



# What Ohioans Think About Expansion of the State Children's Health Insurance Program



Results From The Health Foundation of Greater Cincinnati 

The State Children's Health Insurance Program (SCHIP) is a federal program that provides health insurance coverage to children born in the U.S. in low- and moderate-income families. Enacted 10 years ago, SCHIP will expire October 1, 2007, unless Congress renews it by September 30. This pending renewal has sparked a broader debate over expanding SCHIP as one way of providing health coverage for more Americans.

In Ohio, SCHIP is known as "Healthy Start" and is part of Ohio's Medicaid program. Families with children enrolled in Healthy Start must reapply every 12 months for coverage for their children. Income changes may affect eligibility.

Each state has different eligibility requirements for SCHIP. Healthy Start's eligibility guidelines are:

Who	FPG <sup>1</sup>	Restrictions
Children up to age 19	<150%	None
	151–200%	Cannot have other health insurance
Pregnant women	<150%	Coverage ends 60 days after birth of child
Babies born to Healthy Start mothers	<150%	Coverage lasts one year, then reapply

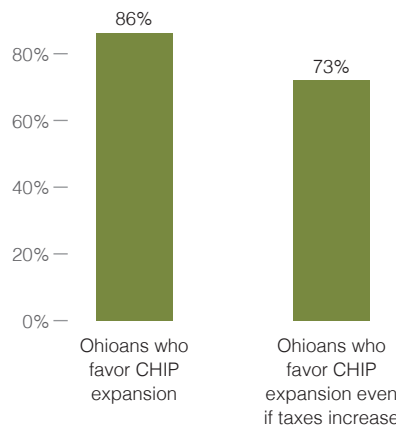
<sup>1</sup> 100% of the federal poverty guidelines (FPG) was an annual income of \$20,000 for a family of 4 in 2006.

## Support for Healthy Start Expansion

According to the U.S. Census Bureau, about 8% of Ohio's children—or 220,000 children—were uninsured in 2005. About 11% of children across the U.S. are uninsured.

The 2007 Ohio Health Issues Poll asked Ohioans if they would favor expanding Healthy Start to include all uninsured children in the state. The majority of Ohioans (86%) said they would favor an expansion of Healthy Start to cover all uninsured children in Ohio.

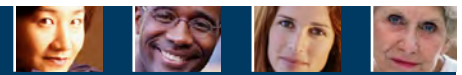
We then asked Ohioans who favored Healthy Start expansion if they would still favor it if it meant they would have to pay more in taxes. Of just Ohioans who favored expansion, 85% said they would still favor expansion if it meant they would pay more in taxes. Therefore, 73% of all Ohioans favored expansion even if it meant they would pay more in taxes.



Ohioans *more* and *less* likely to favor expanding Ohio's Healthy Start program to include ALL uninsured children

Demographic	% who favor CHIP expansion
<b>Ohio</b>	86%
<b>Sex</b>	
Female	90%
Male	82%
<b>Ethnicity</b>	
African American	100%
White	84%
<b>Age</b>	
30 to 45	90%
46 to 64	83%
<b>Education</b>	
Less than high school	95%
College graduate	81%
<b>Family Income</b>	
Below 100% FPG <sup>1</sup>	96%
Above 200% FPG	86%
<b>Health Insurance</b>	
Uninsured	92%
Insured	85%

<sup>1</sup> 100% of the federal poverty guidelines (FPG) in 2006 was an annual income of \$20,000 for a family of 4.



# What Ohioans Think About

Healthcare Issues for the President and Congress to Work on



Results From The Health Foundation of Greater Cincinnati



There is much attention currently being paid to the 2008 Presidential election, especially around healthcare and healthcare reform. According to the June 2007 *Kaiser Health Tracking Poll: Election 2008*, the two top issues Americans want to hear the candidates talk about are Iraq and healthcare.

But Ohioans also want the current President and Congress to focus on healthcare over the next 12 months. When asked which healthcare issue they would pick for the President and Congress to work on over the next year, Ohioans chose expanding health insurance coverage for the uninsured (32%) and reducing healthcare costs (28%).

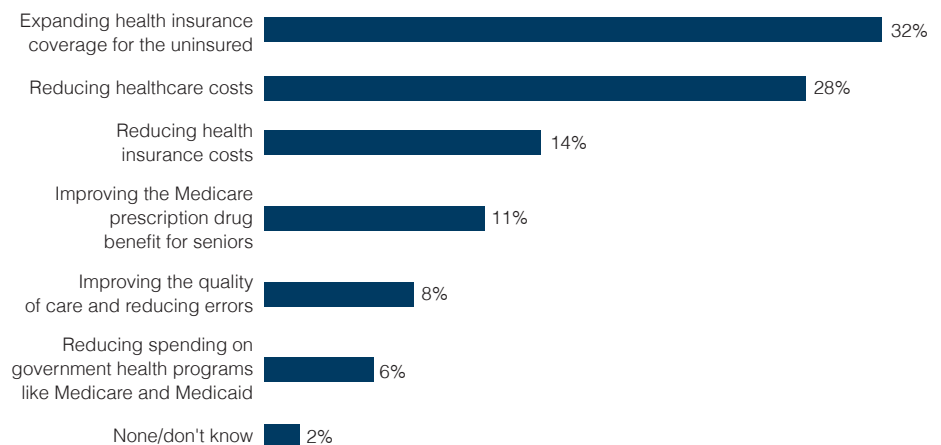
## Expanding Coverage for the Uninsured

The 2007 *Ohio Health Issues Poll* found that about 15% of Ohioans are uninsured currently, and that 26% of Ohioans had been uninsured at some point in the last 12 months (including currently).

Ohioans more likely to choose expanding health insurance coverage for the uninsured as the **one** issue they wanted the President and Congress to work on over the next 12 months included:

- Democrats (43%)
- The uninsured (42%)

If you had to pick ONE of the following healthcare issues for the President and Congress to work on during the 12 months, which would it be?



- Ohioans living below 200% FPG<sup>1</sup> (39%)
- Ohioans with less than a high school education (36%)
- African Americans (35%)
- Ohioans ages 46–64 (35%)
- Men (34%)

## Reducing Healthcare Costs

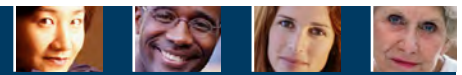
Three-fourths of Ohioans are either very worried (38%) or somewhat worried (37%) that the amount they pay for healthcare services will increase substantially over the next 12 months, according to the 2007 *Ohio Health Issues Poll*. The *Poll* also found that just over half of Ohioans are either very worried

(27%) or somewhat worried (29%) that they might not be able to get the healthcare services they need over the next 12 months because of cost.

Ohioans more likely to choose reducing healthcare costs as the **one** issue they wanted the President and Congress to work on over the next 12 months included:

- Ohioans living above 200% FPG<sup>1</sup> (33%)
- Republicans (32%)
- Independents (32%)
- Men (31%)
- Whites (30%)
- Ohioans ages 18–29 (30%)
- Ohioans with some college education but not a college degree (30%)

<sup>1</sup> For 2006, 200% of the federal poverty guidelines (FPG) was an annual income of \$40,000 for a family of 4.



# What Ohioans Think About

## Important Issues for the 2008 Presidential Election



Results From The Health Foundation of Greater Cincinnati



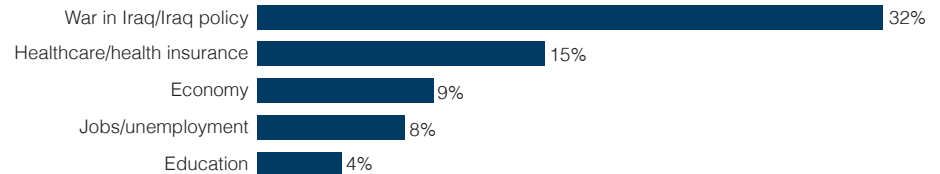
According to the June 2007 *Kaiser Health Tracking Poll: Election 2008*, the two top issues Americans want to hear the 2008 presidential candidates talk about are Iraq and healthcare, followed by immigration, the economy, and gas prices/energy.

The *Ohio Health Issues Poll* asked Ohioans what would be the most important issue in deciding their vote for President, if the election were held today. The war in Iraq was overwhelmingly the most important issue (32%), followed by healthcare (15%), the economy (9%), jobs (8%), and education (4%).

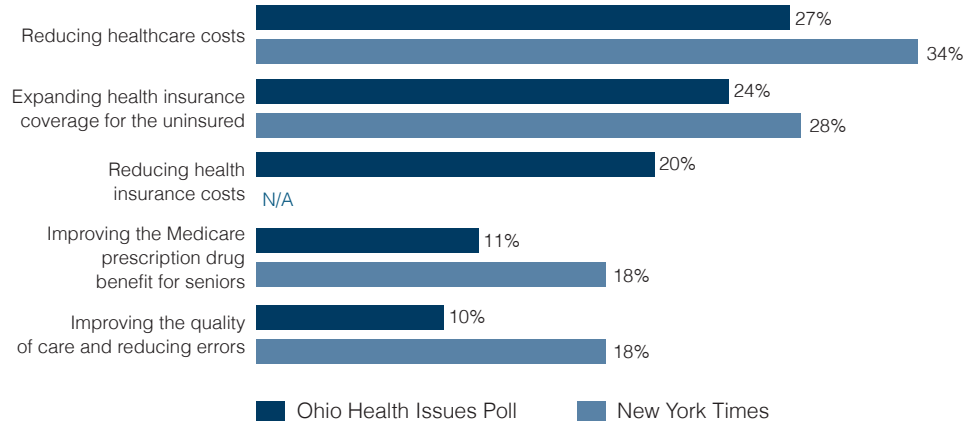
Focusing specifically on healthcare, the *Ohio Health Issues Poll* asked Ohioans which healthcare issue they would most like to hear the presidential candidates discuss over the next two years. Ohioans chose reducing health care costs (27%) and expanding health insurance coverage for the uninsured (24%) as their top two healthcare issues.

