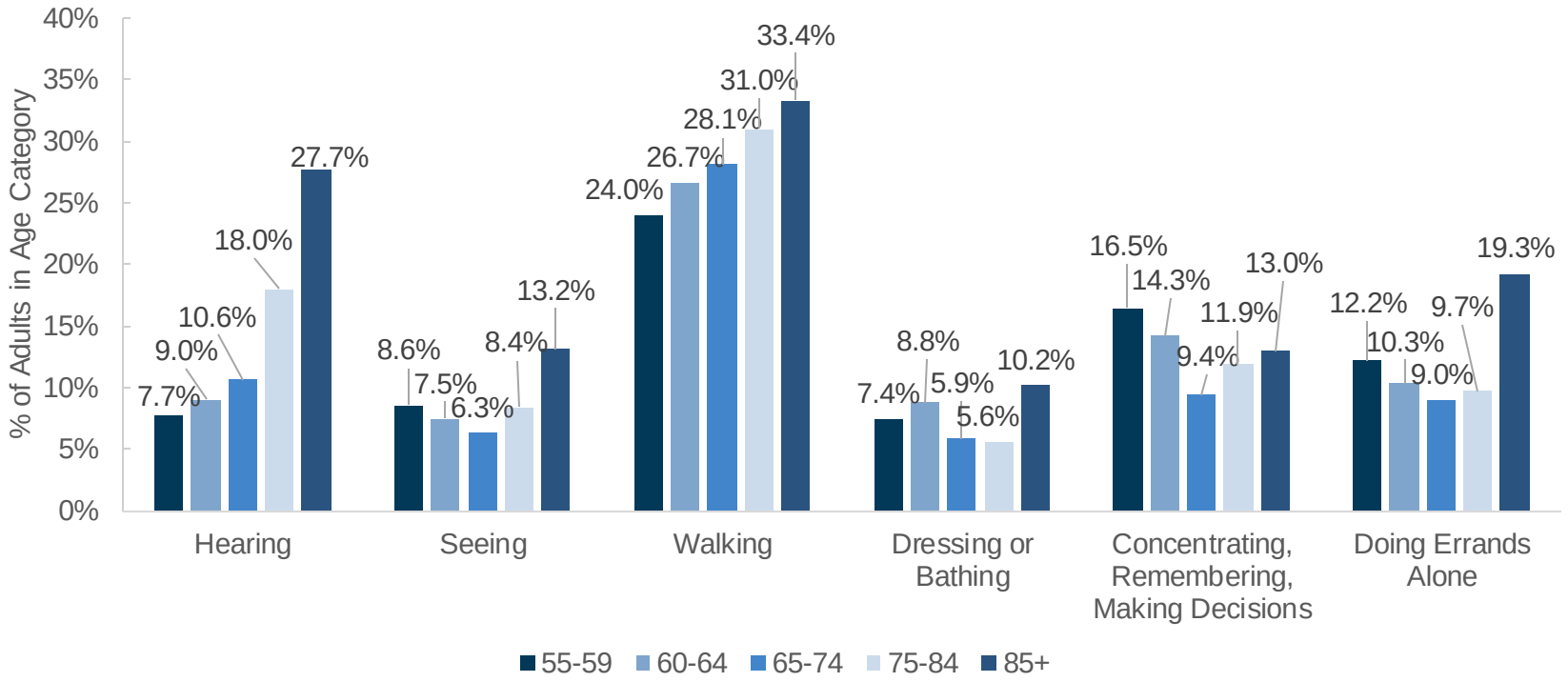
Source: 2019 OMAS



BMI was calculated from the height and weight of respondents. Among older Ohioans, 36.9% [35.5-38.4%] were obese, 37.3% [35.9-38.8%]** were overweight, 23.9% [22.6-25.2%]** were normal, and 1.8% [1.5-2.3%]** were underweight (not shown in chart).
A far greater proportion of Ohioans age 55 to 84 had BMIs in the overweight or obese categories than the normal or underweight categories. A larger percentage of the oldest old (age 85+ years) than any other age group had a normal BMI, and a smaller percentage were obese.
Ohioans age 60 and older were 1.9 [1.6-2.3]* times more likely to rate their health as fair or poor if they had a calculated BMI in the obese category compared to the normal BMI category.

*BMI = weight in kg/height in meters.^{2} **95% CI
BMI <18.5 is underweight, BMI 18.5-24.9 is normal, BMI 25-29.9 is overweight, and BMI >=30 is obese.

Figure 14. Percent of Older Ohioans Reporting Serious Difficulty with ADLs

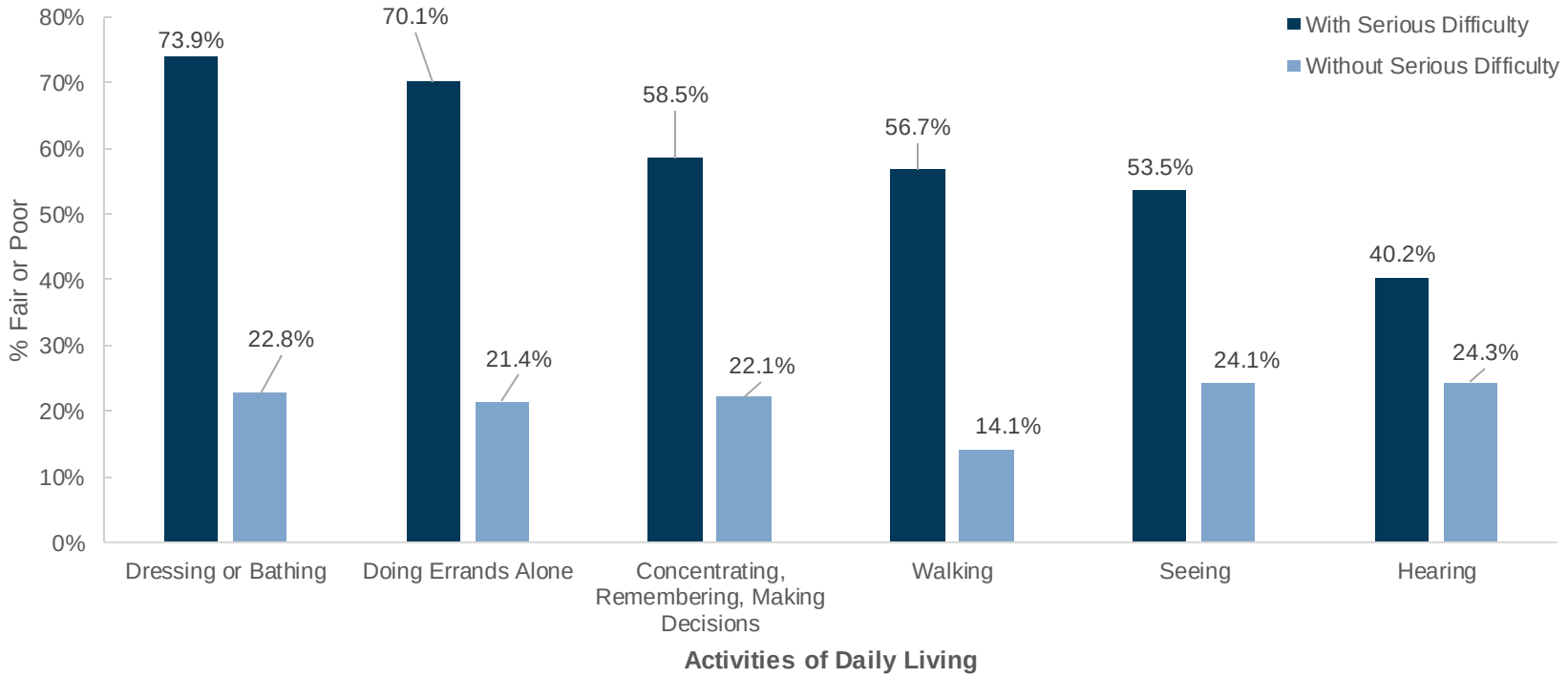


Assessment of Activities of Daily Living (ADLs) in older adults is used as an indicator of physical function and ability to live independently.[19] Walking was the most often reported ADL causing serious difficulty for older Ohioans. Notably among the ADLs, only serious difficulty hearing and walking were reported more frequently with increasing age. Older Ohioans who reported serious difficulty with any ADLs were also more likely to have "Fair" or "Poor" self-rated health (Figure 15).

Source: 2019 OMAS

Figure 15. Fair/Poor Self-rated Health among Older Ohioans Reporting Serious Difficulty with ADLs*

Source: 2019 OMAS

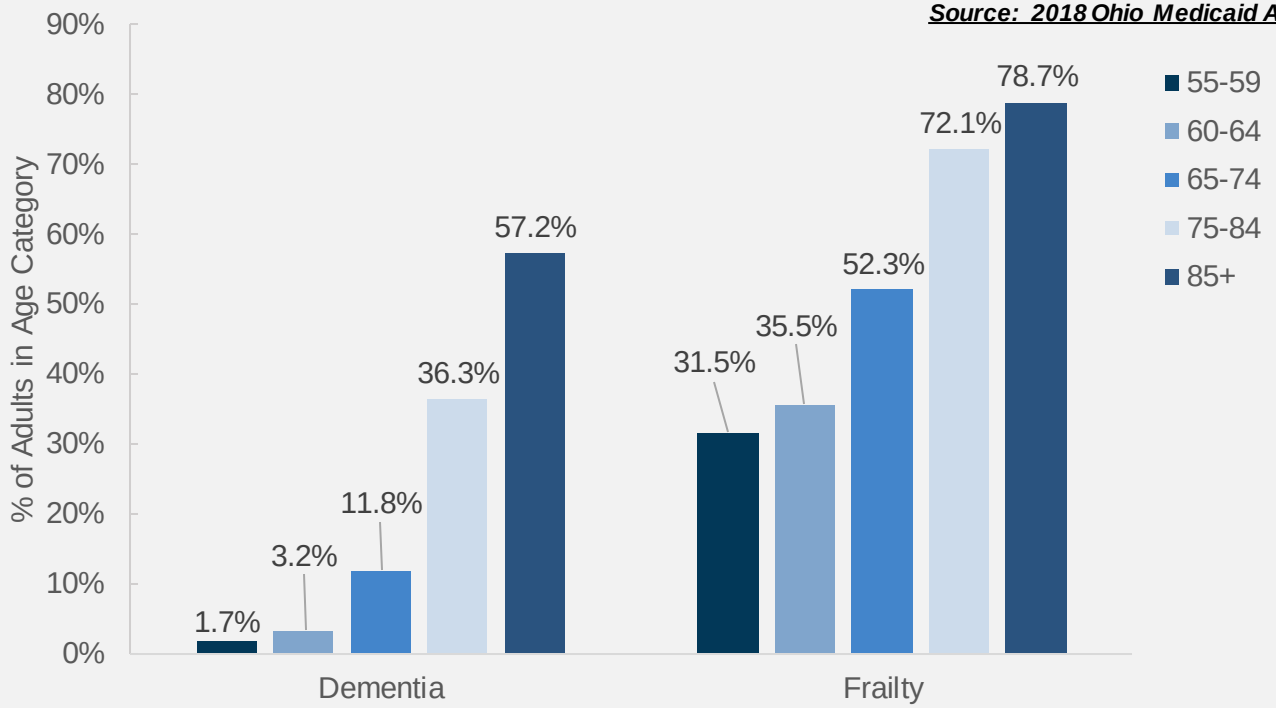


Ohioans age 60 and older who reported serious difficulty with ADLs (Figure 15) were also more likely to self-rate their health as "Fair" or "Poor" (Figure 13). For example, 73.9% of those who reported serious difficulty dressing or bathing also said their health was Fair/Poor, compared to 22.8% of those who did not have such difficulty.

*ADLs: Activities of Daily Living

Figure 16. Percent of the Older Ohioan Medicaid Population with a Dementia* or Frailty** Diagnosis in 2018

Source: 2018 Ohio Medicaid Administrative Data



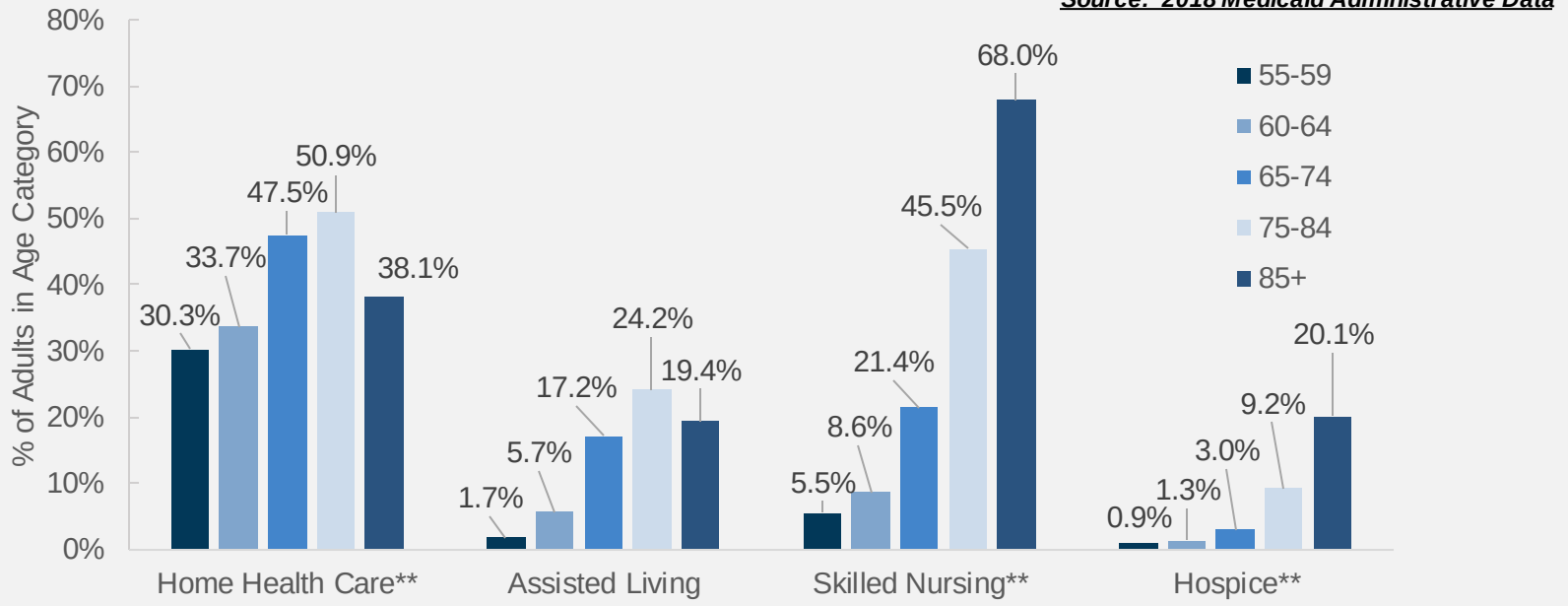
As expected, the proportion of older adults in the Medicaid population with a diagnosis of Alzheimer's or other type of dementia, or a diagnosis indicating frailty or the need for a frailty device, increased with age. The actual prevalence of dementia may be higher because it is undiagnosed in 40-50% of afflicted older adults.[20] Despite the potential for under-diagnosis, the majority of adults age 85 and older were diagnosed with dementia. 51.6% of adults age 60 and older and 75.0% of adults age 75 and older had a diagnosis or device indicating frailty.

*Diagnosis of dementia, Appendix A.

