OMAS
Ohio Medicaid Assessment Survey

Ohio Children with Developmental Disabilities and Special Health Care Needs: 2015 OMAS Health and Health Care Findings

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INTRODUCTION

There is a lack of health information about children with developmental disabilities at the state level. Previous research has shown that people with disabilities have worse health outcomes compared to people without disabilities (Brault, 2012; Havercamp & Scott, 2015; Havercamp, Scandlin, & Roth, 2004). This data brief uses the 2015 Ohio Medicaid Assessment Survey (OMAS) to describe key health indicators of Ohio's children with developmental disabilities (DD) and children with special health care needs (CSHCN). These indicators include insurance coverage, poverty status, health status, access to health care, and health care utilization. This brief addresses differences and similarities between children with DD, CSHCN and typically developing (TD) children in Ohio.

Definition of Developmental Disabilities, Children with Special Health Care Needs, and Typically Developing Groups

Developmental disabilities consist of chronic cognitive, physical, speech, or language, psychological or self-care conditions that are typically identified in childhood and continue throughout the lifespan (Boulet, Boyle, & Shchieve, 2009). In 2015, 4.6% (127,585) of children 18 years and younger in Ohio were reported to have a developmental disability (DD). About two-thirds of these children were covered by Medicaid insurance.

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, please see the OMAS methods report. In the 2015 OMAS, a child was identified as having a developmental disability when their adult proxy responded "yes" to all of the following four questions:

- Does the child currently have a developmental disability?
- Is the child limited or prevented in any way in his/her ability to do things most children of the same age can do?
- Is this because of any medical, behavioral or other health condition?
- Is this a condition that has lasted or is expected to last for at least 12 months?

This brief compares children with developmental disabilities to children who have special health care needs other than a developmental disability. A child is considered to have a special health care need when they have a chronic physical, developmental, behavioral, or emotional condition and require more services than typically developing children (Looman et al., 2012).

In 2015, 20.3% (566,265) of children 18 years and younger in Ohio were reported to have special health care needs other than a developmental disability. In the 2015 OMAS, a child was considered to have special health care needs if their adult proxy answered "no" to the developmental disability question, but reported that the child had a behavioral, medical, or health condition lasting longer than 12 months and the child required medications, special therapy, and/or counseling for this condition.

Children were considered typically developing if they did not meet the criteria for developmental disabilities nor special health care needs. This brief compares children with DD to CSHCN and to TD children.

RESULTS

Demographic and Household Characteristics

Compared to TD children, children with DD were more likely to be male (59% vs. 50%) and relatively older as 81% of children with DD are between the ages of 6 to 18 compared to 66% of TD children. Children with DD, CSHCN and TD children are similar in terms of racial identification and county type.

The 2015 OMAS data revealed that 58% of all children with DD lived in households with incomes below 200% of the Federal Poverty Level (FPL) compared to 51% of CSHCN and 46% of TD children. Low socioeconomic status is associated with higher rates of disabilities in children (Boyle et. al, 2011). Detailed information about the demographics of the three groups can be found in Table 1.

Table 1. Distribution of Select Demographic characteristics of children with DD, CSHCN, and TD children in Ohio

		DD		CSHCN		TD	
		# of children	%	# of children	%	# of children	%
Gender	Male	75,471	59%	305,192	54%	1,044,724	50%
	Female	52,114	41%	261,072	46%	1,048,934	50%
Age (Years)	0-5	23,679	19%	99,802	18%	718,317	34%
	6-18	103,906	81%	466,462	82%	1,375,342	66%
Race/Ethnicity	White	91,887	72%	403,708	71%	1,543,908	74%
	African-American	20,332	16%	89,271	16%	298,357	14%
	Hispanic	5,406	4%	37,027	7%	113,617	5%
	Other	9,960	8%	36,258	6%	137,776	7%
County Type	Metro	77,938	61%	326,876	58%	1,108,643	53%
	Rural Appalachian	17,966	14%	89,260	16%	366,350	18%
	Rural Non-Appalachian	13,567	11%	71,183	13%	298,214	14%
	Suburban	18,115	14%	78,945	14%	320,452	15%
Income (% of the FPL)	200% or less	74,329	58%	289,711	51%	964,105	46%
	200% to 400%	32,389	25%	156,164	28%	629,565	30%
	400% or more	20,867	16%	120,389	21%	499,988	24%
Insurance	Medicaid	78,798	62%	287,031	51%	860,701	41%
	Medicaid & Medicare	8,543	7%	9,093	2%	16,117	1%
	Medicare	1,287	1%	2,858	0.5%	15,916	1%
	Employer-Sponsored	32,626	26%	231,592	41%	1,003,996	48%
	Other directly purchased and Exchange	2,922	2%	14,830	3%	76,129	4%
	Other and Insurance type Unknown	2,016	2%	11,690	2%	68,578	3%
	Uninsured	1,402	1%	9,171	2%	52,221	3%

