

## Ohio Chartbook, 2008: Child Health and Health Care across Ohio

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Photo courtesy of Cincinnati Children's Hospital Medical Center

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# About the Ohio Family Health Survey

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With more than 51,000 households interviewed, the Ohio Family Health Survey is one of the largest and most comprehensive state-level health and insurance surveys conducted in the country. The project was managed by The Ohio State University's Ohio Colleges of Medicine Government Resource Center, and the Health Policy Institute of Ohio and the survey was conducted by Macro International. The Ohio Departments of Insurance, Job and Family Services, Health, and Mental Health, the Cleveland State University, and the Ohio Board of Regents funded the project. This current project is the third in a series of statewide health surveys, following family health surveys in 1998 and 2004.

Ohio Family Health Survey Web site (all sponsored research reports are available for download here):

<http://grc.osu.edu/ofhs>

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## Welcome

The purpose of this Chartbook is to provide a report of the performance of the child health system in Ohio on key dimensions of child health and health care. Child health includes health status topics, such as physical, mental, and oral health, while child health care includes coverage, access, unmet needs, and quality of care. The information in this Chartbook provides information about variations in performance and outcomes for important subgroups of children, including those from low income households, Medicaid and State Child Health Insured Program children and uninsured children, children who are racial/ethnic minorities, and children residing in the variety of geographic areas that make up Ohio. This Chartbook has been designed to provide stakeholders in the community and at the state-level with easy-to-use and up-to-date information on child health and health care in Ohio. It has been developed as a print product with a companion website, [www.ohiochartbook.childhealthdata.org](http://www.ohiochartbook.childhealthdata.org). This online chartbook resource center includes all of these results, and will be expanded over time as new data and analyses become available, to serve as a one-stop resource center for all those concerned about children health and children's health care in Ohio.

## Executive Summary

This report is the first installment in the development of a new ongoing resource for policy makers and program managers, providing a comprehensive resource on child health and health care in Ohio in 2008, as well as comparisons to prior years. Using data from the Ohio Family Health Survey, this first report includes easy-to-access estimates of child health and health care indicators on topics such as health status, insurance status, basics of care, healthy development, living with illness, and getting better when sick. Readers may also explore how these estimates differ between subgroups, by age, gender, race/ethnicity, income, insurance status, and geography. The major findings of this report are divided into three sections: *Child Health and Health Care in Ohio*, which will address key issues in 2008, and *Changes Since 2004*, which examines areas that have improved or worsened since the previous survey, and *Policy Implications*, which suggests areas for policy focus and action in the coming months and years and opportunities for improvement in the health and health care of children and adolescents in Ohio.

## Child Health and Health Care in Ohio in 2008

### Ohio's Children

- Almost one-fourth (23.7% or 647,928) of children in Ohio live in households with family income at or below 100% of the Federal Poverty Level.
- One-third of children (33.0% or 918,287) ages 0-17 in Ohio are covered by Medicaid/SCHIP and 4.0% (109,673) have no insurance.
- Almost one-fourth of children (24.2% or 37,772) ages 0-17 in Ohio who needed help arranging or coordinating care or referrals never or only sometimes received this help.

### Health Status

- Over one-third (35.6% or 413,097) of children ages 10-17 living in Ohio were overweight or obese.
- One in 10 (10.7% or 272,828) children ages 0-17 in Ohio had asthma.
- Over one in five children (20.9% or 570,913) ages 0-17 in Ohio had special health care needs.

### Screening and Preventive Care

- Nearly all children (90.9% or 2,261,484) ages 0-17 in Ohio had a personal doctor or nurse.
- While a federal mandate requires that all children under age 3 receiving Medicaid benefits be tested for lead, less than two-thirds of children (63.9% or 91,102) ages 0-2 in Ohio who have Medicaid or SCHIP were tested.
- Almost 8 in 10 children (78.9% or 679,870) ages 0-17 in Ohio ever had their vision tested.

- Almost 8 in 10 children and youth (78.3% or 1,990,239) ages 0-17 in Ohio had at least one preventive care visit in the past year.
- Over three-quarters of children and youth (76.4% or 1,849,625) ages 0-17 in Ohio had at least one preventive dental care visit in the past year.

## **Changes Since 2004**

The following are based on the changes seen from 2004 to 2008 in the health and health care of children in Ohio. All changes are statistically significant, based on 95% confidence intervals.

### **Where we are Better**

- **Education increased**
  - Children in families where the highest level of education is greater than high school increased from 52.9% in 2004 to 61.0% in 2008.
- **Children without health insurance decreased**
  - Children with no health insurance declined from 5.4% in 2004 to 4.0% in 2008.
- **Children eligible for Medicaid/SCHIP who were not participating also decreased**
  - Children who were eligible for Medicaid, but not participating also decreased from 8.3% in 2004 to 6.1% in 2008.
- **Preventive care visits increased**
  - Children having a preventive care visit increased from 75.3% in 2004 to 78.3% in 2008.
- **Children never having a dental care visit decreased**
  - Children never having a dental visit decreased from 15.8% in 2004 to 13.6% in 2008.
- **Emergency department visits decreased**
  - Children with an emergency department visit decreased from 22.6% in 2004 to 19.9% in 2008.
- **Overnight hospital stays decreased**
  - Children experiencing overnight hospital stays decreased from 8.0% in 2004 to 6.6% in 2008.

