

Health Insurance Coverage in Ohio, 2004: The Roles of Public and Private Programs in Assuring Access to Health Care

Results from the Ohio Family Health Survey



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Key Findings:

- In 2004, children and adults in Ohio relied primarily on employment-based insurance for health services access. About 1.8 million or 64 percent of Ohio children and 5.3 million adults (63 percent) received coverage through a present or former employer or through a relation with job-based coverage.
- The proportion of Ohioans without health insurance fell since 1998, when this survey was last taken, from 11.2% to 10.7%.
- The uninsured in Ohio are primarily adults. Approximately 12 percent of Ohio adults, just over 1 million people, lack health insurance. Risk of uninsurance is higher among those with lower incomes, less education, younger ages groups, minorities, and those living in Appalachian counties.
- Only about 5 percent of children under 18 years of age, by contrast, lacked health insurance coverage, or fewer than 200,000 individuals. Recent policy efforts to extend health coverage to all children in Ohio have left a fairly small remaining gap.
- Ohio Medicaid covered nearly 800,000 low-income or disabled children, over 27 percent of all children in Ohio, and nearly one million adults. Medicaid requires those covered to meet eligibility criteria, so that it covers primarily families and the disabled with low incomes.
- Medicaid coverage expansions to parents has also contributed to reducing the numbers of uninsured. However, expansion of Medicaid to many more adults is restricted by the criteria for parenthood, income limits, or disability requirements.

Importance of Health Insurance to Health Status and Access

Health insurance is a topic of high priority to the public and policymakers. Health insurance provides financial access to health care for those who face severe health care needs. And, in hopes of avoiding those needs, many health insurance programs are designed to encourage those covered to seek early and preventive health care services.

Although younger and more healthy people might believe they don't need insurance, those without health insurance face substantial financial risks from accidents and disease. Studies have shown that the uninsured often postpone or neglect necessary care. At the same time, many of the uninsured face barriers to obtaining insurance coverage, including low incomes, high premiums or out-of-pocket costs, and health conditions that keep them from working or that health insurers find too risky to cover.

Policy makers have long been concerned about the number of uninsured and have considered policies intended to expand coverage. Since most people receive coverage for themselves or their families through their place of employment, those who want to encourage more employers to offer coverage are concerned about reducing the costs of health care, as well as policies that increase the availability of jobs that offer coverage. Alternatively, individual private insurance policies are available, but health care costs or pre-existing health conditions may make such policies expensive for many of the uninsured.

Publicly-funded programs are intended to cover other individuals who may not have access to job-based coverage, and decisions about who those programs should cover are also affected by health care costs. Furthermore, those policy decisions can open public health insurance programs to people who may already have opportunities for private coverage, a situation known as "crowd-out".

Medicare is a federal health insurance program for people over age 65 and the disabled covered by Social Security. It primarily covers the acute health care needs of the elderly rather than long-term care such as nursing home costs. Medicare was recently expanded to cover prescription drugs upon payment of an additional premium, beginning in January 2006. Eligibility for Medicare coverage is the same across the country.

The state governments, including Ohio, assisted by financial support from the Federal government, provide Medicaid for low-income families, children, and the disabled. The federal government sets standards for states' programs, determining in general the types of services that are covered and how they are paid, as well as setting criteria by which people become eligible for Medicaid. Within those standards states have some flexibility for setting requirements according to their own priorities, so the Medicaid programs across states, federal territories, and the District of Columbia vary.

Many of the states along with the federal government have sought to expand the Medicaid program to cover more of the uninsured, and in the 1990s the Federal government authorized coverage of more children through a joint Federal-State program called the Children's Health Insurance Program, known as CHIP. In Ohio, this

expansion authority was integrated into a Medicaid program called Healthy Start/Healthy Families. While parents are eligible with incomes up to 100% of the Federal Poverty Level, the financial eligibility standard is up to 150% of FPL, or 200% if the child has no other source of health insurance.

Medicaid also covers the disabled, along with elderly people with low incomes, by paying for health care costs not covered by the Medicare program. Among the Medicaid-eligible elderly the major costs are for nursing home care and for prescription drugs not covered by Medicare.

Sources of Health Insurance Coverage Differ for Adults and Children

As a result of the differences in criteria for eligibility, the patterns of coverage for adults and children in Ohio differ. Some people are covered by multiple sources of insurance (Table 1), and public and private plans have rules to determine which programs are responsible for paying which costs.

Table 1: Sources of Insurance Coverage*, Ohio Children and Adults, 2004						
Adults (Age 18 and over)						
	Both Medicare and Medicaid	All with Medicaid	All with Medicare	All with Job-based coverage	Uninsured	Directly Purchased Private Coverage, Other, or Unreported
Percent	4.0%	11.4%	21.1%	62.5%	12.5%	6.3%
Lower 95%Confidence Level	3.7%	11.0%	20.5%	61.9%	12.1%	6.0%
Upper 95% Confidence Level	4.2%	11.8%	21.6%	63.2%	13.0%	6.7%
Number in thousands	338	972	1,796	5,331	1,068	541
Lower 95%Confidence Level	317	937	1,748	5,267	1,029	513
Upper 95% Confidence Level	360	1,008	1,844	5,395	1,108	570
Children (age 0-17)						
Percent	1.1%	27.4%	2.0%	63.6%	5.4%	7.3%
Lower 95%Confidence Level	0.9%	26.4%	1.7%	62.6%	4.9%	6.8%
Upper 95% Confidence Level	1.4%	28.3%	2.3%	64.6%	5.8%	7.8%
Number in thousands	33	793	59	1,845	156	213
Lower 95%Confidence Level	27	764	50	1,810	143	197
Upper 95% Confidence Level	39	823	67	1,879	169	229

*Numbers and Percent represent individuals in each category and do not sum to the total.

Notable in the issue of multiple coverage sources is that by federal law, Medicaid is payer of last resort, i.e. any other sources of coverage for a Medicaid recipient must pay according to its rules first, before Medicaid contributes. Hence the category of “dual-eligible”, those who have both Medicare and Medicaid, is of particular importance. These dual eligibles are low income elderly and disabled who rely on Medicare for acute care costs such as hospitalization and Medicaid for their long-term care needs (nursing home and community based care).

Both adults and children are predominantly insured by employment-based coverage, 62.5 percent of adults and 63.6 percent of children. Because Medicaid has more relaxed income standards for children as a part of Healthy Start/Healthy Families, Medicaid covers over 27 percent of all children, nearly 800,000.

Among adults, Medicare covers a greater proportion because its criteria for coverage, age or disability, occur most among adults. Considerably more adults lack health insurance, with over 12 percent, or greater than 1 million adults without. Just over 5 percent of all children, or 156 thousand, are uninsured.

The relatively low proportion of uninsured children reflects success of policies to extend coverage focusing on children. Table 2 shows the change in the proportion uninsured since the last Ohio Family Health Survey in 1998, among children and adults. Uninsurance fell for children since 1998, largely due to the expansion of eligibility through SCHIP.

Table 2		
Comparing the Uninsured in Ohio in 1998 and 2004		
	<u>1998</u>	<u>2004</u>
Total Ohio Population	11.2 M	11.4 M
Number of Uninsured	1.2 M	1.2 M
Percent of Total Population Uninsured	11.2%	10.7%
Percent of Total Adults Uninsured	11.5%	12.5%
Percent of Total Children Uninsured	9.8%	5.4%

The remainder of this report focuses on patterns of coverage among adults and children separately, taking into account that the opportunities for coverage vary between the two groups.

Coverage Patterns of Adults

Disparities among people of different ages, gender, and races commonly concern policy makers. Differences between these groups may have roots in other causes, such as differences in economic opportunity, education, or wealth and income. However, knowing how large are disparities and among which groups can help policy makers to target interventions where they may have the greatest impact. Knowing more about the population characteristics can also shape hypotheses about the ultimate causes of disparities and guide further research on how best to improve policy programs.

