



2008 Ohio Family Health Survey: Special Population Report

Office of Research & Evaluation

Taking the Pulse of Health in Ohio

**2008 Ohio Family Health Survey
Special Population Report**

Background on OFHS Special Population Study

- ▶ The 2008 OFHS included a question concerning days of functional impairment related to mental health.
- ▶ Special population analysis was conducted through collaboration between ODMH, Health Policy Institute of Ohio, and OSU School of Public Health.
- ▶ This survey contains responses from almost 51,000 adults and proxy responses for over 13,000 children.
- ▶ Survey design requires special statistical techniques and software to analyze.

Mental Health Functional Impairment Question

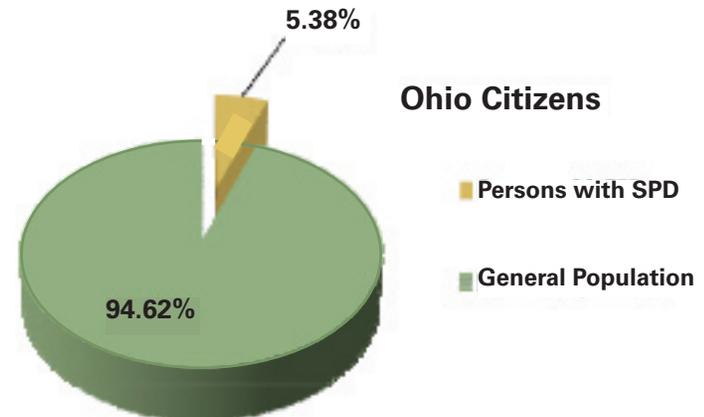
“Now thinking about your mental health, which includes stress, depression, and problems with emotions or substance abuse, for how many days DURING THE PAST 30 DAYS did your mental health condition or emotional problem keep you from doing your work or other usual activities?”

Serious Psychological Distress (SPD)

- ▶ SPD, a proxy for serious mental illness, is measured by the Kessler-6 (K-6), a scale used in epidemiological studies by NIMH and CDC.
- ▶ National surveys using the K-6 indicate about 6% of the population has SPD.
- ▶ In the 2007 Ohio BRFSS, the K-6 module and functional impairment question measured 5.31% of the population with SPD.
- ▶ Calibration of the 2007 Ohio BRFSS K-6 module with the functional impairment question indicates 20+ days as cut point for SPD.
- ▶ In the 2008 OFHS, 5.38% of adults reported 20+ days of functional impairment due to SPD.

Persons with Serious Psychological Distress (SPD)