These were similar to a national *New York Times* poll from March 1, 2007, which asked Americans which healthcare issues they would most like to hear the 2008 presidential candidates talk about over the next two years (see graph above and to the right).

Suppose the 2008 election for President was held today. If the presidential election were held today, what do you think would be the MOST important issue in deciding your vote for President? (Only the top five responses are shown here.)



Which one of the following healthcare issues would you MOST like to hear the 2008 presidential candidates talk about over the next two years and focus on in any health reform plan they may develop? (Only the top five responses from the *Ohio Health Issues Poll* are shown here.)



Ohioans who chose reducing healthcare costs as the healthcare issue they would most like to hear candidates discuss were:

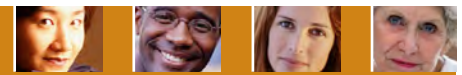
- College graduates (36%)
- Ohioans living above 200% FPG<sup>1</sup> (31%)
- Men (30%)
- Ohioans ages 45–64 (30%)
- Republicans (30%)

<sup>1</sup> For 2006, 200% of the federal poverty guidelines (FPG) was an annual income of \$40,000 for a family of 4.

Ohioans who chose expanding coverage for the uninsured as the healthcare issue they would most like to hear candidates discuss were:

- The uninsured (35%)
- African-Americans (34%)
- Democrats (31%)
- Ohioans living below 100% FPG<sup>2</sup> (30%)

<sup>2</sup> In 2006, 100% FPG was an annual income of \$20,000 for a family of 4.



# What Ohioans Think About

Access to Affordable, Quality Healthcare for all Americans



Results From The Health Foundation of Greater Cincinnati



Nine in ten Ohioans (89%) favor providing access to affordable, quality healthcare to all Americans, according to the 2007 *Ohio Health Issues Poll*. Three-fourths of Ohioans favor providing access to healthcare for all Americans even if it means raising taxes (74%) or a major role for the federal government (75%).

In fact, a higher percentage of Ohioans than people across the nation favor providing access to healthcare for all Americans. According to the 2007 Herndon Alliance Survey, 69% of Americans favor providing access to healthcare for all Americans even if it means raising taxes, and 66% favor it even if it means a major role for the federal government.

## Ohioans Want Guaranteed Affordable Choice

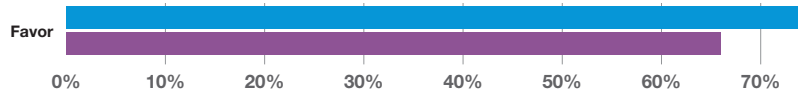
The 2007 Herndon Alliance survey went into more depth about types of healthcare coverage approaches. In this survey, the Herndon Alliance sampled enough people from Ohio that it was able to report state-specific results on healthcare approaches<sup>1</sup>.

<sup>1</sup> The Health Foundation partially funded the Herndon Alliance to conduct the oversample in Ohio.

Do you favor providing access to affordable, quality healthcare for all Americans, even if it means raising taxes?



Do you favor providing access to affordable, quality healthcare for all Americans, even if it means a major role for the federal government?



■ Ohioans (2007 Ohio Health Issues Poll)  
■ Nation (2007 Herndon Alliance Survey)

Two-thirds of Ohioans (66%) and people across the nation (67%) would favor a proposal for Guaranteed Affordable Choice, while only 14% would oppose the proposal. Another 19% were undecided. Guaranteed Affordable Choice was defined this way:

- **Guaranteed Affordable Choice:** an approach that would guarantee affordable health insurance coverage for every American with a choice of private or public plans that cover all necessary medical services, paid for by employers and individuals on a sliding scale.

The Herndon Alliance Survey then asked Ohioans and people across the nation if they preferred Guaranteed Affordable Choice coverage versus three other healthcare coverage approaches: a Health Savings Account (HSA), an HSA Tax Credit approach, and

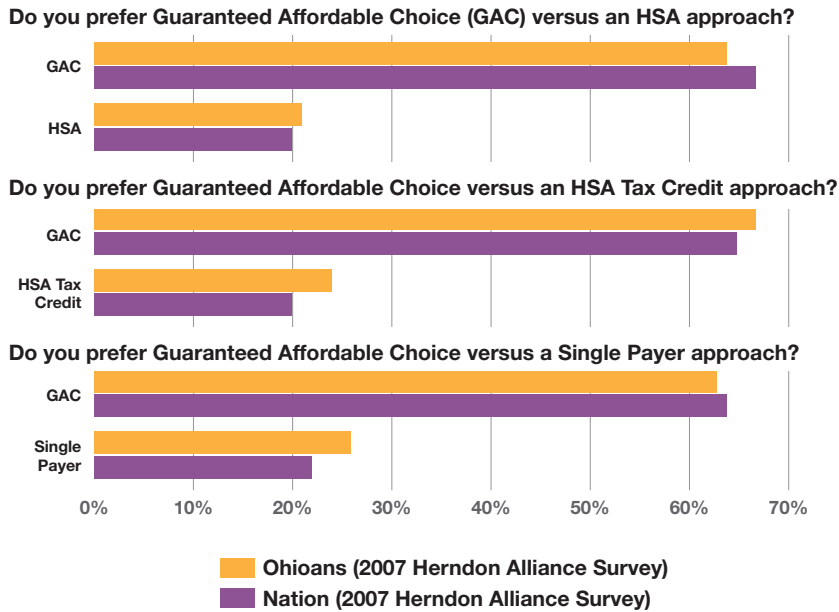
a Single Payer approach. Almost three times as many Ohioans and people across the nation preferred the Guaranteed Affordable Choice approach over any of the specific approaches described in the survey.

The three other options were defined in this way:

- **HSA:** A program that would provide tax-deductible savings accounts to all Americans if they purchase a private insurance plan with at least a \$1,000 deductible
- **HSA Tax Credit:** An approach that would provide tax credits that will reimburse individuals and families for 25–50% of the cost of their private health insurance policies
- **Single Payer:** A single government-financed health insurance plan for all Americans financed by tax dollars that would

pay private healthcare providers for a comprehensive set of medical services

The 2007 Herndon Alliance Survey asked respondents if they preferred Guaranteed Affordable Choice to each of the three other approaches. About two-thirds of Ohioans and people across the nation preferred Guaranteed Affordable Choice, while only about one-fourth preferred the other options.



Approach	Ohio	Nation
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[Guaranteed Affordable Choice vs. HSA](#)

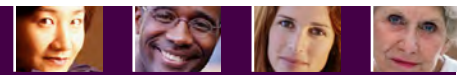
GAC	64%	67%
HSA	21%	20%

[Guaranteed Affordable Choice vs. HSA Tax Credit](#)

GAC	67%	65%
HSA Tax Credit	24%	20%

[Guaranteed Affordable Choice vs. Single Payer](#)

GAC	63%	64%
Single Payer	26%	22%



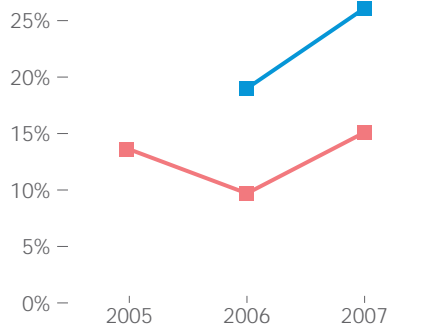
# Ohioans' Experiences With Not Having Health Insurance Coverage



Results From The Health Foundation of Greater Cincinnati



After an apparent decrease in the percentage of currently uninsured Ohio adults between 2005 and 2006, the percentage rose to above the 2005 level in 2007, according to the latest *Ohio Health Issues Poll*. There was also a significant increase in the percentage of Ohio adults who were uninsured in the last 12 months between 2006 and 2007.



■ Uninsured at any time in last 12 months (including currently)<sup>1</sup>  
 ■ No current insurance

<sup>1</sup> Data are not available for 2005.

Ohio adults living below 100% of the federal poverty guidelines (FPG)<sup>1</sup>, adults ages 18–29, and adults living in Southeast Ohio were all more likely to be currently uninsured and more likely to be uninsured at some point in the last 12 months.

<sup>1</sup> 100% of the federal poverty guideline (FPG) in 2006 was an annual income of \$20,000 for a family of 4.

## Currently Uninsured

Having health insurance is an important factor in being able to get needed healthcare. In 2007, 15% of Ohio adults did not have health insurance at the time of the 2007 *Ohio Health Issues Poll*, up from just under 10% in 2006.

In 2007, adults more likely to be without current insurance included Ohioans who:

- Live below 100% FPG (40%)
- Live in Southeast Ohio (26%)
- Were ages 18–29 (23%)
- Had less than a high school education (22%)
- Live in a rural county (21%)
- Ages 30–45 (20%)
- Were male (18%)

## Uninsured at any Time in the Last 12 Months

Another important factor in being able to get healthcare is how stable health insurance coverage is. One measure of that is whether a person has been covered continuously over the past 12 months. Over one-fourth of Ohio adults (26%) had been uninsured at some point in the past year, including currently, according to the 2007 *Ohio Health Issues Poll*.