**Frailty diagnosis or dependence on device(s), Appendix A.

Figure 17. Percent of the Older Ohioan Medicaid Population Receiving Services in 2018*

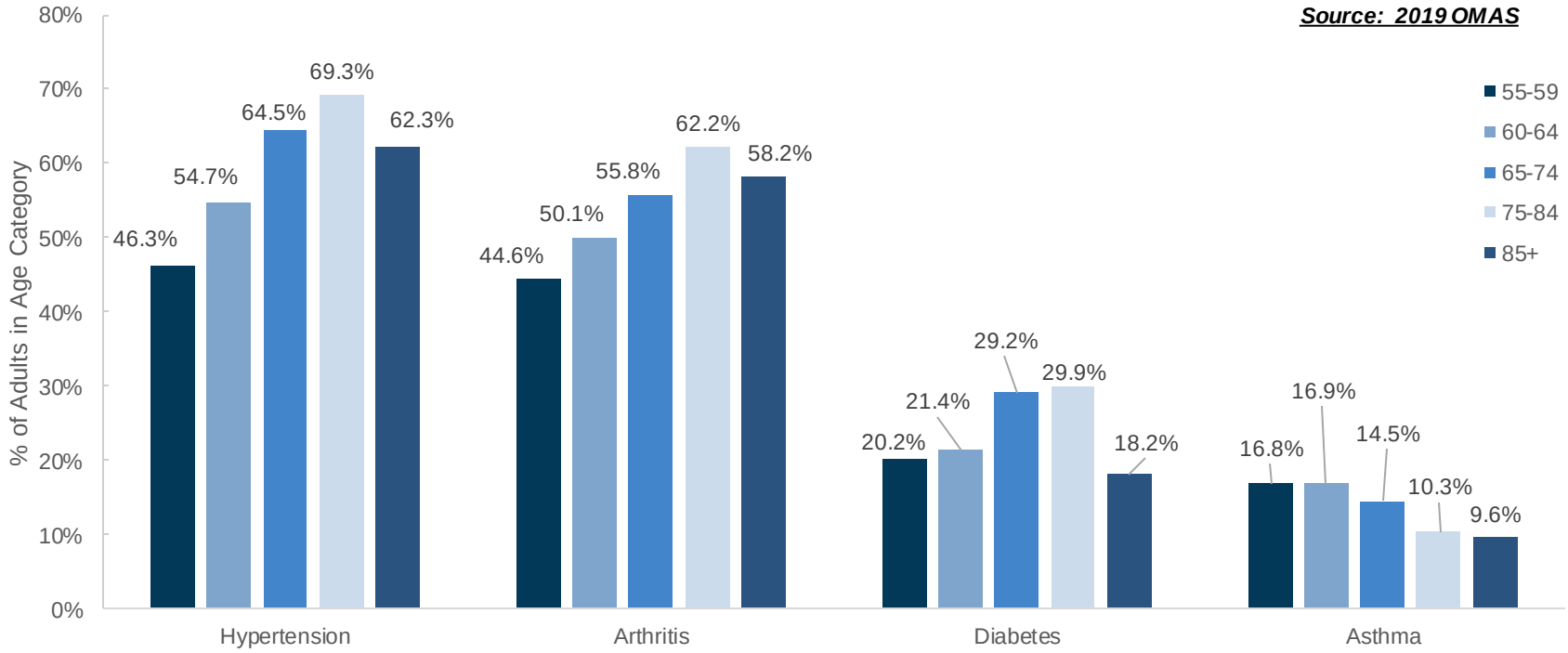
Source: 2018 Medicaid Administrative Data



Many in the older Ohioan Medicaid population needed care in their homes or in residential facilities. These types of care involved assistance with activities of daily living (ADLs). The proportion of individuals requiring skilled nursing and hospice care increased with age. The proportion receiving Home Health care or residing in assisted living was lower among the oldest old (85+ vs. 75-84). Among older Ohioans in the Medicaid population, 41.1% received Home Health care, 25.4% received skilled nursing care, 13.7% were in assisted living, and 5.3% received hospice care.

*The types of care shown are not mutually exclusive. MITS codes used are in Appendix B.
**Care was received at home or in a facility.

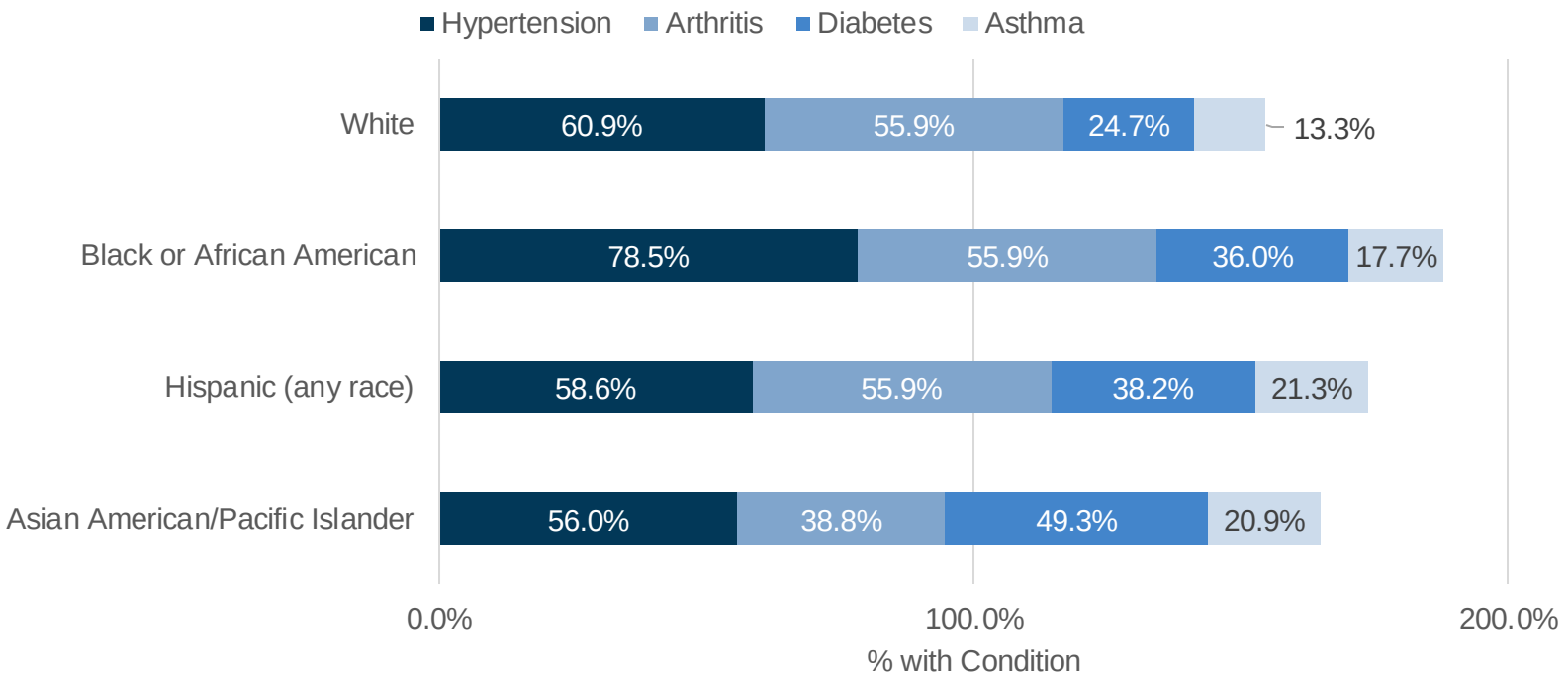
Figure 18a. Percent of Older Ohioans Reporting a Hypertension, Arthritis, Diabetes, or Asthma Diagnosis



The proportion of Ohioans who reported a diagnosis of hypertension or arthritis (underlying cause unspecified) increased with age category, except for those age 85 and older. Hypertension was the most commonly reported chronic condition for older Ohioans (62.5% [61.1-63.9%]); it is a risk factor for many other chronic diseases.[21,22] Hypertension is a condition that is treatable with medication. Studies have shown that treatment of hypertension lowers the risk for cognitive decline and dementia.[23] Because of changes in physiology and comorbid conditions, asthma is underdiagnosed in older adults and treatment of asthma is more difficult than in the young.[24]

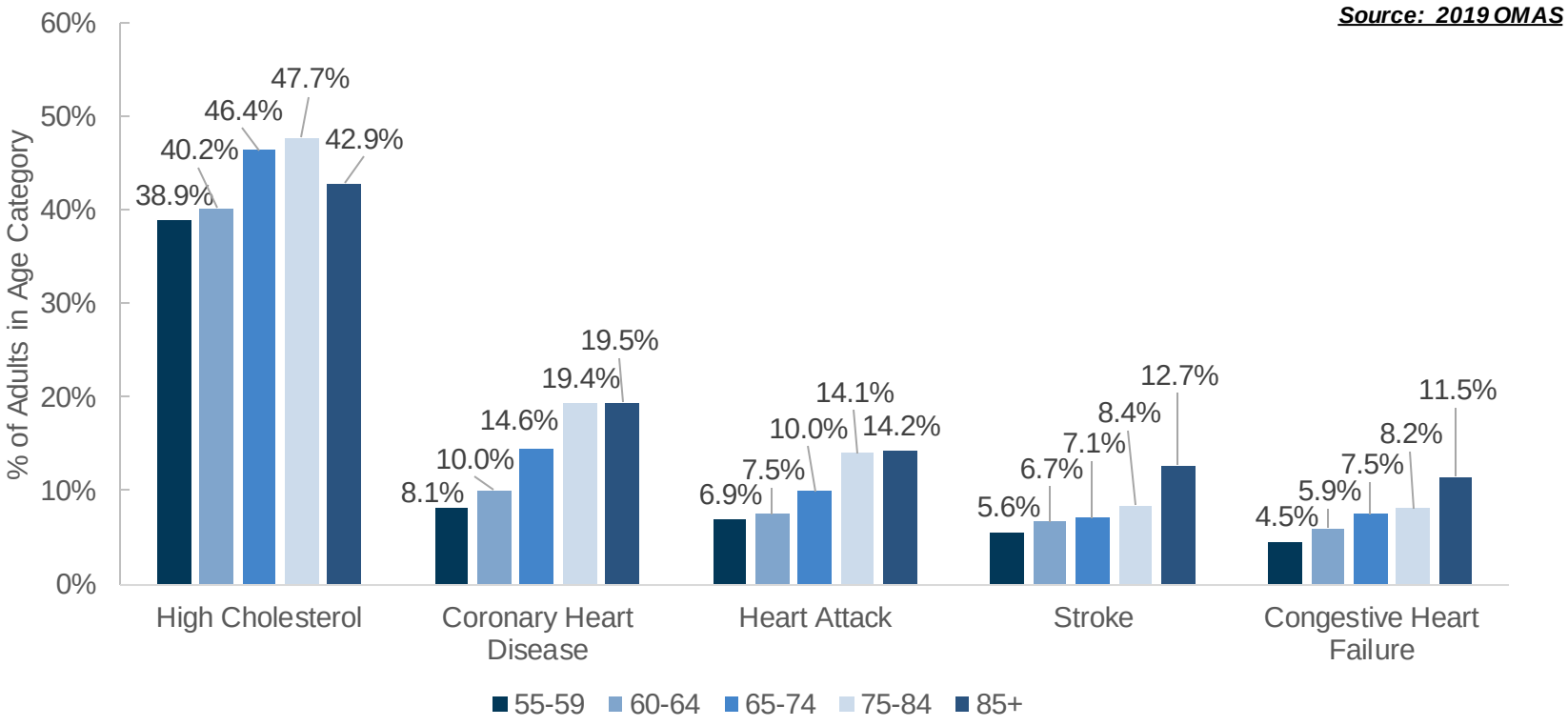
Figure 18b. Percent of Older Ohioans in Each Race/Ethnic Group with a Diagnosis of Hypertension, Arthritis, Diabetes, or Asthma

Source: 2019 OMAS



The proportion of Ohioans age 60 or older who reported a diagnosis of hypertension was highest among those who were Black, compared to those from other races/ethnicities. Among those who were Asian, a smaller proportion reported a diagnosis of arthritis, and a larger proportion reported a diagnosis of diabetes. Older Ohioans who were white had the smallest proportions reporting diabetes and asthma.

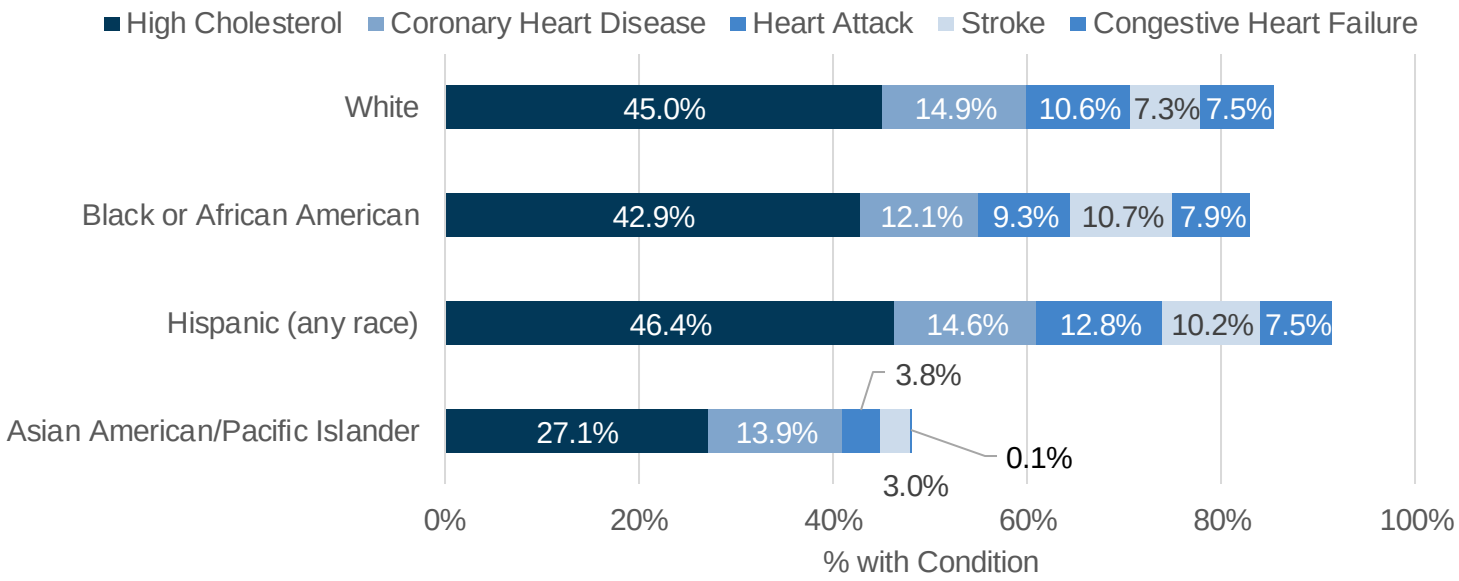
Figure 19a. Percent of Older Ohioans Reporting High Cholesterol, Heart Disease, or Stroke Diagnoses



Diagnoses of high cholesterol, coronary heart disease, and heart attack showed an increasing trend with age except for the oldest old. The oldest old had the highest proportions reporting diagnoses of stroke and congestive heart failure. High cholesterol is a risk factor for heart disease and stroke.[21] Stroke also shares risk factors with Alzheimer's and vascular dementia including hypertension, diabetes, and high cholesterol.[22]

Figure 19b. Percent of Older Ohioans in each Race/Ethnic Group Reporting High Cholesterol, Heart Disease, or Stroke Diagnoses

Source: 2019 OMAS



Overall, a smaller proportion of older Ohioans who were Asian reported high cholesterol and diagnoses of heart attacks, strokes, and heart failure than the other race or ethnic groups surveyed. A smaller proportion of older Ohioans who were Black reported coronary heart disease or heart attacks than those who were white or Hispanic. A larger proportion of older Ohioans who were Hispanic reported high cholesterol and heart attacks than the other races or ethnic groups surveyed.

Table 4. Percent of Older Ohioans with Diagnoses by Insurance Type

Source: 2019 OMAS

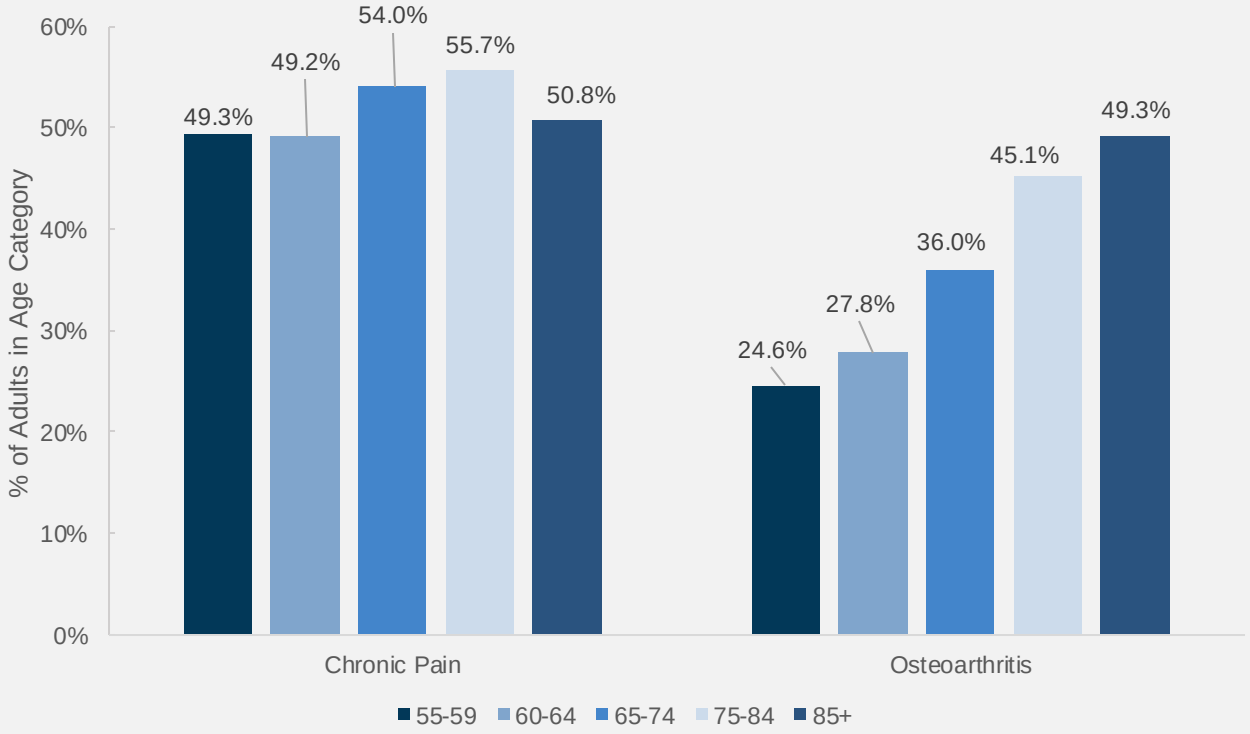
	Medicaid without Medicare	Medicaid and Medicare	Medicare without Medicaid	Employer-Sponsored Insurance	Uninsured	Other*
Hypertension	61.3%	68.3%	66.5%	51.7%	44.2%	52.6%
Arthritis	64.9%	61.8%	59.4%	43.0%	40.8%	45.2%
High Cholesterol	46.5%	49.2%	47.1%	38.3%	25.9%	37.0%
Diabetes	32.5%	36.4%	27.4%	19.4%	20.9%	19.1%
Coronary Heart Disease	19.8%	19.5%	16.5%	6.7%	8.1%	10.1%
Asthma	21.0%	21.8%	13.0%	12.2%	17.1%	13.9%
Heart Attack	14.1%	14.6%	11.7%	5.0%	7.0%	6.4%
Stroke	15.7%	14.3%	8.1%	2.6%	2.1%	5.8%
Congestive Heart Failure	15.5%	13.4%	8.0%	2.4%	2.6%	5.2%

For all of the chronic conditions included in the OMAS, the highest proportion of older Ohioans with a diagnosis were those who had Medicaid or Medicaid and Medicare insurance. Compared to older Ohioans with Medicare but not Medicaid, almost twice the percentage of older Ohioans with Medicaid had a stroke or congestive heart failure diagnosis.

