Demographic and Health Characteristics of Ohio's Non-Elderly Adult Medicaid Population

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INTRODUCTION

Medicaid, a safety net health coverage program for low income individuals, is tasked with providing necessary health services to enrollees with the goal of improving population health for current and future generations of Ohioans. To do this successfully, the Ohio Department of Medicaid (ODM) must ensure adequate and appropriate care for their population, which requires an understanding of the composition and distribution of the people they serve. Since Medicaid eligibility income limits are relatively high for pregnant women and children, the program will continue to disproportionately cover these populations. With Medicaid expansion, however, participant demographics have evolved. Each demographic group may have different health needs, varying issues accessing certain types of care, or may benefit from community health workers or care coordinators to help them navigate the health care system. This brief presents an updated description of Ohio's adult Medicaid population

METHODS

OMAS is a telephone survey that samples both landline and cell phones of Ohio residents. The survey examines insurance status, access to the health system, health status, demographics and other characteristics of Ohio's Medicaid, Medicaid eligible, and non-Medicaid populations. In 2017, researchers completed 39,711 interviews with adults and 9,202 proxy interviews of children. The 2017 OMAS is the seventh iteration of the survey (previously known as the Ohio Family Health Survey). For details, please see the 2017 OMAS Methodology Report (https://grc.osu.edu/OMAS).

Data Analysis

Three populations of adults ages 19-64 are covered in this brief: those eligible for and enrolled in Medicaid (in this brief, labelled as "enrolled"), those *potentially* eligible for Medicaid but not enrolled ("eligible, non-Medicaid"); and those who do not appear to be Medicaid eligible based on the information provided ("not eligible"). Descriptive characteristics are presented by these three categories, with a focus on the Medicaid enrolled population. Significance testing was performed using logistic regression. Because of occasional missing data and the limitations of surveys, OMAS could not conclusively determine every individual's eligibility status. So the findings

KEY FINDINGS

- A plurality of the Medicaid population fell into the following demographic groups: 1) non-Hispanic Whites; 2) females; 3) 19-44 years old; and 4) educated at the high school level or below. Additionally, nearly half (47.5%) lived in a household with children.
- Health status and mental health-related impairment were both higher among the Medicaid enrolled population than either of the comparison populations.
- Both the Medicaid enrolled population and eligible non-Medicaid population had higher unmet needs compared to the not eligible population.

Table 1. Percentage Distribution of Demographic Characteristics, Ohio Adults (ages 19-64) by Medicaid Enrollment and Eligibility Status, OMAS 2017

	Medicaid Enrolled	Potentially Eligible for Medicaid but not Enrolled	Not Eligible for Medicaid
Age			
19-44	64.1%	58.7%	49.8%
45-64	35.9%	41.3%	50.2%
Gender			
Male	42.2%	50.2%	52.3%
Female	57.8%	49.8%	47.7%
Race/Ethnicity			
White	67.6%	73.5%	85.0%
African-American	22.9%	15.2%	7.4%
Other	9.6%	11.2%	7.6%
County Type			
Rural Appalachian	17.7%	16.9%	14.6%
Metro	61.0%	54.6%	54.4%
Rural Non-Appalachian	10.7%	14.3%	13.4%
Suburban	10.6%	14.3%	17.6%
Education Level			
≤ High school diploma	58.2%	51.2%	30.9%
At least some college	41.8%	48.8%	69.1%
Household Type			
No Children	52.5%	57.7%	61.8%
Children	47.5%	42.3%	38.2%
Employment			
Employed	45.5%	65.6%	81.3%
Not Employed	54.5%	34.4%	18.7%

presented are estimates of eligibility status. Medicaid-Medicare dual-eligibles are not included in the analyses.

Patterns of several key outcomes—health status, unmet healthcare needs, and mental health-related impairment—are presented by Medicaid enrollment and eligibility status.

RESULTS

Table 1 presents demographic characteristics of Medicaid enrollees, those who are Medicaid eligible but are not enrolled and those not eligible for Medicaid (e.g., "What percent of Medicaid enrollees were female?"), whereas Table 2 (next page) presents the Medicaid enrollment and eligibility status of different demographic groups (e.g., what percent of females were Medicaid enrollees?") This section includes results from both tables.

Demographics

Age

Medicaid-enrolled adults were significantly younger as a population than the potentially eligible not-enrolled (Table 1).

