



Health Care Access & Quality

- Accessibility and quality of health care services for young children

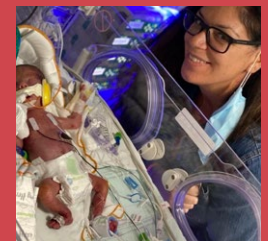


FAMILY PROFILE

Sara Valenzuela Columbiana County

“Just one example—insurance policies need to specifically recognize the needs of disabled children. Limiting physical therapy to 25 visits per year may be appropriate for someone with a sprained ankle, but not for a child like Kenny.”

Even with private insurance and Medicaid, Sara still has spent tens of thousands of dollars getting treatments for her son Kenny. “We get loans. I sell the kitchen sink, and then I sell the other kitchen sink,” says Sara, 51, explaining she has also nearly burned through her retirement savings paying Kenny’s medical bills.



Sara, who was unable to conceive because of treatment from cervical cancer, turned to IVF and a surrogate, who is her best friend, to have a child. There were complications, and her twin boys were born at 25 weeks, each weighing 1 pound and 10 ounces. Kenny, now four, has cerebral palsy and epilepsy, and he’s non-verbal and unable to walk. Her son Christian died at two months.

When Sara and her husband left the hospital, they were told their baby may have developmental delays. Kenny’s constant shrieking cries led Sara to have Kenny checked by pediatricians and specialists. Her concerns were brushed off each time. Her persistence in advocating for her son led to his diagnosis when he was six months old.

Sara, of Salem in Columbiana County, has spent countless hours on the phone arguing about referrals, co-insurance, and reimbursement for tens of thousands of dollars the family has paid upfront to prevent their son’s medical care from being delayed or denied.

Frustrated that families with children with special needs aren’t

heard and struggle to get services, Sara is using her voice to advocate for others. She says, “Just one example: insurance policies need to specifically recognize the needs of disabled children. Limiting physical therapy to 25 visits per year may be appropriate for someone with a sprained ankle, but not for a child like Kenny.”

An Army Reserve veteran and former Ventura County, California, sheriff deputy of 20 years, Sara and her husband work full-time while caring for Kenny, for whom child care is non-existent. “Try being a special needs parent and go to work,” she says. A sales rep for a robotics company that makes equipment to help individuals like Kenny stand, improve their gait, and walk, Sara got her position when she was talking to the company, trying to figure out how to pay \$34,000 for a robot that Kenny uses every day. The equipment wasn’t covered by insurance.

“I speak to parents all over the country, all over the world, in the same circumstances as myself,” Sara says. “I speak to them every day.”



Ensuring Healthy Births

What does the data tell us?

Access to quality health care is necessary to build a strong foundation for young children in Ohio. Quality health care before birth and throughout early childhood can ensure healthy development for Ohio’s children and prevent harmful and costly health conditions.

