2019 **Health Value Dashboard**

Equity profiles

April 2019

Race/ethnicity: Black Ohioans

- Racist policies such as slavery, Jim Crow laws and redlining were eliminated years ago, but the long-term impact of these policies persists.
- Coupled with continued discrimination and racism, these policies have led to poorer socioeconomic and community conditions for black Ohioans. Because of this, **black Ohioans do not have the same opportunity as white Ohioans to live healthy lives**.

This profile describes the magnitude of difference in outcomes between black Ohioans and white Ohioans.

Black children in Ohio are **4.7 times more likely to attend a high poverty school than white Ohioans**, which often have lower graduation rates.

Lacking a sufficient education makes it more difficult to provide basic needs, such as quality housing. If the gap in quality housing between black and white Ohioans was eliminated, more than **79,000 black Ohioans would live in higher quality housing**.

These differences have led to poorer health outcomes for black Ohioans. For example, **black infants are dying at nearly three times the rate** of white infants in Ohio.

Socio-economic factors	
Child poverty	2.9 times **worse** for black Ohioans
Unemployment	2.7 times **worse** for black Ohioans
High school graduation	2.7 times **worse** for black Ohioans
Adult poverty	2.5 times **worse** for black Ohioans
Fourth-grade reading	1.5 times **worse** for black Ohioans
Community conditions	
Attending a high-poverty school	4.7 times **worse** for black Ohioans
Housing quality	2.3 times **worse** for black Ohioans
Living in a high-homicide county	1.7 times **worse** for black Ohioans
Food deserts	Little or no disparity for black Ohioans*
Health care	
Prenatal care	1.7 times **worse** for black Ohioans
Unable to see doctor due to cost	1.6 times **worse** for black Ohioans
Uninsured, adults	1.4 times **worse** for black Ohioans
Without a usual source of care	1.3 times **worse** for black Ohioans
Health outcomes	
Infant mortality	2.9 times **worse** for black Ohioans
Premature death	1.5 times **worse** for black Ohioans
Adult diabetes	1.3 times **worse** for black Ohioans
Overall health status	1.3 times **worse** for black Ohioans
Adult overweight and obese	Little or no disparity for black Ohioans
Adult depression	Little or no disparity for black Ohioans*

Note: Darker red indicates larger magnitude of difference. Metric information (description, year, source) is in the *Dashboard* appendix.
*Disparity ratio is less than 1, indicating that outcomes are better for black Ohioans compared to white Ohioans

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Equity profiles

Race/ethnicity: Hispanic/Latinx Ohioans

- Research suggests that Hispanic/Latinx people have better health than non-Hispanic whites at the start of their migration to the U.S. due to stronger social networks and lower smoking rates, among other factors.[1]
- However, as longevity in the U.S. increases, the Hispanic/Latinx community faces many of the same barriers as other minority groups such as poorer socioeconomic and community conditions, racism and discrimination. As a result, the health advantage for the Hispanic/Latinx community in the U.S. is shrinking, and **Hispanic/Latinx people face potential for negative trends in health outcomes**.

This profile describes the magnitude of difference in outcomes between Hispanic/Latinx Ohioans and white Ohioans.

Hispanic children are **2.1 times more likely to live in poverty** compared to white children in Ohio.

With nearly **three times the uninsured rate** as white Ohioans, Hispanic/Latinx Ohioans face additional barriers to health care such as language, cultural differences and status in the county.

These barriers contribute to **Hispanic infants dying at 1.4 times the rate** of white infants in Ohio.

Socio-economic factors	
High school graduation	2.2 times **worse** for Hispanic Ohioans
Child poverty	2.1 times **worse** for Hispanic Ohioans
Adult poverty	2 times **worse** for Hispanic Ohioans
Unemployment	1.7 times **worse** for Hispanic Ohioans
Fourth-grade reading	1.3 times **worse** for Hispanic Ohioans
Community conditions	
Attending a high-poverty school	3 times **worse** for Hispanic Ohioans
Housing quality	1.8 times **worse** for Hispanic Ohioans
Living in a high-homicide county	1.3 times **worse** for Hispanic Ohioans
Food deserts	Little or no disparity for Hispanic Ohioans
Health care	
Uninsured, adults	2.8 times **worse** for Hispanic Ohioans
Without a usual source of care	2.3 times **worse** for Hispanic Ohioans
Unable to see doctor due to cost	1.8 times **worse** for Hispanic Ohioans
Prenatal care	1.6 times **worse** for Hispanic Ohioans
Health outcomes	
Infant mortality	1.4 times **worse** for Hispanic Ohioans
Overall health status	1.3 times **worse** for Hispanic Ohioans
Adult overweight and obese	Little or no disparity for Hispanic Ohioans
Adult depression	Little or no disparity for Hispanic Ohioans
Adult diabetes	Little or no disparity for Hispanic Ohioans*
Premature death	Little or no disparity for Hispanic Ohioans*