Coverage Differences by Age

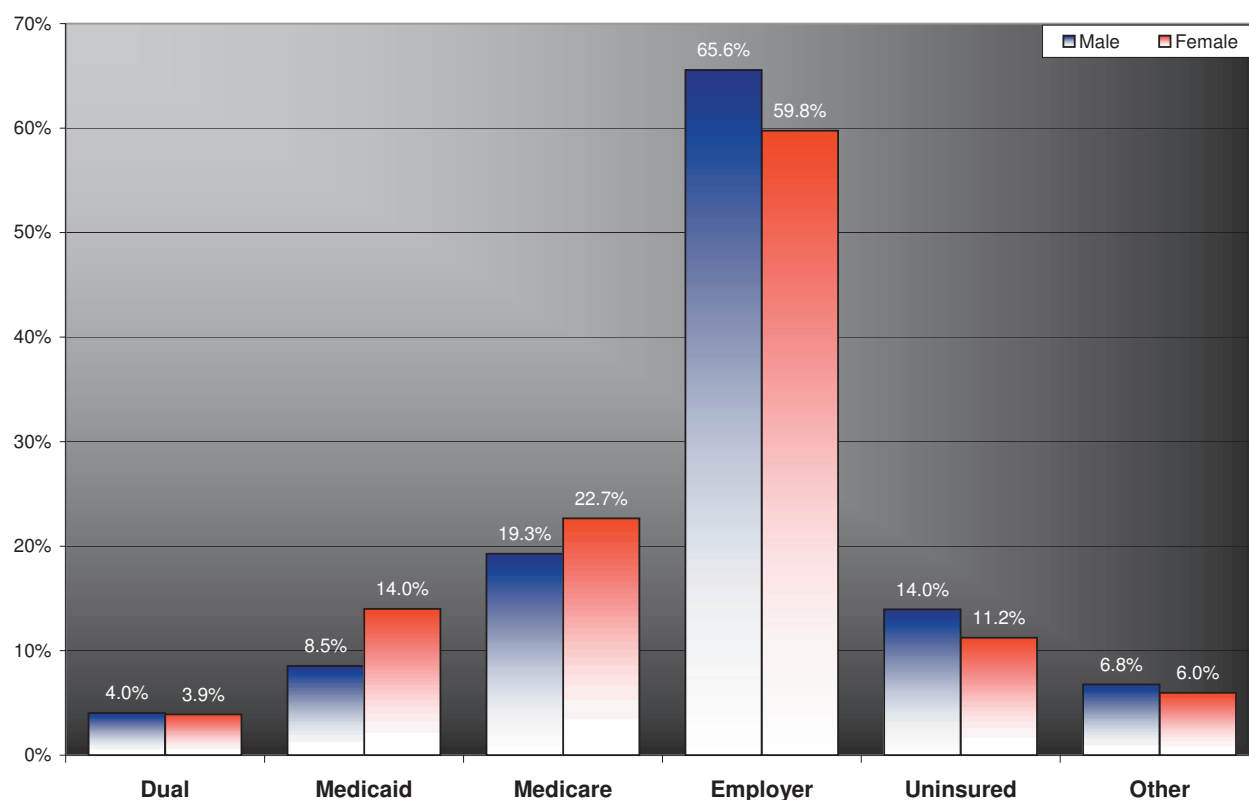
Table 3 shows the patterns of coverage varying by age, consistent with greater work-force experience and presumably greater income over the life cycle. The proportion of adults with job-based coverage increases with age, from young adults 18-24 years of age--48 percent of whom were covered by employer-based insurance—reaching a peak among the age 45-54 group of 74 percent. Coverage then declines somewhat among the 55-64 year olds to 71 percent, perhaps as many enter into early retirement. Medicare takes over as predominant payer for ages 65 year old and older, but 45 percent retain job-based coverage, perhaps as a spouse of a worker or as a benefit in retirement.

As age increases, uninsurance rates and Medicaid coverage decline, as earnings and access to insurance through employment increases for more mature workers. However, later in life Medicaid becomes an important source of coverage for the elderly. Medicaid covers 12% of the community-dwelling 65 and older population

Table 3
Adults' Insurance Coverage by Age Group

	Both Medicare and Medicaid	All with Medicaid	All with Medicare	All with Job-based coverage	Uninsured	Directly Purchased Private Coverage, Other, or Unreported
Age 18-24						
Individuals (thousands)	8.4	181.0	10.6	513.0	128.7	253.4
Confidence Interval	5-11.8	163.0-198.9	5.8-15.4	480.4-545.7	111.9-145.4	230.7-276.2
Percent	0.8%	17.0%	1.8%	48.2%	12.1%	23.8%
Confidence Interval	.5-1.1%	15.4-18.6%	1.2-2.3%	46.0-50.4%	7.5-10.6%	21.9-25.7%
Age 25-34						
Individuals (thousands)	34.1	241.5	15.0	902.6	142.6	266.5
Confidence Interval	26-42.2	223.4-259.6	10.4-19.6	898.8-936.4	138.3-146.8	245.8-287.2
Percent	2.3%	15.9%	3.2%	62.1%	5.5%	17.7%
Confidence Interval	1.8-2.8%	14.8-17.1%	2.6-3.9%	60.6-63.6%	4.9-6.3%	17.2-18.2%
Age 35-44						
Individuals (thousands)	42.8	173.5	72.3	1271.5	96.9	261.1
Confidence Interval	35-50.5	158.6-188.4	62.4-82.2	1232.5-1310.7	85.4-108.5	241.3-280.8
Percent	2.4%	9.0%	4.0%	71.0%	5.4%	14.6%
Confidence Interval	2.0-2.8%	8.9-9.1%	3.5-4.6%	69.8-72.3	4.8-6.0	13.6-15.6%
Age 45-54						
Individuals (thousands)	39.8	111.4	96.1	1149.4	104.5	179.2
Confidence Interval	33.1-46.6	100.1-122.6	85.0-107.3	1113.1-1185.7	92.7-116.3	164.1-194.3
Percent	2.6%	7.2%	6.2%	74.0%	6.7%	11.5%
Confidence Interval	2.2-3.0%	6.5-7.9%	5.5-6.9%	72.8-75.3	6.0-7.5	10.6-12.4%
Age 55-64						
Individuals (thousands)	37.7	77.5	125.0	779.9	109.4	95.2
Confidence Interval	30.4-44.9	67.8-87.2	112.3-137.7	750.3-809.5	96.0-102.6	84.7-105.8
Percent	3.4%	7.0%	11.3%	70.7%	10.0%	8.6%
Confidence Interval	2.8-4.0%	6.2-7.9%	10.3-12.4%	69.2-72.3	8.9-10.9	7.7-9.6%
Age 65 and older						
Individuals (thousands)	175.6	187.3	1434.4	679.4	17.9	13.0
Confidence Interval	159.9-191.3	171.0-203.6	1390.2-1478.5	647.8-711.0	12.9-23.0	8.3-17.7
Percent	11.6%	12.4%	95.1%	45.0%	1.2%	0.9%
Confidence Interval	10.6-12.6%	11.4-13.4%	94.4-95.8%	43.5-46.6	.9-1.5	.6-1.2%
*Numbers and Percent represent individuals in each category and do not sum to the total.						

**Chart 1:
Adults' Coverage by Gender**



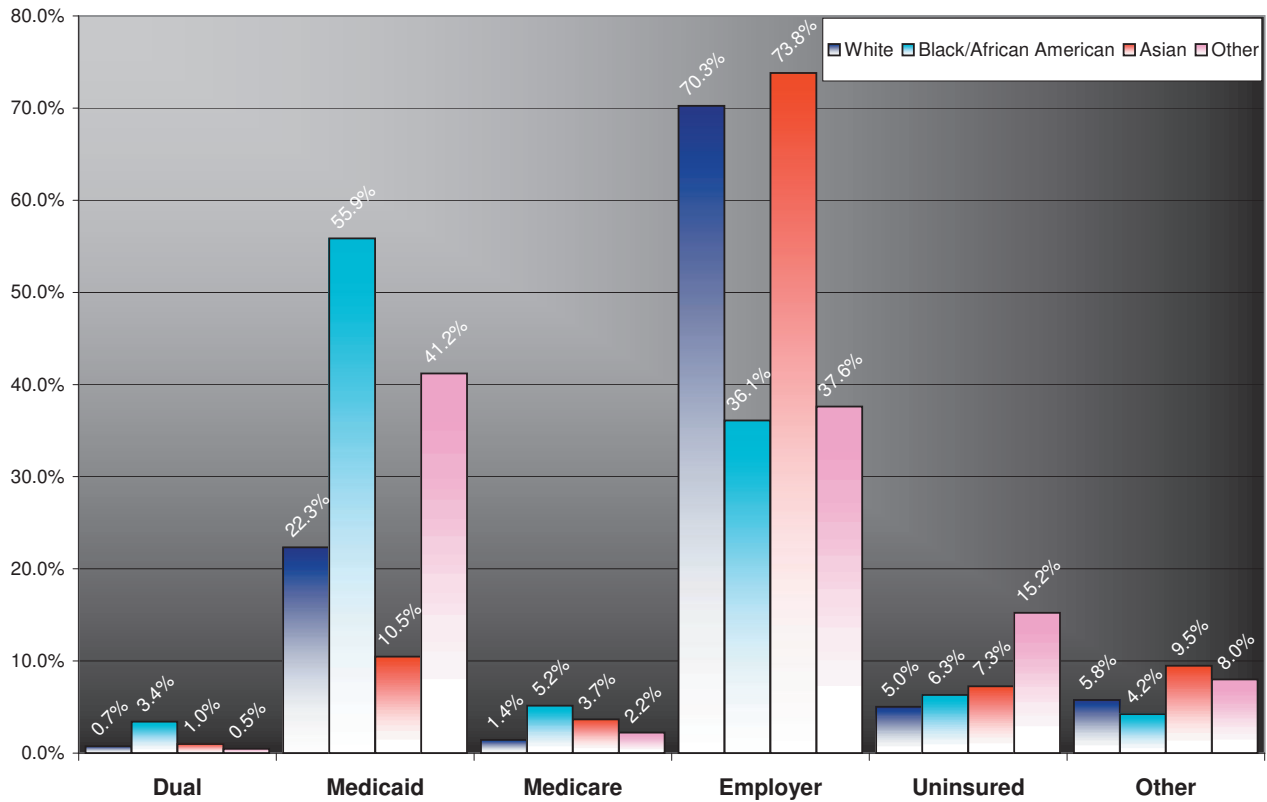
Coverage Differences by Gender

In Chart 1, showing differences in coverage by gender, men rely more on job-based coverage (66 percent to 60 percent, but are more likely to be uninsured (14 percent to 11 percent). Women rely more on Medicaid (14 percent to 9 percent), probably reflecting that women more often obtain Medicaid coverage as the parent of a family, as well as having lower incomes. Differences in life expectancy are likely to explain higher rates of Medicare coverage for women than men.

