



# HEALTH PROFILE OF PORTAGE COUNTY: RESULTS FROM THE 2008 OHIO FAMILY HEALTH SURVEY

## Portage County Health Departments



**February 2010**

This research conducted in collaboration with:





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## OPENING LETTER

# PORTAGE COUNTY LOCAL HEALTH DEPARTMENTS

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Portage County Health Department  
Ravenna City Health Department  
Kent City Health Department

PCHD 330-296-9919  
RCHD 330-296-4478  
KCHD 330-678-8109

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On behalf of all three Portage County Health Departments, we are pleased to present this report of the 2008 Ohio Family Health Survey profiling Portage County. The ability to collect and analyze this data through a sampling of Portage County residents depended on the collaboration of the Health Policy Institute of Ohio, The Center for Community Solutions, Cleveland State University, and our partners at the Summit County Health District.

We encourage your review of the data, charts and interpretive discussions provided in this report. The report is an insightful glance into the state of Portage County related to health status, availability of health care, and utilization of health services.

This report reflects our strengths and weaknesses in these areas and, for the first time, offers us assessment data of our health needs which will hopefully lead to new programs to address our needs and accentuate our strong points. This report clearly identifies issues and outstanding challenges before us.

We are looking forward to the continued collaboration with our partners to continue the work within this network to confront these issues.

*DuWayne O Porter MPH, RS*

DuWayne Porter, MPH, RS  
Portage County Health District  
Health Commissioner

*Lynette Blasiman*

Lynette Blasiman  
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## **INTRODUCTION**

The Ohio Family Health Survey (OFHS) is the largest state sponsored health survey in the nation. The 2008 survey of 51,000 families in Ohio included questions on demographics, employment, and income; health insurance coverage; access to care and unmet needs; utilization and quality; and child and adult health status. The 2008 survey was sponsored by the Ohio Departments of Insurance, Job and Family Services, Health, and Mental Health. The Ohio State University's College of Medicine was responsible for the management of the survey. The 2008 OFHS is currently being used to inform state and local policy makers about the impact of health care reform strategies on the State of Ohio and its citizens.

The overriding goal of this report is to provide a comprehensive picture of community health and health care access in Portage County. Working collaboratively, the three Portage County Health Departments (PCHDs) – the Portage County Health District, the Ravenna City Health Department, and the Kent City Health Department – together with the Summit County Health District (SCHD) and The Center for Community Solutions (CCS) expect that in the long-term, making timely, reliable data available will encourage the community to address some persistent and disquieting disparities in health status and health care access, and encourage more rationale and cost-effective community decision-making.

This report presents findings from the survey for working-aged adults (18 to 64 years of age) and children (under 18 years of age) residing in Portage County. The following topics are addressed: health insurance coverage; access to health care; health status, conditions, and risk factors; and health care utilization and satisfaction. PCHD, SCHD, and CCS will continue to use the OFHS data as a tool to evaluate county health issues and to monitor trends as more data become available. Geographical analyses are currently being planned and should be disseminated in the near future.

## **INTERPRETATION OF THE DATA**

Since the respondents of the 2008 Ohio Family Health Survey (OFHS) were sampled separately in each of Ohio's 88 counties and those counties are unique with regard to the demographics of their resident populations, the frequencies and percents presented in this report were weighted in order to better reflect the true frequencies and percents that would have been obtained had the entire population been sampled. The sample weights were calculated based on a predetermined sampling scheme.

Estimations in this document were based on data that may be subject to sampling and/or non-sampling error. The 2008 OFHS was conducted among a sample of the population rather than 100-percent of Ohio residents. Therefore, statistics based on these samples may differ from those that would have been obtained had the entire population been surveyed. This difference is referred to as sampling error and is represented in this report by 90 percent confidence intervals. The 90 percent confidence intervals depict the lower and upper bounds of the interval that we are 90

percent sure contains the true value that would have been obtained had the entire population been sampled. In the charts, the confidence intervals are denoted by an “I-beam” at the end of each chart bar.

When comparing percents among different groups, a simple method, or rule-of-thumb, for determining significance is to compare the 90 percent confidence intervals. When the confidence intervals do not overlap, there is less than a ten percent chance that the difference is being observed in error. In other words, we are 90 percent sure that the groups are truly different and we can say that there is a “statistically significant” difference between them. Although many of the results in this report are not statistically significant, especially among children under 18 years of age, wide confidence intervals may be the result of small sample sizes and, in fact, there still may be true difference between groups. Consequently, insignificant results may still depict meaningful differences, especially if they are consistent for particular populations across a group of measures. For that reason, statistically significant disparities that were apparent at the state-level were treated as relevant at the county-level given that the estimates remained consistent across geographies.

Estimates in this document are also subject to non-sampling error. Unlike sampling error, non-sampling error can affect both sample data and 100-percent data. Further, it can either be random or systematic. Because random error occurs at random, it tends to increase the range of possible true estimates and, therefore, should be included in the measurements of sampling error. Systematic error, on the other hand, tends to bias the data in one direction because the errors occur in a consistent manner. For instance, if respondents to the survey tend to consistently overestimate how often they visit the dentist (possibly because of social norms), then the data will reflect erroneously high values. Data biases such as this are not reflected in the measurements of sampling error and usually cannot be measured. Hence, the possibility of various types of non-sampling error should be taken into account when interpreting the estimates provided in this document.

Lastly, it is to be expected that various socio-demographic characteristics are associated with each other. For instance, consider age and marital status. Common knowledge indicates that younger individuals are less likely to be married. Estimates in this document were not adjusted for those types of cross-demographic associations, which would require advanced statistical modeling. Therefore, caution should be used when trying to interpret observed disparities. As an example, one cannot conclude from these results that marriage directly increases health insurance rates, because it may be that, in fact, older adults are more likely to be married and older adults are more likely to have health insurance.

## ACKNOWLEDGEMENTS

The 2008 Ohio Family Health Survey (OFHS) data utilized in this report was secured through a partnership with The Center for Community Solutions (CCS) from the Health Policy Institute of Ohio (HPIO). The Portage County Health Departments (PCHDs) gratefully acknowledge the efforts of CCS and their staff, specifically Mark Salling, PhD and Joe Ahern, for making the 2008 OFHS data for Portage County available for analyses.

The PCHDs gratefully thank Mark Salling, PhD of CCS and Cleveland State University for initiating the data collaboration and including Portage County in analyses of the data. Further, the PCHDs acknowledge the invaluable assistance of Joe Ahern of CCS for guidance in the data analyses and contributing to the format and written commentary for this report.

The Summit County Health District's (SCHD) Office of Epidemiology & Biostatistics conducted all analyses and constructed all tables and figures. SCHD and the PCHDs collaboratively wrote and edited the commentary for this report. All analyses were conducted using the surveyfreq procedure in SAS, version 9.1. All figures were constructed with SASGraph in SAS, version 9.1. Questions or comments can be submitted to the corresponding author, Heather Beard, PhD, at [hbeard@schd.org](mailto:hbeard@schd.org).

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## EXECUTIVE SUMMARY

### Overview

The results presented in this report make it apparent that the health status of Portage County residents is not what it could be. Based on this data, it appears that individuals living at or near the poverty level, with lower educational attainment, and unemployment or part-time employment, seem to experience lower health status and greater challenges in accessing health care. These “social determinants of health” affect the whole family, so that children whose parents face economic, educational, or employment challenges also experience adverse health effects. In this report, data for children (<18 years of age) and adults (18-64 years of age) are reported separately. Due to the relatively small sample size in Portage County, some comparisons between racial or ethnic groups were not statistically significant.

### Health Conditions: Adults

Four adult health conditions are addressed in this report: **high blood pressure** (29.7% of adults ever diagnosed), **diabetes** (8.9% of adults ever diagnosed), **overweight/obesity** (57.9% of adults, based on their reported height and weight); and **cigarette smoking** (25.7% of adults current smokers). For each of these health conditions, Portage County adults are similar to the general population of the state of Ohio. However, these health conditions are more prevalent among residents who lack health insurance and have lower socioeconomic and educational status.

#### For example:

- 26.6% of Portage County adults with a four-year college degree have high blood pressure, compared to 47.5% of those without a high school diploma.
- 24.3% of Portage County adults living in poverty have been diagnosed with diabetes compared to 6.6% of those living above 300% of the Federal Poverty Level.
- One-half of adults living in near-poverty are smokers, compared to 21.3% of those with incomes above 300% of the Federal Poverty Level.

### Health Conditions: Children

For children, the health conditions measured are **asthma** (9.3% ever diagnosed) and **overweight/obesity** (45.9% based on reported height and weight). The prevalence of diagnosed asthma appears to be lower among Portage County children when compared to the state of Ohio (15.5%). However, Portage County appears to have a higher prevalence of childhood overweight/obesity than the state of Ohio (35.6%). As with adults, children with social disadvantages are disproportionately affected by these health conditions.

For example:

- 24% of children whose responding parent did not graduate from high school have been diagnosed with asthma, compared to only 10.3% of children whose parent has a four-year college degree or higher.
- 46% of children whose responding parent did not graduate from high school are overweight/obese, compared to 30% of children whose parent has a four-year degree or higher.

Many similar comparisons can be made using the data tables attached to this report. These comparisons raise important questions about the underlying causes of health and disease, often referred to as the “social determinants of health.” Each of these health conditions is complex and will require long-term, comprehensive changes if we are to improve them. While access to quality health care might resolve certain health problems, other questions might arise regarding the possible links between individual health and broader environmental factors, such as water and air quality, the location of fast food outlets vs. grocery stores, or safety determinants such as sidewalks and streetlights. These factors should be of concern to all of us.

**Health Insurance: Adults**

Between 2004 and 2008, the percent of uninsured adults in Portage County fell from 38% to 18.8%. The survey did not explore the reasons for this change, such as whether these adults obtained health insurance by becoming poorer and therefore eligible for Medicaid, or by becoming employed and thus eligible for employer-based health insurance. Not surprisingly, uninsured adults were more likely to report having unmet healthcare needs, including dental care and prescriptions. For both Portage County and the state of Ohio, there were consistent correlations between education, income, employment and a person’s likelihood of having health insurance.

For example:

- 33.7% of adults without a high school diploma were uninsured, compared to 3.5% of those with a 4-year college degree or higher.
- 25% of adults who were employed part-time were uninsured, compared to 4.8% of those who were employed full-time.
- 33.3% of adults living below the Federal Poverty Level were uninsured, compared to 6.1% of those at 300% of FPL or greater.

**Health Insurance: Children**

Unlike adults, virtually all of Portage County’s children have health insurance, with only 1.3% uninsured in 2008. For both Portage County and the state of Ohio, it is interesting to note that living in near-poverty seems to be worse than living in poverty: all of the

uninsured children lived in households between 201% and 300% of the FPL. In general, Portage County's children seem to have good access to health care, with all but 1.5% of respondents stating that their child has a regular health care provider (comparing favorably with 10.5% for the state of Ohio). Nonetheless, the survey indicated persistent challenges.

For example:

- 15% of caregivers found it harder to find medical care for their child than in the previous 3 years;
- 13.5% were dissatisfied with their child's health care;
- 29.3% reported being unable to obtain dental care for their child;
- 42% of children living in poverty had an ER visit in the last year, compared to 9.6% for those in households over 300% of the FPL.

Thus, there are still unanswered questions about barriers to health care, even for children with insurance. Possible considerations include the specific type of insurance that a child has (private vs. Medicaid), geographic, cultural, or transportation issues.

**Future Directions**

Health care delivery is a dynamic market, and since the collection of this data in 2008, Portage County has experienced some changes including the closure of an urgent care access point (Med Center One in Kent), along with the opening of a Federally Qualified Health Center in the same location. With the recent federal health care reform legislation, it is expected that more individuals will obtain health insurance in the coming years. It is unclear how these and other changes might impact future survey results.

Access to quality health care is only part of the picture. As this report illustrates, individual health interacts with social factors such as inadequate education, unemployment, and poverty, for which there are no easy solutions. A comprehensive assessment of the geographic, transportation, cultural, safety, and other environmental factors that determine health is beyond the scope of this report but deserves consideration. Through continued collaboration with agencies in our county and the region, we hope to gain a better understanding of these issues. With accurate, up-to-date assessments of the needs in our county, your local public health departments will continue to work toward solutions.

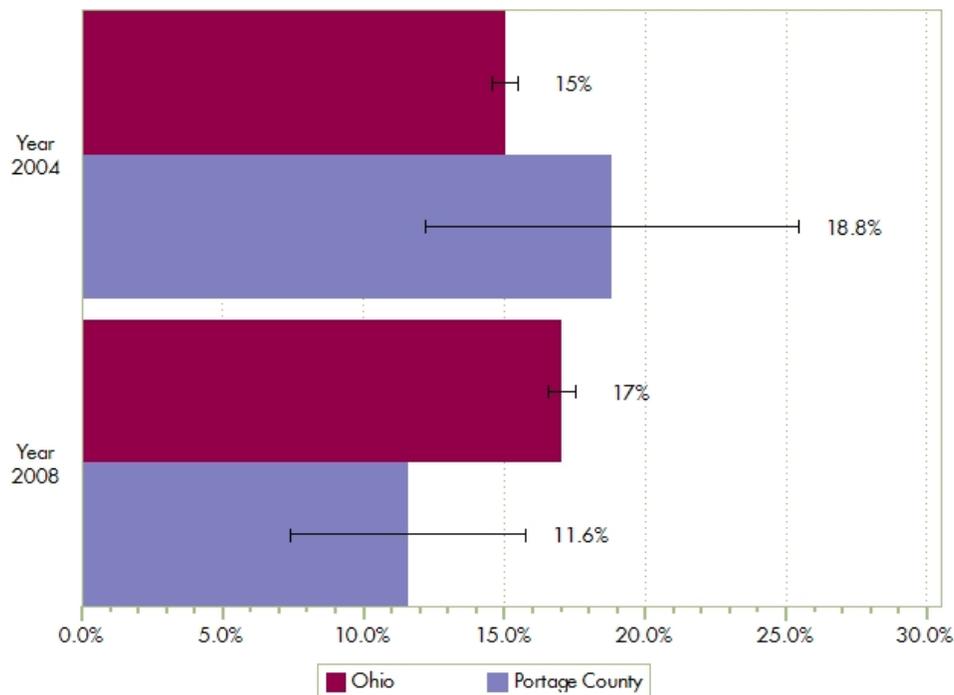
*Angela DeJulius, MD, MPH - Medical Director, Portage County Health District*

## A. UNINSURED ADULTS

### A1. Overview

An estimated 11,000 working-age adults<sup>1</sup> residing in Portage County were without health insurance in 2008<sup>2</sup>. The rate of uninsured adults in Portage County decreased from 18.8% in 2004 to 11.6% in 2008. This corresponds to a decrease of 38% in just four years. Across the state of Ohio, there was a significant increase in the percentage of working-age adults that were uninsured, from 15% in 2004 to 17% in 2008, a 13% increase. The estimated percentage of uninsured adults in Portage County was significantly higher than that for the state as a whole in 2008. Further, the county saw a decrease in the percentage of uninsured adults from 2004 to 2008, while the state suffered from an increase. This suggests that Portage County adults did not suffer as greatly from the economic burden that has seriously affected the financial well-being of residents across the state of Ohio.

Figure A.1: Percent that were Uninsured by Year, Adults 18 to 64 Years of Age, Ohio and Portage County, 2004 and 2008 OFHS



<sup>1</sup> Throughout this report, “working-age adults” refers to persons 18 to 64 years of age

<sup>2</sup> This report concentrates on persons younger than 65 years of age because those 65 years or older are likely to have health insurance coverage through the Medicare program

In order to better describe the uninsured population in Portage County, analyses were conducted independently across several socio-demographic categories. There were a few estimates in Portage County that differed from the state as a whole. For instance, although the Portage County population appeared to be relatively small (approximately 1,000 residents), it was estimated that Hispanics in Portage County were significantly less likely to have been uninsured than those residing in the rest of the state (5.2% versus 39.1%, respectively). Further, the percent of Portage County residents employed full time that were without health insurance was found to be significantly lower than that of residents with full time employment statewide (4.8% versus 9.7%, respectively). Lastly, working-age Portage County residents living in near-poverty (151% to 200% of the federal poverty level) were significantly less likely to have been uninsured than those across the state of Ohio (8.0% versus 27.6%, respectively).

As expected, disparities in health insurance coverage in 2008 existed across the various socio-demographic groups of working-age adults. While most disparities were evident across the state as a whole, a few were also apparent in Portage County. However, even though some of the significant differences seen at the state-level were not necessarily significant at the county-level, most followed the same pattern or trend and therefore, were most likely insignificant only because the sample sizes were smaller among particular socio-demographic groups. For that reason, differences in estimates between groups in Portage County are presented in this report as long as there were statistically significant disparities at the state-level and the estimates remained consistent across geographies.

In general, independent analyses<sup>3</sup> conducted across several socio-demographic categories suggested the following about the insurance status of working-age adults:

- males were more likely to have lacked health insurance than females;
- younger adults were more likely to have been uninsured than older adults;
- unmarried persons were uninsured more often than married persons;
- less-educated persons were more likely to have been uninsured than those that completed a four-year or advanced college degree;
- unemployed individuals and those employed part time were more likely to have been uninsured than individuals employed full time;
- persons living in poverty or near-poverty were uninsured more often than those with incomes above 300% of the federal poverty level (FPL); and
- individuals that considered their health status to be poor or fair were more likely to have been uninsured than those that considered their health status to be good, very good, or excellent.

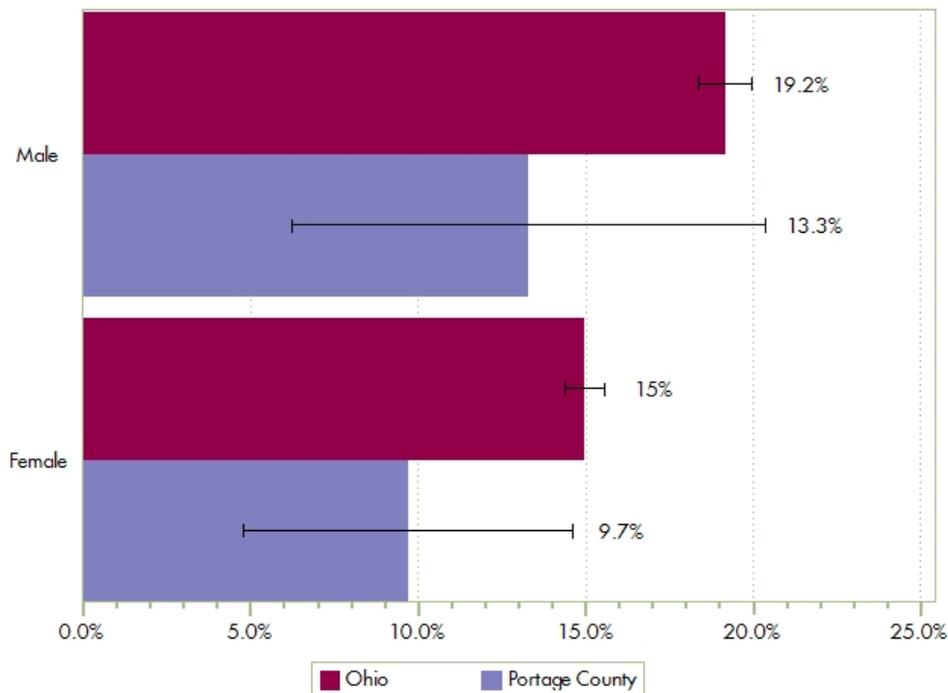
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<sup>3</sup> See the discussion about the interpretation of data in the beginning of this report

## A2. Gender

It was estimated that males residing in Portage County were uninsured 1.4 times more than females. In Ohio, 1.3 times more males were uninsured than females; a difference that was statistically significant. One potential explanation for the observed disparity in health insurance coverage by gender is that many low-income women qualify for Medicaid, most often as single parents or because of pregnancy. Consistent with the overall rates for 2008, the estimated percentages of uninsured males and females in Portage County were lower than those of the state as a whole. However, wider confidence intervals at the county-level prevented the differences from being significant.

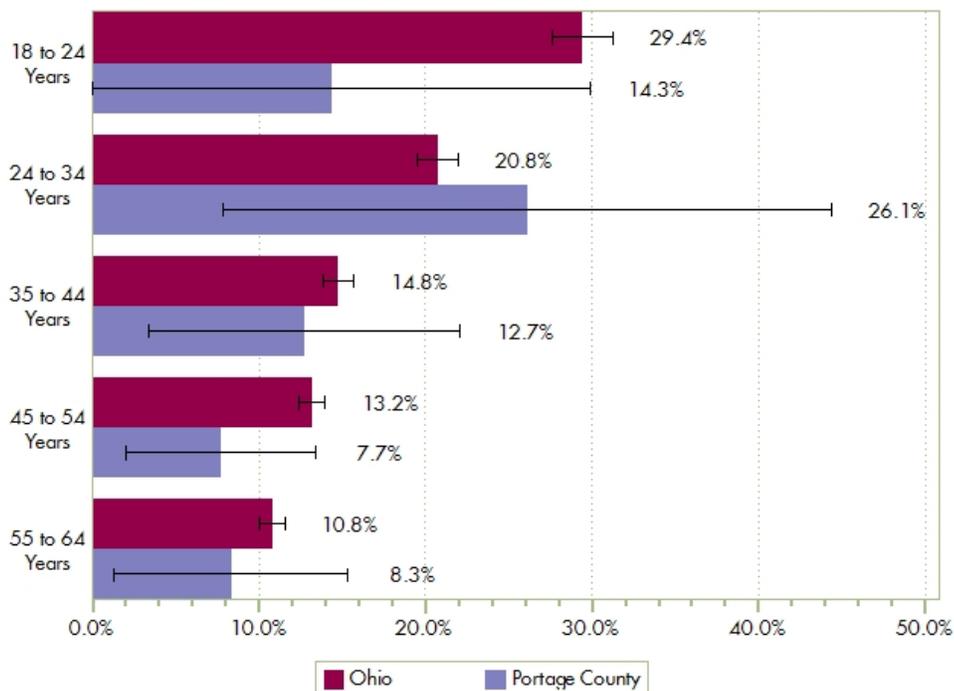
Figure A.2: Percent Uninsured by Gender, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



### A3. Age

When stratified by age group, the percentages of Portage County residents that were uninsured did not suggest a clear data trend, as would be expected. However, estimates of the percent uninsured for the three youngest age groups of working-age adults were still different from that of the oldest two age groups. In fact, Portage County adults 18 to 24 years of age were uninsured 1.7 times more than those between the ages of 55 to 64 years and those 25 to 34 lacked health insurance 3.1 times more than their older counterparts. For the state of Ohio, the analyses revealed a statistically significant data trend that showed that the percentage of working-age adults without health insurance decreased with increasing age. Statewide, young adults between the ages of 18 to 24 years were likely to have been uninsured 2.7 times more than the oldest group of working-age adults, those 55 to 64 years of age. Comparatively, those 25 to 34 years of age were uninsured 1.9 times more than their older counterparts. Possibly, the great difference in the percentage of uninsured seen among 18 to 24 year-olds between Portage County and the state is due to the large number of college students residing in and around Kent State University; a university that offers an affordable health plan to its students.

Figure A.3: Percent Uninsured by Age Group, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS

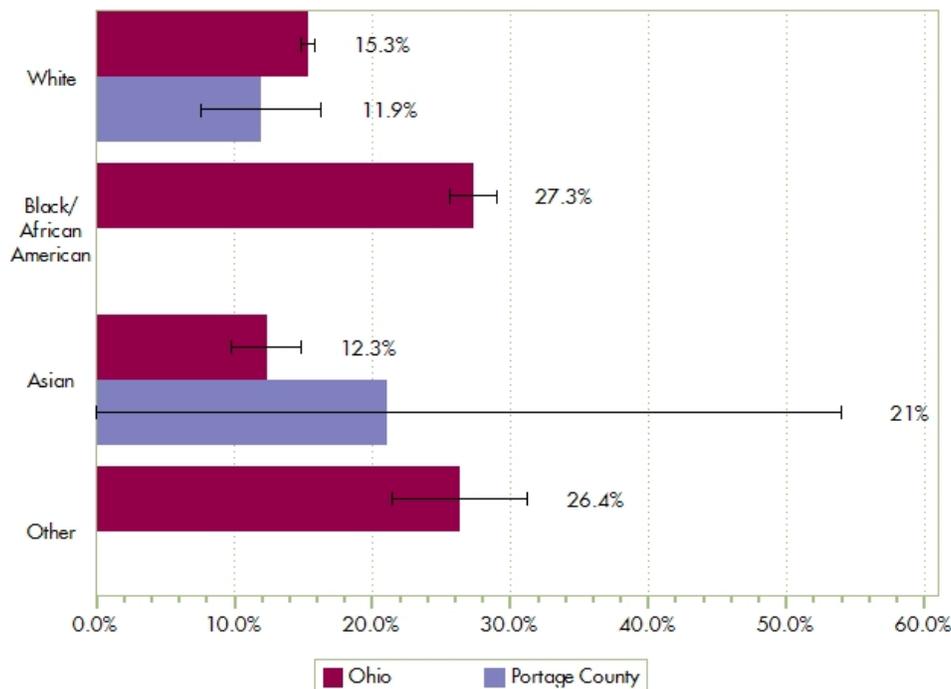


#### A4. Race and Hispanic Ethnicity

Results by insurance status for Black and African American Portage County residents and those of other races were not available due to small sample sizes. In Ohio, Blacks and African Americans were without health insurance 1.8 times more than Whites and residents of other races were uninsured 1.7 times more than Whites. The estimates were both significantly different. However, the resulting data regarding the lack of insurance among residents of other races (presumably, non-White, non-Black, non-African American, and non-Asian residents) was difficult to interpret. While approximately 26% of the population was uninsured at the state-level, the category was made up of such a broad array of populations that most definitely vary across the state of Ohio, it was not clear exactly who among the other races were most likely to have lacked health insurance coverage.

Estimates of the percent uninsured among White and Asian Portage County residents suggested that Asians were 1.7 times more likely to have been uninsured than Whites. In contrast, results at the state-level indicated that Asians were slightly less likely to have been uninsured than Whites; although, there was no statistical difference observed. The county-level and state-level results are obviously contradictory. While neither was statistically different, this observation poses several questions regarding the uniqueness of the Asian population residing in Portage County and suggests that socio-economic racial trends observed at the state-level may not be generalizable to Portage County. Certainly, this observation deserves further investigation.

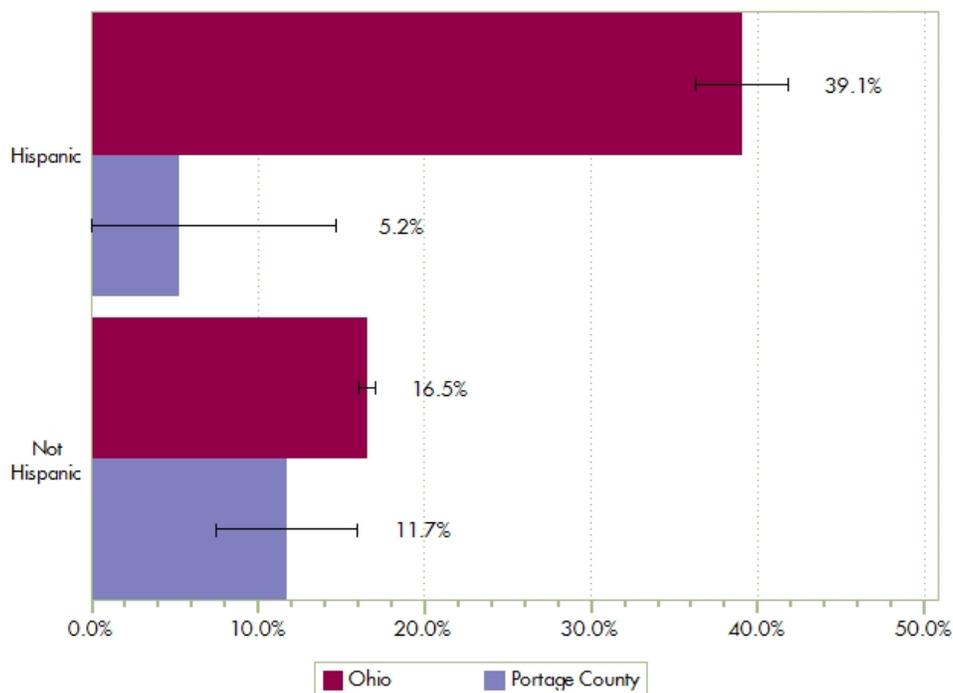
Figure A.4A: Percent Uninsured by Race, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



Whether it is due to a change in data collection methods, the social or legal norms influencing reporting, or a true influx in immigration, it is widely known that a growing number of working-age Americans are identifying themselves as Hispanic. In fact, almost 47 million people of Hispanic origin currently live in the US, the country with the second largest Hispanic population in the world, next to Mexico<sup>4</sup>. Since Portage County had only an estimated 1,000 Hispanic residents, any difference from non-Hispanics in the percentage without health insurance was difficult to detect. While Ohio is not known as a state that is largely Hispanic, the OFHS data indicated that well over 150,000 working-age Ohio residents were of Hispanic ethnicity and one in 2.5, or almost 64,000, were uninsured in 2008. In effect, across the state of Ohio, 2.4 times more Hispanics were uninsured than non-Hispanics.