Sex

Well over half of Medicaid enrollees were female (57.8%), a higher percent than those who were potentially eligible, not enrolled (49.8%) or not eligible (47.7%; Table 1). The higher income eligibility threshold for pregnant women continued to influence the demographic makeup of the Medicaid population -- with a higher proportion of women (Table 1). Overall, one in four (25.3%) Ohio adult females was enrolled in Medicaid, compared to less than one in five (18.7%) Ohio adult males (Table 2).

Race/Ethnicity

Two thirds of adult Medicaid enrollees were White (67.6%) with African-Americans making up 22.9% and other races/ethnicities at 9.6% (Table 1). More than half of African-American (65.1%) and Hispanic (60.2%) adults were Medicaid enrolled or eligible, whereas only about one third of White (37.3%) and Asian (33.2%) adults were enrolled or eligible (Table 2).

County Type

The patterns of Medicaid enrollment and eligibility status varied across county type. For example, while 24.8% of Appalachian residents and 24.1% of Metropolitan county residents were enrolled in Medicaid, 18.2% of Rural Non-Appalachian residents and only 15.2% of Suburban residents were enrolled (Table 2). While similar percentages of Appalachian and Metropolitan county residents were Medicaid enrolled, because 55.9% of Ohio's adult population aged 19-64 lives in Metropolitan counties, 61.0% of the Medicaid enrolled population resided in Metropolitan counties (Table 1).

Table 2. Percentage Distribution of Medicaid Enrollment and Eligibility Status, Ohio Adults (ages 19-64) by Demographic Characteristics, OMAS

	Medicaid Enrolled	Potentially Eligible for Medicaid but not Enrolled	Not Eligible for Medicaid
Age			
19-44	25.8%	21.2%	53.0%
45-64	17.5%	18.0%	64.5%
Gender			
Male	18.7%	19.9%	61.3%
Female	25.3%	19.5%	55.1%
Race/Ethnicity			
White	18.9%	18.4%	62.7%
African-American	40.8%	24.3%	34.9%
Hispanic	27.1%	33.1%	39.8%
Asian	13.8%	19.4%	66.8%
Other	28.8%	21.2%	50.0%
County Type			
Rural Appalachian	24.8%	21.2%	54.0%
Metro	24.1%	19.3%	56.7%
Rural Non-Appalachian	18.2%	21.7%	60.2%
Suburban	15.2%	18.3%	66.4%
Education Level			
≤ High school diploma	31.4%	24.7%	44.0%
At least some college	15.6%	16.3%	68.1%
Household Type			
No Children	19.6%	19.3%	61.1%
Children	25.5%	20.4%	54.1%
Employment			
Employed	14.1%	18.4%	67.4%
Not Employed	40.2%	22.9%	36.9%

