

Child Health and Health Care Across Ohio

A Report on the 2008 Ohio Family Health Survey June 1, 2009

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- Introduction to the CPRC
- Purpose and Scope of Chartbook
- Methods
- Key Findings
- Implications
- The Ohio Chartbook Website
- Next Steps





CPRC develops, translates and communicates evidence to measurably improve child health and well-being and the quality of health care for children.

Our **partners** include community, local, state and national policy makers, program managers and advocates. We address the **most urgent challenges** facing children and families.





Center Themes & Activities

Themes

- **✓** Population Child Health
- √ Health insurance & access
- ✓ Health system performance & quality

Activities

- Research
 - Quantitative, qualitative, large datasets, surveys
 - Policy analysis
- Translation/Communication
 - Reports
 - Policy brief series
 - Expanded website
 - Workshops, audiocalls, etc..
- Building the field
 - Training
 - Hosting rotations







The Policy Journal of the Health Sphere



PEDIATRICS°

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS







- Introduction to the CPRC
- Purpose and Scope of Chartbook



- First installment in development of new ongoing resource for policy makers and program managers
- Provides a comprehensive resource on child health and health care in Ohio in 2008, as well as comparisons to prior years.
- Includes easy-to-access estimates of child health and health care indicators on topics including
 - Health status
 - Insurance status
 - Basics of care
 - Healthy development
 - Living with illness
 - Getting better when sick
 - Regional estimates
- Also explores how these estimates differ between subgroups, by age, gender, race/ethnicity, income, insurance status, and geography.





- Introduction to the CPRC
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- Methods





- Ohio stakeholder input on key indicators
- Descriptive analyses
- Expert and stakeholder review
- Web site development





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- Key Findings



- Education: The percentage of 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.
- **Uninsured Children:** The percentage of children with no health insurance declined from 5.4% in 2004 to 4.0% in 2008.
- Children Eligible for Medicaid/SCHIP but not Participating: The percentage of children who were eligible for Medicaid, but not participating also decreased from 8.3% in 2004 to 6.1% in 2008.
- **Preventive Care:** The percentage of children having a preventive care visit increased from 75.3% in 2004 to 78.3% in 2008.
- **Dental Care:** Children never having a dental visit decreased from 15.8% in 2004 to 13.6% in 2008.
- *ER Visits:* Children with an emergency department visit decreased from 22.6% in 2004 to 19.9% in 2008.
- Overnight Hospital Stays: The percentage of children experiencing overnight hospital stays decreased from 8.0% in 2004 to 6.6% in 2008.

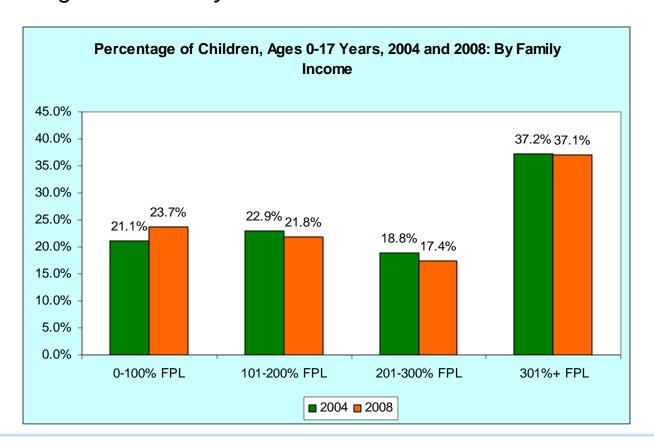


child policy / Improvement Needed

- Increased Rate of Poverty: The percentage of 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.
- Greater Impact of Medical Costs: The percentage of children reportedly incurring major medical costs increased from 12.0% in 2004 to 15.4% in 2008.
- Decrease in Perceived Health Care Quality: The percentage of parents rating the quality of their child's health care as high decreased from 88.3% in 2004 to 85.6% in 2008.