Note: Darker red indicates larger magnitude of difference. Metric information (description, year, source) is in the *Dashboard* appendix.
*Disparity ratio is less than 1, indicating that outcomes are better for Hispanic/Latinx Ohioans compared to white Ohioans

1. Scommegna, Paola. "Exploring the Paradox of U.S. Hispanics' Longer Life Expectancy." Population Reference Bureau, July 12, 2013. https://www.prb.org/us-hispanics-life-expectancy/

2019 **Health Value Dashboard**

Equity profiles

Education and income

- Post-secondary education lays the foundation for positive employment outcomes and higher earnings over a person's lifetime.
- Having a sufficient income is critical for covering basic needs, such as housing, food, transportation, child care and health care. Because of this, **Ohioans with less than a high school degree do not have the same opportunity to provide for their families or live healthy lives as Ohioans with a college degree**.

This profile describes the magnitude of difference in outcomes between Ohioans with less than a high school education and Ohioans with college degrees. When educational attainment data is not available, the difference in outcomes between low-income and high-income Ohioans is displayed.

Ohioans with less than a high school education are **six times more likely to be unemployed** than Ohioans with college degrees.

Employment provides many benefits, including higher income and access to health insurance coverage. Ohioans with less than a high school education are **6.6 times more likely to be uninsured** compared to those with college degrees.

If the gap in outcomes between Ohioans with less than a high school degree and those with a college degree was eliminated, **more than 320,000 Ohioans** would report having better overall health status.

Socio-economic factors	
Adult poverty	7.2 times **worse** for people with less than high school education
Unemployment	6 times **worse** for people with less than high school education
High school graduation	3.5 times **worse** for people with low incomes
Fourth-grade reading	1.7 times **worse** for people with low incomes
Community conditions	
Housing quality	3.7 times **worse** for people with less than high school education
Food deserts	3.1 times **worse** for people with low incomes
Health care	
Uninsured, adults	6.6 times **worse** for people with less than high school education
Prenatal care	3.3 times **worse** for people with less than high school education
Unable to see doctor due to cost	2.2 times **worse** for people with less than high school education
Without a usual source of care	1.5 times **worse** for people with less than high school education
Health outcomes	
Overall health status	5 times **worse** for people with less than high school education
Infant mortality	2.5 times **worse** for people with less than high school education
Adult diabetes	2 times **worse** for people with less than high school education
Adult depression	2 times **worse** for people with less than high school education**
Adult overweight and obese	Little or no disparity for people with less than high school education

Note: Darker red indicates larger magnitude of difference. Metric information (description, year, source) is in the *Dashboard* appendix.
** Shading based on unrounded value

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Equity profiles

Disability status

- Ohioans with disabilities face many barriers to health, including lack of adequate employment accomodation and lack of accessible health care, transportation, housing and recreation.
- The misperception that people with disabilities cannot be healthy or productive, coupled with other barriers to health, means that **Ohioans with disabilities do not have the same opportunity to live healthy lives as Ohioans without disabilities**.

This profile describes the magnitude of difference in outcomes between Ohioans with and without disabilities.

Ohioans with disabilities are **2.5 times more likely to be unemployed** than those without disabilities.

Employment provides many benefits, including higher income, **the ability to afford health care** and improved mental health.

Ohioans with disabilities are **six times more likely to report fair or poor health status** than Ohioans without disabilities. Programs and policies that are designed to include Ohioans with disabilities will enable more Ohioans to live a healthy life, regardless of disability status.