### **Where we Need to Improve**

- **Poverty increased**
  - Children in families with income at or below 100% of the Federal Poverty Level increased from 21.1% in 2004 to 23.7% in 2008.
- **Medical costs increased**
  - Children incurring major medical costs increased from 12.0% in 2004 to 15.4% in 2008.
- **Perception of health care quality decreased**



- Parents rating the quality of their child's health care as high decreased from 88.3% in 2004 to 85.6% in 2008.
- **African American children eligible for Medicaid/SCHIP who were not participating increased**
  - African American children who were eligible for Medicaid, but not participating increased from 6.6% in 2004 to 11.7% in 2008.

## **Policy Implications**

Over the last four years, Ohio has made significant progress in reducing the number of uninsured children and increasing access to and use of primary and preventive services.

At the same time, certain findings are cause for concern as well. For example, the number and proportion of children and youth who are overweight and obese is evidence that this issue is a major public health threat for Ohio. Furthermore, the overall successes in many areas mask differences by important subgroups in health status, access to and quality of health care. For example, African American and Hispanic children were significantly less likely to be in excellent health; nearly twice as many Hispanic children did not get needed dental care compared to white, non-Hispanic children; 74% of parents of uninsured children reported avoiding or delaying getting care because of cost; and Medicaid/SCHIP insured children and youth were nearly twice as likely to have one or more visits to a hospital emergency department in the past 12 months. These subgroup differences emphasize the need for policymakers and program managers to closely examine and plan to address the unique needs of these subgroups of children when designing policy or program interventions.

Finally, the proportion of all children living in families at or below the Federal Poverty Level grew slightly between 2004 and 2008, and the OFHS survey was fielded before the full brunt of current economic circumstances was evident. This raises concern that we will see deterioration in access to care and growing unmet needs over the coming months and years.

Therefore, in light of current economic conditions and the recent passage of the Child Health Insurance Reauthorization Program Act (CHIPRA), Ohio has an opportunity to secure the improvements highlighted in this report and focus attention in a few key areas of high priority for children's health. Notable among these are responding to the obesity epidemic, better understanding how to address racial/ethnic disparities in health and health care, and reducing the unmet needs of children with special health needs. Just as important will be a continued commitment to collecting the data needed to monitor these trends and assess the impact of any policy or program interventions.

# **I. Background and Methods**

## **a. Overview**

While many children receive high quality health care, recent national reports indicate there are circumstances when this is not true. The Commonwealth Fund Report on quality of care for children from 2004 provides evidence that children do not always have accessible or timely health care.<sup>3</sup> For example, children who are not insured for a full year have been found to be nearly twice as likely to miss out on preventive care visits, compared to children are insured.<sup>4</sup> To further examine these topics, this Chartbook covers these issues, as well as others that affect coverage, access, unmet needs, and quality of health care for children, on a state and sub-state level. The level and detail of information provided may help to reveal opportunities for improvement in child health and health care across Ohio.

## **b. Methods**

The Ohio Family Health Survey (OFHS) is the primary data source used for this first report. The OFHS is a random digit dialing telephone survey that uses a landline and cell phone sample. Over 13,000 children ages 17 and under were included in the sample for the OFHS. Responses for children with unknown and refused ages were excluded from analysis. This Chartbook uses data from the both the 2004 and 2008 surveys, allowing for data to be compared over time.

While many data sources that characterize child health and socioeconomic conditions exist, few provide a comprehensive picture of the health care children receive in the context of those characteristics. All analyses include all children in Ohio unless otherwise specified. The OFHS also offers data for sub-state analyses that are very useful to policy and decision makers at both the community and state level. Sub-state levels available from the OFHS include six major counties (Cuyahoga, Franklin, Hamilton, Lucas, Montgomery, and Summit), four major regions (Metropolitan, Appalachian, Rural non-Appalachian, and Suburban) and eight managed care regions.

Child health and health care indicators were selected by presenting a list of proposed indicators to Ohio child health stakeholders for input. Stakeholders included representatives from the following institutions: Ohio Department of Health, Office of Ohio Health Plans, Ohio Executive Medicaid Management Agency, Ohio Hospital Association, Ohio Children's Hospital Association, Ohio American Academy of Pediatrics Foundation, Columbus Public Health Department, Voices for Ohio's Children, Health Policy Institute of Ohio, Care Source, Ohio Business Roundtable, Legal Aid Society of Southwest Ohio and Greater Cincinnati Health Foundation.