20+ Days of Functional Impairment Due to Mental Health Condition



Persons with and without SPD by Age Group

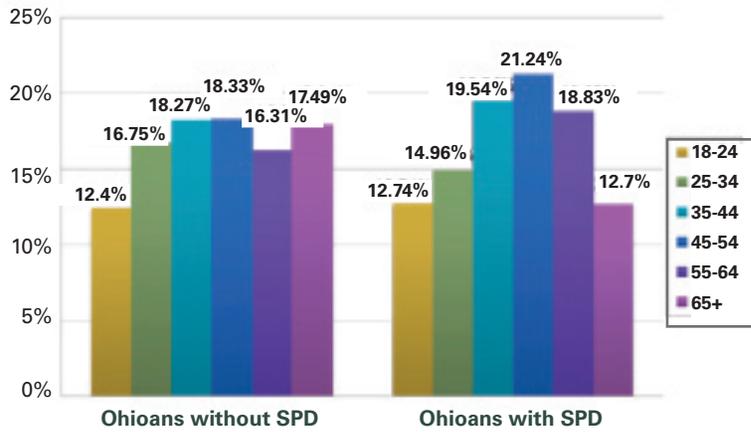


Table 3

Persons with SPD by Gender and Minority Status

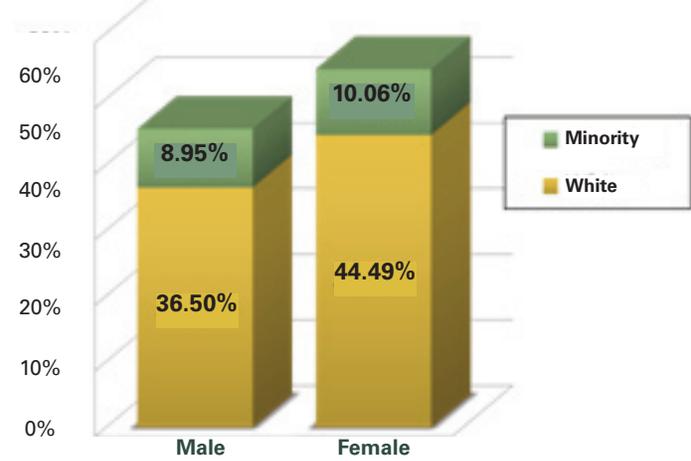


Table 4

Persons with SPD by Gender and Age Group

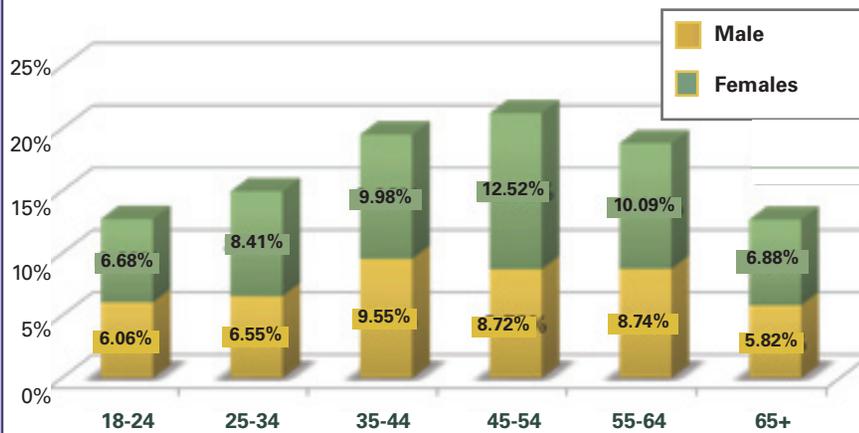


Table 5

Persons with SPD by Minority Status and Age Group

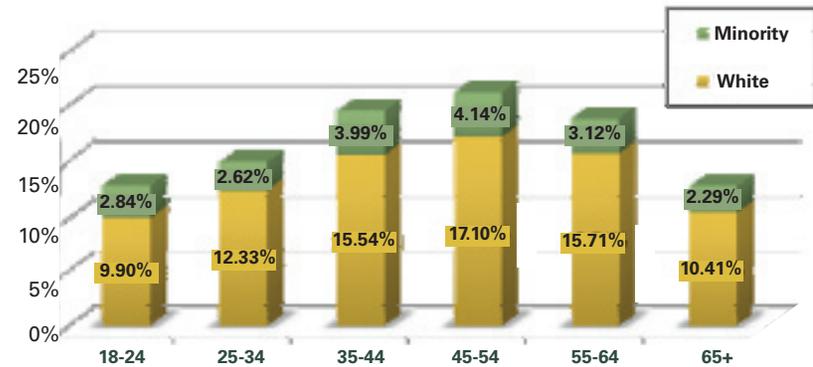


Table 6

Persons with and without SPD by Educational Attainment Level

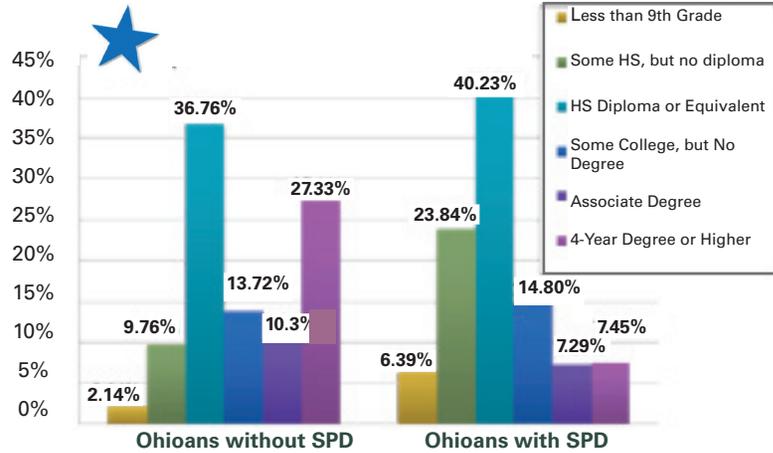


Table 7

Higher Percentage of Persons with SPD Live in Appalachian Counties

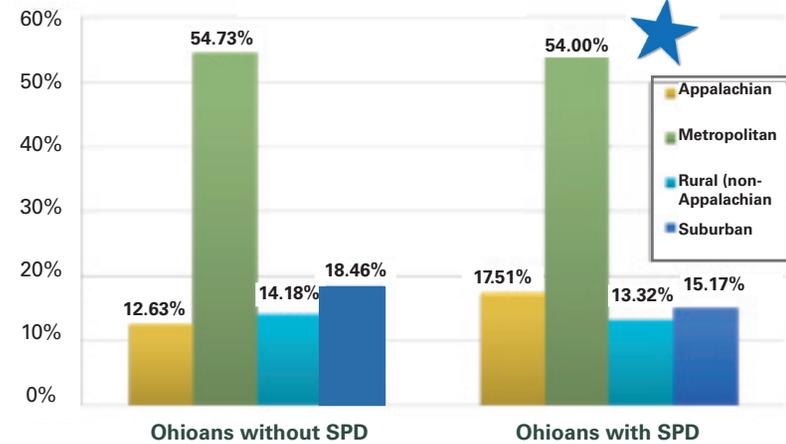


Table 8

A Higher Percentage of Persons with SPD Live Below 300% FPL

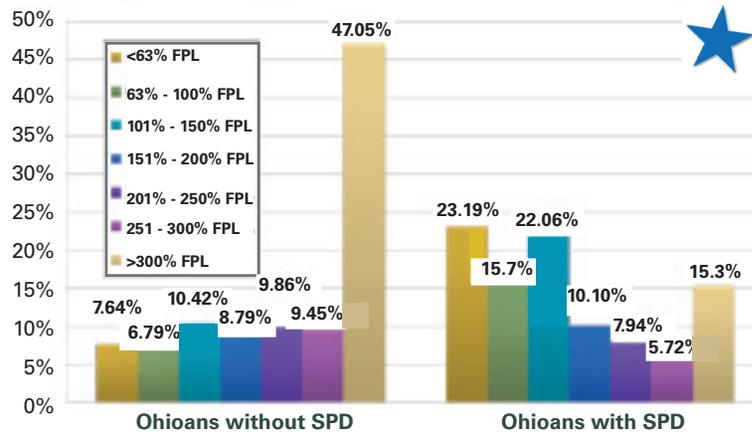


Table 9

Fewer Persons with SPD Report Working

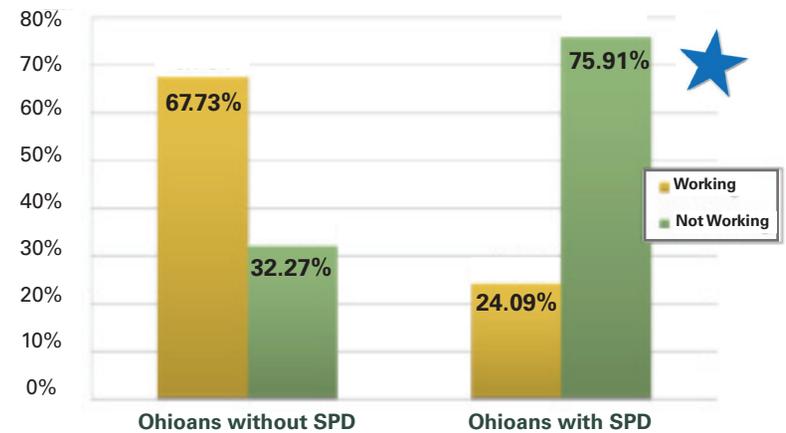


Table 10

**Persons with and without SPD
by Number of Children Living in Household**

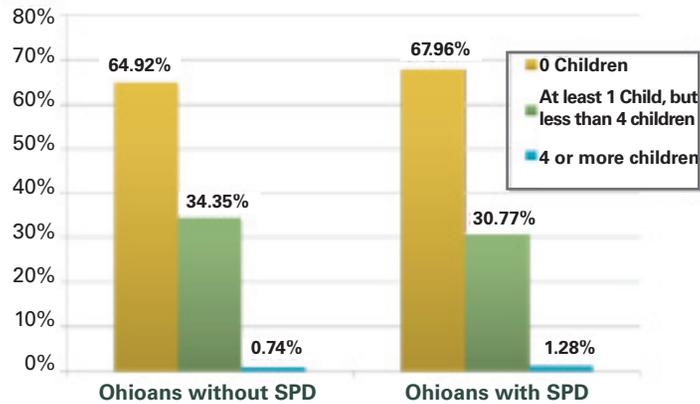


Table 11

**Relationship of Child in Family Household:
A Higher Percentage of Persons with SPD Are Grandparents**

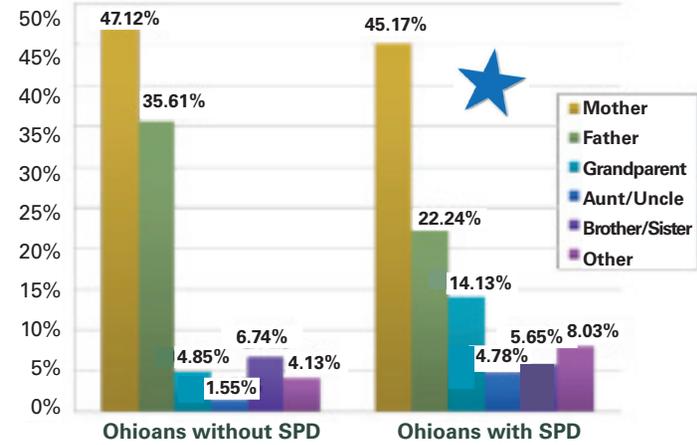


Table 12

**Mental Health Status of Child in Household
of Persons with SPD Ranked Lower**

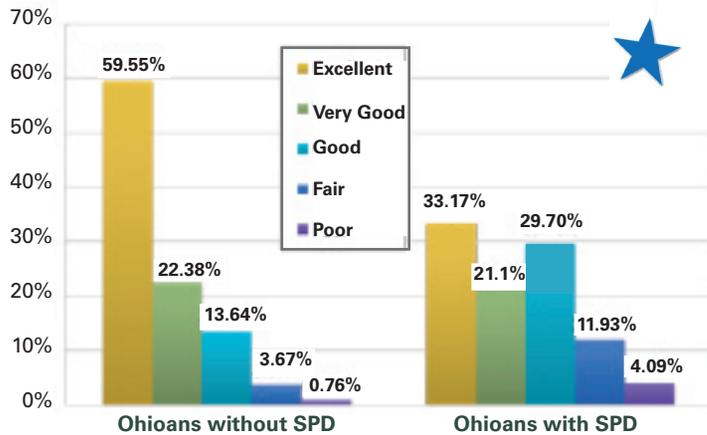


Table 13

“...The finding that persons with SPD are as likely as anyone else in the general population to live in a household with children is important given a significant association to a lower-ranking of the children’s mental health in the households of persons with SPD.”

Health Insurance Coverage

- Medicare & Medicaid
- Medicaid Only
- Medicare Only
- Job-Based
- Other
- Uninsured