In 2007, Ohio adults more likely to have been without insurance at some point in the last 12 months included Ohioans who:

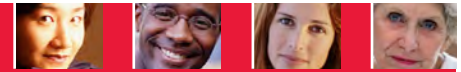
- Live below 100% FPG (56%)

- Were ages 18–29 (52%)
- Live in Southeast Ohio (42%)
- Had a high school diploma or equivalent (36%)
- Live between 100–200% FPG (35%)
- African American (35%)
- Had less than a high school education (34%)
- Ages 30–45 (32%)
- Live in Central Ohio (32%)

## Health Status of Uninsured Ohioans

Uninsured Ohioans were more likely to self-report poorer health status than Ohioans with insurance, according to the *Poll*. Under half of currently uninsured Ohio adults (46%) reported their health as being excellent or very good, compared to 56% of insured Ohio adults.

Ohioans who have been uninsured at some point in the last 12 months report even worse health status. Only 40% of Ohioans who were uninsured at some point in the past 12 months reported excellent or very good health status, compared to 59% of Ohioans who had been insured continuously over the past year.



# Ohioans' Experiences with Poverty

*A demographic profile of poverty in Ohio 2005-2007*

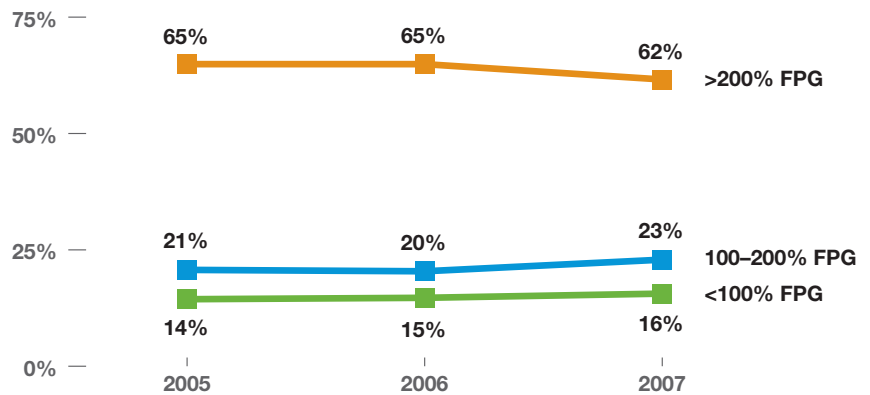


Results From The Health Foundation of Greater Cincinnati



The percentage of Ohioans living below 100% of the federal poverty guidelines (FPG) has increased slightly since 2005, the *Ohio Health Issues Poll* has found. The percentage of Ohioans living at 100-200% FPG has also increased, while the number living above 200% FPG has decreased.

**Ohioans living at below 100%, between 100-200%, and above 200% of the federal poverty guidelines (FPG) for 2005-2007.**



The 2007 *Ohio Health Issues Poll* also found that Ohioans more likely to live below 100% FPG are:

- Women
- African American
- 18-29 years old
- not high school graduates
- unemployed
- living in households with children
- living in urban counties
- living in southeast Ohio

*Ohioans more and less likely to live below 100% FPG*

Demographic	% who live below 100% FPG
<b>Ohio</b>	16%
<b>Sex</b> (see page 3)	
Female	19%
Male	12%
<b>Ethnicity</b> (see page 3)	
African American	24%
White	14%
<b>Age</b> (see page 4)	
18 to 29	21%
46 to 64	11%
<b>Education*</b> (see page 5)	
Less than h.s. diploma	36%
College graduate	4%

\* Education reflects the highest level of education the respondent achieved.

Demographic	% who live below 100% FPG
<b>Ohio</b>	16%
<b>Employment</b> (see page 6)	
Not employed*	57%
Employed	43%
<b>Children in Household</b> (see page 6)	
Yes	17%
No	14%
<b>Type of County</b> (see page 7)	
Urban	18%
Suburban	9%
<b>Geographic Region</b> (see page 8)	
Southeast Ohio	32%
Southwest Ohio	12%

\* Not employed includes Ohioans who reported they were unemployed, disabled, or retired, and Ohioans who indicated they were students or were "keeping house."

Ohioans living below 100% FPG are more likely than Ohioans in other income groups to:

- be without health insurance currently,
- have been uninsured at some point in the past 12 months, and
- report lower health status.

The U.S. Department of Health and Human Services calculates the FPG each year for all of the states and the District of Columbia. FPG is based on household size and total household annual income.

Federal and state programs use the FPG to determine eligibility for various public programs<sup>1</sup>.

*Federal poverty guidelines (FPG) for a family of four (48 contiguous states and District of Columbia)*

Year*	100% FPG	200% FPG
2004	\$18,850	\$37,700
2005	\$19,350	\$38,700
2006	\$20,000	\$40,000

\* The Ohio Health Issues Poll collects self-reported household annual income for the year prior to the survey from each respondent. Therefore, the Poll uses the previous year's federal poverty guidelines to classify Ohio residents into the income groups.

For different demographic groups, the percentage of Ohioans living below 100% FPG has changed dramatically. There have also been changes in the percentage of Ohioans living at 100–200% FPG. People at this level are often less resilient to financial setbacks, such as increases in housing costs, accidents or unforeseen events, loss of employment, and other setbacks.

This *Demographic Profile of Poverty in Ohio* highlights how the percentage of Ohioans in each income category

has changed for different demographic groups. It also looks at the health insurance status and self-reported health status of people in different income groups (see “Poverty and Health” beginning on page 10).

Due to rounding, percentages for each year for each income group may not add up to 100%. Changes noted as “significant” are statistically significant at least at the 95% confidence level. See the Methodology section below for more information about the *Poll*.

<sup>1</sup> The U.S. Census Bureau uses poverty thresholds to prepare its estimates of how many Americans live in poverty. These poverty thresholds are different from the FPG. For more information, please visit <http://aspe.hhs.gov/poverty/07poverty.shtml>.

## Methodology

These findings are from The Health Foundation of Greater Cincinnati’s *Ohio Health Issues Poll*, part of the *Ohio Poll* conducted every year by the Institute for Policy Research at the University of Cincinnati.

Year	Dates in field	Sample size
2005	March 21– April 10	846
2006	May 9–21	841
2007	April 26–May 8	825

Each year, a random sample of adults from throughout Ohio was interviewed by telephone. In 95 of 100 cases, the statewide estimates will be accurate to ±3.4%. For demographic subgroups, the margin of error will be higher depending upon the number of people in the sample. In addition to sampling error, there are other sources of variation

inherent in public opinion studies, such as non-response, question wording, or context effects that can introduce error or bias.

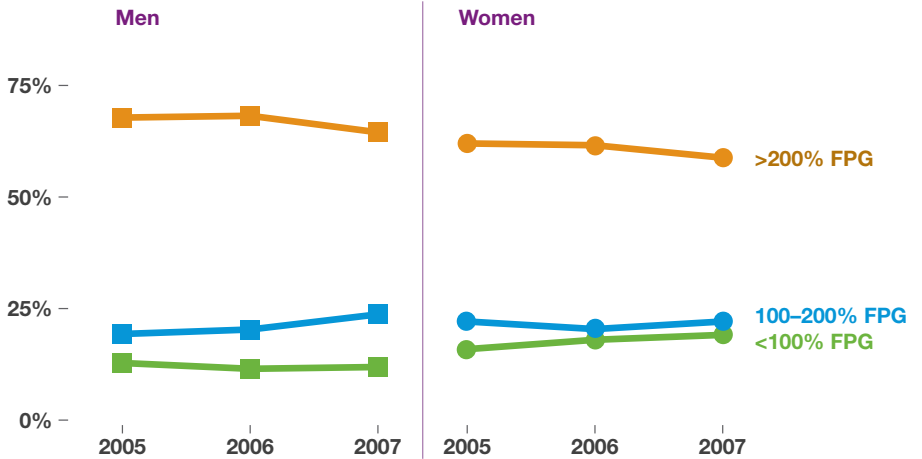
To test for significance, we used statistical measures to test that the differences obtained in the survey between and among groups were not the result of chance variation. When the outcome of a statistical test has statistical significance, the investigator is willing to say that the estimated differences between two groups are real and not chance differences. The changes noted as significant in this profile are statistically significant at least at the .05 level, meaning we have at least 95% confidence that the differences are real and are not by chance.

For more information about the Ohio Health Issues Poll, please visit [www.healthfoundation.org/ohip.html](http://www.healthfoundation.org/ohip.html).