Figure 1 demonstrates insurance status among the three groups. Children with DD are much more likely to be covered by Medicaid compared to CSHCN and TD children (69% vs. 52% vs. 42%, respectively). The association between developmental disabilities in children, Medicaid enrollment, and low income has been previously reported (Boulet, Boyle, & Shchieve, 2009).

Reported Health Statuses of Children

Previously reported findings from the 2012 OMAS indicated that Ohio children with DD were 14 times more likely to report fair or poor general health than children without DD (Jamieson & Farietta, 2013). The 2015 OMAS data revealed that children with DD are 25 times more likely to be in fair or poor health, compared to TD children and 4 times more likely than CSHCN.

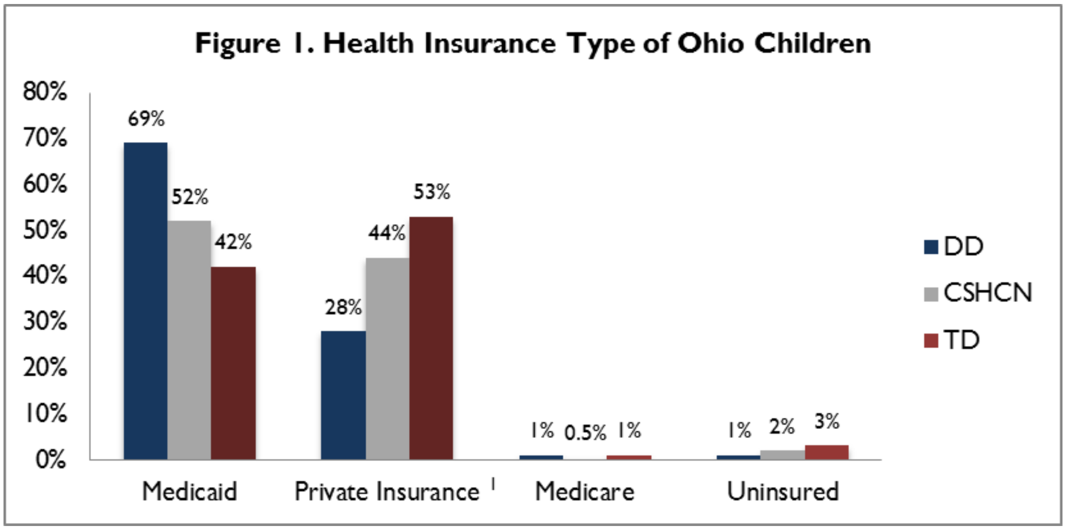


Figure 1. Health Insurance Type of Ohio Children

Unmet health care needs can lead to poor health outcomes in all populations. Figure 2 shows that children with DD and CSHCN are especially likely to have unmet health care needs when getting dental care,

[1] *Private Insurance is defined as employer-sponsored, other directly purchased, exchange, or other*

filling prescriptions, and "other" unmet healthcare needs including medical exams, supplies, mental health care, or eyeglasses compared to TD children.