Fewer Persons with SPD Have Job-based Health Insurance and More are Uninsured

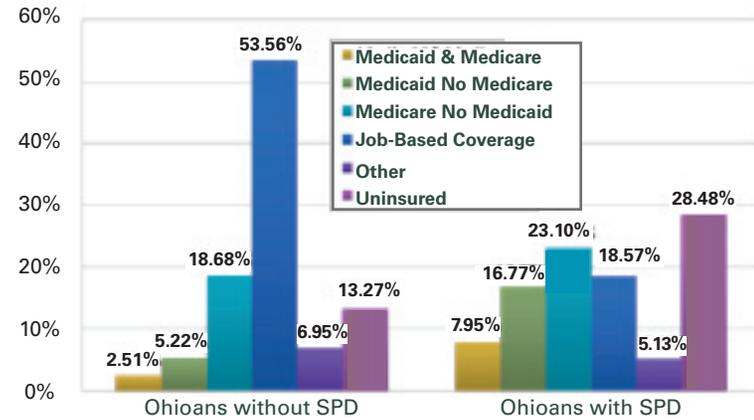


Table 14

Persons with SPD: Approximately 15% Males and 14% Females Report Being Uninsured

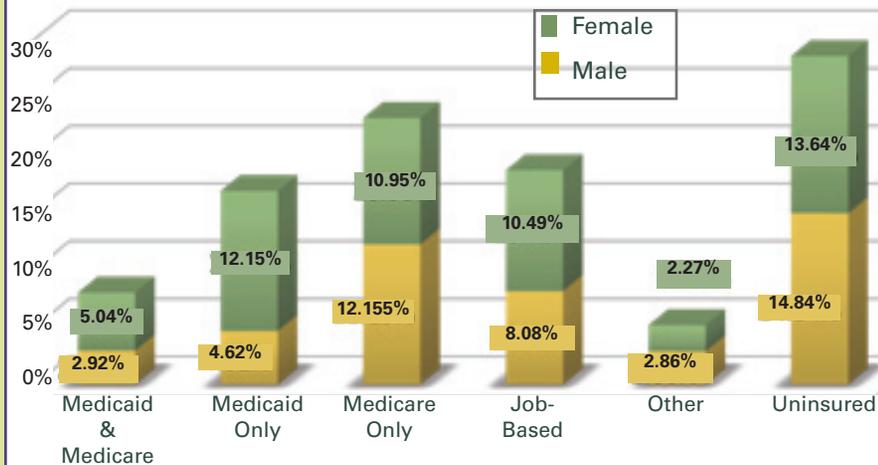


Table 15

Persons with SPD by Minority Status and Type of Health Insurance

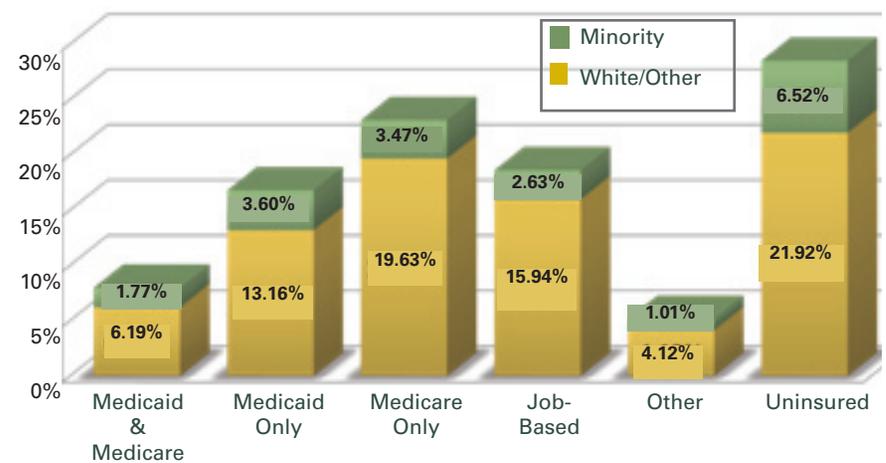


Table 16

Persons with SPD by Minority Status and Type of Health Insurance

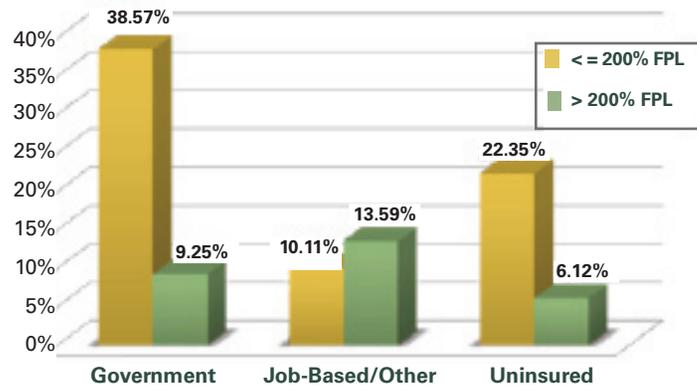


Table 17

Only 12.4% of Persons with SPD are Working and Covered by Job-Based Insurance

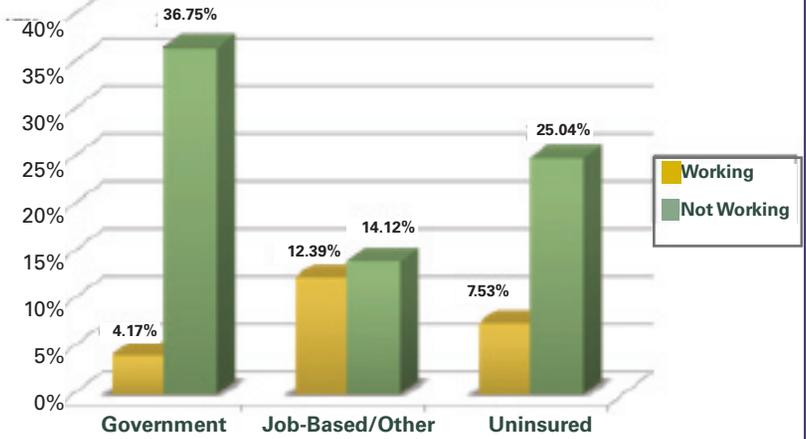


Table 18

Persons with and without SPD by Work and Health Insurance Status

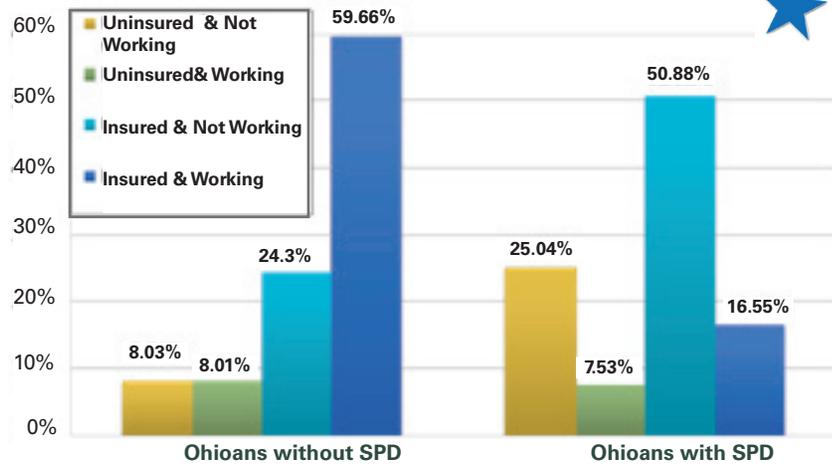


Table 19

“Compared to the general population, disproportionately fewer persons with SPD are working and covered by job-based insurance.”

Health Conditions

- Overall Health Status
- Hypertension
- Heart Disease
- Stroke
- Diabetes
- Cancer