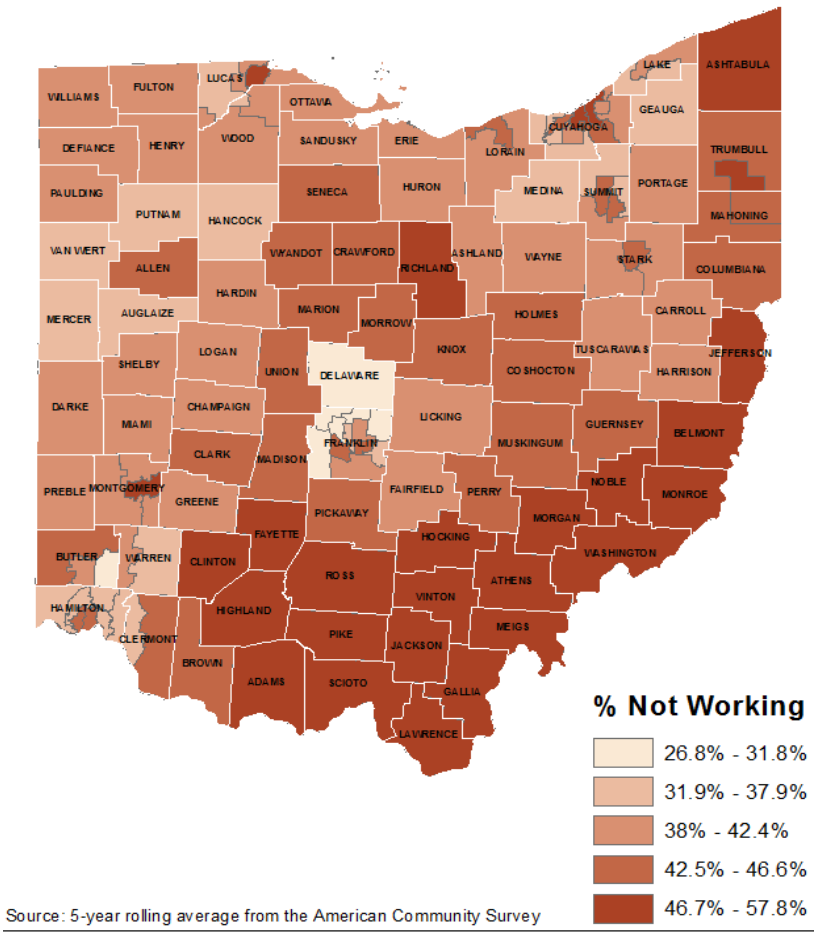
Education

Those with the lowest education levels were more likely to be enrolled in or eligible for Medicaid. Among those with a high school diploma or less, more than half were Medicaid enrolled or potentially eligible and 31.4% were enrolled in Medicaid. However, for those with at least some college, 31.9% were eligible for Medicaid and only 15.6% were enrolled (Table 2). Medicaid enrollees had lower educational attainment than either of the comparison populations, with over half (58.2%) having a high school education or less (Table 1).

Children in the Household

Over a quarter (25.5%) of Ohio adults living with a child in the household were enrolled in Medicaid, compared to 19.6% of adults without children in the household (Table 2). While previous Medicaid eligibility rules were much more restrictive for adults without children, Medicaid expansion opened up the program to many more low-income adults without children. Consequently, one in five (19.6%) of adults without children in the household were enrolled in Medicaid (Table 2). The composition of the Medicaid enrolled population has become more balanced between the household types: 52.5% of enrollees had no children in the household, while 47.5% of enrollees did have children in the household (Table 1).

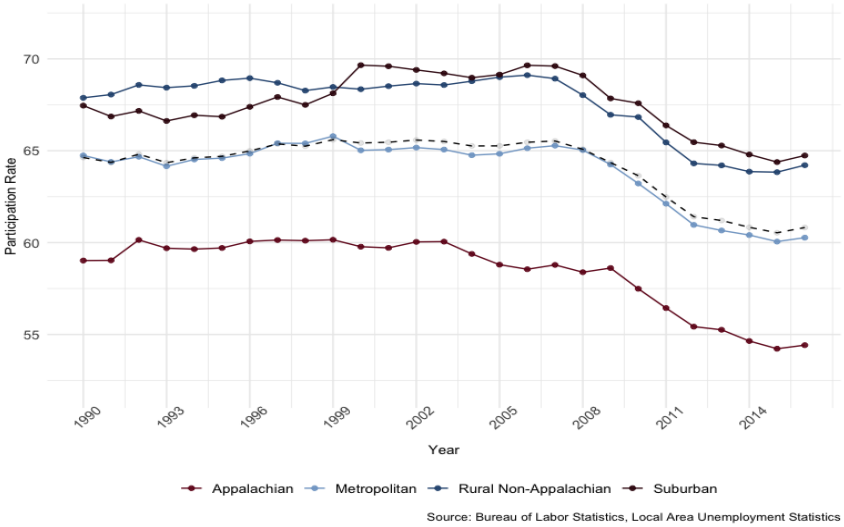
Figure 1. Percentage of Ohio Adults Not Working (Unemployed and Not Looking for Work) in 2016, Ages 19-64



Source: 5-year rolling average from the American Community Survey

Figure 2. Percent Either Working or Actively Seeking Work by County Type

(number of employed and unemployed divided by the civilian non-institutional population ages 16 and over)



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics

Employment Status

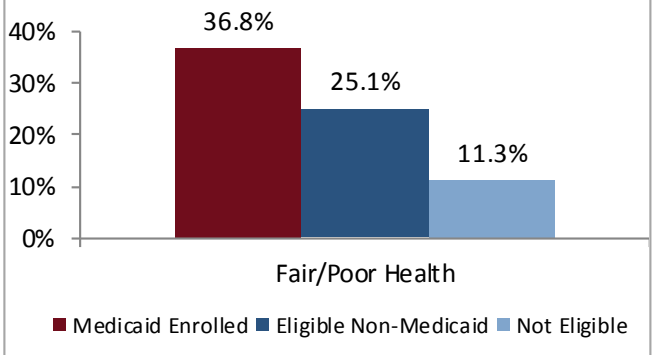
Of Medicaid enrollees 19-64 years old, 45.5% were currently employed, while 65.6% of those eligible but not enrolled were employed (Table 1). Still, less than half (40.2%) of Ohio's non-elderly non-working adult population was enrolled in Medicaid (Table 2).

