Women's Health in Ohio: 2019 Update

May 2021

OMAS
Ohio Medicaid Assessment Survey

Ohio Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen Corcoran, Director

MedTAPP
Medicaid Technical Assistance and Policy Program

Ohio Colleges of Medicine Government Resource Center

AUTHORS

Kelly Stamper Balistreri[1], Michelle Menegay[2], Beth Canfield-Simbro[3], Elizabeth Conrey[4], Alyssa Farmer[2], Yoshie Kim[2], Megan Roberts[5], Hilary Metelko Rosebrook[2] Schuyler Schmidt[6]

[1]Bowling Green State University

[2]Ohio Colleges of Medicine Government Resource Center

[3]University of Mount Union

[4]The Ohio Department of Health*

[5]The Ohio State University College of Public Health

[6]The Ohio Department of Medicaid

*Epidemiology assignee from the *Centers for Disease Control and Prevention* Division of Reproductive Health

The findings and conclusions in this report are those of the authors and do not necessarily represent the position of the Centers for Disease Control and Prevention.

EXECUTIVE SUMMARY

In Ohio, women's health status and access to care has improved in some areas and declined in others over the last decade. To understand how adult women's health and healthcare utilization may develop across the lifespan, we examined health measures by age. This is important given that exposure to stressors, risks, and resources that may influence health vary across life stages. The analyses rely on the 2019 Ohio Medicaid Assessment Survey.

Key Findings
Healthcare Access and Use

- Unmet needs for healthcare, including mental healthcare, were concentrated among younger women.
- Nearly 45% of women of reproductive ages (19 to 44) reported delaying or avoiding needed healthcare in the past year.
- Women enrolled in Medicaid were more likely to report a lack of transportation as a reason for avoiding needed healthcare and less likely to report cost as a barrier than women who were potentially Medicaid-eligible but were covered by other insurance or were uninsured.

Health Outcomes and Behaviors

- The prevalence of fair/poor health, mental health impairment and disability were highest among women with the lowest income across age groups.
- Younger women (ages 19 to 24) had substantially higher rates of mental health impairment than women at all other ages.
- Among lower-income women, the prevalence of food hardship and loneliness was higher for women who reported having a potentially disabling condition than for women without a potentially disabling condition across age groups.
- Among lower-income women, those ages 45 to 64 reported higher rates of having a potentially disabling condition, asthma, and obesity compared with women at other ages.

Social Determinants of Health

- Over one third (35.2%) of women of reproductive ages (19 to 44) lived at lower-incomes (≤138%FPL) in 2019.
- Black or African American and Hispanic women were more likely to live at lower-incomes than white women across all age groups.
- The prevalence of loneliness was highest among women living at lower incomes, for all age groups.

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

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BACKGROUND

Women of Reproductive Ages (19 to 44)

Improving the health outcomes of women of reproductive age, those ages 19 to 44, has the potential to positively impact maternal and infant health, as well as the women's health later in life. Recent research finds improvements in the health insurance coverage of women in Ohio, but a decline in the proportion of women of reproductive ages utilizing healthcare.[1]

This is cause for concern given recent evidence showing an increase in mental illness for women of reproductive ages (particularly ages 18 to 25) and major gaps in the treatment received by affected women.[2] Unmet mental healthcare needs among women may significantly impact their families; children of parents with depression are twice as likely to have mental health conditions compared to children of parents without depression.[3]

Women at Midlife (ages 45 to 64)

At midlife, women begin to experience health consequences of earlier health-related choices and living conditions. In addition, the midlife period is a critical window for the onset of disability and physical limitations. Recent research shows that the burden of disability is expanding for midlife adults, particularly among women.[4] Adults at midlife with a work-limiting disability have been found to practice poor health behaviors reflected by higher rates of smoking and obesity than adults without a disability.[5] Understanding health outcomes and behaviors during this period can predict later morbidity and mortality.

Women at Older Ages (65 and older)

There are important sociodemographic characteristics unique to older women that may affect their health and wellbeing. For example, older women are more likely to live alone, live below the poverty line, and experience feelings of loneliness than are older men.[6,7] Social isolation and food hardship are of particular concern among older adults as they face decreasing economic resources, functional limitation and changes in mobility.[6]

As the proportion of the Ohio population ages 65 and over continues to grow--moving toward a projected 20% of the total state population or 2.3 million by the year 2040--tracking the health and wellbeing of older women becomes increasingly important, especially since the majority of older Ohioans are women.

OBJECTIVES

Data analyses on the included topics assist the Ohio Department of Medicaid and other health-associated state and local agencies in identifying health services and system gaps and assist in developing strategies for improving health services to Ohio's women.

The purpose of this chart book is to provide a descriptive report on several key characteristics of women in Ohio as measured by the 2019 Ohio Medicaid Assessment Survey. Our objectives are to:

1. Present estimates of unmet healthcare needs, healthcare access, self-rated health, mental health impairment, chronic conditions, substance use, food hardship, potentially disabling condition status, and loneliness among women in Ohio.
2. Estimate the prevalence of these health outcomes by poverty level and age.
3. Present a comparison of these findings between women enrolled in Medicaid versus other lower-income women who may be potentially Medicaid-eligible but are covered by other insurance or are uninsured.

METHODS

Description of Data Source

- 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.

Further Details on the 2019 OMAS

- 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 at grc.osu.edu/OMAS.

METHODS

Variable Definitions

- Mental health impairment (MHI) is defined as having 14 or more days in the past month where one's mental health interfered with daily functioning.
- Potentially disabling condition is defined as 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 developmental disability, and/or having 14 or more days in the past month where one's mental health interfered with daily functioning.
- Loneliness is constructed as a count of the number of times a woman 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.
- To measure unmet healthcare needs OMAS asked a series of questions: "During the past 12 months, was there a time when you needed any of the following, but could not get it at that time: dental care/mental healthcare/ alcohol or other drug treatment/any other care such as medical exam or medical supplies? Respondents who responded 'yes' to any of these questions are considered having an unmet healthcare need.
- Age Groups are defined as follows: women of reproductive ages (age 19 to 44), women at midlife (ages 45 to 64), and women at older ages (ages 65+). For several analyses, we further divide women by age categories: 19 to 24, 25 to 34, 35 to 44, 45 to 54, 55 to 64, and 65+.
- Race/Ethnicity is defined as non-Hispanic white, non-Hispanic Black or African American, and Hispanic of any race, hereafter referred to as white, Black or African American and Hispanic. Respondents who report other race/ethnicities are excluded from race/ethnic-specific analyses.
- Poverty level is defined as the ratio of household annual income and size in relation to the Federal Poverty Level (FPL). The categories are 0% to 138% FPL, 138% to 206% FPL, 206% to 400% FPL, and 400% or more.
- Lower-income adults include those who reside in a household with annual income in relation to household size less than or equal to 138% of the Federal Poverty Level (FPL). This is a key threshold for Medicaid eligibility.
- Insurance Status is defined for lower-income adults (ages 19 to 64) as three categories: 1) Medicaid-enrolled, 2) potentially Medicaid-eligible but covered by other insurance, and 3) potentially Medicaid-eligible but uninsured.

For definitions of current smoking, e-cigarette use, binge alcohol consumption, and marijuana use, please consult A Profile of Substance Use in Ohio.

HEALTHCARE ACCESS AND USE AMONG OHIO WOMEN

This section describes health insurance coverage, utilization, and unmet healthcare needs by age groups.

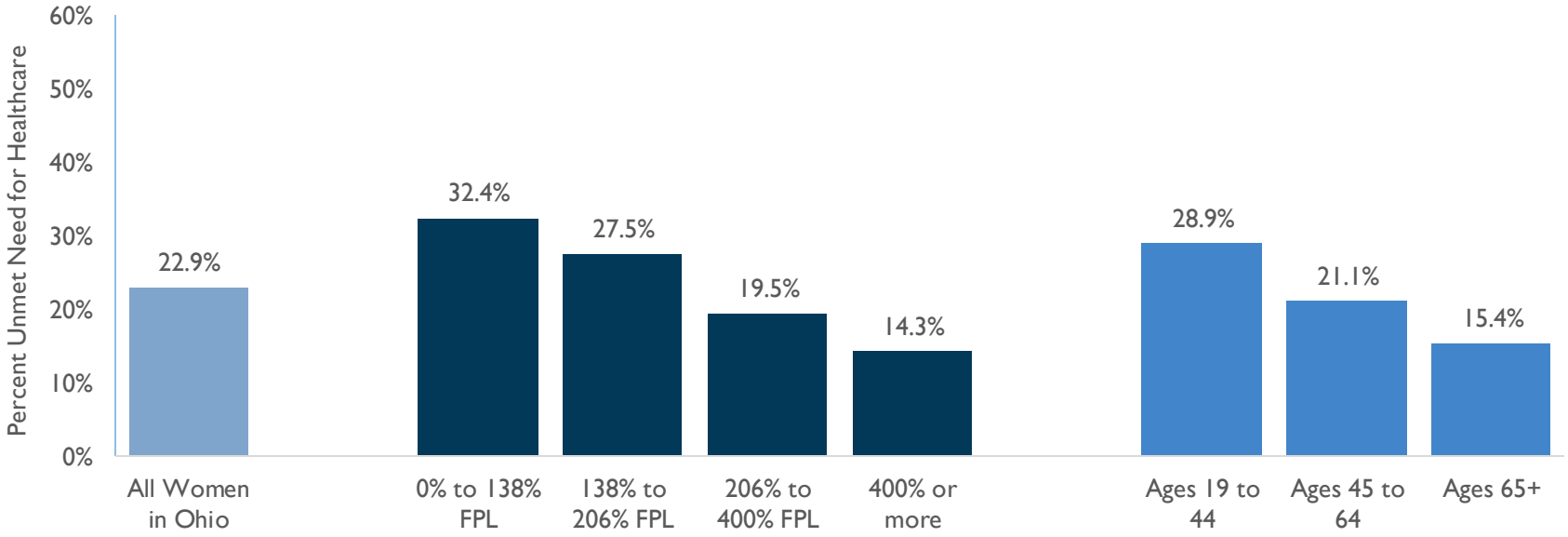
Key Findings: Healthcare Access & Use Among Ohio Women

- The rate of unmet needs for any healthcare was highest among women under age 35, and lowest for women ages 65 and older. The same pattern was found for unmet needs for mental healthcare.
- Women enrolled in Medicaid reported lower rates of delaying or avoiding needed healthcare than women who were potentially Medicaid-eligible but were covered by other insurance.
- Women enrolled in Medicaid were more likely to report a lack of transportation as a reason for avoiding needed healthcare than women who were potentially Medicaid-eligible but not enrolled.
- Women enrolled in Medicaid were much less likely to report cost as a reason for avoiding needed healthcare compared to women who were potentially Medicaid-eligible but not enrolled.

Table 1. Percent of Women in Ohio Who have Health Insurance Coverage by Age

Insurance Type	Ages 19 to 44		Ages 45 to 64		Ages 65+	
	%	n	%	n	%	n
Medicaid	28.1%	1,834	17.4%	1,550	12.2%	667
Medicare(& other Government Insurance	1.8%	89	9.2%	497	82.4%	4,294
Employer Sponsored	45.0%	2,350	56.0%	3,297	2.6%	118
Private/Other/Unknown	13.6%	639	11.0%	662	2.2%	128
Uninsured	11.4%	531	6.4%	387	0.6%	31
Total	*100.0%*	*5,443*	*100.0%*	*6,393*	*100.0%*	*5,238*
Note: Weighted percent (%), unweighted sample size(n).						

Figure 1. Percent of Women in Ohio with Any Unmet Healthcare Needs by Poverty Level & by Age



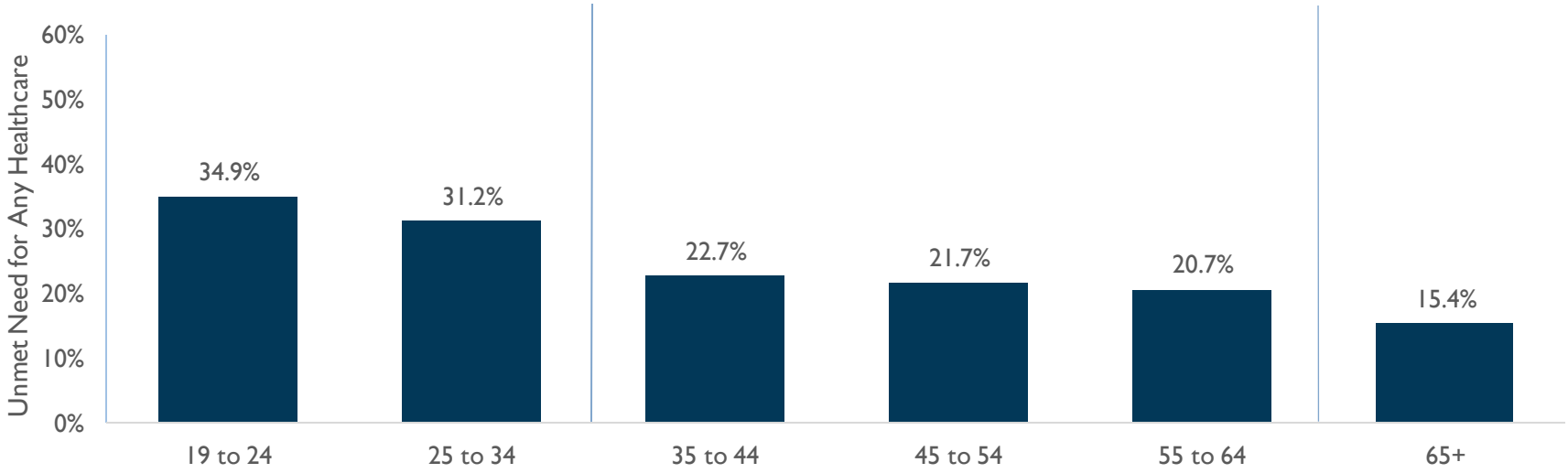
**Unmet need for any healthcare* is defined by women responding 'Yes' when asked if there was a time in the past 12 months whether they needed but could not get dental care/mental healthcare/alcohol or other drug treatment/any other care such as medical exam or medical supplies.

Source: OMAS 2019

In 2019, women living at lower-incomes (0% to 138% FPL) reported the highest rate of unmet needs for any healthcare.

Women of reproductive ages (19 to 44) reported the highest prevalence of unmet healthcare needs.

Figure 2. Percent of Women in Ohio with Any Unmet Healthcare Needs by Age



**Unmet need for any healthcare* is defined by women responding 'Yes' when asked if there was a time in the past 12 months whether they needed but could not get dental care/mental healthcare/ alcohol or other drug treatment/any other care such as medical exam or medical supplies.

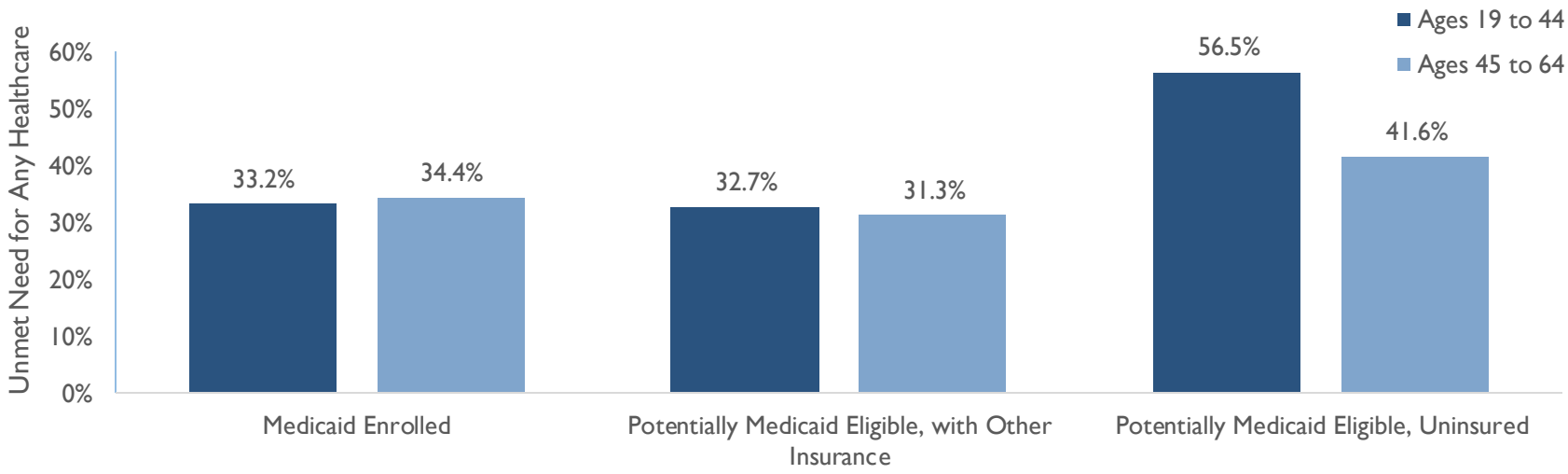
Source: OMAS 2019

In 2019, the prevalence of unmet need for healthcare among women ages 19 to 34 was higher than among other age groups.

Among women ages 35 to 64, there were no notable differences in the prevalence of unmet need for healthcare.

Women ages 65 and older had the lowest reported rates of unmet healthcare needs.

Figure 3. Percent of Lower-Income (≤ 138% FPL) Women in Ohio Reporting Any Unmet Healthcare Needs by Insurance Status & Age



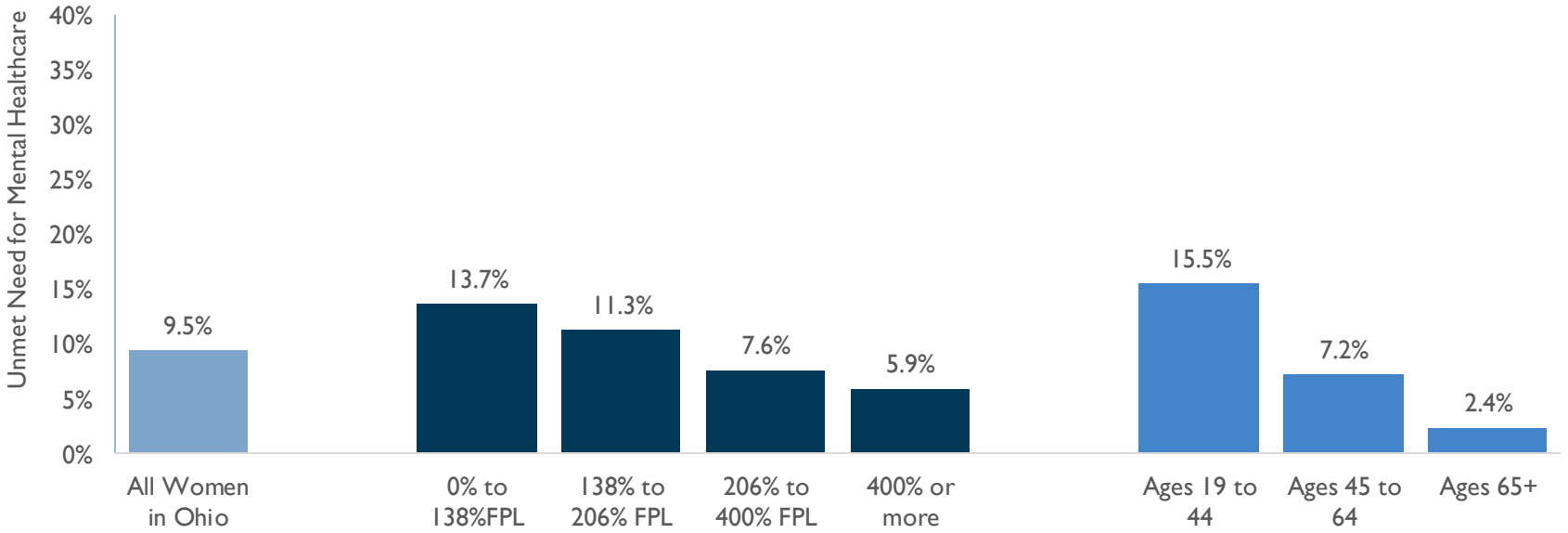
**Unmet need for any healthcare* is defined by women responding 'Yes' when asked if there was a time in the past 12 months whether they needed but could not get dental care/mental healthcare/ alcohol or other drug treatment/any other care such as medical exam or medical supplies.