Persons with SPD Rate Overall Health Status Lower

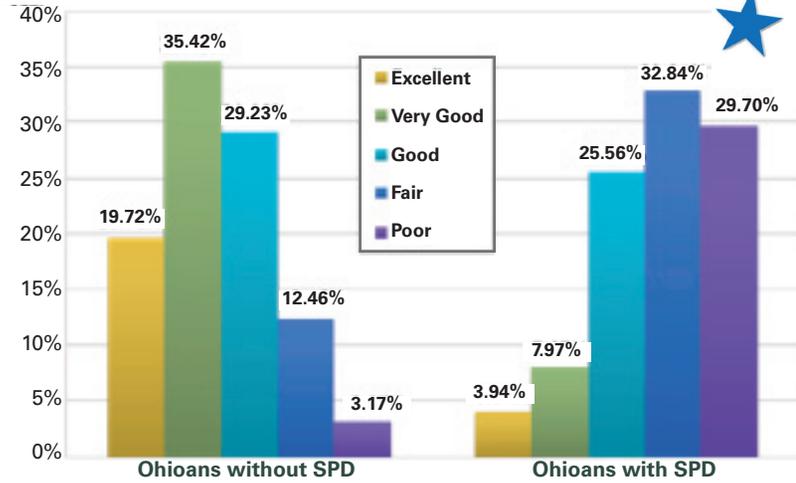


Table 20

A Higher Percentage of Persons with SPD Report History of Hypertension

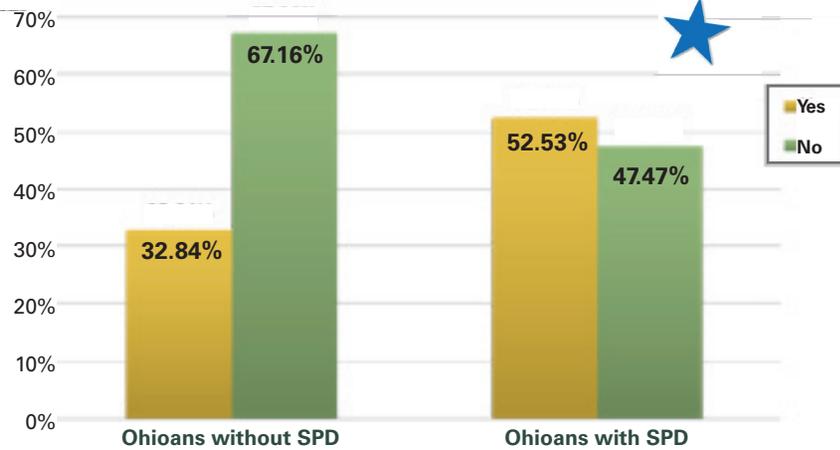


Table 21

A Higher Percentage of Persons with SPD Report History of Heart Attack

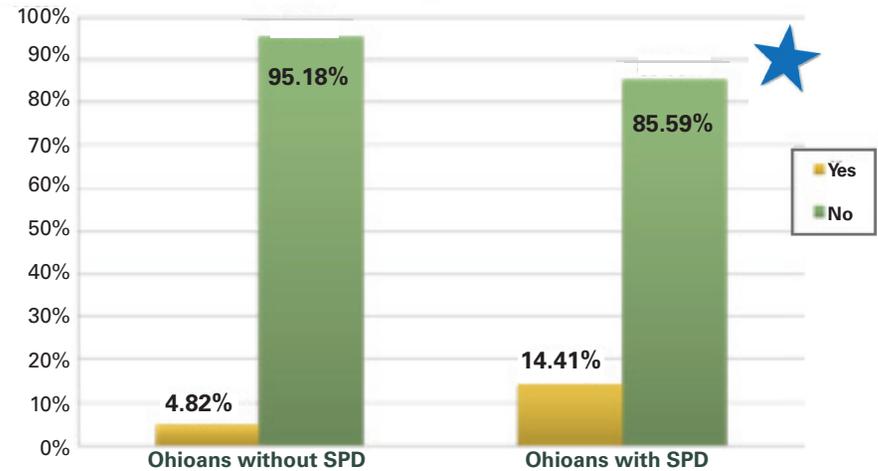


Table 22

A Higher Percentage of Persons with SPD Report History of Coronary Heart Disease

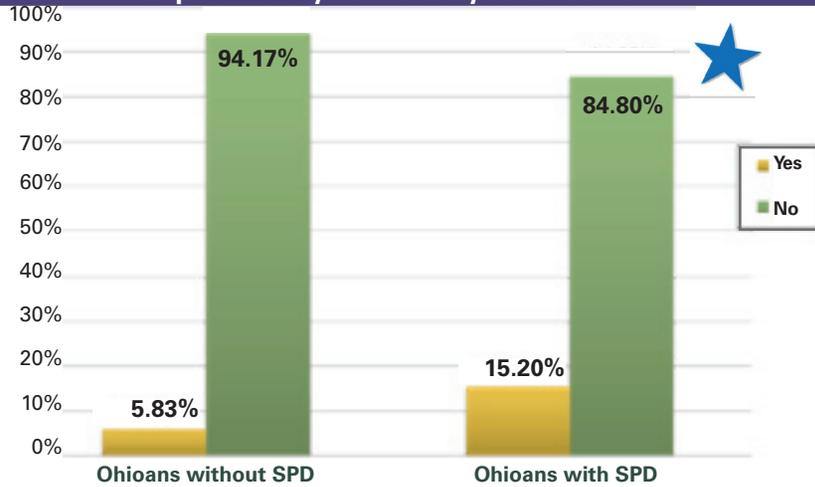


Table 23

A Higher Percentage of Persons with SPD Report History of Stroke

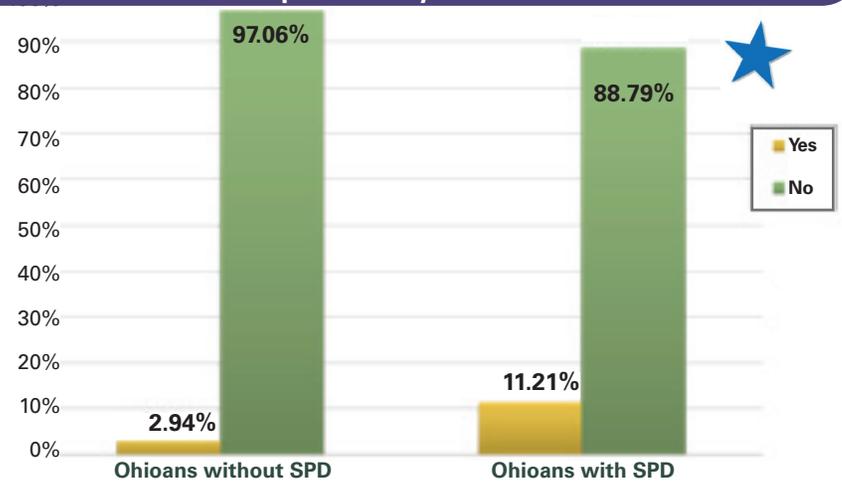


Table 24

A Higher Percentage of Persons with SPD Report History of Congestive Heart Failure

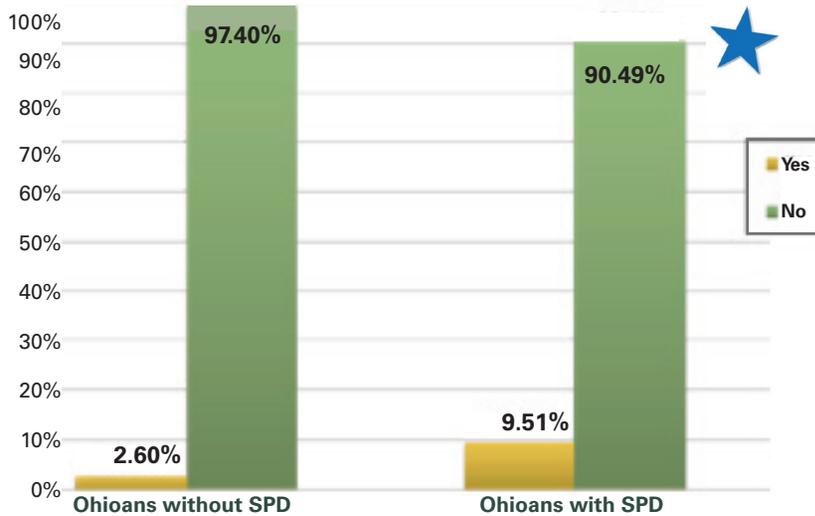


Table 25

Any History of Cardiovascular Disease: Hypertension, Heart Attack, Coronary Heart Disease, Stroke or Congestive Heart Failure

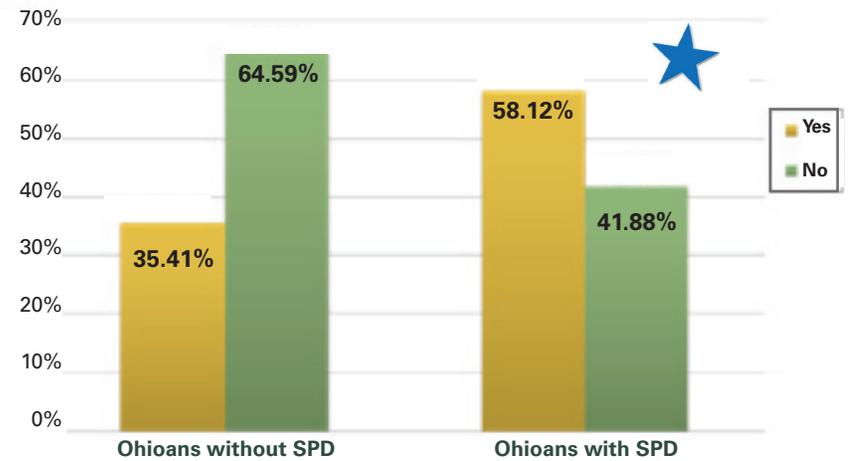


Table 26

A Higher Percentage of Persons with SPD Report History of Diabetes*
*Including Borderline