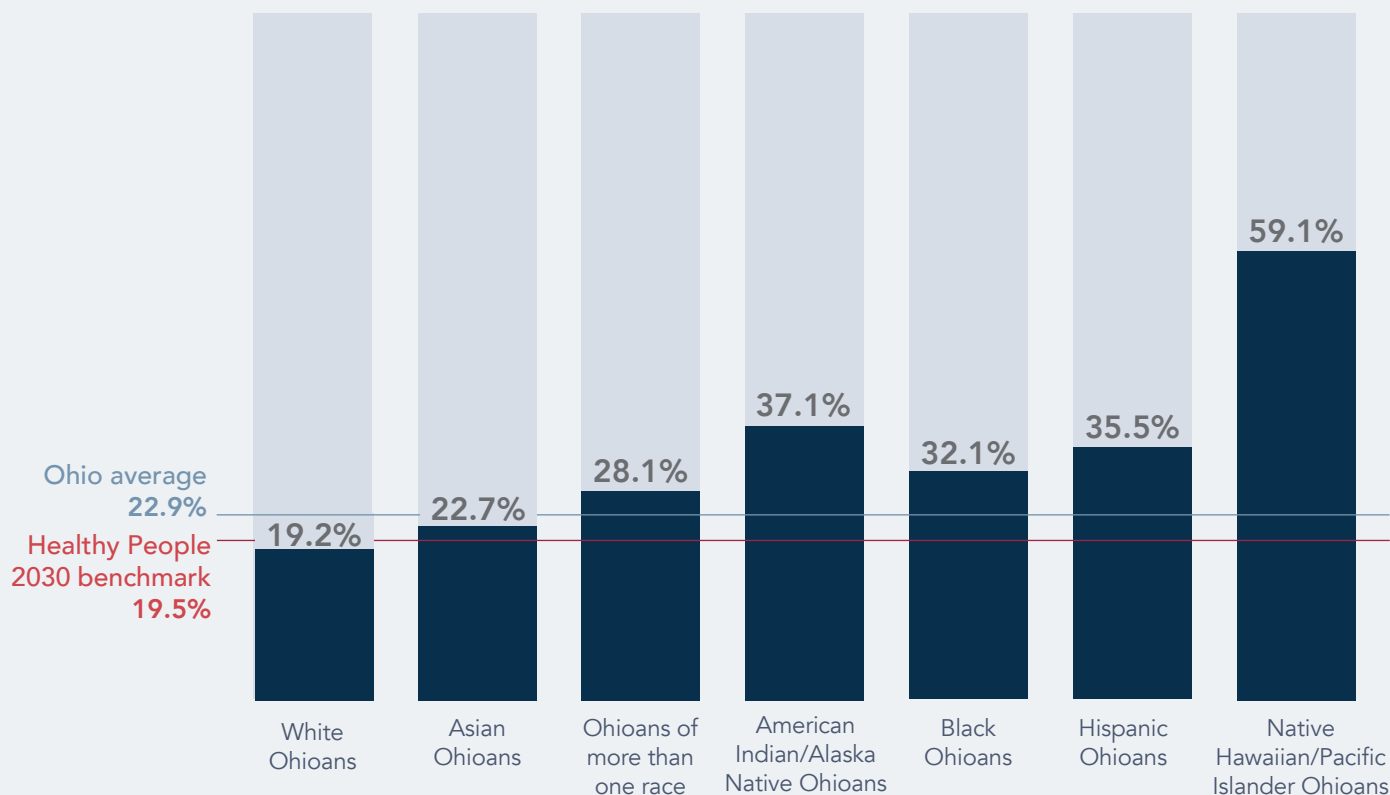
A consistent source of quality and accessible health care during the prenatal, infant, and toddler periods has a

significant impact on a child’s academic achievement, educational attainment, and overall physical and mental health throughout their lifetime.¹

Early prenatal care refers to the initiation of prenatal care during the first trimester of pregnancy. Early prenatal care includes a comprehensive assessment of a woman’s health history, pregnancy risk, and health knowledge. Early screening and referrals for specialized care can help prevent pregnancy complications.

Prenatal Care

Nearly 1 in 4 pregnant women in Ohio did not receive prenatal care in the first trimester of pregnancy in 2022. Pregnant women of color in Ohio were far less likely to receive timely prenatal care.



Note: Where not specified, all racial categories listed above are non-Hispanic.
Source: Centers for Disease Control and Prevention, WONDER (2022).



Parents living with low incomes between 100-200% of the Federal Poverty Level (FPL) had the lowest access to information they perceived they needed for a healthy pregnancy with only 80% receiving adequate information about healthy pregnancy, and 83% about child development. This contrasts with families above 400% of the FPL, where 96% received adequate information.²

Postpartum Care

Postpartum checkups are critical to ensure that new mothers are healthy. These checkups assess the physical recovery and emotional well-being of the new mother after giving birth, monitor any chronic health conditions, and detect any serious or life-threatening health issues. Yet too many new Ohio Mothers are missing this care.

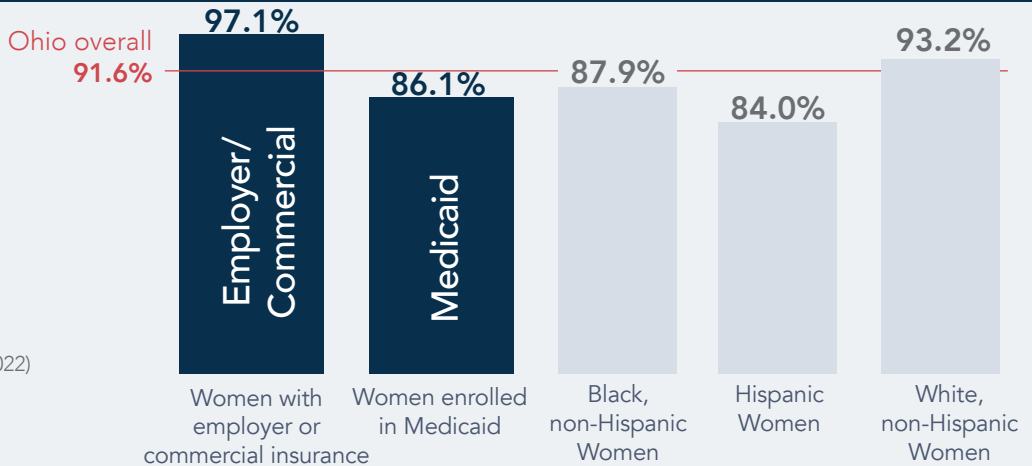


1 *New mothers enrolled in Medicaid—and those who were Black or Hispanic—were less likely to have a postpartum visit.*