Coverage Differences by Race

Chart 2 shows that there are racial disparities in access to health insurance coverage. African Americans are 2.5 times as likely as whites to be served by Medicaid (24 percent compared to 10 percent), are less likely to have job-based coverage (49 percent to 64 percent), and nearly twice as likely to be uninsured (20 percent to 11 percent). Differences between Asians and whites are not significantly different. People identifying as members of more than one or other races were relatively few in Ohio, although their coverage patterns are statistically similar to those of African Americans.

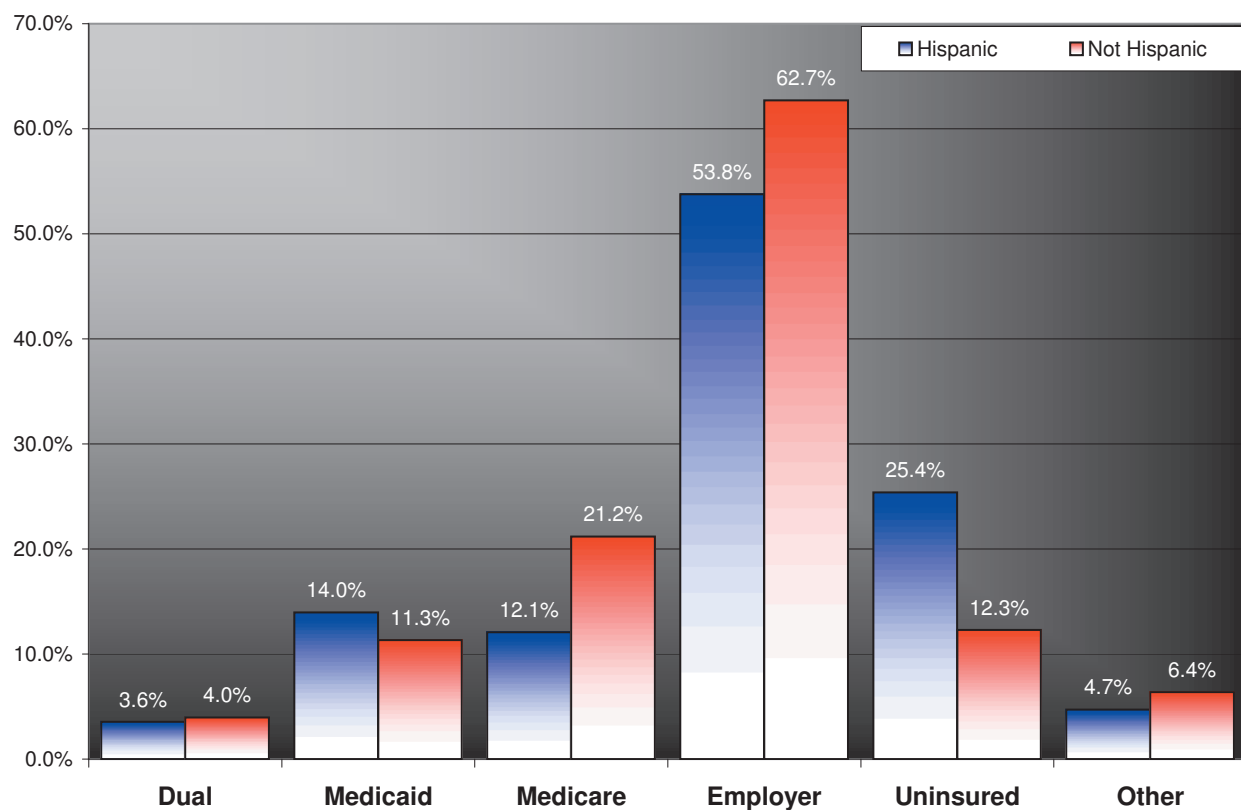
**Chart 2
Adults' Coverage by Race**



Differences between Hispanics and Non-Hispanics

As with other minorities, information about Hispanics may be difficult to determine from general population surveys. The Ohio Family Health survey estimated there were about 145,000 Hispanic adults state wide. According to the survey, Hispanics face more barriers in receiving health insurance coverage. Hispanic coverage rates from Medicaid are not very different from non-Hispanics (14 percent compared to 11 percent). However, Hispanics are less likely to have job-based coverage or Medicare, and are more than twice as likely as Non-Hispanics to be uninsured.

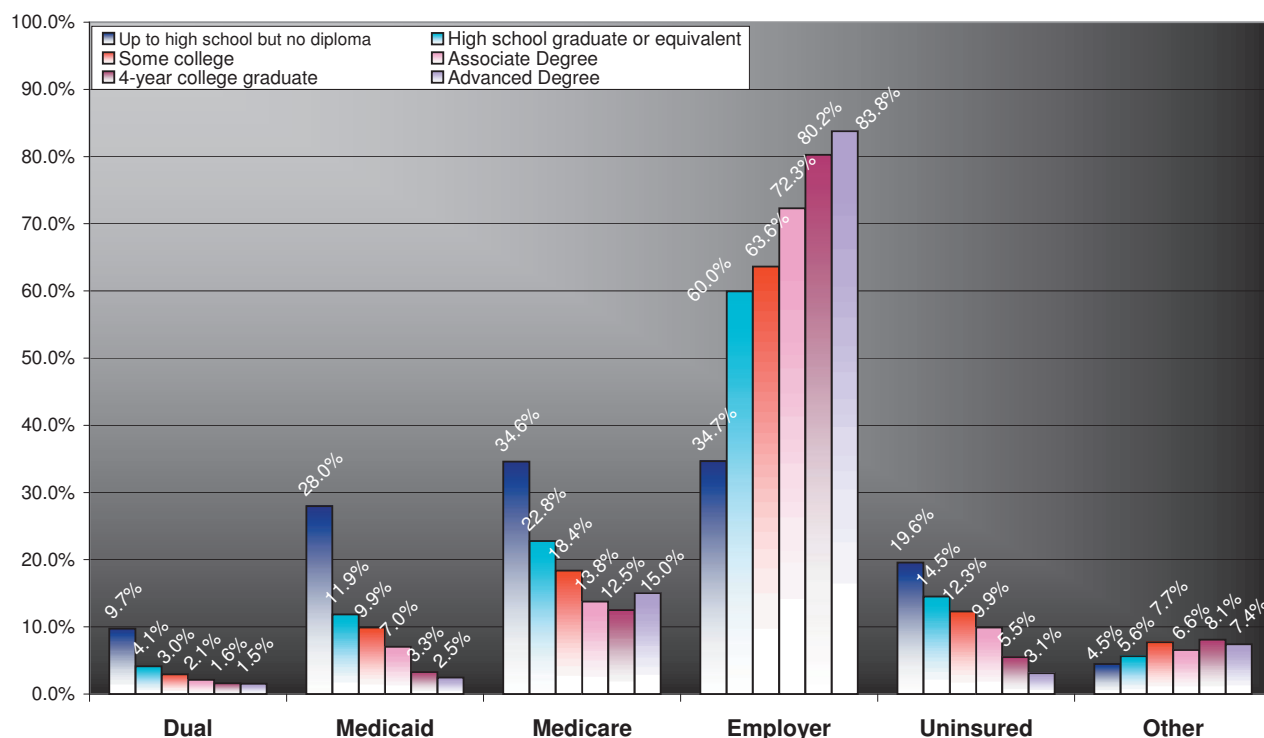
Chart 3
Hispanic and Non-Hispanic Adults



Differences in Educational Attainment

Higher probability of insurance coverage as an adult is of the benefits of education. As education is correlated with higher economic opportunities and greater earnings potential, higher levels of education increase the likelihood of employment-based coverage and reduce reliance on public coverage from Medicare and Medicaid and the risk of uninsurance (Chart 4, next page).

**Chart 4:
Education and Sources of Coverage among Adults**



Coverage Patterns of Children

Age Differences Among Children

As with adults, job-based coverage for children increases and Medicaid coverage declines with age (Table 4), although the changes are not as dramatic among age groups. Medicaid covers one-third of all newborns, while that coverage declines to less than one-fourth of 13-17 year olds. As families mature, older parents are likely to obtain higher incomes and thereby lose Medicaid eligibility. Higher-income employment, however, is more likely to be accompanied by insurance coverage. By ages 6 and older, two-thirds of children have employment-based insurance.

