OMAS
Ohio Medicaid Assessment Survey

HEALTH CARE FOR THE UNINSURED:
FINDINGS FOR OHIO'S MEDICAID-ELIGIBLE ADULTS
AND OTHER KEY SUBPOPULATIONS

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Kenneth Steinman, PhD [1]

[1] *Center for Health Outcomes, Policy & Evaluation Studies, The Ohio State University College of Public Health*

INTRODUCTION

As health care in the United States has become increasingly expensive, policymakers are struggling to provide people with access. Health insurance is central to such discussions, yet with a patchwork of employer-sponsored, privately-purchased and publicly-funded plans, some Ohioans remain without coverage. Even with passage of the Affordable Care Act (ACA) that penalizes Americans who fail to enroll, some residents are still uninsured.

Understanding the size and characteristics of Ohio's uninsured population can help policymakers expand access to health care and control its costs. This policy brief uses data from the Ohio Medicaid Assessment Survey (OMAS) to describe the demographic characteristics, health status and health care utilization of Ohio's uninsured adult population.

For healthy individuals, lacking health insurance may not appear troubling. Some feel little motivation to maintain a relationship with a health care provider or to get insurance. Indeed as a group, uninsured adults may have fewer health problems than do people with insurance. Yet a single accident or unexpected illness can cost thousands of dollars, sometimes bankrupting an uninsured individual and requiring taxpayers to foot the bill. The uninsured are also likely to forgo preventive care (e.g., an annual check-up) that can detect conditions early, when treatment options are more effective and less expensive. [1]

As such, cross-sectional studies like the OMAS focus on the benefits of health insurance *within* groups that have similar levels of need. Key populations such as adults with special health care needs, pregnant women and low income adults potentially eligible for Medicaid may be of particular interest to policymakers. Findings from such studies can help guide policy on how best to serve people who lack health insurance.

OBJECTIVES

This policy brief aims to describe the demographic characteristics, health status and health care utilization of Ohio's uninsured adult population. To understand the value of health insurance and its role in reducing health disparities — especially around infant mortality — there is a particular focus on key subpopulations: adults with special health care needs, pregnant women and adults from lower income households who are potentially eligible for Medicaid.

METHODS

OMAS is a telephone survey that samples both landline and cell phones in Ohio. The survey examines access to the health system, health status, and other characteristics of Ohio's Medicaid, Medicaid eligible, and non-Medicaid populations. In 2015, researchers completed 42,876 interviews with adults and 10,122 proxy interviews of children. The 2015 OMAS is the sixth iteration of the survey. For details, see the OMAS methods report. [2]

Insurance status/type for adults was determined by a series of items that asked about the different types of health insurance (if any) that the respondent currently had. For the purposes of this brief, values from the OMAS public-use data were collapsed into two groups:

HIGHLIGHTS

- Ohio's uninsured adult population has fallen sharply, from 14.2% in 2012 to 7.0% in 2015

- 81.3% of adults who potentially became eligible for Medicaid following expansion now have health insurance.

- Younger males from lower income households and Hispanics (of all ages) are more likely to be uninsured.

- Many uninsured individuals are relatively healthy.

- Among adults with special health care needs, the uninsured are less likely to have an overnight hospital stay or emergency department visit, and are much more likely than insured adults to have unmet health needs.

- Pregnant women who are Hispanic are 7x more likely than those who are white or African-American to be uninsured.

the uninsured and those who had any type of insurance (including Medicaid, employer-sponsored, etc.). This approach classified each respondent's insurance status at the time of the survey. It counted as "insured" people who are currently insured but may have been uninsured earlier in the year. Similarly, it classified as "uninsured" those currently uninsured yet who may have had health insurance at some point in the past 12 months.

The findings reported in this brief are weighted to be representative of all non-institutionalized adults in Ohio. Unless otherwise noted, all differences presented are statistically significant at *p*<0.05.