The age range used is 0 to 17 years. Some topics focus on specific age groups, and therefore, limit analysis to the necessary age group. Subgroup analyses for all topics

include three specific age groups: children 0 to 5 years, children 6 to 11 years, and youth 12 to 17 years.

### **c. What You Will Find in this Report**

This first report contains information on key indicators of child health and health care in Ohio. For each chapter, you will find:

- A breakout box of key findings and changes since 2004, as well as implications that are relevant to policy and decision making of child health and health care in the state
- A summary table of important indicators and more detailed sub-group table with the same indicators, both located in the appendix. All referenced tables are found in the appendix.
- Graphs of policy-relevant findings and/or statistically significant differences between 2004 and 2008 data.

## II. Demographics

The data in this section provides a basic and descriptive overview of the population of children and youth in Ohio in 2004 and 2008. Basic demographic information includes, age, gender, and race. Household information also describes the children and youth living in Ohio with household income, insurance type, and household education level.

### In this chapter, you'll find:

- a. Key Findings and Implications
- b. Age
- c. Race and Ethnicity
- d. Household Income
- e. Household Education

### a. Key Findings and Implications

#### Key Findings and Changes Since 2004

In 2008, there were more youth ages 12 to 17 years old, compared to 2004, and concomitantly, fewer children age 5 and under in 2008 than in 2004. Over the same time period, there were more Hispanic children and children of other races. In 2008, there were more children living in households with incomes less than 100% of the federal poverty level (FPL) than in 2004. This increase is accompanied by an increase in children living in households where the highest level of education is greater than high school.

#### Implications

The increase in population of teens and pre-teens in Ohio indicates an aging of the state's children that can have implications on certain types of services. Fewer younger children and more youth age 12 and over may affect the need for mental health services, for example. More than half of mental health prevention costs go toward youth ages 12 and over.<sup>2</sup>

An increase in children in households with lower income may affect children receiving care, as they may be less likely to have access to care through job-based insurance coverage. The data in this report shows this is the case. Fewer children living in households with less than 100% of the FPL received preventive care visits than children living in households with higher income levels (Table 3-2).

## b. Age

Data from the Ohio Family Health Survey indicate that in 2008, there were 2,732,329 children and youth under age 18 living in Ohio. This group makes up 23.7% of the total population living in Ohio, according to estimates from the US Census in 2008. Data from the 2004 Ohio Family Health Survey show that there were 2,892,593 children and youth under age 18 living in Ohio during 2004. Census estimates from 2004 reveal that children and youth under age 18 make up 25.1% of the total population living in Ohio in 2004.

The ages of children and youth in Ohio in 2008 are slightly different from 2004. In 2008, there are significantly fewer children age 0 to 5 in Ohio than in 2004. However, there are significantly more youth ages 12 to 17 years in 2008 than in 2004. The percentage of children ages 6 to 11 remained about the same from 2004 to 2008 (Figure 2-1).

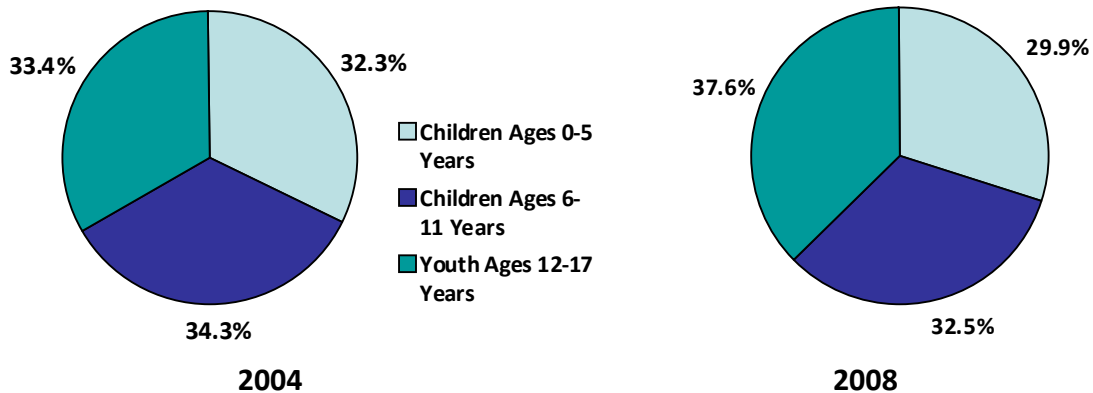


Figure 2-1: Percentage of Children, Ages 0-17, 2004 and 2008: By Age Group

## c. Race and Ethnicity

In 2008 in Ohio, the majority of children and youth were white (80.0%). African American children and youth remained about the same from 2004 to 2008. However, the percentage of Hispanic children and youth in Ohio increased significantly from 2004 to 2008, as did children of other races and ethnicities (Figure 2-2).