Further attrition from Medicaid as children age might also be expected as health-related events which initiated Medicaid enrollment resolve themselves, such as childbirth, stays in intensive care nurseries, or other childhood illness.

Table 4
Ohio Children by Age and Insurance Coverage Source

	Both Medicare and Medicaid	All with Medicaid	All with Medicare	All with Job-based coverage	Uninsured	Directly Purchased Private Coverage, Other, or Unreported
Age <1						
Individuals (thousands)	0.7	50.6	0.9	82.4	6.0	9.9
Confidence Interval	.1-1.3	43.2-60.0	0.2-1.6	73.1-91.6	4.0-8.5	6.0-13.7
Percent	0.5%	35.3%	0.6%	57.4%	4.3%	6.9%
Confidence Interval	.1-.9%	31.1-39.4%	0.1-1.1%	53.1-61.8%	2.8-5.9%	4.3-9.5%
Age 1-5						
Individuals (thousands)	9.1	263.7	16.4	466.0	53.8	34.8
Confidence Interval	5.9-12.3	245.6-281.8	11.9-21.0	443.6-488.4	45.3-62.2	28.6-41.1
Percent	1.2%	33.4%	2.0%	59.1	6.8%	4.4%
Confidence Interval	.8-1.6%	31.5-35.3%	1.5-2.6%	57.1-61.0	5.8-7.9%	3.6-5.2%
Age 6-12						
Individuals (thousands)	13.3	297.6	23.0	764.2	72.6	64.3
Confidence Interval	8.9-17.6	277.4-317.9	17.3-28.6	734.8-793.6	62.9-82.3	55.5-73.2
Percent	1.2%	25.8%	2.0%	66.1%	6.3%	5.6%
Confidence Interval	.8-1.6%	22.9-25.9%	1.5-2.5%	64.5-67.8%	5.5-7.1%	4.8-6.4%
Age 13-17						
Individuals (thousands)	10.0	180.6	18.4	518.4	62.2	45.9
Confidence Interval	6.6-13.4	165.8-195.4	14.1-22.8	496.1-540.7	53.7-70.6	38.9-53.0
Percent	1.3%	22.8%	2.3%	65.4%	7.8%	5.8%
Confidence Interval	.9-1.7%	21.1-24.5%	1.8-2.9%	63.6-67.2%	6.8-8.9%	4.9-6.7%

Differences Among Children by Income Level

Table 5 shows, unsurprisingly, that children's coverage varies with family poverty, with Medicaid covering 70 percent of children living in poverty and coverage from job-based sources increasing with family income. Uninsurance rates among children 200 percent of poverty and below, representing about 100,000 uninsured children, are

Table 5 Children's Coverage by Family Poverty Level						
	Both Medicare and Medicaid	All with Medicaid	All with Medicare	All with Job-based coverage	Uninsured	Directly Purchased Private Coverage, Other, or Unreported
Below 100% Poverty						
Individuals (thousands)	17.6	449.6	21.6	107.5	48.0	48.0
Confidence Interval	13.1-22.1	425.6-473.6	16.6-26.4	95.5-119.4	40.0-55.9	40.0-56.0
Percent	2.9%	73.7%	3.5%	17.6%	6.3%	7.9%
Confidence Interval	2.1-3.6%	71.6-75.8%	2.7-4.3%	15.8-19.4%	5.2-7.5%	6.6%-9.1%
101%-150%						
Individuals (thousands)	4.9	168.6	8.7	190.1	20.8	29.2
Confidence Interval	2.4-7.5	153.9-183.3	5.2-12.3	174.9-205.5	15.9-25.7	23.4-35.0
Percent	1.5%	51.2%	2.6%	42.2%	6.3%	8.9%
Confidence Interval	0.7-2.3%	48.1-54.5%	1.6-3.7%	39.0-45.3%	4.8-7.7%	7.2-10.6%
151%-200%						
Individuals (thousands)	2.9	87.1	5.7	208.1	24.4	28.8
Confidence Interval	0.6-5.1	76.7-97.6	2.8-8.4	192.0-224.2	18.9-29.8	23.0-34.6
Percent	0.9%	26.1%	1.7%	62.5%	7.3%	8.6%
Confidence Interval	0.2-1.5%	23.4-28.9%	0.9-2.5%	59.5-65.4%	5.7-8.8%	7.0-10.3%
201%-300%						
Individuals (thousands)	2.0	47.6	7.5	433.8	46.6	30.3
Confidence Interval	0.7-3.3	40.3-54.9	4.7-10.4	411.5-456.2	38.8-54.4	24.6-36.0
Percent	0.4%	8.7%	1.3%	79.4%	8.4%	5.5%
Confidence Interval	0.1-0.6%	7.4-10.0%	0.8-1.9%	77.5-81.4%	7.1-9.9%	4.5-6.6%
301% or More						
Individuals (thousands)	5.6	40.3	15.4	956.5	82.1	19.7
Confidence Interval	2.9-8.3	33.8-46.8	10.9-19.9	927.9-985.1	72.3-91.9	15.2-24.1
Percent	0.5%	3.7%	1.4%	88.5%	7.6%	1.8%
Confidence Interval	0.3-0.8%	3.1-4.3%	1.0-1.3%	85.3-87.5%	6.7-8.4%	1.4-2.2%

higher than the state average, at around 8 to 9 percent. Though children from families with incomes up to 200 percent of poverty may be eligible for Medicaid, it might be difficult to enroll such children unless they experience a health event that brings them in contact with the system for determining eligibility. Furthermore, among those with incomes near poverty, employment-based coverage increases, and some fear that “crowd-out” of private insurance might be the consequence of greater coverage by Medicaid.

Differences Among Children by Race

Racial disparities in source of coverage are even more apparent among children than among adults (Table 6). Although not significantly more likely than white children to be uninsured, over half of African American children rely on Medicaid coverage, compared with just over 20 percent of white children. White children are twice as likely as African American children to obtain job-based insurance coverage.

Table 6 Children’s Coverage by Race						
	Both Medicare and Medicaid	All with Medicaid	All with Medicare	All with Job- based coverage	Uninsured	Directly Purchased Private Coverage, Other, or Unreported
African American						
Individuals (thousands)	13.5	221.5	20.4	143.2	16.8	25.0
CI	9.2-17.9	203.8-239.2	15.1-25.8	129.7-156.6	12.0-21.5	19.2-30.7
Percent	3.4%	55.9%	5.2%	36.1%	4.2%	6.3%
CI	2.3-4.5%	52.9-58.9%	3.8-6.5%	33.2-40.0%	3.1-5.4%	4.9-7.7%
White						
Individuals (thousands)	17.2	521.1	33.3	1640.0	134.8	117.5
CI	12.9-21.6	497.0-545.2	27.3-39.3	1606.6-1673.2	121.7-147.9	106.0-129.0
Percent	0.7%	22.3%	1.4%	70.2%	5.8%	5.0%
CI	.5-.9%	21.3-23.3%	1.2-1.7%	69.2-71.3%	5.2-6.3%	4.5-5.5%
Other						
Individuals (thousands)	0.3	12.0	0.6	10.9	2.3	4.4
CI	0-.6	7.9-16.1	0-1.7	.7-13.9	.6-4.1	2.2-6.5
Percent	0.5%	41.2%	2.2%	37.6%	8.0%	15.2%
CI	0-1.6%	31.1-51.3%	0-5.7%	28.5-46.7	2.2-13.8%	8.3-22.1%
Asian						
Individuals (thousands)	0.3	3.1	1.1	27.4	26.7	2.1
CI	0-.6	1.8-4.3	0.1-2.0	23.9-30.8	23.3-30.2	1.0-3.3
Percent	1.0%	10.5%	3.6%	72.8%	9.5%	7.3%
CI	0-2.1%	6.3-14.6%	0.5-6.7%	67.7-80.0%	5.4-13.5%	3.5-11.0%

