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Health Insurance, Access, and Usage Among Adults Aged 18-64

Sociodemographics of the Uninsured in Ohio

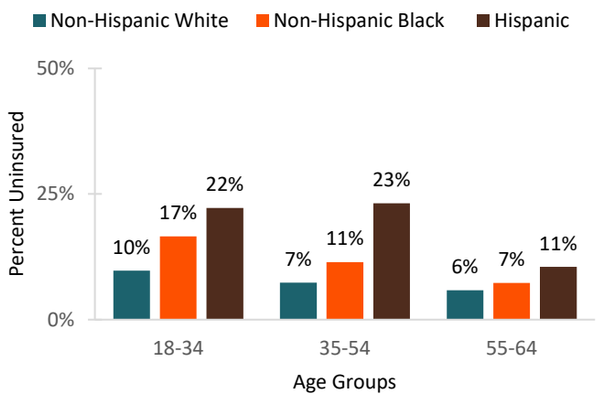
In 2020, 9.4% (638,678) of all working age adults (those aged 18 to 64) in Ohio (6,810,867) were medically uninsured. Ohio's percent of uninsured working aged adults was lower than that of the 12.4% that were medically uninsured nationwide (Small Area Health Insurance Estimates, 2020).

Greater shares of men were uninsured than women across all age groups but the gender gap in coverage decreased with age. For men aged 18 to 34, 14.1% were uninsured, compared to 8.4% of women. Among adults aged 35 to 54, the share uninsured dropped to 10.3% among men and 6.8% of women. By age 55, 6.5% of men were uninsured compared to 5.9% of women (American Community Survey, 5-Year Estimate, 2020).

Insurance percentages across race and ethnic groups differed by age group. Hispanic adults in Ohio were more often without insurance compared to non-Hispanic White and Black Ohioans across each age group (See Figure 1). These racial and ethnic differences were most prominent in adults aged 35 to 54 (American Community Survey, 5-Year Estimate, 2020).

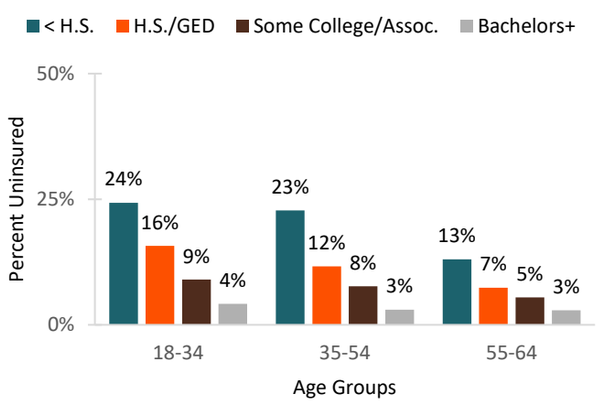
The share of uninsured working-aged adults in Ohio varied by educational attainment (See Figure 2). Educational attainment in Ohio was positively related to having insurance coverage. Ohioans with the lowest levels of educational attainment were more often uninsured. These educational differentials existed across all age categories, however, the gap in the uninsured by educational attainment was greatest for younger age groups (18-54) (American Community Survey, 5-Year Estimate, 2020).

Figure 1. Percentage of Uninsured Adults by Race/Ethnicity and Age Group in Ohio, 2020



Source: CFDR analysis of American Community Survey 5-year estimates, 2020

Figure 2. Percentage of Uninsured Adults by Educational Attainment and Age Group in Ohio, 2020



Source: CFDR analysis of American Community Survey 5-year estimates, 2020

Health Outcomes in Ohio

State-level scores on an Opportunity Index[1], which were composed of economic, educational, community, and health dimensions, indicated Ohio was ranked 36 out of all US states with an opportunity score of 49.9 out of 100. Additionally, Ohio scored 39.3 on the health dimension compared to a national score of 52.0, ranking 46 out of all US states. This health measure captured key factors of health risks and outcomes by comparing low birth rate, health insurance coverage, and deaths due to suicide or substance use against the national average (Opportunity Nation, Child Trends, and the Forum of Youth Investment, 2019).

Access to health insurance can often deter adults from seeking healthcare. Recency of medical checkups and unmet healthcare needs, as measured in the 2020 Behavioral Risk Factors and Surveillance System, revealed differences by insurance status. About 30% of uninsured adults in Ohio reported that they did not seek medical care within the last 12 months due to the cost compared to 7% of insured adults. Also, 79% of insured adults aged 18 to 64 in Ohio reported they had a medical checkup in the past year whereas just 47% of uninsured adults reported they did so. About 22% of uninsured adult Ohioans reported their last medical checkup was five or more years ago, compared to 4% of insured Ohioans (Behavioral Risk Factors and Surveillance System, 2020).

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[1] Since 2011, Opportunity Nation, a campaign by Child Trends and the Forum for Youth Investment, have released state-level scores on their Opportunity Index, which is composed of economic, educational, community, and health dimensions and scored from 0 to 100. Having a higher score on the index and its corresponding dimensions indicates more positive socioeconomic conditions that enhance access to opportunities for the community.