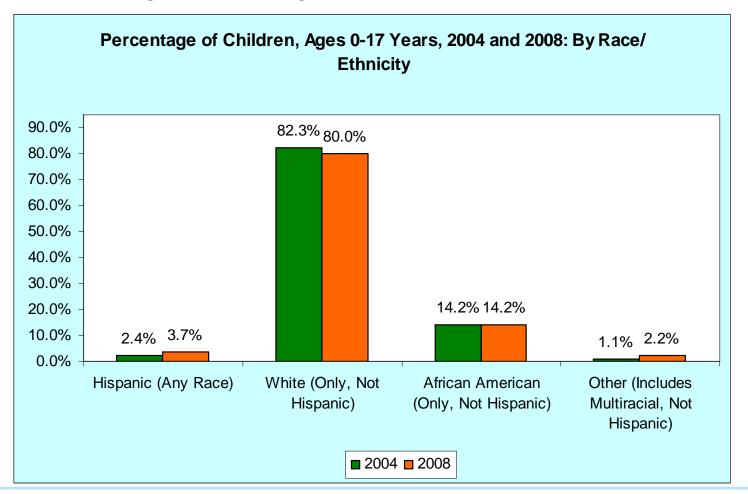
Note: The 2008 OFHS was conducted in the latter half of 2008 and covers the initial downturn of the economy. However, the full effects of the negative economy are not reflected in this data.





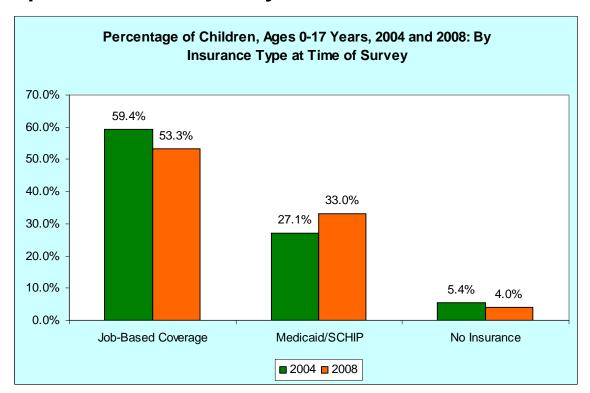


An increasing percentage of Ohio children are Hispanic.





The percentage of Ohio children with no insurance decreased from 5.4% in 2004 to 4.0% in 2008. This change represents nearly 40,000 Ohio children.

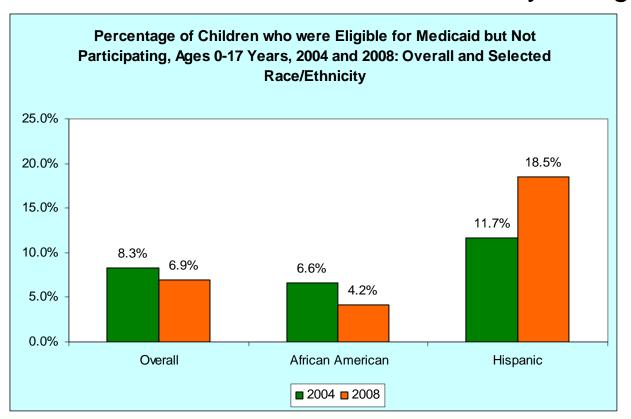






Medicaid/SCHIP: Potentially Eligible, But Not Participating

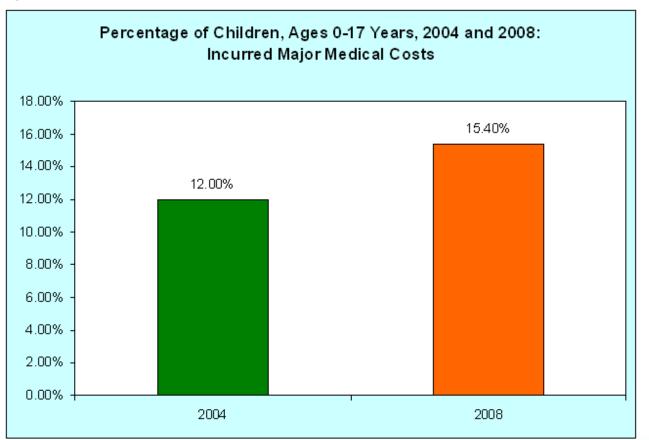
Significantly fewer children were eligible for Medicaid/SCHIP, but not participating in 2008, compared to 2004. However, this decrease was not seen in all race/ethnicity categories.



Note: Children were considered eligible for Medicaid if family income was less than 150% FPL, or between 151-200% FPL without other coverage. Not participating was based on insurance status at time of survey.



Despite improved rates of insurance coverage, an increased percentage of Ohio children incurred major medical costs in 2008.

