

Health Policy Brief

Intimate Partner Violence among Medicaid and Uninsured Populations in Ohio

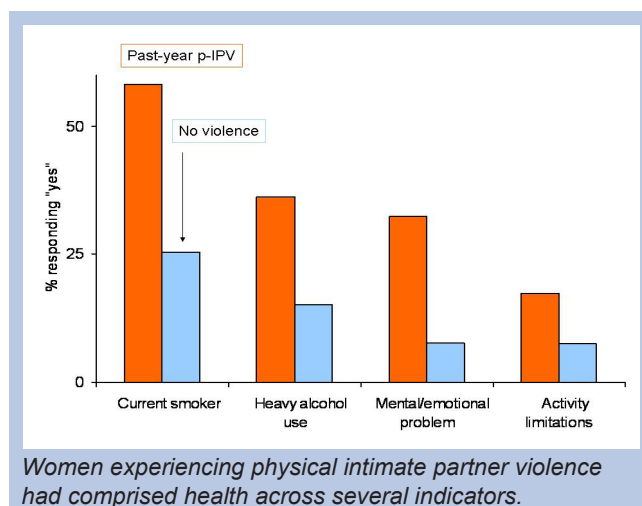
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This policy brief highlights findings from the Ohio Family Health Survey related to physical intimate partner violence (p-IPV) and discusses their relevance to policy. Unless otherwise noted, all findings are from the 2008 Ohio Family Health Survey. For more detail, please see the complete report on which this brief is based.

Key Findings

Intimate partner violence is surprisingly common in Ohio

- Last year in Ohio, more than 100,000 adults experienced p-IPV, including women and men of every age, county and social class. This figure resembles the numbers of injuries from motor vehicle accidents¹ or new cases of cancer.²
- Last year, 58,000 Ohio children lived in homes where p-IPV was occurring.
- About one-third of all women who experienced p-IPV were on Medicaid as were two-thirds of children who lived in homes where p-IPV occurred.
- Another one-third of women (and half of men) who experienced p-IPV last year were uninsured.



Intimate partner violence has a large effect on health outcomes and care utilization

- Compared to adults who do not experience violence, those with p-IPV were much more likely to smoke and drink alcohol heavily and were more than three times as likely to report a mental or emotional problem. Such findings hold up even when controlling for demographic factors.
- Women experiencing p-IPV were 60% more likely than other women to be a patient at an urgent care center and were 50% more likely to seek emergency services.
- Men experiencing p-IPV were twice as likely to seek urgent care or emergency services and were three times as likely to have a hospital admission.

1 Ohio Dept of Public Safety. *Ohio Traffic Crash Facts, 2007*. Columbus, OH: Author; 2008. Retrieved March 15, 2009 at : <http://publicsafety.ohio.gov/publicat/HSY7606/HSY7606-2007.PDF>

2 Ohio Department of Health. Ohio Public Health Information website: *Invasive cancer incidence report, 2005*. Retrieved March 1, 2009 at: <http://publicapps.odh.ohio.gov/pwh/PWHMain.aspx?q=031709124511>

- The association of p-IPV with adults' health care utilization is especially strong for Ohio's uninsured and Medicaid populations.

Policy Implications

P-IPV merits policy makers' attention because it has the characteristics of a critical health issue: it is common, consequential and changeable. Violence is a serious threat to Ohio's families, but it can be prevented.

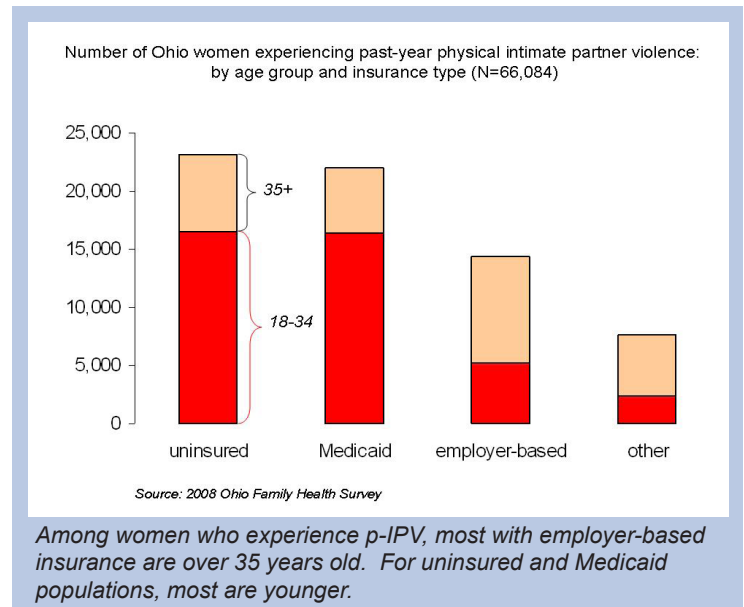
A role for insurance

While p-IPV harms all types of families, its effects on health care utilization are not borne equally by all insurers and health care providers.

- Agencies that serve Ohio's Medicaid and uninsured populations should recognize the acute relevance of p-IPV to their work. They should not only support screening and intervention, but also consider efforts to prevent violence before it begins.
- School-based teen dating violence programs are one promising approach that can reduce future victimization as well as perpetration.³
- Urgent care centers may be an important site for screening and intervention with the uninsured.
- Recognize how p-IPV varies across people with different insurance types. (See graph)
- Because p-IPV's association with health care utilization is stronger among uninsured and Medicaid populations, consider how expanding employer-based health insurance could reduce p-IPV-related use of urgent care and emergency services.
- Support research on how p-IPV and insurance relate to access to care. Distinguish people who have employer-based insurance through a spouse from those who are themselves covered as an employee. Are those covered through a spouse less likely to leave a violent relationship?

Existing services

- Given the lack of regional differences in p-IPV prevalence, identify local jurisdictions and county underserved by support services.
- Examine whether existing services are adequately serving different groups. If, for instance, providers are seeing relatively few uninsured young women, consider targeted outreach.
- Support prevention and intervention efforts based in health care settings.
- Support future research with the OFHS data on patterns of help-seeking behavior



³ Whitaker DJ, Morrison S, Lindquist CA, Hawkins SR, O'Neil JA, Nesius AM, Mathew A, Reese L. A critical review of interventions for the primary prevention of perpetration of partner violence. *Aggression and Violent Behavior* 2006;11:151-166