However, although it was not statistically significant, the data estimated that far fewer Portage County Hispanics were uninsured than those statewide. As with Asian residents, these estimates raise several questions regarding the uniqueness of Portage County’s Hispanic population. Further, it is likely that socio-economic trends with regard to Hispanic ethnicity that were observed at the state-level may not be generalizable to Portage County. Surely, more investigation into the small, yet unique, population of Hispanics residing in Portage County is warranted.

Figure A.4B: Percent Uninsured by Hispanic Ethnicity, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS

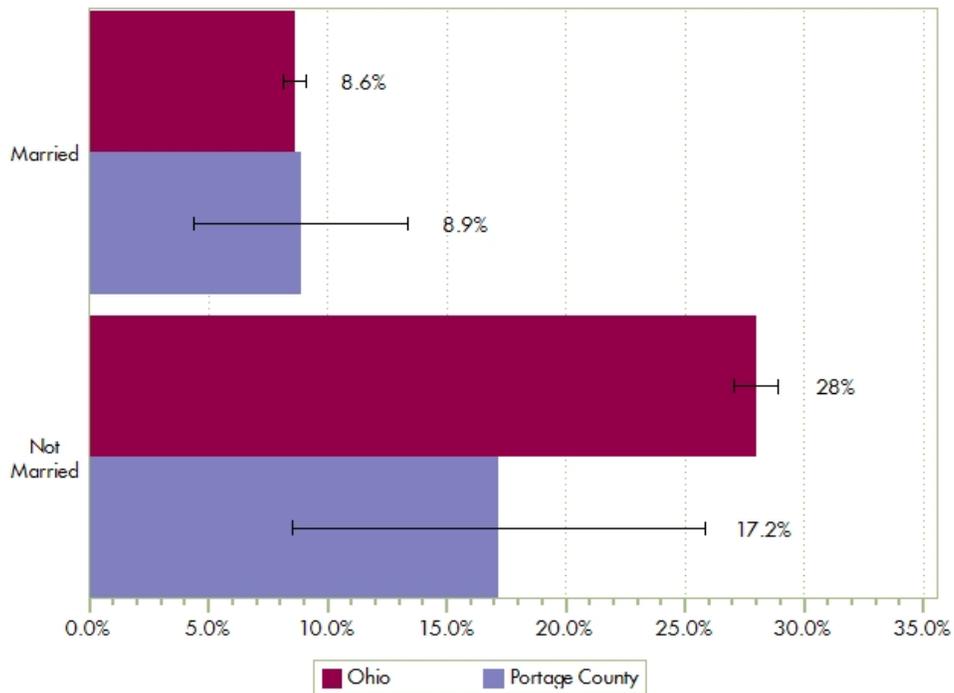


<sup>4</sup> US Census Bureau, Statistical Abstract of the United States: 2010 (129<sup>th</sup> Ed) Washington, DC, 2009; <http://www.census.gov/statab/www/>

## A5. Marital Status

In Portage County, unmarried individuals were 1.9 times more likely to have been uninsured than married individuals. Across Ohio, unmarried individuals were uninsured approximately 3.2 times more than married individuals. The estimates were significantly different at the state-level, but not at the county-level. It is thought that one reason married persons are more likely to have health insurance than non-married persons is that they may have a second opportunity to qualify for employer-provided coverage through their spouse.

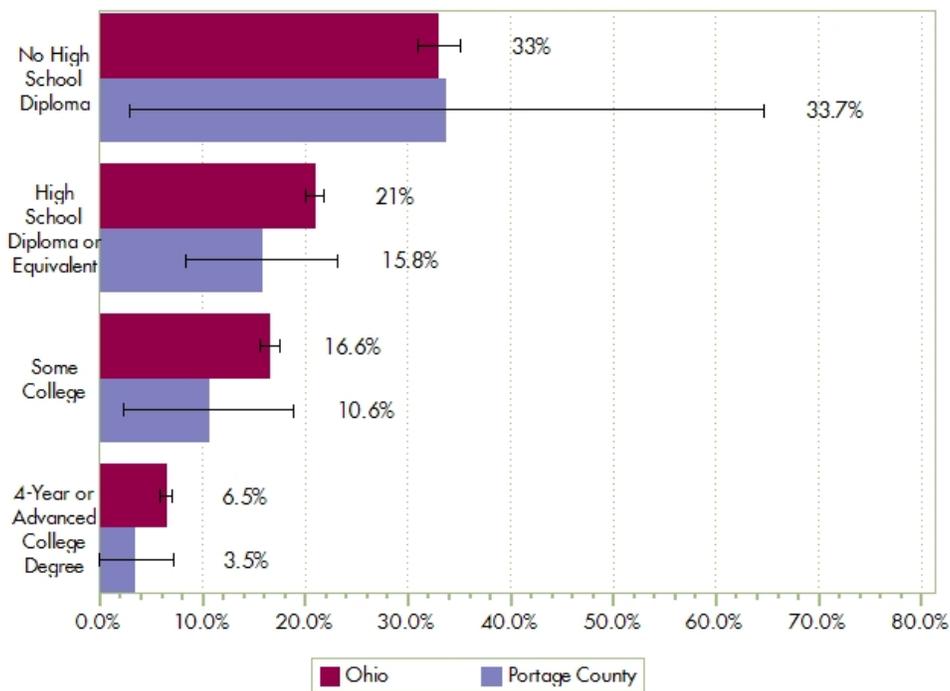
Figure A.5: Percent Uninsured by Marital Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## A6. Educational Attainment

Among working-age residents of Portage County, analyses stratified by educational attainment revealed a data trend that suggested that the percentage of adults without health insurance decreased with increasing education. Those with a high school diploma or equivalent were 4.6 times more likely to have been uninsured than those with a four-year or advanced college degree, while those without a high school diploma were 9.8 times more likely to have lacked health insurance. To put that into perspective, over 68% of all uninsured working-age adults in Portage County attained a twelfth grade education or less. Statewide, the results were extremely similar, but were significantly different. Persons with a high school diploma or equivalent were 3.2 times more likely to have been uninsured than their counterparts with a four-year or advanced college degree, while those without a high school diploma were over five times more likely to have been uninsured.

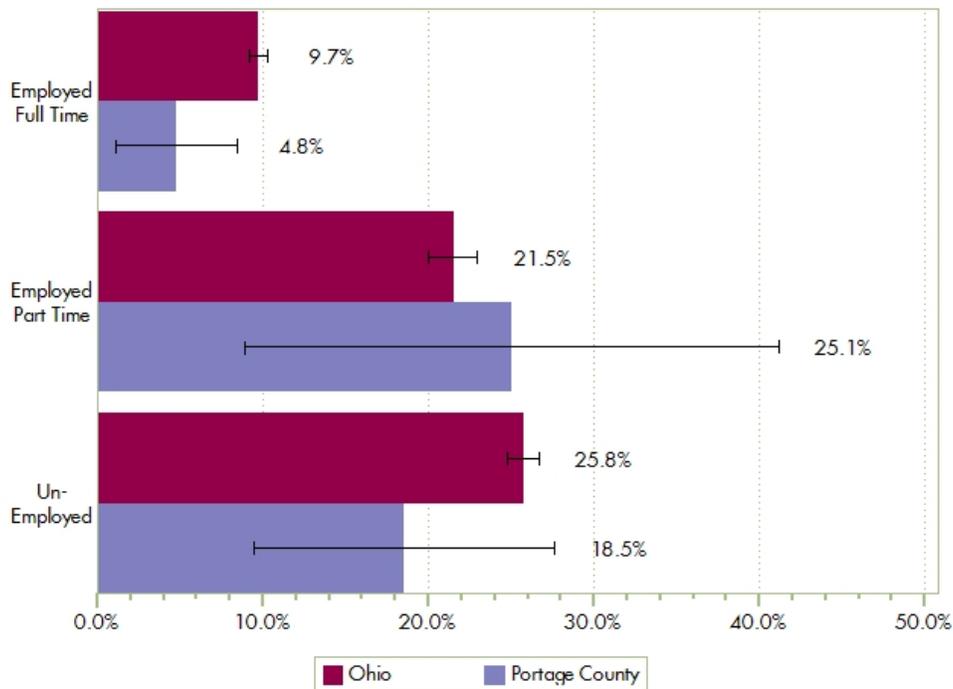
Figure A.6: Percent Uninsured by Educational Attainment, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## A7. Employment Status

For Portage County, unemployed residents and those employed part time were without health insurance 3.9 and 5.2 times more, respectively, than those employed full time. Surprisingly, over 2,500, or almost 5% of Portage County residents with full time employment were not afforded or elected to decline employer-provided health insurance coverage. In the state of Ohio, the data revealed a significant data trend that suggested that the percentage of adults without health insurance increased with decreasing employment. Hence, unemployed Ohioans were uninsured 2.6 times more than those employed full time, while those employed part time essentially fared no better and were uninsured 2.2 times more than those with full time employment.

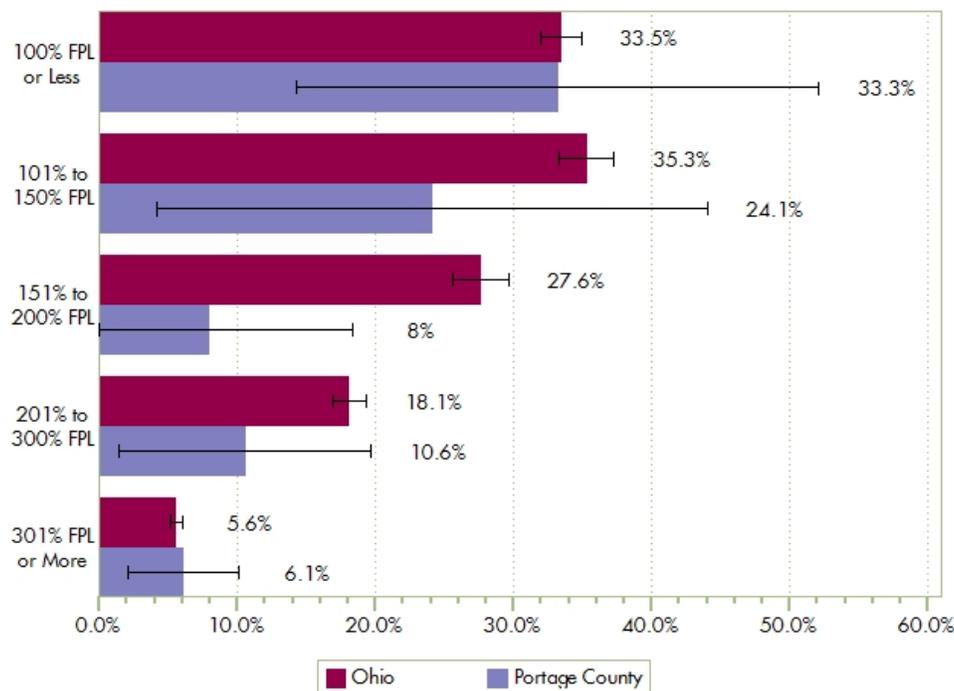
Figure A.7: Percent Uninsured by Employment Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## A8. Poverty Level

When stratified by income as a percentage of the federal poverty level (FPL), the percentages of Portage County residents that were uninsured did not suggest a clear data trend, as would be expected. However, estimates of the percent uninsured for those living in poverty (100% FPL or less) or near-poverty (101% to 150% FPL) were still different from those of the three least impoverished groups. In fact, Portage County adults living in poverty were uninsured 5.4 times more than those living above 300% FPL and those living in near-poverty lacked health insurance 3.9 times more than the least impoverished. For the state of Ohio, the analyses revealed a statistically significant data trend that showed that the percentage of working-age adults without health insurance decreased with decreasing poverty above 101% FPL. Statewide, persons living in poverty were six times more likely to have been uninsured than working-age adults living above 300% FPL. Residents living in near-poverty conditions were actually uninsured more often than those living in poverty. They lacked health insurance 6.3 times more than persons with incomes above 300% of the FPL. It is expected that persons living in near-poverty fare worse than those actually living in poverty because those with incomes at 100% of the FPL or less often qualify for government-supported health insurance programs.

Figure A.8: Percent Uninsured by Poverty Level, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## A9. Health Status

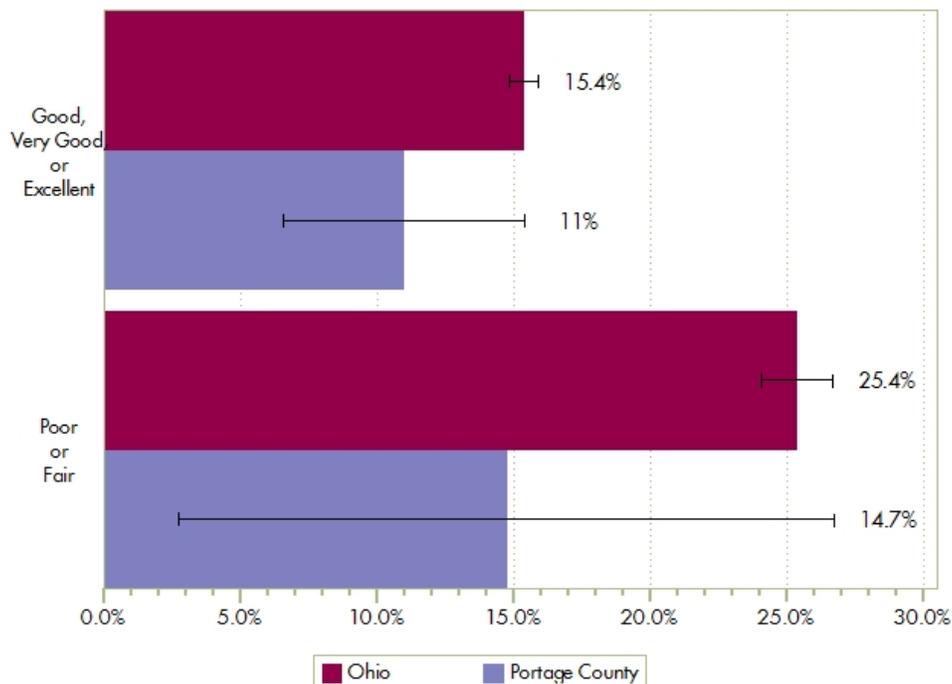
Survey respondents to the 2008 OFHS were asked to rate their health, in general, as excellent, very good, good, fair, or poor. For the purposes of the analyses in this report, respondents were dichotomized into one of two groups based on their response: 1) those in good, very good, or excellent health, or 2) those in poor or fair health.

Throughout the report, health status was used as a socio-demographic characteristic for stratified analyses. However, it is based on the same 2008 OFHS survey question that is presented later in this report to document health status, conditions, and risk factors.

The results showed that individuals that considered their health status to be poor or fair were more likely to have been uninsured than those that considered their health status to be good, very good, or excellent. In Portage County, those in poor or fair health were uninsured 1.3 times more than their healthier counterparts. Statewide, the results were similar; 1.6 times more individuals in poor or fair health were uninsured than those in good, very good, or excellent health.

While the results of these analyses seem to suggest that unhealthier people were less likely to have had health insurance, this is only one possible interpretation. These analyses only show an association between health status and insurance status; they do not infer causation, which requires a temporal relationship (i.e. one event to happen before the other). Hence, another possible interpretation of these results could be that people without health insurance were more likely to consider themselves as less healthy.

Figure A.9: Percent Uninsured by Health Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



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## **B. ACCESS TO HEALTH CARE AMONG ADULTS**

### **B1. Usual Source of Care**

Survey respondents to the 2008 OFHS were asked if they had a usual source of care, or more specifically, a place that they usually went to when they were sick or they were in need of advice about their health. If they answered that they did have a usual source of care, then the respondents were asked to describe the kind of place that they usually went to for health care. Options that were given to the respondents included: a clinic or health center, a doctor's office or health maintenance organization (HMO), a hospital emergency room, a hospital outpatient department, or some other place. Also, if they answered that they did have a usual source of care, the respondents were asked about how long, on average, it took for them to get to that place. For the analyses in this report, respondents were dichotomized into one of two groups according to their answer: 1) those that traveled 15 minutes or less to their usual source of care, or 2) those that traveled more than 15 minutes to their usual source of care.

Almost 6,000, or 6% of working-age adults residing in Portage County, reported that they had no usual source of care. While not statistically significant, the estimated percentage of adults without a usual source of care in Portage County was lower than that for the state as a whole. Among Portage County residents, a few socio-demographic groups were found to be more likely to have lacked of a usual source of care. Specifically, stratified analyses suggested the following<sup>5</sup>:

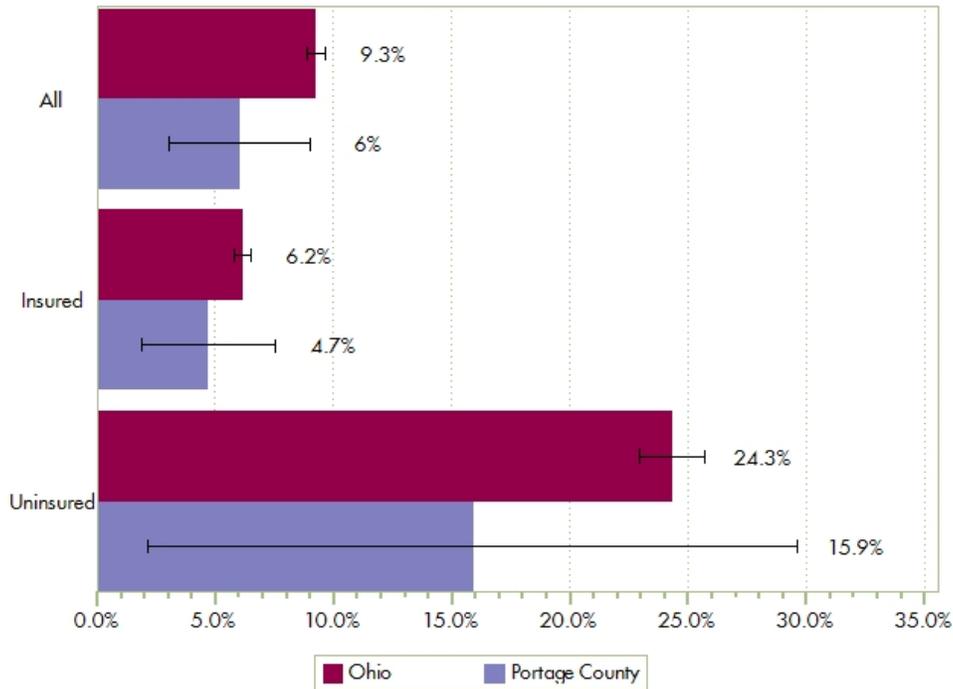
- persons living in poverty (100% FPL or less) did not have a usual source of care 3.1 times more than those with incomes above 300% FPL (13.0% versus 4.1%, respectively); persons living in near-poverty (101% to 150% FPL) did not have a usual source of care 4.4 times more than those with incomes above 300% FPL (18.2% versus 4.1%, respectively).

Not having health insurance coverage was associated with not having a usual source of care. It is thought that because of relatively high costs, people without health insurance are less likely to seek preventative care and more often delay seeking treatment for injuries and illnesses that are not severe. Among uninsured Portage County residents, one in six lacked a usual source of care. That is, uninsured working-age adults residing in Portage County were 3.4 times more likely to have reported that they did not have a usual source of care than those that had health insurance. In Ohio, the observed disparity was even greater. Uninsured Ohioans were 3.9 times more likely to have had no usual source of care than their insured counterparts. The difference was significant at the state-level, but not at the county-level.

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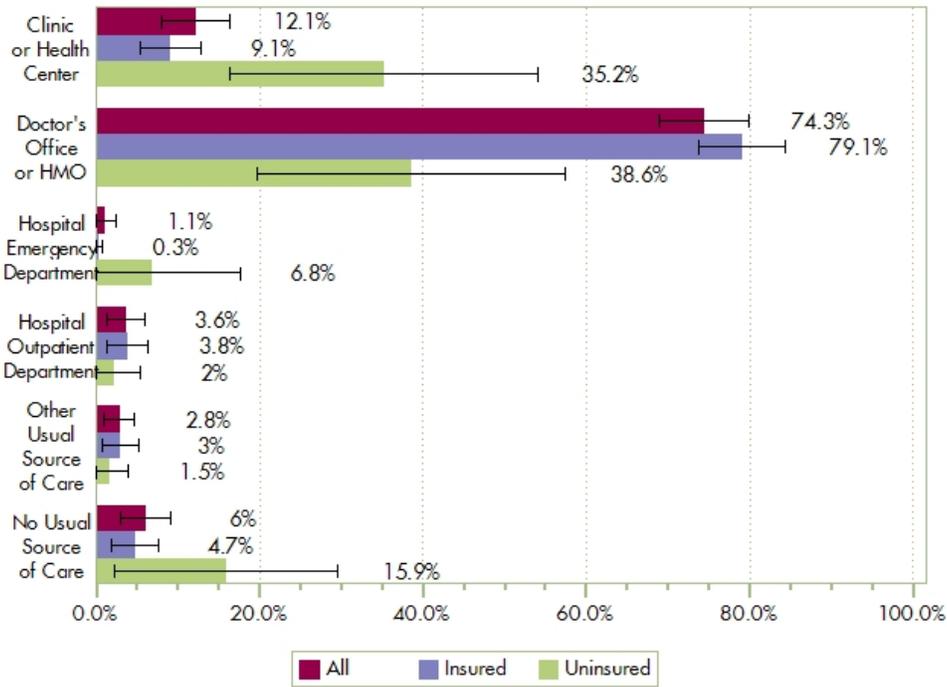
<sup>5</sup> Most of the stratified analyses for Portage County did not result in significant differences; likely because of small sample sizes. However, throughout this report, differences observed at the county-level that correspond with significant differences seen at the state-level are presented.

Figure B.1A: Percent that Did Not Have a Usual Source of Care by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



There was a large disparity by health insurance status in the type of usual source of care used by Portage County residents. Nearly 80% percent of insured working-age adults went to a doctor’s office or HMO as their usual source of care, while only 38.6% of those that were uninsured did so; a two fold difference. On the contrary, the uninsured in Portage County were 22.7 times more likely, than those with health insurance, to have used a hospital emergency room (ER) as their usual source of care (6.8% versus 0.3% respectively). Further, they were 3.9 times more likely to have used a clinic or health center as their usual source of care as compared to those that were uninsured (35.2% versus 9.1%, respectively). To put that into perspective, almost 7%, or close to 1,000 uninsured working-age adults in Portage County utilized an ER as their usual source of care in 2008 and another 35%, or nearly 4,000 uninsured residents utilized a clinic or health center as their usual source of care.

Figure B.1B: Type of Usual Source of Care by Insurance Status, Adults 18 to 64 Years of Age, Portage County, 2008 OFHS

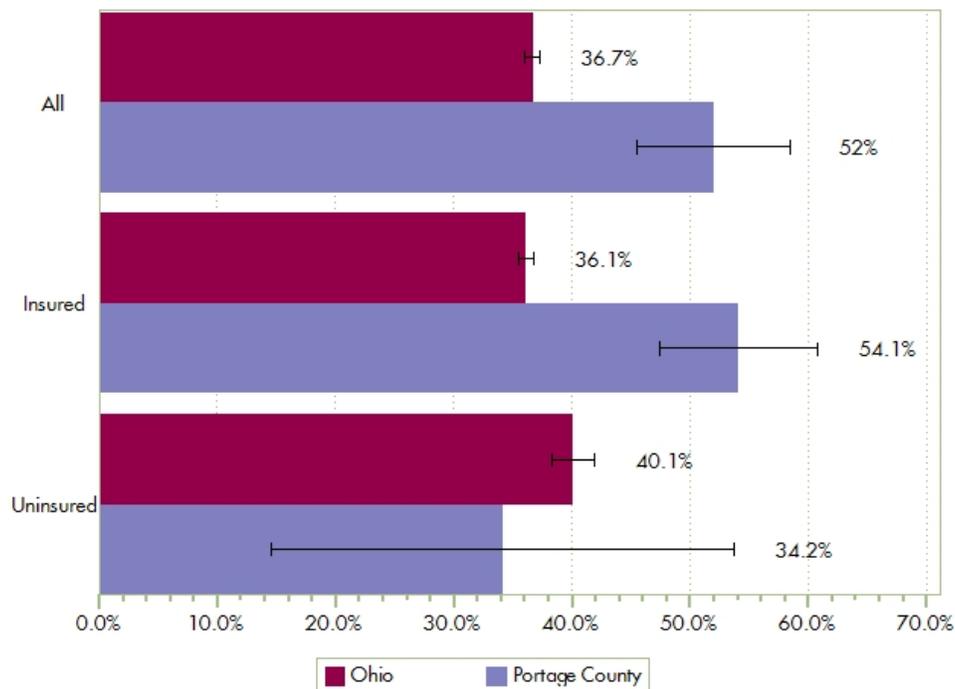


Over 47,000, or 52%, of working-age adults residing in Portage County, reported that they traveled more than 15 minutes to get to their usual source of care. In contrast, the percentage of Ohioans that traveled more than 15 minutes was significantly lower. Statewide, 36.7% of residents traveled more than 15 minutes to reach their usual source of health care. One potential explanation for this observation could be that there are fewer sources of care in suburban Portage County and therefore, residents may have to drive greater distances than the residents of Ohio's 15 or so metropolitan counties. Among Portage County residents, several socio-demographic groups were found to be more likely to have traveled more than 15 minutes to get to their usual source of care. Specifically, stratified analyses suggested the following:

- the percentage of working-age adults that traveled more than 15 minutes to reach their usual source of care increased with increasing age (36.4% of 18 to 24 year olds, 35.9% of 25 to 34 year-olds, 50.5% of 35 to 44 year-olds, 55.7% of 45 to 54 year-olds, and 62.9% of 55 to 64 year-olds); adults between the ages of 18 and 24 years were 1.7 times less likely to have traveled more than 15 minutes as compared to those 55 to 64 years of age;
- Black and African American residents were twice as likely to have traveled more than 15 minutes than White residents (100.0% versus 50.4%, respectively); and
- persons in poor or fair health were 1.5 times more likely to have traveled more than 15 minutes than persons in good, very good, or excellent health (71.1% versus 48.5%, respectively).

In Portage County, although the results were not significant, the uninsured appeared 1.6 times less likely to have traveled more than 15 minutes to reach their usual source of care. However, in Ohio, significant results suggested that insured adults were slightly more likely to have traveled more than 15 minutes. Obviously, these results are contradictory. Besides sampling error, one other potential explanation for these results pertains to the possibility that Portage County residents, especially those that are uninsured, have local access to economically feasible sources of care, like KSU student clinics and the Portage Community Health Resource (PCHR); a community clinic that charges on a sliding-scale.

Figure B.1C: Percent that Traveled More than 15 Minutes to Their Usual Source of Care by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## **B2. Personal Health Care Provider**

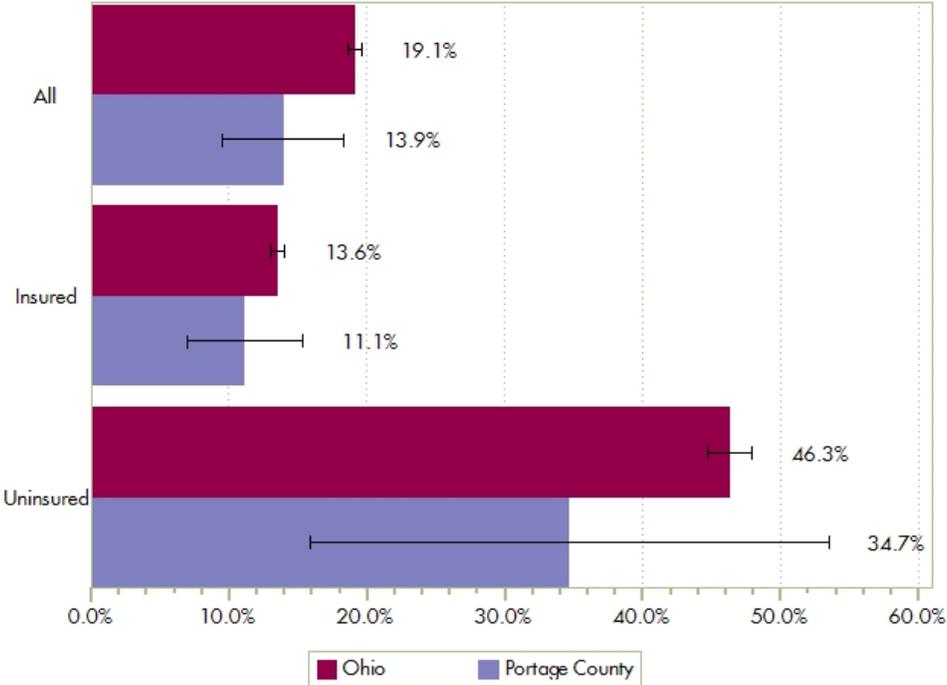
A survey respondent was considered to have had a personal health care provider if they answered that they usually saw the same doctor, nurse, or other health provider each time that they visited the place that they usually go to when they are sick or they are in need of advice about their health.