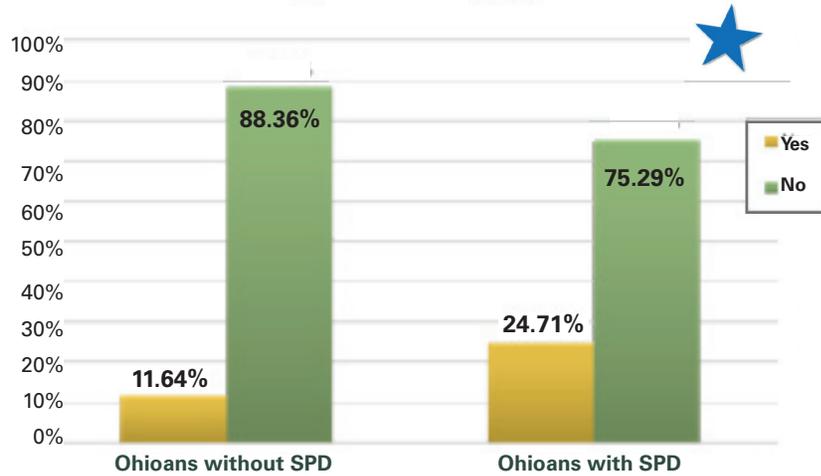


Table 27

A Higher Percentage of Persons with SPD Report History of Cancer Diagnosis

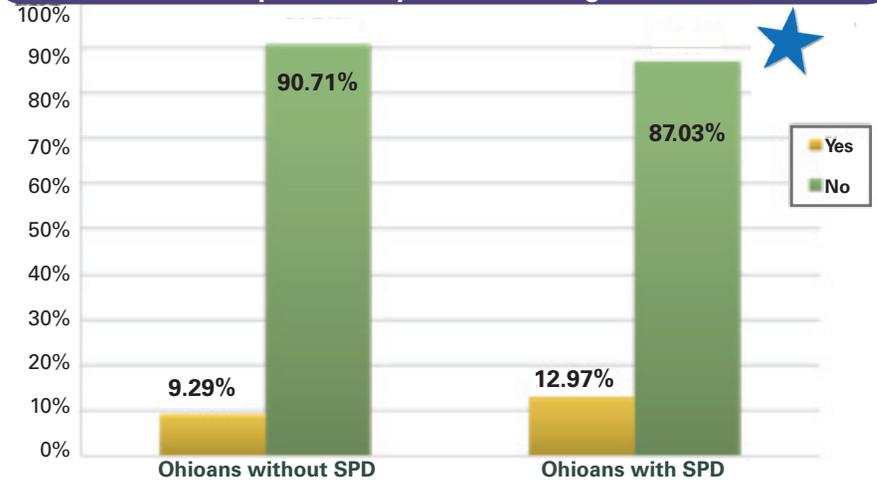


Table 28

Health Risk Behavior

- Smoking
- Drinking
- Obesity
- Intimate Partner Violence



Persons with SPD More Likely to Have Lifetime Smoking History

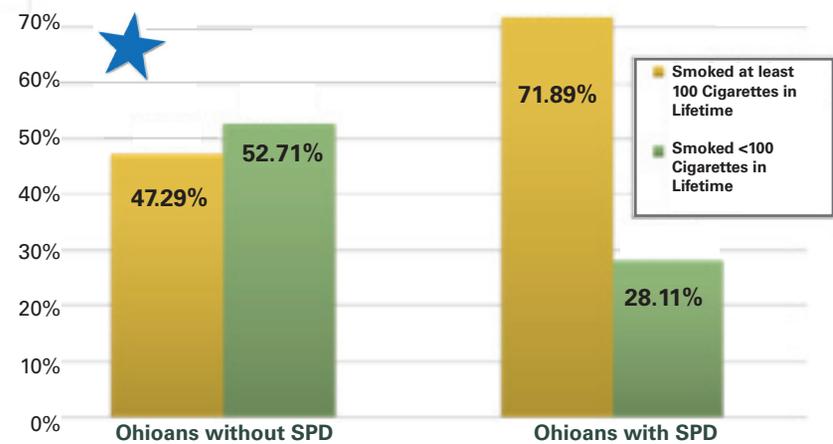


Table 29

Persons with SPD More Likely to Smoke Daily

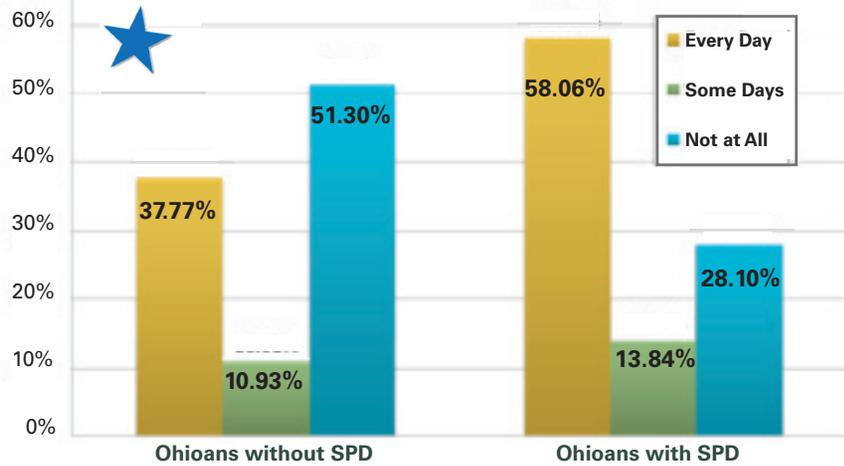


Table 30

Persons with SPD Less Likely to Report Drinking in Past 30 Days

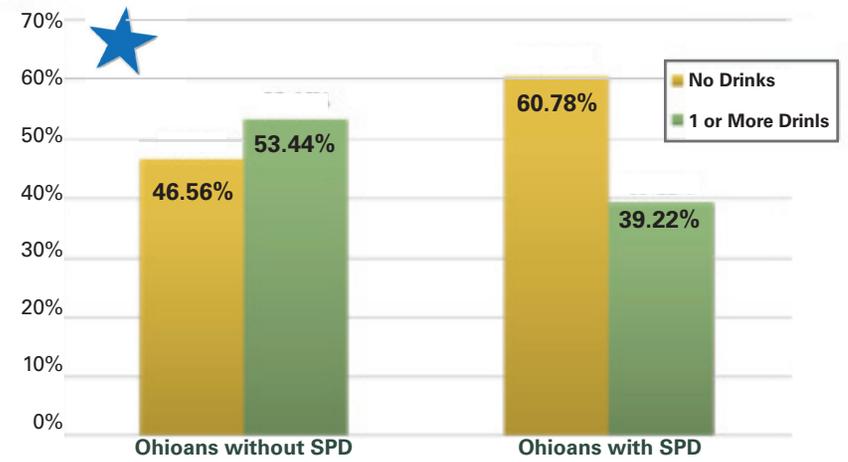


Table 31

Persons with SPD Report Higher Body Mass Index

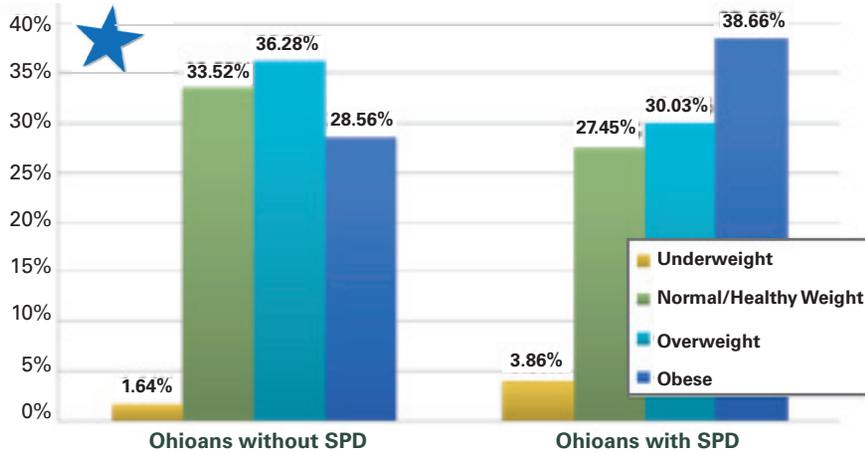


Table 32

A Higher Percentage of Persons with SPD Report Intimate Partner Violence

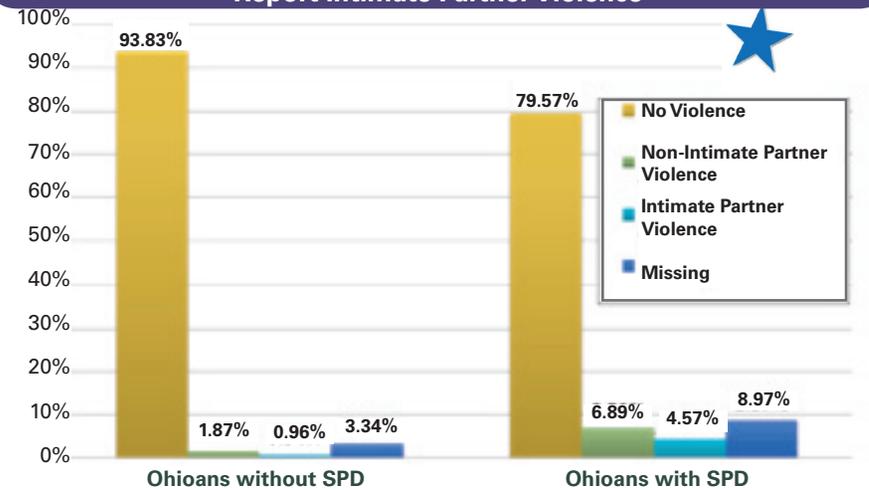


Table 33

Care Access and Unmet Needs

- Medical Home
- Emergency Room Use
- Care Coordination
- Mental Health Care
- Physical Health Care