*Other types of insurance includes some directly purchased such as TRICARE military or Ohio Health Insurance Marketplace insurance.

Figure 20. Percent of the Older Ohioan Medicaid Population with a Chronic Pain or Arthritis Diagnosis in 2018

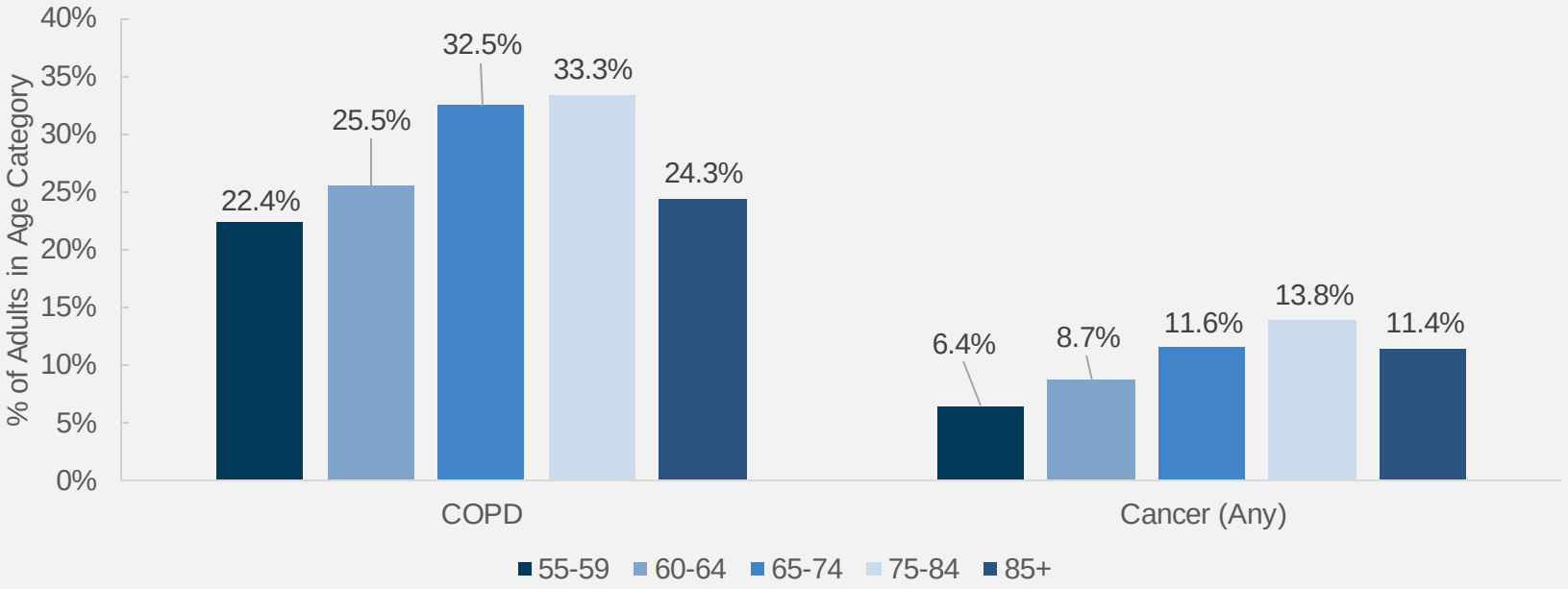
Source: 2018 Ohio Medicaid Administrative Data



The proportion of older Ohioans with chronic pain from a variety of causes was determined (MITS codes in Appendix A). About half of the older adult Medicaid population suffers from chronic pain, 51.8% of older Ohioans in the Medicaid population. The proportion of adults with osteoarthritis diagnoses increased with age category. Conditions such as chronic pain, arthritis, obesity, and diabetes lead to limited mobility in older adults.[25]

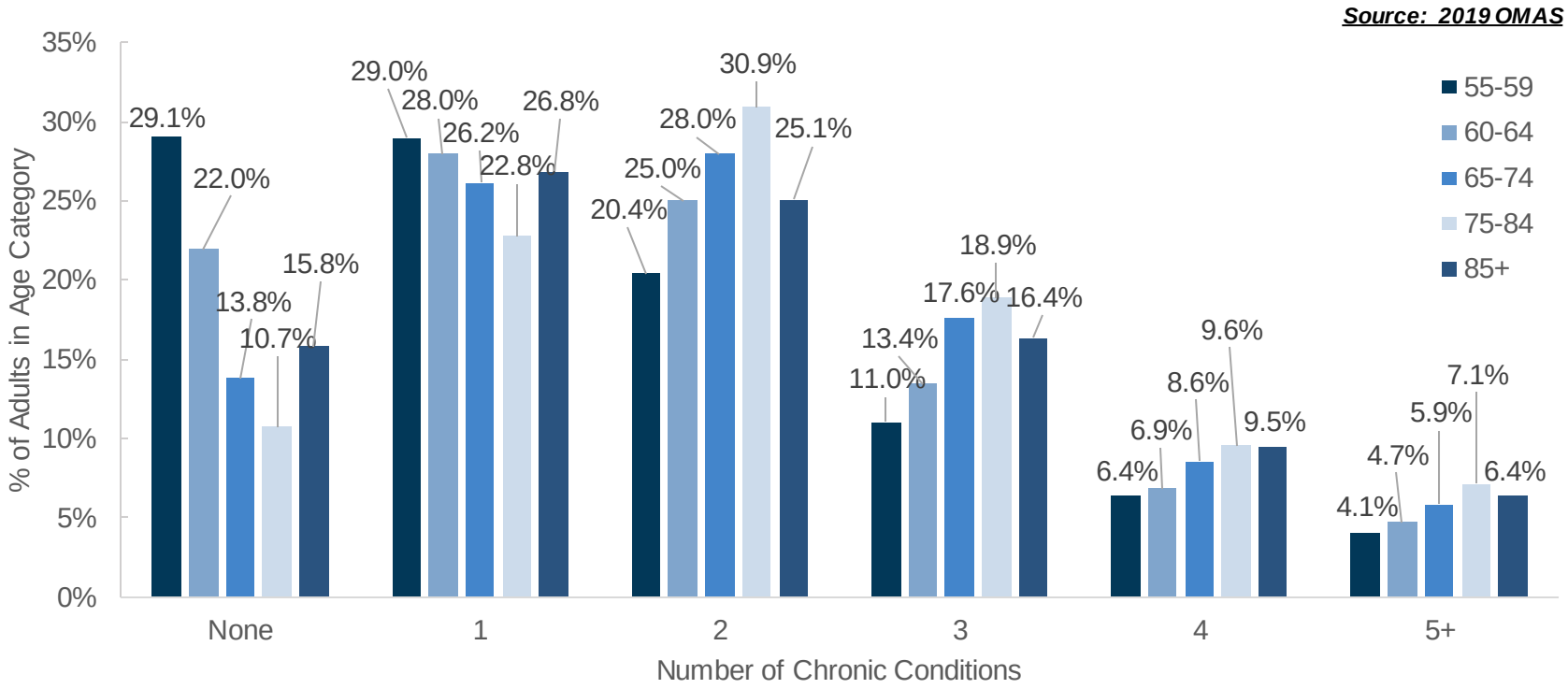
Figure 21. Percent of the Older Ohioan Medicaid Population with a COPD or Cancer Diagnosis in 2018

Source: 2018 Ohio Medicaid Administrative Data



Both COPD and cancer diagnoses had an increasing trend with age category, except for the oldest old.
28.7% of the older Ohioan Medicaid population had a diagnosis of COPD, and 10.7% had a diagnosis of cancer in 2018.
COPD is a disease that results from smoking,[26] and Ohio adults age 65 and older had a high prevalence of smoking compared to other states[10]. The death rate for those age 65 and older in Ohio due to cancer is higher than most other states.[10]

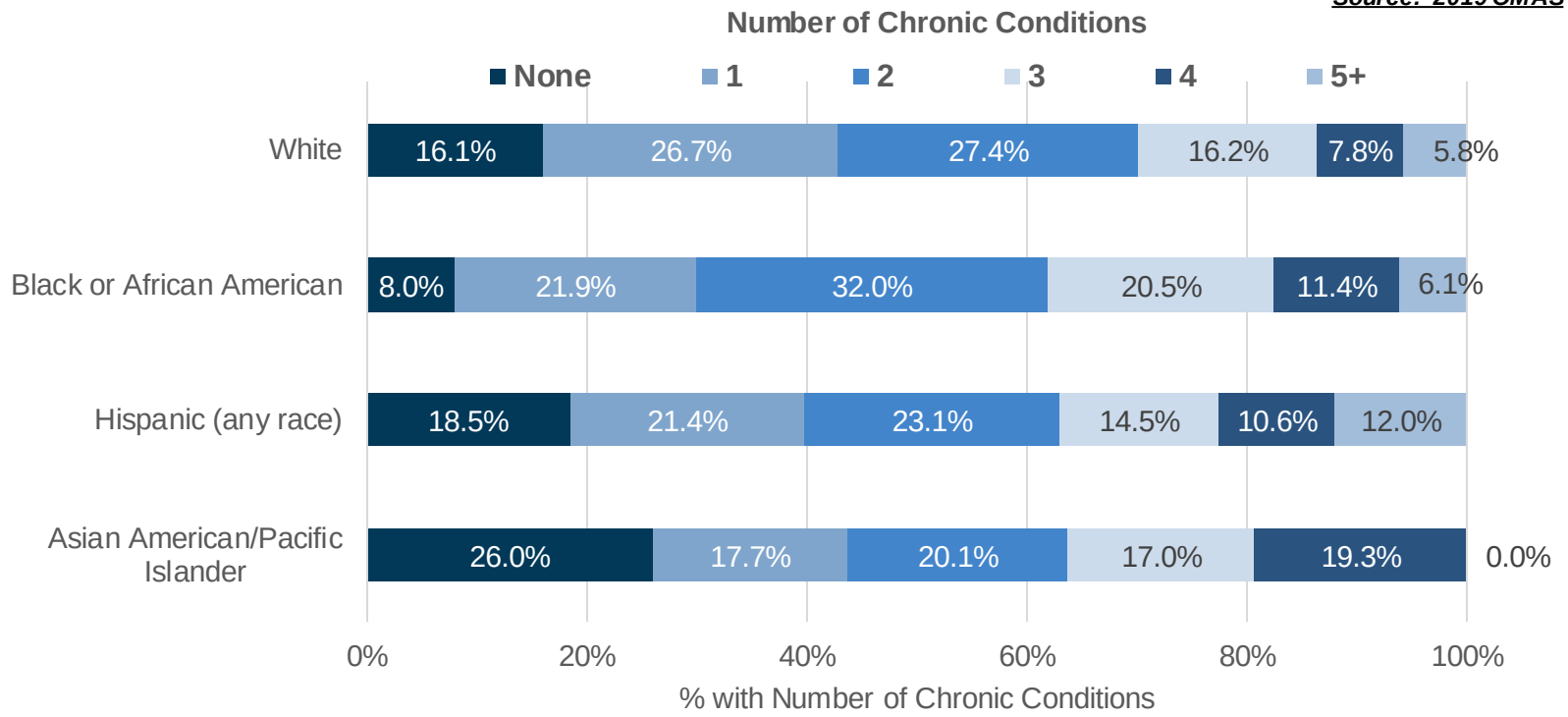
Figure 22a. Percent of Older Ohioans Reporting Multiple Chronic Conditions



Ohio adults were asked if they had ever been diagnosed with arthritis, asthma, congestive heart failure, coronary heart disease, heart attack, hypertension, or stroke. The number of conditions reported by adult Ohioans in the age categories is shown. For "None" and 1 chronic condition, the youngest age category has the largest proportion. For 2 or more chronic conditions, the number of chronic conditions increased with age category except for the oldest old.

Figure 22b. Older Ohioans Reporting Multiple Chronic Conditions by Race/Ethnicity

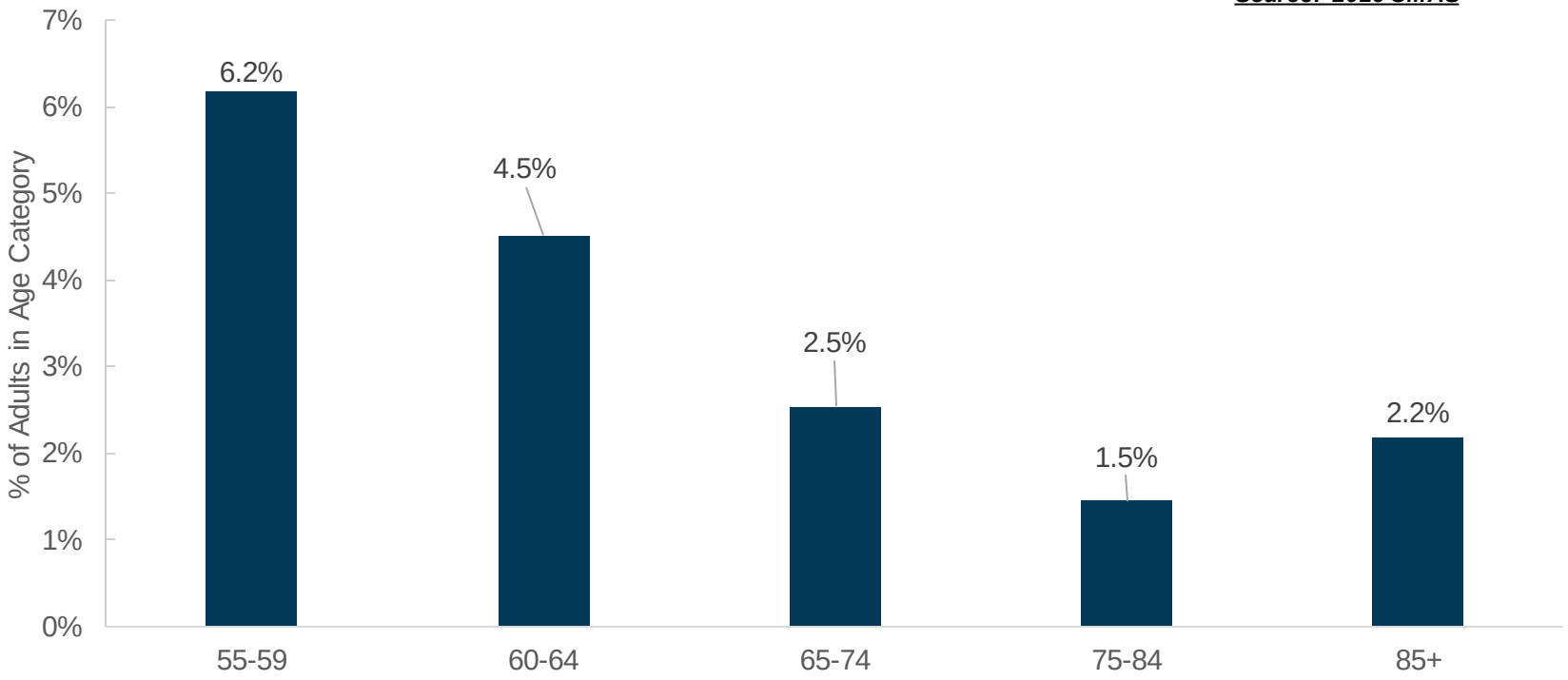
Source: 2019 OMAS



Older Ohioans who were Black had the lowest proportion, and those who were Asian had the highest proportion of individuals who reported no chronic conditions. Older Ohioans who were Hispanic had the highest proportion reporting five or more chronic conditions.