Socio-economic factors	
Unemployment	2.5 times **worse** for Ohioans with disabilities
High school graduation	2.2 times **worse** for Ohioans with disabilities
Adult poverty	2 times **worse** for Ohioans with disabilities
Child poverty	1.7 times **worse** for Ohioans with disabilities
Fourth-grade reading	1.6 times **worse** for Ohioans with disabilities
Health care	
Unable to see doctor due to cost	2.4 times **worse** for Ohioans with disabilities
Without a usual source of care	Little or no disparity for Ohioans with disabilities
Uninsured, adults	Little or no disparity for Ohioans with disabilities*
Health outcomes	
Overall health status	6 times **worse** for Ohioans with disabilities
Adult depression	4 times **worse** for Ohioans with disabilities
Adult diabetes	2.2 times **worse** for Ohioans with disabilities
Adult overweight and obese	1.1 times **worse** for Ohioans with disabilities

Note: Darker red indicates larger magnitude of difference. Metric information (description, year, source) is in the *Dashboard* appendix.
*Disparity ratio is less than 1, indicating that outcomes are better for Ohioans with disabilities compared to Ohioans without disabilities.

Equity profiles

Data challenges and other Ohioans experiencing barriers

Not all Ohioans impacted by health disparities are reflected in existing, publicly-available data:

- Ohioans who are members of more than one group facing poor health outcomes, such as black Ohioans with a disability, often experience even larger gaps in outcomes than depicted by the existing data.
- Data is not consistently collected for all population groups. For example, there is little data on the lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) community in Ohio, immigrants and refugees or subpopulation groups – such as southeast Asian, Arab/Middle Eastern or sub-Saharan African Ohioans.
- Disaggregated data often is not available at the local level.

Asian Ohioans

Aggregated data can mask health disparities, particularly for subpopulations. Asian Americans, for example, tend to perform well as a whole on many health indicators. However, data on southeast Asians and immigrant or refugee populations from Asia, such as Bhutanese-Nepali refugees, suggest these subpopulations experience poorer health outcomes. For example, a 2014 study found that Bhutanese refugees in Ohio experienced high rates of alcohol and tobacco use, mental health issues and suicide.[1]

LGBTQ

Questions regarding sexual orientation and gender identity are not consistently asked on many national and state surveys, making it difficult to assess the health needs of Ohio's LGBTQ community. Further, available data is often limited to information on solely the 'LGBT' population, excluding data on individuals who identify with the 'Q' (queer or questioning). All seven objectives related to LGBTQ health from Healthy People 2020 focus on increasing the number of population-based data systems collecting data on LGBTQ populations.

According to national data, the LGBTQ community experiences many gaps in outcomes linked to their status as sexual and gender minorities. LGBTQ individuals may refuse to engage in health care due to stigma, discrimination or having previously had a bad experience with a provider.[2] Elderly LGBT individuals face additional barriers due to isolation and lack of culturally-sensitive care among social and medical service providers.[3] LGBT individuals also face higher rates of violence and victimization[4], are five times more likely to attempt suicide during youth[5] and have higher rates of tobacco, alcohol and other drug use.[6]

Geography

There is a gap of more than 29 years in life expectancy at birth in Ohio depending on where a person lives, ranging from a low of 60 years in a Census tract in the Franklinton neighborhood of Columbus (Franklin County) to a high of 89.2 years in the Stow area (Summit County). Census tracts with the lowest life expectancy in Ohio share similar characteristics, such as a much lower median household income than the state and higher percentages of black Ohioans, people who did not graduate high school and Ohioans with a disability living in the Census tract.[7] Rural and Appalachian regions of the state also face multiple barriers to health including issues with accessing health care and adequate transportation.[8]

1. Surendra Bir Adhikari et al. *Epidemiology of Mental Health, Suicide and Post-Traumatic Stress Disorders among Bhutanese Refugees in Ohio, 2014.* Columbus, OH: Ohio Department of Mental Health and Addiction Services, Community Refugee and Immigration Services, 2015.
2. When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV. New York: Lambda Legal, 2010. https://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf
3. Cahill S, K. South and J. Spade. Outing age: Public policy issues affecting gay, lesbian, bisexual and transgender elders. Washington: National Gay and Lesbian Task Force, 2009
4. "Lesbian, Gay, Bisexual, and Transgender Health." Healthy People 2020, Office of Disease Prevention and Health Promotion. Accessed March 25, 2019. https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health
5. *Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12.* Youth Risk Behavior Surveillance. Atlanta, GA: Centers for Disease Control and Prevention, 2016
6. "Lesbian, Gay, Bisexual, and Transgender Health." Healthy People 2020, Office of Disease Prevention and Health Promotion. Accessed March 25, 2019. https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health
7. Health Policy Institute of Ohio. "Closing Ohio's Health Gaps: Moving Towards Equity," October 2018.
8. Health Policy Institute of Ohio. "2019 State Health Assessment: Regional Forum Findings," December 2018.