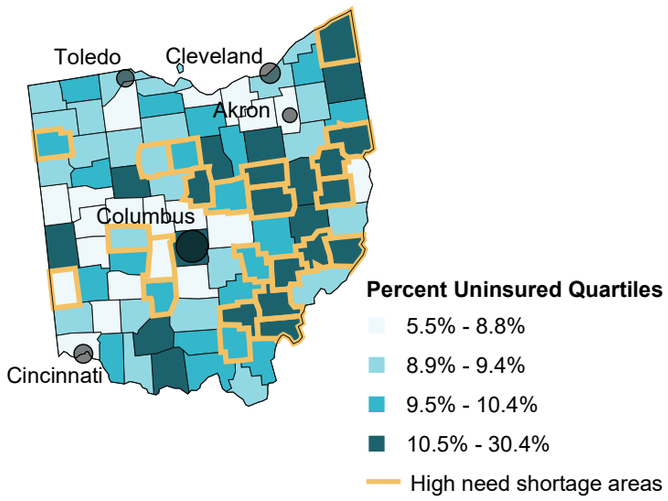
Geographic Variation in Uninsured & Medical Professional Shortage Areas

Lacking health insurance was more common among residents of the major cities in Ohio than in the state overall (9.4%). Columbus had the highest percentage of uninsured working-aged adults at 9.9%, followed by Toledo at 8.4%, and Cleveland at 8.0%. In Cincinnati, 7.3% of adults were uninsured in 2020 (2020 American Community Survey, 5-Year Estimate).

The shares of working-aged adults without insurance varied across Ohio's 88 counties (See Figure 3). In 2020, the Ohio county with the highest percentage of uninsured working-aged adults was Holmes County with 30.4% uninsured. In contrast, the Ohio county with the lowest percentage of adults who were uninsured was Delaware County at 5.5%. The eastern counties tended to have the highest shares without insurance across Ohio, with many of these counties among the top quartile of percent uninsured (Small Area Health Insurance Estimates, 2020).

The Health Resources & Services Administration releases annual county-level health professional shortage areas, which are defined by the ratio of population to the number of primary care physicians. Areas with ratios that exceed 3500:1 are classified as high need areas. Counties with ratios that are between 2000:1 and 3500:1 are classified are moderate need areas. From 2020 to 2021, 23 counties in Ohio were classified as high need (See Figure 3) and 40 counties were in moderate need (Health Resources and Services Administration, Health Professional Shortage Areas, 2020-2021). Residents in counties with high shares uninsured and medical professional shortages are at high risk of decreased access to healthcare. Healthy People 2030 focuses on improving health by helping people get affordable and timely health care services (US Department of Health and Human Services, Healthy People 2030).

Figure 3. Percentages of Uninsured by Ohio Counties Ages 18 to 64, 2020



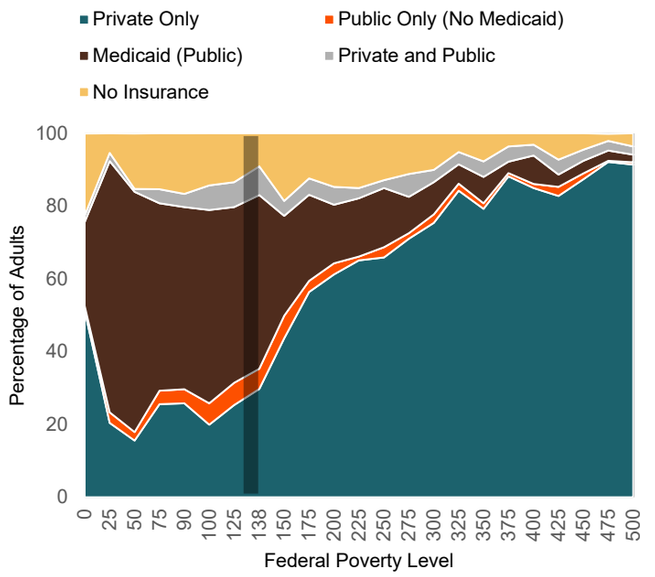
Source: CFDR analysis of Small Area Health Insurance Estimates, 2020 & Behavioral Risk Factors and Surveillance System, 2020

Poverty, Health, and Insurance Type

In 2018, 14% of Ohio households were living below the federal poverty threshold with an additional 25% living in the Asset Limited, Income Constrained, Employed (ALICE) gap. Those living in the ALICE gap are households that were above the federal poverty threshold but did not meet the basic cost of living standards for the state. Households and communities that fell below the ALICE threshold typically did not have access to health resources and insurance coverage (United for ALICE, 2020).

The Patient Protection and Affordable Care Act (ACA) was enacted in 2010, making health insurance more accessible and expanding Medicaid to cover adults with incomes at or below 133-138% of the federal poverty level.[2] Eligibility for children was expanded to at least 138% of the poverty line in every state; however, states were given discretion to extend this eligibility to low-income adults (Centers for Medicare and Medicaid Services). In Ohio, 53% of poor adults relied on Medicaid insurance versus only 16% whose incomes were 200% or more of the poverty level (See Figure 4). Ohio adopted the ACA Medicaid expansion in 2014, however twelve states have yet to do so (Kaiser Family Foundation, 2022). States who did not opt-in tended to have higher shares of uninsured adults (Small Area Health Insurance Estimates, 2020).

Figure 4. Insurance Type by FPL for Adults Aged 18 to 64 in Ohio, 2020



Source: CFDR analysis of American Community Survey 5-year estimates, 2020

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[2] The ACA states that expansion will include adults with income below 133 percent, but the act suggests a new method for calculating income, increasing the minimum threshold to 138 percent. Because these are minimum thresholds, states can choose to set eligibility to higher percentages.