Figure 23. Older Ohioans with a Mental Health Impairment

Source: 2019 OMAS

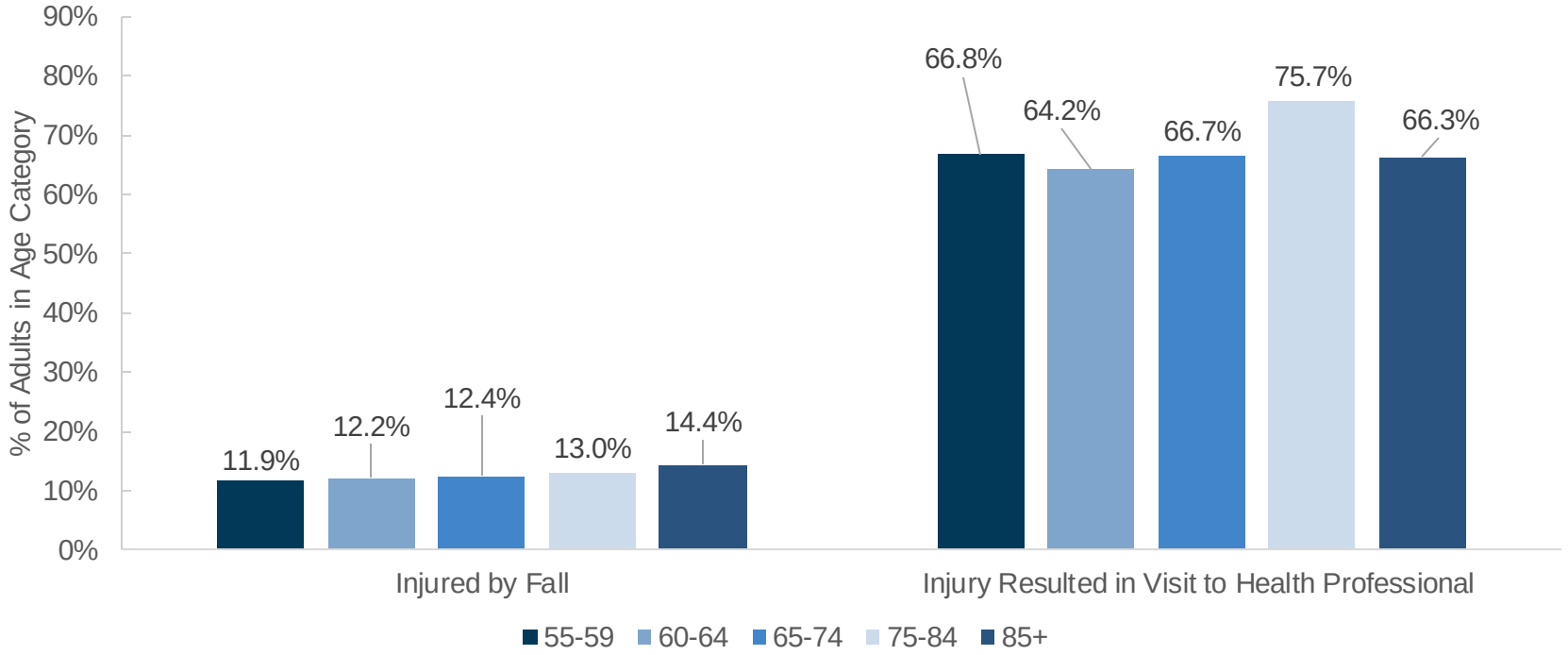


Respondents were asked for the number of days in the past 30 days that they were unable to participate in work or other usual activities because of a mental health condition or emotional problem. If they answered 14 days or more, then they were counted as having a mental health impairment. The proportion of adults in each age category who reported 14 days or more of inability to participate decreased with age, except for the oldest old.

2.9% [2.4-3.3%, 95% CI] of Ohioans age 60 and older reported having a mental health impairment.

Figure 24. Percent of Older Ohioans with a Fall Injury in Last 12 Months

Source: 2019 OMAS



There were no apparent differences between age groups in the proportion who reported fall injuries in the last 12 months. The 75-84 year old age group were more likely to report a resulting health care visit than the other age groups.

12.6% [11.6-13.6, 95% CI] of older Ohioans reported being injured by a fall in the last 12 months. Among those who fell, 68.0% [63.8-71.9, 95% CI] said they went to see a doctor or health professional because of the fall.

RESULTS: HEALTH CARE UTILIZATION

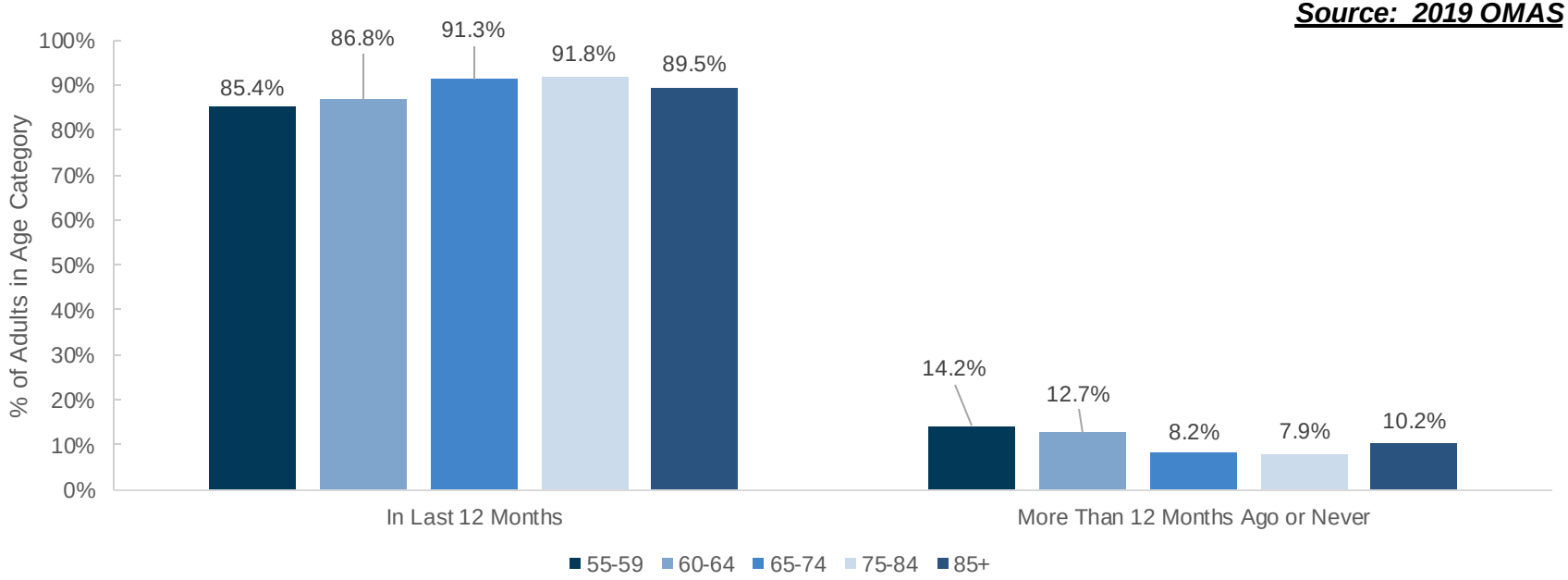
This section contains the results from questions regarding health care services used by older Ohioans. Results such as when and where older adults went for health care are included.

Key Findings: Health Care Utilization

- 90.4% of older Ohioans reported having a routine checkup with a doctor in the last 12 months. A smaller proportion of those with Medicaid (17.6%), or Medicaid and Medicare (10.2%), did not have a checkup compared to those without insurance (24.6%).
- 91.1% of older Ohioans reported that they had a regular source of health care. A much smaller percentage of older Ohioans with Medicaid (9.5%), or Medicaid and Medicare (8.4%), did not have a regular source of care compared to those without insurance (27.1%).
- 84.8% of older Ohioans reported that their usual place to go for health care was a doctor office or health center.
- 28.1% of older Ohioans reported a visit to the emergency room in the last 12 months. Older Ohioans who had serious difficulty with any activities of daily living also had a greater likelihood of reporting a visit to the ER in the last 12 months.
- The proportion of the Ohio adult Medicaid population with at least one outpatient visit was smaller for those age 75 and older than those age 74 and younger.
- The proportion of the Ohio adult Medicaid population with one or more inpatient visits increased with age category.

Figure 25. Older Ohioans' Reported Last Routine Checkup with a Doctor

Source: 2019 OMAS

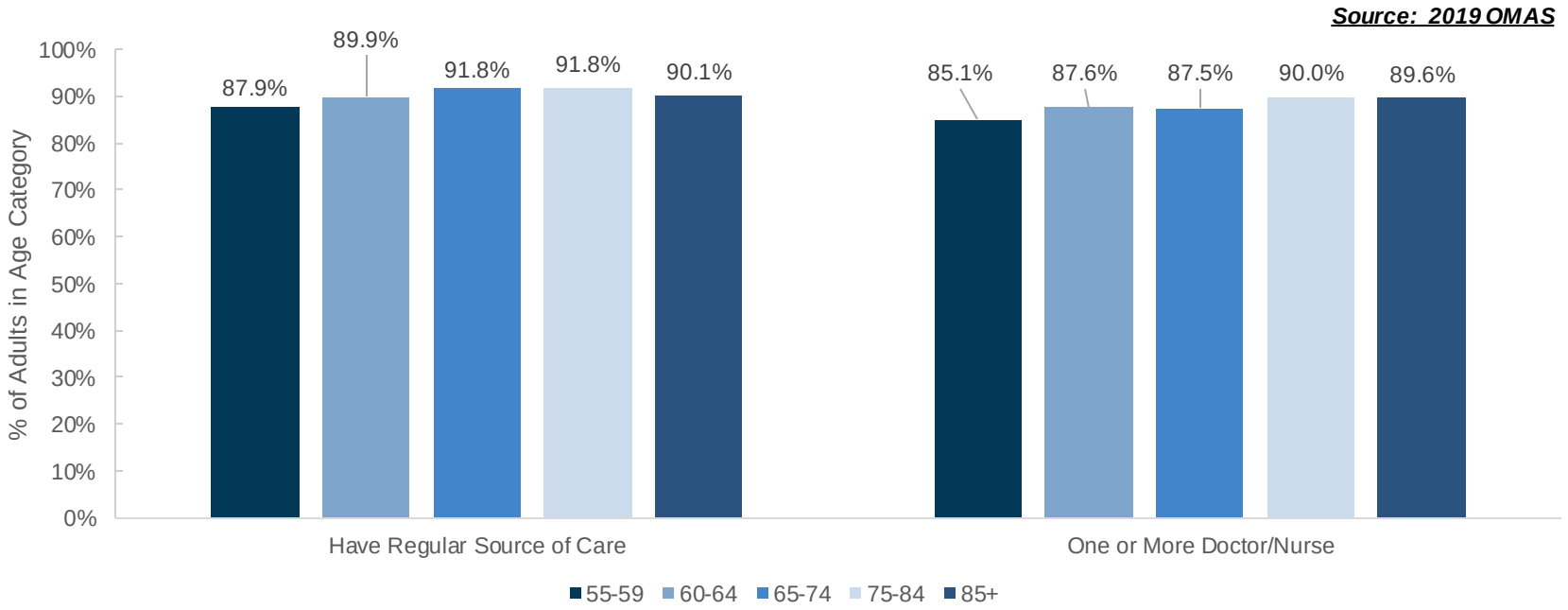


There were no differences among age groups for the timing of the last routine checkup with a doctor.
90.4% [89.5-91.2%]* of Ohioans age 60 and older reported having a routine checkup with a doctor in the last 12 months.

Among older Ohioans, 17.6% [12.5-24.1] who had Medicaid and 10.2% [7.4-13.7%] who had Medicaid and Medicare said their last routine checkup was more than 12 months ago or never, compared to 24.6% [17.4-33.5%] of those without insurance.

*95% CI

Figure 26. Older Ohioans' Regular Source of Health Care



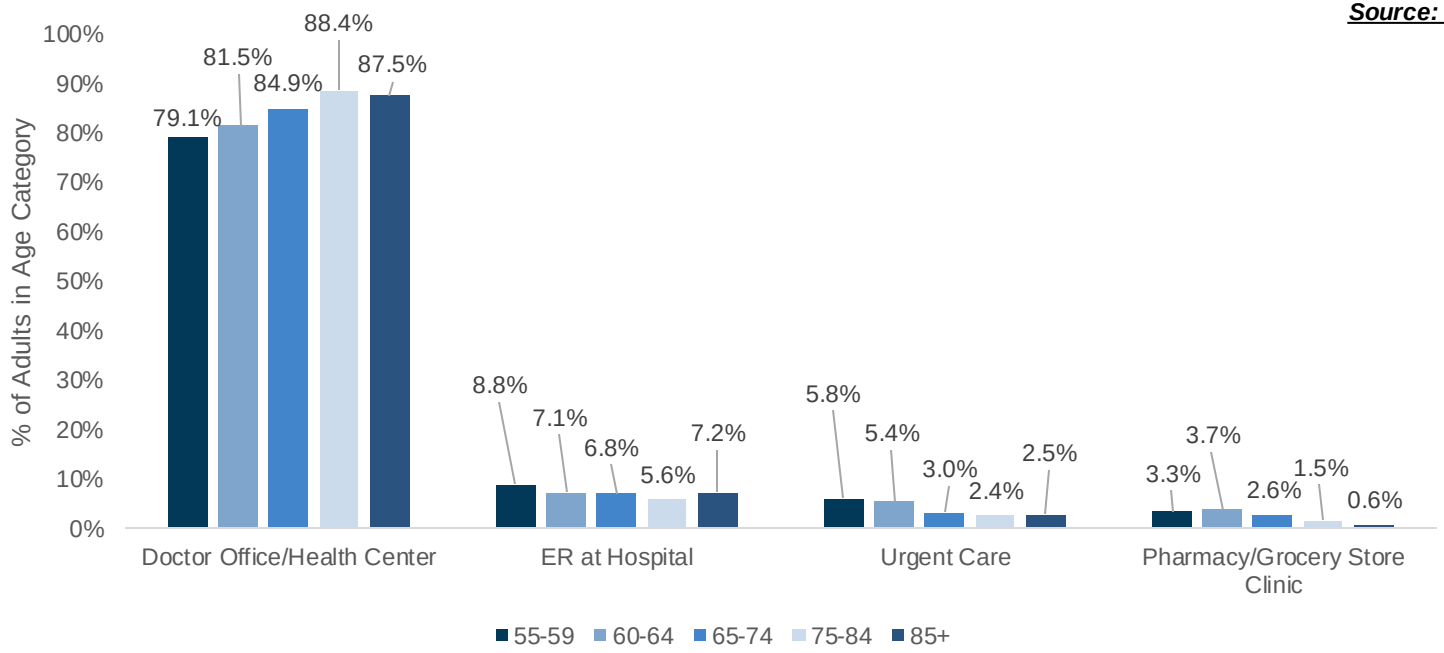
There were no notable differences between age groups in the proportions who had a regular source of care, and one or more doctor or nurse. 91.1% [90.3-91.9%]* of older Ohioans reported that they had a regular source of health care. Of those, most had one or more doctor or nurse that they saw. Compared to all states in the US in 2019, Ohio had a high percentage of seniors with a dedicated health care provider.[10]

Among older Ohioans, 9.5% [6.5-13.8%]* of those with Medicaid and 8.4% [6.6-10.9%]* of those with Medicaid and Medicare did not have a regular source of care, compared to 27.1% [18.8-37.4%]* of those who were without insurance.