RESULTS

Overall, 614,000 Ohio adults (7.0%) are currently uninsured. Hispanic adults (26.8%) are much more likely than white (5.7%) or African-American (10.8%) adults to be uninsured. Nonetheless, two-thirds of uninsured adults in Ohio are white (chart 1).

Lack of insurance is more common among adults living in lower income households. About 11.7% of adults with incomes ≤138% of the federal poverty level (FPL) are uninsured, compared to 10.4% of those 138-200% FPL and only 4.1% of those >200%FPL. Being uninsured is also more common among males compared to females, especially for adults 19-34 (chart 2). There are few differences across different regions of the state, or by the type of county (e.g., urban vs. suburban).

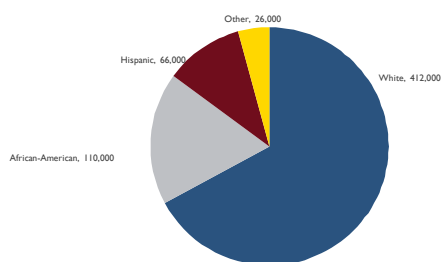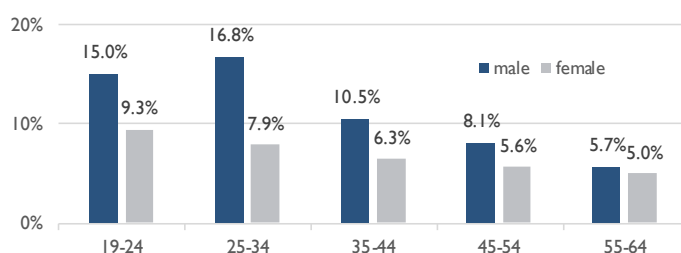**Chart 1: Estimated number of uninsured adults, by race/ethnicity**

Other, 26,000
Hispanic, 66,000
White, 412,000
African-American, 110,000

Chart 2: Percent of uninsured adults, by gender and age group

	male	female
19-24	15.0%	9.3%
25-34	16.8%	7.9%
35-44	10.5%	6.3%
45-54	8.1%	5.6%
55-64	5.7%	5.0%

These findings persist even after statistical models adjust for group differences in demographic characteristics and health status. Across all income levels, for example, Hispanic adults are more likely than white adults to be uninsured (not shown).

Trends over time

The percent of Ohio adults who are uninsured has fallen sharply, from 15.6% in 2010 to 14.2% in 2012 to 7.0% in 2015. This trend has been particularly impressive for key subpopulations including adults with special health care needs and adults from lower income households (chart 3). OMAS has documented similar declines among women of child bearing age (19-44 years), from 18.8% in 2010 to 17.0% in 2012 to 7.7% in 2015 (not shown).

Health status of the uninsured

Uninsured adults in Ohio are <u>less</u> likely to have health problems, compared to those who have insurance: such as to have a history of chronic conditions like cancer, diabetes or hypertension (27.2% vs. 45.3%), to have a disability (17.7% vs. 20.4%) to self-rate their health status as either "fair" or "poor" (18.2% vs. 20.7%), or to report mental health-related impairment that interferes with work or other usual activities (5.3% vs. 7.1%).

Thus, understanding the association of health insurance with health care utilization should account for the fact that uninsured adults are often *relatively* healthy. In this brief, analyses focus on key subpopulations that have a defined level of need for health

Chart 3: Percent of adults with special health care needs and lower income (≤138% FPL) adults who are uninsured, 2010-2015

	Lower income adults	Adults with special health care needs
2010	27.1%	18.3%
2012	27.0%	17.7%
2015	11.7%	6.4%
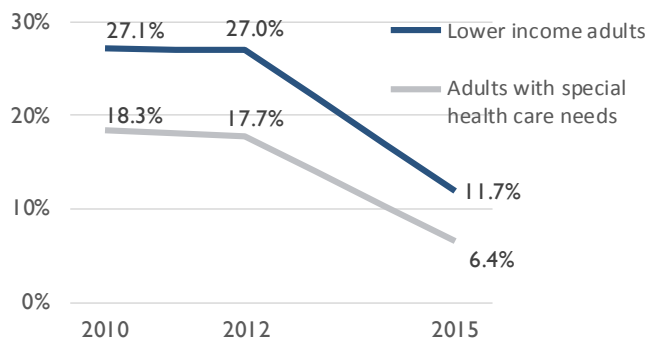
care services: "adults with special health care needs" and pregnant women. Adults from lower income households also merit special attention, given their potential eligibility for programs like Medicaid that can expand access to health care. Findings for each of these key subpopulations appears below.