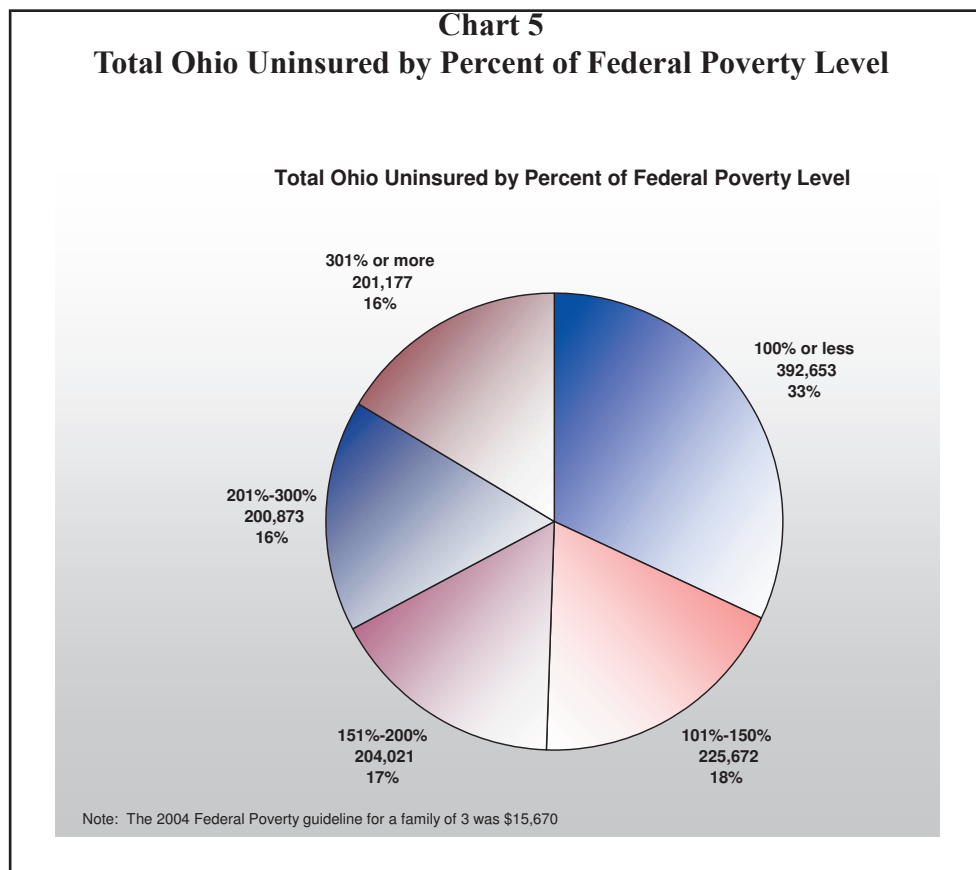
A Closer Look at the Uninsured Population

	Number of Uninsured (millions)	% of Population
Children	0.156	5.4%
Adults	1.068	12.5%
Total	1.224	10.7%

Health insurance coverage among children in Ohio may be nearing the maximum that can be attained reasonably. Children without insurance represent only about 5 percent of the child population. It is difficult to design any program to cover fully 100 percent of a targeted group, although there are some remaining gaps in coverage among poor and near-poor children where Medicaid might be available but children are not currently enrolled.

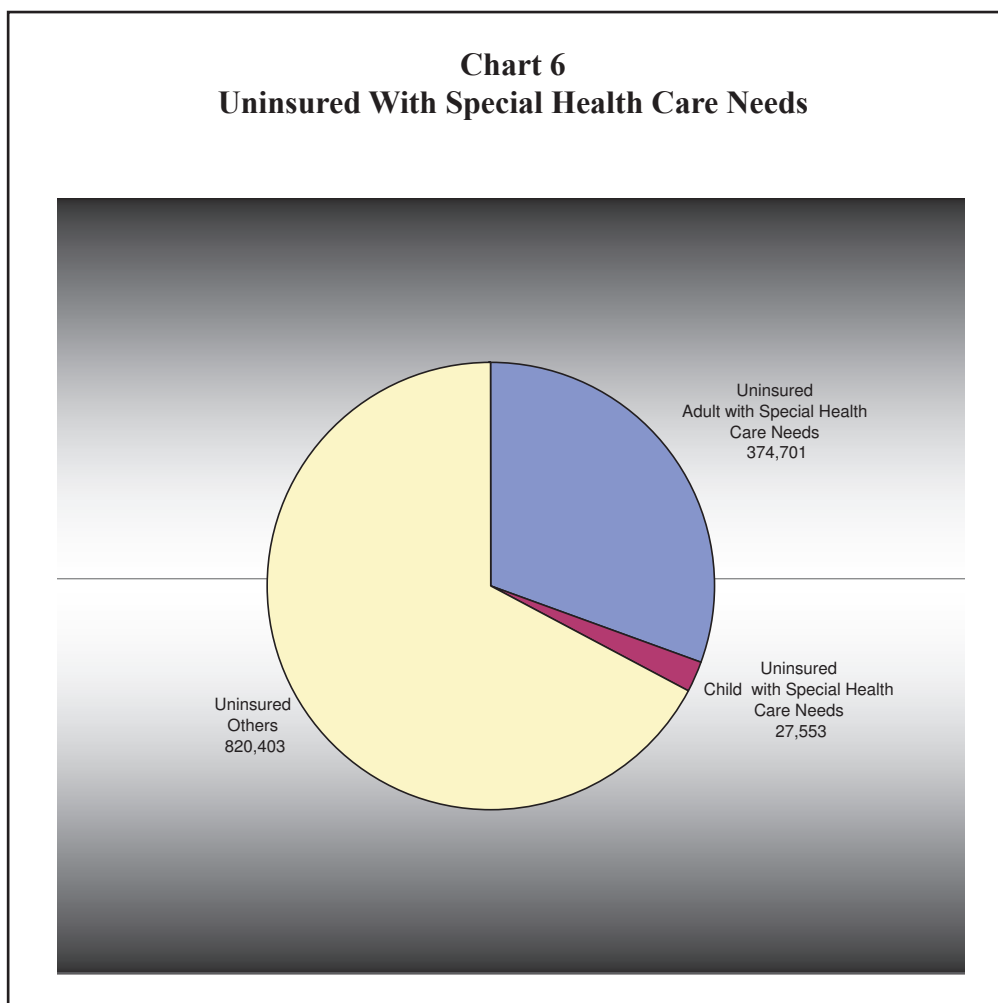
Because, in Ohio, uninsurance is concentrated among adults, policies to reduce the numbers of uninsured should take into account circumstances that lead to the absence of insurance coverage. Economic resources play a large role in determining whether people are covered, but they are not the sole determinant.

For the uninsured population as a whole, most are at or near poverty levels of income (Chart 5).



However, some of the uninsured have relatively high incomes. A little over 200 thousand uninsured have family incomes at least three times the federal poverty level. Some of these may believe that they are at little risk for health expense or consider their incomes adequate to cover their needs.

However, health care needs are common among uninsured Ohioans, especially among adults (Chart 6). Since health care needs may prevent people from joining the workforce and obtaining job-based coverage, or such needs may exclude them from obtaining coverage because of insurer's underwriting practices, further analysis of Ohio Family Health Survey data could determine the relative importance of health status in obtaining insurance coverage.



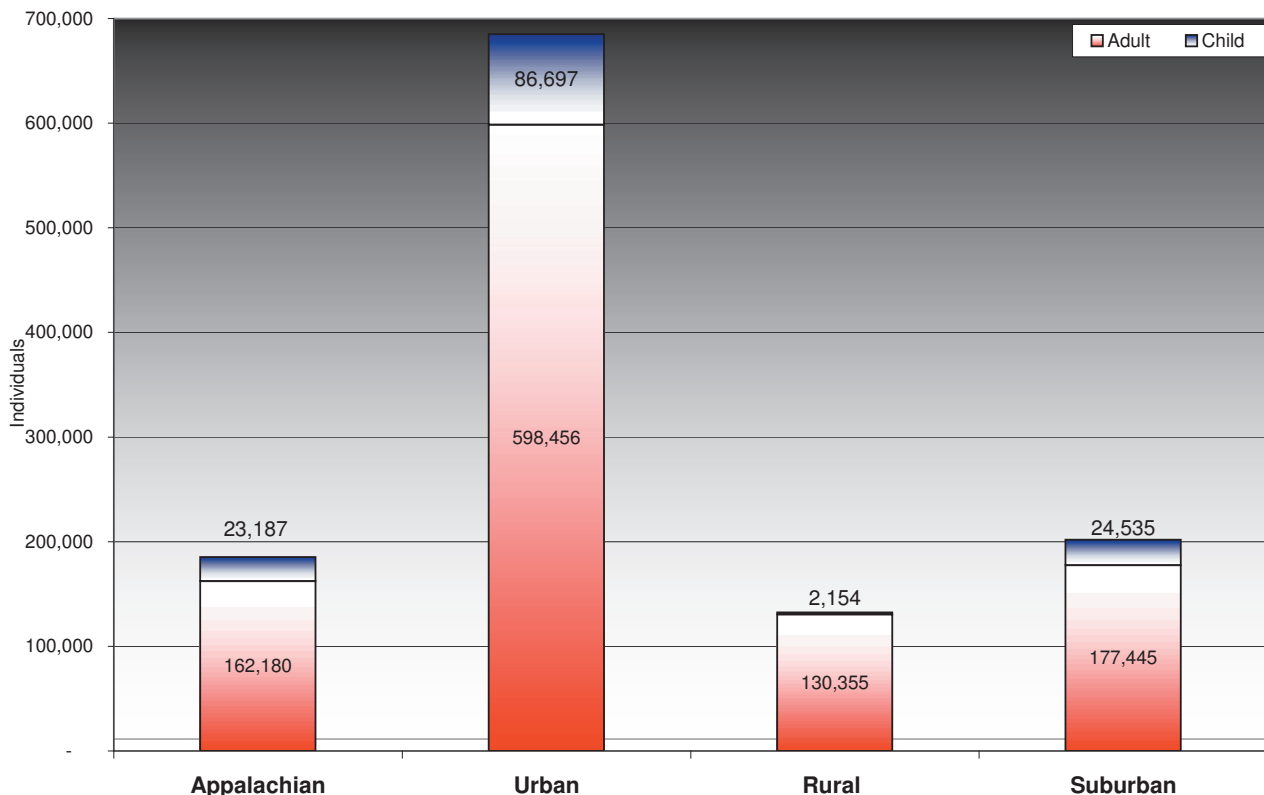
Regional Differences in Uninsurance

Differences among urban, suburban, Appalachian, and rural non-Appalachian counties in Ohio (see list in appendix) have also been of long interest to state policy makers. Regional differences in economic development may lead to disparities in access to health care, and, consequently, differences in health status.