Over 13,000 working-age Portage County residents, or nearly 14%, said that they did not have a personal health care provider in 2008. Statewide, the percentage was significantly higher. Approximately 19% of Ohioans reported that they did not have a personal provider. Among working-age Portage County residents, a few socio-demographic characteristics were found to be associated with not having a personal health care provider. In particular, the results suggested the following:

- individuals without a high school diploma were 1.7 times more likely to have lacked a personal provider than those with a 4-year or advanced college degree (17.2% versus 9.9%, respectively); individuals with a high school diploma or equivalent were 1.9 times more likely to have lacked a personal provider than those with a 4-year or advanced college degree (18.6% versus 9.9%, respectively); and
- persons living in poverty (100% FPL or less) or near-poverty (101% to 150% FPL) were 3.2 and 2.4 times more likely to have been without a personal provider than those living above 300% FPL (35.6% and 26.2% versus 11.1%, respectively).

Among Portage County residents, those without health insurance were over three times more likely to have lacked a personal health care provider than their insured counterparts. Thus, almost 35% of uninsured Portage County residents, or more than one in every three, did not have a personal health care provider compared to 11.2% of those with health insurance coverage. In Ohio, not having health insurance coverage was significantly associated with not having a personal health care provider. That is, uninsured Ohioans were 3.4 times more likely to have been without a personal provider than those with health insurance coverage. Given that the results suggested that the uninsured were less likely to have had a usual source of care, it makes sense that even fewer would have had a personal provider. In fact, while approximately 16% of uninsured Portage County adults did not have a usual source of care, more than twice that did not have a personal health care provider.

Figure B.2: Percent that Did Not Have a Personal Health Care Provider by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



### **B3. Problems Seeing a Specialist**

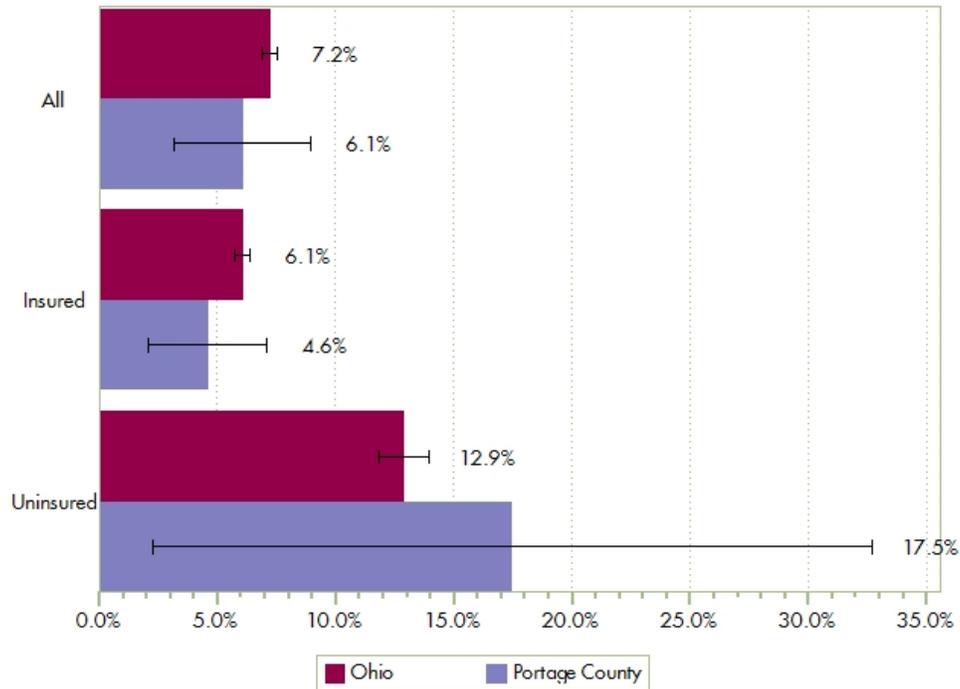
Survey respondents to the 2008 OFHS were asked if, during the previous 12 months, they needed to see a specialist to get special care. If they responded that they did need to see a specialist, then they were asked how much of a problem, if any, it was for them to see the specialist. Answer options included: big problem, small problem, or not a problem. For the purposes of these analyses, survey respondents were dichotomized into one of two groups according to their answer: 1) those that did not need to see a specialist or did not have a problem seeing a specialist, or 2) those that had any problem, big or small, seeing a specialist in the previous year. Survey participants that responded that they did have a problem seeing a specialist were further asked why it was a problem for them. Options that were given to the respondents included: no specialist nearby, too expensive, insurance plan restrictions or rules, difficulty or delay in getting an appointment, or another reason.

Almost 6,000 working-age Portage County residents, or six percent, said that they had a problem seeing a specialist in the previous year. Essentially, a similar percentage of Ohioans also had a problem seeing a specialist. Among Portage County residents, several socio-demographic groups were found to be more likely to have had a problem seeing a specialist in the previous year. Specifically, stratified analyses suggested the following:

- residents of other races were 4.3 times as likely to have had a problem seeing a specialist as White residents (26.2% versus 6.1%, respectively);
- unmarried individuals had a problem seeing a specialist 1.8 times more than married individuals (8.6% versus 4.9%, respectively);
- individuals without a high school diploma were 2.1 times more likely to have had a problem seeing a specialist as compared to those with a 4-year or advanced college degree (10.1% versus 4.7%, respectively);
- the percentage of working-age adults that had a problem seeing a specialist increased with decreasing employment (2.8% of those employed full time, 7.6% of those employed part time, and 11.2% of those unemployed); unemployed adults were four times as likely to have had a problem seeing a specialist as compared to those employed full time; and
- residents in poor or fair health had a problem seeing a specialist 2.3 times more than those in good, very good, or excellent health (11.8% versus 4.6%, respectively).

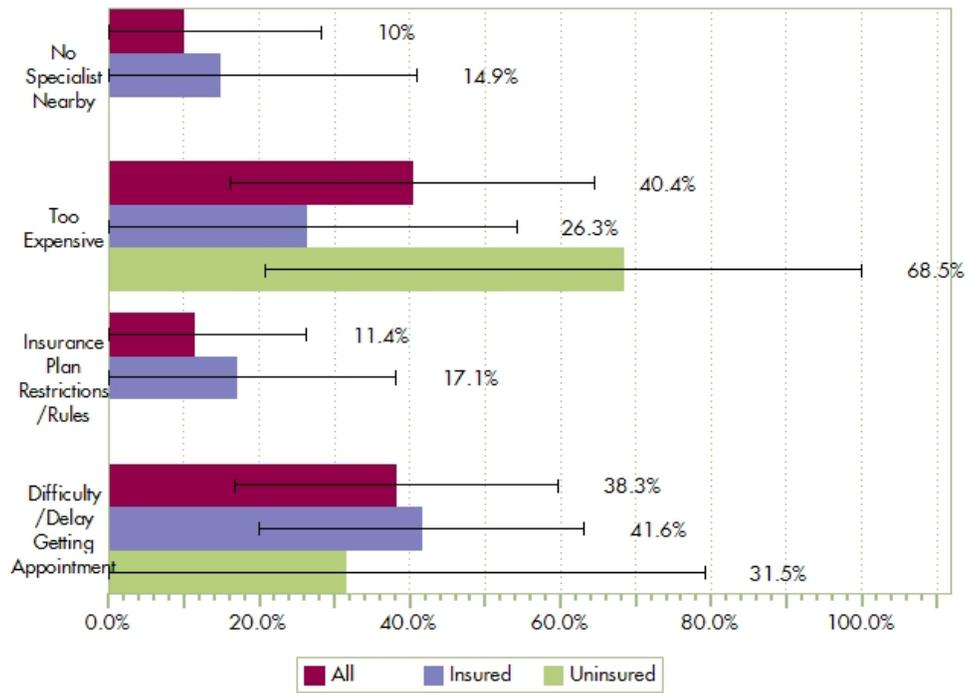
Not having health insurance coverage was associated with having a problem seeing a specialist. Uninsured Portage County residents were 3.8 times as likely to have reported that they had a problem seeing a specialist in the previous year as compared to those that had health insurance. Across Ohio, the observed disparity was slightly less evident; although, it was significant. Uninsured Ohioans were 2.1 times as likely to have reported a problem seeing a specialist than their insured counterparts.

Figure B.3A: Percent that Had a Problem Seeing a Specialist in the Previous Year by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



Among Portage County residents, there was a large disparity by health insurance status in the type of problem they reported to have had in seeing a specialist. Twenty-six percent of uninsured working-age adults reported that there was a difficulty or delay in getting an appointment, while less than twelve percent of those that were insured did so. Furthermore, the uninsured were 1.7 times as likely, than the insured, to have reported that seeing a specialist was too expensive. On the contrary, the insured in Portage County were much more likely to have reported that their problem pertained to there being no specialist nearby or to their insurance plan's restrictions or rules.

Figure B.3B: Type of Problems Seeing a Specialist in the Previous Year by Insurance Status, Adults 18 to 64 Years of Age, Portage County, 2008 OFHS



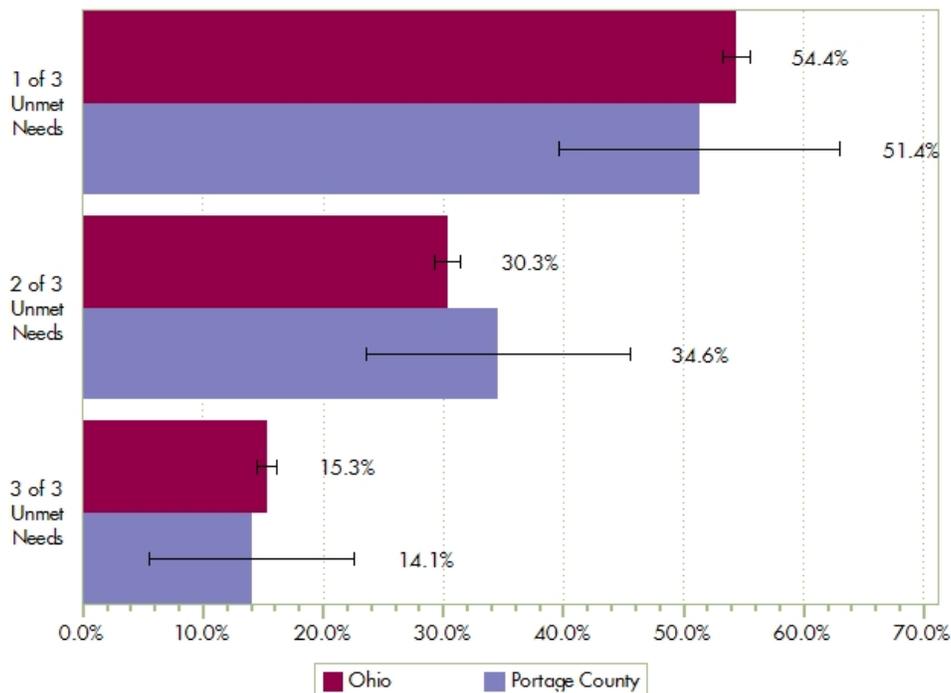
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## B4. Unmet Health Care Needs

Three survey questions in the 2008 OFHS pertained to areas of potential unmet health care needs of respondents in the previous 12 months. Specifically, the survey asked if there was a time when they needed dental care but could not get it, if they did not fill a prescription because of the cost, and if there was any time that they did not get any other health care that they needed, such as a medical exam, medical supplies, mental health care, or eyeglasses. Each of the three questions was asked separately from the others.

Almost 28,000 working-age Portage County residents reported that they had at least one unmet health care need in the previous year. Of those, over 14,000 responded that their needs were unmet in one of the three areas (14.1% dental, 18.0% prescription, and 19.3% other), almost 10,000 responded that their needs were unmet in two of the three areas (3.9% dental and prescription, 6.9% dental and other, and 23.7% prescription and other), and almost 4,000 responded that their needs were unmet in all three areas. The percentages reported among all Ohio residents were essentially the same.

Figure B.4A: Number of Unmet Health Care Needs in the Previous Year, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS

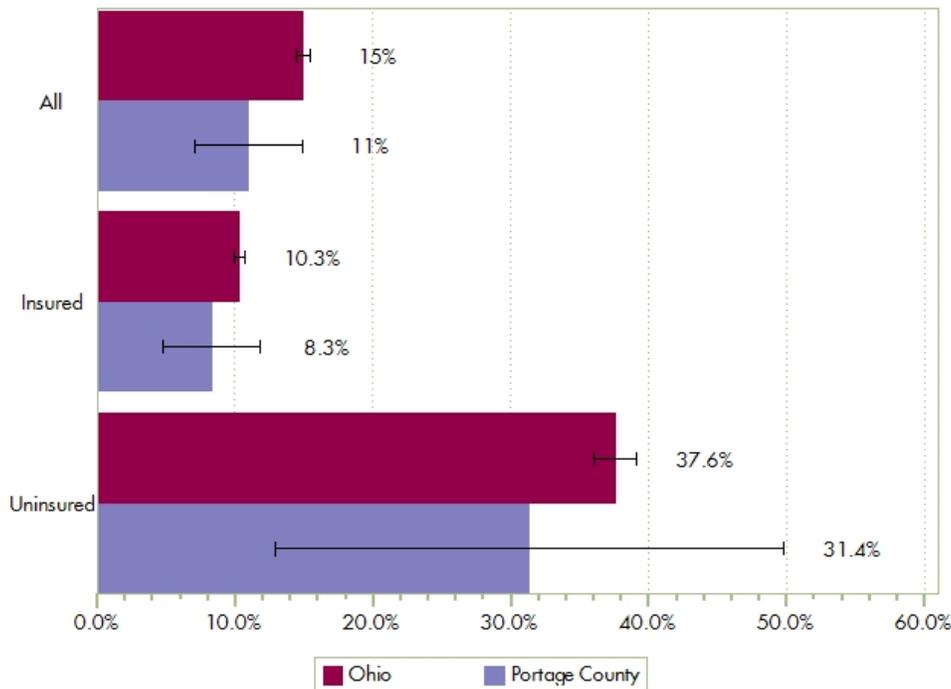


Independent analyses revealed that almost 11,000, or 11% of working-age Portage County residents had unmet dental needs sometime in the year prior to the survey. In essence, a slightly smaller percentage reported having unmet dental needs statewide. Among Portage County residents, several socio-demographic characteristics were found to be associated with having unmet dental needs. In particular, the results suggested the following:

- residents of other races were 6.2 times more likely to have had unmet dental needs than Whites (63.0% versus 10.2%, respectively);
- Hispanics reported having had unmet dental needs 1.8 times more than non-Hispanics (19.1% versus 10.4%, respectively);
- unmarried persons were twice as likely to have had unmet dental needs as compared to married persons (16.7% versus 8.2%, respectively);
- individuals without a high school diploma had unmet dental needs 4.9 times more than those with a 4-year or advanced college degree (32.5% versus 6.6%, respectively); individuals with a high school diploma or equivalent were 2.1 times more likely to have had unmet dental needs as compared to those with a 4-year or advanced college degree (13.8% versus 6.6%, respectively);
- the percentage of working-age adults that had unmet dental needs increased with decreasing employment (5.8% of those employed full time, 13.5% of those employed part time, and 19.1% of those unemployed); unemployed adults were 3.3 times as likely to have had unmet dental needs as compared to their counterparts employed full time;
- residents living in poverty (100% FPL or less) were five times as likely to have had unmet dental needs than those living above 300% FPL (32.1% versus 6.4%, respectively); and
- persons in poor or fair health were 5.3 times more likely to have had unmet dental needs as compared to those in good, very good, or excellent health (35.0% versus 6.6%, respectively).

Not having health insurance coverage was significantly associated with having had unmet dental needs. In Portage County, uninsured residents were 3.8 times as likely to have reported having unmet dental needs than their insured counterparts. The observed disparity was similar among all Ohioans. Those that were uninsured were 3.6 times more likely to have reported that they had unmet dental needs in the previous year as compared those that had health insurance.

Figure B.4B: Percent that Had Unmet Dental Needs in the Previous Year by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS

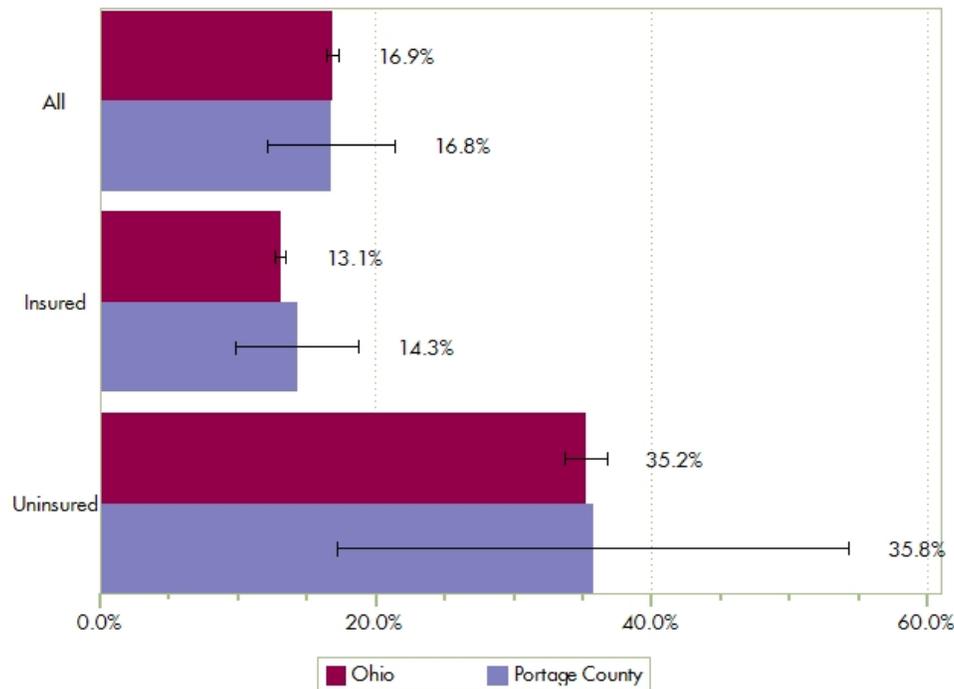


Separate analyses estimated that, in Portage County, there were almost 16,500 working-age adults that had unmet prescription needs in the previous year. Statewide, a similar percentage reported having unmet prescription needs. Among Portage County residents, a few socio-demographic groups were found to be more likely to have reported having unmet prescription needs in the previous year. Specifically, stratified analyses suggested the following:

- females were almost one and a half times as likely to have had unmet prescription needs as males (19.3% versus 13.7%, respectively);
- residents of other races had unmet prescription needs 3.8 times more than Whites (63.0% versus 16.6%, respectively); and
- persons in poor or fair health were 2.1 times more likely to have had unmet prescription needs as compared to those in good, very good, or excellent health (30.1% versus 14.3%, respectively).

There was a large disparity by health insurance status in the percentage of respondents that reported having unmet prescription needs. In Portage County, working-age adults without health insurance were 2.5 times as likely to have had unmet prescription needs. Consequently, one in 3 uninsured residents of Portage County reported that they had unmet prescription needs sometime in the year prior to the survey. Statewide, the uninsured had unmet prescription needs 2.7 times more than those with health insurance.

Figure B.4C: Percent that Had Unmet Prescription Needs in the Previous Year by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS

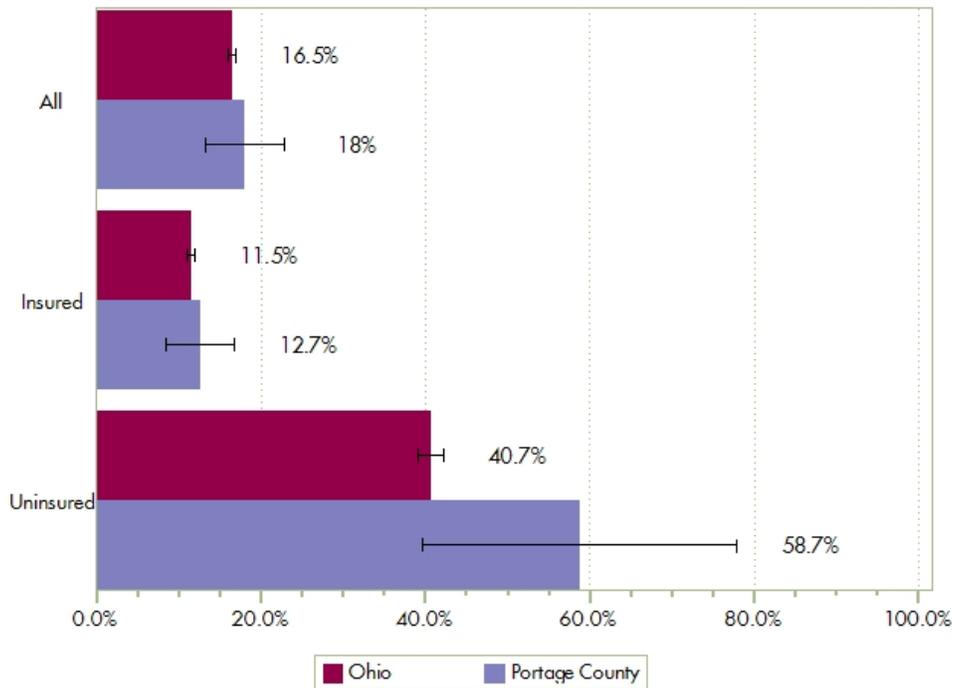


Further analyses showed that more than 17,500 working-age adults in Portage County had other unmet health care needs, such as a medical exam, medical supplies, mental health care, or eyeglasses. Among all Ohio residents, the percentage was fairly similar. A few socio-demographic characteristics were found to be associated with having other unmet health care needs in Portage County. Especially, the results suggested the following:

- unmarried persons were 1.4 times as likely to have had other unmet health care needs as compared to married persons (22.3% versus 15.9%, respectively);
- unemployed individuals and those employed part time were 2.4 and 1.5 times more likely as individuals employed full time to have reported having other unmet health care needs (28.4% and 18.2% versus 12.0%, respectively);
- persons living at 100% FPL or less were 4.5 times more likely to have had other unmet health care needs as those living above 300% FPL (43.3% versus 9.6%, respectively); and
- residents in poor or fair health were 2.2 times more likely to have had other unmet health care needs as compared to those in good, very good, or excellent health (33.2% versus 15.2%, respectively).

Again, there was a large disparity by health insurance status in the percentage of respondents that reported having other unmet health care needs. In Portage County, residents without health insurance were over four and a half times as likely to have had other unmet health care needs. Thus, nearly 59% of uninsured Portage County residents, or almost 7,000 working-age adults, had some type of unmet health care need, other than dental or prescription, in the previous year. Statewide, uninsured working-age adults had unmet needs three and a half times more than those with health insurance.

Figure B.4D: Percent that Had Other Unmet Health Care Needs in the Previous Year by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



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## **B5. Ease of Obtaining Medical Care**

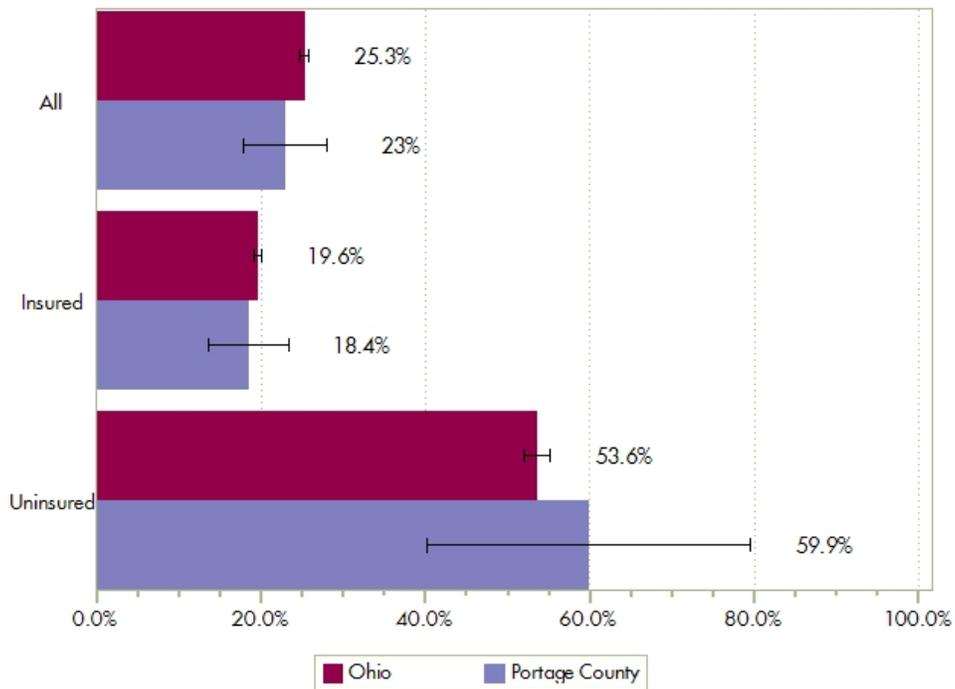
Survey participants in the 2008 OFHS were asked if, compared to three years ago, was getting the medical care that they needed easier, harder, or did it stay the same. For the purposes of these analyses, survey respondents were dichotomized into one of two groups according to their answer: 1) those that found it harder to obtain medical care, or 2) those that found it easier or the same to obtain medical care as compared to three years ago.

Over 22,000 working-age Portage County residents, or nearly one in four, responded that they found it harder to obtain medical care than in the previous three years. Statewide, the estimated percentage was practically the same. Among Portage County residents, a couple of socio-demographic groups were found to have been more likely to have reported that they found it harder to obtain medical care. Specifically, stratified analyses suggested the following:

- unmarried individuals were 1.4 times as likely to have found it harder to obtain medical care than those that were married (28.1% versus 20.5%, respectively); and
- individuals in poor or fair health were 1.9 times more likely to have reported that they found it harder to obtain medical care as compared to those in good, very good, or excellent health (37.9% versus 20.2%, respectively).

Uninsured working-age adults were significantly more likely than those with health insurance coverage to have reported that they found it harder to obtain medical care than in the previous three years. In fact, almost 60% of uninsured Portage County residents found it harder to obtain medical care. Those that did not have health insurance were 3.2 times more likely to have responded as such when compared to those that were insured. Across Ohio, 53.6% of residents without health insurance found it harder to obtain medical care as compared to 19.6% of those with insurance coverage, almost a three-fold difference.

Figure B.5: Percent that Found it Harder to Obtain Medical Care than in the Previous Three Years by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## **B6. Problems Paying for Medical Bills**

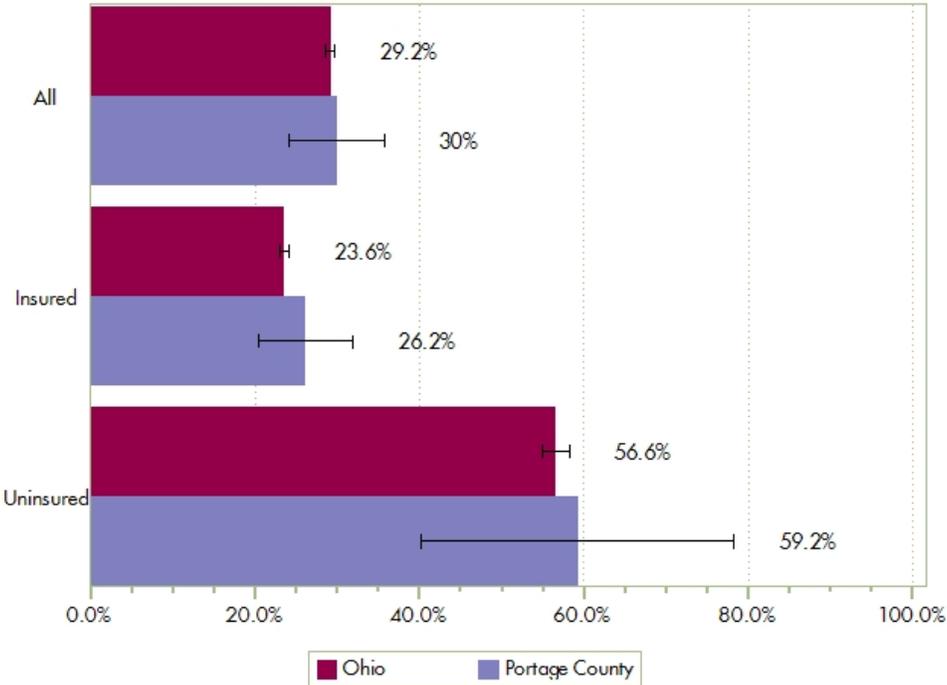
A survey respondent was considered to have had problems paying for medical bills if they answered that, during the last 12 months, there were times when they had problems paying or were unable to pay for medical bills for themselves or anyone else.