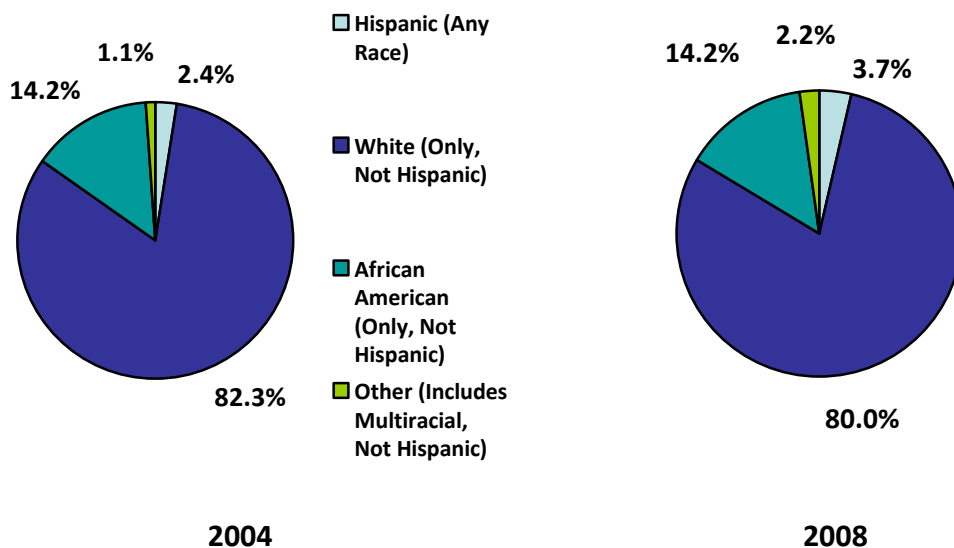


Figure 2-2: Percentage of Children, Ages 0-17 Years, 2004 and 2008: By Race/ Ethnicity

#### d. Family Income

Family income categories in this report are based on Federal Poverty Guidelines, which estimate the number of people living in poverty. Respondents to the Ohio Family Health Survey were assigned to an income category based on federal poverty criteria specific for the respondent surveyed. In Ohio in 2008, 647,928 children and youth lived in households with income less than 100% of the Federal Poverty Level (FPL). The FPL was \$21,200 for a family of four in 2008. From 2004 to 2008, the percentage of children and youth in Ohio living between 101 to 200%, 201 to 300%, and 300% and above of the FPL did not change significantly. However, the percentage of children and youth in Ohio living in households at or below 100% of the FPL increased (Figure 2-3).

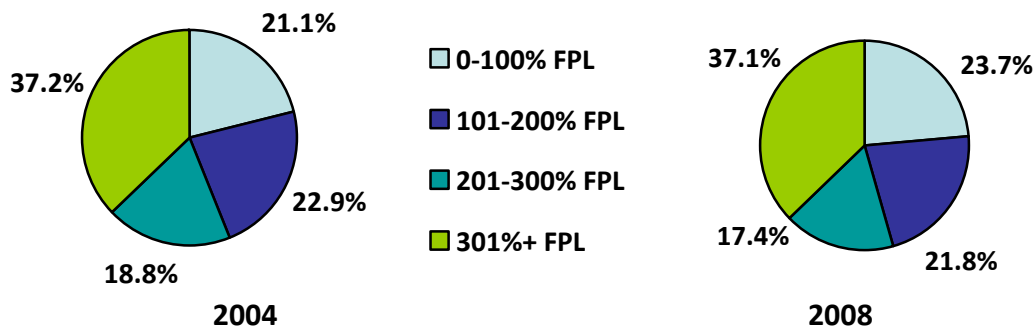
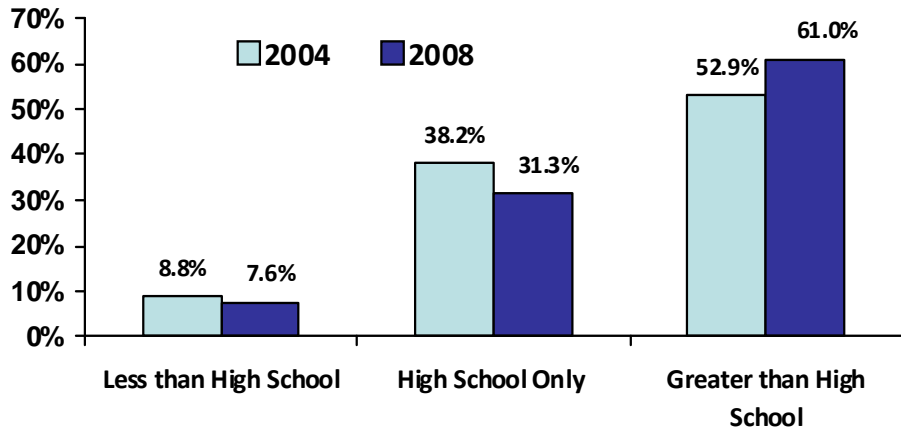


Figure 2-3: Percentage of Children, Ages 0-17 Years, 2004 and 2008: By Family Income

#### e. Family Education

Family education level changed significantly for children and youth in Ohio from 2004 to 2008. The percentage of children and youth living in households with less than a high school education and high school education only decreased (high school education only

decreased significantly), while the percentage of children and youth in households with more than high school education increased significantly (Figure 2-4).