As an absolute number, urban counties have the largest number of uninsured (Chart 7). Nearly 700 thousand of the uninsured reside in urban counties, and such counties might be a target for focused efforts for policies improving insurance coverage. Both private and public sources of coverage might be used to reduce uninsurance. Expanded eligibility and outreach for Medicaid would increase program burdens, but may be the only way to reach the uninsured who are not active in the labor force. Policies to encourage the growth of higher-paying employment might make job-based coverage more widely available for those who are in a position to take those jobs.

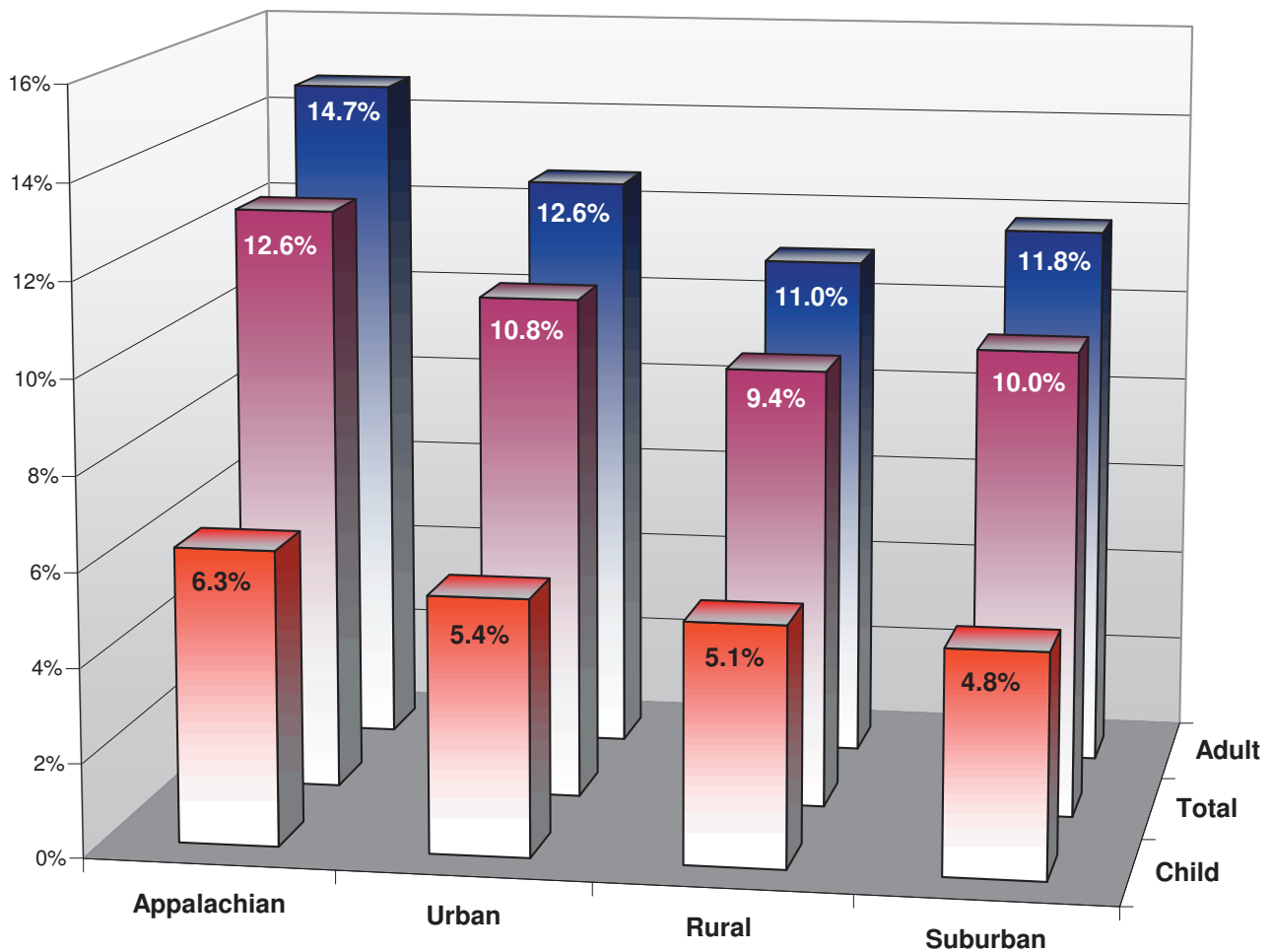
However, the risk of being uninsured is highest in Appalachian counties (Chart 8), among both adults and children. Nearly 15 percent of adults and over 6 percent of

Chart 7
Region Distribution of Ohio Uninsured Adults and Children



children living in Appalachian counties are uninsured; both greater than the statewide average. Analysis on a county-by-county basis also show that higher rates of uninsurance prevail in southern and eastern Ohio, often in Appalachian counties (see tables in appendix). With nearly 200 thousand uninsured in Appalachian counties, policies might be crafted to focus on the special economic characteristics of the region in order to reduce uninsurance rates. Analysis of employment type and size of employers available to workers, labor force participation of the population, and the employment, income and education of residents will be available in further studies of these survey data, to indicate where that focus might be directed most effectively.

Chart 8
Percent of Total Ohio Population Uninsured, by Region



Conclusion

This report offers a brief overview of new data on insurance coverage status in Ohio. The proportion of Ohioans without health insurance has fallen since the survey was last conducted in 1998. However, differences in rates of uninsurance between groups of Ohioans leave some at risk of financial burdens and are likely to constrain on the access of the uninsured to health care. Both job-based and public sources of coverage provide roles in filling insurance needs, and the role each can play depends on how well public and private funds can support the relative costs of health care and the needs of various groups.

Further reports on Ohio Family Health Survey will examine the specific characteristics of the Medicaid population, and report on the correlates of job-based coverage, as well as delve further into the issues of health care access and costs.

Survey Background

The 2004 Ohio Family Health Survey is a substantial expansion of a survey originally conducted in 1998 by Ohio Department of Health. It was intended to provide better data on health issues in Ohio than had been available from other, national surveys, such as the Census Bureau's Current Population Survey.

In 2003, the Ohio Department of Job and Family Services, with participation from the Ohio Department of Health and research partners including the Health Policy Institute of Ohio, the Cuyahoga County Department of Job and Family Services, the Center for Community Solutions (formerly Cleveland Federation for Community Planning), the Franklin County Department of Job and Family Services, and the Franklin County Health Department, assumed responsibility for replicating the survey. ORC Macro, International, was awarded the contract to collect the survey data and perform statistical analysis.

The survey is a stratified sample of the community-dwelling population of Ohio. Thus the sample frame does not include persons dwelling in institutional settings such as nursing homes, military bases, or college dorms. The survey was conducted beginning in late 2003 through August 2004.

The survey was stratified to represent households in each of Ohio's 88 counties, allowing more accurate county level estimates. Trained telephone interviewers located an adult respondent in households they reached through a random-digit telephone dialing algorithm. For about one-third of the households, an adult proxy was also asked questions about a specific child in the household.

To obtain greater survey coverage of underrepresented minorities, a portion of the sample was targeted to obtain coverage of known census tracts with large minority populations, and additional minority respondents were sought by obtaining commercially available lists of Hispanic and Asian surnames. ORC Macro calculated weighting adjustments based on the stratified sampling design and the oversample of minorities, enabling the survey data to generate estimates about the entire Ohio population.

The survey obtained a sample consisting of 39,953 adult and 15,447 child records. The large samples increase confidence in state-level estimates and allow more accurate analysis of sub-populations. Like any survey, the Ohio Family Health Survey has limitations. Despite the large sample size, sampling error will exist because the characteristics of individuals selected for interviews may differ from the true distribution of those characteristics in the total population. The potential sampling error can be estimated statistically and described by reporting confidence intervals, as discussed below.

Other limitations are more difficult to measure or control. With any survey, individuals choose whether to participate in the survey as a whole, and in their accuracy or willingness to provide information on an individual question. These choices may create unknown and unmeasurable biases in the responses, although it is hoped that biases or errors collectively cancel one another.

Telephone surveys are an established way to obtain interviews from large numbers of respondents at relatively low cost. However, that survey technique assumes phone coverage is universal in the population being selected. In recent years, decreases in land-line phone coverage have occurred as many persons have switched to mobile telephones. This may exclude some people from the sampling universe, and could lead the survey to under-represent low-income groups and minorities.

The users of the OFHS data should be mindful that measurement error, selective participation, and other sources of potential bias cannot be completely controlled in any survey. These threats to data validity can at best be minimized by good survey technique.