**Sex**

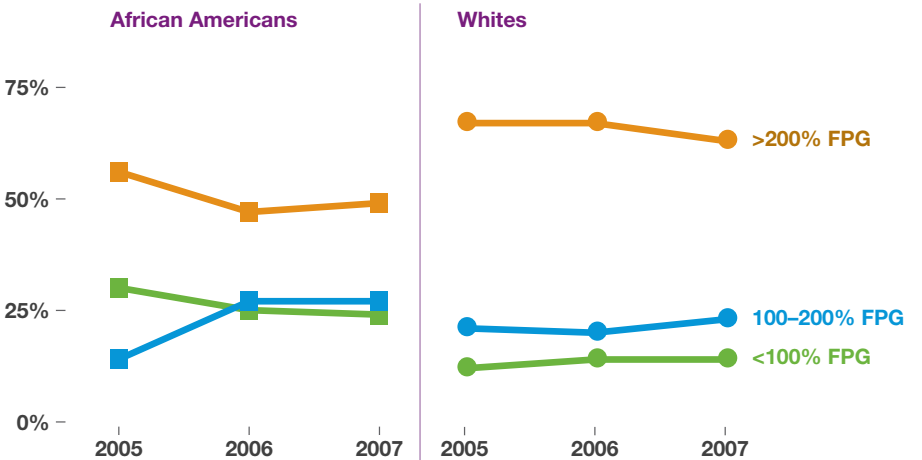
More women than men live below 100% FPG. In 2006 and 2007, the percentage of women living below 100% FPG increased significantly, while the percentage of men has decreased slightly. While the percentage of men living at 100–200% FPG has increased, the increase is not significant. For both men and women, the percentage living above 200% FPG has decreased since 2005.



**Ethnicity**

In all three years, there were significant differences between the percentage of African Americans and the percentage of Whites living below 100% FPG, and between the percentage of African Americans and the percentage of Whites living above 200% FPG.

The percentage of African American Ohioans living below 100% FPG decreased between 2005 and 2007. At the same time, the percentage living at 100–200% FPG significantly increased, almost doubling between 2005 and 2007. There was also a decrease in the percentage of African American Ohioans living above 200% FPG, although not significantly so.



The percentages of White Ohioans living below 100% FPG and living at 100–200% FPG both showed minor increases between 2005 and 2007, leading to a minor decrease in the percentage of White Ohioans living above 200% FPG. However, no changes were significant.

African Amer.	2005	2006	2007
<100% FPG	30%	25%	24%
100–200% FPG	14%	27%	27%
>200% FPG	56%	47%	49%

White	2005	2006	2007
<100% FPG	12%	14%	14%
100–200% FPG	21%	20%	23%
>200% FPG	67%	67%	63%

### Age

There were many significant differences between the age groups and levels of poverty across the three years. Differences within age groups are described below.

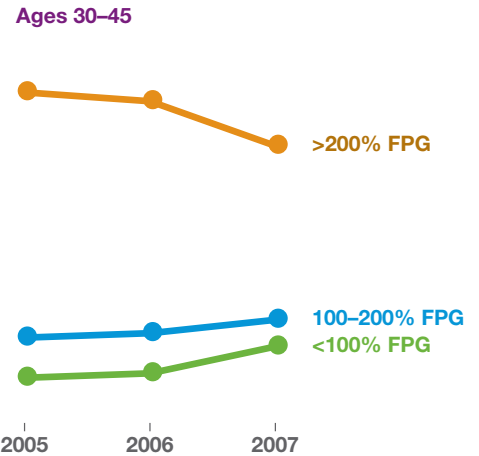
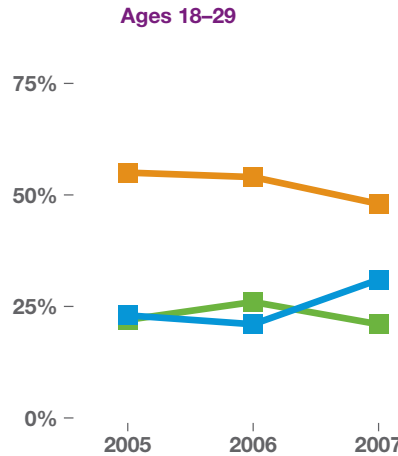
The percentage of Ohioans ages 18–29 living at 100–200% FPG increased significantly between 2006 and 2007. The percentage of Ohioans ages 18–29 living below 100% FPG rose slightly between 2005 and 2006, then decreased in 2007. The number living above 200% FPG also decreased, but not significantly.

For Ohioans ages 30–45, the percentage living below 100% FPG had a significant increase between 2005 and 2007.

Meanwhile, the number living at 100–200% FPG increased slightly. These increases led to a significant decrease in the percentage of Ohioans ages 30–45 living above 200% FPG.

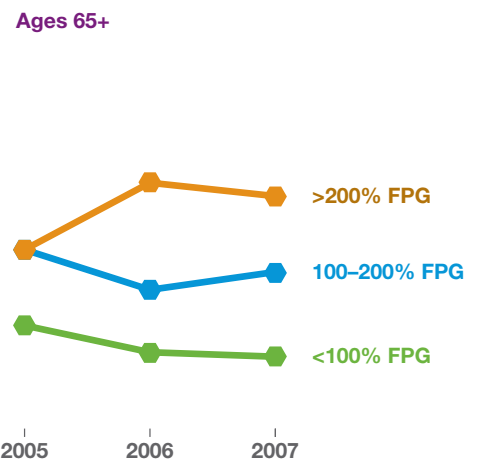
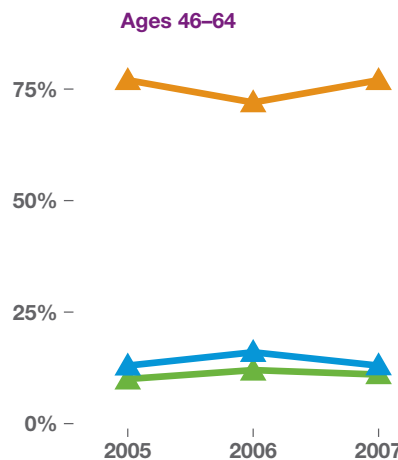
The percentage of Ohioans ages 45–64 living at different FPG levels has remained relatively constant over the last three years. There were slight changes in 2006, but in 2007, the income groups returned to about the same percentages as in 2005.

Of all age groups, only Ohioans ages 65 and older showed an overall increase in the percentage living above 200% FPG. In fact, the percentage of Ohioans living above 200% FPG rose significantly between 2005 and 2006, while the percentage living between 100–200% FPG and below 100% FPG both decreased, although not significantly.



Ages 18–29	2005	2006	2007
<100% FPG	22%	26%	21%
100–200% FPG	23%	21%	31%
>200% FPG	55%	54%	48%

Ages 30–45	2005	2006	2007
<100% FPG	9%	10%	16%
100–200% FPG	18%	19%	22%
>200% FPG	73%	71%	61%



Ages 46–64	2005	2006	2007
<100% FPG	10%	12%	11%
100–200% FPG	13%	16%	13%
>200% FPG	77%	72%	77%

Ages 65+	2005	2006	2007
<100% FPG	22%	16%	15%
100–200% FPG	39%	30%	34%
>200% FPG	39%	54%	51%

## Education

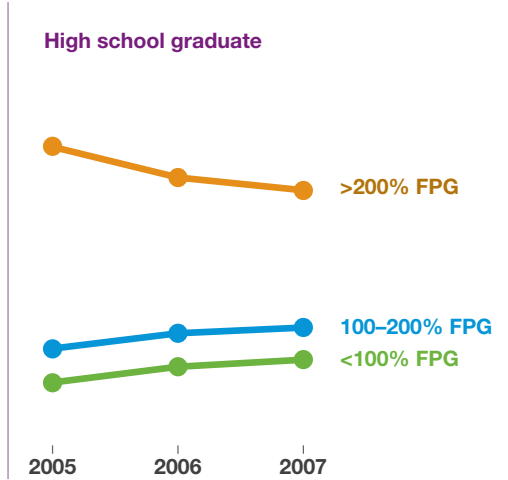
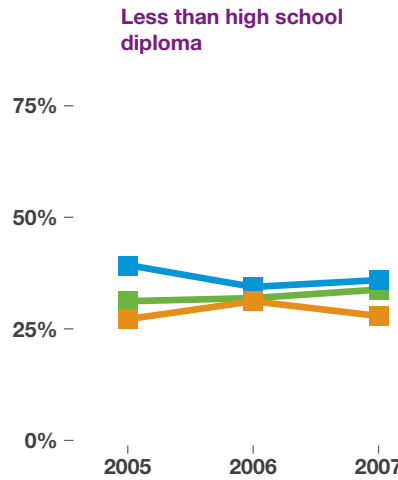
Statistically significant differences were seen across all education and income levels for all three years. The exception was that high school graduates were significantly different than those with some college only for those living below 100% FPG or above 200% FPG in 2006 and 2007. Differences within educations level are described below.

Of all the demographic groups, only Ohioans with less than a high school diploma had a lower percentage of people living above 200% FPG than living between 100–200% or below 100% FPG. The percentage of Ohioans with less than a high school diploma living below 100% FPG has steadily risen since 2005.

For Ohioans whose highest level of education was a high school diploma or GED, the percentage living above 200% FPG has significantly decreased since 2005. Meanwhile, the percentages living between 100–200% FPG and below 100% FPG have steadily risen.