Almost 30,000 working-age Portage County residents were estimated to have had problems paying for medical bills sometime in the year prior to the survey. Statewide, the percentage was similar. In Portage County, there were several socio-demographic characteristics that were found to be associated with having problems paying for medical bills. In particular, independent analyses implied the following:

- females had problems paying for medical bills 1.7 times more than males (36.7% versus 21.5%, respectively);
- Blacks and African Americans were 2.6 times more likely to have reported having problems paying for medical bills than Whites (73.4% versus 28.5%, respectively);
- residents of other races were 2.2 times more likely to have reported having problems paying for medical bills than Whites (63.0% versus 28.5%, respectively); and
- persons in poor or fair health reported having problems paying for medical bills 2.2 times more than those in good, very good, or excellent health (56.1% versus 25.2%, respectively).

A lack of health insurance coverage was found to be significantly associated with having had problems paying for medical bills in the previous year. In Portage County, more than one in two, or almost 7,000 uninsured residents had problems paying for medical bills as compared to 26.2% of those with health insurance. Across the state of Ohio, 23.6% of insured working-age adults had problems paying for medical bills, while 56.6% of those that were uninsured did so. Uninsured Ohioans reported having problems nearly two and a half times more than their insured counterparts.

Figure B.6: Percent that Had Problems Paying for Medical Bills in the Previous Year by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## C. HEALTH STATUS, CONDITIONS, AND RISK FACTORS AMONG ADULTS

### C1. Health Status

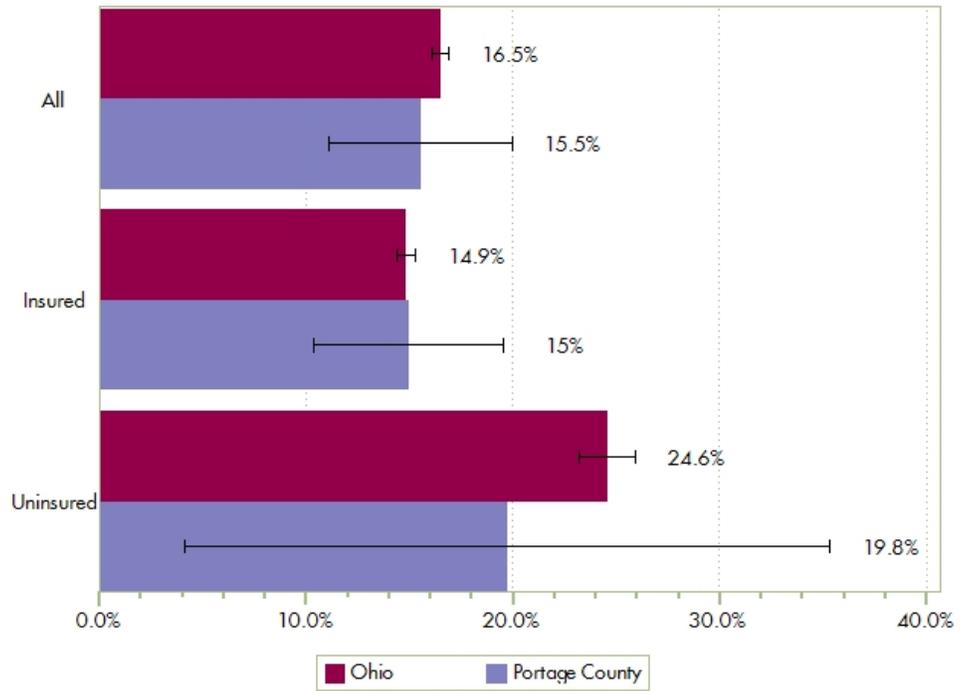
As discussed previously, survey respondents to the 2008 OFHS were asked to rate their general health status as excellent, very good, good, fair, or poor. For the purposes of the analyses in this report, respondents were dichotomized into one of two groups based on their response: 1) those in good, very good, or excellent health, or 2) those in poor or fair health. Health status in this section of the report is based on the same 2008 OFHS survey question that was utilized as a socio-demographic characteristic in other sections.

Approximately 15,000, or 15.5% of working-age adults residing in Portage County considered their health status to be poor or fair. Although not significant, the percentage in poor or fair health was slightly lower for the state as a whole. Hence, almost 1.2 million Ohioans considered their health status to be poor or fair. Among Portage County residents, there were a number of socio-demographic characteristics that independent analyses found to be associated with health status; specifically:

- females reported their health status as poor or fair 1.3 times more than males (17.1% versus 13.5%, respectively);
- Blacks and African Americans reported being in poor or fair health 1.4 times more than Whites (21.1% versus 15.0%, respectively);
- Asians were 1.7 times less likely to have been in poor or fair health as compared to Whites (8.7% versus 15.0%, respectively);
- residents of other races were 1.8 times more likely than Whites to have reported their health status as poor or fair (26.2% versus 15.0%, respectively);
- unemployed individuals were in poor or fair health 2.7 times more than those employed full time (27.8% versus 10.4%, respectively); and
- persons living in poverty (100% FPL or less) were 3.4 times more likely to have been in poor or fair health than those living above 300% FPL (41.4% versus 12.1%, respectively).

There was a large disparity by health insurance status in the percentage of respondents that reported being in poor or fair health. In Portage County, residents without health insurance were 1.3 times as likely to have been in poor or fair health. Consequently, one in five uninsured residents of Portage County reported that their general health status was poor or fair. Statewide, the uninsured were in poor or fair health 1.7 times more than those with health insurance.

Figure C.1: Percent that Were in Poor or Fair Health by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## C2. Special Health Care Needs

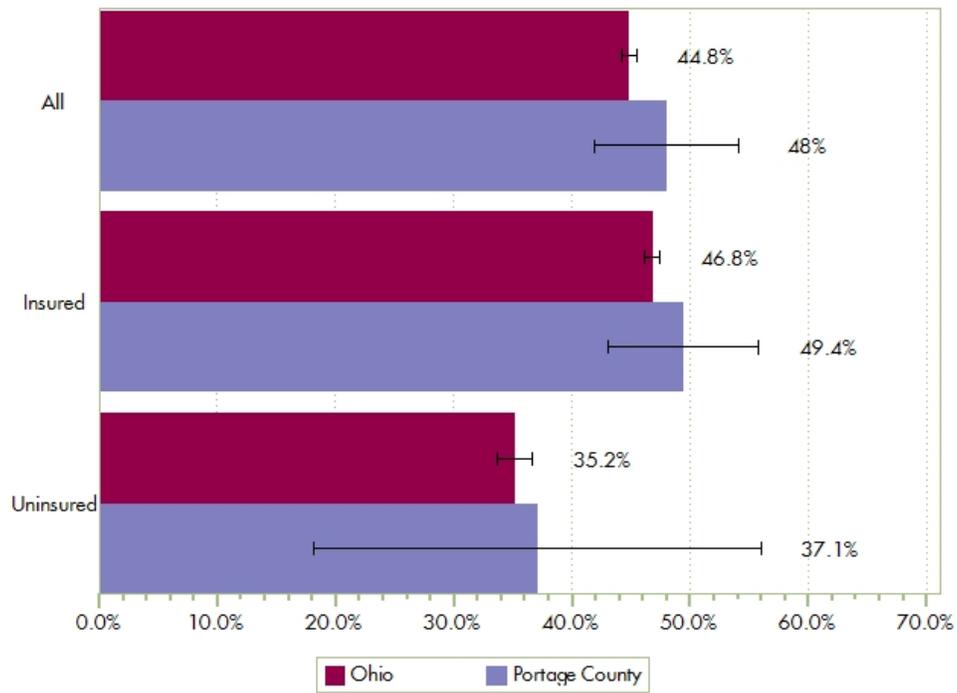
Over the course of the 2008 OFHS, respondents were asked several questions regarding health conditions that they may have had, the duration of those conditions, treatments that they received, limitations that they had, and assistance that they needed due to those conditions. Respondents were considered to have had special health care needs if they had any medical, mental health, or other health condition that lasted, or was expected to last, at least 12 months and required prescription medication, regular medical care, treatments, therapy, or assistance with day-to-day activities.

Over 47,000 working-age adults residing in Portage County had special health care needs in 2008. Statewide, the percentage with special health care needs was essentially the same. However, it was estimated that over three million Ohioans were afflicted by conditions that required special health care needs. Several socio-demographic characteristics were found to be associated with having special health care needs in Portage County. Specifically, the results suggested the following:

- females had special health care needs 1.2 times more than males (52.7% versus 42.2%, respectively);
- the percentage of working-age adults that had special health care needs increased with increasing age (23.2% of 18 to 24 year-olds, 23.3% of 35 to 34 year-olds, 32.0% of 35 to 44 year-olds, 56.2% of 45 to 54 year-olds, and 73.6% of 55 to 64 year-olds); adults 18 to 24 years of age were 3.2 times less likely as those 55 to 64 years of age to have had special health care needs;
- Asians were 2.8 times less likely than Whites to have reported conditions that required special health care needs (17.0% versus 47.9%, respectively);
- Hispanics had special health care needs 1.3 times less than non-Hispanics (36.3% versus 47.9%, respectively);
- unmarried persons were 1.3 times less likely to have had special health care needs as compared to married persons (41.1% versus 51.4%, respectively); and
- individuals in poor or fair health had special health care needs two times more than those in good, very good, or excellent health (83.7% versus 41.4%).

Working-age adults with health insurance were more likely to have reported that they had special health care needs as compared to those that did not have health insurance coverage. In Portage County, 49.4% of insured residents had special health care needs, while only 37.1% of those uninsured did so. The percentages observed among Ohio residents were similar, 46.8% versus 35.2%, respectively. Given that the designation of special health care needs involves having a condition that requires medical services that are often expensive (i.e. prescription medication, regular medical care, treatments, therapy, or assistance with day-to-day activities), it makes sense that individuals with health insurance were more likely to fit the definition. Hence, the uninsured were less likely to seek medical care for conditions and therefore, were inherently less likely to be designated as having special health care needs.

Figure C.2: Percent that Had Special Health Care Needs by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



### C3. High Blood Pressure

Respondents to the 2008 OFHS were considered to have been diagnosed with high blood pressure if they had ever been told by a doctor or any other health professional that they had high blood pressure or hypertension.

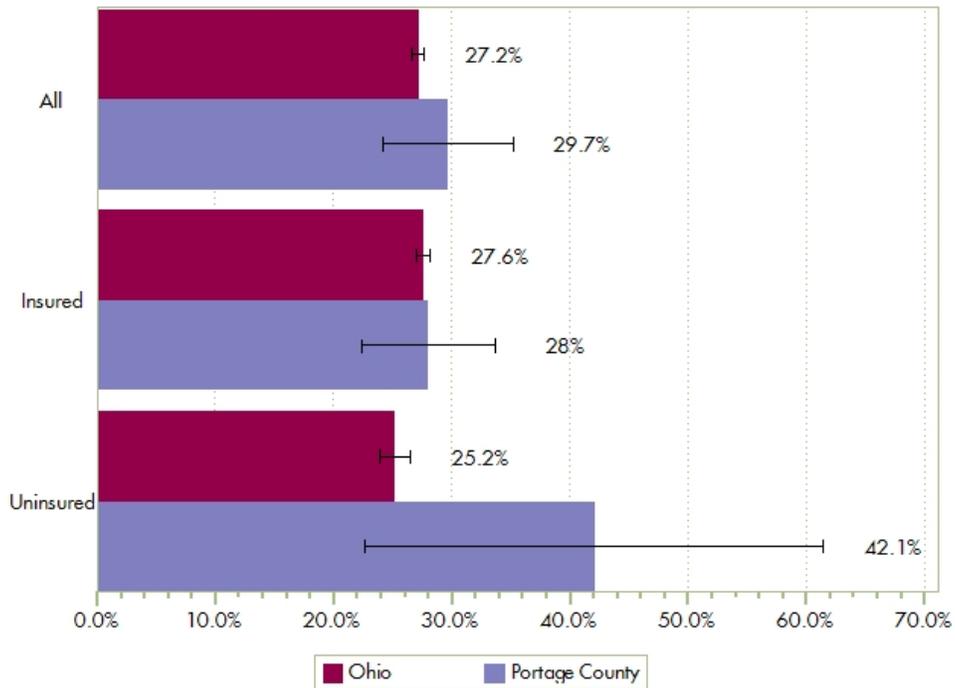
It was estimated that more than one in four working-age Portage County residents had been diagnosed with high blood pressure, or hypertension. That accounts for almost 30,000 adults in Portage County. Across the state of Ohio, over 27%, or close to two million residents had been diagnosed with high blood pressure by 2008. For Portage County, independent analyses showed that there were several socio-demographic characteristics that were associated with a diagnosis of hypertension. Specifically, the results suggested the following:

- the percentage of individuals diagnosed with hypertension increased with increasing age (7.2% of 18 to 24 year-olds, 10.5% of 25 to 34 year-olds, 17.4% of 35 to 44 year-olds, 38.2% of 45 to 54 year-olds, and 47.8% of 55 to 64 year-olds); adults 18 to 24 years of age were 6.7 times less likely to have been diagnosed with high blood pressure than those 55 to 64 years of age;
- Blacks and African Americans were diagnosed with hypertension 1.7 times more than Whites (49.2% versus 28.8%, respectively);
- Asians were 3.3 times less likely to have had hypertension than Whites (8.7% versus 28.8%, respectively);
- residents of other races were diagnosed with hypertension 2.2 times more than Whites (63.0% versus 28.8%, respectively);
- Hispanics were four times less likely to have been diagnosed with high blood pressure as non-Hispanics (73.% versus 29.6%, respectively);
- unmarried individuals were diagnosed with hypertension 1.4 times less than married individuals (23.1% versus 32.9%, respectively);
- the percentage of adults that had hypertension decreased with increasing education (47.5% of those without a high school diploma, 30.4% of those with a high school diploma or equivalent, 29.0% of those with some college, and 26.6% of those with a 4-year or advanced college degree); working-age adults without a high school diploma were 1.8 times more likely to have been diagnosed with hypertension than those with a 4-year or advanced college degree; and
- individuals in poor or fair health had hypertension two times more than those in good, very good, or excellent health (50.8% versus 25.8%, respectively).

Although the results were not significant, stratified analyses suggested that uninsured Portage County residents were one and a half times more likely to have been diagnosed with hypertension than those with health insurance coverage. On the contrary, uninsured Ohio residents were slightly less likely to have had high blood pressure than those with health insurance. One possible reason for these results could be that blood pressure testing is a widely available service that does not require a visit with a health care provider. For instance, the uninsured have inexpensive options for hypertension screening at community events, pharmacy minute-clinics, federally

qualified health centers (FQHCs), local fire stations, health departments, and parish nursing programs, to name a few. Uninsured Portage County residents may have disproportionately taken advantage of such services and thus, appeared more likely to have been diagnosed with hypertension as compared to the uninsured across the rest of the state.

Figure C.3: Percent Ever Diagnosed with High Blood Pressure by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



#### C4. Diabetes

Survey participants to the 2008 OFHS were considered to have been diagnosed with diabetes if they responded that they have ever been told by a doctor or any other health professional that they had or were “borderline” for diabetes or sugar diabetes.

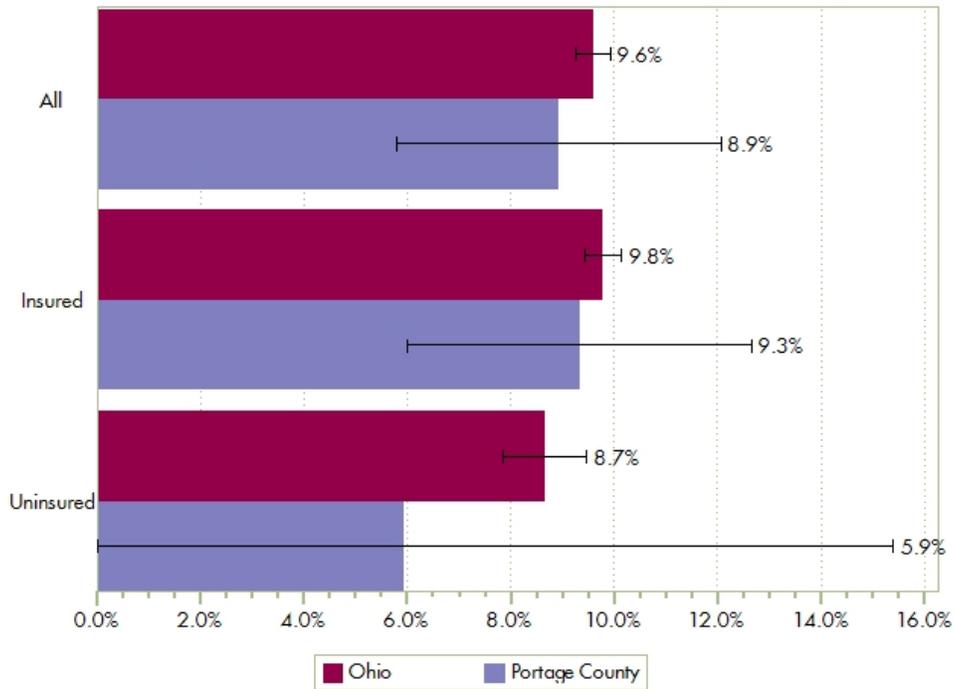
Almost one out of every ten working-age Portage County residents had been diagnosed with diabetes by 2008. Hence, it was estimated that there were nearly 9,000 adult diabetics in Portage County in 2008. Statewide, the percentage of residents that had been diagnosed with diabetes was essentially the same. Among Portage County residents, there were a few socio-demographic characteristics that were associated with a diagnosis of diabetes. In particular, stratified analyses showed:

- younger adults were less likely to have had diabetes than those 55 to 64 years of age (1.1% of 35 to 44 year-olds, 11.1% of 45 to 54 year-olds, and 21.4% of 55 to 64 year-olds); adults 18 to 24 years of age were almost twenty times less likely to have been diagnosed with diabetes as those 55 to 64 years of age;
- Blacks and African Americans were diagnosed with diabetes one and a half times more than Whites (12.6% versus 8.3%, respectively);
- residents of other races had diabetes 7.6 times more than Whites (63.0% versus 8.3%, respectively);
- Hispanic adults were 3.3 times more likely to have been diagnosed with diabetes as compared to non-Hispanic adults (29.0% versus 8.8%, respectively);
- the percentage of adults that had diabetes decreased with increasing educational attainment (15.0% of those without a high school diploma, 12.8% of those with a high school diploma or equivalent, 9.2% of those with some college, and 2.6% of those with a 4-year or advanced college degree); working-age adults without a high school diploma were 5.7 times more likely to have been diagnosed with diabetes than those with a 4-year or advanced college degree;
- the percentage of working-age adults that had been diagnosed with diabetes increased with decreasing employment (6.8% of those employed full time, 8.3% of those employed part time, and 12.9% of those unemployed); unemployed adults were almost twice as likely to have had diabetes as compared to those employed full time;
- residents living in poverty (100% FPL or less) were 7.2 times as likely to have been diagnosed with diabetes than those living above 300% FPL (24.3% versus 6.6%, respectively); and
- persons in poor or fair health were 7.2 times more likely to have had diabetes as compared to those in good, very good, or excellent health (32.9% versus 4.6%, respectively).

While the results were clearly not significant, stratified analyses suggested that working-age Portage County residents without health insurance were less likely to have been diagnosed with diabetes than those that were insured. On the other hand, the percentages with diabetes between the insured and uninsured statewide were fairly similar to each other. Again, one potential explanation for these results could be due to

the abundance of screening opportunities, like blood glucose testing, that are equally available to both the insured and the uninsured. However, the uninsured in Portage County may not have taken advantage of such services and therefore, appeared less likely to have been diagnosed with diabetes as compared to the uninsured across the rest of the state. Another factor that should be considered is that this analysis estimated the percent that had been diagnosed with diabetes. It did not, however, measure the true prevalence of the condition, which one may expect to be higher among the uninsured due to the coexistence of other risk factors. Further, this analysis did not measure the percent that were being treated for diabetes, which may be hypothesized to be greater among those with health insurance due to their access to more expensive medical services.

Figure C.4: Percent Ever Diagnosed with Diabetes by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## C5. Obesity

Adult participants in the 2008 OFHS were asked their weight, height, and gender. Those fields were then used to calculate each respondent's body mass index (BMI) and categorize them into the following groups: 1) underweight, 2) normal or healthy weight, 3) overweight, 4) obese, or 5) out of range/unknown. According to the Centers for Disease Control and Prevention (CDC), "BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems".<sup>6</sup> For the purposes of the analyses in this report, respondents were dichotomized into one of two categories: 1) underweight, normal, or healthy weight, or 2) overweight or obese.

It was estimated that almost 55,000 working-age Portage County residents had a BMI that put them in the overweight or obese category. That accounts for nearly 58% of adults living in Portage County. The percentage of overweight or obese residents across the state as a whole was higher at 64.4%. Consequently, an estimated 4.5 million Ohioans were considered overweight or obese. In Portage County, several socio-demographic characteristics were associated with a BMI considered overweight or obese. Specifically, the results suggested the following:

- males were 1.2 times more overweight or obese than females (63.9% versus 53.4%, respectively);
- younger adults were less likely to have had a BMI in the overweight or obese category than adults 55 to 64 years of age (23.6% of 18 to 24 year-olds, 44.6% of 25 to 34 year-olds, and 65.8% of 55 to 64 year-olds); adults 18 to 24 years of age were 2.8 times less likely than those 55 to 64 years of age to have been overweight or obese;
- Blacks and African Americans were 1.5 times more likely to have been overweight or obese as compared to Whites (85.9% versus 57.0%, respectively);
- Asians were 7.4 times less likely to have been overweight or obese than Whites (7.7% versus 57.0%, respectively); and
- married individuals were 1.3 times more likely to have had a BMI in the overweight or obese category than unmarried individuals (63.1% versus 47.0%, respectively).

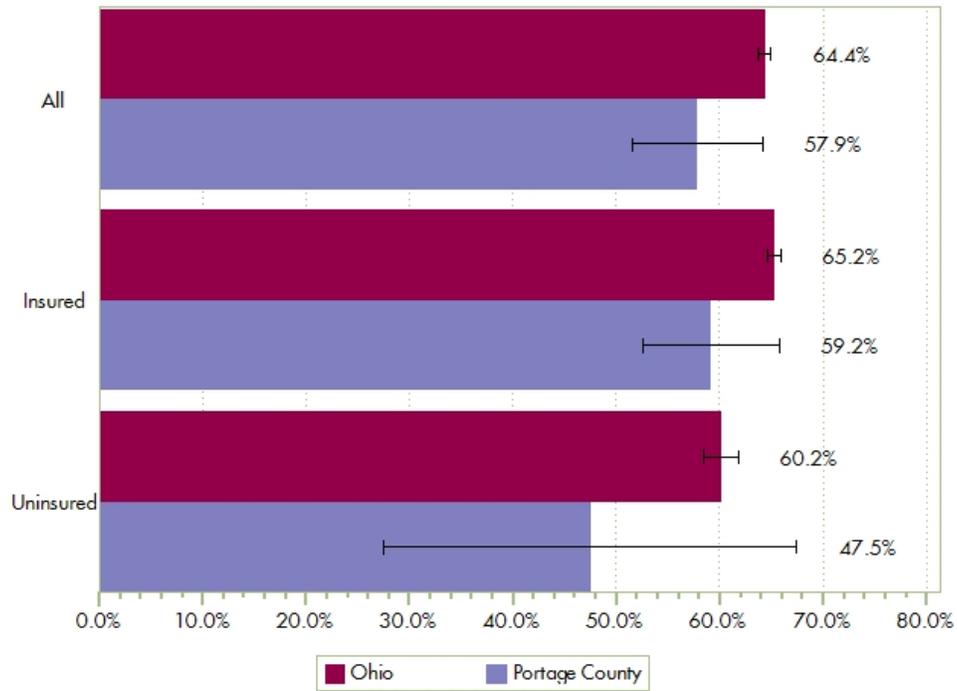
At both the state and county-level, the uninsured appeared to be less likely to have had a BMI considered overweight or obese. In Portage County, the uninsured were 1.2 times less likely than the insured to have been overweight or obese. However, as with the overall percentage, the percentages for insured and uninsured Portage County residents were lower than those for the state as a whole; 62.7% of those with health insurance and 54.3% of the uninsured were overweight or obese. Across the state of Ohio, 65.2% of those with health insurance and 60.2% of the uninsured were

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<sup>6</sup> Centers for Disease Control and Prevention (CDC), Healthy Weight – It's Not a Diet, It's a Lifestyle! Body Mass Index, Atlanta, GA, 2009; <http://www.cdc.gov/healthyweight/assessing/bmi/index.html>

overweight or obese; meaning that the uninsured were 1.1 times less likely to have had an overweight or obese BMI.

Figure C.5: Percent that Had an Overweight or Obese Body Mass Index by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## C6. Cigarette Smoking

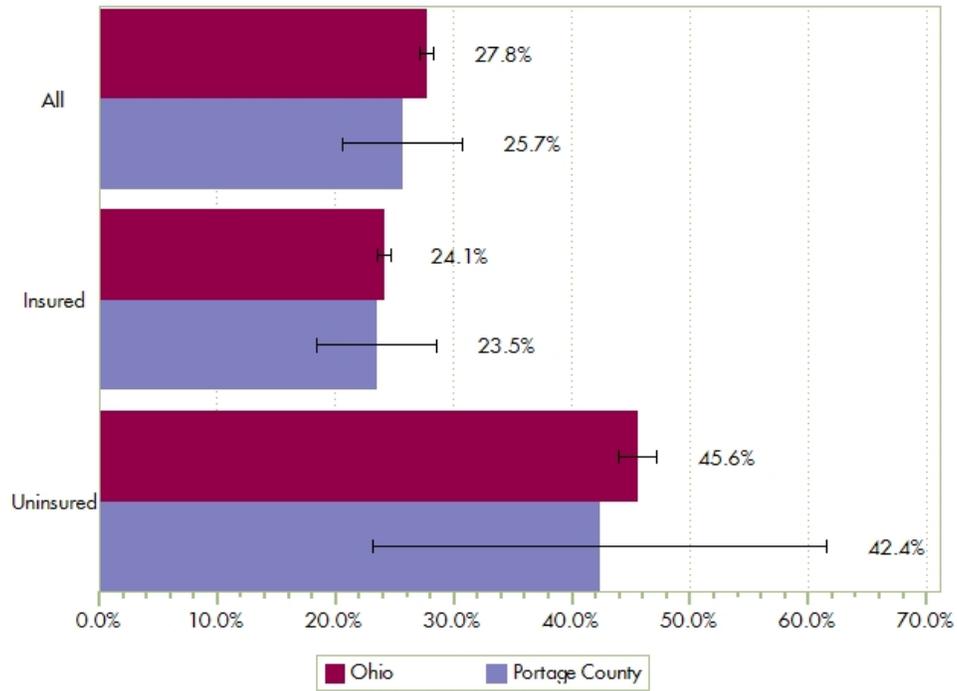
Respondents to the 2008 OFHS were asked if, at the time of the interview, they smoked cigarettes every day, some days, or not at all. For the purposes of the analyses in this report, respondents were dichotomized into one of two categories: 1) those that smoked cigarettes at that time, every day or some days, or 2) those that did not smoke cigarettes at that time.

Approximately 30% of working-age Portage County adults smoked cigarettes at the time of the 2008 OFHS. While the percentage of smokers across the state was relatively higher, the difference was not statistically significant. However, it was estimated that close to 2 million Ohioans, including approximately 25,000 Portage County residents, smoked cigarettes. A few socio-demographic characteristics were found to be associated with cigarette smoking. In particular, stratified analyses revealed the following:

- males smoked cigarettes 1.1 times more than females (27.7% versus 24.4%, respectively);
- younger adults were more likely to have smoked than those 55 to 64 years of age (40.9% of 18 to 24 year-olds, 42.6% of 25 to 34 year-olds, and 17.1% of 55 to 64 year-olds); adults 18 to 24 years of age were 2.4 times more likely to have smoked as compared to those 55 to 64 years of age;
- residents of other races smoked cigarettes 1.4 times more than White residents (36.8% versus 26.5%, respectively);
- unmarried individuals were 1.7 times more likely to have reported smoking cigarettes as compared to those that were married (35.6% versus 20.8%, respectively);
- unemployed persons were 1.3 times more likely to have reported smoking cigarettes than those employed full time (30.5% versus 23.5%, respectively);
- persons living in poverty (100% FPL or less) and in near-poverty (101% to 150% FPL) were 1.9 and 2.4 times more likely to have smoked cigarettes than those living above 300% FPL (39.6% and 50.9% versus 21.3%, respectively); and
- individuals in poor or fair health were 1.9 times more likely to have reported smoking cigarettes as compared to those in good, very good, or excellent health (42.2% versus 22.6%, respectively).

The uninsured were more likely than persons with health insurance coverage to have reported that they smoked cigarettes. The results were significant at the state-level. At both the state and county-level, residents without health insurance smoked cigarettes almost two times more than those with health insurance. As with the overall percentages, those for the insured and uninsured in Portage County were slightly higher than those for the insured and uninsured across Ohio; although, the differences were not statistically significant.