*95% CI

Figure 27. Older Ohioans' Place to Go for Health Care

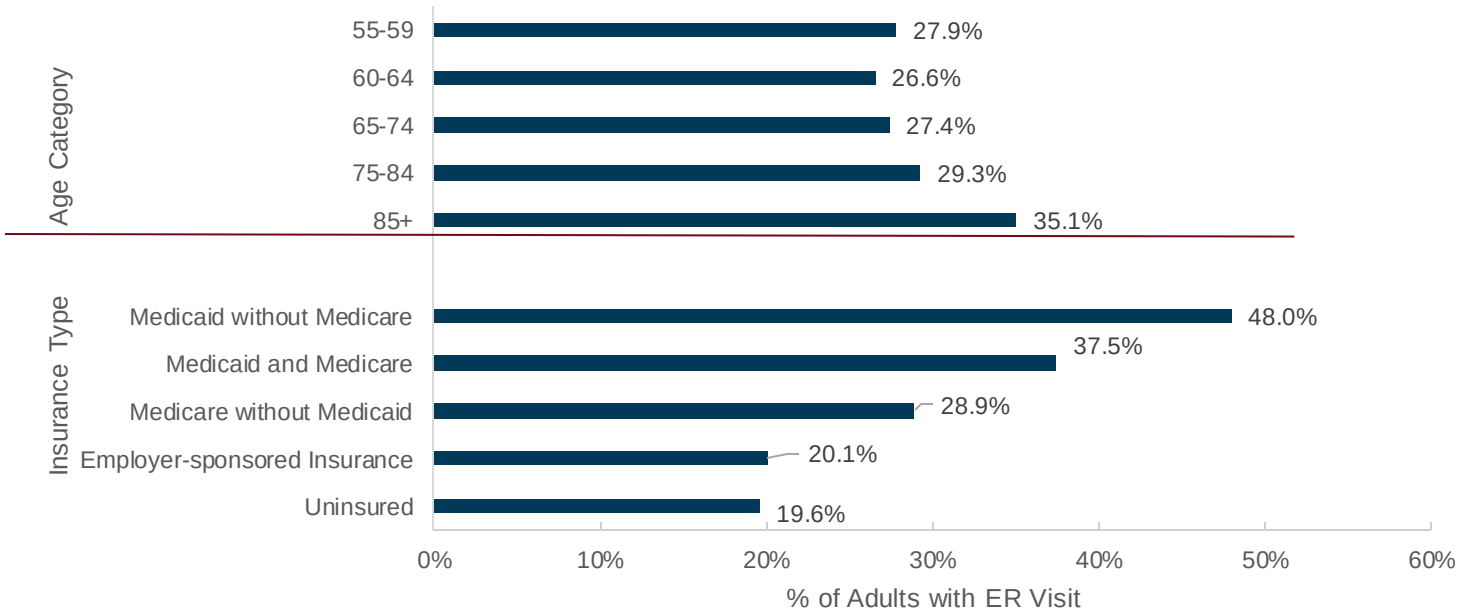
Source: 2019 OMAS



There were no notable differences in the place to go for health care between age categories. Most older Ohioans reported having a doctor office or health center as their usual place to go for health care (84.8% [83.8-85.9%]*). A small percentage of adults in each age category did not specify the place they went for health care.
Among the 15.1% [14.1-16.2%]* who went somewhere other than a doctor's office, 8.4% [6.7-10.6%]* had Medicaid without Medicare, 13.5% [11.4-15.9%] had Medicaid and Medicare, 53.1% [49.3-56.9%] had Medicare without Medicaid, and 3.4% [2.5-4.5%] had no insurance.
*95% CI

Figure 28. Percent of Older Ohioans who Reported a Visit to ER in Last 12 Months

Source: 2019 OMAS

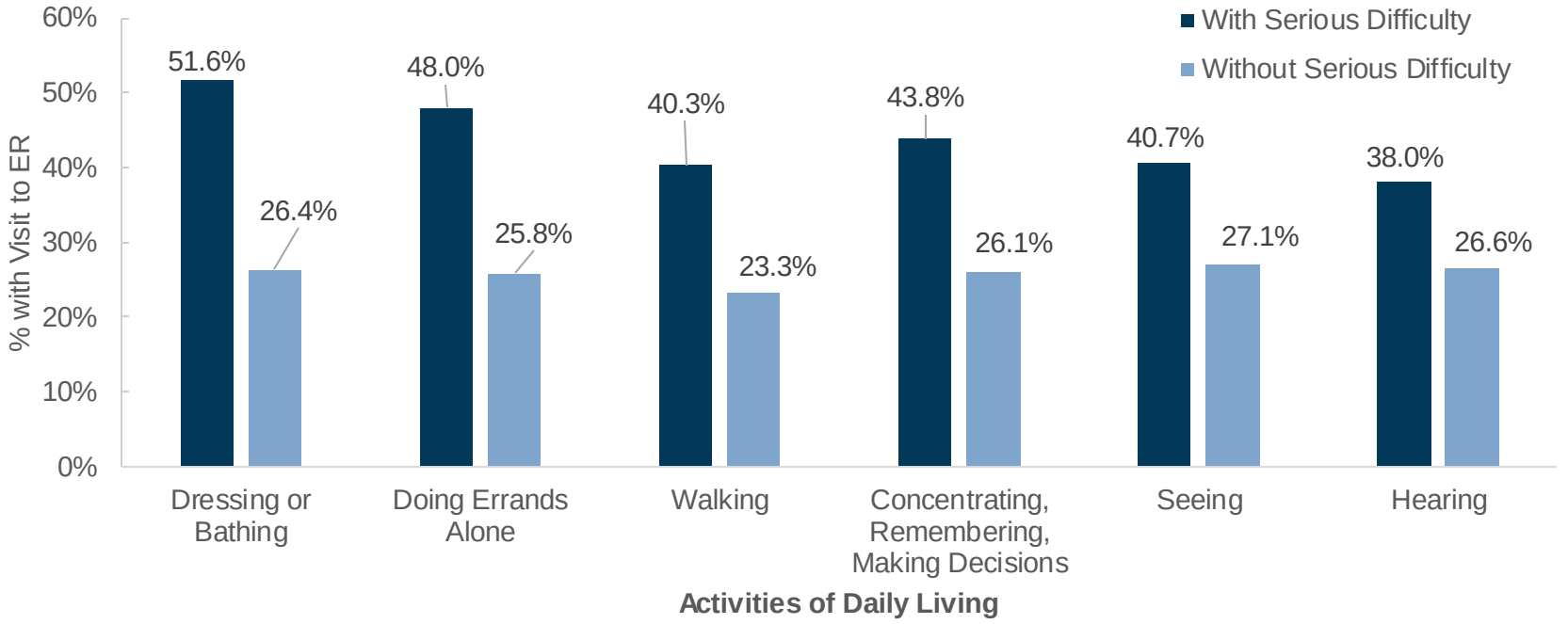


A larger proportion of adults age 85 and older reported ER visits than the other age categories. 28.1% [26.8-29.5%]* of older Ohioans said they had a visit to the emergency room in the last 12 months.
48.0% [41.8-54.2%]* of older Ohioans with Medicaid but not Medicare, 37.4% [33.5-41.7%]* with Medicaid and Medicare, 28.9% [27.3-30.7%]* with Medicare but not Medicaid, and 19.6% [13.6-27.4%]* without insurance reported having an ER visit in the last 12 months.

*95% CI

Figure 29. Visit to ER in Last 12 Months Among Older Ohioans Reporting Serious Difficulty with ADLs

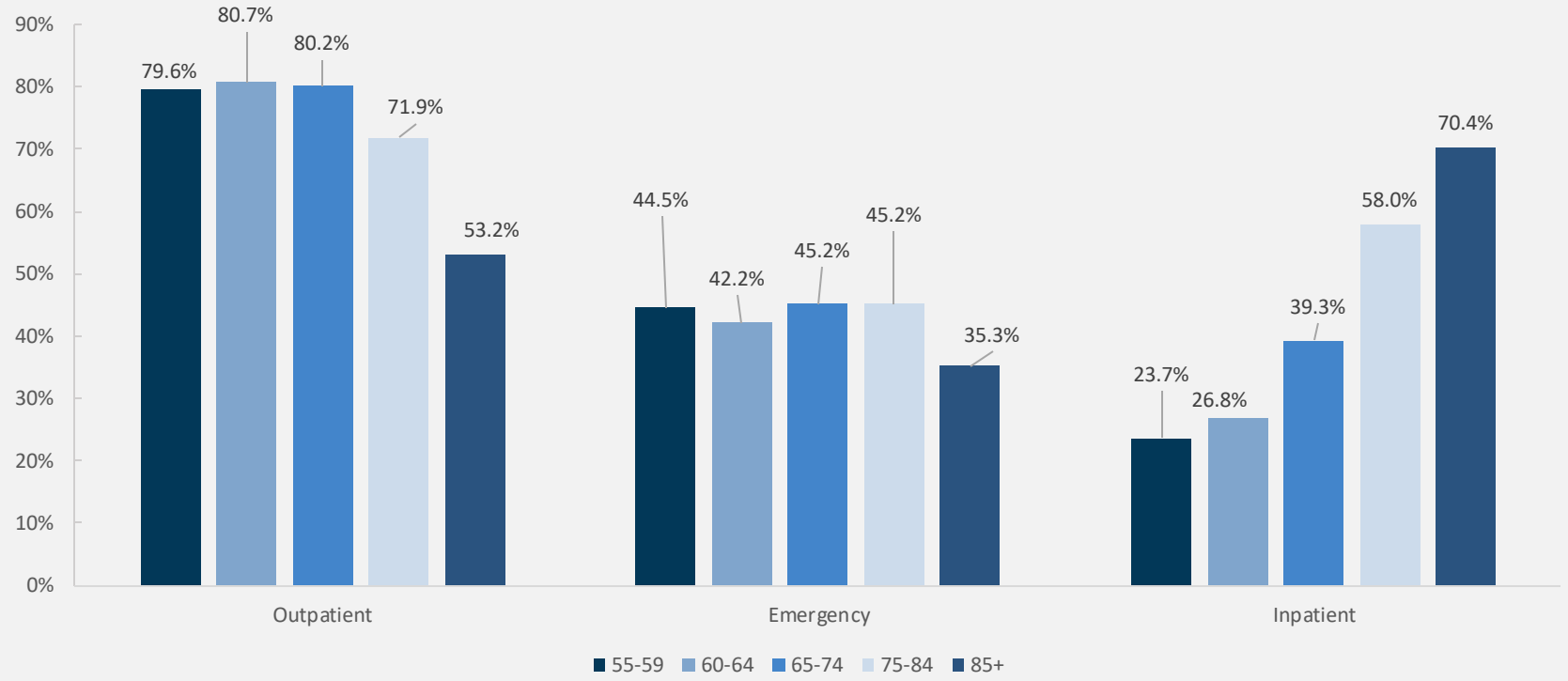
Source: 2019 OMAS



Loss of ability to perform activities of daily living may be used as an indicator of loss of ability for an older adult to safely live without assistance.[19] Older Ohioans who had serious difficulty with any activities of daily living were also more likely to report a visit to the ER in the last 12 months. For example, 51.6% of those older Ohioans who had serious difficulty dressing or bathing reported a trip to the ER, compared to 26.4% those who did not have such difficulty.

Figure 30. Percent of the Older Ohioan Medicaid Population with One or More Medical Encounters in 2018

Source: 2018 Medicaid Administrative Data



Among older adults in the Ohio Medicaid population, 75.8% had an outpatient visit, 40.8% had an inpatient hospital visit, and 42.7% had an emergency room visit in 2018. The proportion of the Ohio adult Medicaid population age 75 and older who had one or more outpatient visits was lower than that for age 74 and younger. The population age 85 and older had the lowest proportion with ER visits. The proportion of those who had one or more hospital inpatient visits increased with age category.

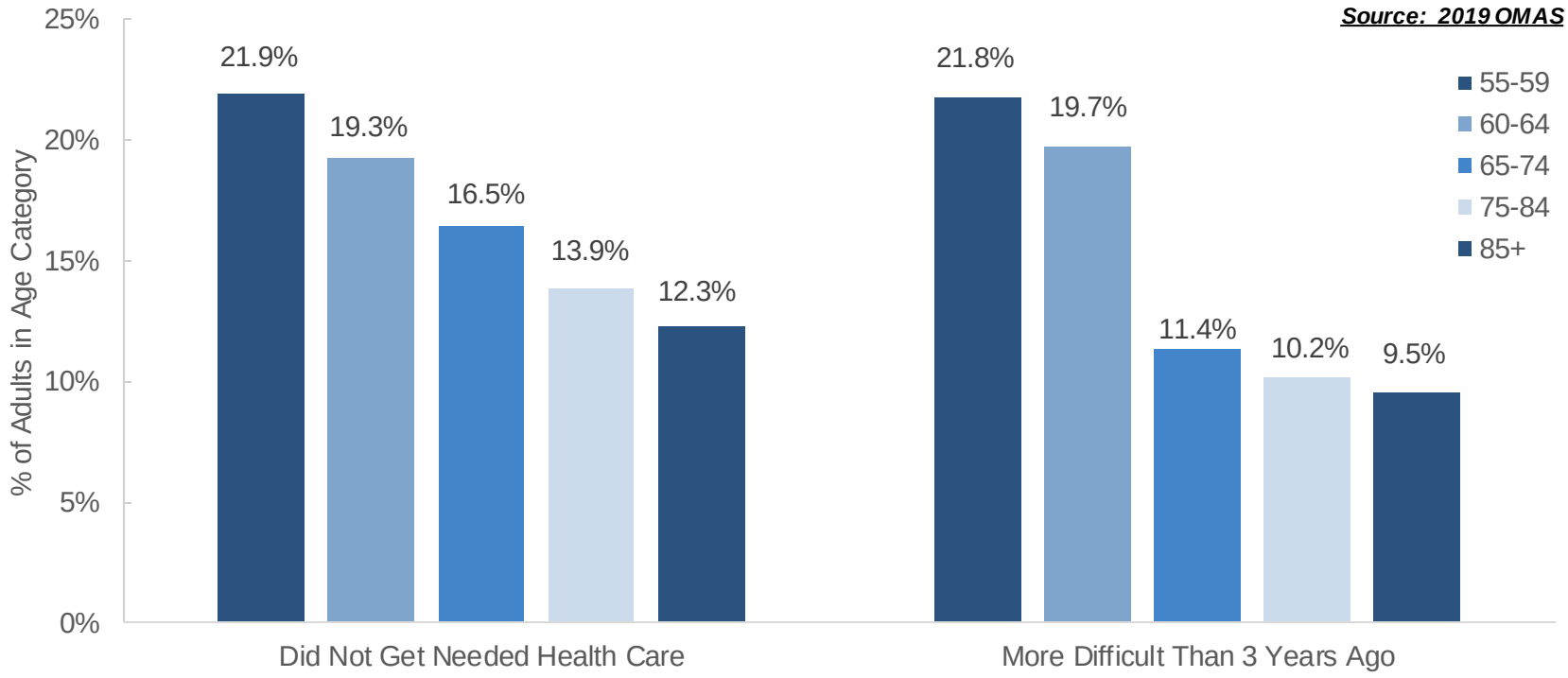
RESULTS: BARRIERS TO HEALTH CARE FOR OLDER OHIOANS

The following sections contains results from answers to OMAS questions regarding unmet needs for health care, and avoidance of needed health care.

Key Findings: Barriers to Health Care for Older Ohioans

- 16.4% of older Ohioans reported not being able to get needed health care.
- Among older Ohioans, twice the proportion of those who were Hispanic, and about one and a half times the proportion of those who were Black, reported that they did not get needed health care compared to those who were white.
- 24.7% of older Ohioans who had Medicaid and 23.9% of those who had Medicaid and Medicare insurance reported unmet health care needs, compared to 15.4% of those with Medicare but not Medicaid or 12.9% of those with employer sponsored insurance.
- 24.3% of older Ohioans whose household income was less than 138% of the FPL reported unmet health care needs, compared to 14.2% of those with income greater than 138%.
- Among Ohioans age 60 and older, 9.8% responded that they could not get needed dental care, 2.9% could not get needed mental health care, 0.38% could not get needed substance use treatment, and 7.6% could not get other needed health care in the last 12 months.
- 17.2% of Ohioans age 60 and older reported that they avoided needed health care. Of those, 48.8% said they thought it would cost too much, 17.6% said their provider was not available, 13.4% said they did not have transportation, and 11.1% said they could not find a provider.