Source: OMAS 2019

Women of reproductive ages (19 to 44) enrolled in Medicaid or covered by other insurance reported lower rates of unmet needs for healthcare compared to uninsured women. There were marginal differences by insurance status in the prevalence of unmet needs for healthcare among lower-income women at midlife (ages 45 to 64).

Among the uninsured, women of reproductive ages reported higher rates of unmet healthcare needs than women at midlife.

Figure 4. Percent of Women in Ohio Reporting Unmet Mental Healthcare Needs by Poverty Level & by Age



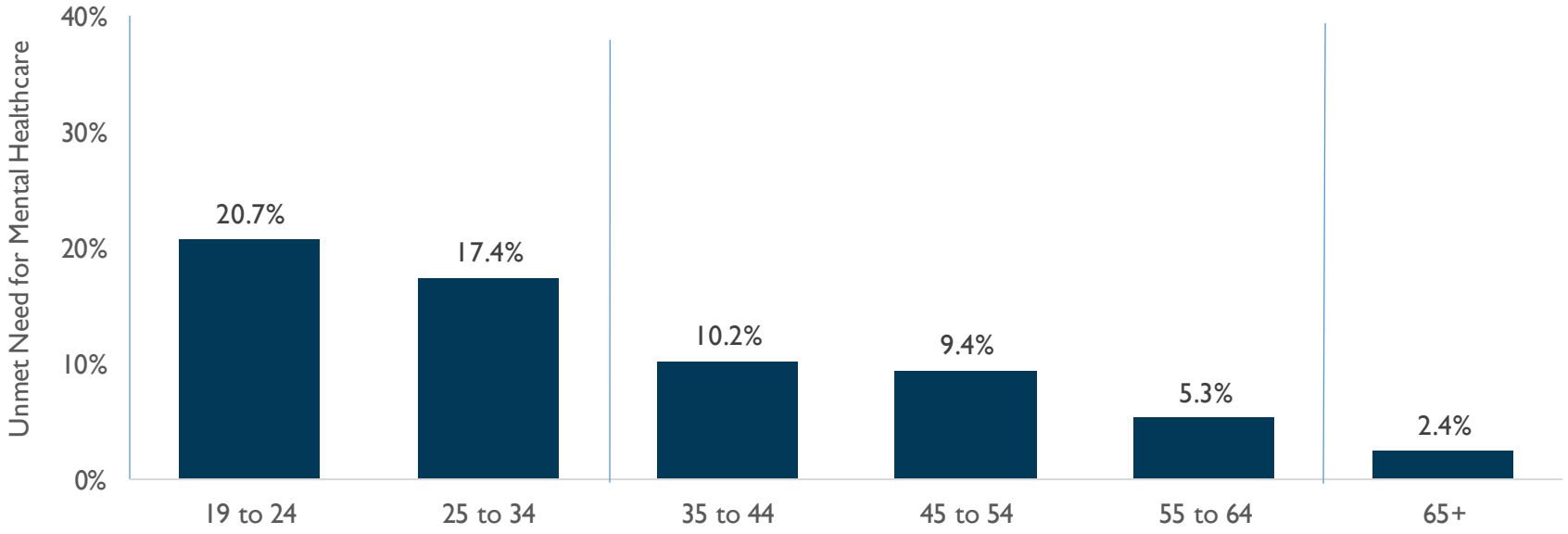
Source: OMAS 2019

**Unmet need for mental healthcare* is defined by women responding 'Yes' when asked if there was a time in the past 12 months whether they needed but could not get mental healthcare.

In 2019, women living at lower-incomes (0% to 138% FPL) and women of reproductive ages (19 to 44) reported the highest rates of unmet need for mental healthcare.

Women ages 65 and older reported the lowest reported rates of unmet mental healthcare needs.

Figure 5. Percent of Women in Ohio Reporting Unmet Mental Healthcare Needs by Age

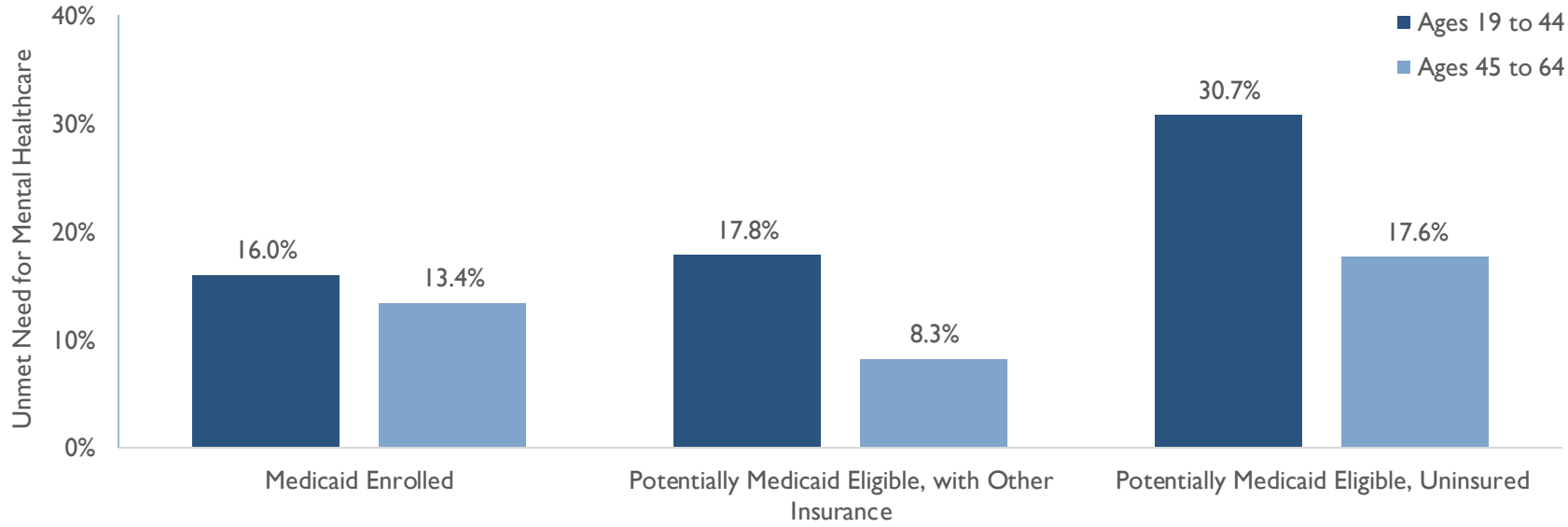


**Unmet need for mental healthcare* is defined by women responding 'Yes' when asked if there was a time in the past 12 months whether they needed but could not get mental healthcare.

Source: OMAS 2019

In 2019, the prevalence of unmet needs for mental healthcare among women ages 19 to 34 was substantially higher than other age groups. Over 20% of women ages 19 to 24, and 17.4% of women ages 25 to 34 reported that in the past year, they could not get needed mental healthcare.

Figure 6. Percent of Lower-Income (≤ 138% FPL) Women in Ohio Reporting Unmet Mental Healthcare Needs, by Insurance Status & Age



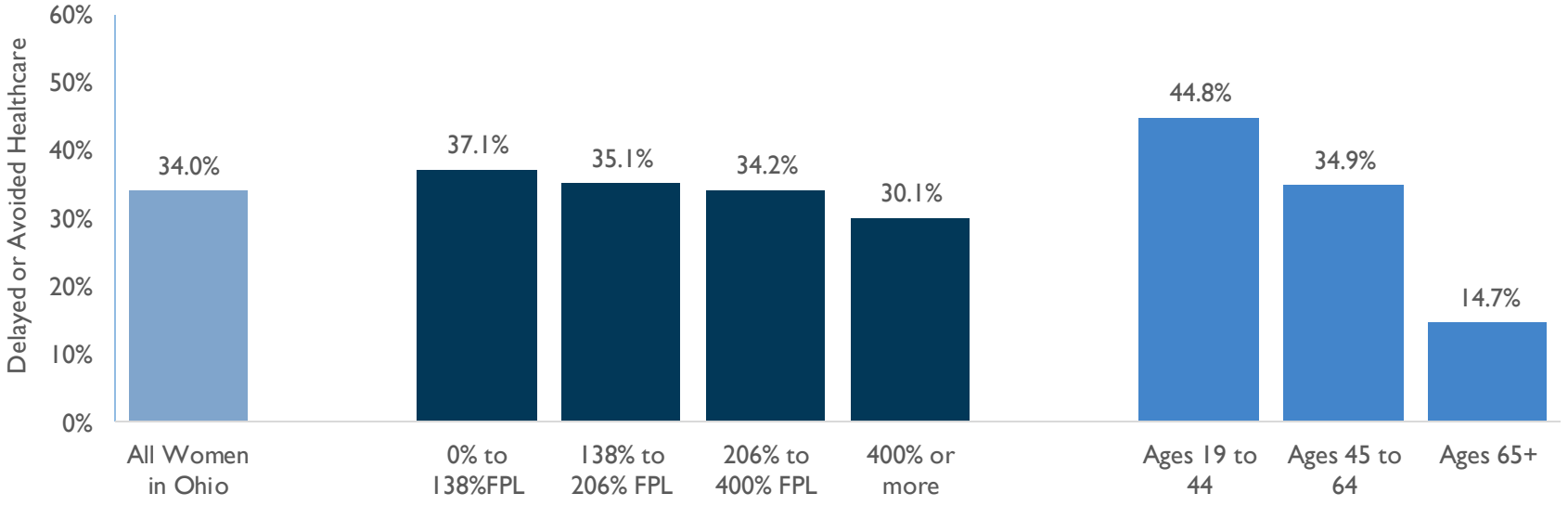
**Unmet need for mental healthcare* is defined by women responding 'Yes' when asked if there was a time in the past 12 months whether they needed but could not get mental healthcare.

Source: OMAS 2019

Women of reproductive ages (19 to 44) enrolled in Medicaid or covered by other insurance reported lower rates of unmet need for mental healthcare, compared to uninsured women.

Among women at midlife (ages 45 to 64), those enrolled in Medicaid reported higher rates of unmet need for mental healthcare than women potentially Medicaid-eligible but covered by other insurance, but reported lower rates of unmet need for mental healthcare than women who were uninsured.

Figure 7. Percent of Women in Ohio who Reported Delaying or Avoiding Needed Healthcare by Poverty Level & by Age

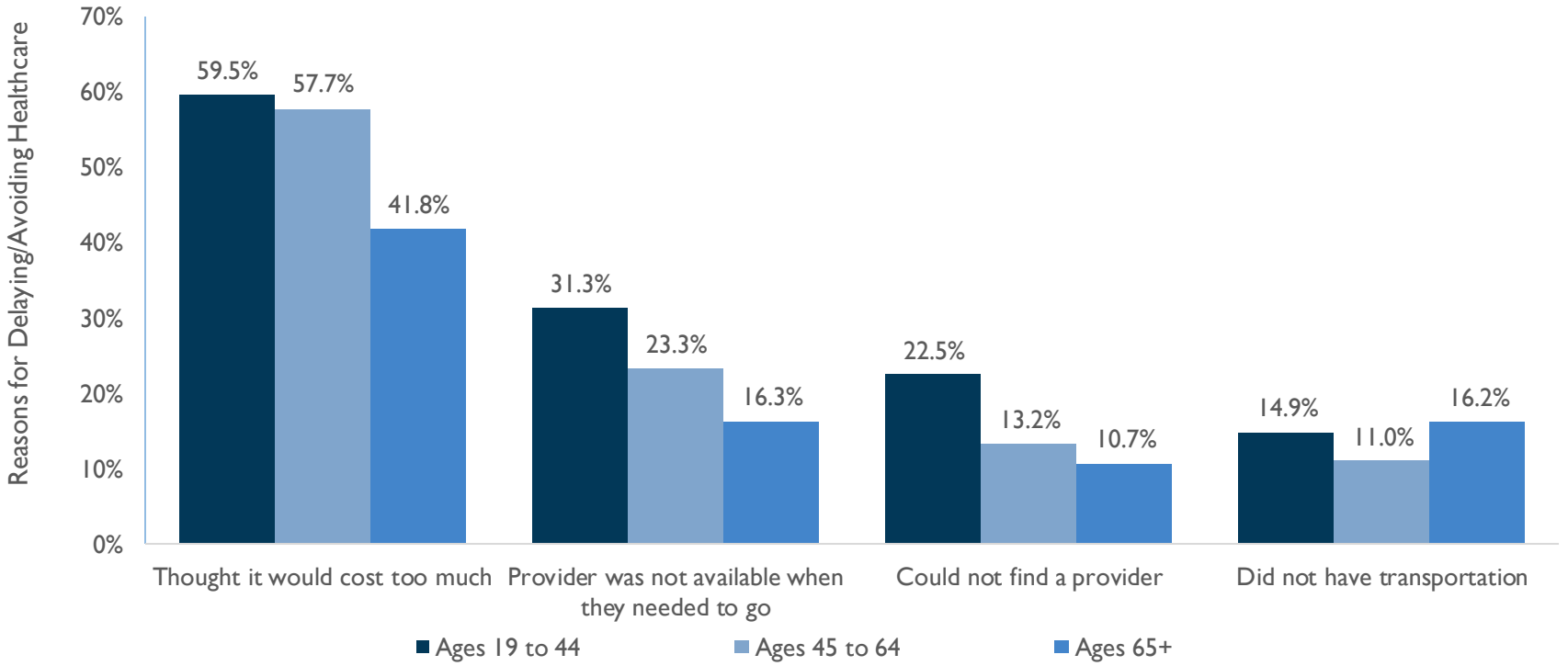


Source: OMAS 2019

In 2019, 34.0% of women in Ohio reported that they delayed or avoided obtaining needed healthcare in the past 12 months. The lowest prevalence of avoiding or delaying care was reported for women living above 400% of the federal poverty level (FPL), and for women ages 65 and older.

Nearly 45 percent of women of reproductive ages (19 to 44) reported delaying or avoiding needed healthcare in the last year. The prevalence of delaying or avoiding healthcare declined significantly with age.

Figure 8. Reasons for Delaying or Avoiding Healthcare* Among Women in Ohio by Age

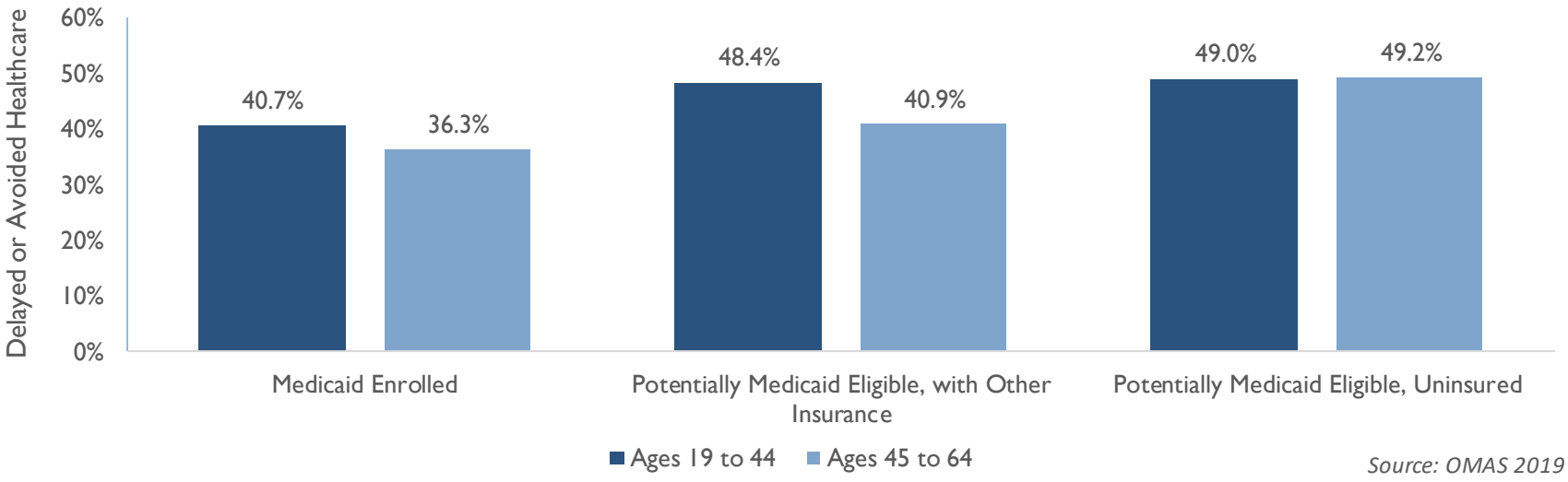


Note: *Among women who delayed or avoided care

Source: OMAS 2019

In 2019, nearly 60% of women ages 19 to 44 who delayed/avoided care did so because they thought it would cost too much.