Figure C.6: Percent that Smoked Cigarettes by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## **D. HEALTH CARE UTILIZATION AMONG ADULTS**

### **D1. Non-Emergency Health Care Visits**

Survey participants in the 2008 OFHS were asked, not including overnight hospital stays, visits to hospital emergency rooms (ERs), home visits, or telephone calls, about how long had it been since they last saw a doctor about their own health. Respondents were asked to answer the question in the number of days. For the purpose of the analyses in this report, participants were dichotomized into one of two groups based on their answer: 1) those that last had a non-emergency health care visit anywhere from 0 to 365 days previous, or 2) those that had never had a non-emergency health care visit and those that last had a non-emergency health care visit more than 365 days previous. In addition, participants were asked, not including overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, about how long had it been since they last saw a doctor for a routine check-up. Again, participants were dichotomized into one of two groups: 1) those that had a routine check-up anywhere from 0 to 365 days previous, or 2) those that never had a routine check-up or had one more than 365 days previous.

While over 87% of working-age Portage County residents were estimated to have had a non-emergency health care visit in the previous year, only 70% had a routine check-up during that same time period. The percentages statewide were almost exactly the same. Essentially, over the period of a year, 13% of working-age adults did not receive any health care from a non-ER physician and another 17% only received health care from a non-ER physician when they were not well (i.e. their visit was not for a routine check-up). These results suggest that, for one reason or another, almost one in three Portage County adults did not receive any routine health care for a period of at least one year.

With regard to those that had a non-emergency health care visit in the previous year, a few socio-demographic characteristics were found to be associated. Specifically, independent stratified analyses suggested the following:

- males were 1.1 times less likely to have had a non-emergency health care visit as compared to females (83.6% versus 90.4%, respectively);
- Blacks and African Americans had a non-emergency health care visit 1.2 times more than Whites (100.0% versus 86.9%, respectively);
- residents of other races had a non-emergency health care visit 1.2 times more than White residents (100.0% versus 86.9%, respectively);
- Hispanics had a non-emergency health care visit 1.2 times more than non-Hispanics (100.0% versus 86.9%, respectively);
- unmarried individuals were 1.1 times less likely to have had a non-emergency health care visit than married individuals (81.1% versus 90.1%, respectively);

- the percentage of adults that had a non-emergency health care visit increased with increasing education (67.5% of those without a high school diploma, 84.8% of those with a high school diploma or equivalent, 85.3% of those with some college, and 94.8% of those with a 4-year or advanced college degree); working-age adults without a high school diploma were 1.4 times less likely to have had a non-emergency health care visit than those with a 4-year or advanced college degree; and
- persons in poor or fair health were 1.1 times more likely to have had a non-emergency health care visit than those in good, very good, or excellent health (91.1% versus 86.4%, respectively).

Several socio-demographic characteristics were also found to be associated with having had a routine check-up in the previous year. In particular, the results suggested the following:

- males were 1.1 times less likely to have had a routine check-up than females (67.0% versus 72.9%, respectively);
- younger adults were more likely to have had a routine check-up than those 55 to 64 years of age (66.3% of 18 to 24 year-olds, 41.7% of 25 to 34 year-olds, and 84.6% of 55 to 64 year-olds); adults 18 to 24 years of age were 1.3 times more likely to have had a routine check-up as compared to those 55 to 64 years of age;
- Blacks and African Americans had a routine check-up 1.5 times more than Whites (100.0% versus 68.7%, respectively);
- Asians reported having had a routine check-up 1.3 times more than Whites (90.2% versus 68.7%, respectively);
- residents of other races had a routine check-up 1.5 times more than White residents (100.0% versus 68.7%, respectively);
- unmarried individuals were 1.1 times less likely to have had a routine check-up than married individuals (67.6% versus 71.4%, respectively); and
- persons in poor or fair health were 1.2 times more likely to have had a routine check-up than those in good, very good, or excellent health (79.2% versus 68.5%, respectively).

Insurance status was significantly associated with having had a non-emergency health care visit and with having had a routine check-up. In Portage County, uninsured working-age adults were 2.2 times less likely to have had a non-emergency health care visit and 2.7 times less likely to have had a routine check-up than those with health insurance coverage. Across Ohio, the results were similar, but not as disparate. As discussed previously, it is hypothesized that people without health insurance are less likely to seek preventative care and more often delay seeking treatment for injuries and illnesses that are not severe. In fact, other results from the 2008 OFHS showed that uninsured Portage County residents were 3.4 times more likely to have lacked a usual source of care than their insured counterparts. Hence, it makes sense that the uninsured appeared less likely to have received routine health care. The predominant thought is that uninsured persons do not seek routine health care because of the

exorbitant out-of-pocket costs. However, another possible explanation to consider is that the uninsured population, which has been shown to be disproportionately younger than the general population, is less likely to feel that they need routine health care, or at least that preventative care and/or treatment for minor injuries and illnesses are not worth the large expenses that they incur.

Figure D.1A: Percent that Had a Non-Emergency Health Care Visit in the Previous Year by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS

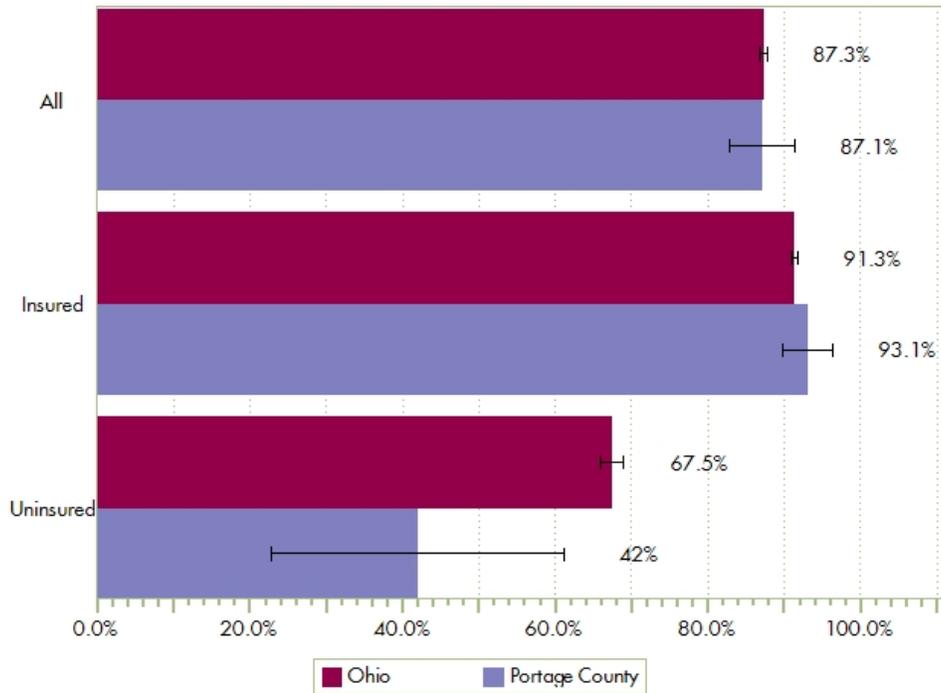
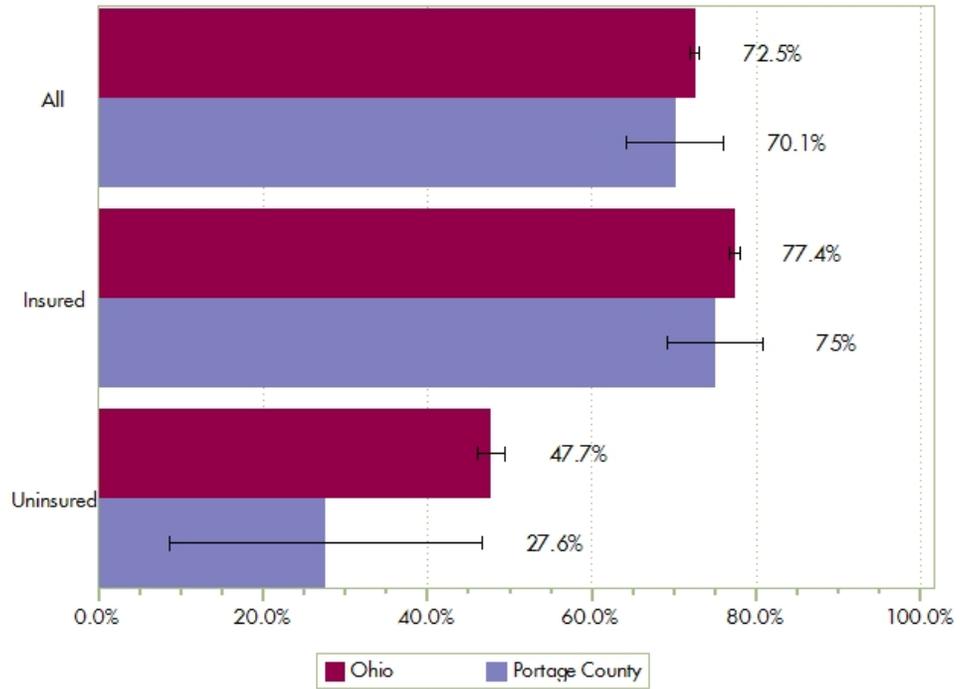


Figure D.1B: Percent that Had a Routine Check-Up in the Previous Year by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## D2. Supplementary Health Care Visits

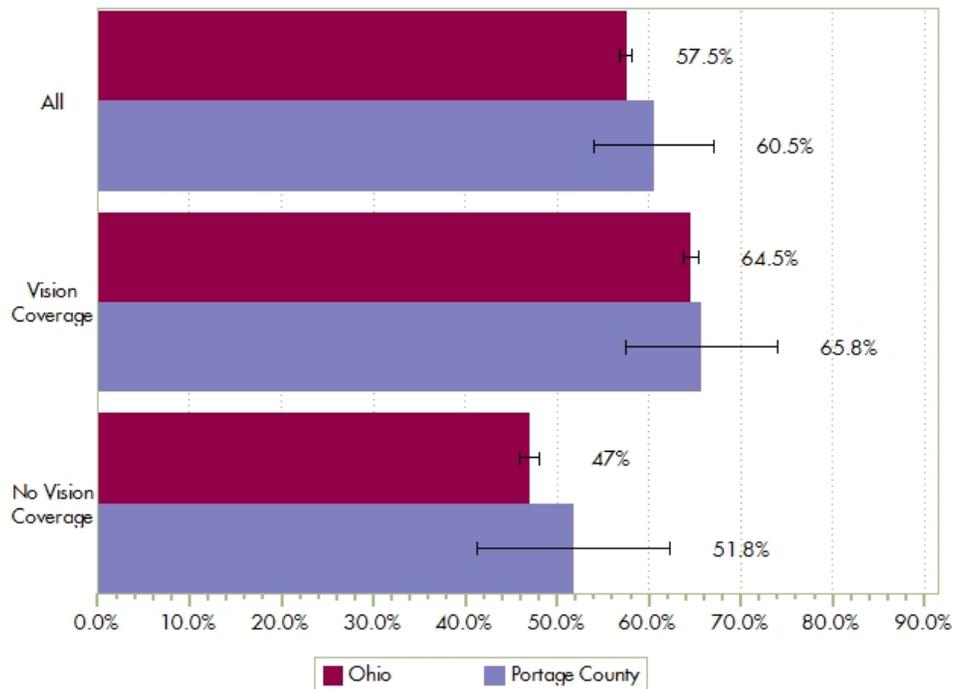
Survey respondents to the 2008 OFHS were considered to have had vision coverage if they answered that any of their current health insurance plans covered vision services, excluding emergency care. Similarly, they were considered to have had dental coverage if they answered that any of their current health insurance plans covered dental care, excluding emergency care. In addition to supplemental insurance coverage, participants were asked about supplementary health care visits. With regard to eye exams, they were asked about how long it had been, if ever, since they last had their eyes examined by a doctor or eye care provider. Respondents were asked to answer the question in the number of days. For the purpose of these analyses, participants were dichotomized into one of two groups based on their answer: 1) those that last had their eyes examined anywhere from 0 to 365 days previous, or 2) those that had never had their eyes examined or last had them examined more than 365 days previous. With regard to dental visits, respondents were asked about how long it had been since they last visited a dentist, including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. Again, participants were dichotomized into one of two groups: 1) those that had a dental visit anywhere from 0 to 365 days previous, or 2) those that never had a dental visit or had one more than 365 days previous.

It was estimated that 60%, or close to 54,000 working-age Portage County residents had an eye exam in the year prior to the survey. The percentage statewide was fairly similar. In Portage County, only one socio-demographic characteristic was associated with having had an eye exam in the previous year. Specifically, the results suggested the following:

- persons without a high school diploma were 1.9 times less likely to have had an eye exam as compared to those with a 4-year or advanced college degree (30.9% versus 59.5%, respectively).

Approximately 54,000 working-age Portage County residents had vision coverage as part of their supplementary health insurance. Of those, 65.8% had an eye exam in the previous year. Comparatively, only 51.8% of Portage County adults without vision coverage had an eye exam in the previous year. This suggests that adults without vision coverage were 1.3 times less likely to have received an eye exam as compared to those with vision coverage. Among Ohio residents, the observed disparity was similar. Those without vision coverage were 1.4 times less likely to have had an eye exam than those with vision coverage.

Figure D.2A: Percent that Had an Eye Exam in the Previous Year by Vision Coverage Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



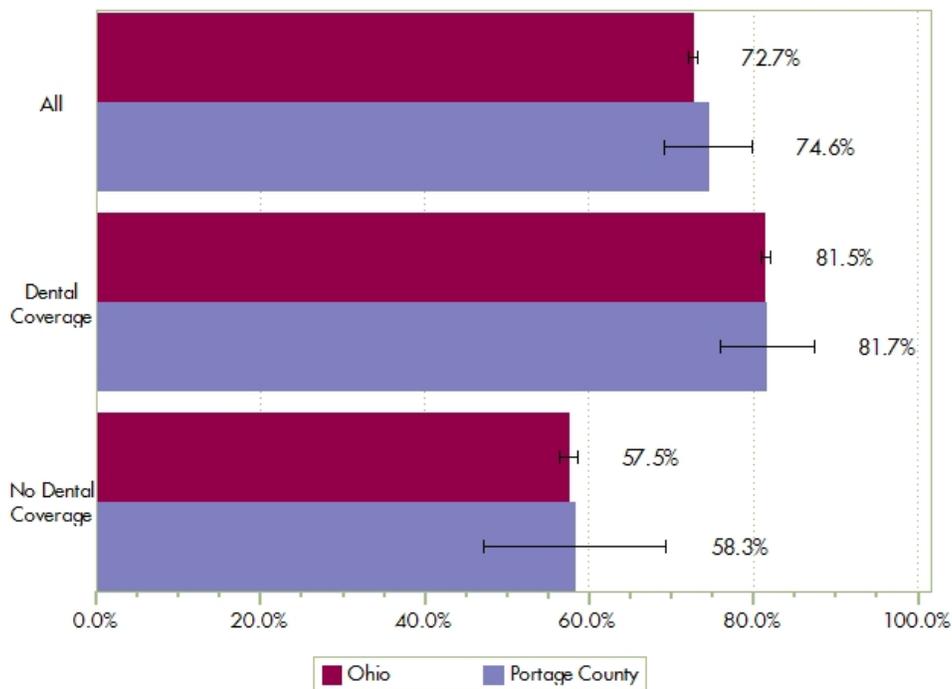
Results from the 2008 OFHS suggested that over 72,000 working-age Portage County residents had a dental visit in the year prior to the survey. That accounts for 74.1% of the population. Across the state of Ohio, the observed percentage of adults that had a dental visit was fairly similar. Among Portage County residents, several socio-demographic characteristics were associated with having had a dental visit in the previous year. Specifically, the stratified analyses showed the following:

- Black and African American residents had a dental visit 1.4 times more than White residents (100.0% versus 73.8%, respectively);
- unmarried individuals had a dental visit 1.1 times less than married individuals (71.0% versus 75.6%, respectively);
- the percentage of adults that had a dental visit increased with increasing educational attainment (67.8% of those without a high school diploma, 71.0% of those with a high school diploma or equivalent, 74.2% of those with some college, and 79.0% of those with a 4-year or advanced college degree); adults without a high school diploma were 1.2 times less likely to have had a dental visit than those with a 4-year or advanced college degree;
- persons living in poverty or near-poverty were less likely to have had a dental visit than those living above 300% FPL (61.1% of those living at 100% FPL or less, 49.9% of those living between 101% and 150% FPL, and 82.8% of those living above 300% FPL); persons living in poverty (100% FPL or less) were 1.4 times less likely to have had a dental visit than those living above 300% FPL; and

- adults in poor or fair health had a dental visit 1.2 times less than those in good, very good, or excellent health (62.5% versus 76.2%, respectively).

More than 67,000 working-age Portage County residents had dental coverage as previous of their supplementary health insurance in 2008. Of those, 81.7% had a dental visit in the previous year. In comparison, only 58.3% of Portage County adults without dental coverage had a dental visit in the previous year. Thus, adults without dental coverage were 1.4 times less likely to have seen a dentist as compared to those with dental coverage. Among Ohio residents, the observed disparity was essentially the same. Those without dental coverage were also 1.4 times less likely to have had a dental visit than those with dental coverage.

Figure D.2B: Percent that Had a Dental Visit in the Previous Year by Dental Coverage Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



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### D3. Emergency Health Care Visits

Respondents to the 2008 OFHS were asked how many times, during the previous 12 months, were they a patient in a hospital emergency room (ER), including ER visits where they were admitted to the hospital. For the purpose of the analyses in this report, respondents were dichotomized into one of two groups according to their answer: 1) those that had one or more ER visits in the previous year, or 2) those that did not have any ER visits in the previous year. In addition, respondents were asked how many times, during the previous 12 months, were they a patient in an urgent care center. Again, respondents were dichotomized into one of two groups: 1) those that had one or more urgent care center visits in the previous year, or 2) those that did not have any urgent care center visits in the previous year.

Nearly 17,000 working-age Portage County residents, or one in six, visited an ER at least once in the year prior to the survey. The percentage of Portage County adults that had at least one ER visit in the previous year was almost significantly lower than the percentage observed statewide. In essence, adults residing in Portage County were 1.3 times less likely to have been seen in an ER than adults across the state of Ohio. Similarly, Portage County residents were 1.1 times less likely to have visited an urgent care center than adults statewide. The percentage of Portage County adults that had at least one urgent care center visit in the previous year was slightly lower than the percentage observed across the state as a whole. So, it appears that Ohioans, in general, were more likely to have visited an ER or an urgent care center than residents of Portage County. One potential explanation for this observation could be that there are fewer hospital ERs and urgent care centers in suburban Portage County and therefore, residents may not have easy access to those facilities.

With regard to those that had an ER visit in the previous year, several socio-demographic characteristics were found to be associated. Specifically, independent stratified analyses suggested the following:

- Blacks and African Americans visited an ER 3.7 times more than Whites (57.9% versus 15.5%, respectively);
- residents of other races visited an ER 4.1 times more than Whites (63.0% versus 15.5%, respectively);
- unmarried individuals had an ER visit 1.6 times more than married individuals (22.9% versus 14.3%, respectively);
- persons without a high school diploma were 3.8 times more likely to have visited an ER than those with a 4-year or advanced college degree (49.4% versus 12.9%, respectively);
- adults living in poverty (100% FPL or less) had an ER visit 1.7 times more than those living above 300% FPL (27.3% versus 15.8%, respectively); and
- adults in poor or fair health were three times more likely to have visited an ER than those in good, very good, or excellent health (39.2% versus 13.1%, respectively).

With regard to those that had an urgent care visit in the previous year, a few socio-demographic characteristics were found to be associated. Specifically, independent stratified analyses suggested the following:

- the percentage adults that had an urgent care center visit decreased with increasing age (20.1% of 18 to 24 year-olds, 19.3% of 25 to 34 year-olds, 16.1% of 35 to 44 year-olds, 11.2% of 45 to 54 year-olds, and 5.0% of 55 to 64 year-olds); adults 18 to 24 years of age were four times as likely to have visited an urgent care center than those 55 to 64 years of age; and
- adults in poor or fair health were 1.8 times more likely to have visited an urgent care center than those in good, very good, or excellent health (19.8% versus 11.3%, respectively).

In Portage County, residents with health insurance were 1.8 times more likely to have had an ER visit and 6.1 times more likely to have had an urgent care center visit than those residents without health insurance coverage. The difference for ER visits was not significant, but the difference for urgent care center visits was. In contrast, analyses for the state as a whole suggested that uninsured individuals were 1.4 times more likely to have had an ER visit than those with health insurance coverage, while there was no significant difference in the percentage of insured and uninsured persons that had a visit at an urgent care center. Further, the percentages of uninsured adults that had an ER visit or an urgent care center visit were significantly lower for those residing in Portage County as compared to those statewide.

Figure D.3A: Percent that Had an Emergency Room Visit in the Previous Year by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS

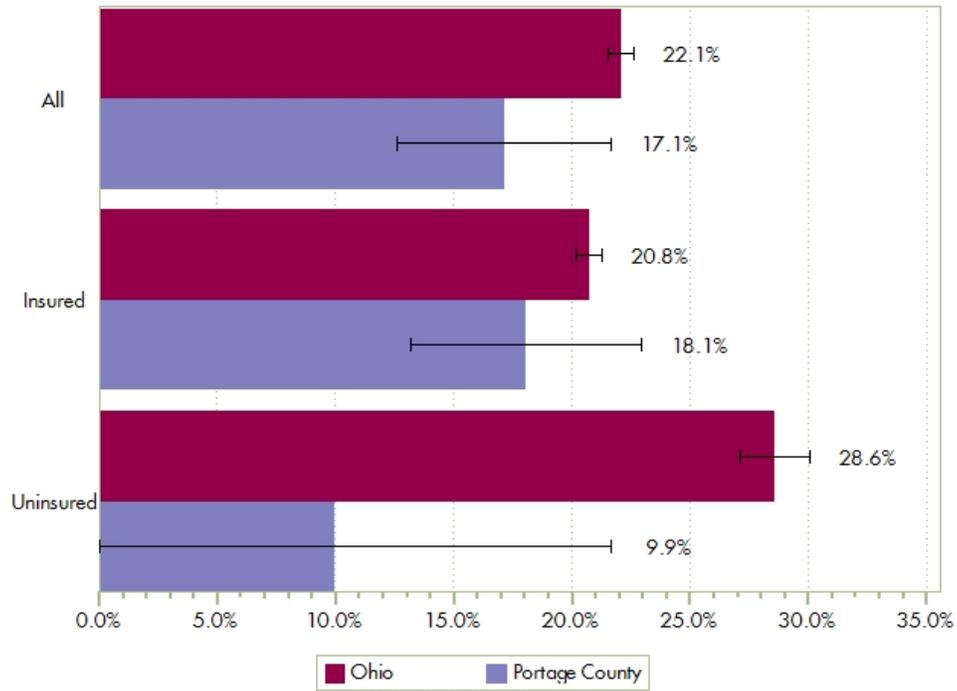
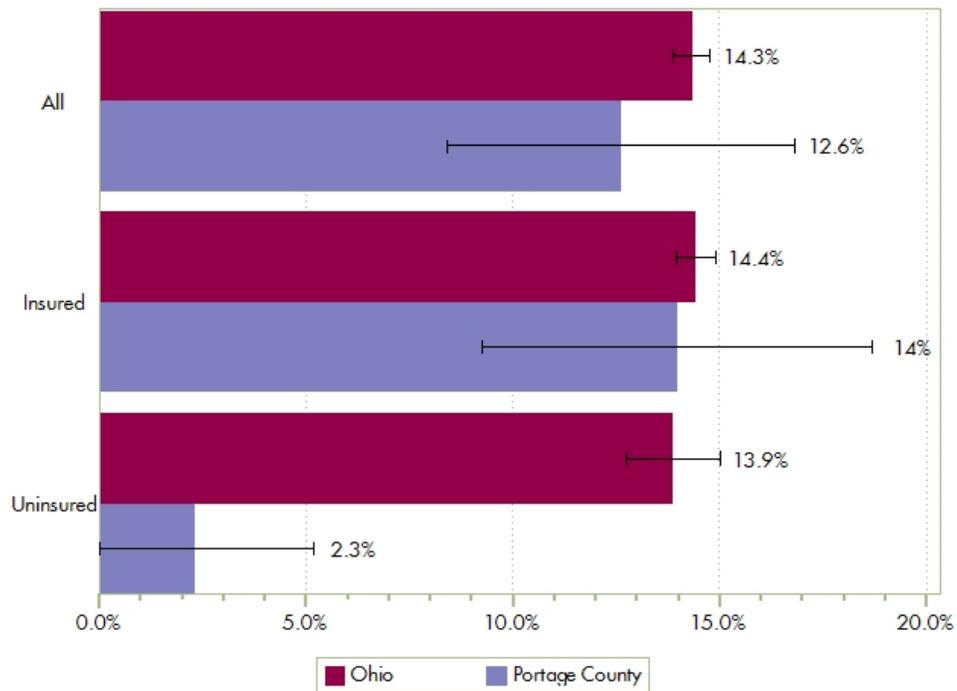


Figure D.3B: Percent that Had an Urgent Care Center Visit in the Previous Year by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



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#### **D4. Hospital Stays**

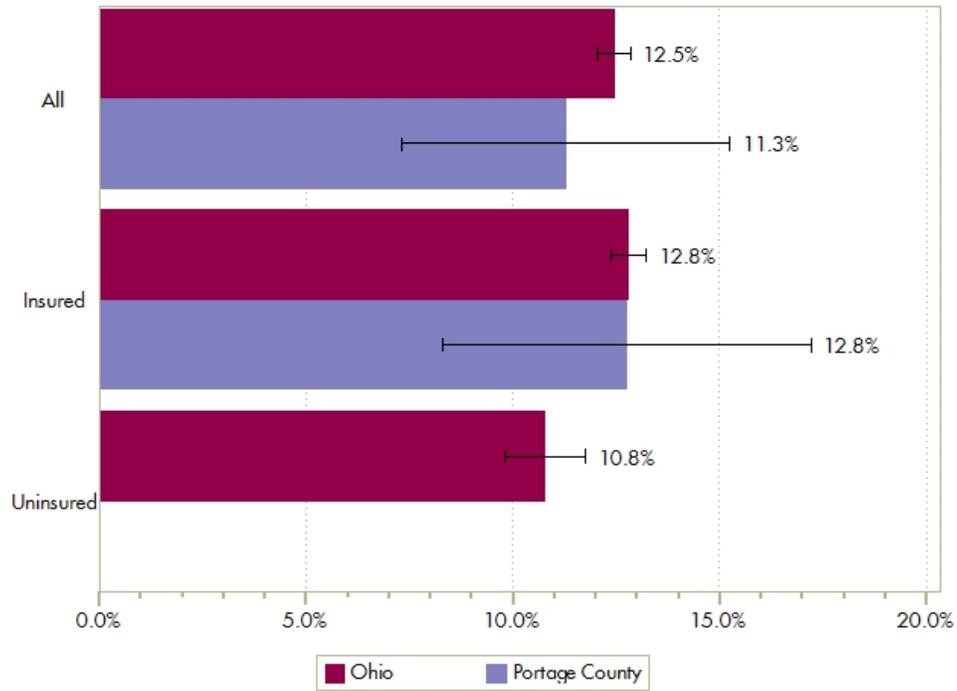
Respondents to the 2008 OFHS were asked how many times, during the previous 12 months, they were admitted to a hospital for a stay that was overnight or longer. For the purpose of the analyses in this report, respondents were dichotomized into one of two groups according to their answer: 1) those that had one or more overnight hospital stays in the previous year, or 2) those that did not have any overnight hospital stays in the previous year.

It was estimated that more than 11,000 working-age Portage County residents had at least one overnight hospital stay. The percentage observed statewide was essentially the same. Among Portage County residents, a few socio-demographic characteristics were associated with having had an overnight hospital stay. Specifically, independent stratified analyses suggested the following:

- females had an overnight hospital stay 1.7 times more than males (13.7% versus 8.2%, respectively);
- Blacks and African Americans were 4.2 times more likely to have had an overnight hospital stay as compared to Whites (45.3% versus 10.8%, respectively);
- the percentage of working-age adults that had an overnight hospital stay increased with decreasing employment (8.4% of those employed full time, 14.0% of those employed part time, and 15.4% of those unemployed); unemployed adults were 1.8 times more likely to have had an overnight hospital stay as compared to their counterparts employed full time;
- persons living in poverty (100% FPL or less) had an overnight hospital stay 1.4 times more than those living above 300% FPL (17.6% versus 12.3%, respectively); and
- individuals in poor or fair health were 3.8 times more likely to have had an overnight hospital stay as compared to those in good, very good, or excellent health (30.0% versus 7.9%, respectively).

For Portage County, results stratified by insurance status were not available due to small sample sizes. However, statewide analyses suggested that the uninsured were 1.2 times less likely to have had an overnight hospital stay as compared to those with health insurance coverage.