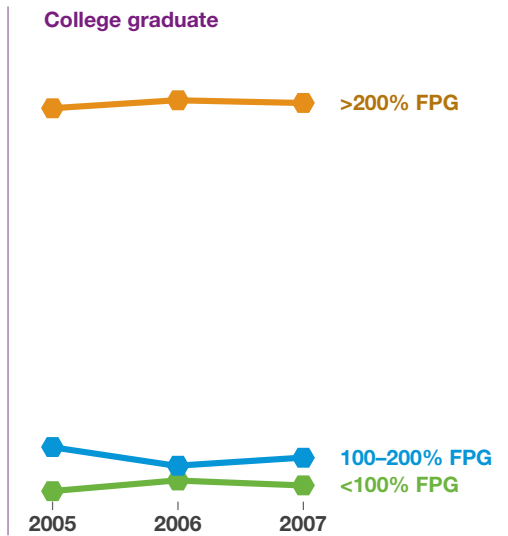
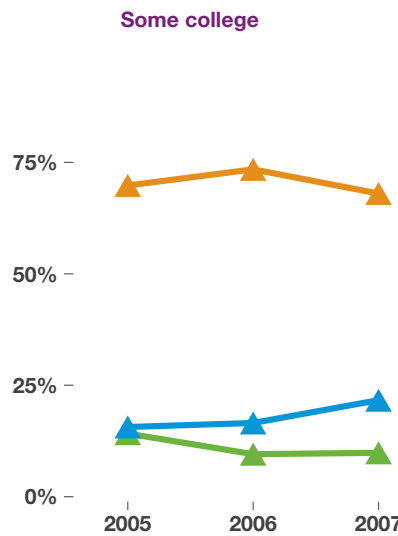
The percentage of Ohioans with some college education living below 100% FPG has decreased. However, the percentage living between 100–200% FPG increased significantly.

Ohioans with a college degree have the highest percentage of people living above 200% FPG of all demographic groups. They also have the lowest percentage of people living below 100% FPG. And although the percentage of Ohioans with a college degree living below 100% FPG has risen since 2005, the percentage living above 200% FPG has also increased slightly.



Less than h.s. diploma	2005	2006	2007
<100% FPG	32%	33%	35%
100–200% FPG	40%	35%	37%
>200% FPG	28%	32%	29%

High school graduate	2005	2006	2007
<100% FPG	13%	17%	18%
100–200% FPG	21%	24%	26%
>200% FPG	66%	59%	56%



Some college	2005	2006	2007
<100% FPG	14%	10%	10%
100–200% FPG	16%	17%	22%
>200% FPG	70%	74%	68%

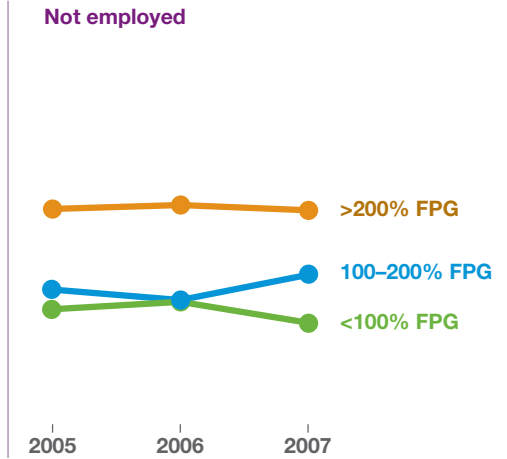
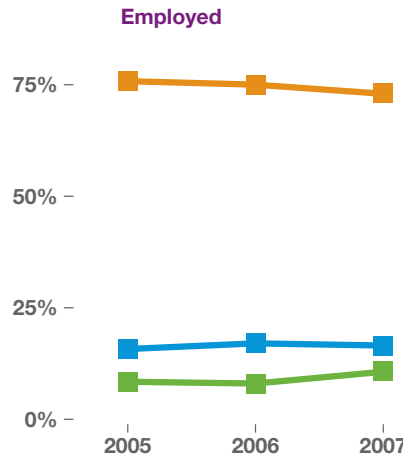
College grad.	2005	2006	2007
<100% FPG	1%	4%	3%
100–200% FPG	11%	7%	9%
>200% FPG	87%	89%	89%

### Employment Status

Across all three years, there were significant differences between the percentage of employed and unemployed Ohioans at all income levels. Differences within employment groups are discussed below.

The percentage of employed Ohioans living below 100% FPG has increased since 2005, while the percentage living above 200% FPG decreased, although neither was significant. The percentage of employed Ohioans living between 100–200% FPG stayed consistent.

For unemployed Ohioans, the percentage living below 100% FPG decreased, while the percentage living between 100–200% FPG increased. However, neither change was significant. The percentage of unemployed Ohioans living above 200% FPG stayed consistent.



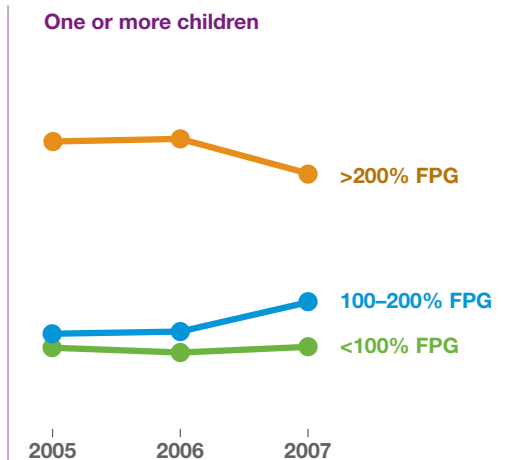
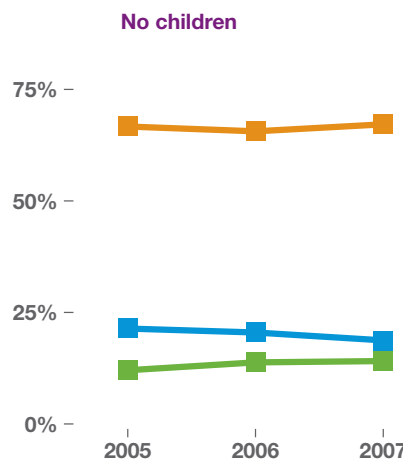
Employed	2005	2006	2007
<100% FPG	8%	8%	11%
100-200% FPG	16%	17%	17%
>200% FPG	76%	75%	73%

Not employed	2005	2006	2007
<100% FPG	24%	26%	21%
100-200% FPG	29%	26%	32%
>200% FPG	47%	48%	47%

### Children in Household

For Ohioans living in households with no children ages 18 and under, the percentage living below 100% FPG increased slightly between 2005 and 2007. At the same time, the percentage living between 100–200% FPG decreased slightly, while the percentage living above 200% FPG remained consistent.

For Ohioans living in households with at least one child, the percentage living above 200% FPG decreased significantly between 2005 and 2007. Meanwhile, the percentage living between 100–200% FPG increased significantly. The percentage living below 100% FPG remained consistent.



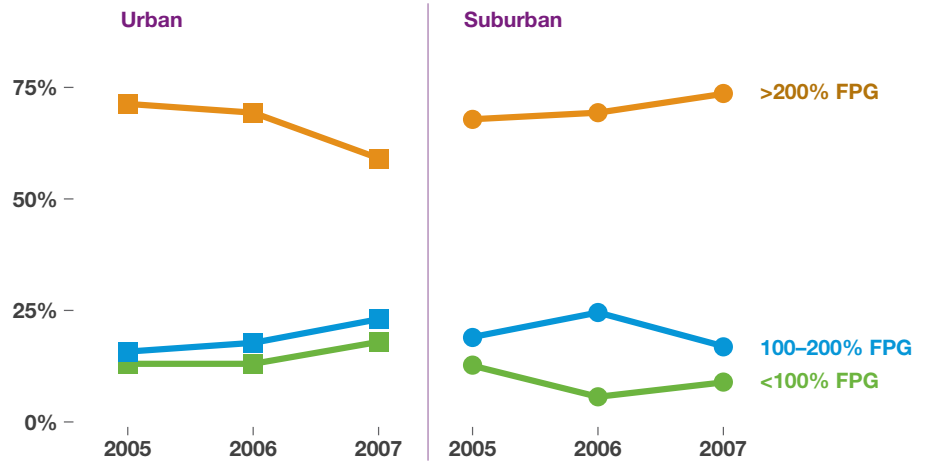
No children	2005	2006	2007
<100% FPG	12%	14%	14%
100-200% FPG	21%	21%	19%
>200% FPG	67%	66%	67%

One+ children	2005	2006	2007
<100% FPG	17%	16%	17%
100-200% FPG	20%	21%	27%
>200% FPG	63%	64%	56%

### Type of County

For Ohioans living in urban counties, the percentage living below 100% FPG and between 100–200% FPG increased significantly. Meanwhile, the percentage living above 200% FPG decreased significantly.

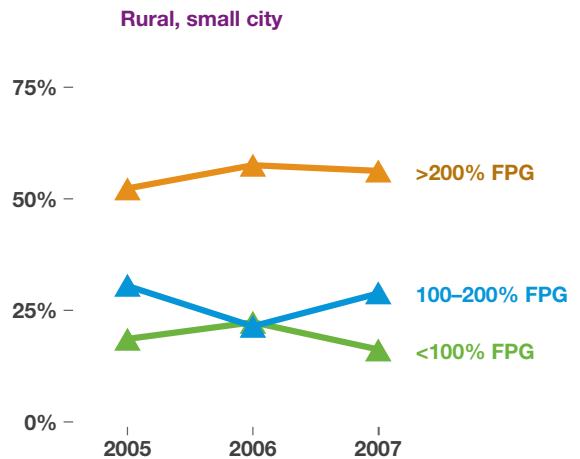
The percentage of Ohioans living in suburban counties and below 100% FPG decreased by half between 2005 and 2006, and then rose slightly in 2007. The percentage living between 100–200% FPG rose between 2005 and 2006, then decreased significantly in 2007. Meanwhile, the percentage living above 200% FPG increased significantly since 2005.