1 **Covering close to half of all births and children under the age of five in the state, Ohio's Medicaid Program has a larger responsibility to ensure the state's health care infrastructure can support pregnant women and children throughout the state.**³

Percent of women with a live birth who had a postpartum visit



Source: Ohio Pregnancy Assessment Survey (2022)

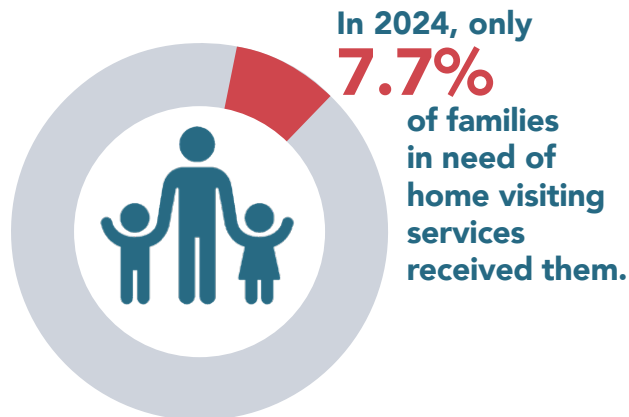


While 85% of families credited health care providers for involving them in some level of the decision-making process and explaining procedures, disparities persist. Income (44%) and lack of adequate health insurance (41%) were cited as major factors undermining the quality of care, exposing critical gaps in equitable access.⁴

Home Visiting

Although 12,436 Ohio families were enrolled in home visiting programs in 2024, many more families are in need. With about 162,000 children 0-5 living at or below 100% of the Federal Poverty Level,⁵ this means that only 7.7% are benefitting from home visiting services.

In general, families are eligible for at least one evidence-based home visiting program if they have a child under age 6 or are pregnant and are living in poverty (child age and family income cutoffs differ by home visiting program). There are many barriers that limit family access to home visiting, including program eligibility requirements, funding limitations and provider capacity.



Ohio's performance

Ensuring Healthy Births

| | Baseline | Most Recent | Trend |
|--|---------------------------|-------------------|-----------|
| Timely prenatal care* . Percent of women who began prenatal care in the first trimester of pregnancy | 76.8% (2020) | 77.1% (2022) | No Change |
| Postpartum care* . Percent of women with a live birth who had a postpartum visit | 90.3% (2020) | 91.6% (2022) | No Change |
| Postpartum depression screening* . Percent of women with a live birth and a postpartum visit, who had a provider ask if they were feeling down or depressed | 89.2% (2020) | 91.2% (2022) | No Change |
| 2 Postpartum depression treatment. Percent of women with a live birth who were diagnosed with postpartum depression and received counseling | N/A | 46.1% (2021) | N/A |
| 3 Experiences of racism. Percent of women, ages 18-49, who reported that they were treated worse when seeking health care due to their race or ethnicity | N/A | 7% (2022) | N/A |
| Experiences of racism. Percent of women, ages 18-49, who reported that they were treated worse when seeking health care due to their race or ethnicity | Black, non-Hispanic | | 29.6% |
| | White, non-Hispanic | | 2.4% |
| | Other, including Hispanic | | 10.7% |
| Home visiting, families receiving. Cumulative count of families served in the last 12 months in an evidence-based home visiting program funded by the Ohio Department of Children and Youth | N/A | 12,436 (SFY 2024) | N/A |

*Disaggregated data is available. Timely prenatal care is disaggregated by race. Postpartum care is disaggregated by race, rural/urban typology, and insurance type. Postpartum depression screening is disaggregated by race and insurance type. All can be found in the Data Appendix.