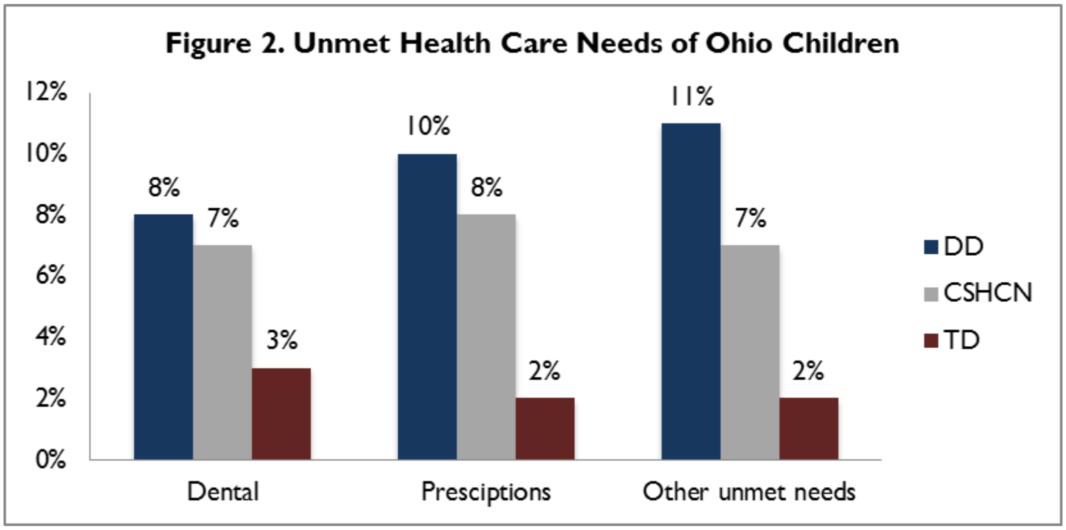


Figure 2. Unmet Health Care Needs of Ohio Children

Access to Health Care

Having a personal health care provider has been associated with improved health outcomes in children (Toomey, Chien, Elliott, Ratner, & Schuster, 2013). The overwhelming majority of children in Ohio had a usual source of care that was not an emergency room (99% for DD, 98% for CSHCN, and 96% TD children). However, children with DD have more complex healthcare needs and often experience poor access to health care and worse health outcomes (Betz et al, 2004). The 2015 OMAS data indicates that 10% of children with DD and 7% of CSHCN were reported to have delayed treatment compared to only 2% of TD children. Moreover, 14% of children with DD had other problems getting treatment compared to 7% of CSHCN and only 2% of TD children.

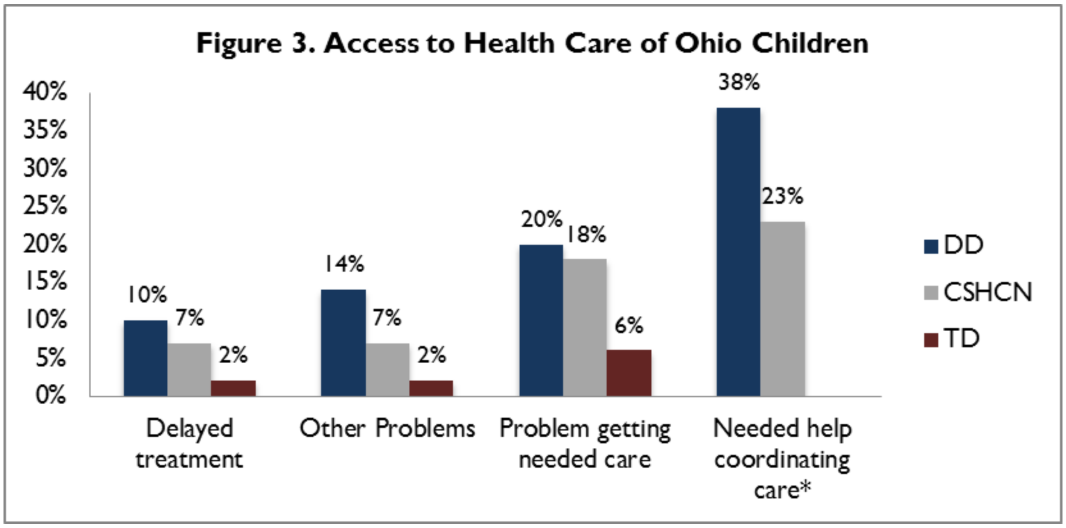


Figure 3. Access to Health Care of Ohio Children

**Note: The coordinating care question was only asked of DD and CSHCN.*

Despite the fact that a vast majority of Ohio children have a usual source of care, 20% of children with DD had problems getting needed health care compared to 18% of CSHCN and only 6% of TD children. Good care coordination and access to health care specialists are important predictors of good health outcomes for children with developmental and other special health care needs (Miller, 2014; Krauss, Gulley, Sciegaj, & Wells, 2003). Figure 3 demonstrates that 38% of parents of children with DD needed help coordinating their child's care compared to 23% of CSHCN.