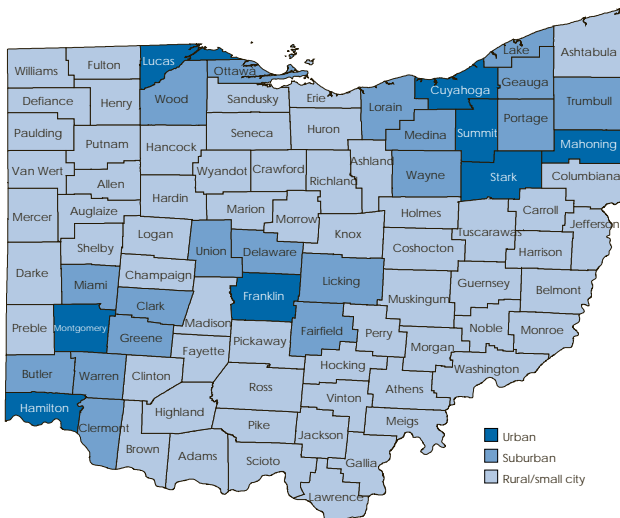
Urban	2005	2006	2007
<100% FPG	13%	13%	18%
100–200% FPG	16%	18%	23%
>200% FPG	71%	69%	59%

Suburban	2005	2006	2007
<100% FPG	13%	6%	9%
100–200% FPG	19%	25%	17%
>200% FPG	68%	70%	74%

In rural counties, the percentage of Ohioans living below 100% FPG rose between 2005 and 2006, then dropped significantly by 2007. The opposite happened for the percentage of Ohioans living between 100–200% FPG. The percentage of Ohioans living in rural counties and above 200% FPG rose significantly between 2005 and 2006, then fell slightly in 2007.



Rural, small city	2005	2006	2007
<100% FPG	18%	22%	16%
100–200% FPG	30%	21%	29%
>200% FPG	52%	57%	56%



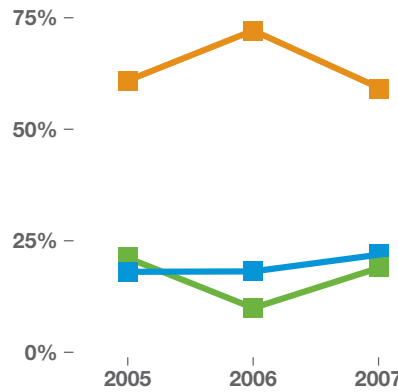
### Geographic Region

In Northwest Ohio, the percentage of people living below 100% FPG dropped significantly between 2005 and 2006, then rose significantly between 2006 and 2007. The opposite happened for people living above 200% FPG. Meanwhile, the percentage living between 100–200% FPG rose slightly.

Changes in Northeast Ohio were less dramatic. The percentage of people living below 100% FPG stayed consistent, while the percentage living above 200% FPG decreased and the percentage living between 100–200% FPG increased.

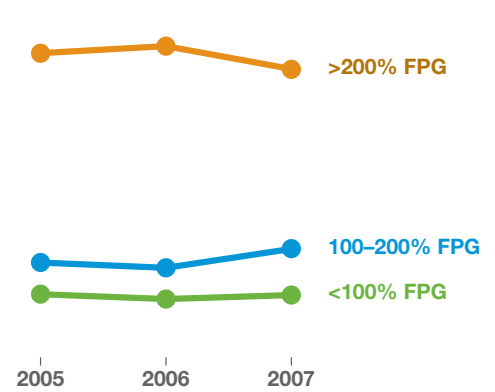
In Central Ohio, the percentage of people living below 100% FPG decreased between 2005 and 2006, then almost tripled between 2006 and 2007. The percentages of people living between 100–200% FPG and above 200% FPG both increased slightly between 2005 and 2006 before decreasing significantly between 2006 and 2007.

Northwest



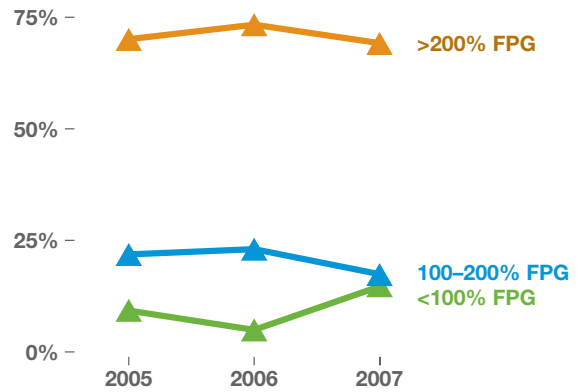
Northwest	2005	2006	2007
<100% FPG	21%	10%	19%
100–200% FPG	18%	18%	22%
>200% FPG	61%	72%	59%

Northeast

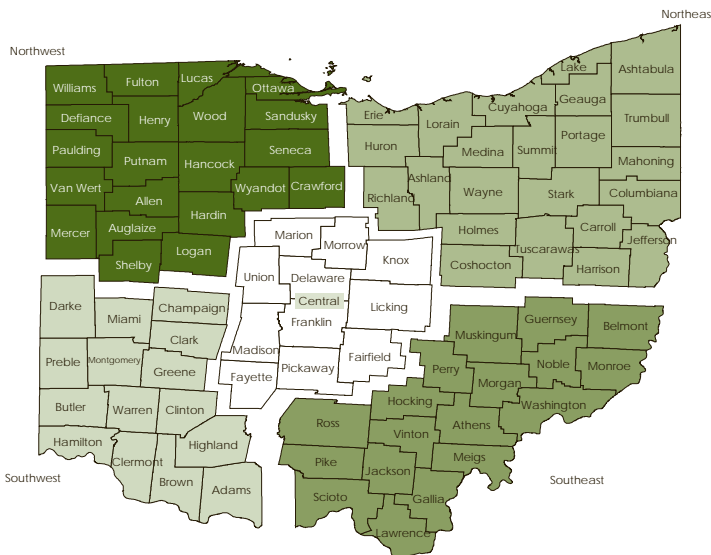


Northeast	2005	2006	2007
<100% FPG	13%	12%	13%
100–200% FPG	20%	19%	23%
>200% FPG	67%	69%	64%

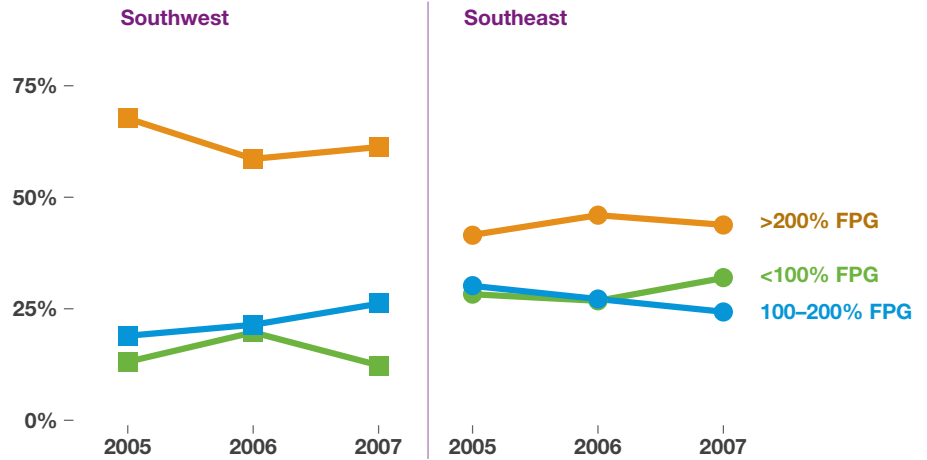
Central



Central	2005	2006	2007
<100% FPG	9%	5%	14%
100–200% FPG	21%	23%	17%
>200% FPG	70%	73%	69%



In Southwest Ohio, the percentage of people living between 100–200% FPG has risen steadily since 2005. The percentage of people living below 100% FPG increased significantly between 2005 and 2006, then decreased significantly between 2006 and 2007. Meanwhile, the percentage of people living above 200% FPG decreased significantly between 2005 and 2006, then rose slightly between 2006 and 2007.



Southwest	2005	2006	2007
<100% FPG	13%	20%	12%
100–200% FPG	19%	22%	26%
>200% FPG	68%	59%	61%

Southeast	2005	2006	2007
<100% FPG	28%	27%	32%
100–200% FPG	30%	27%	24%
>200% FPG	42%	46%	44%

Of the five geographic regions in Ohio, Southeast Ohio is the only region that does not contain a city with a population larger than 100,000 people. The Southeast region has the smallest percentage of people living above 200% FPG of all the regions in Ohio. The percentage of people living between 100–200% FPG has decreased steadily between 2005 and 2006, while the percentage of people living below 100% FPG has increased significantly.