Adults with special health care needs

OMAS defines this key subpopulation as "individuals who have a physical, mental or emotional condition lasting at least 6 months that requires special therapy." Among adults with special health care needs, the uninsured are less likely than the insured to utilize certain types of health care services. Even after adjusting for demographic characteristics and health status, they were less likely to have seen a personal care provider[4] (estimated probability[5] 67.3% vs. 93.8%), to have had an overnight hospital stay (12.1% vs. 19.0%)[5] or an emergency department visit (44.1% vs. 57.8%)[5] in the past year.

Lower rates of health care utilization may suggest to lower costs, yet the full picture is more complicated. Given that these analyses focus on a subpopulation with a similar level of need, lower rates of utilization among the uninsured may reflect postponing care despite needing it. While the OMAS's cross-sectional design precludes tracking individuals over time, other studies suggest that delaying care can avoid immediate costs, but over time it may result in more serious conditions, greater costs and mortality.[1]

OMAS includes several survey items[6] to consider this hypothesis. Among adults with special health care needs, the uninsured are much more likely than the insured to have unmet health needs (chart 4). Even after adjusting for group differences in demographic characteristics and health status, the marked difference persists; more than 8 in 10 uninsured adults with special health care needs have at least some unmet health care needs.

Chart 4: Percent of adults with special health care needs and lower income adults who have unmet health needs, differences by health insurance status
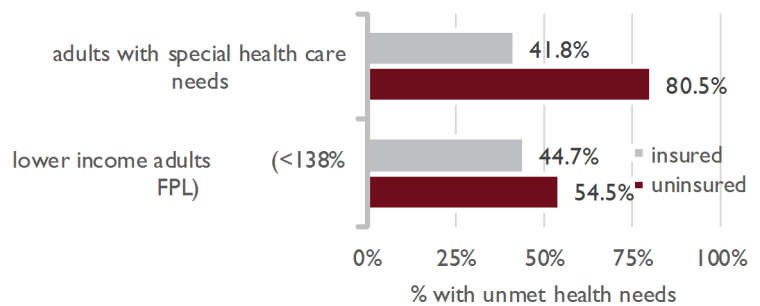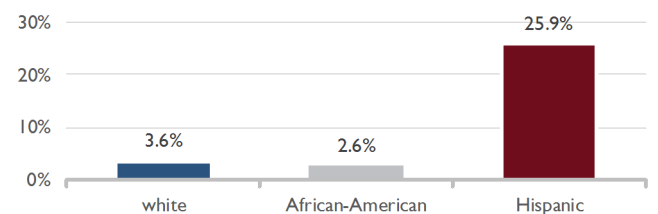

Pregnant women

Pregnant women represent another key subpopulation because of threats to mothers' health as well as policymakers' concerns about infant mortality. Among women of child-bearing age (19-44), pregnant women are less like to uninsured (5.4% vs 8.1%). Overall, about 12,500 pregnant women in Ohio are currently without health insurance.

There are striking racial/ethnic differences in insurance status among pregnant women — Hispanic pregnant women (25.9%) are over 7x more likely than those who are white (3.6%) or African-American (2.6%) to be uninsured (chart 5).

Chart 5: Percent of pregnant women who are uninsured, by race/ethnicity

Unfortunately, the limited number of uninsured pregnant women in the OMAS sample prevented reliable estimates of the associations among health insurance, health status and health care utilization.