**Figure 2-4:** Percentage of Children, Ages 0-17 Years, 2004 and 2008: By Family Education

### III. Health Status of Children and Youth

The health status of children and youth includes many aspects of a child's physical and mental well-being. In this chapter, physical aspects of a child's health status include topics such as special health care needs, body weight, diabetes, and asthma. Mental health status of children and youth is also included in this chapter.

In this chapter, you'll find:

- a. Key Findings and Implications
- b. Overall Health Status and Mental Health Status of Children and Youth
- c. Children and Youth with Special Health Care Needs
- d. Weight, Diabetes, and Asthma of Children and Youth

#### **a. Key Findings and Implications**

##### **Key Findings and Changes Since 2004**

Fewer children with Medicaid/SCHIP in Ohio have an excellent overall health status than children with job-based insurance coverage.

Over one in five children in Ohio had special health care needs in 2008. Children with Medicaid/SCHIP are more likely to have special health care needs than children with job-based coverage or no health insurance.

Over one-third of children ages 10 to 17 living in Ohio were overweight or obese in 2008. A greater percentage of children ages 10-12 are overweight or obese than teen children ages 13 to 17 years old.

There were no statistically significant changes in the health status indicators since 2004.

##### **Implications**

Because more children on Medicaid/SCHIP have special health care needs compared to children with job-based coverage or no insurance in Ohio, the demand for health care providers receiving Medicaid participants is higher than other providers. This is particularly true for providers offering specialized services used by children with special health care needs.

The health implications of children who are overweight or obese are significant. These children are more likely to have diabetes, asthma, and these and other health complications later in life. The burden of obesity on the community and health system can be significant, as well.



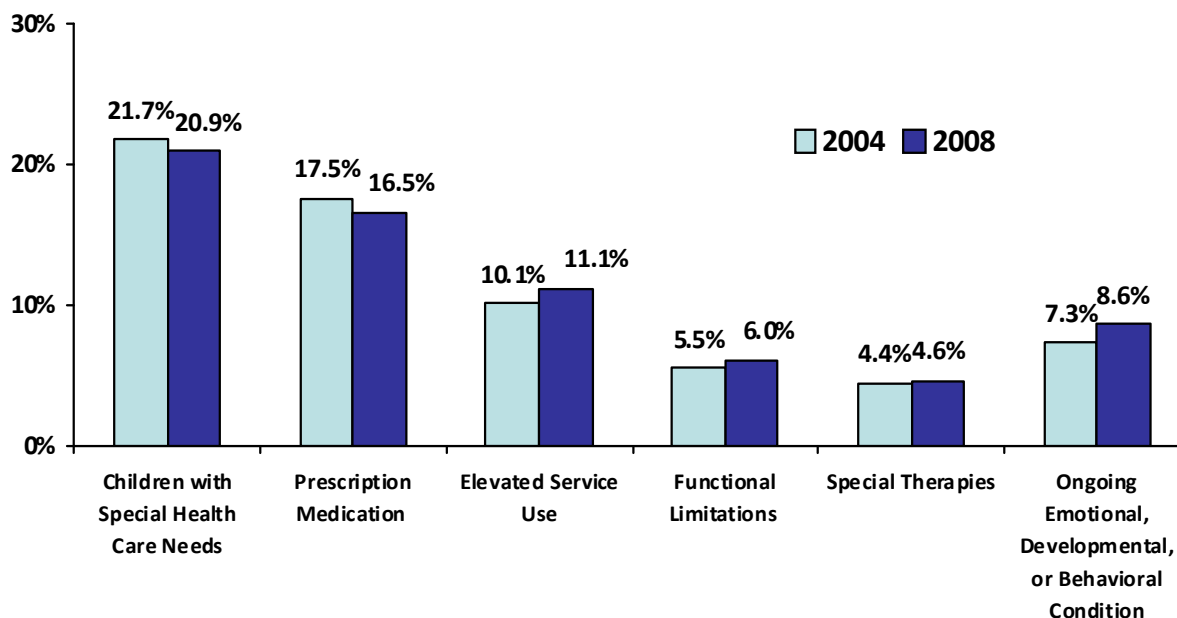
## b. Overall Health Status and Mental Health Status of Children and Youth

Parents of children with Medicaid/SCHIP health coverage were less likely to have rated their child's overall health status as excellent, compared to parents of children with job-based coverage (Table 3-2). Parents of children with special health care needs (CSHCN) did not rate their child's health status as highly as the overall group. Fewer parents rated their child's overall health status as excellent and more gave ratings lower than excellent (Table 7-2, Table 3-1).

Parents of CSHCN gave lower ratings for their child's mental health status than the overall group. Significantly more parents of CSHCN rated their child's mental health status as poor (Table 7-2, Table 3-1). Further, in 2008, 35.9% of children who met the special health care needs screener criteria for ongoing emotional, developmental, or behavioral conditions were given a fair or poor mental health status rating by their parents, compared to 5.0% of children in the overall group receiving this rating from their parents (data not shown).