Figure 9. Percent of Lower-Income (≤ 138% FPL) Women in Ohio who Reported Delaying or Avoiding Need Healthcare by Insurance Status & Age

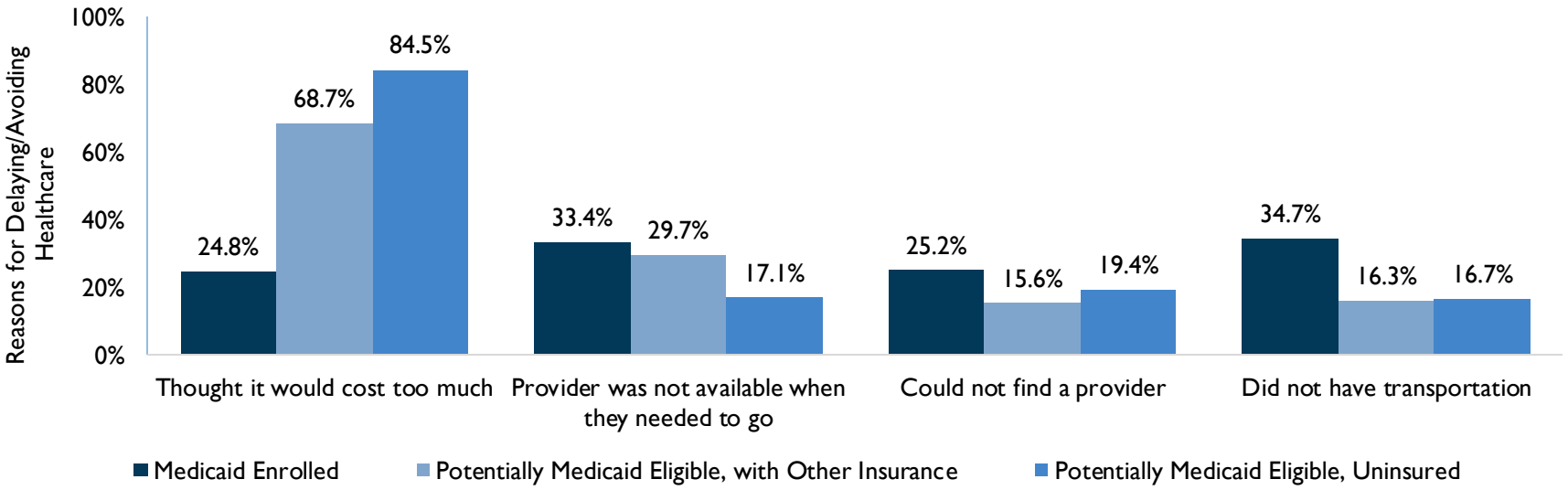


Source: OMAS 2019

Nearly half of lower-income uninsured women reported that they delayed or avoided seeking needed healthcare in the past 12 months.

Women enrolled in Medicaid reported lower rates of delaying or avoiding needed healthcare than women who were covered by other insurance. Within each insurance group, there were few differences in the prevalence of delaying or avoiding needed healthcare between women of reproductive ages (19 to 44) and women at midlife (45 to 64). Among women who were potentially Medicaid-eligible but covered by other insurance, those at midlife reported marginally lower rates of delayed or avoided healthcare compared with women of reproductive ages.

Figure 10. Reasons for Avoiding or Delaying Healthcare* Among Lower-Income (≤ 138% FPL) Women (ages 19 to 64) in Ohio by Insurance Status



Note: *Among women who delayed or avoided care

Source: OMAS 2019

Among lower-income women, those enrolled in Medicaid were more likely to report a lack of transportation (34.7%) and an inability to find a provider (25.2%) as reasons for delaying or avoiding needed healthcare than women covered by other insurance or women who were uninsured.

Cost was the major concern reported by women who were potentially Medicaid eligible but not enrolled. In contrast, only a quarter (24.8%) of women enrolled in Medicaid cited cost as a reason for delaying or avoiding healthcare.

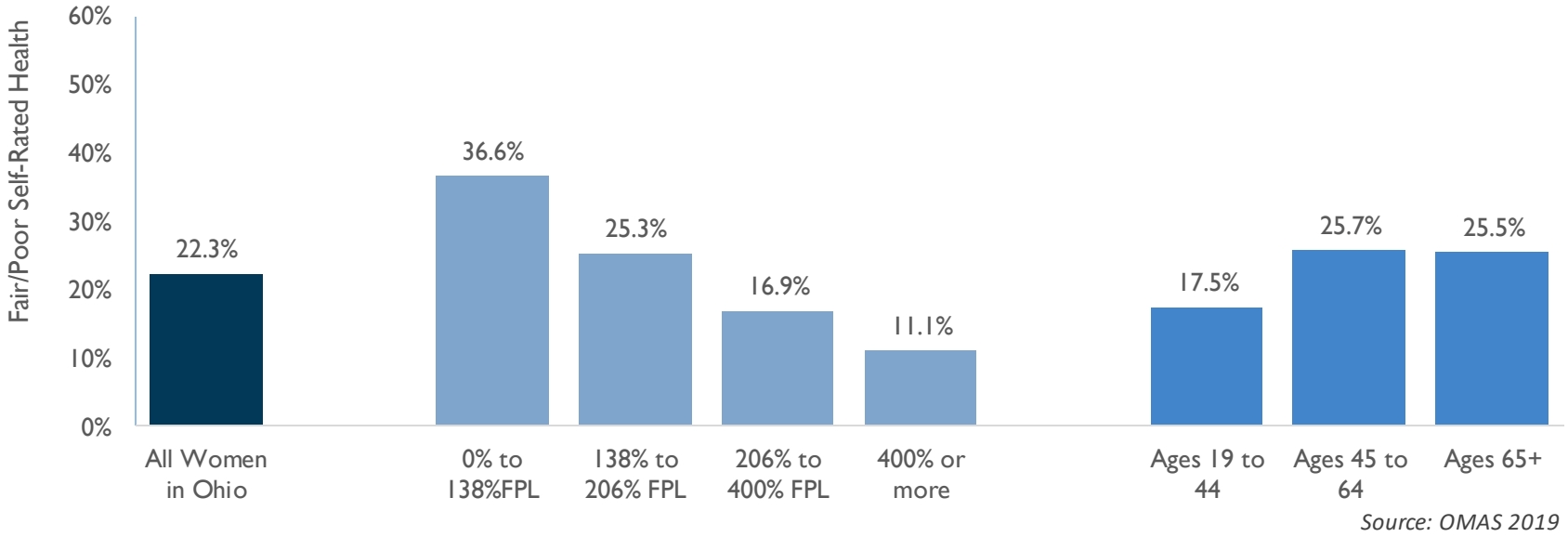
HEALTH OUTCOMES AND BEHAVIORS AMONG OHIO WOMEN

This section describes a series of health outcomes and health behaviors for women in Ohio, by age group and by select demographic characteristics.

Key Findings: Health Outcomes & Behaviors Among Ohio Women

- The prevalence of fair/poor health, mental health impairment and having a potentially disabling condition was highest among women with the least income.
- Among lower-income women, there were few differences across race/ethnic groups in the prevalence of fair/poor health for women of reproductive ages (19 to 44), women at midlife (45 to 64) or older women (ages 65+).
- Among lower-income women, those ages 45 to 64 reported higher rates of having a potentially disabling condition, asthma, and obesity compared with women at other ages.
- Among lower-income women at midlife (ages 45 to 64), those enrolled in Medicaid reported substantially higher rates of fair/poor self-rated health and mental health impairment than women who were not enrolled in Medicaid.
- Among lower-income women of reproductive ages (19 to 44), the prevalence of current smoking was higher among those enrolled in Medicaid compared with women not enrolled in Medicaid.

Figure 11. Percent of Women in Ohio with Fair/Poor Self-Rated Health by Poverty Level & by Age

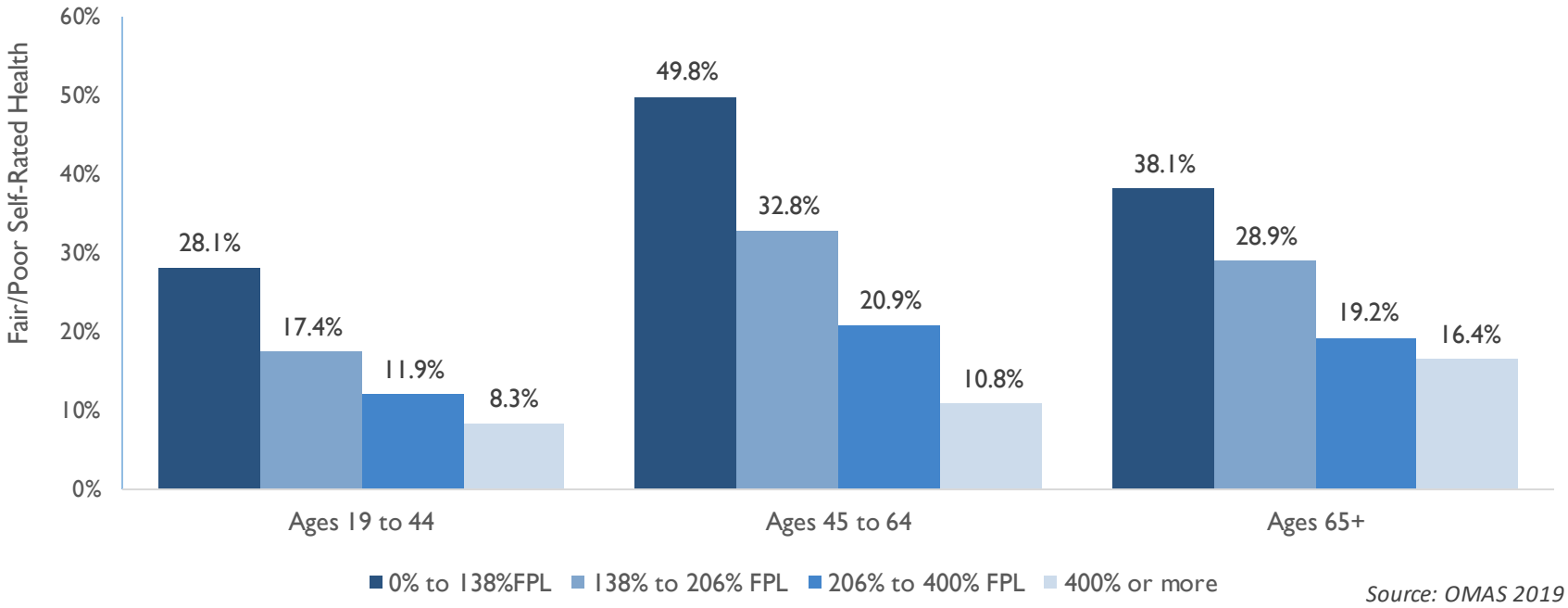


Source: OMAS 2019

Among women in Ohio, the prevalence of fair/poor health was highest among those with the least income. Just under 37% of lowe r-income women (≤138% FPL) reported fair/poor health compared to 11.1% of women living at or above 400% FPL.

Women of reproductive ages (19 to 44) reported lower rates of fair/poor health than older women. There were no notable differences in the reported prevalence of fair/poor self-rated health between women ages 45 to 64 and women ages 65 and older.

Figure 12. Percent of Women in Ohio with Fair/Poor Self-Rated Health by Poverty Level & Age

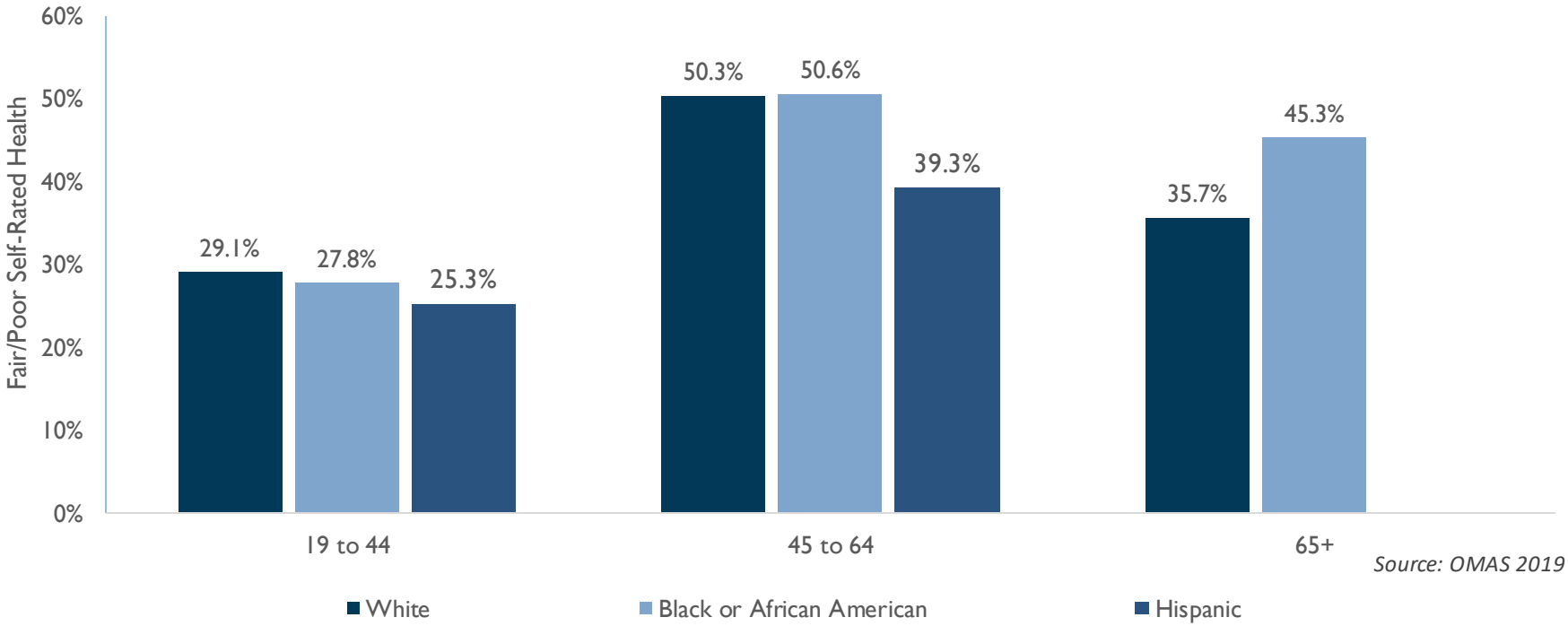


Source: OMAS 2019

Examining the prevalence of fair/poor self-rated health by poverty level within age group shows the strong association between income and health. In 2019, the prevalence of fair/poor health was highest among women living at lower levels of income for each age group.

Roughly half (49.8%) of lower-income (≤138% FPL) women ages 45 to 64 reported fair/poor self-rated health.

Figure 13. Percent of Lower-Income Women (≤ 138% FPL) in Ohio with Fair/Poor Self-Rated Health by Race/Ethnicity & Age

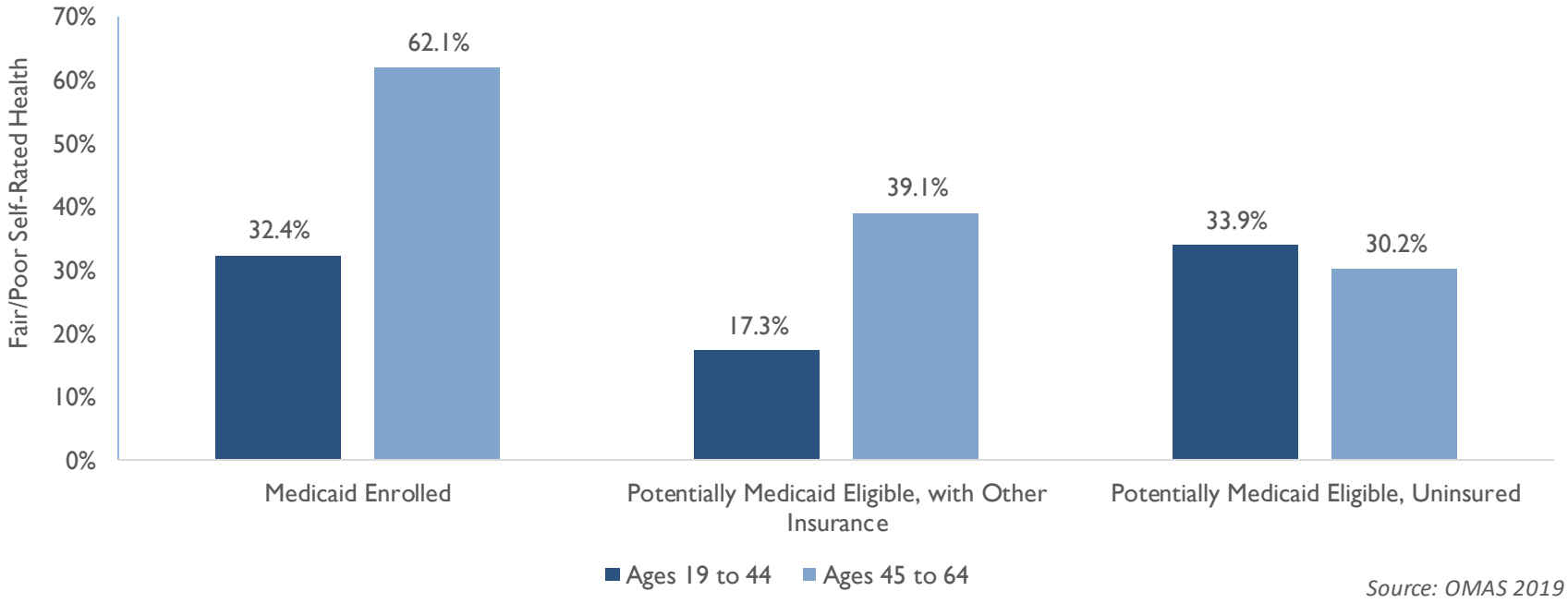


Source: OMAS 2019

Note: Hispanic women ages 65+ were not included due to small sample sizes

Among women living at lower-incomes, within each age group there were few notable differences between race/ethnic groups in the prevalence of fair/poor health.

Figure 14. Percent of Lower-Income (≤ 138% FPL) Women in Ohio with Fair/Poor Self-Rated Health, by Insurance Status & Age

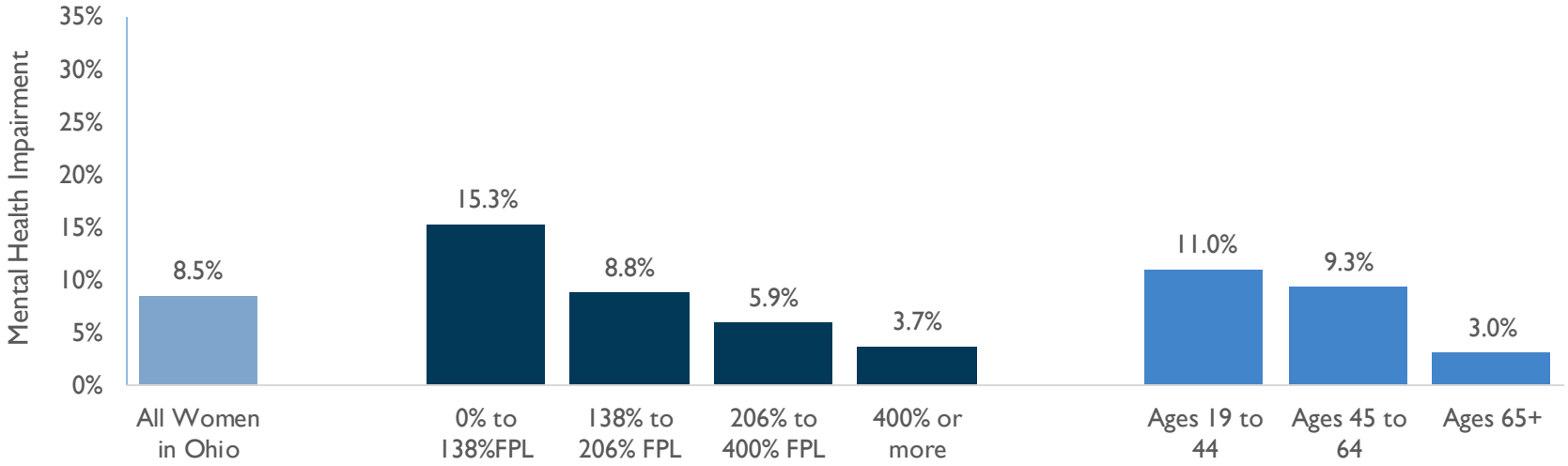


Source: OMAS 2019

Among lower-income women ages 19 to 44, those enrolled in Medicaid or those who were uninsured reported higher rates of fair/poor health than women who were covered by other insurance.