Ohio's non-elderly adult Medicaid population was at a disadvantage concerning employment: their educational attainment tended to be lower, health status tended to be worse (see below), and they were more likely to have children in the household than other non-elderly adults in Ohio.

OMAS estimates of employment status and Medicaid enrollment resemble estimates derived from both the American Community Survey and Bureau of Labor Statistics. Figure 1 illustrates the percent of adults in the state who are not working (either unemployed or not in the labor force) by county. These estimates are substantially higher than the federal unemployment rate since they include both the unemployed and those not looking for work [i.e., not in the labor force]. In the average Ohio county, 41% of adults ages 19-64 do not work, and the percentages participating in the workforce have declined among all county types. However, counties vary widely from a low of 27% to a high of 58%, with the highest proportions not working located in the Appalachian region (32 counties) (Figure 2).

Medicaid enrollment differences were also clear within the populations of employed vs. not employed adults. Only 14.1% of employed adults were enrolled in Medicaid (Table 2). However, among those not employed, 40.2% were Medicaid participants (Table 2).

Figure 3. Percent Reporting Fair/Poor Health by Medicaid Enrollment or Eligibility, Adults 19-64, 2017



Source: 2017 OMAS

Health Outcomes

Health outcomes tended to be worse for those enrolled in Medicaid compared to those potentially eligible but not enrolled. This is not surprising for several reasons: first of all, Medicaid is a public health insurance program for people with low incomes and disabilities; secondly, people who are actively utilizing the healthcare system are more likely to be enrolled than healthy people who never seek medical care. The not eligible group tended to have better health outcomes, likely because they tend to live in higher-income households, a powerful indicator of factors that contribute to better health status.[1]

Self-reported fair/poor health status

Of those enrolled in Medicaid, 36.8% reported their health status as "fair" or "poor," compared to 25.1% of those eligible but not enrolled and only 11.3% of the ineligible population (Figure 3).

Unmet needs

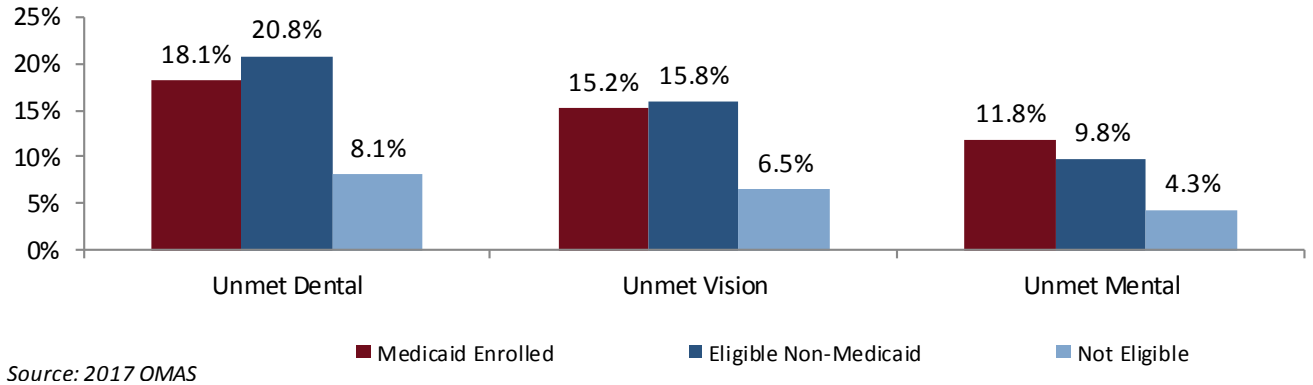
Unmet needs—having trouble getting healthcare services when needed—are important indicators of access to healthcare. Across different types of services, unmet needs were largely similar for Medicaid enrollees and those potentially eligible but not enrolled (Figure 4). Adults not eligible for Medicaid reported lower levels of unmet needs, a finding consistent with other studies that found unmet needs more common among low-income groups and the uninsured.[8] So while Medicaid covers dental, vision, and mental health services, some enrollees were not able to obtain all of the care that they thought they needed.

Unmet dental care was the most-cited unmet need, which may be related to the shortage of dental health professionals in various areas of the state. However, there was no significant association between county type and unmet needs among the Medicaid population.