Having a usual source of care doesn't necessarily guarantee better access to care as fewer children with DD were able to get a same-day appointment when urgent care was needed (46%) compared to CSHCN (56%) and TD children (59%). More children with DD needing urgent care had to wait two or more days to obtain an appointment (29%) compared to CSHCN (21%) and TD children (16%).

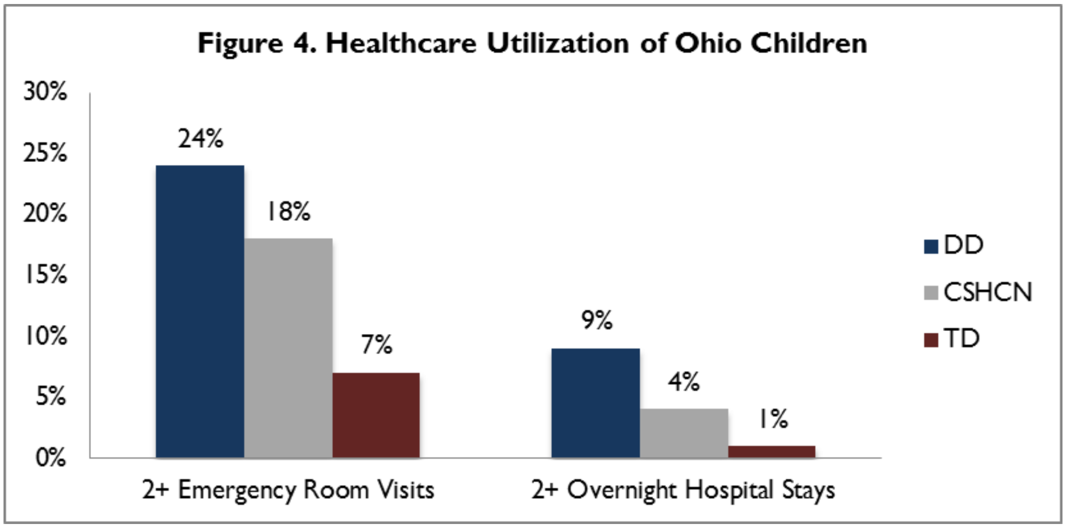
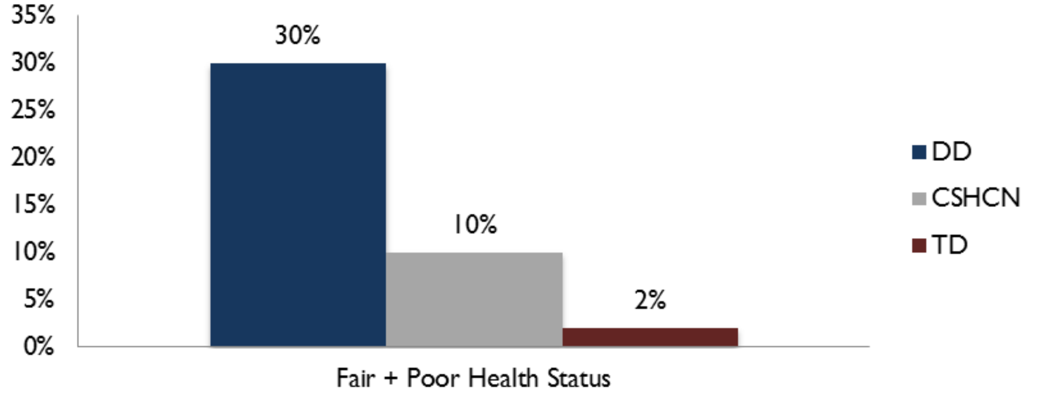


Figure 4. Healthcare Utilization of Ohio Children

Health Care Utilization

While 99% of children with DD were reported to have a usual source of care, 24% of children with DD had two or more visits to the emergency room in the past 12 months compared to 18% of CSHCN and only 7% of TD children. High rates of emergency

Figure 5. Health Status of Ohio Children on Medicaid



room use can be indicative of problems with accessing appropriate primary care and continuity of care and has been associated with a decrease in the number of emergency room visits for people with developmental disabilities (Wood, Hall, Hou, Wludyka, & Zhang, 2007). Figure 4 reveals that 9% of children with DD had two or more overnight hospital stays in the past 12 months compared to 4% of CSHCN and only 1% of TD children. Children with DD generally have more health care needs compared to TD children (Wood, Hall, Hou, Wludyka, & Zhang, 2007).