Among lower-income women at midlife (ages 45 to 64), those enrolled in Medicaid had much higher rates of fair/poor self-rated health than women who were not enrolled. There were no notable differences across ages in the prevalence of fair/poor health for uninsured women.

Figure 15. Percent of Women in Ohio with Mental Health Impairment (MHI) by Poverty Level & by Age



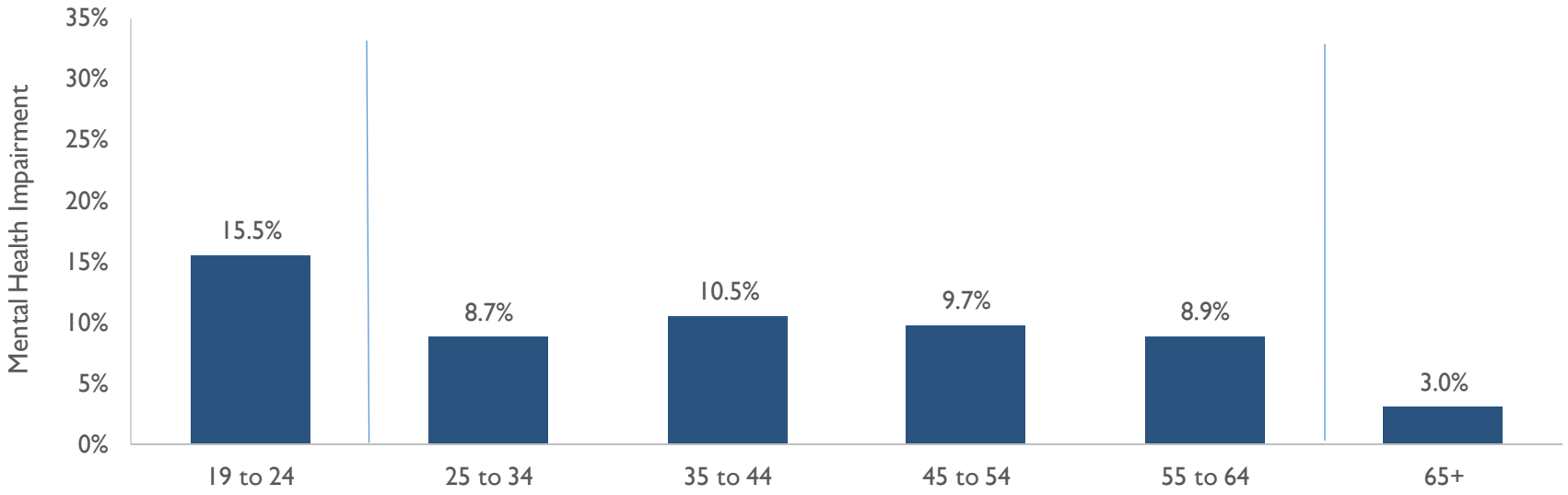
Mental health impairment (MHI) is defined as having 14 or more days in the past month where one's mental health interfered with daily functioning.

Source: OMAS 2019

In 2019, MHI was highest among women living at lower levels of income. Over 15% of women living at or below 138% of the federal poverty level (FPL) reported MHI compared to under 4% of women living at or above 400% FPL.

The prevalence of MHI declined with age. Eleven percent of women of reproductive ages (19 to 44) reported MHI compared with 9.3% of women at midlife and 3.0% of women age 65+.

Figure 16. Percent of Women in Ohio with Mental Health Impairment (MHI) by Age



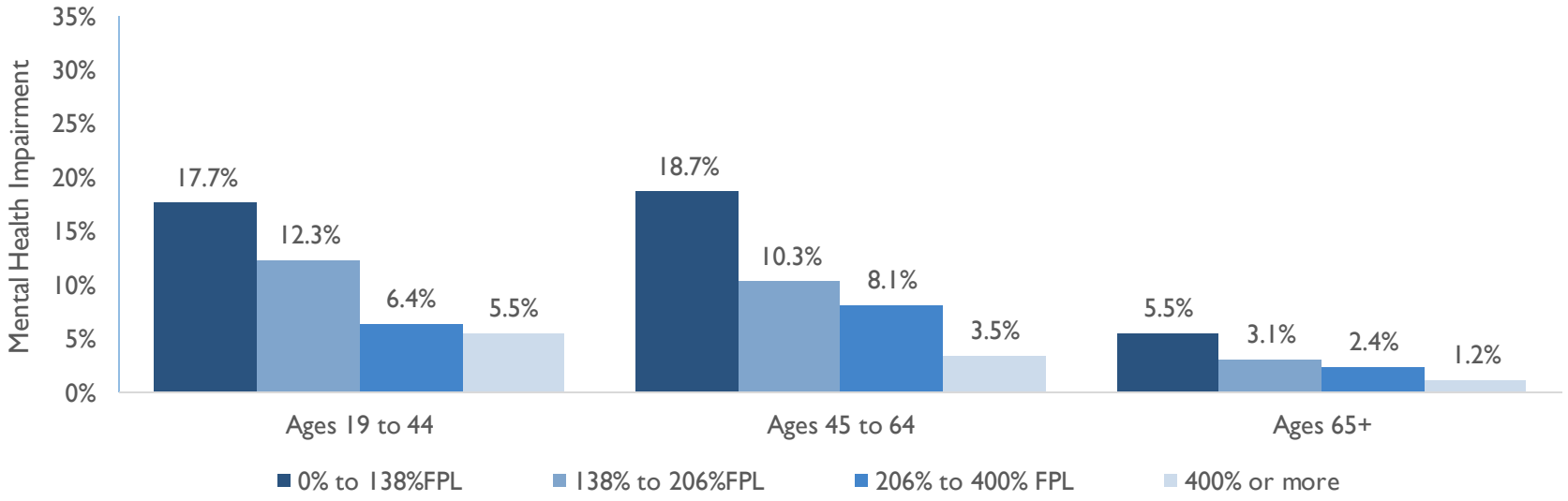
Mental health impairment (MHI) is defined as having 14 or more days in the past month where one's mental health interfered with daily functioning.

Source: OMAS 2019

In 2019, younger women (ages 19 to 24) reported higher rates of mental health impairment than women at all other ages, while older women (ages 65+) reported substantially lower rates of mental health impairment than women at all other ages.

There were no notable differences in the reported prevalence of mental health impairment among women ages 25 to 64.

Figure 17. Percent of Ohio Women with Mental Health Impairment (MHI) by Poverty Level & Age



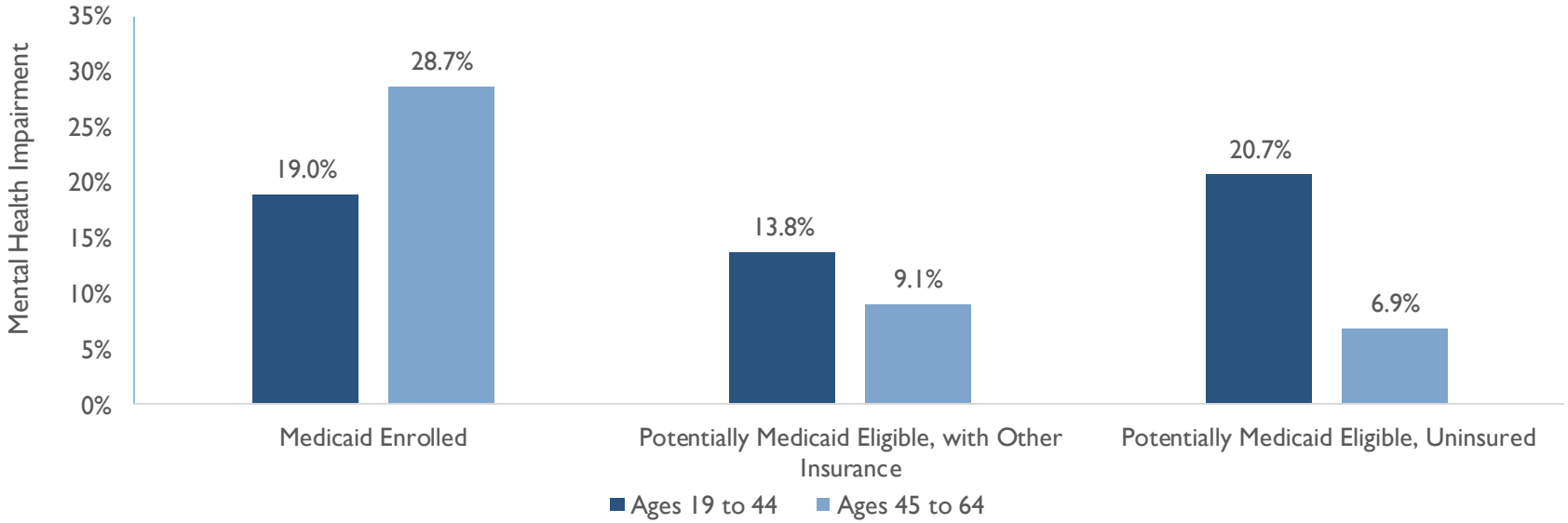
Mental health impairment (MHI) is defined as having 14 or more days in the past month where one's mental health interfered with daily functioning.

Source: OMAS 2019

Examining the prevalence of mental health impairment by poverty level within age group shows the strong association between income and mental health impairment.

Given the low prevalence of MHI for older women overall, it is not surprising that few notable differences across levels of poverty were found in the prevalence of MHI among women ages 65 and older.

Figure 18. Percent of Lower-Income (≤138% FPL) Women in Ohio with Mental Health Impairment (MHI), by Insurance Status & Age



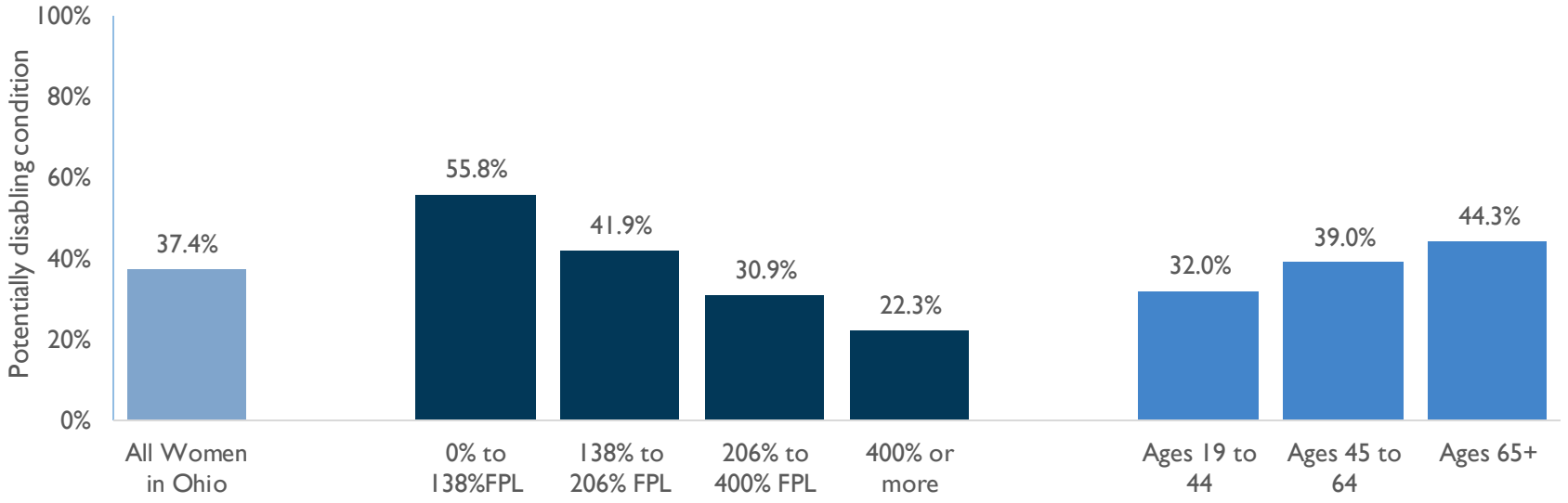
Mental health impairment (MHI) is defined as having 14 or more days in the past month where one's mental health interfered with daily functioning.

Source: OMAS 2019

Lower-income women of reproductive ages (19 to 44) who were covered by Medicaid or who were uninsured reported marginally higher levels of MHI than women who were covered by other insurance.

Among lower-income women at midlife (ages 45 to 64), those enrolled in Medicaid had notably higher rates of MHI than lower-income women who were not enrolled in Medicaid.

Figure 19. Percent of Women in Ohio with a Potentially Disabling Condition* by Poverty Level & by Age

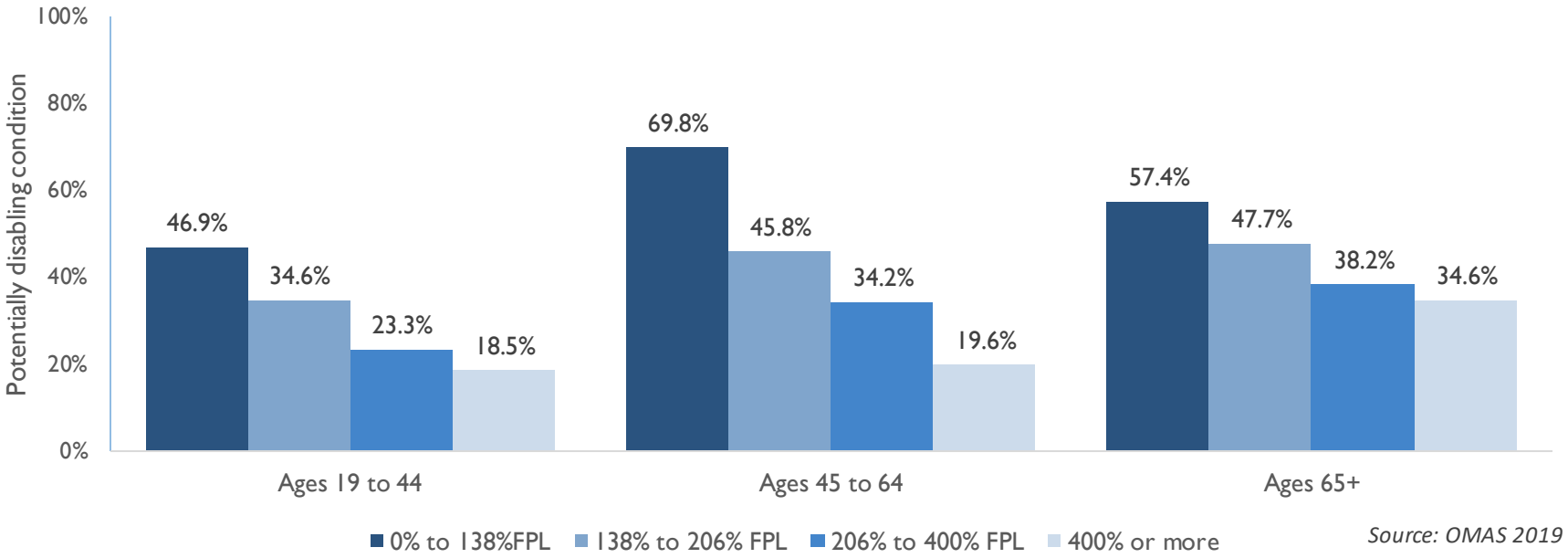


Source: OMAS 2019

**Potentially disabling condition* is defined as 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 developmental disability, and/or having 14 or more days in the past month where one's mental health interfered with daily functioning.

In 2019, the prevalence of having a potentially disabling condition was concentrated among women living at lower levels of in come. Well over half (55.8%) of women living at or below 138% of the federal poverty level (FPL) reported having a potentially disabling condition, compared with 22.3% of women with incomes placing them at or above 400% FPL.

Figure 20. Percent of Women in Ohio with a Potentially Disabling Condition* by Poverty Level and Age



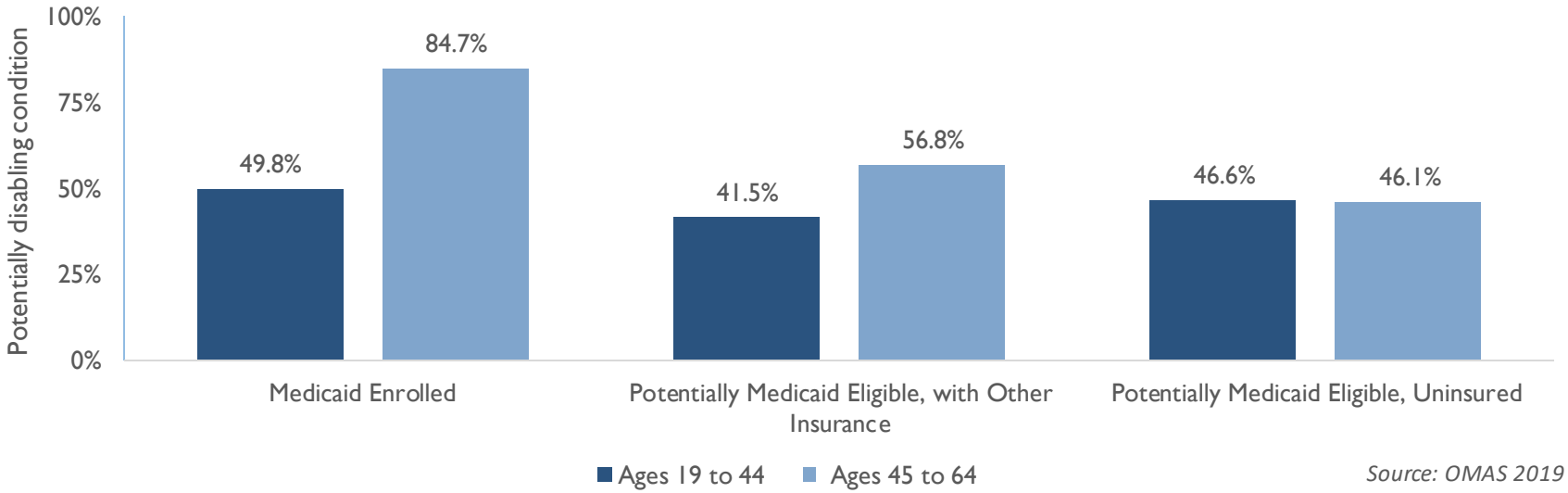
Source: OMAS 2019

**Potentially disabling condition* is defined as 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 developmental disability, and/or having 14 or more days in the past month where one's mental health interfered with daily functioning.