Figure D.4: Percent that Had an Overnight Hospital Stay in the Previous Year by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS



## D5. Dissatisfaction with Health Care

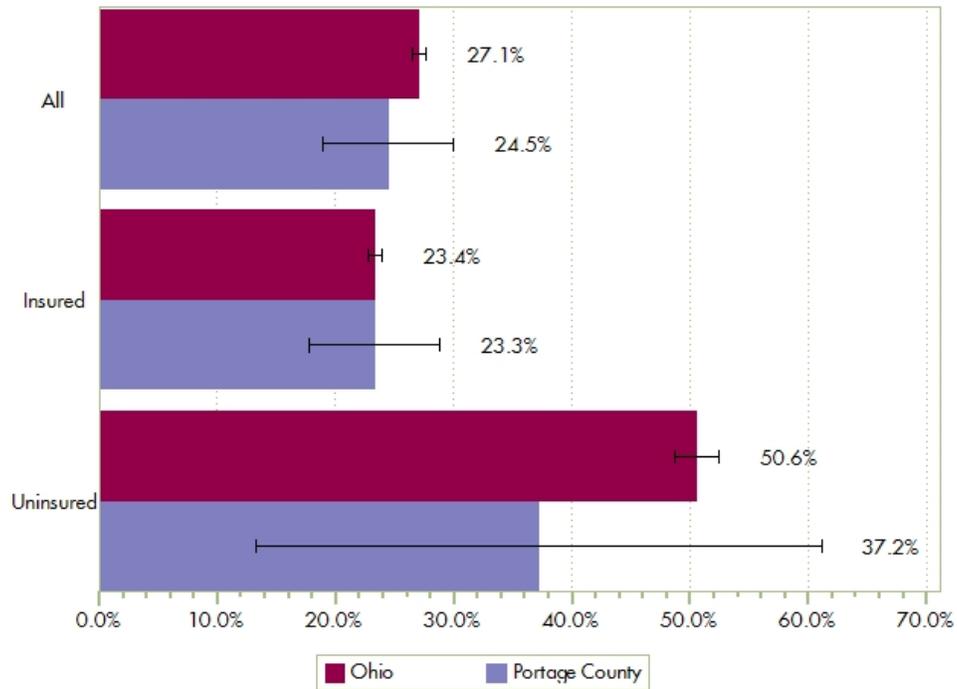
Participants in the 2008 OFHS were asked to rate the overall quality of all of the health care that they received during the previous 12 months, using any number from 0 to 10, with 0 being the worst health care possible and 10 being the best health care possible. For the purpose of the analyses in this report, respondents were dichotomized into one of two groups: 1) those that rated the overall quality of their health care from 8 to 10 were considered satisfied with their health care, or 2) those that rated the overall quality of their health care from 0 to 7 were considered dissatisfied.

In general, almost 22,000 working-age Portage County residents, or one in four, were dissatisfied with the health care that they received in the previous year. Statewide, 27.1% of adults were dissatisfied with their health care. The county-level and state-level results were not significantly different. For Portage County, independent analyses revealed that several socio-demographic characteristics were associated with being dissatisfied with the overall quality of the health care they received. In particular, the results suggested the following:

- adults between the ages of 18 and 24 years were 2.6 times more likely to have been dissatisfied with their health care than those 55 to 64 years of age (36.4% versus 13.9%, respectively);
- Blacks and African Americans were dissatisfied with their health care 2.1 times more than Whites (49.2% versus 23.8%, respectively);
- Asians were dissatisfied with their health care 1.4 times more than Whites (33.4% versus 23.8%, respectively);
- residents of other races were dissatisfied with their health care 1.5 times more than White residents (36.8% versus 23.8%, respectively);
- Hispanics were 1.3 times as likely to have reported that they were dissatisfied with their health care than non-Hispanics (32.7% versus 24.5%, respectively);
- adults with a high school diploma or equivalent were 1.8 times more likely to have been dissatisfied with their health care as compared to those with a 4-year or advanced college degree (33.0% versus 18.3%, respectively);
- those living in poverty (100% FPL or less) and near-poverty (101% to 150% FPL) were 1.8 and 2.9 times more likely to have been dissatisfied with their health care than those living above 300% FPL (33.9% and 55.7% versus 19.2%, respectively); and
- persons in poor or fair health were dissatisfied with their health care 1.9 times more than those in good, very good, or excellent health (40.9% versus 21.5%, respectively).

Insurance status was associated with satisfaction in the quality of health care received in the previous year. In Portage County, uninsured working-age adults were 1.6 times more likely to have been dissatisfied than those with health insurance coverage. The disparity existed across the state of Ohio as well. Uninsured Ohioans were 2.2 times as likely to have been dissatisfied with their health care as compared to those with health insurance.

Figure D.5: Percent that Were Dissatisfied with Health Care by Insurance Status, Adults 18 to 64 Years of Age, Ohio and Portage County, 2008 OFHS

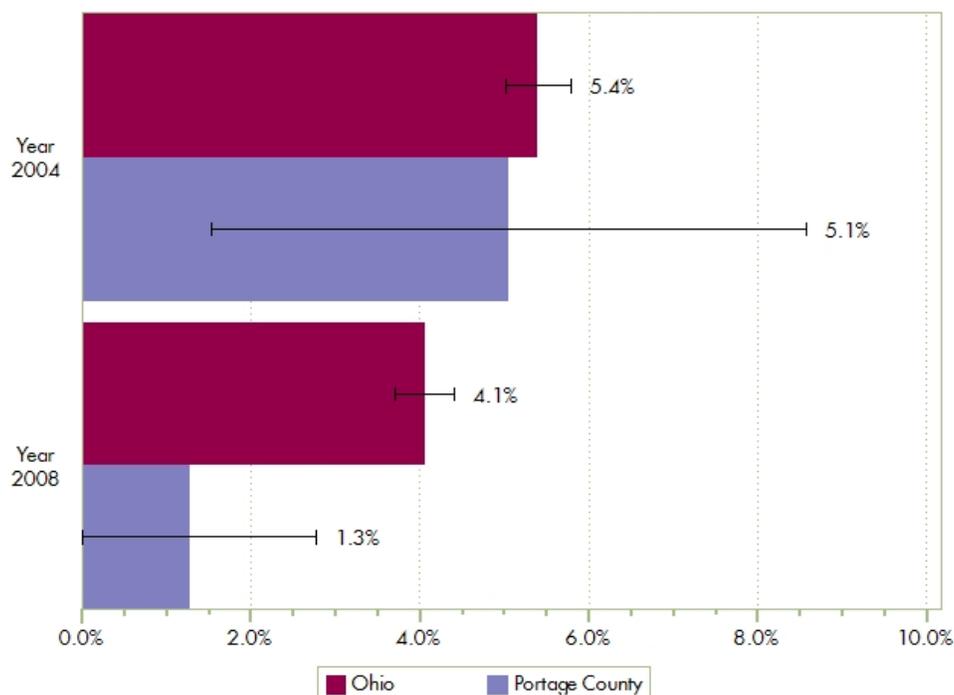


## E. UNINSURED CHILDREN

### E1. Overview

An estimated 426 children<sup>7</sup> residing in Portage County were without health insurance in 2008. The rate of uninsured children countywide decreased from 5.1% in 2004 to 1.3% in 2008. Although it was not statistically significant, the difference corresponds to a reduction of 75%; a decrease of great public health significance. Statewide, there was also a decrease in the percentage of children that were uninsured, from 5.4% in 2004 to 4.1% in 2008, a 32% decrease that was statistically significant. It is expected that the expansion of the State Children's Health Insurance Program (SCHIP) is responsible for a large portion of the observed reduction of uninsured children, not only in Ohio, but nationwide. The estimated percentage of uninsured children in Portage County was significantly lower than that for the state as a whole in 2008. Further, the county had a greater decrease in the percentage of uninsured children from 2004 to 2008 suggesting that Portage County agencies put forth large efforts to ensure that children residing in the county were enrolled in SCHIP when appropriate.

Figure E.1: Percent that Were Uninsured by Year, Children Under 18 Years of Age, Ohio and Portage County, 2004 and 2008 OFHS



<sup>7</sup> Throughout this report, "children" refers to persons 0 to 17 years of age

In order to better describe uninsured children in Portage County, analyses were conducted independently across several socio-demographic categories. Unfortunately, because only 92 child surveys were conducted in Portage County and so few children were uninsured, the data on uninsured children was extremely homogeneous and no differences between socio-demographic characteristics could be detected. In fact, many sample sizes were so small that estimation was not possible and the results were missing. This does not mean that the particular socio-demographic characteristic is non-existent in Portage County, it is simply too small to be estimated for that particular analysis. In most other instances, the stratified analyses for Portage County children resulted in sample sizes that were extremely small; in which case the confidence interval included zero. While these results are still valid, caution should be taken when using them to estimate population sizes, percentages and/or differences from other groups.

While disparities in health insurance coverage by socio-demographic groups were not detectable among Portage County children in 2008, as expected, several existed across the various groups of children statewide. For the remainder of the analyses, a few disparities were apparent in Portage County, but most were only evident across the state as a whole. However, even though some of the significant differences seen at the state-level were not necessarily significant at the county-level, most followed the same pattern or trend and therefore, were most likely insignificant only because the sample sizes were smaller among particular socio-demographic groups. For that reason, differences in estimates between groups in Portage County are presented in this report as long as there were statistically significant disparities at the state-level and the estimates remained consistent across geographies.

In general, independent analyses<sup>8</sup> conducted across several socio-demographic categories suggested the following about the insurance status of children:

- children of less-educated adult respondents were more likely to have been uninsured than children of more-educated adults;
- children of unemployed adult respondents and of those employed part time were more likely to have been uninsured than children of adult respondents employed full time; and
- children living in poverty or near-poverty were uninsured more often than those with incomes above 300% of the federal poverty level (FPL).

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<sup>8</sup> See the discussion about the interpretation of data in the beginning of this report

## **E2. Gender, Age, Race, and Hispanic Ethnicity**

One hundred percent of the uninsured children in Portage County that participated in the 2008 OFHS were between the ages of 13 and 17 years, White, and non-Hispanic. Further, fifty percent of them were male and fifty percent of them were female. Unfortunately, no differences between gender, age, race, or Hispanic ethnicity could be detected among uninsured children residing in Portage County.

In general, it is difficult to interpret the results stratified by age group. Across Ohio, children between the ages of 13 and 17 years were the most likely to have been uninsured (4.8%), followed by those younger than one year (4.0%), those 6 to 12 years (3.7%), and those 1 to 5 years (3.5%). There were no significant differences between Blacks and African Americans and Whites in the percent of uninsured children at the state-level. On the other hand, stratified analyses suggested that, across Ohio, children of other races were 2.8 times more likely to have been uninsured than Whites. The difference was statistically significant. However, these results are difficult to fully interpret because the category of other races is made up of such a broad array of populations that most definitely vary across the state of Ohio. Therefore, it is not clear exactly who among the other races were most likely to have been without health insurance coverage. Statewide, almost 12,000 Hispanic children were uninsured in 2008. In fact, the results suggested that Hispanic children in Ohio were 3.4 times more likely to have been uninsured than their non-Hispanic counterparts.

Figure E.2A: Percent that Were Uninsured by Race, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS

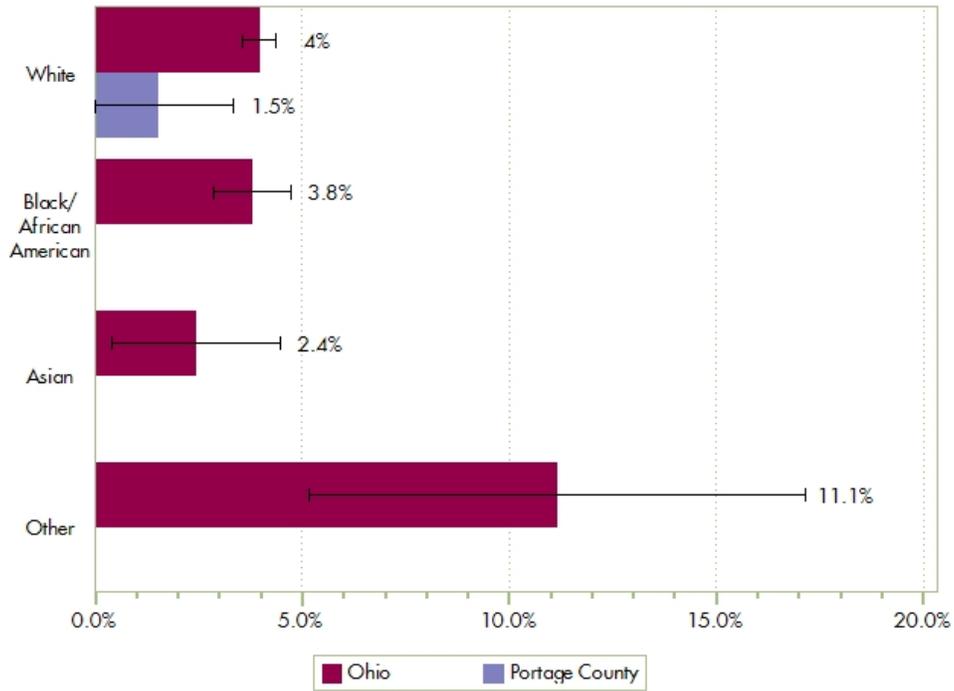
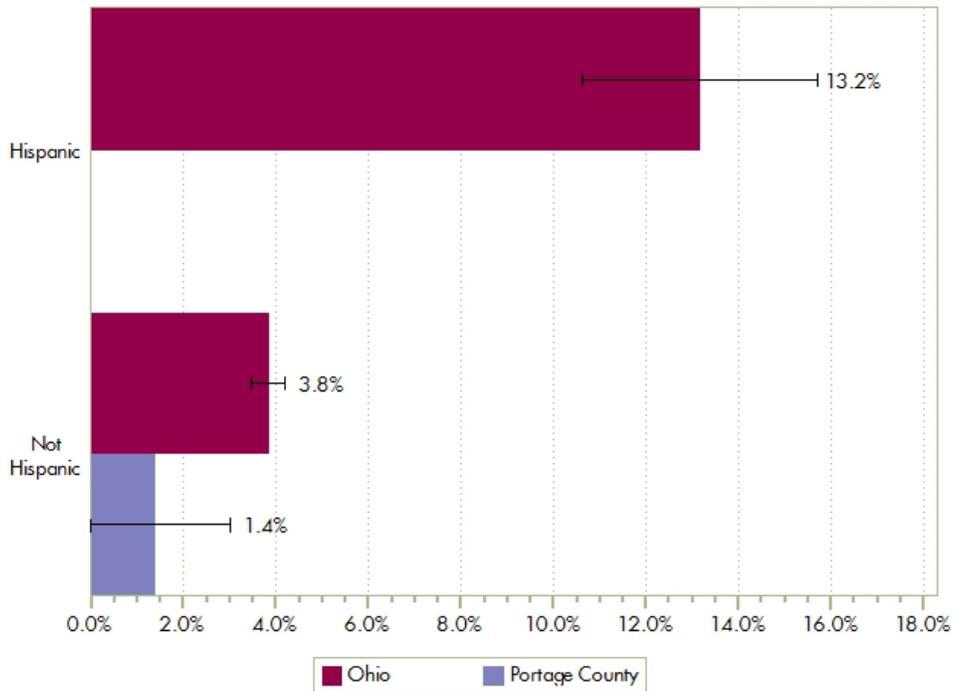


Figure E.2B: Percent that Were Uninsured by Hispanic Ethnicity, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



### **E3. Adult<sup>9</sup> Marital Status, Educational Attainment, and Employment Status**

One hundred percent of the adult respondents of uninsured children in Portage County were married and had a high school diploma or equivalent. Therefore, no differences in adult marital status or educational attainment could be detected among uninsured children residing in Portage County. On the contrary, fifty percent of the adult respondents were employed full time and fifty percent were employed part time. Those employed part time were 4.4 times more likely to have had children that were uninsured as compared to those employed full time.

There were no significant differences by adult marital status in the percent of uninsured children at the state-level. However, for Ohio, stratifying the results by educational attainment revealed a statistically significant data trend that suggested that the percentage of children without health insurance decreased with increasing adult education. Statewide, children of adults without a high school diploma were 5.5 times more likely to have been uninsured than children of an adult respondent that had four-year or advanced college degree. Children of adults with a high school diploma or equivalent or some college were three times as likely to have been uninsured as those of an adult with a 4-year or advanced college degree. Also, the percentage of Ohio's uninsured children increased with decreasing adult employment. Children of unemployed adult respondents were 1.9 times more likely to have been uninsured when compared to those of adults employed full time. Ohio's children of adults employed part time did not fare much better; they were uninsured 1.6 times more than those of adults employed full time.

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<sup>9</sup> Throughout this section of the report, "adult" refers to the survey respondent that lived in the same household and answered the survey questions on behalf of the child respondent

Figure E.3A: Percent that Were Uninsured by Adult Educational Attainment, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS

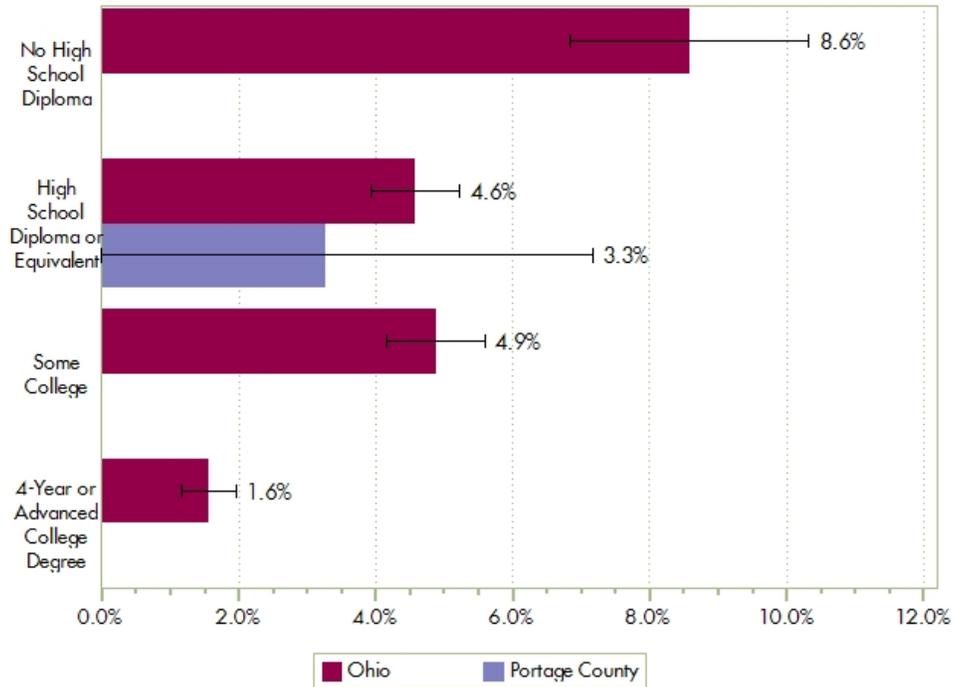
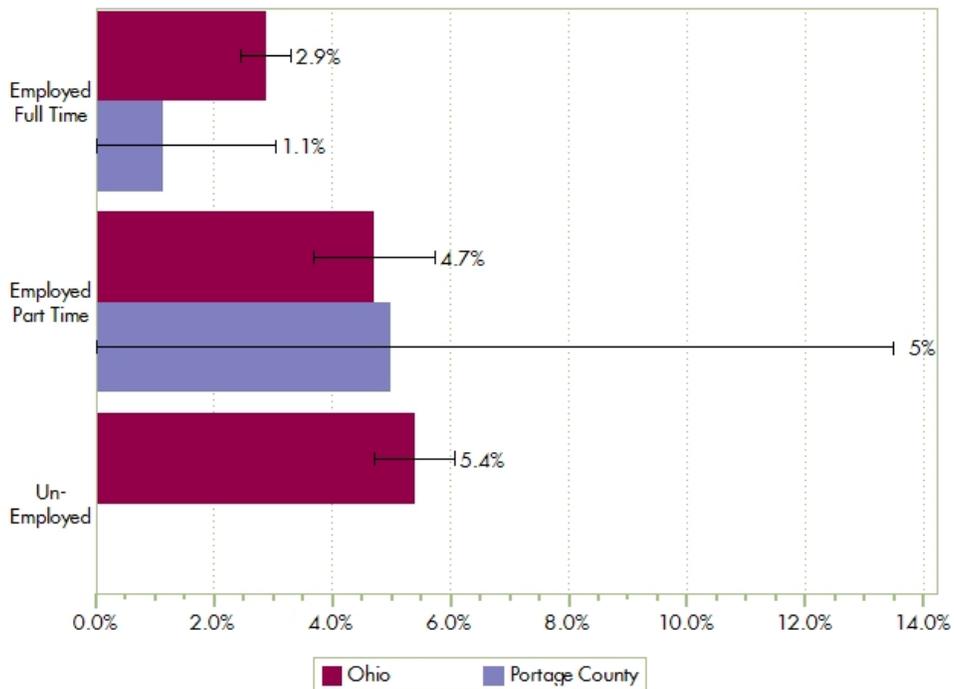


Figure E.3B: Percent that Were Uninsured by Adult Employment Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS

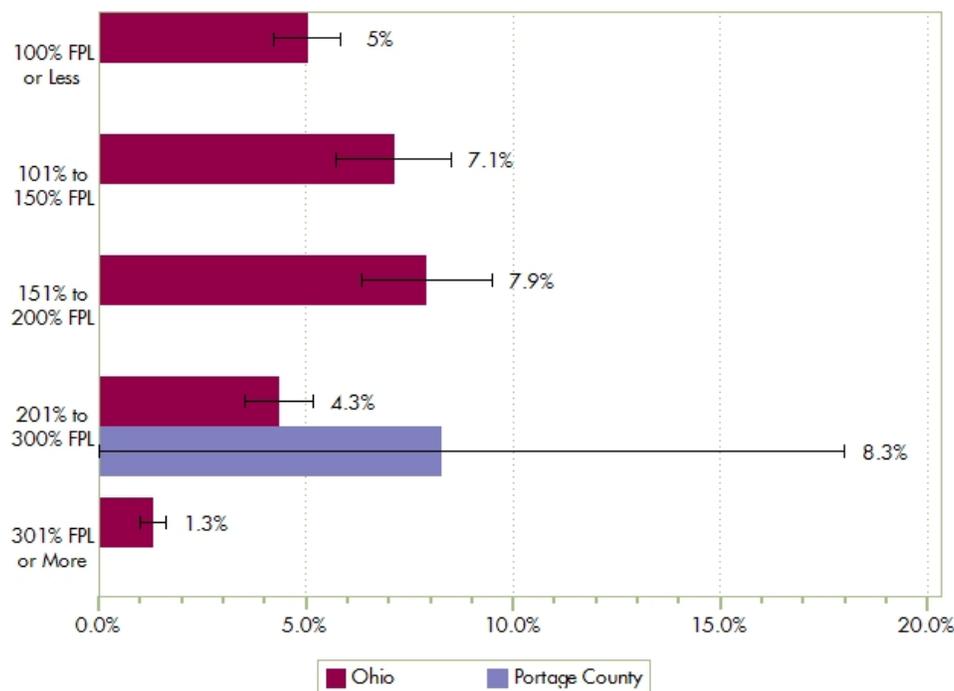


## E4. Poverty Level

One hundred percent of the uninsured children in Portage County that participated in the 2008 OFHS lived between 201% and 300% FPL. Therefore, no differences between poverty levels could be detected among uninsured children residing in Portage County.

Stratifying the analyses for Ohio by poverty level revealed a statistically significant, uniquely shaped data trend that suggested that the percentage of uninsured children increased with decreasing poverty up to 200% FPL and then decreased sharply with decreasing poverty thereafter. Statewide, children living in poverty (100% FPL or less) were 3.8 times more likely to have been uninsured than children living above 300% of the FPL. Those living in near-poverty (101% to 150% FPL or 151% to 200% FPL) actually fared worse. In Ohio, they lacked health insurance coverage 5.4 and 6.0 times more, respectively, than those living above 300% of the FPL.

Figure E4: Percent that Were Uninsured by Poverty Level, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS

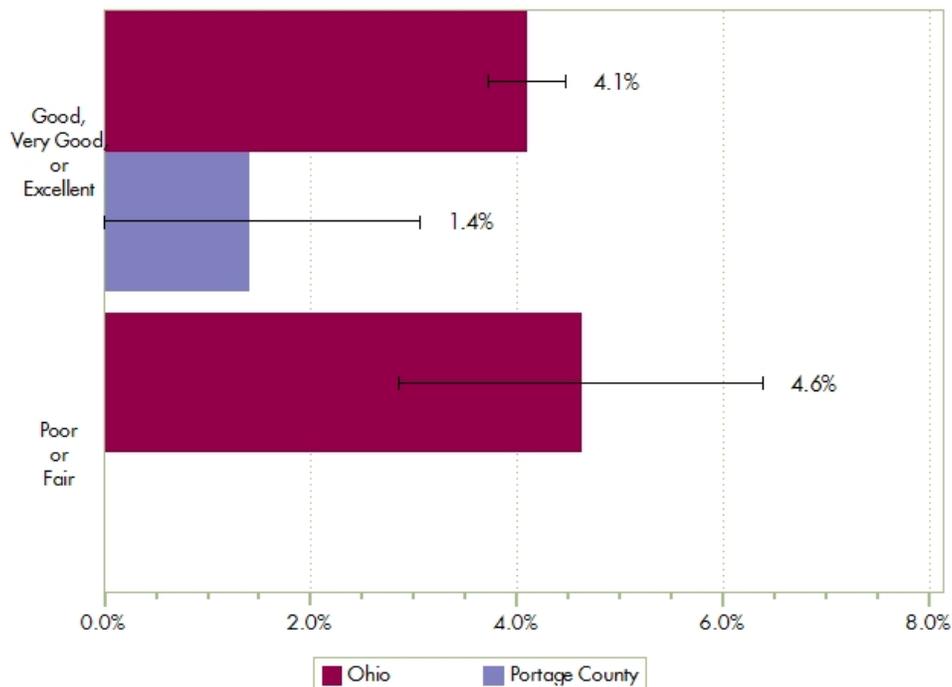


## E5. Health Status

Adult survey participants to the 2008 OFHS were asked to rate the health of the child that they were responding on behalf of, in general, as excellent, very good, good, fair, or poor. The results showed no significant differences in the percent uninsured between those in poor or fair health and those in good, very good, or excellent health at the state-level or at the county-level.

One hundred percent of the uninsured children in Portage County that participated in the 2008 OFHS were in good, very good, or excellent health. Therefore, no differences in health status could be detected among uninsured children at the county-level. On the contrary, statewide analyses produced results that showed no significant differences by health status in the percent of uninsured children.

Figure E5: Percent that Were Uninsured by Health Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



## F. ACCESS TO HEALTH CARE AMONG CHILDREN

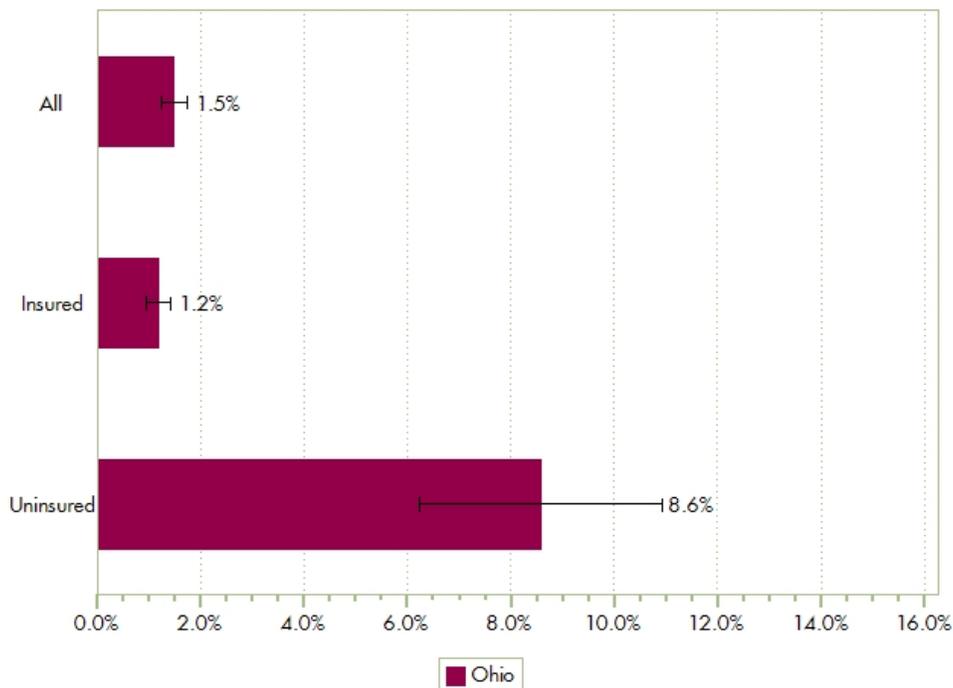
### F1. Usual Source of Care

Survey respondents to the 2008 OFHS were asked if the child they were responding on behalf of had a usual source of care, or more specifically, a place that they usually are taken to when they are sick or they are in need of advice about their health.

One hundred percent of the children in Portage County that participated in the 2008 OFHS had a usual source of care. Therefore, no differences between socio-demographic groups or insurance status could be detected among uninsured children residing in Portage County.

Across Ohio, not having health insurance coverage was significantly associated with not having a usual source of care. As with adults, it is thought that because of relatively high costs, children without health insurance are less likely to be taken to a physician for preventative care or immunizations. Among uninsured Ohio children, almost 9% lacked a usual source of care. That is, uninsured children across the state were 7.2 times more likely to have been without a usual source of care than those that had health insurance.