## c. Children and Youth with Special Health Care Needs

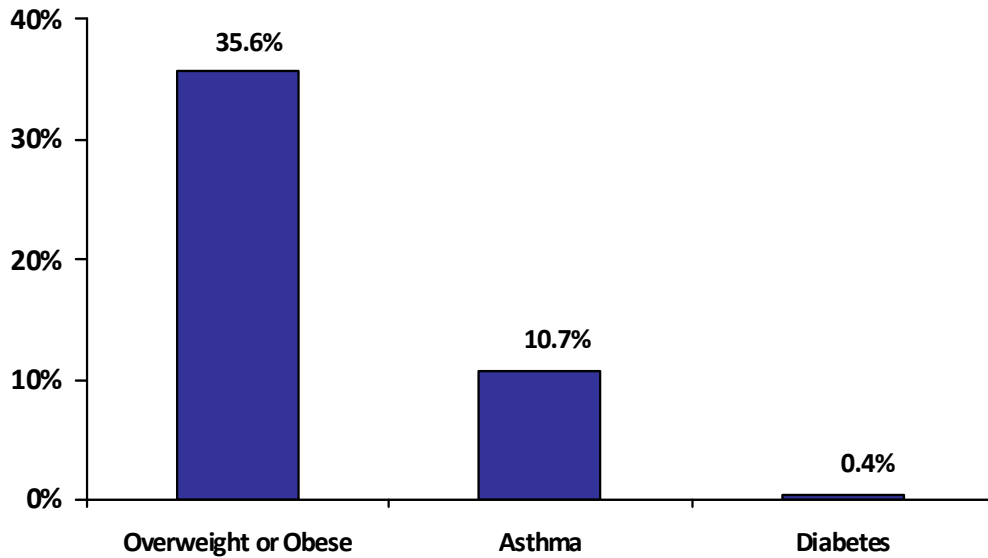
In 2008 in Ohio, the percentage of CSHCN was slightly lower than in 2004. However, some screener criteria of CSHCN changed from 2004 to 2008. More children and youth met the criteria for elevated service use, functional limitations, and ongoing emotional, developmental, or behavioral conditions in 2008 than 2004 (Figure 3-1), although none of these changes were significant. For more information on CSHCN, please see the OFHS report, "A Profile of Children with Special Health Care Needs in Ohio: OFHS 2008 Final Report".<sup>5</sup>



**Figure 3-1:** Percentage of Children with Special Health Care Needs and Percentage Meeting each CSHCN Screener Criteria, Ages 0-17 Years, 2004 and 2008

#### d. Weight, Diabetes, and Asthma of Children and Youth

Over one-third of children and youth ages 10-17 years in Ohio were overweight or obese in 2008. More information on childhood obesity can be found in the OFHS Report: "Obesity in Children and Families Across Ohio". In 2008, 10.7% of children and youth had any form of asthma. Nearly 11,000, or 1.8% of children in Ohio had diabetes in 2008 (Figure 3-2).



**Figure 3-2:** Percentage of Children, Ages 0-17 Years, 2008: Overweight (Ages 10-17 Years), Asthma, and Diabetes

## IV. Insurance Status and Utilization

Ensuring that children in Ohio have insurance coverage is important for many reasons. Children who have health insurance are more likely to have access to care, which can lead to improved health of the child through regular doctor's visits and wellness checks. Further, health insurance coverage of children has effects on health care costs. Uninsured children are more likely to incur major medical costs as well as delay getting care, which can also increase costs. For more information on insurance and utilization of children in Ohio, see the OFHS report "Potentially Eligible Medicaid Population without Medicaid Coverage".<sup>6</sup>

In this chapter, you'll find:

- a. Key Findings and Implications
- b. Insurance types
- c. Insurance stability over the year
- d. Eligible, but uninsured
- e. Overall access to care for children with and without stable coverage
- f. Utilization of care, and unmet needs for children with and without stable coverage.

### **a. Key Findings and Implications**

#### **Key Findings and Changes Since 2004**

Fewer children in Ohio had job-based health insurance coverage in 2008 than in 2004. More children were covered by Medicaid/SCHIP in 2008 than in 2004. Also a significant change is fewer children had no health insurance in 2008 than in 2004. Further, fewer children were uninsured for part of the year in 2008 than in 2004.

Significantly more children with job-based health insurance who were insured all year in 2008 had a personal doctor or nurse than in 2004. Likewise, this same group of children had significantly more preventive care visits in 2008 than in 2004.