Confidence Interval

To allow readers to evaluate the level of sampling error in the estimates, data in OFHS survey reports are shown with their associated confidence intervals. The reported estimate (number or percentage) is the most likely true population level for groups or subgroups. The confidence interval is defined as the range of estimates which includes the true population estimate with 95% probability. If confidence intervals between two estimates overlap, the population levels in the relevant groups are not significantly different

Definitions of Variables in this Report

Age classification

Adults are 18 years and older
Children are 17 and younger

Insurance Status

A series of questions determines the respondent's and child's coverage status as of the last week, effectively producing a snapshot of coverage and the measure of uninsurance. This approach differs from that used by the U.S. Census Bureau's Current Population Survey, one of the most commonly used sources of data on insurance and uninsurance. The CPS asks if the respondent had any of various coverage sources at any time in the previous year. Only those who lacked any coverage for any entire year are considered uninsured.

Family Income

Questions about income in a telephone survey may be considered sensitive, so the respondent was asked several different ways if they would volunteer information about income in the previous year, either as a figure or within a range. For those who did not provide income information, ORC Macro imputed family income based on data from similar respondents who did provide income, using a statistical model known as "hot-deck". This method is consistent with methods used by the U.S. Census Bureau and other survey researchers. Finally, the income was categorized by percentage of the Federal Poverty Level. For 2003, the period when the majority of respondents were asked about their income, the Federal Poverty Level for a family of three was \$15,260.

Special Health Care Needs

The survey asked a number of questions about health status and use of health services that will be examined in later reports. However, items that will be used to define a person with special health care needs ask whether the adult or child needs medicine, regular health care, therapy, or assistance because of a medical condition, or has a mental or emotional condition, and that condition is expected to last at least 12 months.

Appendix

Ohio Counties by Region

Appalachian	Rural Non-Appalachian	Metropolitan	
Adams	Ashland	Allen	
Athens	Ashtabula	Butler	
Belmont	Champaign	Cuyahoga	
Brown	Clinton	Franklin	
Carroll	Crawford	Hamilton	
Clermont	Darke	Lorain	
Columbiana	Defiance	Lucas	
Coshocton	Erie	Mahoning	
Gallia	Fayette	Montgomery	
Guernsey	Hancock	Richland	
Harrison	Hardin	Stark	
Highland	Henry	Summit	
Hocking	Huron		
Holmes	Knox	Suburban	Auglaize
Jackson	Logan	Clark	
Jefferson	Marion	Delaware	
Lawrence	Mercer	Fairfield	
Meigs	Morrow	Fulton	
Monroe	Ottawa	Geauga	
Morgan	Paulding	Greene	
Muskingum	Preble	Lake	
Noble	Putnam	Licking	
Perry	Sandusky	Madison	
Pike	Seneca	Medina	
Ross	Shelby	Miami	
Scioto	Van Wert	Pickaway	
Tuscarawas	Warren	Portage	
Vinton	Wayne	Trumbull	
Washington	Williams	Union	
	Wyandot	Wood	

Adults (ages 18 and older) Uninsured by County of Residence, 2004

County	Percent	Lower 95% Confidence Level	Upper 95% Confidence Level	Number in thousands	Lower 95% Confidence Level	Upper 95% Confidence Level
Adams	22.6%	16.5%	28.6%	4.7	3.3	6.0
Allen	11.6%	7.4%	15.8%	9.3	5.9	12.8
Ashland	7.3%	2.7%	12.0%	2.9	1.1	4.8
Ashtabula	14.4%	9.9%	19.0%	11.0	7.3	14.6
Athens	16.9%	9.5%	24.2%	8.9	4.7	13.0
Auglaize	7.0%	2.0%	12.0%	2.4	0.7	4.1
Belmont	11.2%	5.8%	16.6%	6.1	3.0	9.2
Brown	15.2%	11.7%	18.6%	4.8	3.7	6.0
Butler	12.0%	9.6%	14.5%	30.6	24.0	37.1
Carroll	6.8%	2.1%	11.4%	1.5	0.5	2.5
Champaign	15.3%	7.4%	23.2%	4.5	2.1	6.9
Clark	15.3%	10.7%	20.0%	16.5	11.2	21.7
Clermont	11.7%	9.2%	14.3%	15.7	12.2	19.2
Clinton	14.5%	6.9%	22.2%	4.5	1.9	7.0
Columbiana	18.0%	13.4%	22.6%	15.2	11.1	19.3
Coshocton	13.6%	8.0%	19.1%	3.7	2.2	5.2
Crawford	10.9%	5.0%	16.9%	3.8	1.7	5.9
Cuyahoga	11.8%	10.3%	13.3%	120.9	104.8	137.0
Darke	11.5%	7.3%	15.7%	4.5	2.8	6.2
Defiance	5.3%	2.7%	7.9%	1.5	0.8	2.3
Delaware	9.8%	5.2%	14.3%	9.3	4.8	13.8
Erie	13.3%	9.1%	17.4%	7.9	5.3	10.4
Fairfield	10.1%	5.4%	14.8%	9.8	5.1	14.5
Fayette	12.1%	5.6%	18.6%	2.5	1.2	3.9
Franklin	14.0%	12.4%	15.5%	113.9	100.4	127.3
Fulton	5.7%	2.7%	8.6%	1.7	0.8	2.6
Gallia	16.7%	9.5%	23.9%	3.9	2.1	5.7
Geauga	12.7%	6.6%	18.9%	8.6	4.4	12.7
Greene	11.2%	6.8%	15.6%	12.9	7.7	18.0
Guernsey	17.0%	10.2%	23.8%	5.2	3.0	7.4
Hamilton	12.9%	11.0%	14.9%	79.0	66.7	91.4
Hancock	8.9%	4.8%	12.9%	4.8	2.5	7.1
Hardin	8.9%	2.6%	15.2%	2.1	0.6	3.7
Harrison	24.2%	11.2%	37.2%	3.0	1.2	4.7
Henry	7.0%	3.2%	10.8%	1.5	0.7	2.3
Highland	17.1%	13.3%	20.8%	5.2	4.0	6.4

Adults (ages 18 and older) Uninsured by County of Residence, 2004

County	Percent	Lower 95% Confidence Level	Upper 95% Confidence Level	Number in thousands	Lower 95% Confidence Level	Upper 95% Confidence Level
Hocking	20.5%	9.6%	31.4%	4.4	1.8	6.9
Holmes	15.2%	11.8%	18.6%	4.0	3.0	4.9
Huron	8.3%	5.0%	11.7%	3.6	2.1	5.1
Jackson	13.5%	6.9%	20.1%	3.3	1.7	4.9
Jefferson	14.7%	9.7%	19.7%	8.3	5.4	11.2
Knox	14.4%	8.5%	20.4%	6.2	3.6	8.8
Lake	10.4%	6.5%	14.3%	18.1	11.2	24.9
Lawrence	14.8%	10.0%	19.6%	7.0	4.6	9.3
Licking	13.8%	8.9%	18.7%	15.4	9.7	21.0
Logan	15.2%	7.4%	23.0%	5.2	2.3	8.0
Lorain	9.6%	7.9%	11.3%	20.6	16.9	24.3
Lucas	13.0%	11.2%	14.8%	43.7	37.4	49.9
Madison	9.3%	0.3%	18.3%	2.8	0.0	5.7
Mahoning	15.7%	12.8%	18.6%	30.2	24.2	36.2
Marion	12.7%	7.6%	17.7%	6.4	3.8	9.0
Medina	6.4%	2.7%	10.1%	7.5	3.2	11.8
Meigs	15.6%	11.0%	20.2%	2.8	1.9	3.6
Mercer	8.2%	4.8%	11.5%	2.3	1.4	3.3
Miami	14.4%	9.3%	19.4%	10.7	6.8	14.6
Monroe	5.7%	0.3%	11.0%	0.6	0.0	1.3
Montgomery	12.6%	10.7%	14.4%	52.4	44.5	60.2
Morgan	20.4%	13.0%	27.8%	2.3	1.3	3.2
Morrow	13.2%	4.7%	21.7%	3.2	1.0	5.4
Muskingum	12.9%	8.4%	17.4%	8.1	5.2	11.0
Noble	13.0%	3.9%	22.0%	1.4	0.4	2.4
Ottawa	8.8%	3.7%	13.8%	2.8	1.2	4.4
Paulding	10.0%	4.4%	15.6%	1.4	0.6	2.3
Perry	16.7%	7.9%	25.5%	4.2	1.8	6.6
Pickaway	12.9%	4.8%	21.1%	5.1	1.7	8.5
Pike	13.7%	7.1%	20.2%	2.8	1.5	4.2
Portage	17.4%	10.2%	24.7%	20.6	11.3	29.9
Preble	9.1%	5.6%	12.6%	2.9	1.8	4.0
Putnam	10.1%	4.8%	15.4%	2.5	1.2	3.7
Richland	9.6%	5.1%	14.1%	9.2	4.8	13.7
Ross	12.1%	7.1%	17.1%	6.9	4.0	9.8
Sandusky	9.1%	5.3%	13.0%	4.2	2.3	6.0