Persons with and without SPD: Identification of a Medical Home

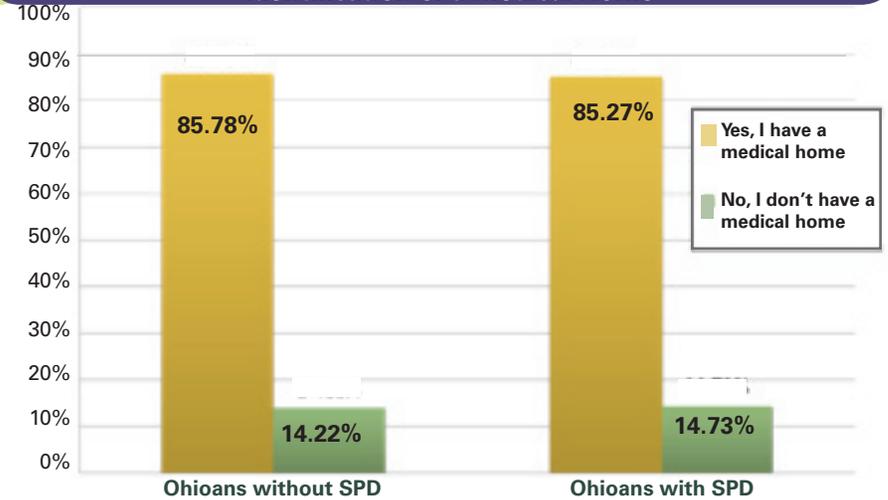


Table 34

Persons with and without SPD: Location of Medical Home

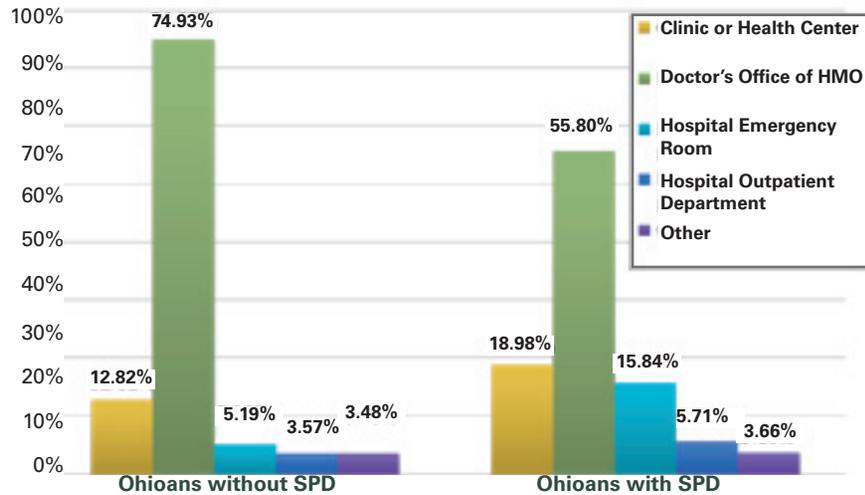


Table 35

Persons with and without SPD: Reasons for Emergency Room Use

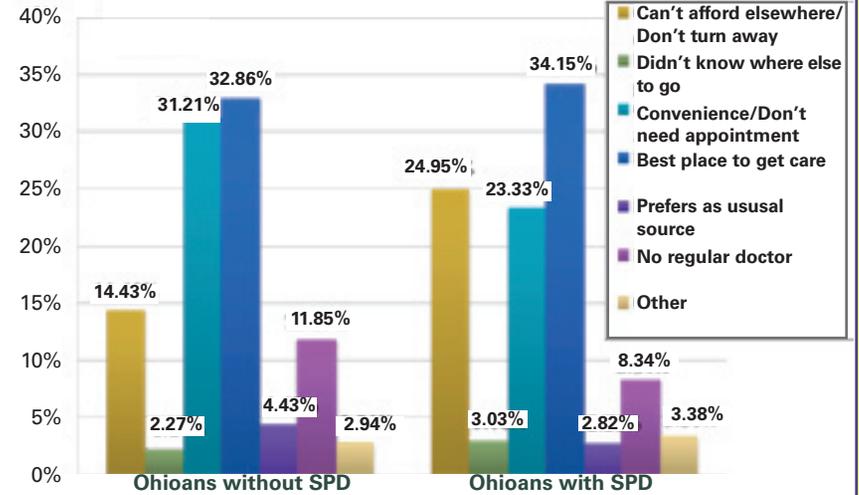


Table 36

Reasons for Lack of Medical Home

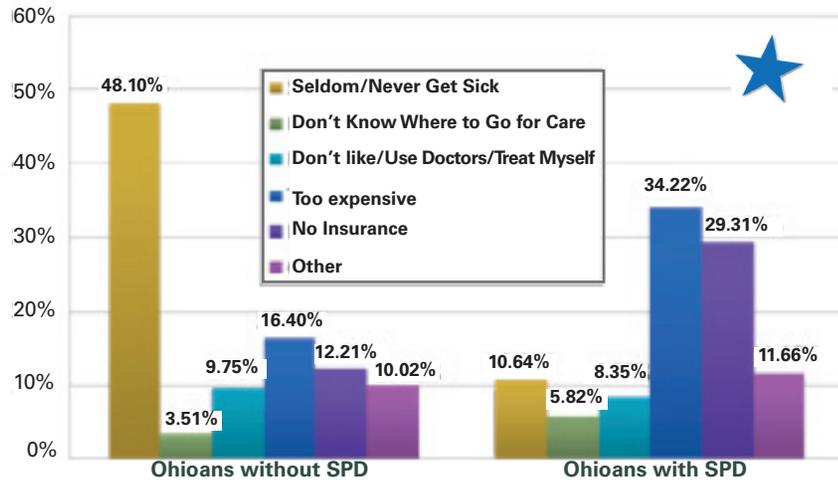


Table 37

A Higher Percentage of Persons with SPD Report Needing Help Coordinating Care

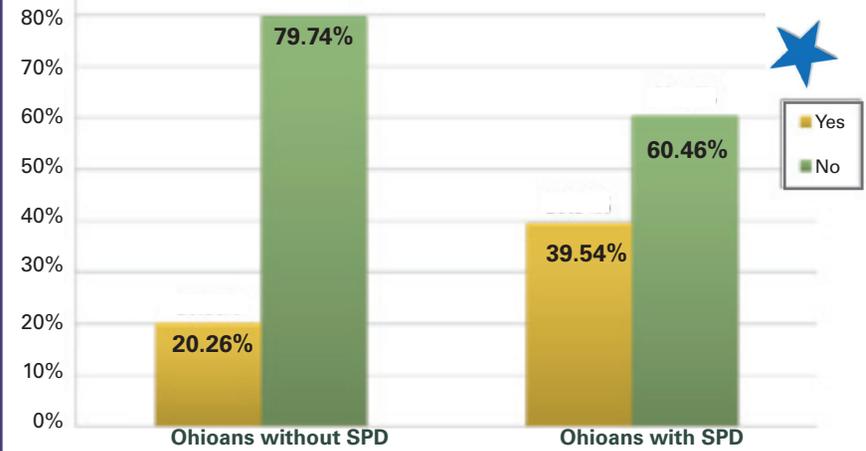


Table 38

Frequency of Receiving Care Coordination

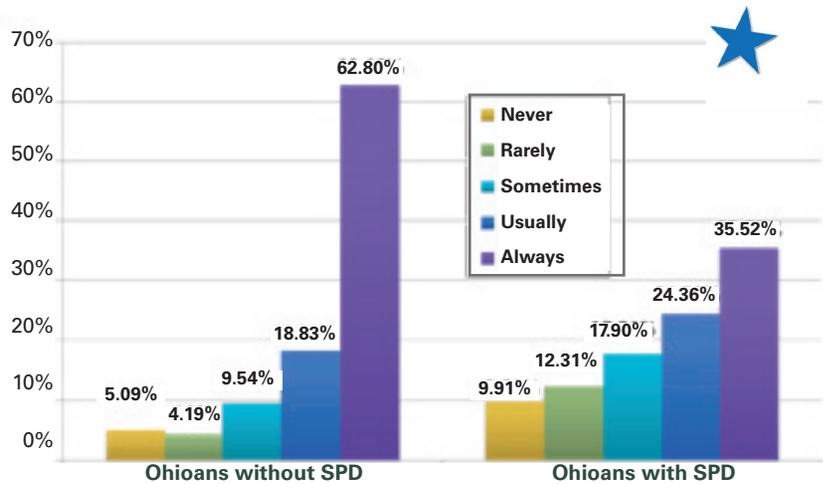


Table 39

Percentage Not Needing or Receiving Mental Health Counseling

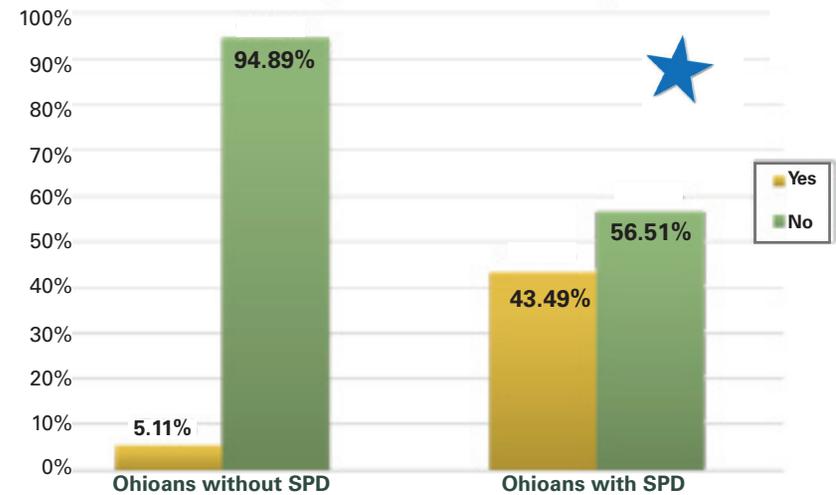


Table 40

Percentage Receiving Needed Mental Health Care

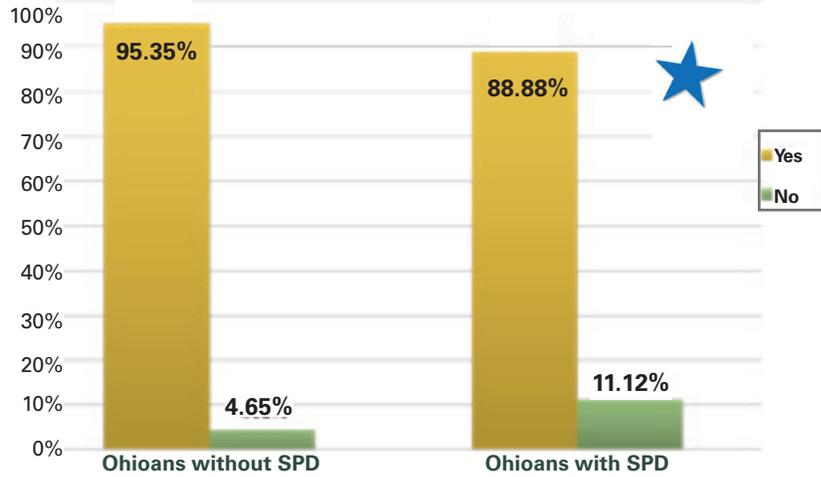


Table 41

Reasons for Not Receiving Needed Mental Health Care

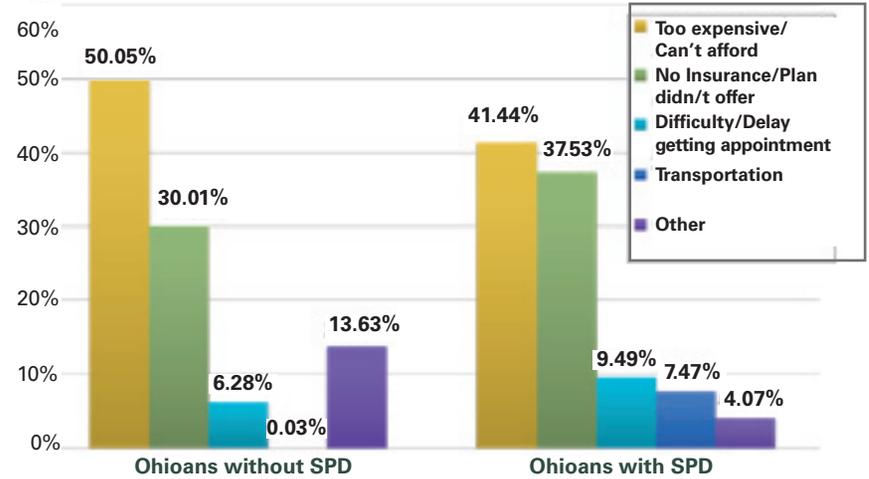


Table 42