Ohio Children and Medicaid

As previously stated, 69% of children with DD were covered by Medicaid. As shown in Figure 5, the health status of children with DD on Medicaid was more likely to be reported as fair or poor compared to CSHCN and TD children (30%, 10%, and 2%, respectively), which is very similar to the results reported earlier in this brief for children in all insurance categories.

Unmet healthcare needs among children in Ohio with Medicaid follows a similar pattern to the full population (all insurance types) of children across the three groups. Figure 6 demonstrates that children with DD and CSHCN with Medicaid had more unmet health care needs when getting dental care, filling prescriptions, or "other" unmet healthcare needs including medical exams, supplies, mental health care, or eyeglasses compared to TD children with Medicaid.

Figure 6. Unmet Healthcare Needs of Ohio Children on Medicaid

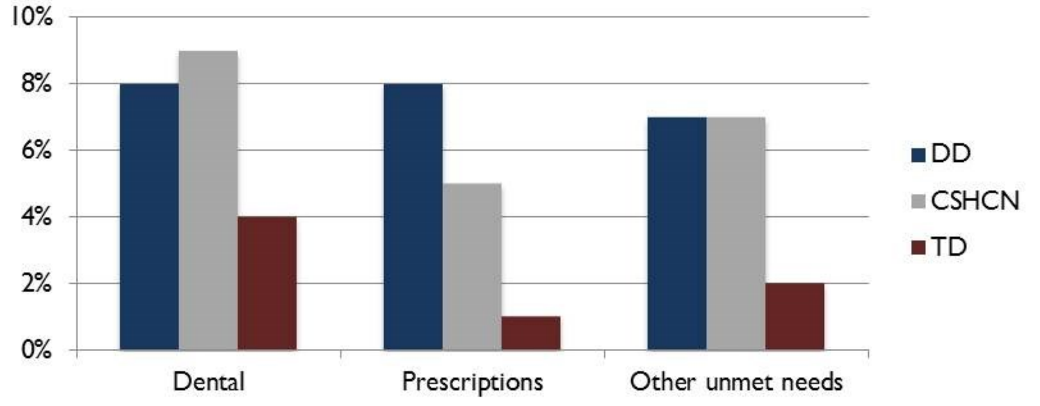
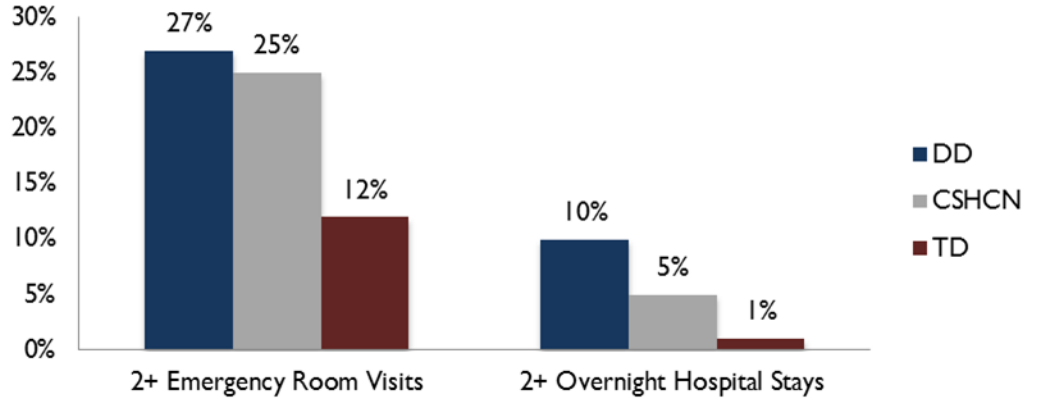


Figure 7 demonstrates that 27% of children with DD and 25% of CSHCN enrolled in Medicaid had two or more emergency room visits in the past 12 months compared to only 12% of TD children with Medicaid. These findings are slightly higher than what was reported for children of all insurance types. Further, 10% of children with DD enrolled in Medicaid had two or more overnight hospital stays in the past 12 months, compared to 5% of CSHCN with Medicaid and only 1% of TD children enrolled in Medicaid, which is similar to what was reported in children of all insurance types.