2 Mental health disorders, including postpartum depression, continue to be the leading cause of pregnancy-related deaths.⁶



3 According to the American Medical Association, racism is a system of structuring opportunity and assigning value based on race that unfairly disadvantages some individuals and communities.⁷



22% of respondents expressed that they felt that their race and/or ethnicity negatively influenced their quality of care, *with that number rising for Black families (41%), Latinx families (36%), and other racial and ethnic groups (37%). This is 3 to 4 times higher than white families.*⁸

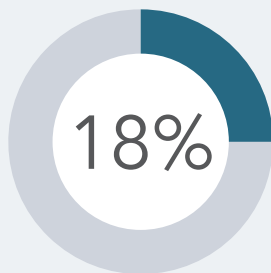
Ensuring Healthy Children

What does the data tell us?

Too many young children in Ohio are missing preventive health care, including preventive dental care, well-child visits, and immunizations.

Developmental screenings

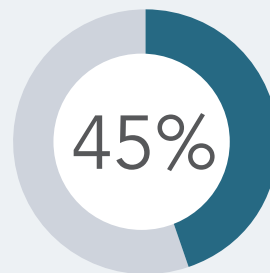
Percent of Medicaid enrollees, ages 0-5, who received a developmental screening.



Source: Ohio Department of Medicaid, Advanced Data Analytics Tool by IBM Consulting (2022).

Preventive dental care

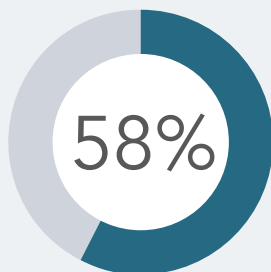
Percent of children, ages 1-5, who had a preventive dental care visit in the past 12 months



Source: Health Resources and Services Administration, National Survey of Children's Health (2021-2022)

Well-child visits

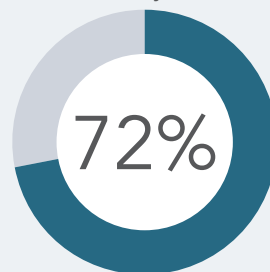
Percent of children enrolled in a Medicaid managed care plan with six or more well-child visits in the first 15 months of life



Source: Centers for Medicare and Medicaid Services, Core Set of Children's Health Care Quality Measures (FFY 2022)

Immunizations, toddlers


Percent of children, ages 19-35 months, who received all recommended doses of seven key vaccines



Source: National Immunization Survey, as compiled by the Commonwealth Fund Health System Data Center (2021)

 **Ohio's performance**

Ensuring Healthy Children

| | Baseline | Most Recent | Trend |
|---|--------------|-------------------|-----------|
| Well-child visits. Percent of children enrolled in a Medicaid managed care plan with six or more well-child visits in the first 15 months of life | N/A | 57.7% (2022) | N/A |
| Developmental screenings. Percent of Medicaid enrollees, ages 0-5, who received a developmental screening | 17.6% (2020) | 17.6% (2022) | No Change |
| Preventive dental care. Percent of children, ages 1-5, who had a preventive dental care visit in the past 12 months | N/A | 44.9% (2021-2022) | N/A |
|  4 Immunizations, toddlers. Percent of children, ages 19-35 months, who received all recommended doses of seven key vaccines | 68% (2019) | 72% (2022) | No Change |
| Unmet mental health care need. Percent of children, ages 3-5, who needed to see a mental health professional but were not able to in the past 12 months | N/A | 50%* (2021-2022) | N/A |

*Small sample size, interpret with caution



4 The Centers for Disease Control and Prevention report young children exempted from school vaccines hit an all-time high at 3% in the 2022-2023 school year nationally. Ohio's exemption rate is above the national average at 3.8%.⁹