Adults (ages 18 and older) Uninsured by County of Residence, 2004

County	Percent	Lower 95% Confidence Level	Upper 95% Confidence Level	Number in thousands	Lower 95% Confidence Level	Upper 95% Confidence Level
Scioto	19.9%	14.9%	24.9%	11.7	8.5	14.8
Seneca	10.8%	6.6%	15.0%	4.6	2.8	6.5
Shelby	12.4%	6.1%	18.8%	4.3	2.0	6.7
Stark	12.8%	10.1%	15.6%	36.5	28.5	44.5
Summit	12.7%	11.1%	14.4%	52.2	45.3	59.1
Trumbull	12.1%	8.9%	15.3%	20.3	14.8	25.8
Tuscarawas	11.3%	8.1%	14.6%	7.8	5.5	10.1
Union	11.4%	4.2%	18.7%	3.6	1.3	6.0
Van Wert	12.1%	6.0%	18.3%	2.6	1.3	4.0
Vinton	7.4%	1.2%	13.6%	0.7	0.1	1.3
Warren	7.6%	5.1%	10.0%	9.9	6.6	13.3
Washington	17.1%	10.6%	23.5%	8.2	4.9	11.4
Wayne	14.5%	10.7%	18.4%	11.9	8.6	15.2
Williams	9.5%	5.2%	13.8%	2.7	1.4	4.0
Wood	13.0%	9.0%	17.1%	12.2	8.1	16.4
Wyandot	12.7%	4.6%	20.7%	2.1	0.7	3.5

Children (ages 0-17) Uninsured by County of Residence, 2004						
County	Percent	Lower 95% Confidence Level	Upper 95% Confidence Level	Number in thousands	Lower 95% Confidence Level	Upper 95% Confidence Level
Adams	8.5%	0.4%	16.6%	0.6	0.0	1.2
Allen	6.7%	2.6%	10.7%	1.9	0.8	3.0
Ashland	4.6%	0.0%	11.4%	0.6	0.0	1.6
Ashtabula	5.6%	0.0%	11.3%	1.5	0.0	3.0
Athens	5.5%	0.0%	11.8%	0.8	0.0	1.7
Auglaize	5.2%	0.0%	12.7%	0.7	0.0	1.6
Belmont	n/a	n/a	n/a	n/a	n/a	n/a
Brown	5.1%	2.2%	8.0%	0.6	0.3	1.0
Butler	5.6%	3.1%	8.0%	5.0	2.8	7.3
Carroll	7.3%	0.0%	15.6%	0.5	0.0	1.1
Champaign	8.8%	0.0%	19.1%	0.9	0.0	2.0
Clark	7.2%	2.2%	12.2%	2.6	0.8	4.4
Clermont	5.4%	2.8%	8.1%	2.7	1.4	4.1
Clinton	10.0%	0.0%	20.3%	1.1	0.0	2.3
Columbiana	5.2%	0.5%	9.8%	1.4	0.1	2.6
Coshocton	4.0%	0.0%	9.3%	0.4	0.0	0.9
Crawford	6.3%	0.0%	13.6%	0.7	0.0	1.6
Cuyahoga	4.0%	2.8%	5.3%	13.5	9.3	17.6
Darke	7.0%	1.9%	12.1%	1.0	0.3	1.7
Defiance	2.5%	0.1%	5.0%	0.3	0.0	0.5
Delaware	3.2%	0.3%	6.1%	1.2	0.1	2.2
Erie	3.9%	0.5%	7.2%	0.7	0.1	1.4
Fairfield	7.3%	1.6%	12.9%	2.5	0.5	4.6
Fayette	5.5%	0.0%	13.8%	0.4	0.0	1.0
Franklin	7.3%	5.4%	9.2%	20.1	14.9	25.3
Fulton	1.9%	0.0%	4.4%	0.2	0.0	0.5
Gallia	6.4%	0.0%	13.4%	0.5	0.0	1.0
Geauga	1.4%	0.0%	4.1%	0.4	0.0	1.0
Greene	6.6%	1.3%	11.9%	2.5	0.5	4.5
Guernsey	3.1%	0.0%	9.2%	0.3	0.0	1.0
Hamilton	5.7%	3.6%	7.7%	11.9	7.7	16.2
Hancock	2.6%	0.0%	5.4%	0.5	0.0	1.0
Hardin	4.5%	0.0%	11.0%	0.4	0.0	0.9
Harrison	5.2%	0.0%	11.7%	0.2	0.0	0.4
Henry	2.0%	0.0%	5.8%	0.2	0.0	0.5

Children (ages 0-17) Uninsured by County of Residence, 2004

County	Percent	Lower 95% Confidence Level	Upper 95% Confidence Level	Number in thousands	Lower 95% Confidence Level	Upper 95% Confidence Level
Highland	11.2%	5.3%	17.2%	1.3	0.5	2.0
Hocking	20.6%	6.6%	34.6%	1.5	0.5	2.5
Holmes	9.7%	5.6%	13.8%	1.4	0.8	2.0
Huron	0.8%	0.0%	1.7%	0.1	0.0	0.3
Jackson	7.4%	0.0%	16.0%	0.6	0.0	1.4
Jefferson	7.7%	0.9%	14.4%	1.2	0.1	2.2
Knox	2.1%	0.0%	6.3%	0.3	0.0	0.9
Lake	3.8%	0.0%	8.1%	2.1	0.0	4.4
Lawrence	8.0%	2.7%	13.3%	1.2	0.4	1.9
Licking	1.8%	0.0%	4.4%	0.7	0.0	1.7
Logan	5.6%	0.0%	12.6%	0.7	0.0	1.5
Lorain	4.7%	3.1%	6.3%	3.6	2.4	4.8
Lucas	5.3%	3.2%	7.4%	6.2	3.8	8.6
Madison	1.1%	0.0%	3.2%	0.1	0.0	0.3
Mahoning	4.4%	1.9%	6.9%	2.6	1.1	4.1
Marion	8.2%	0.0%	16.7%	1.3	0.0	2.7
Medina	1.6%	0.0%	3.8%	0.7	0.0	1.6
Meigs	7.2%	2.4%	12.0%	0.4	0.1	0.7
Mercer	2.3%	0.0%	4.6%	0.3	0.0	0.5
Miami	13.0%	4.1%	21.8%	3.3	0.9	5.7
Monroe	n/a	n/a	n/a	n/a	n/a	n/a
Montgomery	5.8%	3.7%	7.9%	7.9	5.0	10.8
Morgan	25.4%	3.3%	47.5%	0.9	0.0	2.0
Morrow	1.2%	0.0%	3.5%	0.1	0.0	0.3
Muskingum	3.1%	0.0%	6.3%	0.7	0.0	1.4
Noble	3.2%	0.0%	8.7%	0.1	0.0	0.3
Ottawa	1.1%	0.0%	3.2%	0.1	0.0	0.3
Paulding	11.0%	0.9%	21.2%	0.6	0.0	1.1
Perry	8.6%	0.0%	19.5%	0.8	0.0	1.9
Pickaway	1.5%	0.0%	4.3%	0.2	0.0	0.5
Pike	9.3%	2.2%	16.5%	0.7	0.2	1.2
Portage	5.1%	0.9%	9.2%	2.0	0.4	3.5
Preble	3.3%	0.0%	7.1%	0.4	0.0	0.8
Putnam	5.0%	0.0%	10.1%	0.5	0.0	1.0
Richland	3.2%	0.0%	8.0%	1.0	0.0	2.5
Ross	5.8%	0.0%	11.7%	1.0	0.0	2.1

Children (ages 0-17) Uninsured by County of Residence, 2004

County	Percent	Lower 95% Confidence Level	Upper 95% Confidence Level	Number in thousands	Lower 95% Confidence Level	Upper 95% Confidence Level
Sandusky	5.0%	0.0%	10.3%	0.8	0.0	1.6
Scioto	6.6%	2.0%	11.1%	1.2	0.4	2.1
Seneca	6.6%	0.0%	14.4%	1.0	0.0	2.2
Shelby	5.1%	0.8%	9.4%	0.7	0.1	1.3
Stark	6.2%	3.1%	9.3%	5.8	2.9	8.7
Summit	5.3%	3.8%	6.9%	7.2	5.1	9.3
Trumbull	7.5%	2.6%	12.5%	4.0	1.3	6.6
Tuscarawas	8.4%	3.2%	13.7%	1.9	0.7	3.2
Union	4.4%	0.0%	10.4%	0.5	0.0	1.2
Van Wert	6.4%	0.0%	14.1%	0.5	0.0	1.0
Vinton	1.5%	0.0%	4.4%	0.1	0.0	0.2
Warren	5.5%	2.4%	8.7%	2.7	1.1	4.3
Washington	0.4%	0.0%	0.9%	0.1	0.0	0.1
Wayne	6.1%	1.8%	10.3%	1.9	0.5	3.2
Williams	7.3%	0.0%	14.7%	0.7	0.0	1.5
Wood	3.2%	0.6%	5.7%	1.0	0.2	1.8
Wyandot	12.0%	0.0%	27.0%	0.7	0.0	1.6