Figure 7. Health Care Utilization Among Ohio Children on Medicaid



Private Insurance vs. Medicaid for Children with Developmental Disabilities

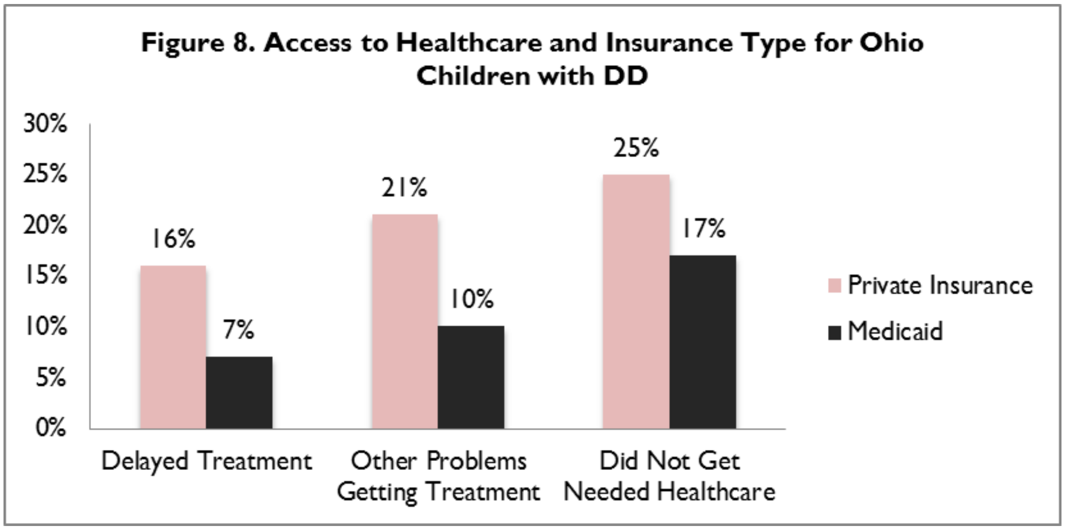


Figure 8. Access to Healthcare and Insurance Type for Ohio Children with DD

When comparing the unmet health care needs of children with Medicaid to children with private insurance (defined as employer-sponsored or other directly purchased and exchange) children with DD enrolled in Medicaid had fewer unmet health care needs. In fact, 25% of children with DD who had private insurance did not get needed health care compared to only 17% of children with DD enrolled in Medicaid. This data suggests that Medicaid better meets the special healthcare needs for children with DD. Figure 8 shows that 16% of children with DD covered by private insurance had delayed treatment compared to only 7% of children with DD covered by Medicaid. Further, 30% of parents of children with DD covered by private insurance reported that it was harder today to get their child health care than three years ago compared to only 13% of children with DD covered by Medicaid. The results from the 2015 OMAS suggest that children with DD with private insurance had more problems getting treatment compared to children with DD with Medicaid.

KEY CONSIDERATIONS

Care Coordination

Although the majority of children with DD were reported to have a regular source of care such as a physician in a doctor's office, the higher proportion of emergency room visits among children with DD compared to TD children suggest that children with DD may face barriers to accessing primary care. Further, a much higher proportion of children with DD had unmet healthcare needs compared to TD children. The literature suggests that children with DD have poorer health and greater healthcare needs than their counterparts. The data revealed that 38% of families of children with DD reported needing help coordinating their child's care. Based on the 2015 OMAS findings, families of children with DD could greatly benefit from improved coordination of care.

Disability Training for Health Care Providers

Children with DD have greater and more complex healthcare needs than TD children. Further, families of children with DD need help coordinating care and are especially sensitive to continuity of care to maintain health and to avoid overnight hospital stays and emergency room visits. Health care providers of all disciplines, specialties, and subspecialties must be prepared to care for children with developmental disabilities and other special health care needs. It would be valuable for health care training programs in Ohio and nationwide to incorporate clinical practice working with children with DD and their families as part of their curriculum.

POLICY CONSIDERATIONS

Compared to private health insurance, Medicaid coverage was associated with better access to health care for children with DD. Increasing eligible Medicaid coverage to children with DD may improve health outcomes for this vulnerable group.

CONCLUSION

The 2015 OMAS data demonstrates that Ohio's children with DD have higher poverty rates, greater unmet health care needs, less access to healthcare, and utilize more health care compared to CSHCN and TD children. Although, CSHCN have fewer needs compared to children with DD, they were shown to have greater health care needs than TD children in Ohio.

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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.