Examining the prevalence of having a potentially disabling condition by poverty level within age group shows the strong association between income and disability. In 2019, the prevalence of having a potentially disabling condition was highest among women living at lower levels of income for each age group.

Among lower-income women (≤138% FPL), those ages 45 to 64 reported substantially higher rates of having a potentially disabling condition than women of reproductive ages (ages 19 to 44) or older women (ages 65+).

Figure 21. Percent of Lower-Income (≤138% FPL) Women in Ohio with a Potentially Disabling Condition* by Insurance Status & Age

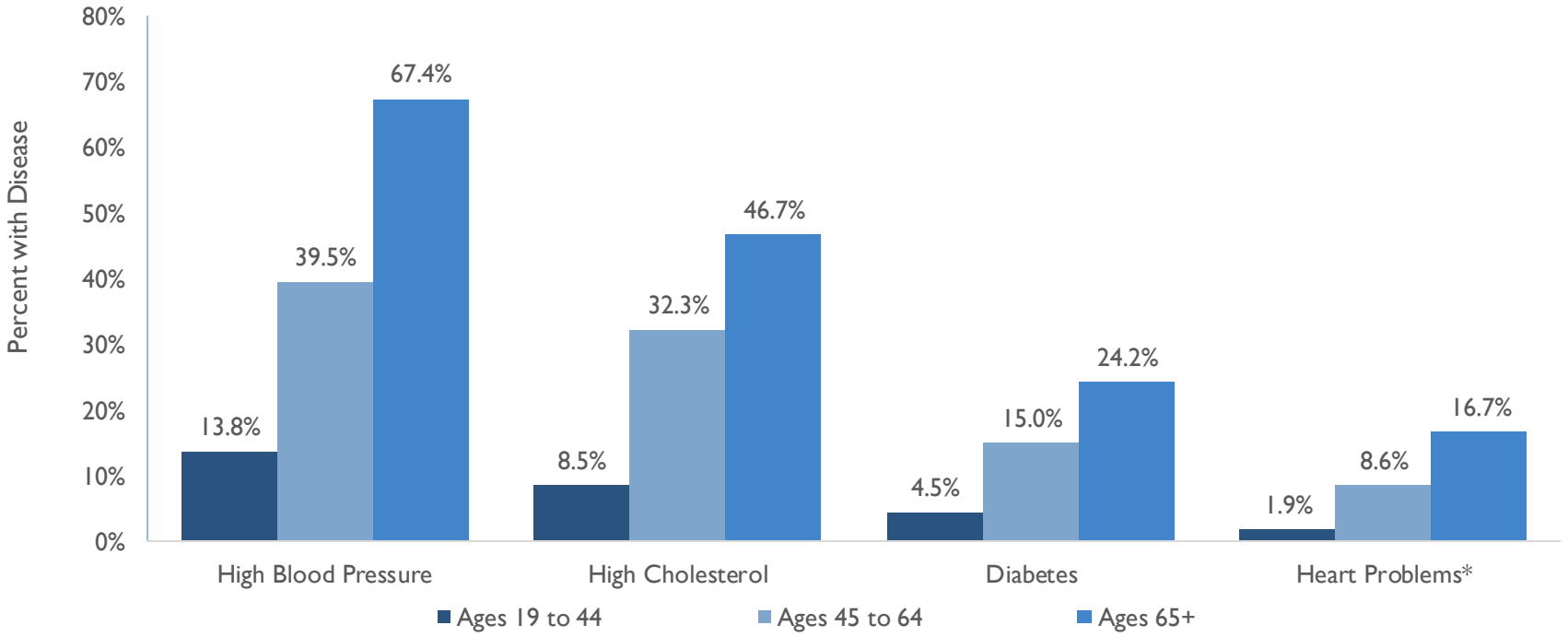


Source: OMAS 2019

* *Potentially disabling condition* is defined as 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 developmental disability, and/or having 14 or more days in the past month where one's mental health interfered with daily functioning.

Lower-income women at midlife (ages 45 to 64) had notably higher rates of having a potentially disabling condition than lower-income women of reproductive ages (19 to 44) among both the Medicaid enrolled, and among those covered by other insurance. There were no differences in the prevalence of having a potentially disabling condition among the uninsured by age.

Figure 22. Prevalence of Chronic Diseases & Conditions Among Women in Ohio by Age

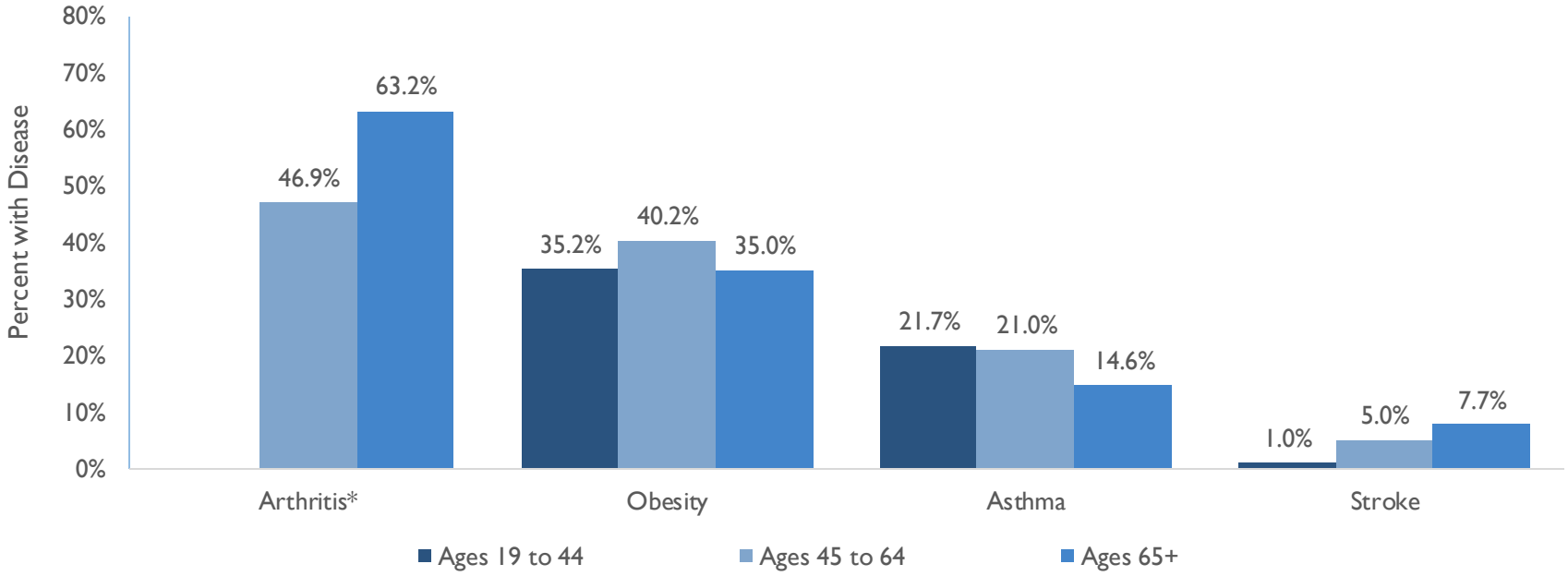


** Note: Heart Problems include heart disease, heart failure and heart attack.*

Source: OMAS 2019

The reported prevalence of high blood pressure, high cholesterol, diabetes, and heart problems all increased with age.

Figure 23. Prevalence of Chronic Diseases & Conditions Among Women in Ohio by Age (continued)



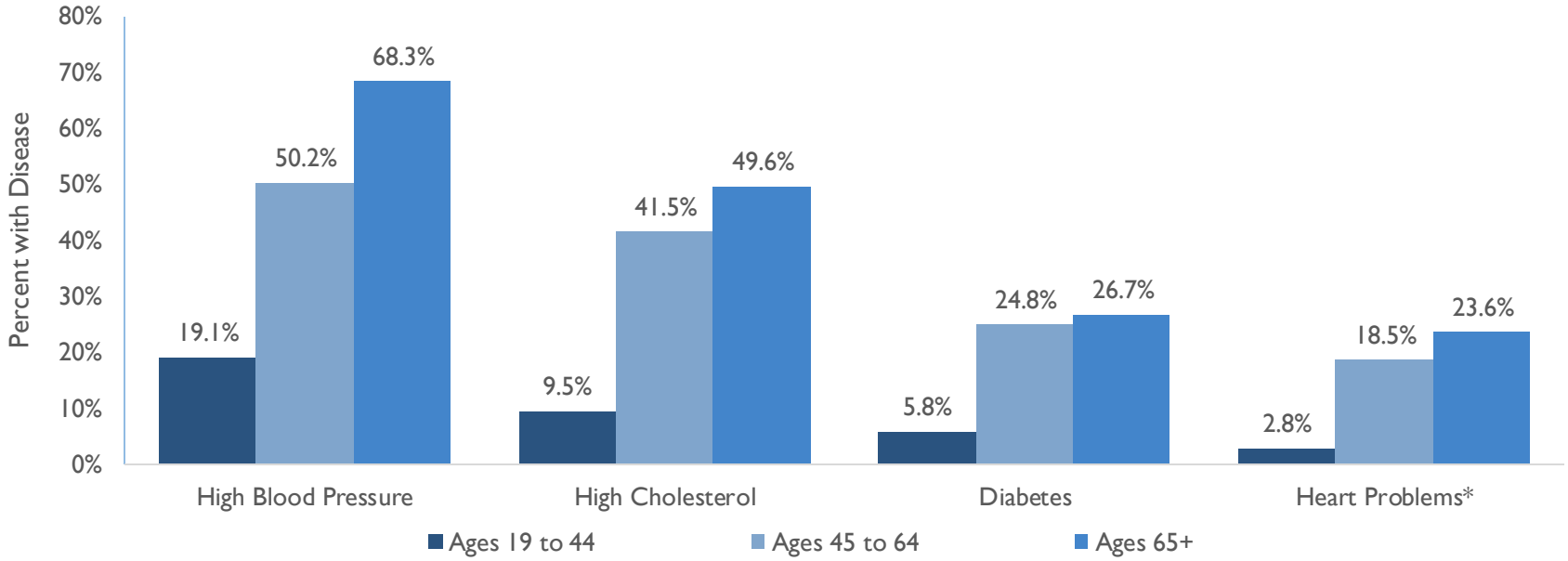
* *Note: Arthritis was not measured among women ages 19 to 44*

Source: OMAS 2019

The reported prevalence of arthritis and stroke were higher at increasing ages, yet the same pattern was not found for obesity or for asthma. The prevalence of obesity was notability higher among women ages 45 to 64 than among women of reproductive ages or women ages 65 and older.

Older women (ages 65+) reported notably lower rates of asthma compared with both women of reproductive ages (19 to 44) and women at midlife (ages 45 to 64).

Figure 24. Prevalence of Chronic Diseases & Conditions Among Lower-Income (≤138% FPL) Women in Ohio by Age

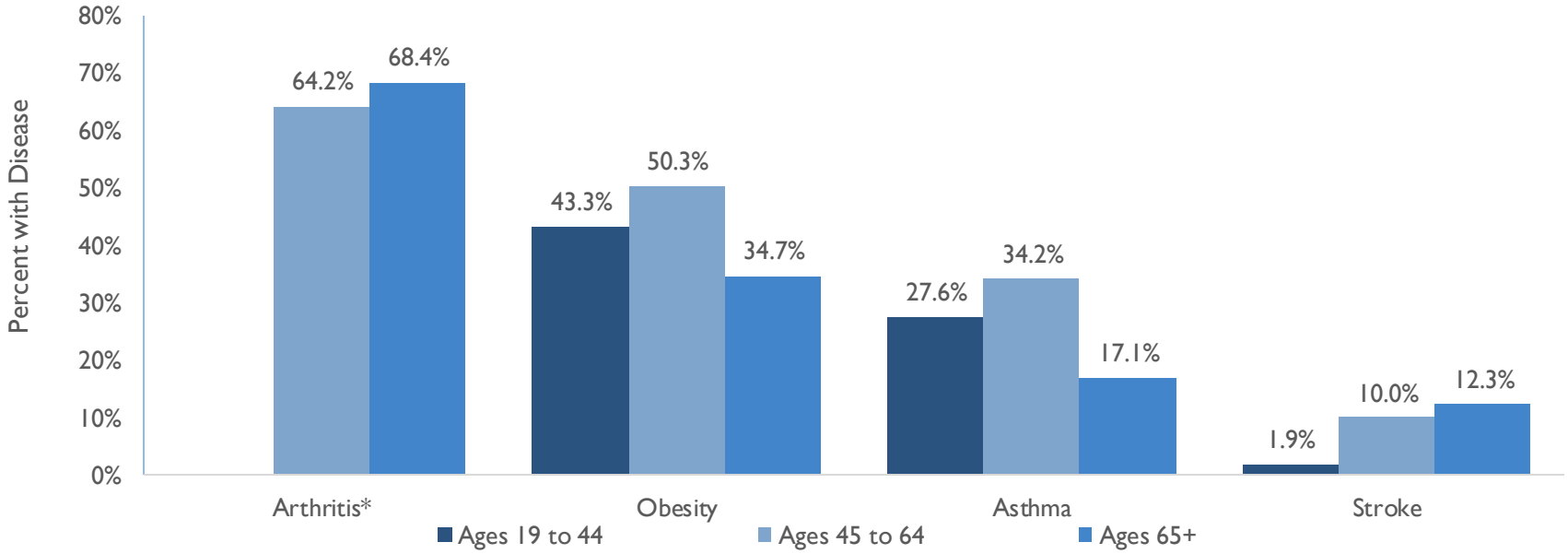


** Note: Heart Problems include heart disease, heart failure and heart attack.*

Source: OMAS 2019

Among lower-income women, the reported prevalence of high blood pressure, high cholesterol, diabetes, and heart problems increased with age.

Figure 25. Prevalence of Chronic Diseases & Conditions Among Lower-income (≤138% FPL) Women in Ohio by Age (continued)



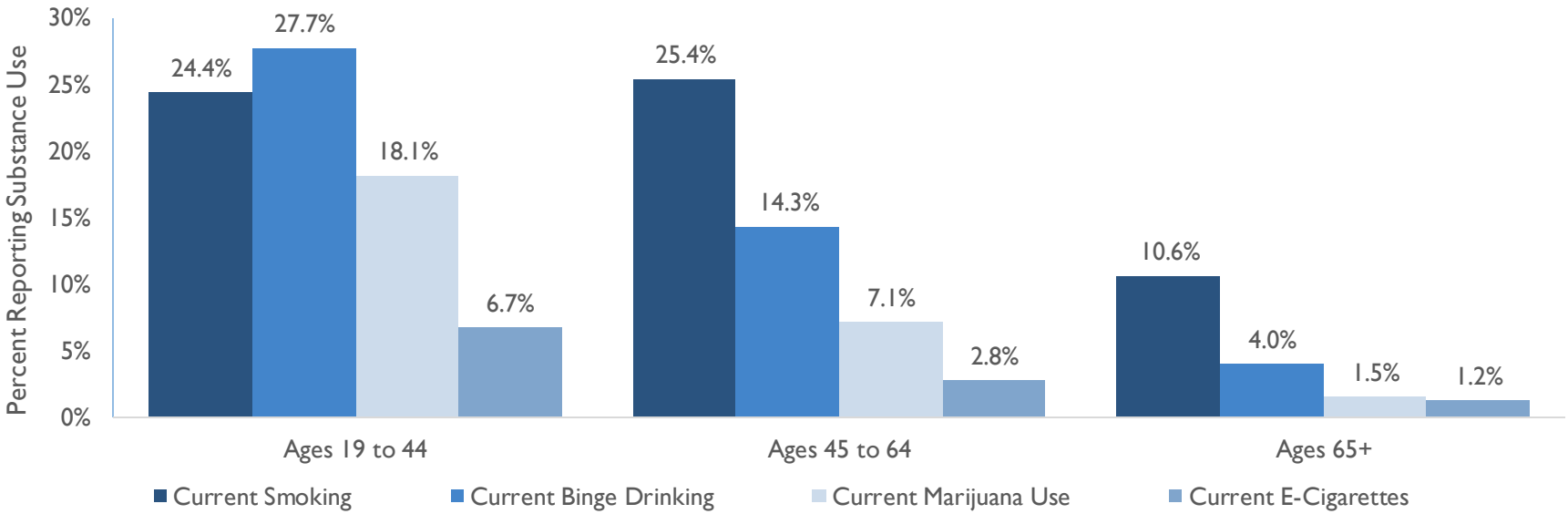
** Note: Arthritis was not measured among women ages 19 to 44*

Source: OMAS 2019

Among lower-income women, the reported prevalence of arthritis and stroke were higher at increasing ages, yet the same pattern was not found for obesity or for asthma.

Women ages 45 to 64 had notably higher rates of obesity and higher rates of asthma than women of reproductive ages (19 to 44) or women ages 65 and older.