Mental health-related impairment

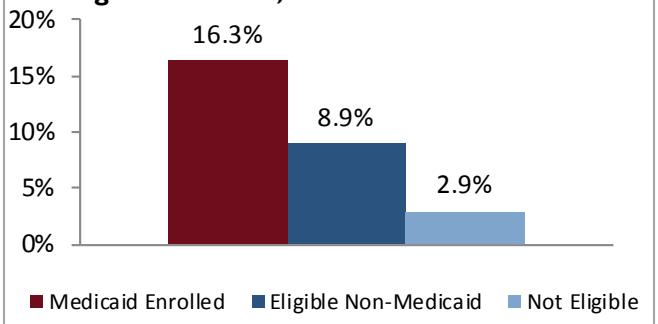
Mental health-related impairment (MHI) is a serious and disabling mental health condition that inhibits one's ability to study or work. As such, it is associated with lower levels of educational attainment and higher rates of poverty and unemployment. MHI was higher among the Medicaid enrolled than those who are Medicaid eligible but not enrolled (Figure 5). Given the composition of the Medicaid population, it is unsurprising that 16.3% of the Medicaid enrolled population experienced MHI during the previous month—significantly higher than those who were eligible but not enrolled (8.9%) and those not eligible for Medicaid (2.9%).

Figure 4. Unmet Needs Among Adults 19-64 by Population, 2017



Source: 2017 OMAS

Figure 5. Percent Experiencing MHI by Medicaid Enrollment or Eligibility Among Adults 19-64, 2017



Source: 2017 OMAS MHI=mental health-related impairment

Those reporting MHI had significantly lower rates of employment than those who had not experienced MHI, regardless of Medicaid enrollment or eligibility. In addition, the prevalence of MHI was significantly higher among the unemployed populations of each group (Figure 6).

CONCLUSIONS

A plurality of the Medicaid population fell into the following demographic groups: 1) non-Hispanic Whites; 2) females; 3) 19-44 years old; and 4) educated at the high school level or below. Additionally, nearly half (47.5%) lived in a household with children.

The percentage of respondents reporting fair or poor health status and mental health-related impairment (MHI) were both higher among the Medicaid enrolled population than either of the comparison populations.

Both the Medicaid enrolled population and eligible non-Medicaid population had higher unmet needs compared to the not eligible population.

Although the Medicaid enrolled and eligible non-Medicaid populations had very similar demographic characteristics, compared to the not eligible population, Medicaid enrollees were disproportionately parents, young, female, African-American, educated at no higher than a high school level, and not employed.

The percentages of respondents reporting fair or poor health status and/or mental health-related impairment (MHI) were significantly higher among the Medicaid enrolled population than the comparison populations. However, unmet needs for care were similar between the Medicaid enrolled and potentially eligible non-Medicaid populations. Both populations had higher unmet needs compared to the population not eligible for Medicaid.

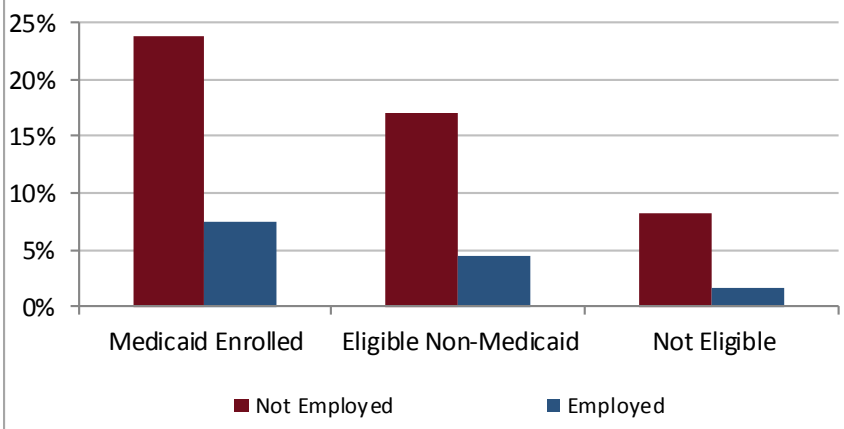
POLICY CONSIDERATIONS

Medicaid expansion in Ohio occurred in 2014—three years before fielding the 2017 OMAS. At this point, it is expected that the majority of significant changes to the demographic makeup of the Medicaid enrolled population have occurred, so the Medicaid population's demographics should remain fairly stable until other significant policy changes are implemented.

FOR MORE INFORMATION

For more information about the methodology and findings in this brief, please visit: https://grc.osu.edu/OMAS.

Figure 6. Percentage of Adults 19-64 who Experienced MHI by Employment Status and Medicaid Enrollment or Eligibility, 2017



Source: 2017 OMAS MHI=Mental health-related impairment

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