# Poverty and Health

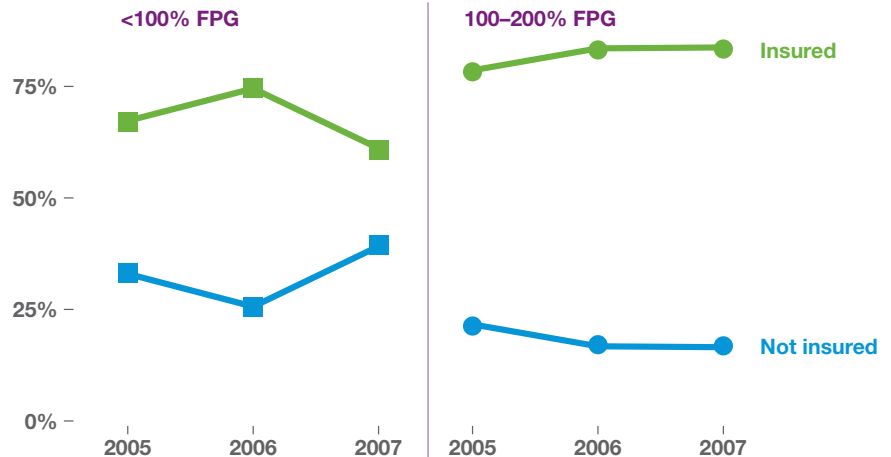
The Health Foundation is interested in whether people have access to health care. Having health insurance often makes it easier for people to get health care. The *Ohio Health Issues Poll* asks respondents whether they have health insurance so we can track uninsurance rates across the state. The *Poll* also asks respondents how they would rate their general health status. This gives us a sense of how healthy Ohioans think they are.

## Current Health Insurance Status

More than twice as many Ohioans living below 100% FPG are uninsured than Ohioans living in other income groups. About 40% of Ohioans living below 100% FPG were currently uninsured in 2007. Although the percentage decreased significantly between 2005 and 2006, it increased significantly between 2006 and 2007.

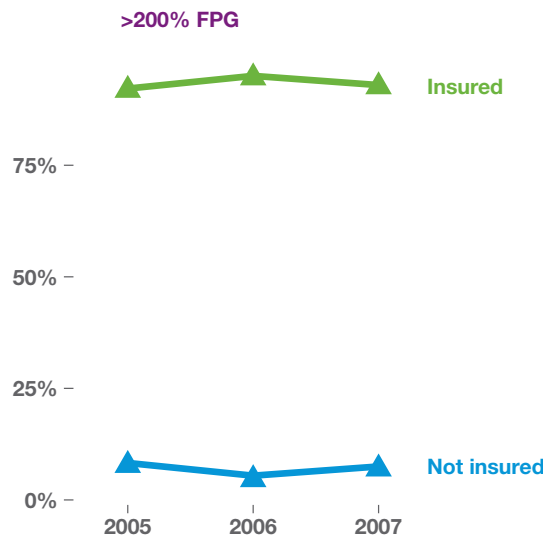
In comparison, only 16% of Ohioans living between 100–200% FPG were currently uninsured in 2007. This rate has decreased since 2005.

The percentage of Ohioans living above 200% FPG who are currently uninsured decreased slightly between 2005 and 2006, then increased slightly between 2006 and 2007. Still, less than 1 in 10 Ohioans living above 200% FPG are currently uninsured.



<100% FPG	2005	2006	2007
Insured	67%	74%	61%
Not insured	33%	26%	39%

100-200% FPG	2005	2006	2007
Insured	79%	83%	84%
Not insured	21%	17%	16%



>200% FPG	2005	2006	2007
Insured	92%	95%	93%
Not insured	8%	5%	7%



### Insurance Coverage during the Past Year

Health insurance status can change over the course of a year, especially for low-income people. Besides asking if respondents currently had health insurance, the 2006 and 2007 *Ohio Health Issues Polls* asked if respondents had been without health insurance coverage at any time in the past 12 months. The 2005 *Poll* did not include this question.

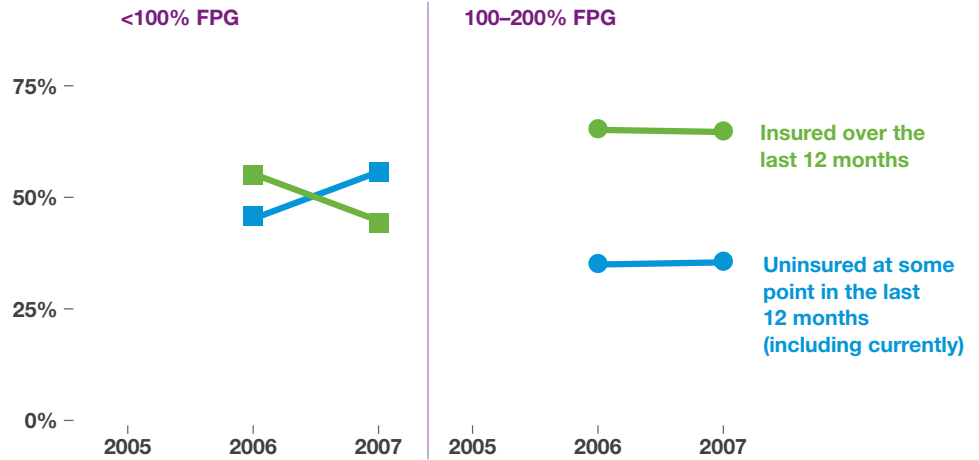
We found significant differences among income groups when looking at whether Ohioans were uninsured at any point during the past 12 months. Differences within income groups are discussed below.

In 2007, over half of all Ohioans living below 100% FPG reported they were uninsured at some point in the last 12 months, compared to just less than half in 2006. Comparatively, the percentage of Ohioans living between 100–200% FPG who were uninsured at some point in the last 12 months stayed constant.

The percentage of Ohioans living above 200% FPG who were uninsured at some point in the last 12 months increased between 2006 and 2007, going from 10% to 15%.

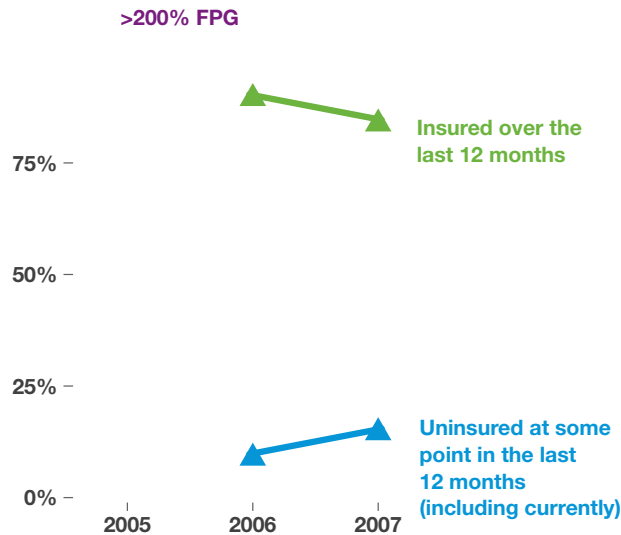
### Health Status

The *Ohio Health Issues Poll* asked respondents to say, in general, if their health was excellent, very good, good, fair, or poor. This is self-reported health status information and was not based on any diagnoses or medical records.



<100% FPG	2005	2006	2007
Insured over last 12 months	n/a	55%	44%
Uninsured at some point in the last 12 months	n/a	45%	56%

100–200% FPG	2005	2006	2007
Insured over last 12 months	n/a	65%	65%
Uninsured at some point in the last 12 months	n/a	35%	35%



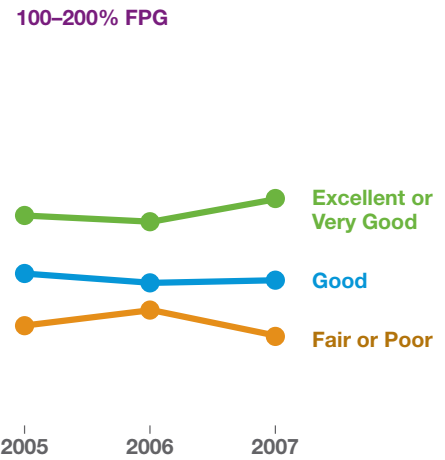
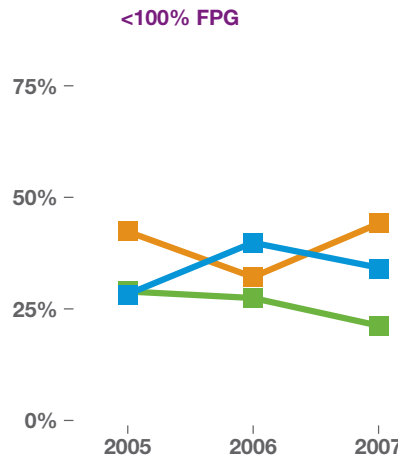
>200% FPG	2005	2006	2007
Insured over last 12 months	n/a	90%	85%
Uninsured at some point in the last 12 months	n/a	10%	15%

Ohioans living below 100% FPG reported poorer health status than those living between 100-200% FPG and those living above 200% FPG.

Since 2005, the percentage of Ohioans living below 100% FPG who report excellent or very good health status has steadily decreased, while the percentage who report fair or poor health status has increased. In 2007, the percentage of Ohioans living below 100% FPG who reported fair or poor health status was significantly higher than the percentage who reported excellent or very good health status.

The percentage of Ohioans living between 100–200% FPG who reported excellent or very good health status decreased slightly between 2005 and 2006, then increased between 2006 and 2007. The percentage who reported fair or poor health status rose between 2005 and 2006, then decreased between 2006 and 2007.

For Ohioans living above 200% FPG, the percentage who reported excellent or very good health status increased slightly between 2005 and 2006 before decreasing in 2007 to the about same level it was in 2005. The percentage who reported fair or poor health status decreased slightly between 2005 and 2007.