Percentage Receiving Needed Care for Physical Health Conditions

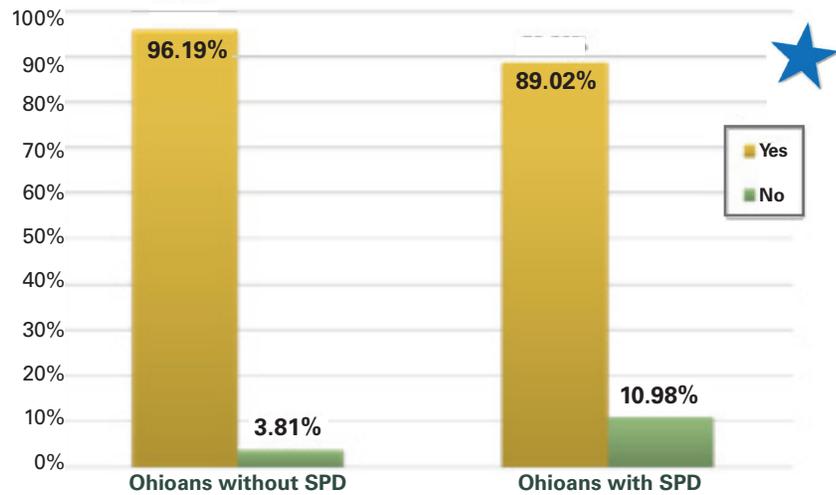


Table 43

Reasons for Not Receiving Needed Physical Health Care

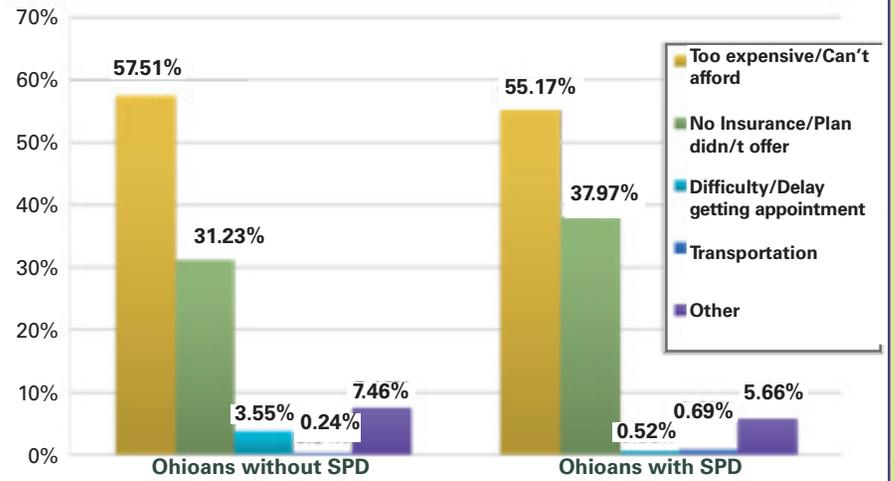


Table 44

2008 Ohio Family Health Survey: Special Population Report

Summary of Findings

These data are the most current information available about Ohioans with serious psychological distress (SPD), as measured by 20 or more days of functional impairment. The 20-plus day criteria was chosen by the Ohio Department of Mental Health as a cut-off point for the functional impairment question because it is supported by measurement done by the 2007 Ohio Behavioral Risk Factor Surveillance System (BRFSS). The primary purpose of the special population report is to provide state and community mental health policy makers and program planners with information about the demographic characteristics, insurance coverage, co-occurring health conditions, risk behaviors, access to care, and unmet needs of Ohioans with SPD.