Figure 26. Current Smoking, E-Cigarette Use, Binge Drinking & Marijuana Use among Women in Ohio by Age



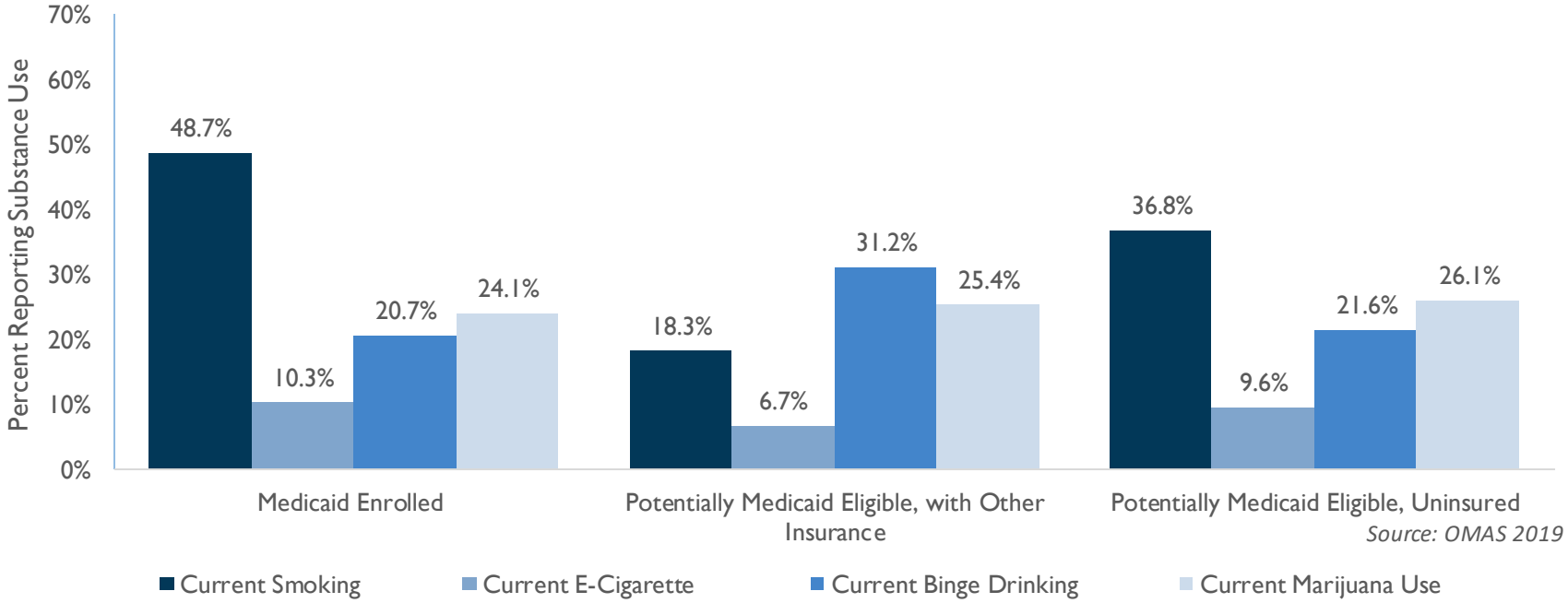
Source: OMAS 2019

In 2019, the prevalence of smoking, e-cigarette use, binge drinking, and marijuana use declined with age. However, there were no differences between women of reproductive ages (19 to 44) and women at midlife (ages 45 to 64) in the reported prevalence of smoking.

Almost 28% of women of reproductive ages (19 to 44) reported binge drinking and 18.1% reported marijuana use in the last 30 days.

For more details, please consult A Profile of Substance Use in Ohio.

Figure 27. Current Smoking, E-Cigarette Use, Binge Drinking & Marijuana Use among Lower-Income (≤138% FPL) Women Ages 19 to 44 in Ohio by Insurance Status

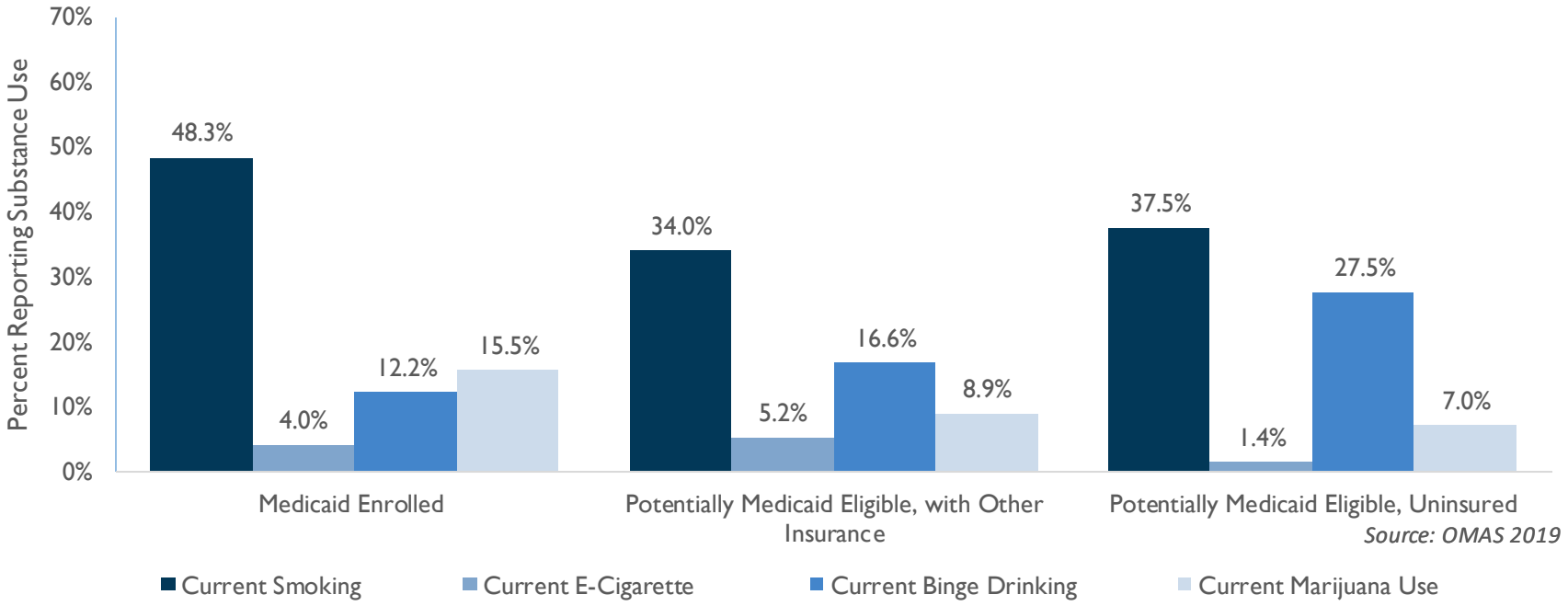


Among lower-income women, women of reproductive age (19 to 44) enrolled in Medicaid reported higher rates of smoking (48.7%) than women covered by other insurance (18.3%) or women who were uninsured (36.8%).

Women of reproductive ages who were potentially Medicaid-eligible but were covered by other insurance reported higher rates of binge drinking than women enrolled in Medicaid or women who were uninsured.

For more details, please consult A Profile of Substance Use in Ohio.

Figure 28. Current Smoking, E-Cigarette Use, Binge Drinking & Marijuana Use among Lower-Income (≤138% FPL) Women Ages 45 to 64 in Ohio by Insurance Status



Women at midlife (ages 45 to 64) enrolled in Medicaid reported higher rates of current smoking (48.3%) and higher rates of marijuana use (15.5%) than women covered by other insurance.

Among women at midlife, the prevalence of binge drinking was highest among the uninsured.

For more details, please consult A Profile of Substance Use in Ohio.

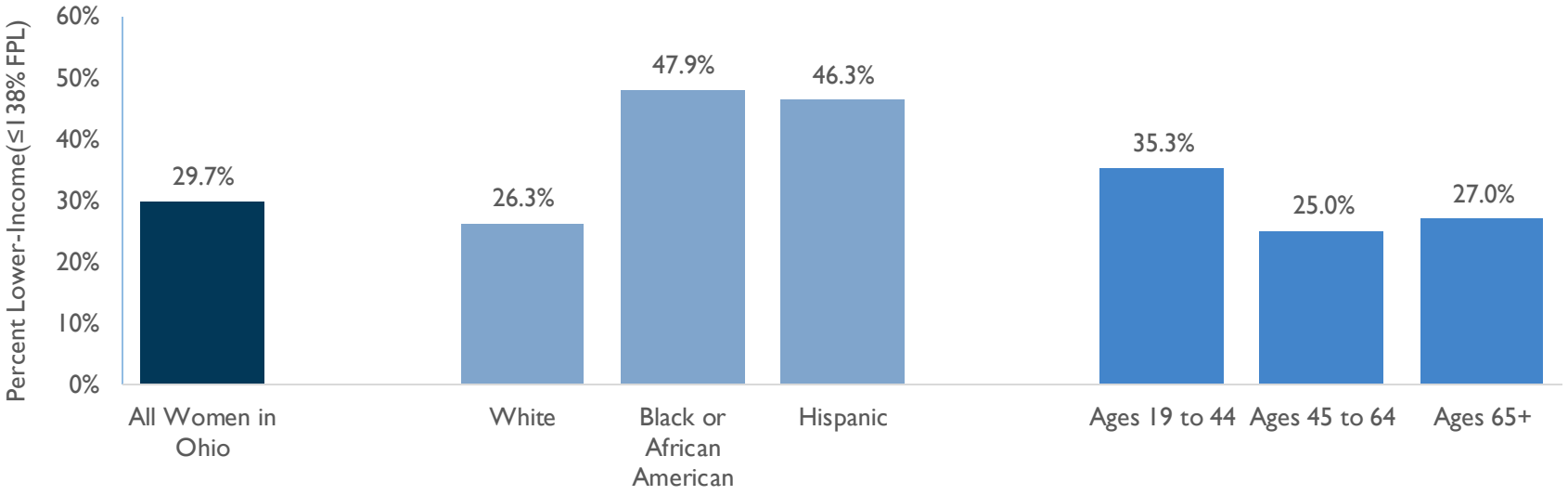
SOCIAL DETERMINANTS OF HEALTH AMONG OHIO WOMEN

This section describes the conditions in which women in Ohio live, covering the prevalence of poverty, food hardship, loneliness and intimate partner violence.

Key Findings: Social Determinants of Health Among Ohio Women

- Black or African American and Hispanic women were more likely to live at lower-incomes (≤138% FPL) than white women across all age groups.
- Among lower-income women of all ages, Black or African American and Hispanic women reported higher rates of running out of food in the past year compared with white women.
- The prevalence of loneliness was highest among women living at lower incomes and higher among women with a potentially disabling condition than among those without a potentially disabling condition, for all age groups.
- Across age groups, lower-income women with a potentially disabling condition reported substantially higher rates of running out of food in the past year than women without a such a condition.
- Younger women (ages 19 to 34) reported higher rates of intimate partner violence in the past year than women at older ages.

Figure 29. Percent of Women in Ohio Living at Lower Incomes (≤ 138% FPL) by Race/Ethnicity & by Age

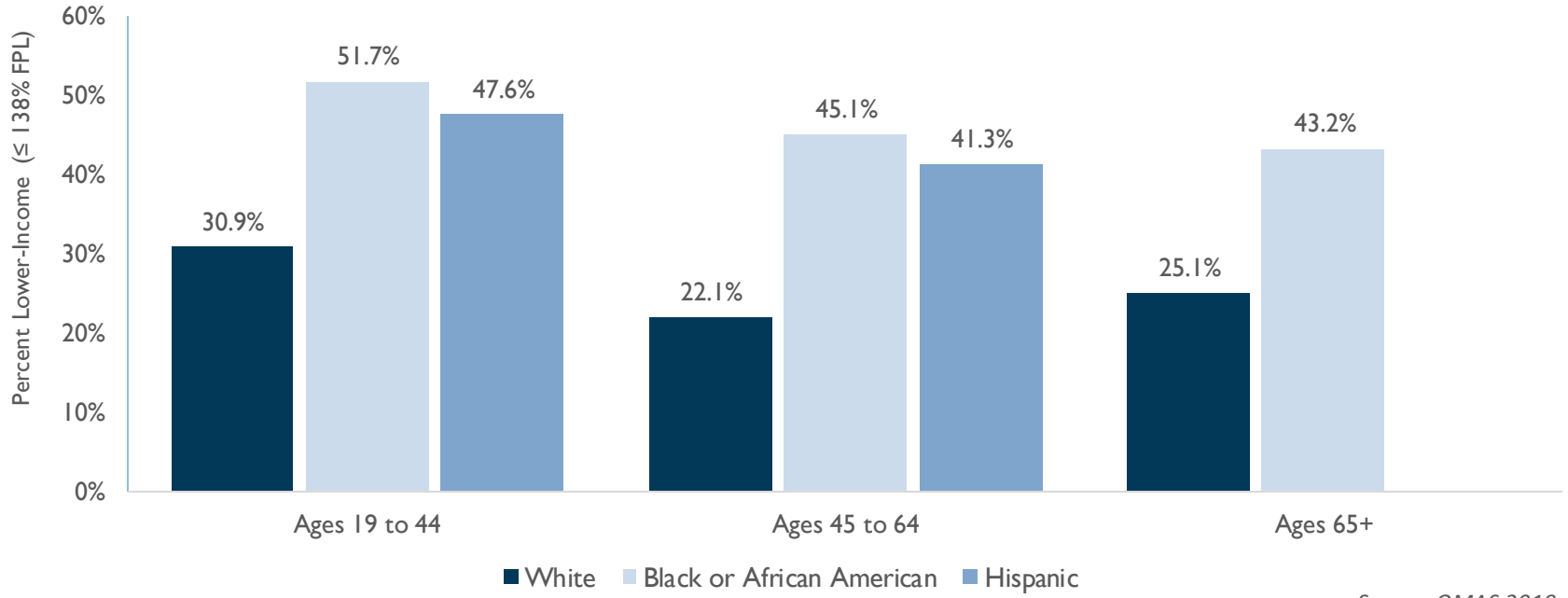


Source: OMAS 2019

Nearly thirty percent (29.7%) of women in Ohio lived at lower incomes in 2019. There was substantial variation by race/ethnicity with 26.3% of white, 47.9% of Black or African American and 46.3% of Hispanic women living at lower incomes. There were no notable differences between the percent of Black or African American and Hispanic women living at lower incomes.

Over a third (35.2%) of women of reproductive ages (19 to 44) lived at lower-incomes. There were no notable differences in the prevalence of living at lower-incomes between women at midlife (ages 45 to 64) and older women (ages 65+).

Figure 30. Percent of Women in Ohio Living at Lower Incomes (≤ 138% FPL) by Race/Ethnicity & Age



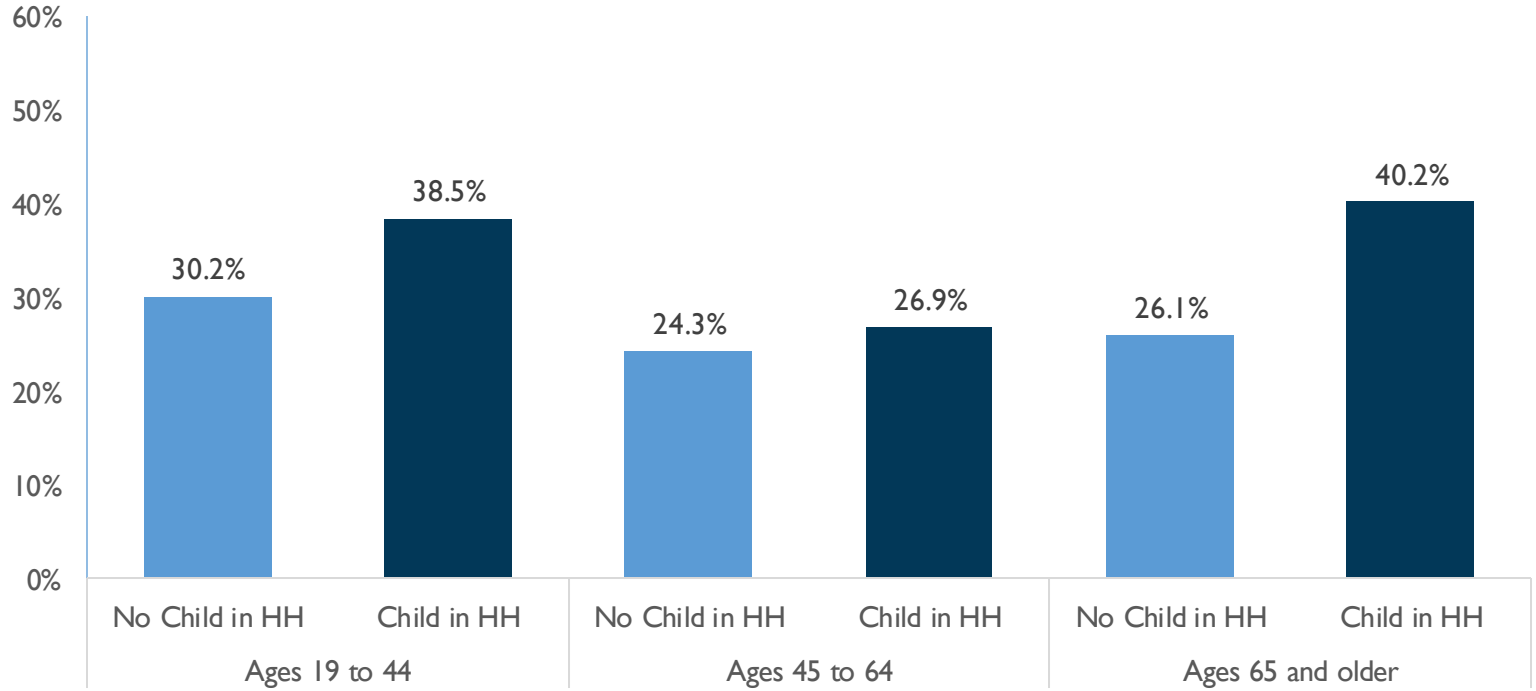
Note: Hispanic women ages 65+ are excluded from the analysis due to insufficient sample size.

Source: OMAS 2019

Black or African American and Hispanic women were more likely to live at lower-incomes than white women across all age groups. There were no notable differences between Black or African American women and Hispanic women in the prevalence of lower incomes among those ages 19 to 44 or ages 45 to 64.

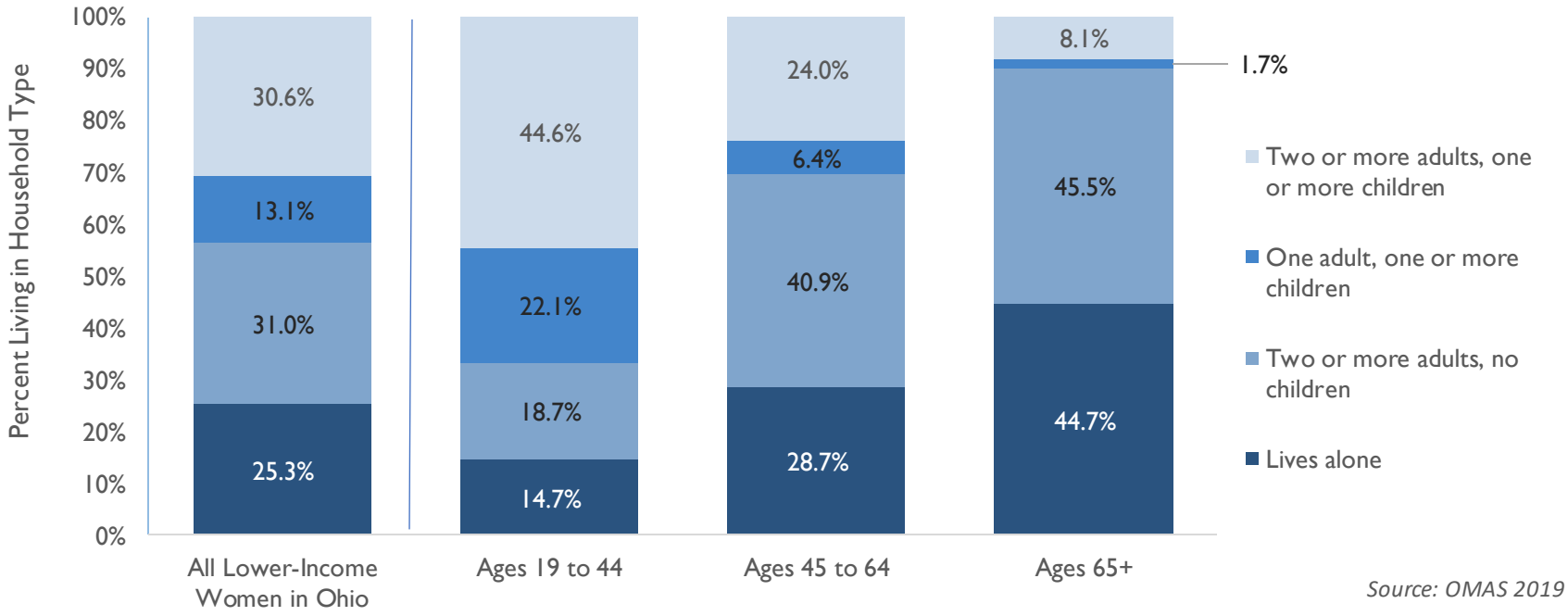
In 2019, women of reproductive ages (19 to 44) were more likely to live at lower-incomes than women in other age groups.