#### **Implications**

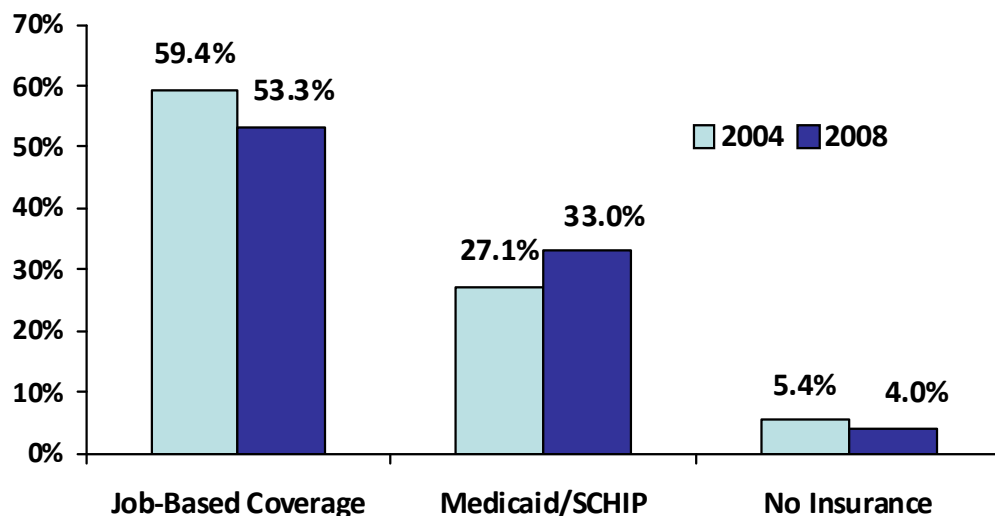
With fewer children with no health insurance in 2008, access to health care services should improve as well, including access to preventive care visits and screenings, which can lead to better management of children's health care and improvements in health status. However, while the data in this report are based on the 2008 OFHS, which was conducted in the latter half of 2008 and covers the initial downturn of the economy, the full effects of the negative economy are not seen in this data. Therefore the current number of children without insurance in Ohio may be higher, and, therefore, access to health care services lower, than presented in this report.

## b. Insurance Type

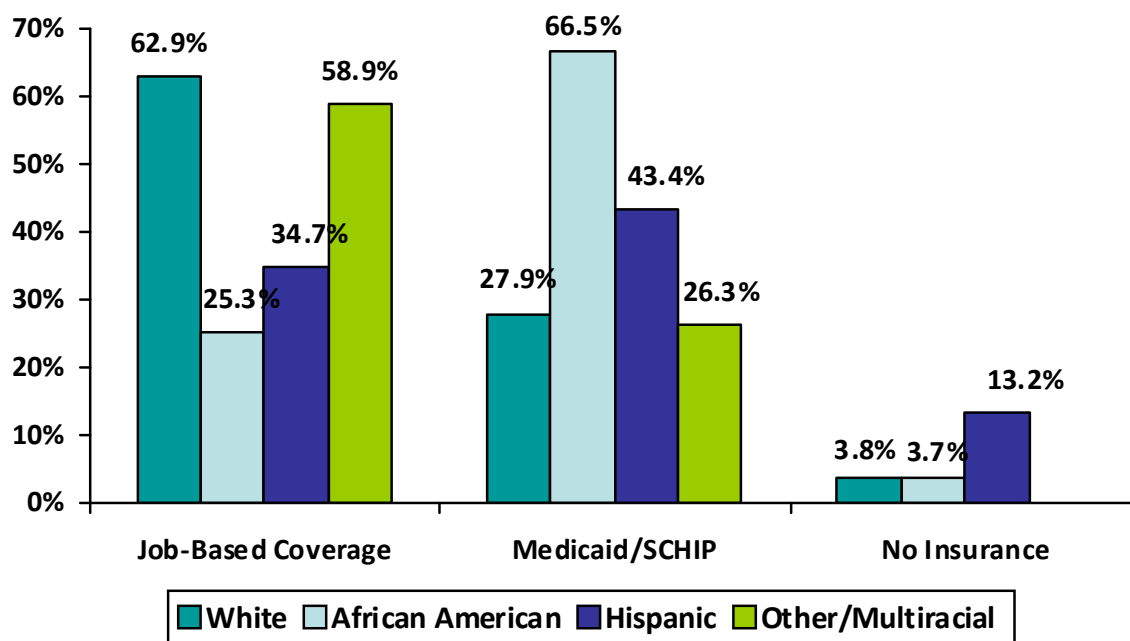
More children in Ohio were covered by job-based health insurance in 2008 than other insurance types, which was also the case in 2004. However, one-third of children and youth in Ohio were covered by Medicaid/SCHIP in 2008. The percentage of uninsured children and youth in Ohio significantly decreased from 2004 to 2008, from 5.4% to 4.0%. The percentage of children covered by job-based insurance and Medicaid/SCHIP also significantly changed from 2004 to 2008 (Figure 4-1).

Examining insurance type of children by race and ethnicity, African American children have the highest percentage of Medicaid/SCHIP coverage in 2008. Hispanic children have the highest percentage of no insurance coverage during this year (Figure 4-2).