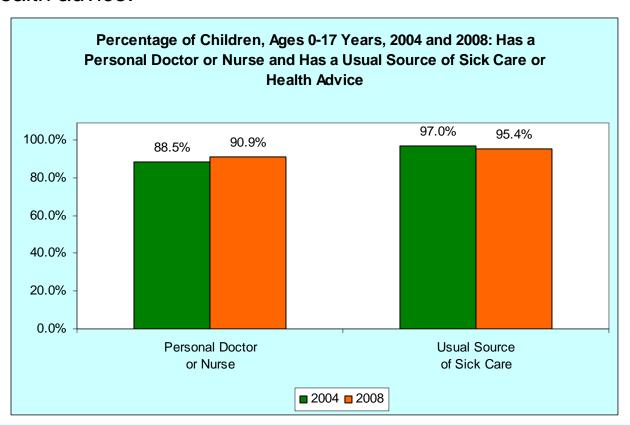






PDNs and Usual Source of Sick Care

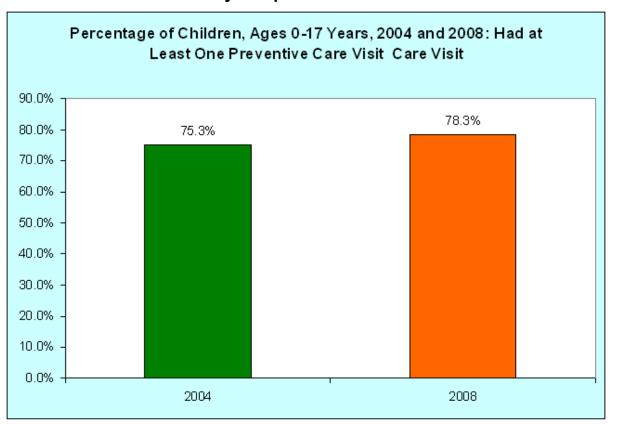
The percentage of Ohio children with a personal doctor or nurse increased between 2004 and 2008, as did the percentage of children using a doctor's office (rather than a clinic or health department) as their usual place of sick care or health advice.



Note: Usual source of sick care or health advice as defined in this analysis is not the same as "usual source of care" as defined by national surveys.

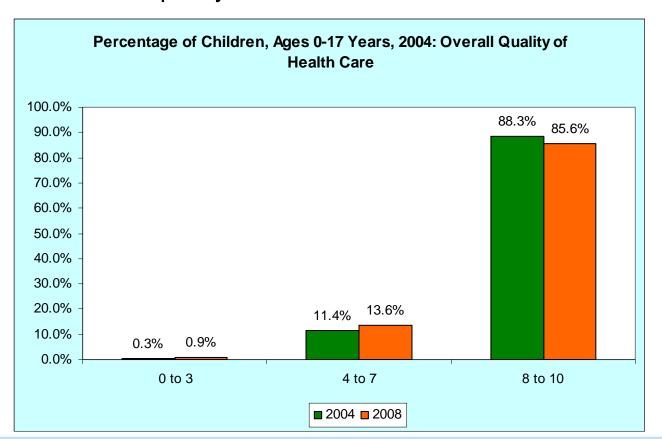


Significantly more Ohio children and youth had at least one well-child or well-baby checkup in 2008 than in 2004. The percentage of children receiving dental care similarly improved.





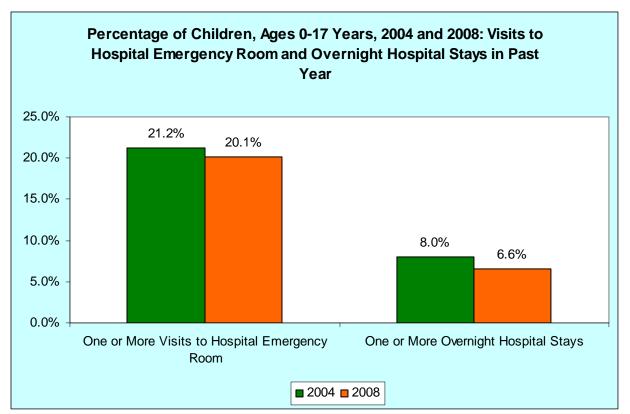
The percentage of parents reporting that their children receive overall high quality care remains high but has decreased, while the reported frequencies of low quality and mediocre care increased.





Fewer Ohio children are experiencing emergency room visits and overnight hospital stays. This may imply improved access to care and/or health status and potential reduction of costs to Ohio's health

system.







Website

Ohio Chartbook 2008: Child Health and Health Care Across Ohio

http://ohiochartbook.childhealthdata.org



- Expansion of website with additional OFHS results
 - Welcome other submissions of data on children!
- Statewide audio call
- Expansion to include Medtapp sponsored results on CSHCN, Medicaid and other research
- Expansion of results to include 2007
 National Survey of Chidlren's Health





Questions?

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