

Ohio access basics

executive summary

The following provides a brief overview of access issues facing Ohioans. For more information and data sources, please download the full document titled Ohio Access Basics, <http://bit.ly/OaWS0z>.

Defining access

The HPIO Access Collaborative developed the following definition:

Access to health care means having timely use of comprehensive*, integrated and appropriate health services to achieve the best health outcomes.”

*comprehensive includes physical, mental/behavioral, oral and vision health care services.

Building upon this definition, the HPIO Access Collaborative identified three pillars that ensure access to care: coverage & affordability, quality care, and diverse & sustainable workforce. Together, these pillars help ensure access to health care which leads to improved health outcomes and reduced disparities.

Why health insurance matters

In 2009, The Institute of Medicine issued a report that summarizes the extensive body of research that establishes the many ways that health insurance improves access to health care, appropriateness and quality of care, and health outcomes. This research finds that compared to insured individuals, uninsured adults and children are more likely to:

- Lack a usual source of care and routine check-ups
- Have medical debt
- Have unmet health needs

This lack of access and increased cost burden leads to several negative health outcomes for uninsured adults and children:

- Poorly managed chronic disease (such as inadequate blood pressure control)
- Cancer diagnosed at an advanced stage
- Poor self-reported mental and physical health status and functioning, and
- Premature mortality

In addition to this national research, Ohio studies have found similar results. The Ohio Health Issues Poll found that 84% of insured adult Ohioans had a usual source of care, compared to only 51% of uninsured Ohioans. Analysis of the 2010 Ohio Family Health Survey concluded that compared to insured Ohioans, the uninsured were less likely to use medical and dental care and reported worse physical and mental health status.

Affordability is a key barrier

The cost of health care services and of health insurance coverage can be a significant barrier to accessing care. Consider the following:

- Among those Americans who report problems accessing health care, cost is the overriding obstacle to care, regardless of insurance status.
- Fifty-one percent of uninsured Ohioans reported unmet health needs due to cost in 2010.

Health insurance coverage can reduce financial barriers and facilitate access to care. However, uninsured rates vary across the income spectrum, with higher rates of uninsured at lower incomes. Thirty percent of non-elderly Ohioans (ages 0-64) with incomes below 200% of the federal poverty level are uninsured, compared to 16% of all non-elderly Ohioans. For insured individuals, increases in the cost of health insurance premiums, as well as workers' contributions, continue to outpace inflation and earnings.

Medical debt

Medical debt is money owed for medical services or products. Medical debt and trouble paying medical bills can have far-reaching negative consequences, including: delayed medical care, impaired credit, and tradeoffs in spending and saving priorities. A 2012 Ohio Poll showed that nearly 60% of Ohio uninsured adults reported having some medical debt, while nearly 40% of insured Ohio adults reported the same.

Access challenges

Oral health

Oral health is essential to overall health and well-being. Research has established the connection between chronic oral infections, especially gum disease, and various diseases including diabetes, heart disease, stroke and premature low-weight births.

- Nearly 1.2 million adults (ages 18-64) report unmet dental needs.
- Almost 4 million adults (45%) over 18 years of age have no dental insurance — almost three times the number of Ohio adults without medical insurance.
- Almost 486,000 (19%) of Ohio's children have no dental insurance — four times the number of Ohio children without medical insurance.
- Almost 340,000 Ohio children have never been to the dentist.

Mental health

It is estimated that nearly two million Ohioans will need mental health services during their lives. Adults who are unemployed, who are receiving Medicaid or whose family income is below the federal poverty level are more likely to have mental illness.

National data show that access to mental health care falls short. Consider the following:

- 60% of the 45.9 million adults with mental illness did not receive treatment in the past year
- 40% of the 11.5 million adults with severe mental illness did not receive treatment

Closing the gap

Measurable differences in health outcomes that are closely linked with social, economic and environmental disadvantage are known as health disparities. They are often driven by the social conditions in which individuals live, learn, work and play. As a result, in order to improve health outcomes for everyone, it must be recognized that health starts long before illness, in homes, schools, and jobs.

Research has documented consistently that despite improvements in longevity for most Americans, disparities persist among racial groups and between the well-educated and those with less education. Compared to other populations, racial and ethnic minorities have poorer health outcomes, healthy lifestyle options, access to health care and experience a lower quality of health services.

The safety net

Health care providers who provide a substantial share of health care to uninsured, Medicaid and other vulnerable patients often are referred to as "safety net providers."

The term "safety net," while commonly used to describe services for people who do not have other options, can be misleading in that it conveys a sense of comprehensiveness that does not exist. Safety net providers do not serve all areas of the state and, in some cases, are not able to provide all medically necessary services. In addition to providing more affordable care, safety-net providers often are better able to meet the complex social, cultural, and linguistic needs that are more prevalent among vulnerable populations.

For more information about the Health Policy Institute of Ohio, visit
www.hprio.net