Children with special health care needs are more likely to have public insurance than the overall group. In 2008, 45.3% of CSHCN were covered by Medicaid/SCHIP at the time of the survey, compared to 33.0% of overall children in Ohio.



**Figure 4-1:** Percentage of Children, Ages 0-17 Years, 2004 and 2008: By Insurance Type at Time of Survey



**Figure 4-2:** Percentage of Children, Ages 0-17 Years, 2008: By Insurance Type at Time of Survey and Race/Ethnicity

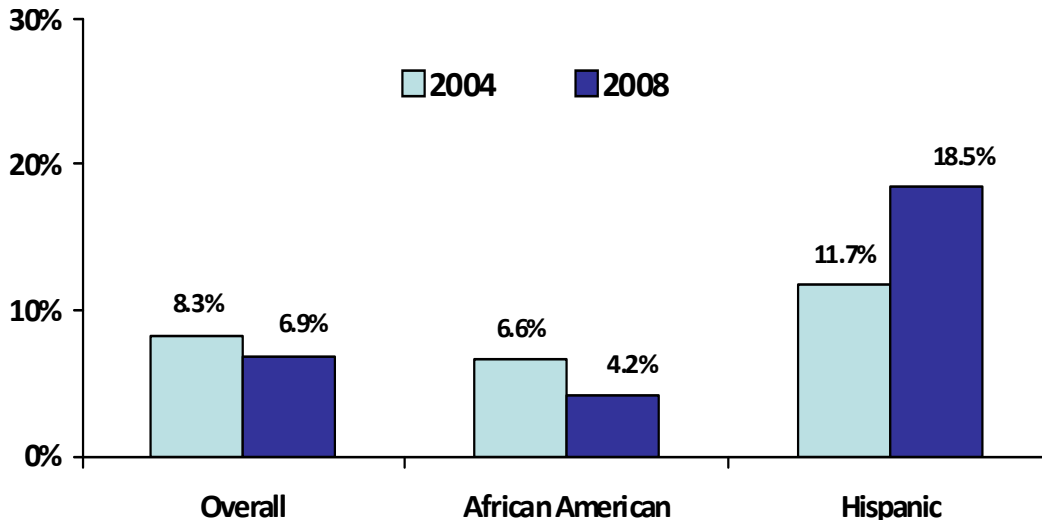
### c. Insurance stability over the year

A significantly lower percentage of children were insured all year with job-based coverage in 2008, compared to 2004, while a greater percentage of children were insured all year with Medicaid/SCHIP over this same time period. Another significant change from 2004 to 2008 is the decreased percentage of children uninsured part of the year (from 6.6% in 2004 to 5.4% in 2008) (Table 4-1).

Insurance stability definitions are based on the type of insurance the child has at the time of the survey and whether or not they had health insurance coverage for the past 12 months (using two questions). For example, a child who has had a full year of job-based insurance coverage had job-based insurance at the time of the survey, had a health insurance coverage for the past 12 months or more or did not have any time in the past 12 months without insurance coverage.

### d. Potentially eligible, but not participating

Significantly fewer children were eligible for Medicaid/SCHIP, but not participating in 2008, compared to 2004. However, this decrease was not seen in all race/ethnicity categories of children. African American children saw a significant decrease in the percentage of children potentially eligible for Medicaid/SCHIP, but not participating, whereas Hispanic children experienced an increase (Figure 4-3). Children were considered potentially eligible for Medicaid if family income was less than 150% FPL, or between 151-200% FPL and did not have other coverage. Not participating was based on insurance status at the time of the survey.



**Figure 4-3:** Percentage of Children who were Potentially Eligible for Medicaid but Not Participating, Ages 0-17 Years, 2004 and 2008: Overall and Selected Race/Ethnicity

**e. Overall access to care for children with and without stable coverage**

Children with stable insurance coverage (either job-based or Medicaid/SCHIP) were more likely to have a personal doctor or nurse, compared to children who were uninsured for the full year. Specifically, children with job-based coverage for the full year saw an increase in the percentage of children who had a personal doctor or nurse from 2004 to 2008 (Table 4-1).

**f. Utilization of care, and unmet needs for children with and without stable coverage**

Children covered by job-based insurance and by Medicaid/SCHIP were more likely to have had at least one preventive care visit in the past year, compared to children who were uninsured for the full year. Children with job-based coverage also saw an increase from 2004 to 2008 in the percentage of children who had at least one preventive care visits in the past year (Table 4-1).

Children who were uninsured for part of the year were more likely to have not received dental care, prescription drugs, or other health care needs compared to children who were insured, either by job-based coverage or Medicaid/SCHIP (Table 4-1).

**g. Additional analyses of the eligible uninsured and unstably insured**

As mentioned earlier, a separate OFHS policy report examines in detail the characteristics of parents and children who were eligible but not participating in Medicaid. In general, parents who were less poor, male, and of Hispanic race/ ethnicity were more likely to not participate. The strongest predictor of children’s participation was their parent’s insurance status.<sup>6</sup>









































































































































































































































