Figure 31. Percent of Women in Ohio Living at Lower-Incomes (≤ 138% FPL) by Presence of Child (ages 0 to 17) in the Household



Among women of reproductive ages (19 to 44), those living with a child were more likely to live at lower-incomes than those without a child. The same pattern was found for older women—roughly 40% of women ages 65 and older who lived with a child reported living at lower-incomes compared to 26.1% of older women without a child in the household. Among women at midlife (ages 45 to 64), there were no notable differences in the percent living at lower-incomes by the presence of children in the household.

Figure 32. Household Structure of lower-Income (≤ 138% FPL) Women in Ohio by Age

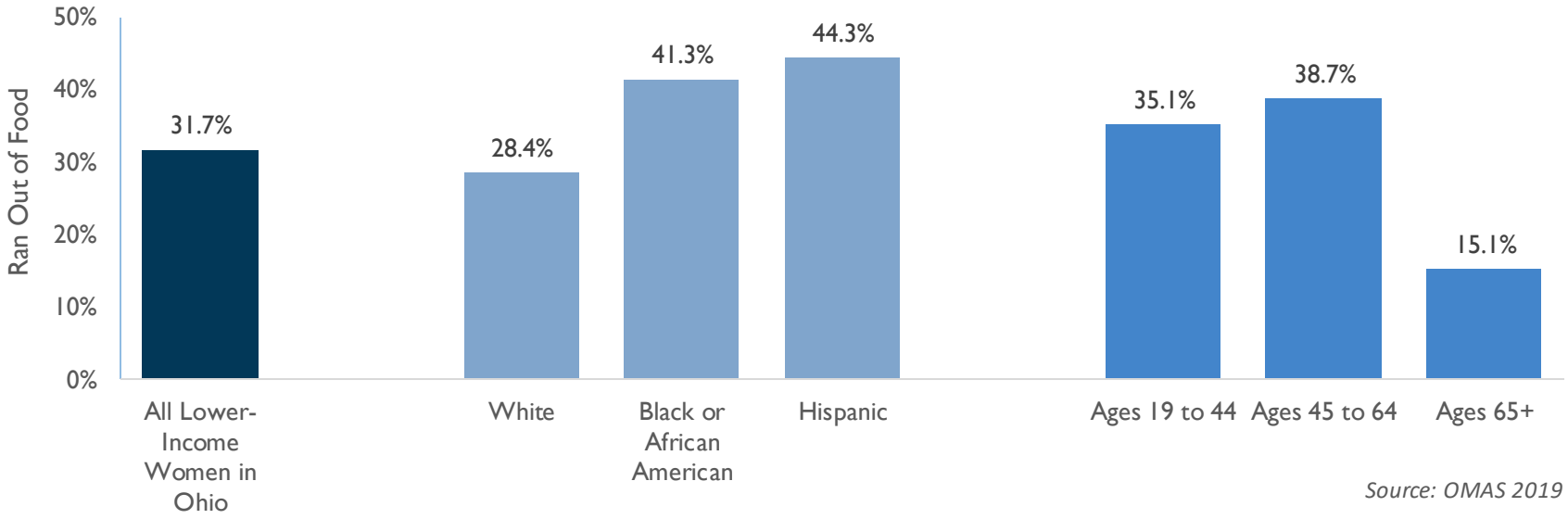


Source: OMAS 2019

Among lower-income women, younger women were the most likely to live in a household with children. The majority (66.7%) of women of reproductive ages (19 to 44) resided in households with children, dropping to 30.4% of women at midlife (ages 45 to 64), and to 9.8% for women ages 65 and older.

In 2019, 44.7% of lower-income women in Ohio over age 65 lived alone.

Figure 33. Percent of Lower-Income (≤ 138% FPL) Women in Ohio Who Ran Out of Food in the Past 12 months by Race/Ethnicity & by Age



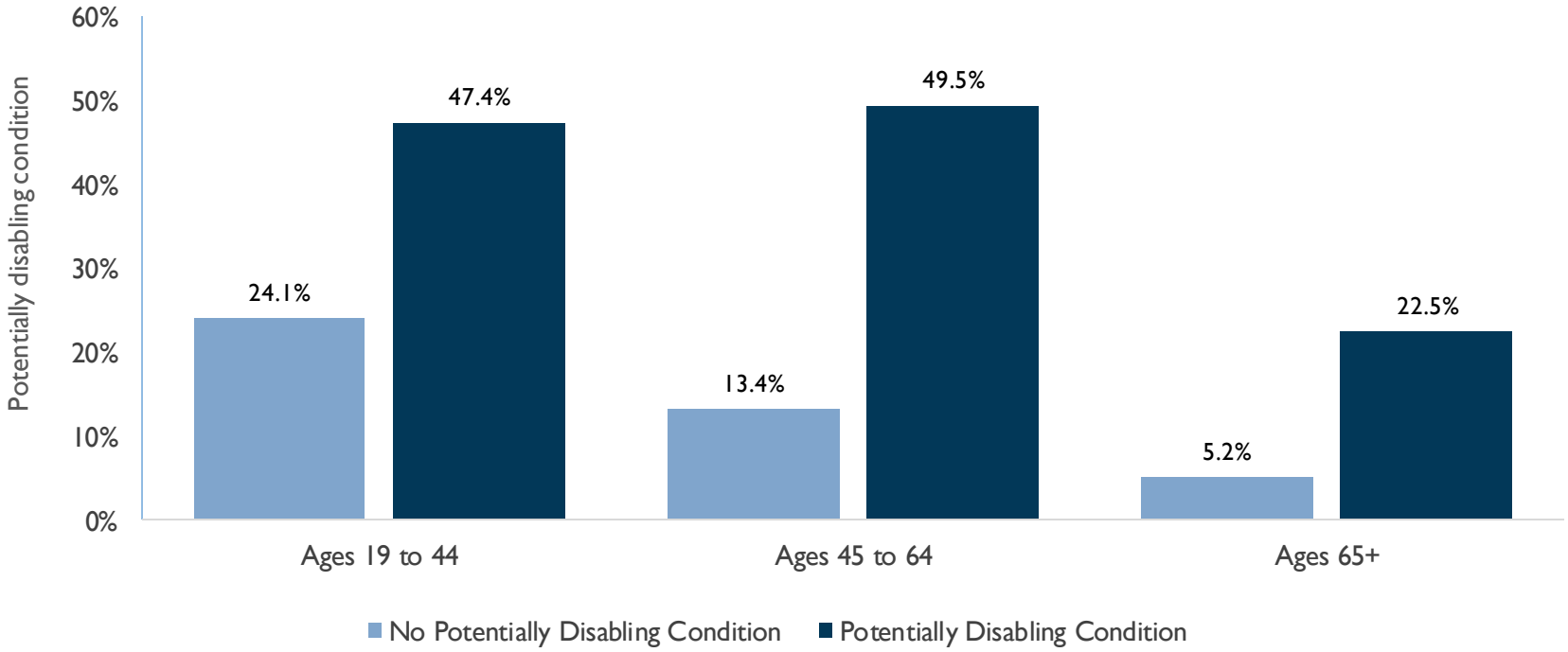
Source: OMAS 2019

In 2019, roughly one third (31.7%) of lower-income women in Ohio reported running out of food in the past year before they had money to purchase more.

Among lower-income women of all ages, Black or African American and Hispanic women reported higher rates of running out of food compared with white women. There were no notable differences in the rate of running out of food between Black or African American and Hispanic women.

Lower-income women ages 19 to 64 reported running out of food at substantially higher rates than older women (ages 65+).

Figure 34. Percent of Lower-Income (≤138% FPL) Women in Ohio Who Ran Out of Food in the Past 12 Months by Potentially Disabling Condition Status & Age

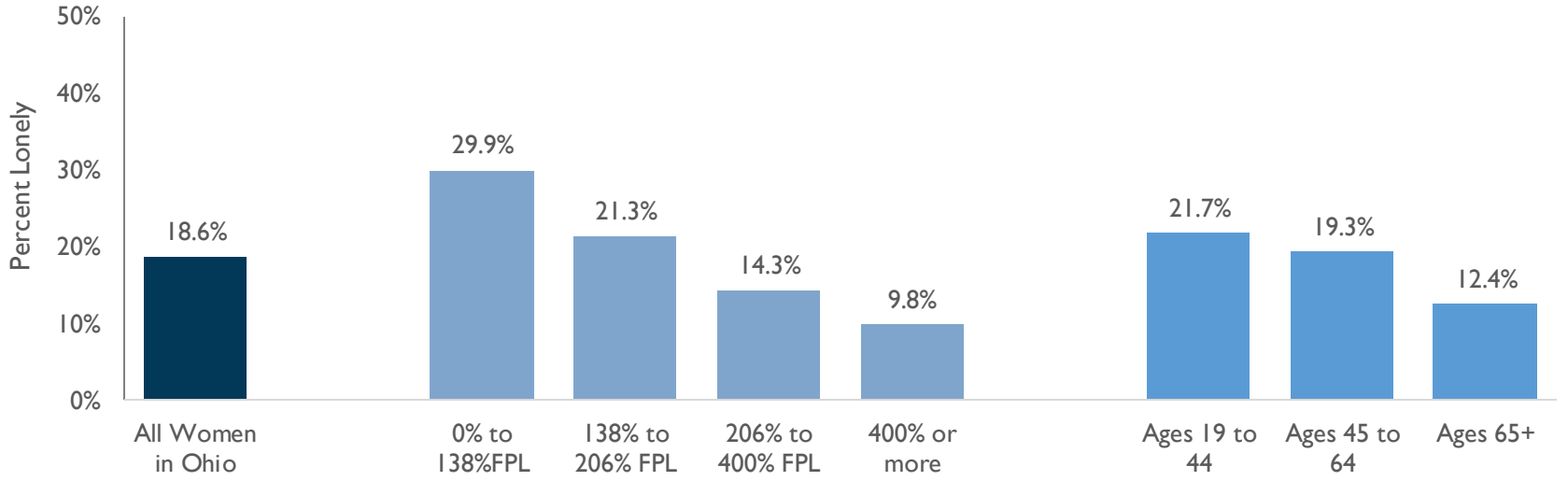


Source: OMAS 2019

** Potentially disabling condition* is defined as 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 developmental disability, and/or having 14 or more days in the past month where one's mental health interfered with daily functioning.

In 2019, the prevalence of running out of food in the past 12 months was higher among lower-income women with a disability than among those without a disability across all age groups.

Figure 34. Percent of Ohio Women Who Reported Being Lonely by Poverty Level & by Age



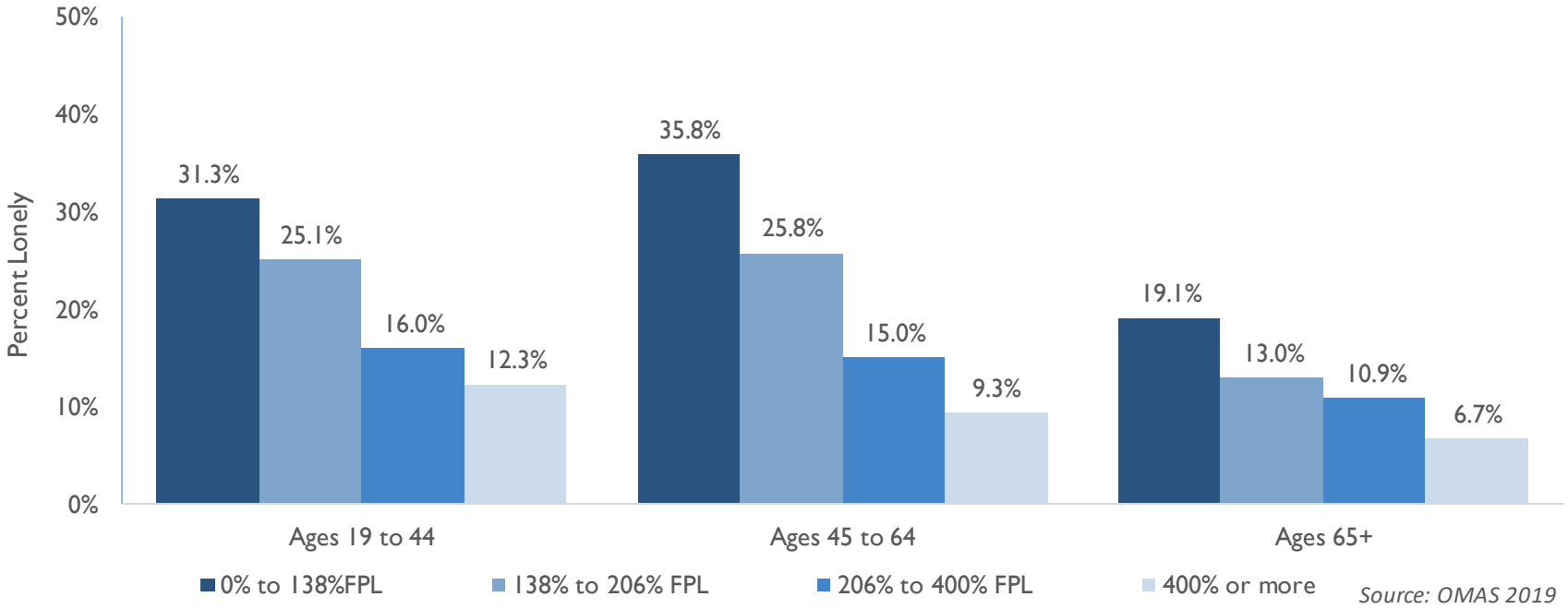
Source: OMAS 2019

Loneliness is constructed as a count of the number of times a woman 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.

In 2019, the prevalence of loneliness was highest among women living at lower levels of income. Nearly thirty percent (29.9%) of women living at or below 138% FPL reported being lonely compared 9.8% of women living above 400% FPL.

The prevalence of loneliness among women declined with age. Over one in five (21.7%) women of reproductive ages (19 to 44) reported being lonely compared with 19.3% of women at midlife and 12.4% of women age 65+.

Figure 35. Percent of Women in Ohio Who Reported Being Lonely by Poverty Level & Age (continued)

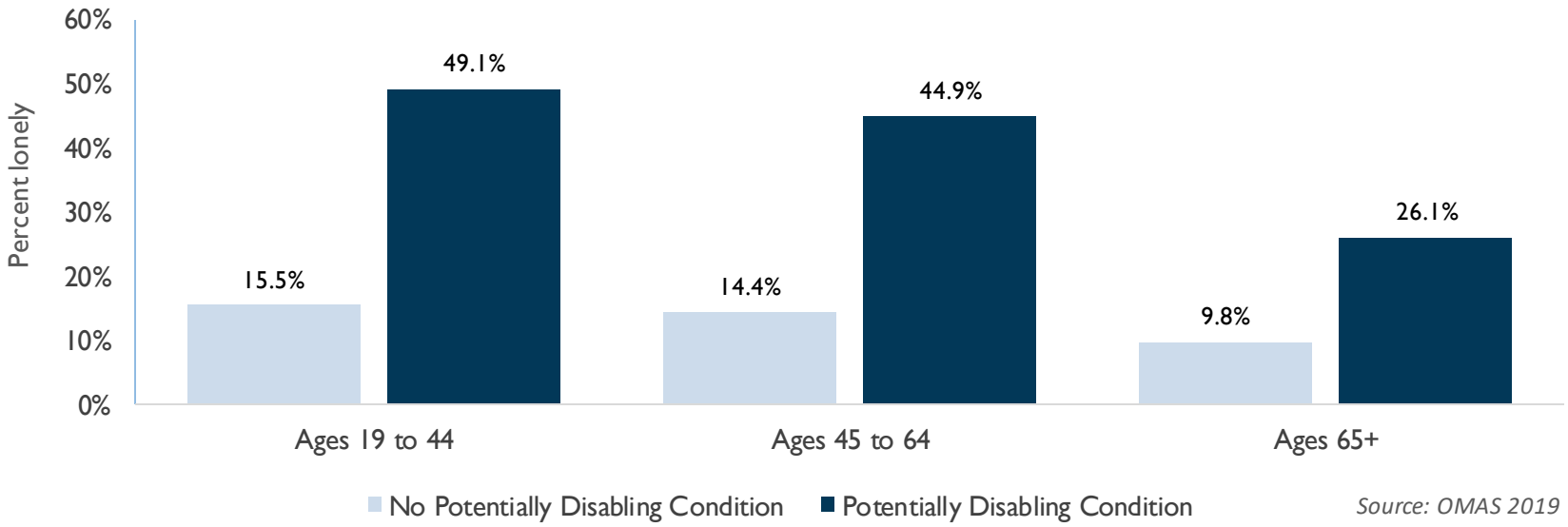


Loneliness is constructed as a count of the number of times a woman answers 'sometimes or often' to questions about the frequency of lacking companionship, feeling left out, and feeling isolated from others. Loneliness in this case can range from a count greater than or equal to three, but less than or equal to nine. Here, we consider the state of being lonely as having a score greater than or equal to six.

Almost a third (31.3%) of women of reproductive ages (19 to 44) who lived at or below 138% FPL reported being lonely in 2019 compared with 12.3% who lived at incomes at or above 400% FPL. Similar patterns were found across age groups.

The prevalence of loneliness was highest among women living at lower incomes, for all age groups.