Access to Care

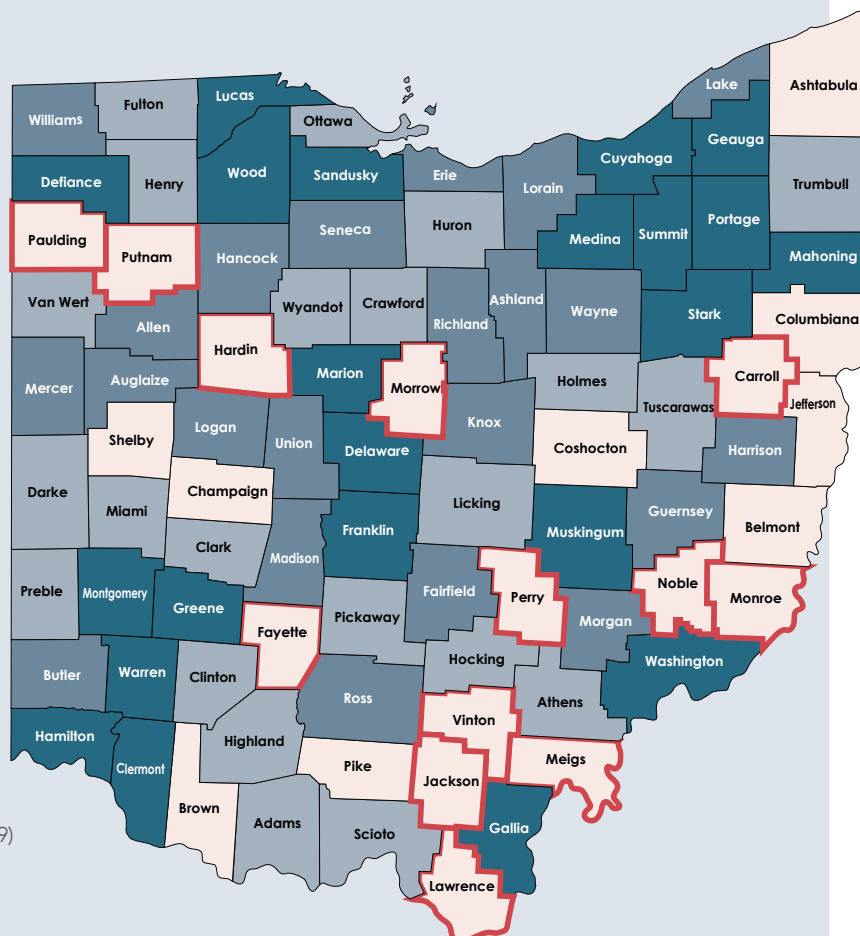
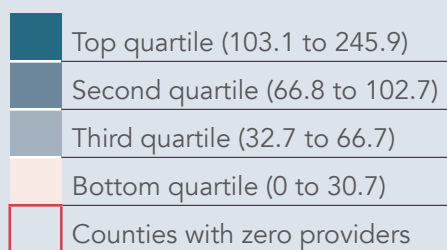
What does the data tell us?

Access to care is becoming an increasing concern. Families who must travel long distances or those who face long wait times for an appointment are more likely to miss preventive health care, placing them at higher risk for health complications and poor health outcomes. The number of counties without a delivery hospital, an obstetrician/gynecologist, or pediatrician are growing. This problem is expected to grow as fewer medical students are entering these fields.

Access to Maternity Care

Many Ohioans live in areas without access to maternity care, obstetrics, and gynecology providers. This includes 13 counties with zero providers.

Obstetric workforce:
Number of obstetrics and gynecology providers, per 10,000 births



Source: Health Resources and Services Administration, Area Health Resources Files, as compiled by March of Dimes (2019)

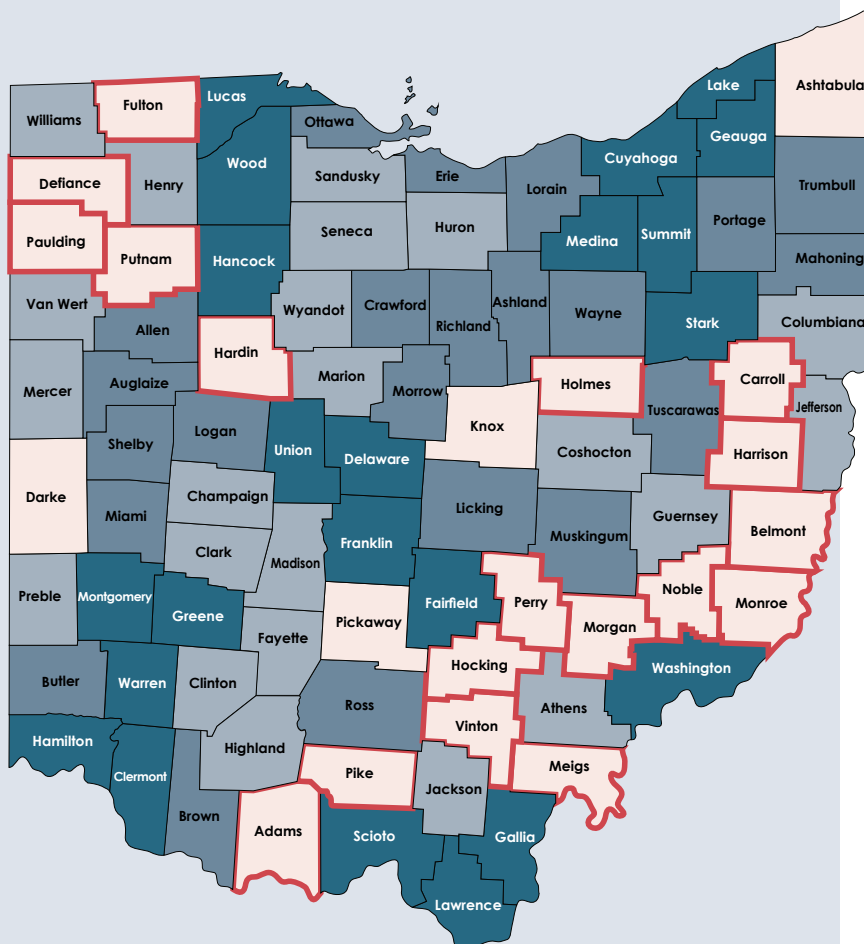
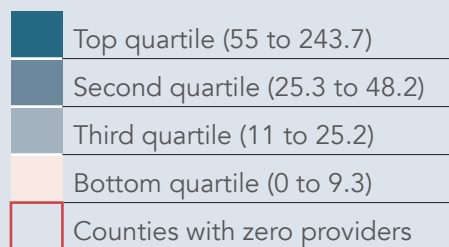