Figure F1: Percent that Did Not Have a Usual Source of Care by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



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## **F2. Personal Health Care Provider**

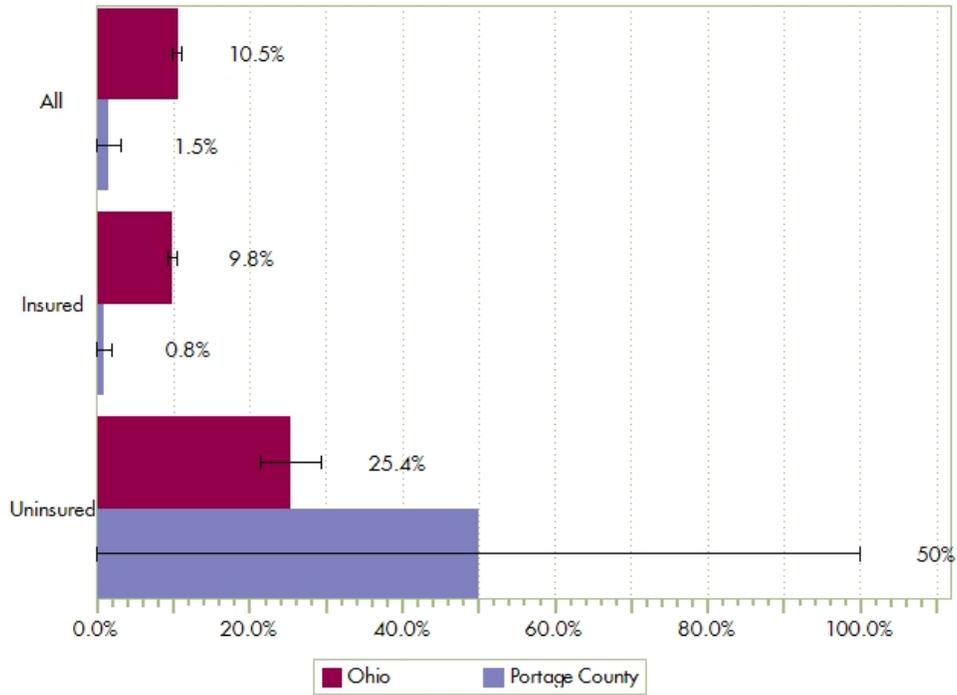
Children were considered to have had a personal health care provider if the adult respondent answered that they usually saw the same doctor, nurse, or other health provider each time that they were taken to the usual place that they go to when they are sick or they are in need of advice about their health.

Only 468, or 1.5% of Portage County children did not have a personal health care provider in 2008. Statewide, the percentage was significantly higher; 10.5% of children were without a personal provider. In Portage County, a few socio-demographic characteristics were found to be associated with not having a personal health care provider; specifically:

- children of unmarried adult respondents were reported to have been without a personal provider 3.9 times more than children of married adult respondents (3.5% versus 0.9%, respectively);
- children of adult respondents with a high school diploma or equivalent were 9.4 times more likely to have lacked a personal provider than those with a 4-year or advanced degree (3.7% versus 0.4%, respectively); and
- children living in near poverty (101% to 150% FPL) were 31.0 times as likely to not have a personal provider as compared to those living above 300% FPL (1.2% versus 0.04%, respectively).

Although they were not significantly different, the results among Portage County children suggested that those without health insurance were 61.0 times as likely to have been without a personal health care provider as those with health insurance coverage. At the state-level, not having health insurance coverage was significantly associated with not having a personal health care provider. While approximately 9.8% of insured Ohio children did not have a personal provider, 25.4% of their uninsured counterparts were without a personal provider. That is, uninsured children in Ohio were 2.6 times more likely to have been without a personal provider than those with health insurance coverage.

Figure F2: Percent that Did Not Have a Personal Health Care Provider by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



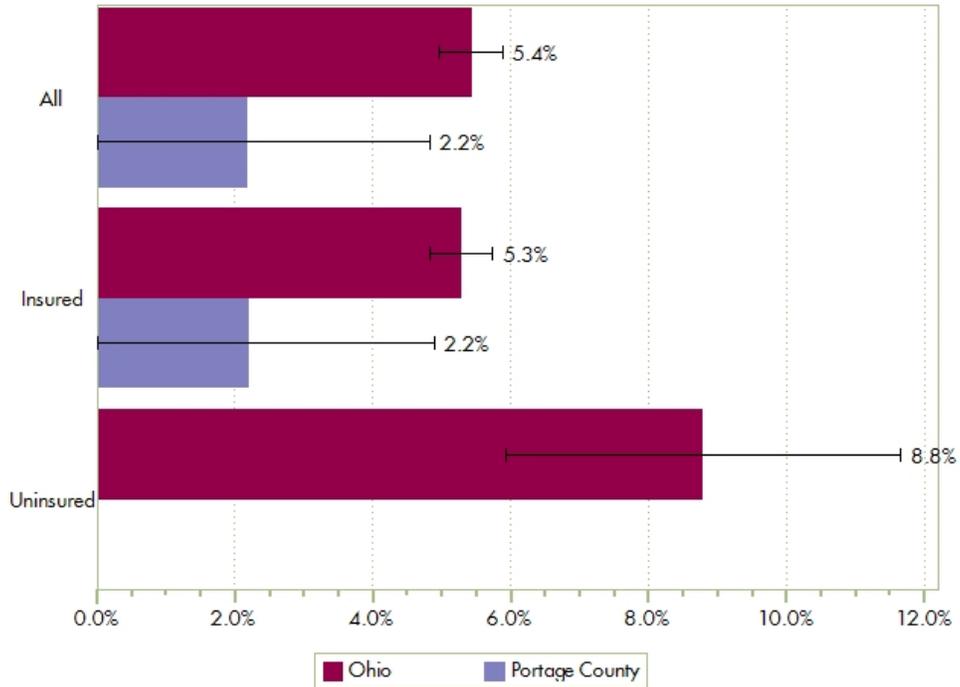
### **F3. Problems Seeing a Specialist**

Survey respondents to the 2008 OFHS were asked if, during the previous 12 months, the child they were responding on behalf of needed to see a specialist to get special care. If they responded that the child did need to see a specialist, then they were asked how much of a problem, if any, it was for the child to see the specialist. Answer options included: big problem, small problem, or not a problem. For the purposes of these analyses, children were dichotomized into one of two groups: 1) those that did not need to see a specialist or did not have a problem seeing a specialist or 2) those that had any problem, big or small, seeing a specialist in the previous year.

Slightly more than two percent of Portage County children had a problem seeing a specialist in the year prior to the survey. That amounts to an estimated 687 children that needed to see a specialist and had some type of problem doing so. Statewide, significantly more children had a problem seeing a specialist; approximately 5.4%. For Portage County children, stratified analyses did not reveal any socio-demographic characteristics that were associated with having had a problem seeing a specialist.

In Portage County, one hundred percent of the children that had a problem seeing a specialist were insured. Therefore, no differences in insurance status could be detected among Portage County children that had a problem seeing a specialist in the previous year. Statewide, not having health insurance coverage was significantly associated with having a problem seeing a specialist. Uninsured Ohio children were 1.7 times more likely to have had a problem than those that had health insurance.

Figure F.3: Percent that Had a Problem Seeing a Specialist in the Previous Year by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008  
OFHS

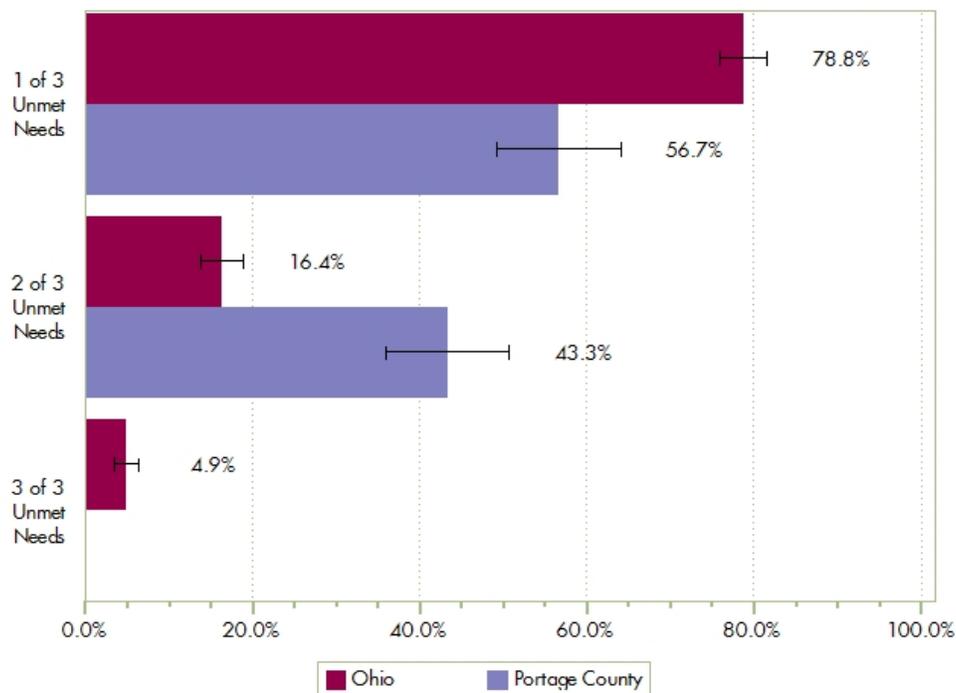


#### F4. Unmet Health Care Needs

Three survey questions in the 2008 OFHS pertained to areas of potential unmet health care needs of respondents in the previous 12 months. Specifically, the survey asked if there was a time when the child needed dental care but could not get it, if the child did not have a prescription filled because of the cost, and if there was any time that the child did not get any other health care that they needed, such as a medical exam, medical supplies, mental health care, or eyeglasses. Each of the three questions was asked separately from the others.

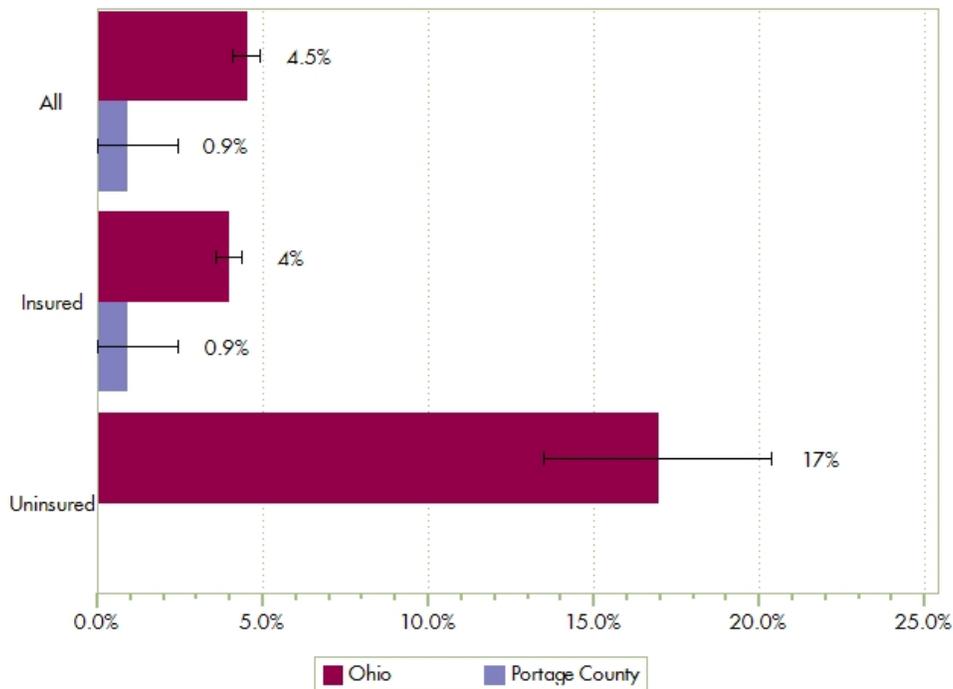
It was estimated that nearly 1,000 Portage County children had at least one unmet health care need in the year prior to the survey. Of those, over 500 had an unmet need in one of the three areas (29.3 dental and 27.3% other) and over 400 had unmet needs in two of the three areas (43.3% prescription and other). Children statewide were more likely to have reported having one unmet health care need and less likely to have reported having two unmet needs than children residing in Portage County.

Figure F.4A: Number of Unmet Health Care Needs in the Previous Year, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



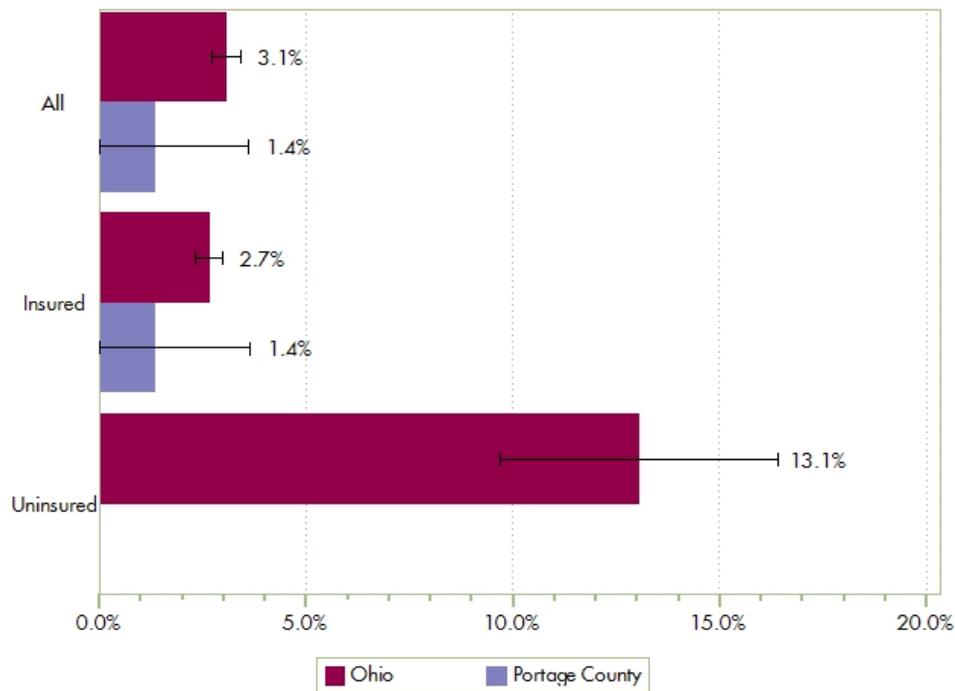
Independent analyses revealed that 288, or less than 1% of Portage County children had unmet dental needs sometime in the year prior to the survey. Statewide, the percentage was significantly higher. For Portage County children, stratified analyses did not reveal any socio-demographic characteristics that were associated with having had unmet dental needs. Further, one hundred percent of the children that had unmet dental needs were insured. Therefore, no differences in insurance status could be detected among Portage County children that had unmet dental needs in the previous year. However, statewide analyses revealed a large disparity by health insurance status in the percentage of children that had unmet dental needs. Across Ohio, uninsured children had unmet dental needs 4.2 times more than those with health insurance.

Figure F.4B: Percent that Had Unmet Dental Needs in the Previous Year by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



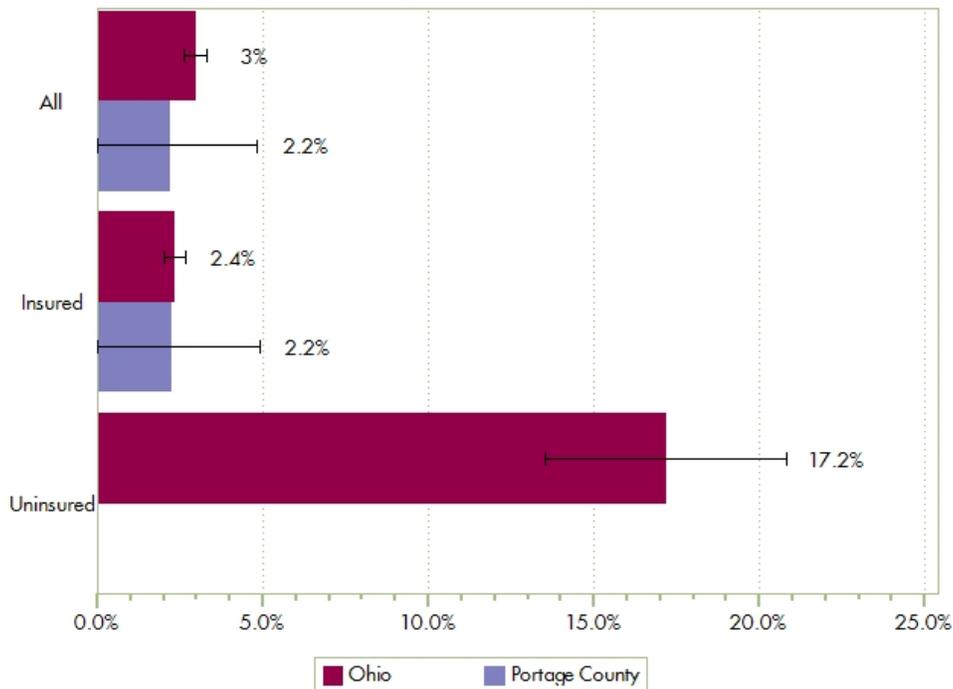
Separate analyses estimated that, in Portage County, there were 426 children that had unmet prescription needs in the previous year. Statewide, 3.1% were reported to have had unmet prescription needs. Again, stratified analyses did not reveal any socio-demographic characteristics that were associated with having had unmet prescription needs in Portage County and one hundred percent of the children that had unmet prescription needs were insured. Therefore, no differences in insurance status could be detected among Portage County children that had unmet prescription needs in the previous year. On the other hand, not having health insurance coverage was significantly associated with having had unmet prescription needs in Ohio. Uninsured Ohio children were 4.9 times more likely to have had unmet prescription needs in the previous year as compared those that had health insurance.

Figure F.4C: Percent that Had Unmet Prescription Needs in the Previous Year by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



Further analyses showed that 694 children in Portage County had other unmet health care needs, such as a medical exam, medical supplies, mental health care, or eyeglasses in the previous year. Among all Ohio children, the percentage was essentially the same. Unfortunately, no socio-demographic characteristics were found to be associated with having other unmet health care needs among Portage County children and one hundred percent of the children that had other unmet health care needs were insured. Therefore, no differences in insurance status could be detected among Portage County children that had other unmet health care needs in the previous year. But, yet again, there was a large disparity by health insurance status in the percentage of children statewide that were reported to have had other unmet health care needs. Across Ohio, uninsured children had unmet needs 7.3 times more than those with health insurance.

Figure F.4D: Percent that Had Other Unmet Health Care Needs in the Previous Year by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



## **F5. Ease of Obtaining Medical Care**

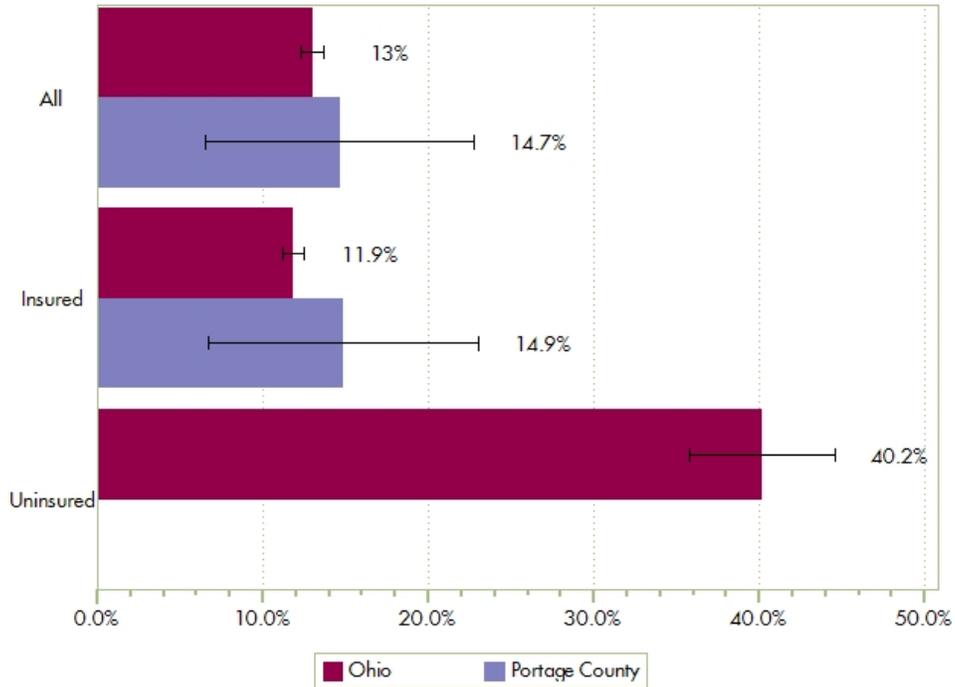
Adult survey participants to the 2008 OFHS were asked if, compared to three years ago, was getting the medical care that the child needed easier, harder, or did it stay the same. For the purposes of these analyses, children were dichotomized into one of two groups according to the answer: 1) those whose adult respondent found it harder to obtain medical care or 2) those whose adult respondent found it easier or the same to obtain medical care as compared to the previous three years.

Over 4,500 children in Portage County had adult respondents that reported to have found it harder to obtain medical care for the child than in the previous three years. Statewide, the estimated percentage was practically the same. Among Portage County children, a few socio-demographic groups were found to be associated with an adult respondent that found it harder to obtain medical care for the child. Specifically, the results suggested:

- Hispanics reported that they found it harder to obtain medical care for their children 2.2 times more than non-Hispanics (32.8% versus 14.7%, respectively);
- unemployed adults were 2.7 times more likely to have reported that they found it harder to obtain medical care for their children than those employed full time (23.2% versus 8.5%, respectively); and
- children living in poverty (100% FPL or less) were 2.7 times more likely to have had adult respondents that found it harder to obtain medical care as compared to those living above 300% FPL (31.1% versus 11.6%, respectively).

One hundred percent of the children with responding adults that found it harder to obtain medical care were insured. Therefore, no differences in insurance status could be detected among Portage County children with responding adults that found it harder to obtain medical care than in the previous three years. However, at the state-level, the responding adults of uninsured children were significantly more likely than those with health insurance coverage to have reported that they found it harder to obtain medical care than in the previous three years. In fact, across Ohio, over 40% found it harder to obtain medical care. Those with children that did not have health insurance were 3.4 times more likely to have responded as such when compared to those with insured children.

Figure F.5: Percent that Found it Harder to Obtain Medical Care than in the Previous Three Years by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



## **G. HEALTH STATUS, CONDITIONS, AND RISK FACTORS AMONG CHILDREN**

### **G1. Health Status**

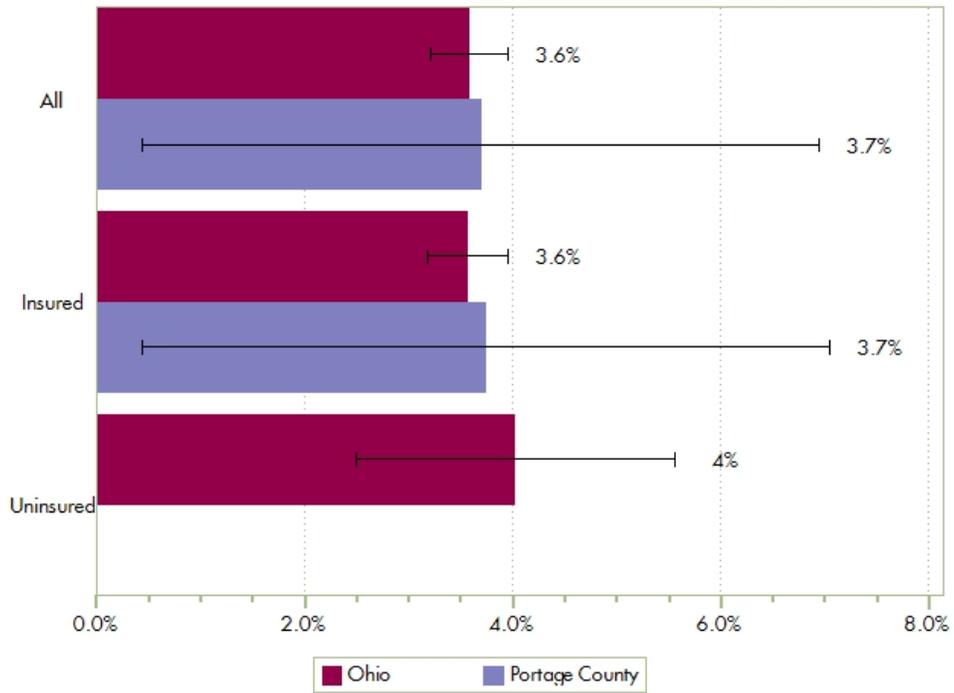
As discussed previously, adult survey respondents to the 2008 OFHS were asked to rate the child's general health status as excellent, very good, good, fair, or poor. For the purpose of the analyses in this report, children were dichotomized into one of two groups based on the response: 1) those in good, very good, or excellent health, or 2) those in poor or fair health. Health status in this section of the report is based on the same 2008 OFHS survey question that was utilized as a socio-demographic characteristic in other sections.

Over 1,100 Portage County children were reported to be in poor or fair health. This accounted for more than 3.5% of the children in Portage County; a percentage that was similar to that of children estimated to be in poor or fair health statewide. In fact, 3.6% of Ohio's children, or almost 94,000, were reported to be in poor or fair health. In Portage County, a few socio-demographic characteristic was found to be associated with health status; specifically:

- Black and African American children were reported to be in poor or fair health over 4.8 times more than White children (14.1% versus 3.0%, respectively);
- children of unmarried adults respondents were 3.8 times more likely to have been in poor or fair health as compared to those of married adult respondents (8.6% versus 2.3%, respectively); and
- children with adult respondents that did not have a high school diploma were almost two and a half times as likely to have been in poor or fair health as those with adult respondents with some college (24.0% versus 10.1%, respectively).

Among children in Portage County, one hundred percent of those in poor or fair health were insured. Unfortunately, no comparisons could be made by insurance status in the percentage of children in poor or fair health at the county-level. However, even at the state-level, the results revealed no significant differences.

Figure G.1: Percent that Were in Poor or Fair Health by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



## G2. Special Health Care Needs

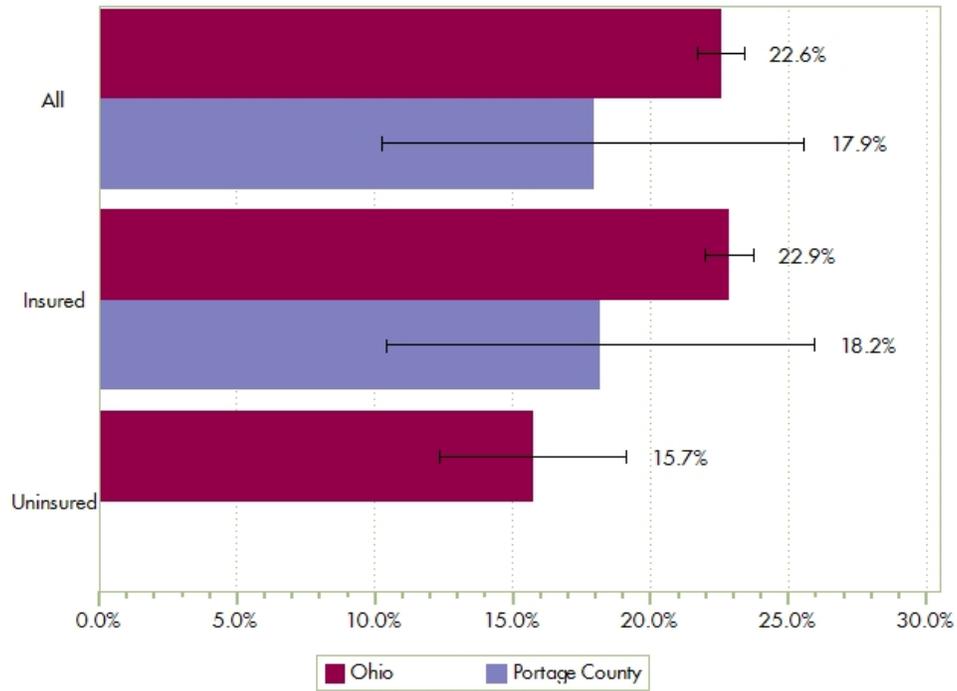
During the 2008 OFHS, respondents were asked several questions regarding health conditions that the children may have had, the duration of those conditions, treatments that they received, limitations that they had, and assistance that they needed due to those conditions. Children were considered to have had special health care needs if they had any medical, mental health, or other health condition that lasted, or was expected to last, at least 12 months and required prescription medication, regular medical care, treatments, therapy, or assistance with day-to-day activities.