<100% FPG	2005	2006	2007
Excellent or Very Good	29%	28%	21%
Good	28%	40%	34%
Fair or Poor	43%	32%	45%

100-200% FPG	2005	2006	2007
Excellent or Very Good	46%	45%	50%
Good	33%	31%	31%
Fair or Poor	21%	25%	19%



>200% FPG	2005	2006	2007
Excellent or Very Good	64%	67%	64%
Good	24%	25%	26%
Fair or Poor	12%	9%	10%

## Implications

*Ohio Health Issues Poll* data suggest that there was a slight increase in the percentage of those living below 100% FPG and of those living at 100-200% FPG between 2005 and 2007. These findings are consistent with recent national data.

According to the latest Census data on poverty<sup>2</sup>, Ohio is the only state to have two cities—Cleveland and Cincinnati—among the nation's 10 cities<sup>3</sup> with the highest levels of poverty. Cleveland had the lowest median income of any city in the nation, with an average household income of \$26,535. Cincinnati had the 6th lowest median income of any city, with an average household income of \$31,103. Additionally, the lowest income town<sup>4</sup> in the nation was Youngstown, Ohio, which had a median household income of only \$21,850.

Increasing poverty can also mean decreases in state revenue

from taxes and in the parts of the economy driven by consumer spending. In fact, adjusted for inflation, Ohio's revenue authority has dropped 8% since 2000 and Ohio's sales tax revenues have decreased by about 4% since 2003.<sup>5</sup> In areas where poverty has increased significantly—such as Southeastern Ohio and in urban counties—the effect on the economy may be more pronounced.

The increases in poverty in Ohio are having a disparate effect on women, the young, the less educated, and those who live in rural Southeastern Ohio. Poverty status is a strong indicator of health insurance status and self-reported health status. Not only are people living below 200% FPG more likely to be uninsured currently, they are also more likely to be uninsured at some point in the last 12 months, indicating unstable sources of insurance and unstable access to healthcare services. In

addition, as household income goes down, the likelihood of reporting poor health goes up.

Additionally, women, African Americans, those ages 18-29, and those with lower education levels—demographic groups more likely to live below 100% FPG—are more likely to go without health insurance and to report poorer overall health status. Those living in the urban counties and those living in Southeast Ohio also report higher rates of poverty, lower rates of health insurance, and higher rates of poor health status.

While the latest national Census data indicate a slight increase in median household income from 2005 to 2006, the trend in Ohio is just the opposite. It seems that while the majority of the country is digging out from the 2001 recession, Ohio has not fared as well. It is important to keep a watchful eye on these data, as poverty negatively affects many aspects of a person's life as well as the economic strength of the state.

<sup>2</sup> Source: U.S. Census Bureau (2007). 2006 American Community Survey

<sup>3</sup> Of cities with 250,000 residents or more.

<sup>4</sup> Of towns with 65,000 residents or more.

<sup>5</sup> Source: Health Policy Institute of Ohio (2007). *Profile of Ohio Uninsured and Economic Considerations*. Author: Columbus, Ohio.

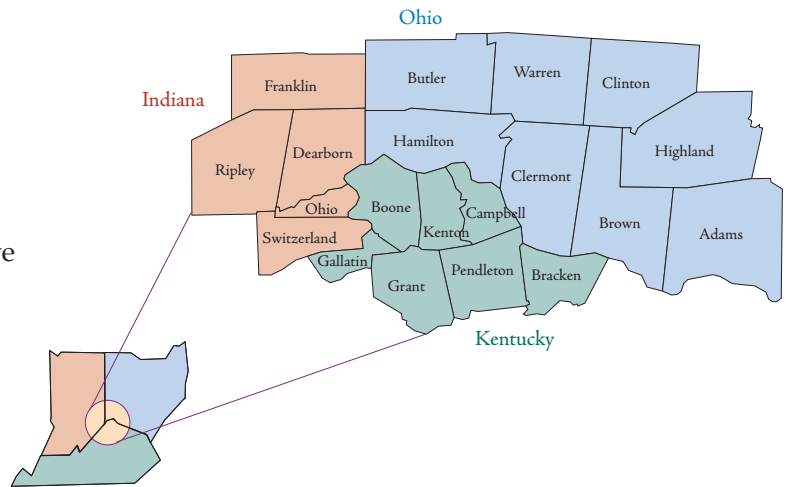


# About The Health Foundation of Greater Cincinnati

Since 1997, The Health Foundation of Greater Cincinnati has invested over \$76 million to address health needs in the 20-county region surrounding Cincinnati. The majority of our work falls within our four focus areas:

- Community Primary Care
- School-Aged Children's Healthcare
- Substance Use Disorders
- Severe Mental Illness

We help create enduring projects that will improve health, and grantee sustainability is vital to our mission. We help grantees move toward sustainability by offering workshops, staff consultations, and other technical assistance. We also help grantees find other funders who might be interested in their work.



Through our Health Data Improvement Program, we work to improve the local health data available so communities can make data-driven decisions. Results of the *Ohio Health Issues Poll* and our other health-related surveys, as well as other local, state, and national health data, are available at OASIS, our Online Analysis and Statistical Information System, found at [www.oasis.uc.edu](http://www.oasis.uc.edu). Our data can also be used to make powerful health-related population maps through *HealthLandscape*, found at [www.healthlandscape.org](http://www.healthlandscape.org).

For more information about the Health Foundation and our grantmaking interests, capacity building programs for nonprofits, and local health data, please contact us at 513-458-6600, toll-free at 888-310-4904, or visit our web site at [www.healthfoundation.org](http://www.healthfoundation.org).

Our **mission** is to improve the health of the people of the Cincinnati region.

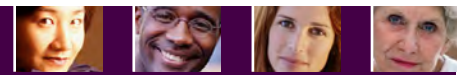
Our **vision** is to be one of the healthiest regions in the country.

Our **values** are:

- » Innovation. We are a catalyst in creating innovative solutions to promote enduring change.
- » Caring. We are committed to serving vulnerable and underserved populations.
- » Education. We believe in the power of education to transform communities.
- » Stewardship. We operate in an accountable, ethical, and transparent manner.

*The*  
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**Foundation**  
*of Greater Cincinnati*

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## Ohioans' Experiences With Type of Health Insurance Coverage

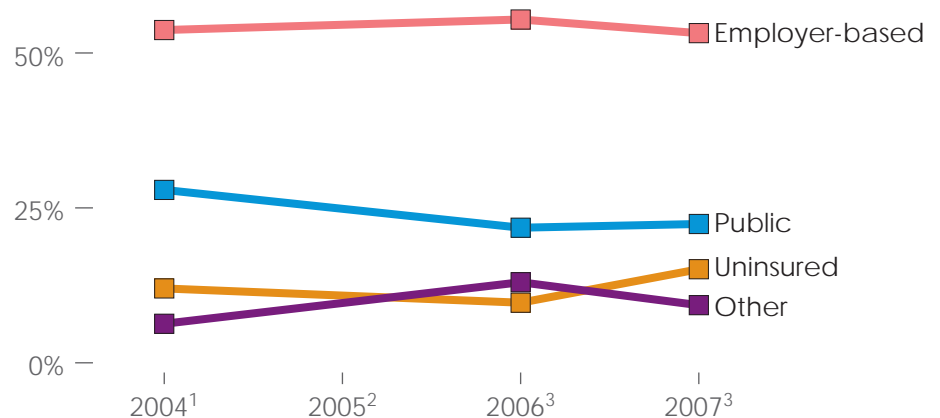


Results From The Health Foundation of Greater Cincinnati



Since 2004, the percent of uninsured Ohio adults has risen, according to the 2007 *Ohio Health Issues Poll*. This increase has resulted in overall decreases in the percentage of Ohioans insured through employers and in the percentage of Ohioans with public insurance. Between 2006 and 2007, the percentage of Ohio adults insured through the public system remained consistent, while the percentage insured through employer-based coverage continued to decline.

Type of insurance coverage for Ohio adults, ages 18 and older



<sup>1</sup> Data from 2004 are from the Ohio Family Health Survey.

<sup>2</sup> Data from 2005 are not available.

<sup>3</sup> Data from 2006 and 2007 are from the Ohio Health Issues Poll.

### Type of Insurance for Ohioans Ages 18–64

Trends among Ohioans ages 18–64 mirror the state trends for all adults, with an increase in the percentage of uninsured Ohioans and a decrease in the percentage of Ohioans with employer-based coverage. The percentage of Ohioans ages 18–64 with public insurance has also decreased.

### Type of Insurance for Ohioans Ages 65+

When a U.S. citizen turns 65 years old, he or she is eligible for Medicare, a public health insurance program for older adults. Some adults over age 65 are also eligible for Medicaid-assisted Medicare, in which the Medicaid program pays for part of the Medicare insurance premiums. Historically, the vast

majority of Americans ages 65 and older have been covered by public insurance. In Ohio in 2004, 96% of Ohioans ages 65 and older reported being covered by public insurance and 2% reported being covered by employer-based insurance, according to the 2004 *Ohio Family Health Survey*.

At the time of the 2006 *Ohio Health Issues Poll*, however, only 63% of Ohioans ages 65 and older reported being covered by public insurance and 14% had employer-based coverage. In 2007, 72% of Ohioans ages 65 and older had public coverage and 17% had employer-based coverage. The percentage of uninsured Ohioans

ages 65 and older, although small, increased from 1% in 2004 to 3% in 2007.

This increase in employer-based coverage for Ohioans over age 65 is possibly a sign that Ohioans are working longer than the traditional retirement age. Or, it could be that retired Ohioans are opting to retain employer-based coverage offered as part of a retirement package rather than enroll in public insurance.