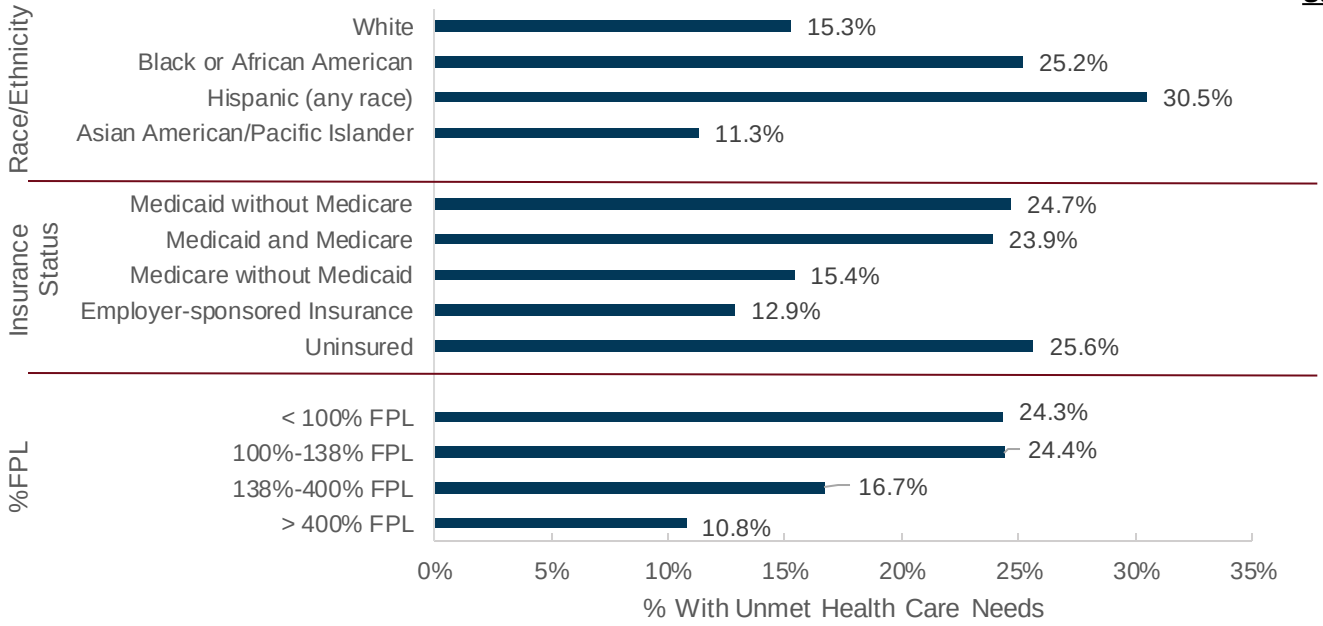
Figure 31a. Percent of Older Ohioans with Unmet Health Care Needs



The proportion of Ohio adults who reported not getting needed health care decreased with age category. 16.4% [15.4-17.5%]* of older Ohioans reported not being able to get needed health care. 20.7% [19.1-22.3%]* of Ohioans age 55-64, and 10.8% [9.76-12.0%] of those age 65 and older, reported that it was more difficult to get needed care than 3 years ago.
*95% CI

Figure 31b. Percent of Older Ohioans with Unmet Health Care Needs by Race/Ethnicity, Insurance Status, & FPL

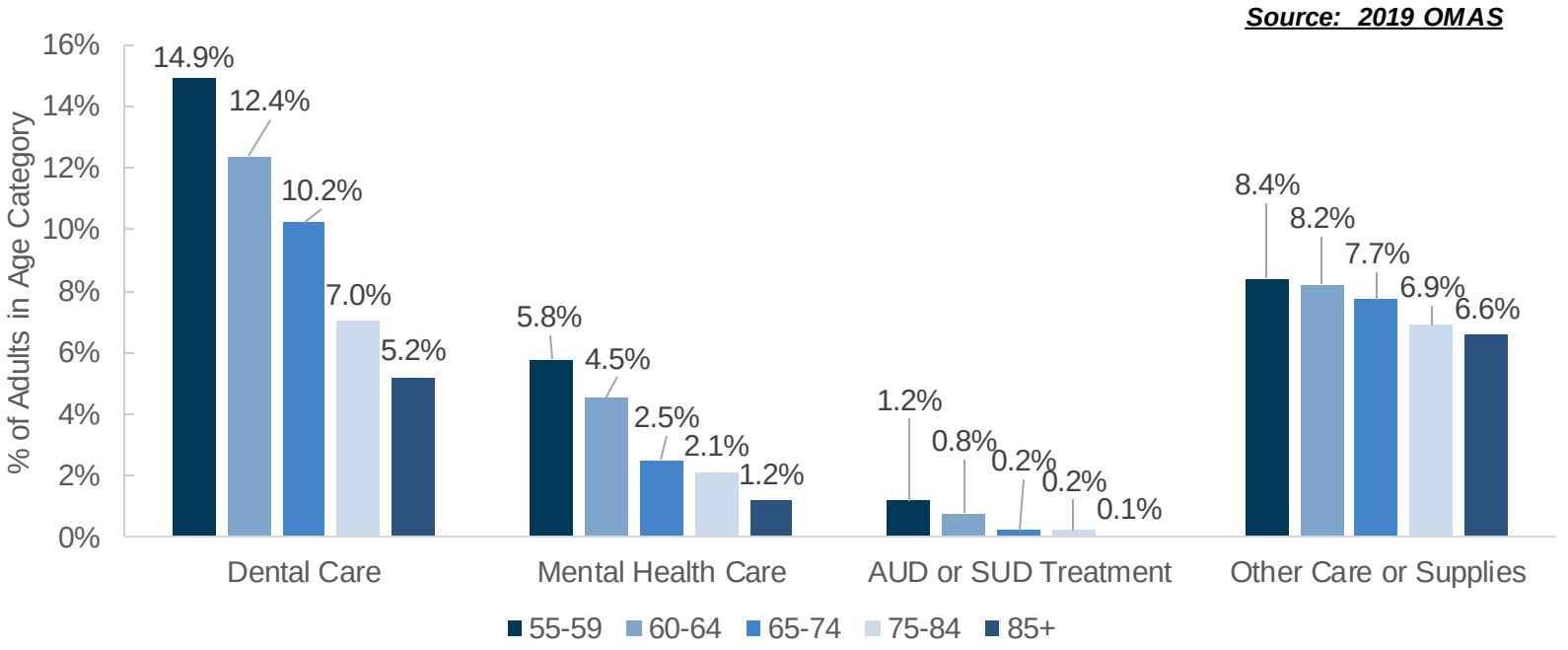
Source: 2019 OMAS



Almost twice the percentage of older Ohioans who were Hispanic or Black than those who were white reported that they did not get needed health care. Those who had employer-sponsored insurance or Medicare without Medicaid were the least likely to report unmet health care needs. A higher percentage of older Ohioans whose household income was less than 138% of the FPL reported unmet health care needs than those with income above 138% of the FPL (24.3% [21.9-27.0%] vs. 14.2% [13.1-15.4%]).

%FPL = Household income as a percent of the Federal Poverty Level

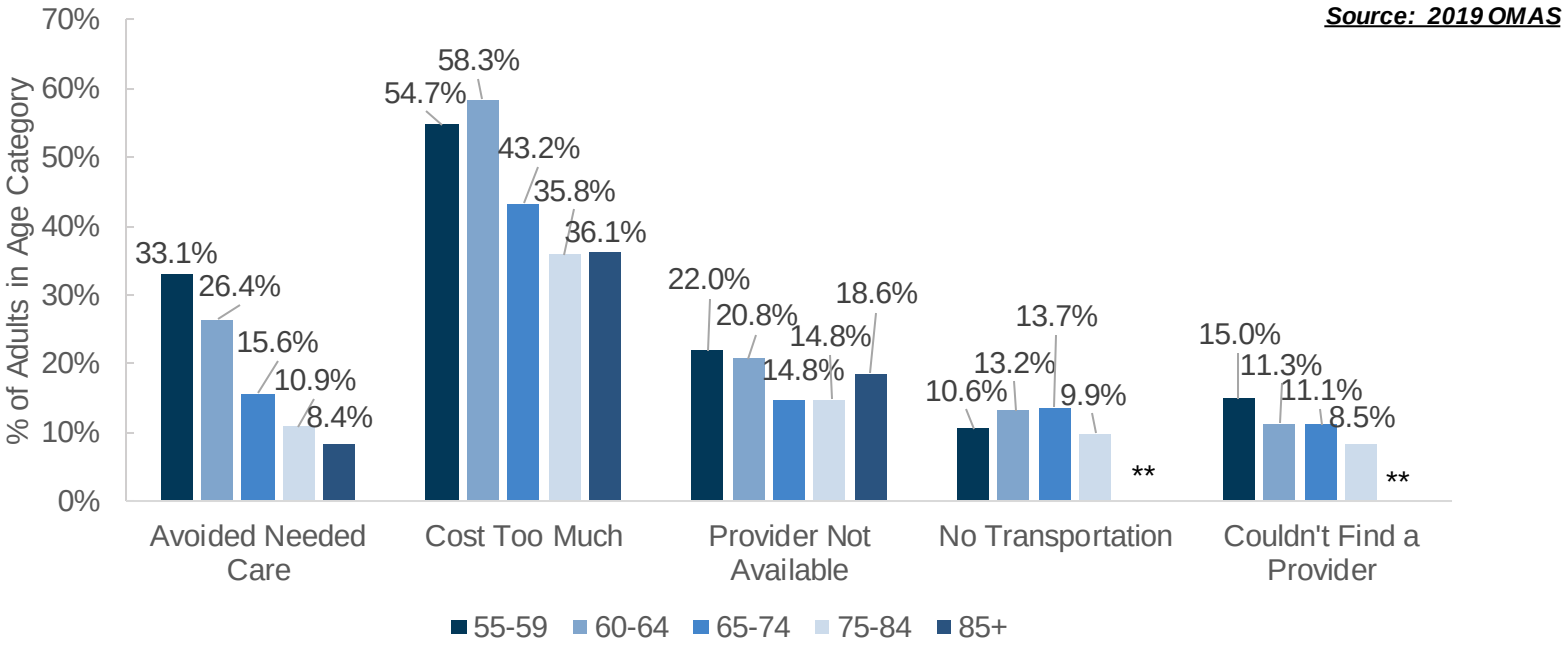
Figure 32. In the Last 12 Months, Could Not Get Care Needed



When older Ohioans were asked about health care needed in the last 12 months, 9.8% [9.0-10.7%]* responded that they could not get needed dental care, 2.9% [2.5-3.5%]* lacked needed mental health care, 0.38% [0.28-0.52%]* lacked needed substance use treatment, and 7.6% [6.9-8.4%]* could not get other needed health care. The proportion of adults who could not get the care they needed decreased with age category.

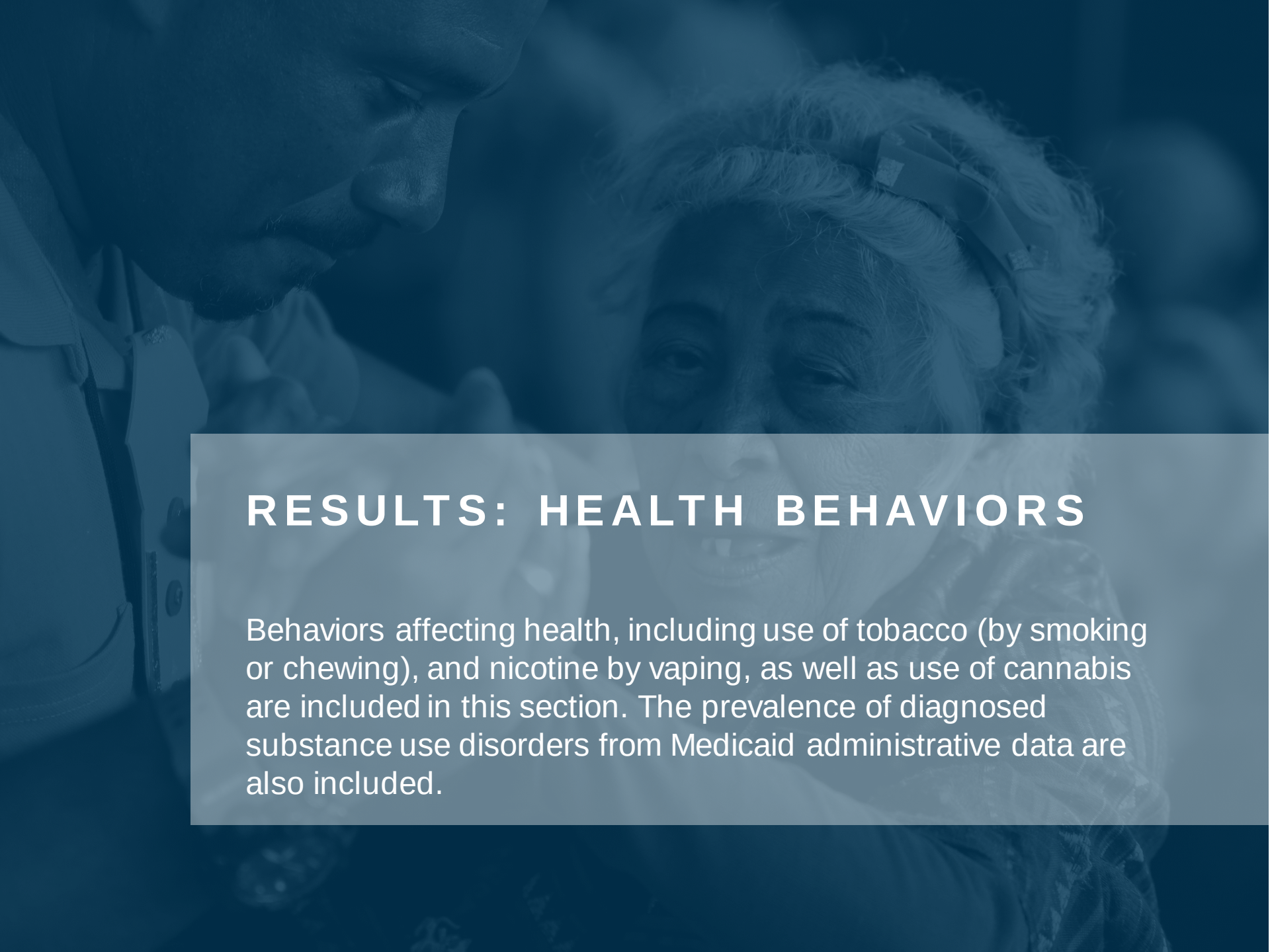
*95% CI

Figure 33. Percent of Older Ohioans who Avoided Needed Health Care



The proportion of adult Ohioans who avoided needed health care decreased with age. 17.2% [16.2-18.4%]* of older Ohioans reported that they avoided needed health care. Of those older Ohioans who avoided needed health care, 48.8% [45.2-52.3%]* said they thought it would cost too much, 17.6% [15.2-20.4%]* said their provider was not available, 13.4% [11.4-15.8%]* said they did not have transportation, and 11.1% [9.24-13.4%]* said they could not find a provider.

*95% CI
**The small number of responses rendered the estimate for the oldest old unstable.



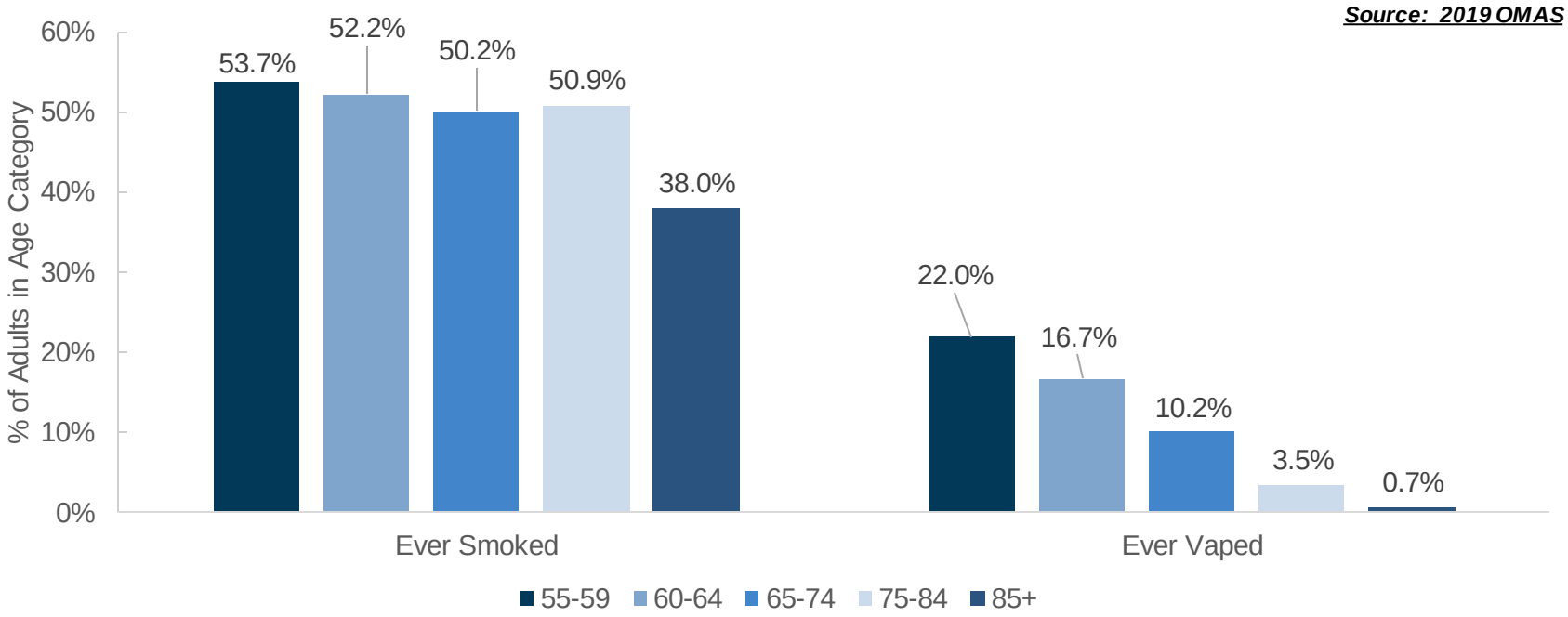
RESULTS: HEALTH BEHAVIORS

Behaviors affecting health, including use of tobacco (by smoking or chewing), and nicotine by vaping, as well as use of cannabis are included in this section. The prevalence of diagnosed substance use disorders from Medicaid administrative data are also included.