In Portage County, it was estimated that nearly one in five, or over 5,500 children had special health care needs in 2008. Across the state as a whole, 22.6% of children were reported to have had special health care needs; a percentage that was slightly higher, but not significantly different from that of Portage County. Independent analyses revealed that a few socio-demographic characteristics were associated with special health care needs among children in Portage County. In particular, the results suggested:

- males had special health care needs 2.3 times more than females (24.9% versus 10.6%, respectively);
- Black and African American children were reported to have had special health care needs 3.2 times more than White children (50.2% versus 15.9%, respectively);
- children of unmarried adult respondents had special health care needs 1.3 times more than those of married adult respondents (21.5% versus 16.9%, respectively);
- children of unemployed adult respondents were 8.4 times less likely to have had special health care needs as compare to those with adult respondents that were employed full time (2.6% versus 21.9%, respectively); and
- children reported to be in poor or fair health had special health care needs 6.8 times more than those reported to be in good, very good, or excellent health (100.0% versus 14.7%, respectively).

In Portage County, one hundred percent of the children with special health care needs were insured. Unfortunately, no comparisons could be made by insurance status in the percentage of children with special health care needs at the county-level. On the contrary, at the state-level, children with health insurance were more likely to have had special health care needs than those that did not have health insurance coverage. Across Ohio, 22.9% of insured children had special health care needs, while only 15.7% of those uninsured did so; a difference that was statistically significant. Given that the designation of special health care needs involves having a condition that requires medical services that are often expensive (i.e. prescription medication, regular medical care, treatments, therapy, or assistance with day-to-day activities), it makes sense that children with health insurance were more likely to fit the definition. Hence, uninsured children were less likely to seek medical care for conditions and therefore, were inherently less likely to be designated as having special health care needs.

Figure G.2: Percent that Had Special Health Care Needs by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



### **G3. Asthma**

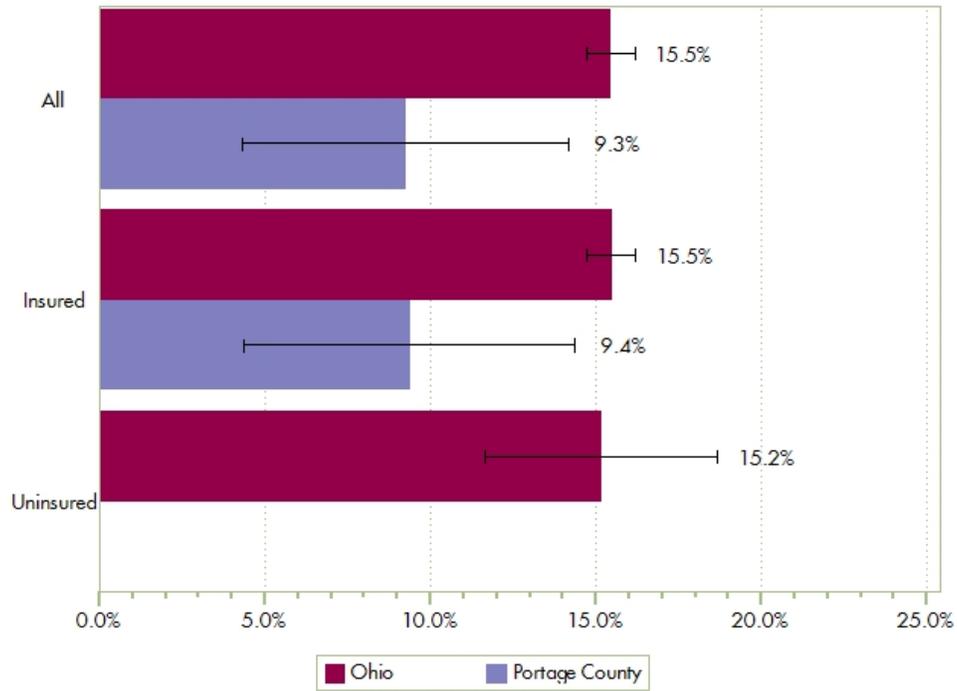
Child participants in the 2008 OFHS were considered to have had asthma if the adult respondent had ever been told by a doctor or any other health professional that the child had asthma.

Nearly 3,000, or close to 10% of children residing in Portage County had asthma in the year 2008. Statewide, almost 400,000 children were estimated to have had asthma. That accounted for over 15% of children across the state; a percentage that was significantly higher than that for Portage County. For Portage County, independent analyses showed that there were a few socio-demographic characteristics that were associated with asthma among children. Specifically, the results suggested the following:

- children of adult respondents without a high school diploma were 2.3 times more likely to have had asthma as those of adult respondents with a 4-year or advanced college degree (24.0% versus 10.3%, respectively); and
- children in poor or fair health were reported to have had asthma nearly seven times more than those in good, very good, or excellent health (52.7% versus 7.6%, respectively).

Again, one hundred percent of the children that were reported to have had asthma were insured. So, stratified analyses at the county-level were not possible. However, independent stratified analyses at the state-level did not reveal any difference by insurance status in the percent of children that had asthma.

Figure G.3: Percent that Had Asthma by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



#### **G4. Obesity**

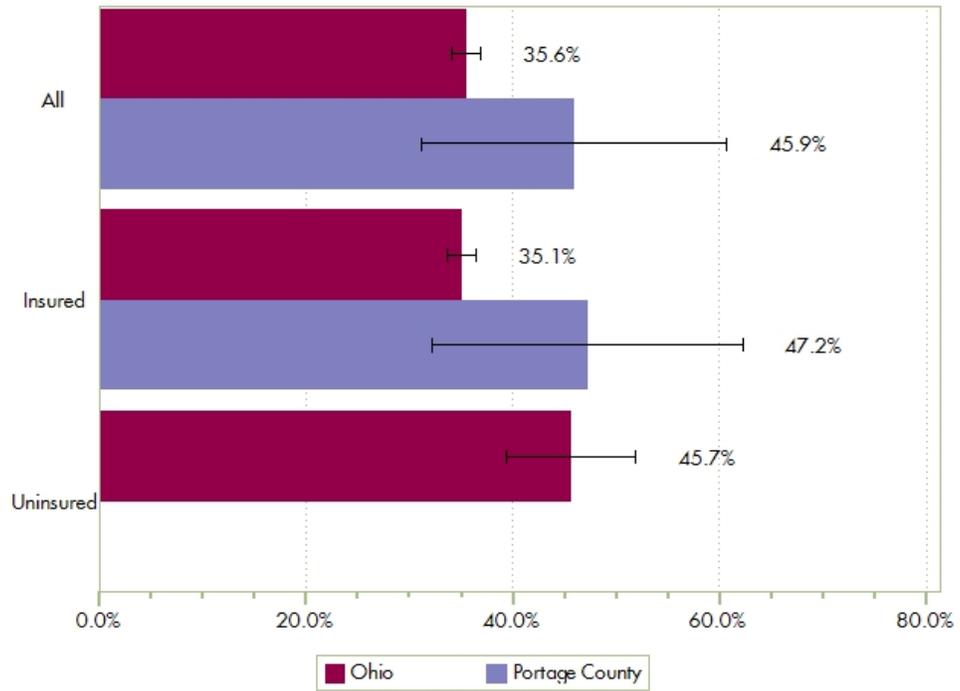
Adult participants in the 2008 OFHS were asked the weight, height, and gender of the child over the age of ten that they responded on behalf of. Those fields were then used to calculate each child's body mass index (BMI) and categorize them into the following groups: 1) underweight, 2) normal or healthy weight, 3) overweight, 4) obese, or 5) out of range/unknown. For the purposes of the analyses in this report, children were dichotomized into one of two categories: 1) underweight, normal, or healthy weight, or 2) overweight or obese.

Results from the 2008 OFHS estimated that over 45% of children residing in Portage County, or nearly one out of every two, were either overweight or obese. Hence, more than 7,000 of Portage County's children were considered overweight or obese. While the percentage of overweight or obese children seen across the state as a whole was slightly lower, the difference was not significant. In Portage County, a few socio-demographic characteristics were associated with a BMI considered overweight or obese. Specifically, the results suggested the following:

- males were overweight or obese 1.3 times more than females (49.9% versus 38.7%, respectively);
- children 10 to 12 years of age were 1.1 times more likely to be overweight or obese than those 13 to 17 years of age (48.5% versus 44.9%, respectively); and
- Hispanic children were reported to have had an overweight or obese BMI 2.2 times as often as non-Hispanic children (100.0% versus 45.5%, respectively).

Among Portage County children, one hundred percent of those with an overweight or obese BMI were insured. Therefore, no differences in insurance status could be detected among overweight or obese Portage County children. However, at the state-level, not having health insurance coverage was significantly associated with having a BMI that was considered overweight or obese. In fact, over 45% of uninsured children across the state were estimated to have been overweight or obese. Further, the results suggested that uninsured Ohio children were 1.3 times more likely to have had an overweight or obese BMI as compared to those that had health insurance.

Figure G.4: Percent that Had an Overweight or Obese Body Mass Index by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



## H. HEALTH CARE UTILIZATION AMONG CHILDREN

### H1. Non-Emergency Health Care Visits

Adult survey participants in the 2008 OFHS were asked, not including overnight hospital stays, visits to hospital emergency rooms (ERs), home visits, or telephone calls, about how long had it been since the child last saw a doctor about their health. Respondents were asked to answer the question in the number of days. For the purpose of these analyses, children were dichotomized into one of two groups based on the answer: 1) those that last had a non-emergency health care visit anywhere from 0 to 365 days previous, or 2) those that had never had a non-emergency health care visit and those that last had a non-emergency health care visit more than 365 days previous. In addition, adult participants were asked about how long had it been since the child last received a well-child or well-baby check-up; that is, a general check-up when the child was not sick or injured. Again, children were dichotomized into one of two groups: 1) those that had a well-child check-up anywhere from 0 to 365 days previous, or 2) those that never had a well-child check-up or had one more than 365 days previous.

While over 98% of Portage County children were estimated to have had a non-emergency health care visit in the previous year, only 86% had a well-child check-up during that same time period. Essentially, over the period of a year, 2% of children did not receive any health care from a non-ER physician and another 12% only received health care from a non-ER physician when they were not well (i.e. their visit was not for a well-child check-up). These results suggest that, for one reason or another, one in seven Portage County children did not receive any routine health care for a period of at least one year. The results statewide were slightly lower; 95% of children were estimated to have had a non-emergency health care visit, while only 78% had a well-child check-up.

With regard to those children that had a non-emergency health care visit in the previous year, a couple socio-demographic characteristics were found to be associated in Portage County. Specifically, independent stratified analyses suggested the following:

- younger children were more likely to have had a non-emergency health care visit than those 13 to 17 years of age (100.0% of children younger than one year, 100.0% of those between one and five years, and 97.0% of those 13 to 17 years); infants younger than one year and those one to five years were almost 1.1 times more likely to have had a non-emergency health care visit when compared to children 13 to 17 years of age; and
- children in poor or fair health were almost 1.1 times more likely to have had a non-emergency health care visit than those in good, very good, or excellent health (100.0% versus 98.85%, respectively).

Among Portage County children, several socio-demographic characteristics were also found to be associated with having had a well-child check-up in the previous year. In particular, the results suggested the following:

- younger children were more likely to have had a well-child check-up than those 13 to 17 years of age (100.0% of children younger than one year, 100.0% of those between one and five years, and 71.8% of those 13 to 17 years); infants younger than one year and those one to five years were 1.4 times more likely to have had a non-emergency health care visit when compared to children 13 to 17 years of age;
- Hispanic children were 1.2 times as likely to have had a well-child check-up as non-Hispanic children (100.0% versus 85.8%, respectively); and
- children in poor or fair health were 1.1 times less likely to have had a well-child check-up than those in good, very good, or excellent health (81.7% versus 86.2%, respectively).

In Portage County, uninsured children were 2.0 times less likely to have had a non-emergency health care visit and 1.7 times less likely to have had a well-child check-up than their insured counterparts. Statewide, the observed disparities were quite similar. For the state of Ohio, insurance status was significantly associated with having had a non-emergency health care visit and with having had a well-child check-up. Uninsured children in Ohio were 1.2 times less likely to have had a non-emergency health care visit and 1.5 times less likely to have had a well-child check-up than those with health insurance coverage.

Figure H.1A: Percent that Had a Non-Emergency Health Care Visit in the Previous Year by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS

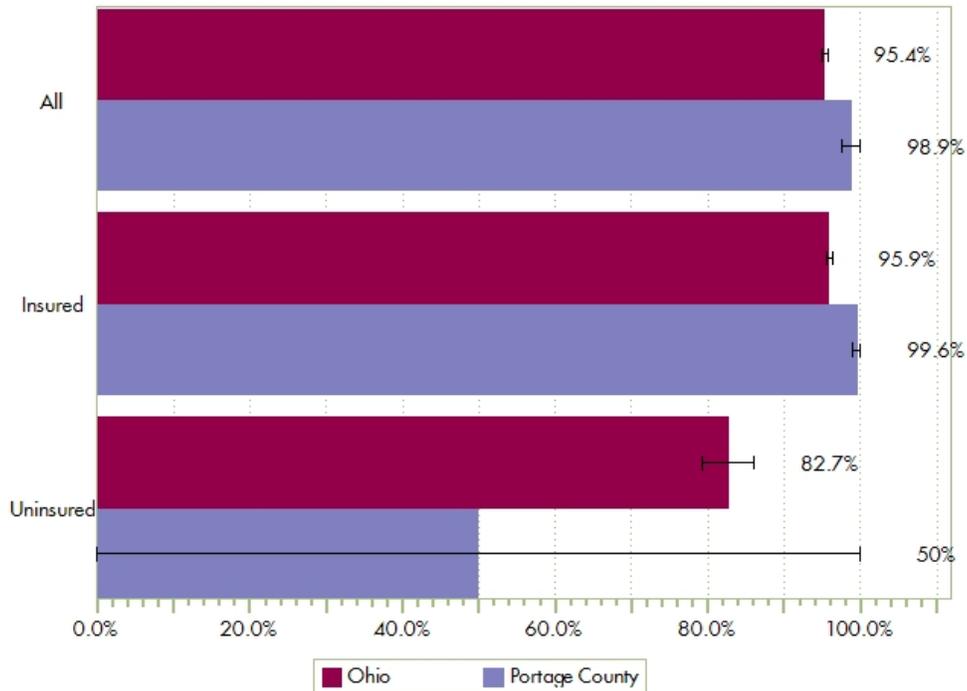
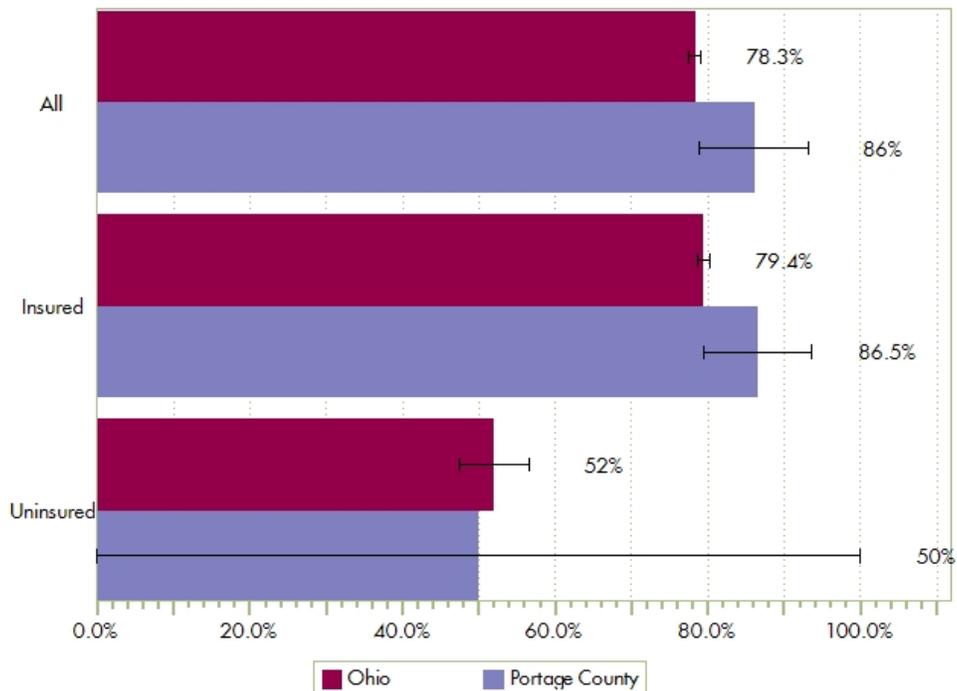


Figure H.1B: Percent that Had a Well-Child Check-Up in the Previous Year by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



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## H2. Emergency Health Care Visits

Adult respondents to the 2008 OFHS were asked how many times, during the previous 12 months, the child was a patient in a hospital emergency room (ER), including ER visits where they were admitted to the hospital. For the purpose of the analyses in this report, children were dichotomized into one of two groups according to the answer: 1) those that had one or more ER visits in the previous year or 2) those that did not have any ER visits in the previous year.

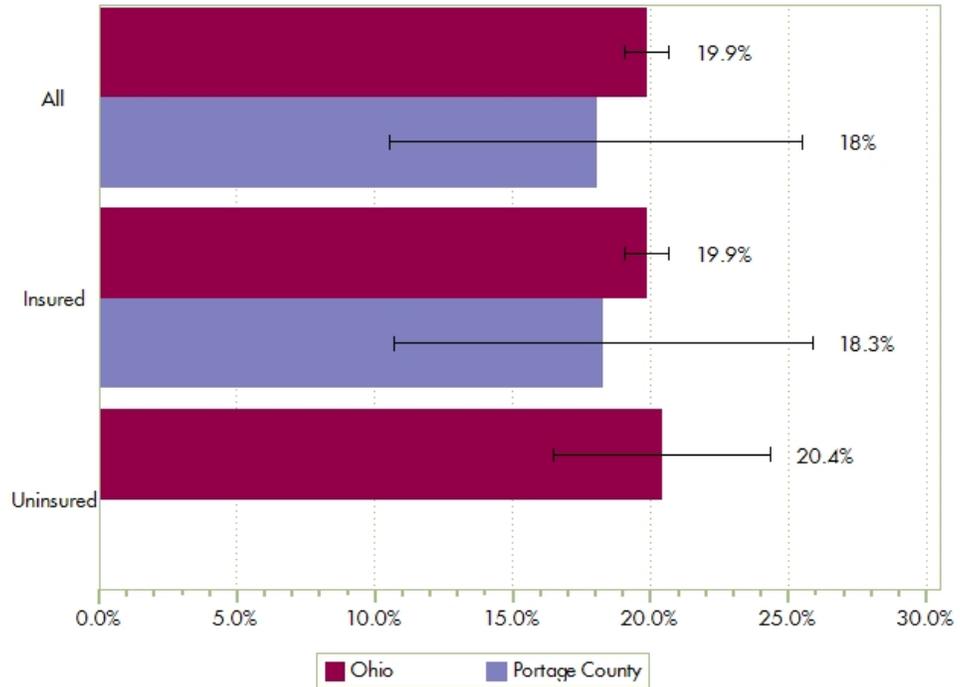
Almost 6,000 children residing in Portage County, or more than one in six, visited an ER at least once in the year prior to the survey. The percentage of Portage County children that had at least one ER visit in the previous year was lower than, but not significantly different from the percentage observed statewide. Essentially, almost 20%, or over half of a million children in Ohio were seen in an ER over the year prior to the survey.

With regard to Portage County children that had an ER visit in the previous year, several socio-demographic characteristics were found to be associated. Specifically, independent stratified analyses suggested the following:

- children one to five years of age were 2.2 times as likely to have had an ER visit in the previous year as compared to those 13 to 17 years of age (32.8% versus 14.7%, respectively);
- Asian children were 6.4 times less likely to have visited an ER as compared to White children (3.0% versus 19.1%, respectively);
- children of unmarried adult respondents had an ER visit 2.7 times more than those of married adult respondents (35.3% versus 13.0%, respectively);
- children of adult respondents without a high school diploma visited an ER 6.2 times more than those of adult respondents with a 4-year or advanced college degree (62.0% versus 10.0%, respectively);
- children of unemployed adult respondents were 1.4 times more likely to have had an ER visit than those of adult respondents employed full time (25.1% versus 18.1%, respectively);
- children living in poverty (100% FPL or less) were 4.4 times more likely to have had an ER visit than those living above 300% FPL (42.0% versus 9.6%, respectively); children living in near-poverty (101% to 150% FPL) were two 4.1 times more likely to have had an ER visit than those living above 300% FPL (39.1% versus 9.6%, respectively); and
- children in poor or fair health had an ER visit 5.2 times more than those in good, very good, or excellent health (81.7% versus 15.6%, respectively).

In Portage County, one hundred percent of the children that had an ER visit in the previous year were insured. So, stratified analyses at the county-level were not possible. However, analyses at the state-level did not reveal any difference by insurance status in the percent of children that had an ER visit.

Figure H.2: Percent that Had an Emergency Room Visit in the Previous Year by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008  
OFHS



### H3. Hospital Stays

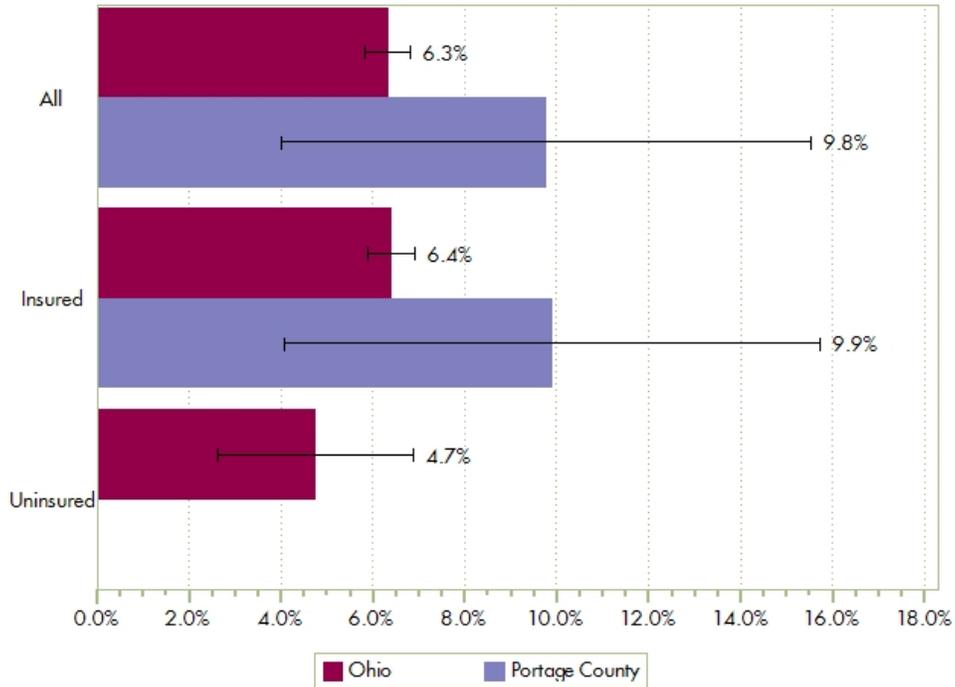
Adult respondents to the 2008 OFHS were asked how many times, during the previous 12 months, the child was admitted to a hospital for a stay that was overnight or longer. For the purpose of the analyses in this report, children were dichotomized into one of two groups according to the answer: 1) those that had one or more overnight hospital stays in the previous year, or 2) those that did not have any overnight hospital stays in the previous year.

It was estimated that over 3,000 Portage County children had at least one overnight hospital stay in the previous year. The percentage observed statewide was lower, but not significantly different. Among Portage County children, a few of socio-demographic characteristics were associated with having had an overnight hospital stay. Specifically, independent stratified analyses suggested the following:

- younger children were more likely to have had an overnight hospital stay than those 13 to 17 years of age (100.0% of children younger than one year, 10.6% of those between one and five years, and 7.1% of those 13 to 17 years); infants younger than one year and those one to five years were 14.1 and 1.5 times more likely to have had a non-emergency health care visit when compared to children 13 to 17 years of age;
- Black and African American children were 1.4 times more likely to have had an overnight hospital stay as compared to White children (14.1% versus 9.8%, respectively);
- children of unmarried adult respondents were 1.3 times more likely to have had an overnight hospital stay as compared to those of married adult respondents (11.6% versus 9.2%, respectively);
- children of adult respondents without a high school diploma were 12.3 times more likely to have had an overnight hospital stay as compared to those of adult respondents with a 4-year or advanced college degree (24.0% versus 2.0%, respectively); and
- children in poor or fair health had an overnight hospital stay 11.7 times more often than those in good, very good, or excellent health (81.7% versus 7.0%, respectively).

Again, Portage County analyses revealed that one hundred percent of the children that had an overnight hospital stay in the previous year were insured. Therefore, analyses stratified by insurance status at the county-level were not possible. However, stratified analyses at the state-level did not reveal any difference by insurance status in the percent of children that had an overnight hospital stay.

Figure H.3: Percent that Had an Overnight Hospital Stay in the Previous Year by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008  
OFHS



#### **H4. Dissatisfaction with Health Care**

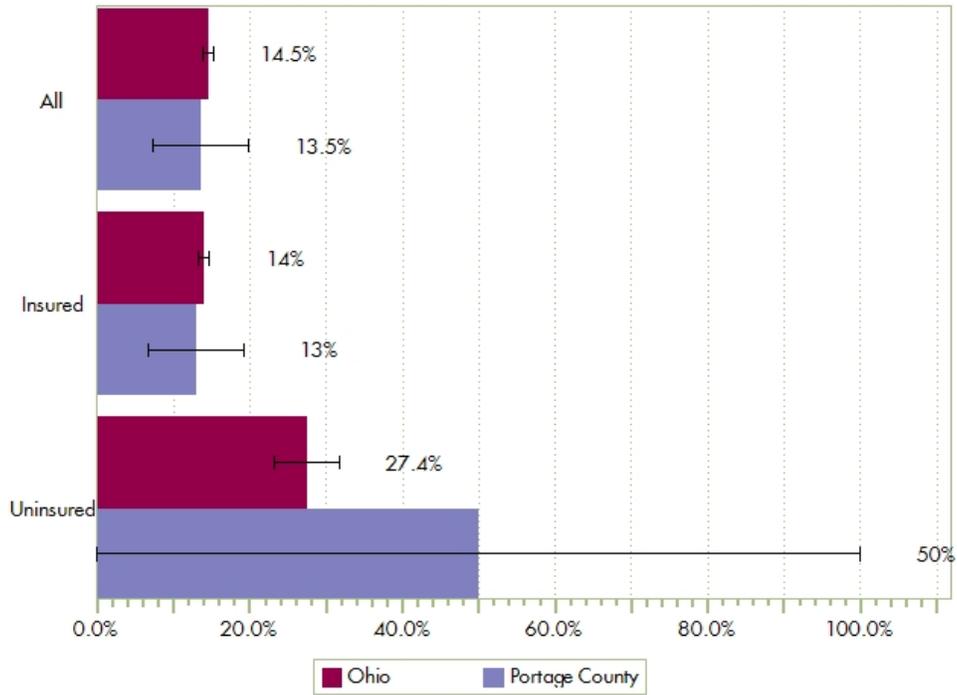
Adult participants in the 2008 OFHS were asked to rate the overall quality of all of the health care that the child received during the previous 12 months, using any number from 0 to 10, with 0 being the worst health care possible and 10 being the best health care possible. For the purpose of these analyses, children were dichotomized into one of two groups: 1) those where the overall quality of their health care was rated from 8 to 10 were considered satisfied with the child's health care or 2) those where the overall quality of their health care was rated from 0 to 7 were considered dissatisfied.

In general, over 4,000 Portage County children, or 13.5%, had adult respondents that reported that they were dissatisfied with the child's health care in the previous year. Statewide, 14.5% of children received health care that was reported as dissatisfactory. The county-level and state-level results were not significantly different. For Portage County, independent analyses revealed that several socio-demographic characteristics were associated with being dissatisfied with the overall quality of the health care received. In particular, the results suggested the following:

- Black and African American children had adult respondents that were dissatisfied with the child's health care 1.2 times more than those of White children (14.1% versus 11.6%, respectively);
- unmarried adult respondents were dissatisfied with their child's health care 34.5 times less than married adult respondents (0.5% versus 17.3%, respectively);
- children living in poverty (100% FPL or less) were 1.7 times more likely to have had adult respondents that were dissatisfied with their health care as compared to those living above 300% FPL (23.3% versus 13.4%, respectively); and
- children in poor or fair health had adult respondents that were dissatisfied with their health care 3.9 times more than those in good, very good, or excellent health (50.0% versus 13.0%, respectively).

Although the difference was not significant, in Portage County, not having health insurance coverage was associated having an adult respondent that was dissatisfied with the health care received over the previous year. It was estimated that approximately 50% of Portage County's uninsured children received health care that was reported as dissatisfactory and those that were uninsured were 3.9 times as likely to have had an adult respondent that reported being dissatisfied with the child's health care when compared to their insured counterparts. The observed disparity was also apparent across the state of Ohio; however, the difference was significant. In fact, over 27% of uninsured children across the state were estimated to have received health care that was reported as dissatisfactory. Further, the results suggested that uninsured Ohio children were twice as likely to have had an adult respondent that was dissatisfied with their health care as compared those that had health insurance.

Figure H.4: Percent that Were Dissatisfied with Health Care by Insurance Status, Children Under 18 Years of Age, Ohio and Portage County, 2008 OFHS



## **APPENDICES**

Data Tables for Adults available upon request.

Data Tables for Children available upon request.