Figure 36. Percent of Lower-Income (≤138% FPL) Women in Ohio who Reported Being Lonely by Potentially Disabling Condition Status & Age



Source: OMAS 2019

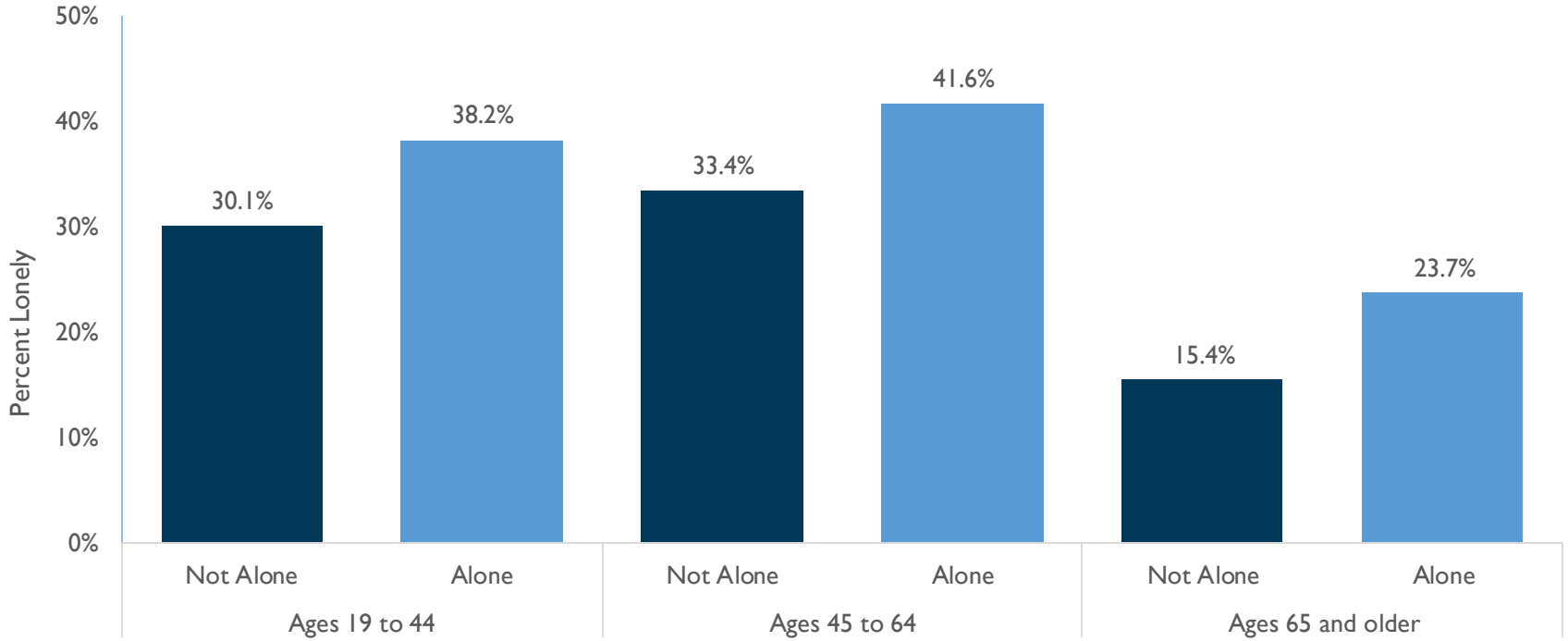
* *Potentially disabling condition* is defined as having serious difficulty hearing, seeing even when wearing glasses, walking or climbing stairs, bathing or dressing, concentrating, remembering or making decisions, difficulty doing errands alone, having a developmental disability, and/or having 14 or more days in the past month where one's mental health interfered with daily functioning.

Loneliness is constructed as a count of the number of times a woman 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.

In 2019, the prevalence of loneliness was higher among lower-income women with a potentially disabling condition than among those without such a condition across all age groups.

The prevalence of loneliness was especially high among women under age 65 with a potentially disabling condition, reaching nearly one-half (49.1%) for women ages 19 to 44, and 44.9% for women ages 45 to 64.

Figure 37. Percent of Lower-Income (≤138% FPL) Women in Ohio Who Reported Being Lonely by Living Alone & Age

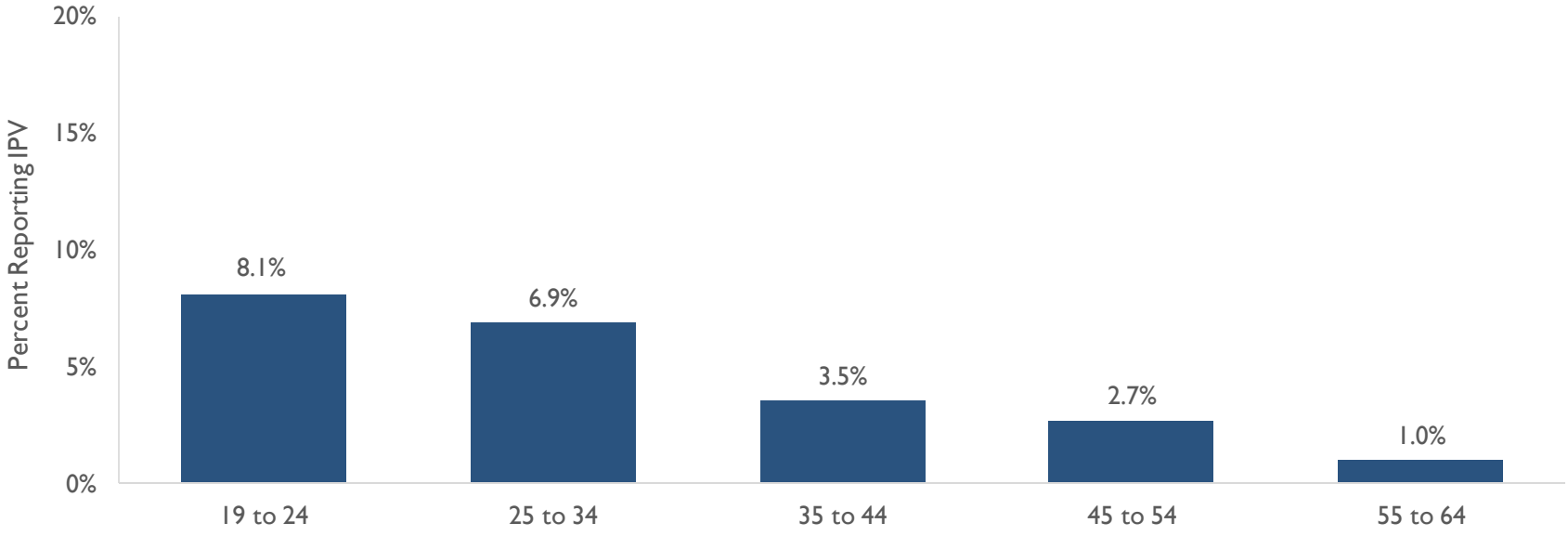


Loneliness is constructed as a count of the number of times a woman answers 'sometimes or often' to questions about the frequency of lacking companionship, feeling left out, and feeling isolated from others. Loneliness in this case can range from a count greater than or equal to three, but less than or equal to nine. Here, we consider the state of being lonely as having a score greater than or equal to six.

Source: OMAS 2019

In 2019, the prevalence of loneliness was higher among lower-income women who lived alone than women who did not live alone, across all age groups.

Figure 38. Percent of Women in Ohio Who Reported Intimate Partner Violence (IPV) in the Past Year, by Age*



*Questions on IPV were asked of respondents younger than 65.

Source: OMAS 2019

In 2019, younger women (ages 19 to 34) reported significantly higher rates of intimate partner violence in the past year than women at older ages.

SUMMARY OF RESULTS

- Younger women (ages 19 to 24) suffered from higher rates of mental health impairment than women of other ages.
- Among lower-income women ages 19 to 44, 47.4% of those with a potentially disabling condition reported running out of food in the past year compared with 24.1% who did not report a potentially disabling condition.
- Nearly half (49.1%) of lower-income women of reproductive ages with a potentially disabling condition reported being lonely.
- Unmet needs for healthcare were substantially higher among younger women (ages 19 to 34), than women at other ages.
- Women of reproductive ages enrolled in Medicaid reported lower rates of delaying or avoiding needed healthcare compared with women who were potentially Medicaid-eligible but not enrolled.

SUMMARY OF RESULTS

- Among lower-income women, those at midlife reported substantially higher rates of having a potentially disabling condition than women in other age groups - 69.8% compared with 46.9% for women ages 19 to 44 and 57.4% for older women ages 65+.
- Lower-income women ages 45 to 64 also reported higher rates of obesity and asthma than women of reproductive ages (19 to 44) or women ages 65 and older.
- Almost half (49.5%) of lower-income women at midlife with a potentially disabling condition reported food hardship compared with 13.4% of women at midlife without such conditions.
- A similar pattern was found for loneliness among women at midlife— 44.9% of women with a potentially disabling condition reported loneliness compared with 14.4% of women without a potentially disabling condition.
- Medicaid-enrolled women ages 45 to 64 reported much higher rates of fair/poor self-rated health, mental health impairment, and having a potentially disabling condition than women who were potentially Medicaid-eligible but not enrolled.

SUMMARY OF RESULTS

- Older women reported lower rates of unmet healthcare needs and lower rates of delayed or avoided healthcare than women at midlife or women of reproductive ages.
- Older women reported lower rates of loneliness and mental health impairment than women at younger ages.
- Among lower-income women ages 65 and older, 22.5% of those with a potentially disabling condition reported running out of food in the past year compared with 5.2% who were did not have such a condition.
- Over a quarter (26.1%) of lower-income older women with a potentially disabling condition reported being lonely, compared with 9.8% of those without a potentially disabling condition.
- Among older Ohio women, the prevalence of fair/poor health, mental health impairment, having a potentially disabling condition and loneliness was concentrated among those living at lower-incomes.

POLICY CONSIDERATIONS

Medicaid and Women's Health

Women comprise the majority of the adult Medicaid population in Ohio, both before and after the implementation of its expansion in 2014. Medicaid covers critically important care such as cancer-screenings, birth control, pre- and post-natal care and other services that help women stay healthy. Preventative services such as these are important to reduce the burden of disease, disability and premature death.

In 2019, more than one third (34.9%) of women ages 19 to 24 reported an unmet need for healthcare. The concentration of unmet healthcare needs among younger women of reproductive ages is cause for concern because their health can potentially affect the health of their children. Efforts that increase access to Medicaid coverage and healthcare services could help women achieve better health and thus decrease maternal morbidity and mortality.

Mental Health Services

Given the robust findings concerning the high prevalence of mental health impairment and unmet needs for mental healthcare among young women and among lower-income women, attention to the availability and accessibility of mental health treatment services is warranted. Policy makers may want to consider continued investment and support in efforts to address mental health impairment among women. In addition, further research could examine the barriers young women face when seeking mental health treatment.

Loneliness and Women's Health

Our findings show that the prevalence of loneliness—a subjective and distressing feeling of social isolation—was highest among women living at lower incomes and among women with a potentially disabling condition, for all age groups. Research has linked social isolation and loneliness to a host of negative outcomes such as higher risks of death[8], chronic diseases[9], and less favorable health behaviors.[10] Public programs that may disrupt the link between loneliness and poor health outcomes could be considered across multiple governmental sectors including health, transportation, education, food and nutrition, and housing.[11]

POLICY CONSIDERATIONS

Tobacco Prevention Efforts

The adverse impact of tobacco use on health can not be overstated. Roughly a quarter of women of reproductive ages (24.7%) and women at midlife (25.7%) reported current cigarette use in 2019. Among women enrolled in Medicaid, nearly half of women ages 19 to 64 reported current cigarette use. Given these estimates, Ohio could continue to invest in and support tobacco prevention and cessation programs such as the Perinatal Smoking Cessation Program and the Ohio Tobacco Quit Line.

Food Hardship

The findings presented here show that among lower-income women, food hardship—assessed as running out of food in the past year—was much more prevalent among Black or African American (41.3%) and Hispanic women (41.3%) than among white women (28.4%). Our results also showed that food hardship was more prevalent among women with a potentially disabling condition. Among lower-income women with potentially disabling condition, 47.4% of women ages 19 to 44, 49.5% of women ages 45 to 64, and 22.5% of women ages 65+ reported running out of food in the past year. Inadequate access to nutritious food has been linked to negative physical and mental health outcomes for children and adults.[12] Opportunities to help connect women to the existing federal food and nutrition safety net, as well as improve access to quality food sources may help reduce the level of food hardship and improve the health of women in Ohio.[13]

Potential Effects of COVID-19 on Women's Health

It is important to note that the COVID-19 pandemic started shortly after 2019 OMAS fielding ended. We expect that the prevalence of poverty, loneliness, mental health impairment and food hardship will worsen due to the impact of the pandemic. Recent research shows that women have been more likely than men to avoid or delay needed healthcare during the pandemic,[14] breast and cervical cancer screenings have dropped substantially due to the pandemic,[15] and the physical isolation due to stay-at-home orders has led to increased levels of stress and anxiety.[16]

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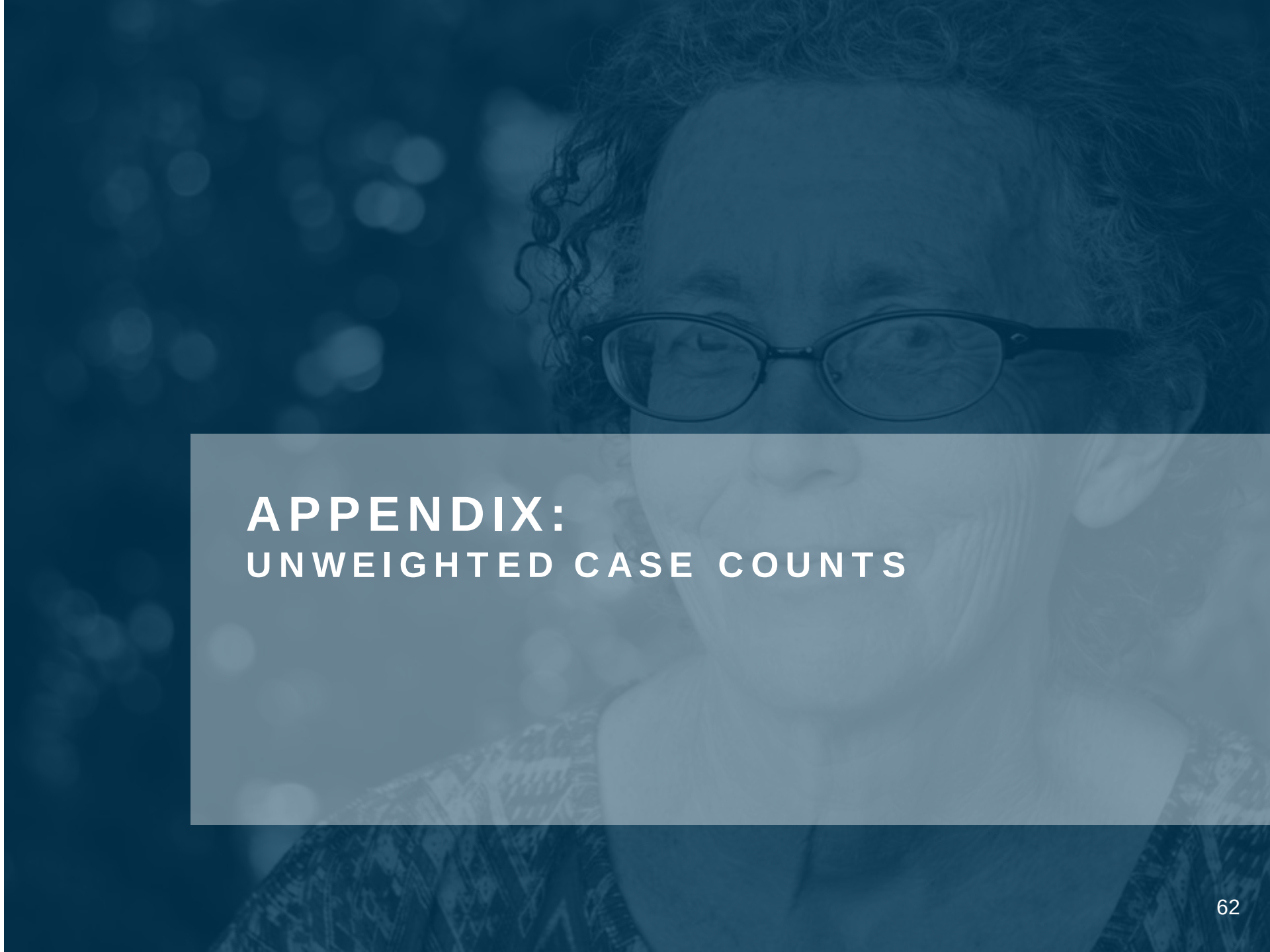

APPENDIX:
UNWEIGHTED CASE COUNTS

A Table 1. Unweighted Case Count

Age Group	Total Women	w/Unmet Healthcare Need	w/Unmet Mental Healthcare Need	w/MHI	Reported Recent IPV
19-24	1,138	331	195	149	67
25-34	2,024	591	305	210	92
35-44	2,281	576	260	262	62
45-54	2,771	636	250	298	54
55-64	3,622	750	199	320	36
65+	5,238	805	108	179	-
Total	17,074	3,689	1,317	1,418	311

A Table 2. Unweighted Case Count

Poverty Level	Women Ages 19 to 44	w/Fair/Poor Health	w/MHI	w/Potentially disabling condition	w/Loneliness
0-138%	2,077	595	372	989	613
139-206%	771	152	100	259	170
207%-400%	1,350	166	94	308	244
401% +	1,245	98	55	194	144

Poverty Level	Women Ages 45 to 64	w/Fair/Poor Health	w/MHI	w/Potentially disabling condition	w/Loneliness
0-138%	1,810	921	357	1,260	613
139-206%	775	267	83	382	191
207%-400%	1,544	306	109	497	212
401% +	2,264	235	69	442	215

Poverty Level	Women Ages 65+	w/Fair/Poor Health	w/MHI	w/Potentially disabling condition	w/Loneliness
0-138%	1,267	502	81	725	244
139-206%	945	273	35	466	137
207%-400%	1,550	302	38	555	166
401% +	1,476	225	25	475	99

A Table 3. Unweighted Case Count

Ages 19 to 44	Lower-Income Women by Insurance Type	w/Unmet Need for Any Healthcare	w/Unmet Need for Mental Healthcare	Avoided or Delayed Care	w/Fair/Poor Health	w/MHI	w/Potentially disabling condition
Medicaid Enrolled	1,332	433	207	501	435	264	701
Potentially Medicaid Eligible, with Other Insurance	525	149	85	210	91	67	184
Potentially Medicaid Eligible, Uninsured	220	119	64	103	69	41	104
Ages 45 to 64	**Lower-Income Women by Insurance Type**	**w/Unmet Need for Any Healthcare**	**w/Unmet Need for Mental Healthcare**	**Avoided or Delayed Care**	**w/Fair/Poor Health**	**w/MHI**	**w/Potentially disabling condition**
Medicaid Enrolled	1,084	372	142	362	648	282	886
Potentially Medicaid Eligible, with Other Insurance	603	176	47	201	234	62	325
Potentially Medicaid Eligible, Uninsured	123	52	20	60	39	13	49