Key Findings: Health Behaviors

- 50% of Ohioans age 60 and older reported they had ever smoked cigarettes in their lifetime, and 10% said they had vaped.
- 14.6% of older Ohioans were current smokers, 1.91% said that they chewed tobacco every day or some days, and 4.0% said that they had used cannabis in the last 30 days.
- The prevalence of smoking among older Ohioans was higher for those with lower income.
- Older Ohioans who had Medicaid but not Medicare, were without insurance, and those with Medicaid and Medicare reported being current smokers at higher rates than those with Medicare or employer-sponsored insurance

Figure 34. Percent of Older Ohioans who Reported Smoking or Vaping



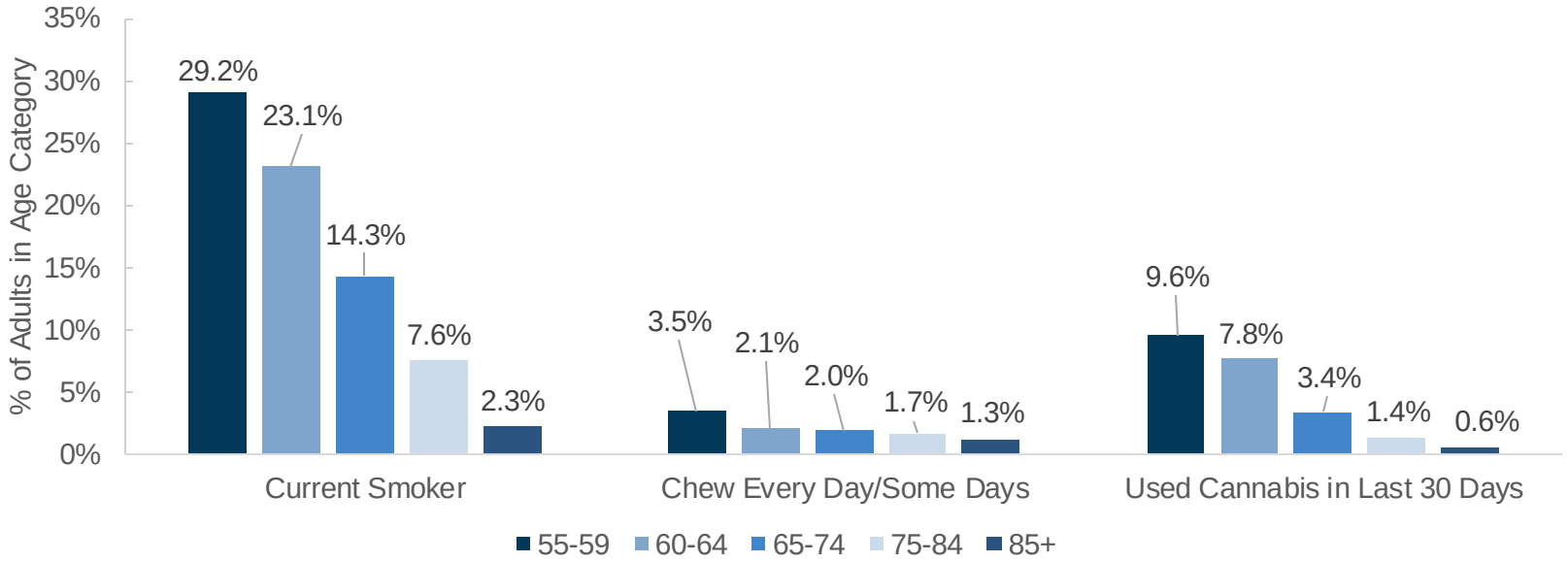
When asked, 50.0% [48.6-51.6]* of older Ohioans reported they had ever smoked in their lifetime. Of those who ever smoked, 29.1% [27.3-31.1%]* said they smoked every day or some days. Fewer of the oldest old had ever smoked in their lifetime.

When asked if they had ever vaped even once, 10.0% [9.2-10.8%]* of Ohioans age 60 and older said they had. The number who reported that they had ever vaped decreased with age category. Tobacco use is a well known cause of disease, and an important target for prevention and cessation treatment.

*95% CI

Figure 35a. Older Ohioans' Reported Use of Tobacco or Cannabis

Source: 2019 OMAS



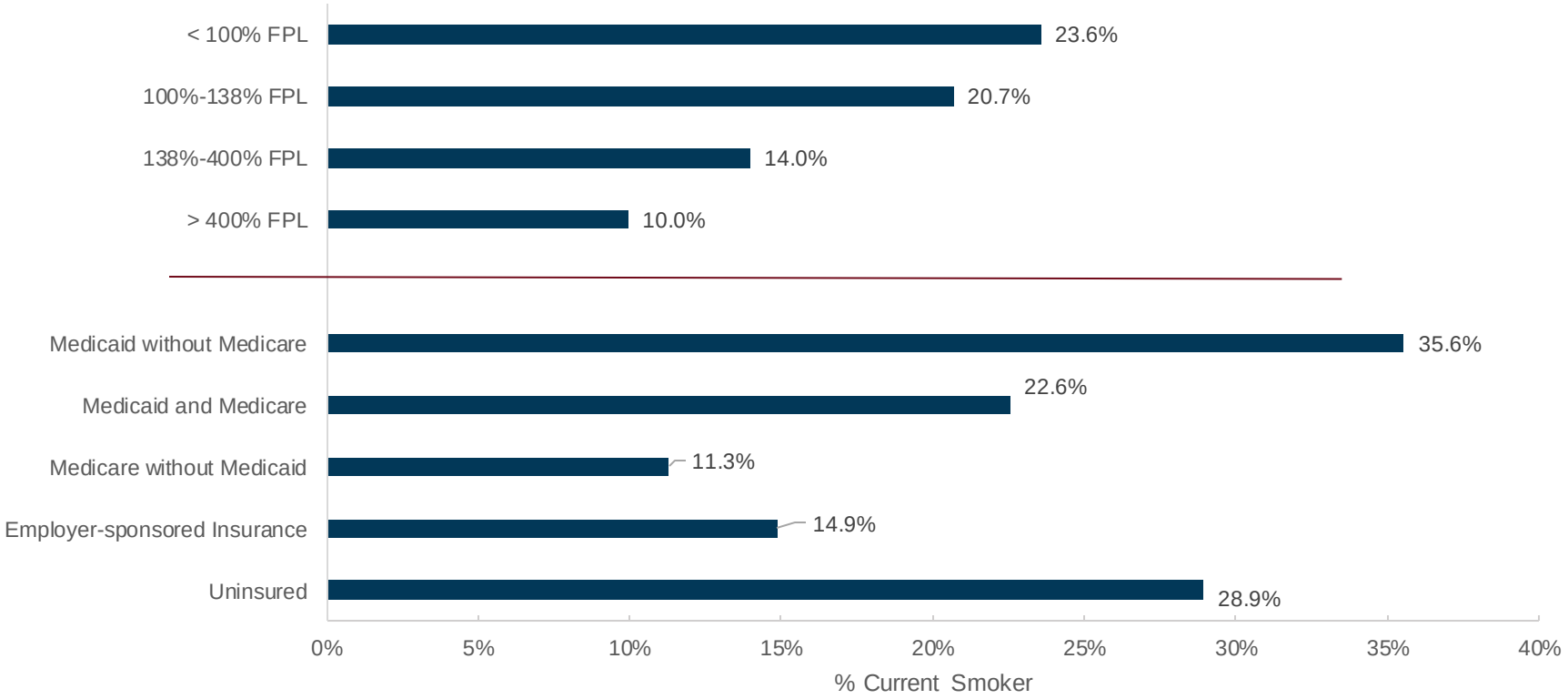
Smoking and cannabis use decreased with age category among older Ohioans. This is consistent with the well known association of smoking with disease and premature death.[7] 14.6% [13.6-15.6%]* of older Ohioans said they were current smokers, 1.9% [1.58-2.31%]* said that they chewed tobacco every day or some days, and 4.0% [3.59-4.57%]* said that they had used cannabis in the last 30 days.

Compared to adults age 65 and older in the United States, Ohio has a prevalence of smoking higher than 41 other states (rank 42).[10]

*95% CI

Figure 35b. Percent of Older Ohioans who were Current Smokers by FPL & Insurance Status

Source: 2019 OMAS



Older Ohioans with the lowest income were the most likely to be current smokers, consistent with national estimates.[27] Likewise, those with Medicaid but not Medicare, those without insurance, and those with Medicaid and Medicare reported being current smokers at higher rates than those with Medicare or employer-sponsored insurance.

SUMMARY OF RESULTS

Demographics

- Ohio's older adult population is growing, increasing the future demand for health care, caregiving, and community-based services.
- Older Ohioans are disproportionately female; this was even more pronounced in the Medicaid population.

Social Determinants of Health

- 14.5% of older Ohioans had household income at or below 100% of the Federal Poverty Level.
- The percentage of older Ohioans who were Black or Hispanic and had annual household income at or below 100% of the Federal Poverty Level was more than twice that of those who were white or Asian.
- Older Ohioans who were Black or Hispanic were about three times as likely, and those who were Asian were half as likely to have Medicaid (with or without Medicare) compared to those who were white.
- Older Ohioans who were Hispanic were four times as likely to be without health insurance as those who were white or Black.
- 13.7% of older Ohioans reported feelings of social isolation, increasing their risk for morbidity and mortality. Social distancing because of the COVID-19 pandemic compounded the potential risk.
- 9.5% of older Ohioans reported worrying about food running out, and 6.7% reported that their food ran out in the last 12 months. Older Ohioans who were Hispanic, Black, Asian, or had children living in their household were more likely to experience food insecurity than those who were white.

Health Conditions & Outcomes

- For all chronic conditions included in the OMAS, the highest proportion of older Ohioans with a diagnosis were those who had Medicaid or Medicaid and Medicare insurance, compared to other types of insurance.
- 26.4% of older Ohioans rated their health as fair or poor.
- Difficulty with activities of daily living (ADLs) and obesity coincided with fair or poor self-rated health among older Ohioans.
- 51.6% of adults age 60 and older and 75.0% of adults age 75 and older in the Medicaid population had a diagnosis or device indicating frailty.
- Most older Ohioans (younger than 85) were overweight or obese, as determined from BMI.
- Hypertension was the most commonly reported chronic condition for older Ohioans.
- 58.3% of older Ohioans reported two or more chronic conditions.
- 51.8% of older Ohioans in the Medicaid population were diagnosed with chronic pain in 2018.

SUMMARY OF RESULTS

Health Care Utilization

- Most older Ohioans (91.1%) said that they had a regular source of health care. Among those who did not, a much smaller percentage had Medicaid (9.5%), or Medicaid and Medicare (8.4%), compared to those without insurance (27.1%).
- Older Ohioans who had serious difficulty with any activities of daily living also had a greater likelihood of reporting a visit to the ER in the last 12 months.

Barriers to Health Care

- 16.4% of older Ohioans reported not being able to get needed health care. Twice the percentage of those who were Hispanic reported not getting needed health care compared to those who were white.
- Older Ohioans whose household income was less than 138% of the FPL were more likely to report unmet health care needs.

Health Behaviors

- Older Ohioans had a high prevalence of smoking; 14.6% reported smoking currently.
- The proportion of older Ohioans who were current smokers was highest among those with the lowest income, and those with Medicaid.

COVID-19

- Older Ohioans were at the highest risk for mortality from COVID-19, accounting for over 93% of virus-attributable fatalities in Ohio (Appendix F).

POLICY CONSIDERATIONS

Older Ohioans who were Black or African American, or Hispanic (any race), were more likely than those who were white to be poor, to not get needed health care, and to experience food insecurity. Older Ohioans who were Hispanic (any race) were far more likely to be without insurance.

Hypertension was the condition that had the highest prevalence among older Ohioans (62.5%), and older Ohioans who were Black or African American had the highest proportion with hypertension, 78.5%. Older Ohioans who were Asian American/Pacific Islander had the highest prevalence of diabetes, 49.3%, compared to 26.3% overall. Older Ohioans who were Hispanic (any race) had the highest proportion with five or more chronic conditions (12.0%). These chronic conditions lead to disability and lack of independence in older adults.

For all of the chronic conditions included in the OMAS, the highest proportion of older Ohioans with a diagnosis was reported for those who had Medicaid or Medicaid and Medicare insurance. The combination of older Ohioans' high prevalence of risk factors for disease, and high prevalence of chronic diseases poses a challenge for OMAS sponsor agencies. This would be so without the COVID-19 pandemic, but the coronavirus has also taken the lives of more older Ohioans than any other age group (over 93% of COVID-19 deaths).

POLICY CONSIDERATIONS

The pandemic has magnified the health problems of Ohio's older adults. Fortunately, the risk factors for chronic conditions such as smoking or obesity are preventable or reversible. The most common chronic condition, hypertension, an underlying condition for heart and vascular disease, is treatable. In combination with measures to address systemic inequalities such as economic instability and lack of resources, measures to improve access, and promote prevention and treatment services are important potential targets for the health and well being of Ohio's older adults.

Enhanced provision of services in the home and community has the potential to benefit older Ohioans and support their independence. Increased community services such as transportation for access to health care, supermarkets with healthy food choices, and other activities could be beneficial.

The necessity for social distancing during the COVID-19 pandemic has opened doors for expanded telehealth visits for all Ohioans, and especially older Ohioans. It would be beneficial for the expanded coverage of remote, electronic health care visits to be made permanent by state and federal agencies. In addition to access via smart phones or computers, Older Ohioans will need education and assistance in using such devices. An opportunity exists for the enhancement of telehealth to improve its quality and accessibility to older adults and diminish existing disparities in health care access.