Adults from lower income households

Expanding Medicaid has had a profound effort on providing lower income adults with access to health insurance. According to OMAS estimates, of the 1.3 million adults who potentially became eligible for Medicaid, 513,000 (38.7%) are now enrolled in the program, an additional 564,000 (42.6%) have another type of insurance (e.g., employer-sponsored) and 248,000 (18.7%) are uninsured. In total, 81.3% of lower income adults potentially newly eligible for Medicaid now have health insurance.

The association of health insurance with health care utilization among lower income adults (≤138% FPL) resembled the pattern of findings for adults with special health care needs (chart 4): the uninsured were less likely to use health care, but were more likely to have unmet needs.

POLICY CONSIDERATIONS

Providing uninsured adults with health insurance has great potential to improve population health and reduce costs. OMAS findings in this brief — that uninsured adults with special health care needs have low rates of utilization, but high levels of unmet needs — parallel those from other studies[7] that found "pent-up demand" among the newly insured. Policymakers should anticipate that in the near-term, costs may increase as people with new coverage utilize health services that they have delayed seeking. Previous studies, however, suggest that such demand is short term, and while costs may initially rise, they often later drop to a much lower base level.

Further efforts to expand health insurance may benefit from a dedicated focus on Ohio's Hispanic population, 50% of whom live in just 6 counties (Cuyahoga, Franklin, Lucas, Lorain, Hamilton and Butler). In-person assistance with Spanish-speaking staff may be particularly useful,[8] although success may be tempered by eligibility related to citizenship and other criteria.

Health insurance alone may be less insufficient for addressing infant mortality — especially the pernicious disparity between white and African-American babies. Over 97% of African-American pregnant women in Ohio already have health insurance. And while there is a tremendous need for health insurance among pregnant Hispanic women, they already have much lower rates of infant mortality compared to babies from other racial/ethnic groups. To address infant mortality, Ohio policymakers should continue to insure pregnant women have health insurance, yet dramatic improvement will require other approaches.[9]

REFERENCES

1. Institute of Medicine. *America's Uninsured Crisis: Consequences for Health and Health Care*. Washington: National Academies Press; 2009.

2. Ohio Colleges of Medicine Government Resource Center and RTI International. *2015 Ohio Medicaid Assessment Survey: Methodology Report*. Research Triangle Park, NC: RTI International; 2015.

3. For more information on trends, visit the OMAS data dashboards: www.grc.osu.edu/projects/OMAS

4. OMAS defines a personal care provider as a health professional who knows you well and is familiar with your health history." For more information, please refer to: Wickizer T, Steinman K, Shoben A, Chisolm D, Biehl J, Phelps L.. *Patient-Centered Medical Homes and the Health of Ohio's Adults and Children*. Columbus, OH: Ohio Colleges of Medicine Government Resource Center; 2016.

5. Estimated probabilities are values from a statistical model that represent the estimated percentage of a hypothetical subpopulation predicted to have the outcome, assuming they have otherwise average characteristics. For this brief, statistical models adjust for demographic characteristics (e.g., age, gender), insurance type/status and health status (e.g., history of chronic conditions).

6. One example of an unmet health need: "In the past 12 months, was there a time when you needed mental health care or counseling services, but could not get it at that time?"

7. Fertig A, Carlin C, Long S. *Pent-up Health Care Demand after the Affordable Care Act (ACA)*. Presented at the 37th Annual Meeting of the Association for Public Policy Analysis and Management, November 12, 2015, Miami, FL.

8. Mosqueira AG, Sommers BD. *Better outreach critical to ACA enrollment, particularly for Latinos*. New York: Commonwealth Fund; 2016.

9. Salsberry P, Gallo M, Shoben A et al. *The Health of Women, Infants and Children: A Life Course Approach among Medicaid and Comparative Populations*. Columbus, OH: Ohio Colleges of Medicine Government Resource Center; 2016.

FOR MORE INFORMATION

To view more information about OMAS and the findings in this policy brief, please visit the OMAS website at the Ohio Colleges of Medicine Government Resource Center www.grc.osu.edu/OMAS.