Families need quality and accessibility when choosing health care. 62% of respondents selected their child's primary care providers based on qualifications and experience, with insurance coverage (62%) and location (58%), playing significant roles in decision making.

Access to Pediatricians

In 2023, there was only one pediatrician for every 1,130 Ohio children. The World Health Organization recommends at least 2.5 physicians for every 1,000 population, with Ohio falling short by over half. Additionally, there are 18 counties in Ohio with no pediatricians.


Pediatric workforce:
Number of pediatricians currently certified by the American Board of Pediatrics, age 70 and under, per 100,000 population, ages 0-17



Source: American Board of Pediatrics (As of June 14, 2023)

 **Ohio's performance**

Access to Care

| | Baseline | Most Recent | Trend |
|---|----------|-----------------|-------|
|  5 Access to maternity care. Number of obstetrics and gynecology providers, per 10,000 births. | N/A | See county data | N/A |
| Access to pediatric care. Number of pediatricians currently certified by the American Board of Pediatrics, age 70 and under, per 100,000 population, ages 0-17 | N/A | 88.5 | N/A |



23.4% of those living in rural areas of Ohio travel over 30 minutes to the nearest birthing hospital compared to 6.2% of those living in urban areas.¹⁰



*Health coverage is the foundation of health care. 4.9% of children in Ohio did not have health insurance in 2023. Ohio ranks 29th out of all states. Low-income children are more likely to be uninsured and 92% of children eligible for Medicaid/CHIP participate. **The uninsured rate increases to 5.4% for children under 6.** When children are uninsured, they are more likely to have unmet health needs and lack a usual source of care, diminishing their chances to grow into healthy and productive adults.¹¹*



Citations & Sources

1. O'Sullivan, A., & Monk, C. (2020). Maternal and Environmental Influences on Perinatal and Infant Development. *The Future of Children*, 30(2), 11-29.
2. Groundwork Ohio. (2024). *Family Voices Project Report: Survey 2* (Unpublished).
3. Ohio Department of Medicaid. (2021, July 19). [Report on pregnant women, infants, and children – SFY 2020](#).
4. Groundwork Ohio. (2024). *Family Voices Project Report: Survey 2* (Unpublished).
5. Wisner, K. L., Murphy, C., & Thomas, M. M. (2024). [Prioritizing maternal mental health in addressing morbidity and mortality](#). *JAMA Psychiatry*, 81(5), 521.
6. American Medical Association & American Medical Association. (2021). [Defining racism is key to helping doctors advance health equity](#).
7. Groundwork Ohio. (2024). *Family Voices Project Report: Survey 2* (Unpublished).
8. Seither, R., et. al. (2023). Coverage with Selected Vaccines and Exemption from School Vaccine Requirements Among Children in Kindergarten — United States, 2022–23 School Year. *MMWR Morbidity and Mortality Weekly Report*, 72(45), 1217–1224.
9. March of Dimes. (2023). [Access to Maternity Care in Ohio](#).
10. Georgetown University Health Policy Institute, Center for Children and Families. [Kids' healthcare report card: Ohio](#).