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APPENDIX A. ICD Codes for Conditions

Osteoarthritis, prefix match, ICD10CM codes: M15,M16,M17,M18,M19

Cancer, prefix match, ICD10CM codes:
C00,C01,C02,C03,C04,C05,C06,C07,C08,C09,C10,C11,C12,C13,C14,
C15,C16,C17,C18,C19,C20,C21,C22,C23,C24,C25,C26,C30,C31,C32,C33,C34,C35,C36,C37,C38,C39,
C40,C41,C43,C44,C45,C46,C47,C48,C49,C50,C51,C52,C53,C54,C55,C56,C57,C58,C60,C61,C62,C63,
C64,C65,C66,C67,C68,C69,C70,C71,C72,C73,C74,C75,C76,C77,C78,C79,C80,C81,C82,C83,C84,C85,
C86,C87,C88,C89,C90,C91,C92,C93,C94,C95,C99,C7A,C7B

Chronic Pain, exact match, ICD10CM codes:
G72,G722,G729,G89,G890,G892,G8921,G8922,G8928,G8929,
G893,G894,M6282,M791,M120,M1200,M1201,M12011,M12019,M4726,M4727,M4728,M47816,M47817,
M47818,M47896,M47897,M47898,M4806,M4807,M4808,M5116,M5117,M5126,M5127,M5136,M5137,
M5186,M5187,M532X6,M532X7,M532X8,M533,M5386,M5387,M5388,M5414,M5416,M5417,
M5418,M5430,M5431,M5432,M5440,M5441,M5442,M545,M546,M5489,M549,M9903,M9904,
M9923,M9933,M9943,
M9953,M9963,M9973,M9983,M9984,S33100A,S33100D,S33100S,S33110A,S33110D,S33110S,S33120A,
S33120D,S33120S,S33130A,S33130D,S33130S,S33140A,S33140D,S33140S,S335XXA,S336XXA,
S338XXA,S339XXA,S39002A,S39002D,S39002S,S39012A,S39012D,S39012S,S39092A,S39092D,
S39092S,S3982XA,S3982XD,S3982XS,S3992XA,S3992XD,S3992XS
Chronic Pain, prefix, ICD10CM codes: M790,M791,M792,M796,M797

COPD, exact match, ICD10CM codes:
J410,J411,J418,J42,J430,J431,J432,J438,J439,J440,J441,J449,J470,
J471,J479
COPD exclusions, exact match, ICD10CM codes:
E840,E8411,E8419,E848,E849,J8483,J84841,J84842,J84843,
J84848,P270,P271,P278,P279,Q254,Q2545,Q2547,Q2548,Q311,Q312,Q313,Q315,Q318,
Q319,Q320,Q321,Q322,Q323,Q324,Q330,Q331,Q332,Q333,Q334,Q335,Q336,Q338,Q339,Q340,Q341,Q348,Q349,Q390,Q391,Q392,Q393,Q394,Q893

Dementia, Alzheimers disease, prefix match, ICD10CM codes:
F0150,F0151,F0280,F0281,F0390,F0391,G300,G301,G302,G309

Frailty, exact match, ICD10CM codes:
L89119,L89139,L89149,L89159,L89209,L89309,L89899,L8990,M6250,
M6281,M6284,Y92199,Z593,Z736,Z7401,Z7409,Z741,Z742,Z743,Z748,Z749,Z9181,Z9911,Z993,Z9981,
Z9989,R260,R261,R262,R2689,R269,R4181,R531,R5381,R5383,R54,R627,R634,R636,R64,W1840XA,
W1840XD,W1840XS,W1841XA,W1841XD,W1841XS,W1842XA,W1842XD,W1842XS,W1843XA,W1843XD,
W1843XS,W1849XA,W1849XD,W1849XS

Frailty devices, exact match, HCPCS, CPT:
E0100,E0105,E0130,E0135,E0140,E0141,E0143,E0144,
E0147,E0148,E0149,E0163,E0165,E0167,E0168,E0170,E0171,E0250,E0251,E0255,E0256,E0260,E0261,
E0265,E0266,E0270,E0290,E0291,E0292,E0293,E0294,E0295,E0296,E0297,E0301,E0302,E0303,E0304,
E0424,E0425,E0430,E0431,E0433,E0434,E0435,E0439,E0440,E0441,E0442,E0443,E0444,
E0462,E0465,E0466,E0470,E0471,E0472,E0561,E0562,E1130,E1140,E1150,E1160,E1161,
E1240,E1250,E1260,E1270,
E1280,E1285,E1290,E1295,E1296,E1297,E1298,99504,99509,G0162,G0299,G0300,G0493,G0494,S0271,S0311,S9123,S9124,T1000,T1001,T1002,T1003,T1004,T1005,T1019,T1020,T1021,T1022,T1030,T1031

APPENDIX B. Codes for Services

Hospice, exact match, CPT: 99377,99378,G0182,G9473,G9473,G9474,G9475,G9476,G9477,G9478,G9479,

Q5003,Q5004,Q5005,Q5006,Q5007,Q5008,Q5010,S9126,T2042,T2043,T2044,T2045,T2046

Hospice, exact match, Place of Service: 34

Hospice, exact match, Provider Type: 44

Hospice, exact match, Provider Specialty: 440

Hospice, exact match, Revenue Codes: 0115,0125,0135,0145,0155,0235,0650,0651,0652,0655,0656,0657,0658,

0659,0690,0691,0692,0693,0694,0695,0696,0699

Hospice, exact, Type of Bill: 0810,0811,0812,0813,0814,0815,0817,0818,0819,0820,0821,0822,0823,0824,

0825,0827,0828,0829,081A,081B,081C,081D,081E,081F,081G,081H,081I,081J,081K,081M,081O,081X,

081Y,081Z,082A,082B,082C,082D,082E,082F,082G,082H,082I,082J,082K,082M,082O,082X,082Y,082Z

Home Health, exact match, Provider Type: 16,25,26,60

Home Health, exact match, Provider Type: 450,451,452,453,454,455,456,457,458,459,45A,480,600,601,740,774,847

Home Health, exact match, Revenue Codes: 0023,0550,0560,0570,0571,0572,0579,0580,0581,0582,0583,0589,0590

Home Health, exact match, Place of Service: 12

Assisted Living, exact match, Place of Service: 13

Assisted Living, exact match, HCPCS: Q5002

Assisted Living, exact match, Provider Type: 74

Assisted Living, exact match, Provider Specialty: 480

Skilled Nursing, exact match, Place of Service: 31

Skilled Nursing, exact match, Revenue Codes: 0022

Skilled Nursing, exact match, Provider Specialty: 860

APPENDIX C. Codes for Utilization

Inpatient, Acute Inpatient, exact match, CPT:
99221,99222,99223,99231,99232,99233,99238,99239,99251,99252,99253,99254,99255,99291

Inpatient, Acute Inpatient, exact match, Revenue Codes:
0100,0101,0110,0111,0112,0113,0114,0119,0120,0121,
0122,0123,0124,0129,0130,0131,0132,0133,0134,0139,0140,0141,0142,0143,0144,0149,0150,0151,0152,
0153,0154,0159,0160,0164,0167,0169,0200,0201,0202,0203,0204,0206,0207,0208,0209,0210,0211,0212,
0213,0214,0219,0720,0721,0722,0723,0724,0729,0987

Inpatient, Inpatient Stay, exact match, Revenue Codes:
0100,0101,0110,0111,0113,0114,0116,0117,0118,
0119,0120,0121,0123,0124,0126,0127,0128,0129,0130,0131,0133,0134,0136,0137,0138,0139,
0140,0141,0143,0144,0146,0147,0148,0149,0150,0151,0153,0154,0156,0157,0158,0159,0160,
0164,0167,0169, 0190,0191,0192,0193,0194,0199,0200,0201,0202,0203,
0204,0206,0207,0208,0209,0210,0211,0212,0213,0214,0219,1000,1001,1002

Inpatient, Nonacute Inpatient, exact match, CPT:
99304,99305,99306,99307,99308,99309,99310,99315,99316,
99318,99324,99325,99326,99327,99328,99334,99335,99336,99337

Inpatient, Nonacute Inpatient, exact match, Revenue Codes:
0118,0128,0138,0148,0158,0190,0191,0192,0193,
0194,0199,0524,0525

Inpatient, Nonacute Inpatient Stay, exact match, Revenue Codes:
0022,0024,0118,0128,0138,0148,0158,0190,0191,0192,0193,0194,0199,0524,0525,1000,1001,1002

Inpatient, Nonacute Inpatient Stay, exact match, Type of Bill:
0180,0181,0182,0183,0184,0185,0187,0188,0210,
0211,0212,0213,0214,0215,0217,0218,0220,0221,0222,0223,0224,0225,0227,0228,0280,0281,0282,0283,
0284,0285,0287,0288,0289,0650,0652,0653,0654,0655,0657,0658,0660,0662,0663,0664,0665,0667,0668,
0860,0862,0863,0864,0865,0867,0868,018F,018G,018H,018I,018J,018K,018M,018O,018X,018Y,018Z,021F,021G,021H,021I,021J,021K,021M,021O,021X,021Y,021Z,022F,022G,022H,022I,022J,022K,022M,022O,022X,022Y,022Z,028F,028G,028H,028I,028J,028K,028M,028O,028X,028Y,028Z,065F,065G,065H,065I,065J,065K,065M,065N,065O,065X,065Y,065Z,066F,066G,066H,066I,066J,066K,066M,066N,066O,066X,066Y,066Z,086F,086G,086H,086I,086J,086K,086M,086N,086O,086X,086Y,086Z

Inpatient, Observation, exact match, CPT:
99217,99218,99219,99220,99224,99225,99226,99234,99235,99236

Inpatient, Observation, exact, Revenue Codes: 0760,0762,0769

Emergency Department, exact match, CPT: 99281,99282,99283,99284,99285

Emergency Department, exact match, Revenue Codes: 0450,0451,0452,0456,0459,0981

Emergency Department, exact match, Place of Service Codes: 23

Outpatient, exact match, CPT:
99201,99202,99203,99204,99205,99211,99212,99213,99214,99215,99241,99242,
99243,99244,99245,99341,99342,99343,99344,99345,99347,99348,99349,99350,99381,99382,99383,
99384,99385,99386,99387,99391,99392,99393,99394,99395,99396,99397,99401,99402,99403,99404,
99411,99412,99429,99455,99456,99483,G0402,G0438,G0439,G0463,T1015

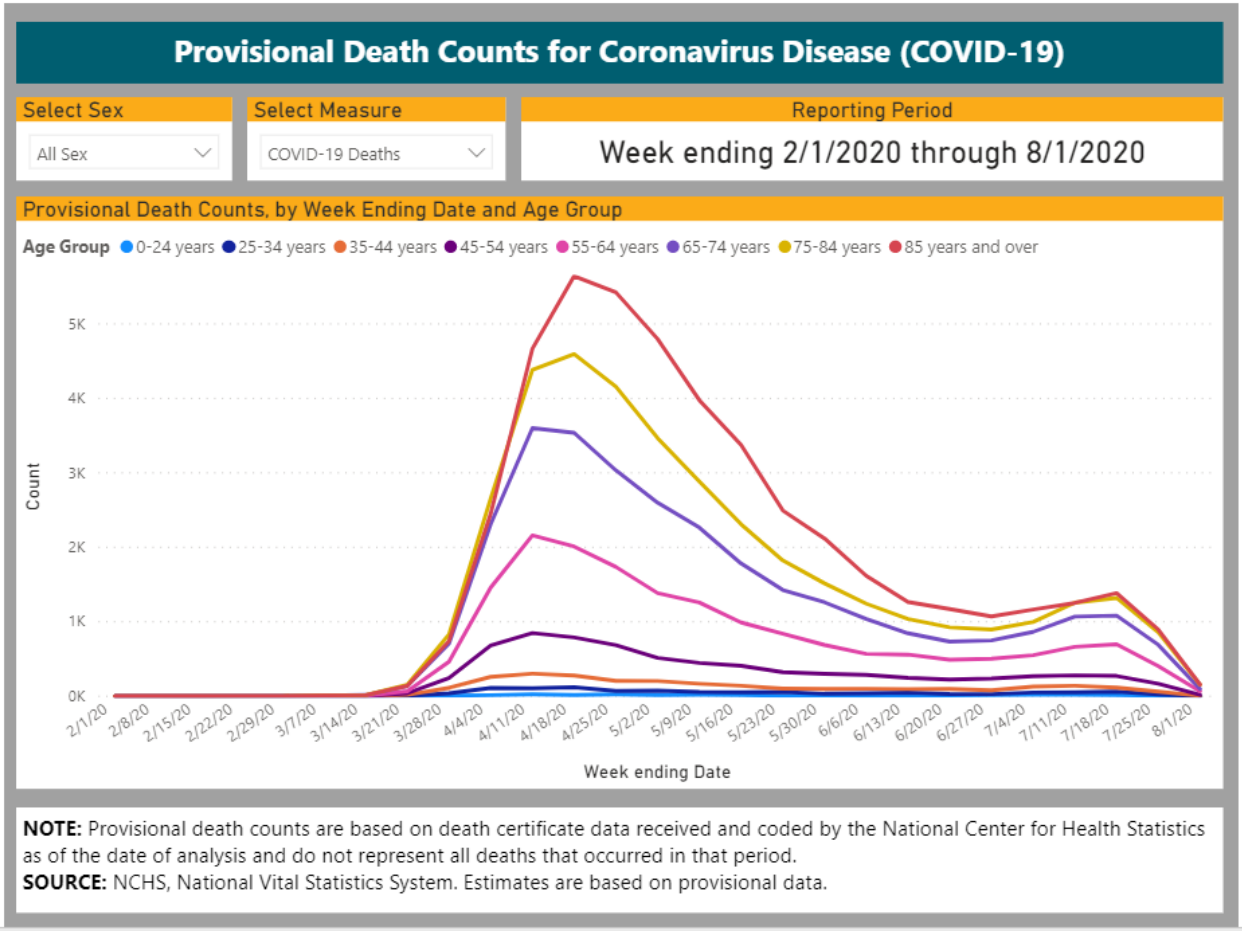
Outpatient, exact match, Revenue Codes:
0510,0511,0512,0513,0514,0515,0516,0517,0519,0520,0521,0522,0523,0526,0527,0528,0529,0982,0983

Outpatient, Ambulatory Outpatient Visit, exact match, CPT:
92002,92004,92012,92014,99201,99202,99203,99204,
99205,99211,99212,99213,99214,99215,99241,99242,99243,99244,99245,99304,99305,99306,99307,
99308,99309,99310,99315,99316,99318,99381,99382,99383,99384,99385,99386,99387,99391,99392,
99393,99394,99395,99396,99397,99401,99402,99403,99404,99411,99412,99429,G0463,T1015

Outpatient, Ambulatory Outpatient Visit, exact match, Revenue Codes:
0510,0511,0512,0513,0514,0515,0516,
0517,0519,0520,0521,0522,0523,0524,0525,0526,0527,0528,0529,0982,0983

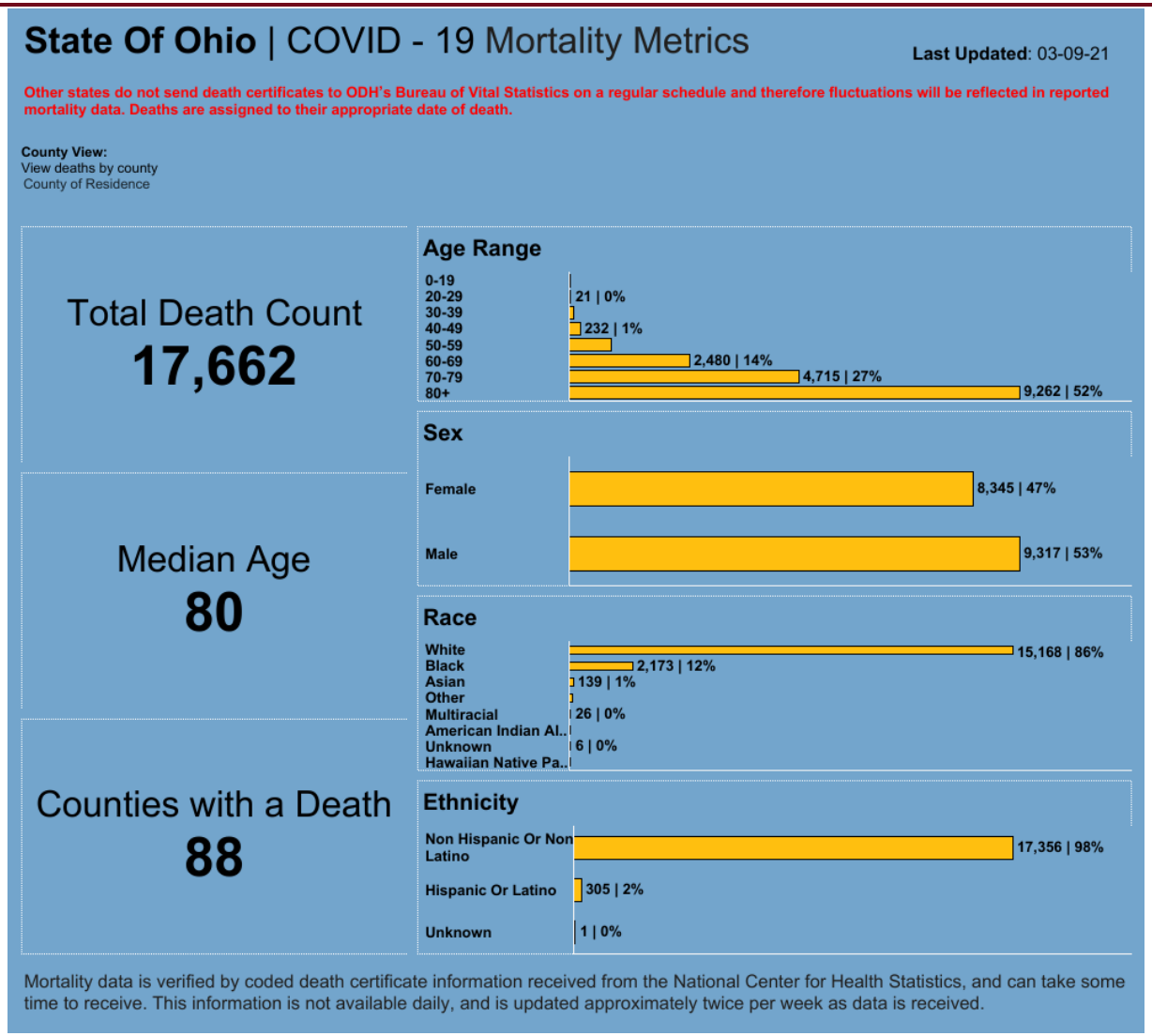
APPENDIX E. CDC Statistics

> Table 1. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by sex and age group. United States. Week ending 2/1/2020 to 8/1/2020



https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

APPENDIX F. Ohio Statistics



https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/key-metrics/mortality