The results of this report are descriptive. Relationships between variables identified as statistically significant do not assume causality; rather, they indicate associations that do not occur by chance. Thus, we cannot say that minority status is a cause of SPD, but that it occurs in greater proportion among persons of minority status than expected by chance.

Population Characteristics

As estimated 460,000 Ohioans (5.38% of the population) report sufficient functional impairment to indicate a condition of serious psychological distress. While a slightly larger percentage of persons with SPD tend to be middle-aged women, the occurrence

of the condition among women and men is not associated with either gender or age. SPD occurs disproportionately among persons of minority status; however, minority status is correlated with poverty, lower educational attainment, and unemployment, all of which are associated with SPD in the survey findings.¹

Furthermore, persons with SPD are disproportionately located in Appalachian counties, most of which have very low minority populations but a very high incidence of individuals living below 300% of the Federal Poverty Level (FPL). The 24% of persons with SPD who reported working at the time of the survey is slightly higher than 22% full or part-time competitive employment reported by OMDH in its Block Grant Implementation Report using a sample of some 115,350 adults who received public mental health services in 2008. Given the measure of SPD used in the survey—20 or more days of impaired functioning due to psychological distress—the low incidence of competitive employment in this special population is not surprising. Nevertheless, an estimated 310,000 Ohioans with SPD reported they were not working when the survey was conducted in last quarter of 2008.

Little information is available on the family demographics of persons with SPD, and the finding that this population is as likely as anyone else in the general population to live in a household with one or more children is important, particularly given a significant association to respondents' lower-ranking of the children's

mental health in such households. Compared to 4.43% of the general population reporting a child in the household with fair or poor mental health, some 16% of households with a family member with SPD reported rankings of a child's mental health in the fair to poor range.

Health Insurance Coverage

Compared to 13.27 % of the general population of Ohioans without health insurance, over twice as high a percentage of persons with SPD, 28.48%, report being uninsured. When compared to women with SPD, a slightly higher percentage of men with SPD report being uninsured, 13.64% to 14.84% respectively. Among persons with SPD who live at or below 200% FPL, 38.57% are covered by government-sponsored and 10.11% are covered by job-based insurance. Another 22.35% of persons living 200% FPL have no insurance. Among working persons with SPD, only 4.17% are covered by government-sponsored and 12.39% are covered by job-based insurance. Another 7.53% of working persons with SPD have no insurance coverage. Only 16.55% of persons with SPD are working and covered by job-based insurance. Compared to the 59.99% general population, disproportionately fewer persons with SPD are working and covered by job-based health insurance.

Chronic Physical Health Conditions and Health Risk Behavior

Compared to the general population, chronic physical health conditions are disproportionate among Ohioans with SPD, a finding similar to national morbidity studies involving this population.² Significant percentages of persons with SPD report a lower overall health status and a higher likelihood of hypertension, heart attack, coronary heart disease, stroke, congestive heart failure, diabetes, and cancer. Where a history of any cardiovascular disease is concerned, 58.12% of persons with SPD report occurrence compared to 35.41% of the general population. Exactly 24.71% of persons with SPD report a history of diabetes, while only 11.64% of the general population is affected by this

condition. Where 12.97% of persons with SPD report a history of a cancer diagnoses, only 9.29 of the general population report a similar history. Persons with SPD may be at higher risk for cardiovascular diseases because they are significantly more likely to report a lifetime history of smoking cigarettes. While 71.89% of persons with SPD report having smoked, 52.71 percent of the general population report a similar history. In addition, persons with SPD are more likely to be daily smokers: 58.06% smoke daily, compared to 37.77% of other Ohioans. Compared to 46.56% of the general population, surveyed individuals with SPD were significantly less likely to report having consumed alcohol in the past 30 days: 60.78% of such individuals reported not drinking. Persons with SPD disproportionately report a higher body mass index than other Ohioans (38.66% are obese compared to 28.56%), and they report a disproportionately higher occurrence of intimate partner violence (6.89% compared to 1.87%).

Access to Care and Unmet Needs

Persons with SPD are just as likely as other Ohioans to identify a place of usual care or a medical home. (See Table 31.) Although persons with SPD tend to use a doctor's office less and emergency rooms more than the general population, their access to these sources of usual care is not disproportionate. When asked about their use of emergency rooms, however, 24.95% (compared to 14.43% of other Ohioans) reported it was because they couldn't afford elsewhere and/or wouldn't be turned away. Persons with SPD disproportionately differ from other Ohioans in their reasons for not having a usual source of care. Only 10.54% say they seldom or never get sick, compared to 48.10% of the general population. Fully 48.53% of persons with SPD report not having a medical home because it is either too expensive or they have no insurance, while only 28.61% of other Ohioans gave this as their reason for having no usual source of care.

Perhaps due to the SPD condition and a higher likelihood of chronic, co-occurring diseases, 39.54% report needing help with coordinating their care. This is disproportionately more than the 20.26% of other Ohioans. In addition, persons with SPD are significantly less likely to say they received wanted help with their

care coordination. Interestingly, 56.51% of persons with SPD said they did not need or receive counseling, compared to 94.89% of other surveyed individuals. Because of the double-barreled nature of the question, it is difficult to determine the extent to which persons with SPD do not perceive a need for counseling versus an inability to access that form of care. Whatever the case, a disproportionate number of persons with SPD are likely to report they did not receive needed mental health care (11.12% compared to 4.65%). A disproportionate number of persons with SPD also are likely to report they did not receive needed care for their physical health conditions (10.98% compared to 3.81%). Their reasons for not receiving either needed mental health or physical health care do not differ significantly from reasons provided by the general population.

Policy Implications

The disproportionate percentage of persons with SPD living below 300% FPL in addition those who report not working or being covered by employer-based insurance has implications for proposals to expand eligibility for Medicaid coverage in Ohio. Although the percentages of persons with SPD reporting lack of insurance coverage as a reason for not receiving needed mental or physical health care does not significantly differ from the general population, a significantly higher proportion are likely to qualify for expanded coverage. Because Ohioans with SPD report disproportionately higher occurrences of chronic, potentially life-threatening conditions such as cardiovascular disease, diabetes, and cancer, these individuals are more likely to use medical services than healthier adults in the general population also living below 300% FPL.

The relatively small percentage of individuals with SPD covered by government-sponsored plans who report working and are expected to increase as awareness becomes more widespread of the Medicaid buy-in option for disabled workers.

Population-based prevention efforts aimed at reducing disease burden over a lifetime should take the lower educational achievement of persons with SPD into account, as well as their disproportionate higher likelihood of smoking, obesity, and intimate partner

violence. The finding that persons with SPD are less likely than other Ohioans to have consumed alcohol in the past 30 days may be due in part to the household-based nature of the survey: Substance-abusing individuals with SPD may be less likely to live in stable housing than the individuals sampled in the survey.

Persons with SPD are no less likely than others to live in households with children, but a disproportionate number of children living in households with SPD adults were reported having fair or poor mental health. This underscores the intergenerational nature of mental illnesses, which have both biological and social dimensions. Health insurance plans are designed primarily to address the biological factors associated with mental illnesses, and they do not typically cover social services needed by low-income families affected by the functional impairment of SPD. To insure the resilience of families affected by SPD, social service funding must be available to supplement medical services covered by health plans.

Footnotes:

¹Perry, M.J. (1996). The relationship between social class and mental disorder. *The Journal of Primary Prevention*, 17(1): 17-30.

²Colton CW & Manderscheid RW. (2006). Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States. *Prevention of Chronic Disease*, 3(2). Accessed on 10/21/09 at: http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm

Acknowledgements

This special population report of the 2008 Ohio Family Health Survey came about through the efforts of Principle Investigators Tim Sahr at the Health Policy Institute of Ohio, Amy Ferketich and Cara Rice from The Ohio State University College of Public Health, and Carol Carstens at the Ohio Department of Mental Health.

Citation of the Special Population Report

State of Ohio: Department of Insurance, Department of Job and Family Services, Department of Health, and Department of Mental Health; The Ohio State University: College of Medicine Government Resource Center and College of Public Health. 2008 Ohio Family Health Survey Special Population Report: Persons with Serious Psychological Distress. Ohio Department of Mental Health [distributor], 2010. Columbus, Ohio.

Taking the Pulse of Health in Ohio

**2008 Ohio Family Health Survey
Special Population Report**