

APRIL 2024

HEALTH VALUE DASHBOARD™

2024

EQUITY PROFILES



health policy institute of ohio



EQUITY PROFILES

BLACK OHIOANS

Racism is a primary driver of poor outcomes experienced by Black Ohioans.⁴ Racism is a system, built from policies, practices and beliefs, that unfairly distributes resources, power and opportunity. Consequently, **Black Ohioans often experience worse outcomes than white Ohioans** across measures of health, healthcare access and the social, economic and physical environment.

Examples of policies and systems that contribute to gaps in outcomes include discrimination and unfair treatment in employment and lending, disinvestment in public transportation and public education, and the legacy of redlining and zoning policies. Increasing trust and engagement between policymakers and members of Black communities, increasing provider diversity and cultural humility skill development and providing equitable access to financing and employment opportunities can close gaps in outcomes for Black Ohioans.

This profile describes the magnitude of difference in outcomes between Black Ohioans and white Ohioans. Sources and additional data are available in the equity appendix posted on the [Health Value Dashboard web page](#).

Times worse for Black Ohioans

Experiences of racism	
Treated worse in healthcare due to race	13.7
Unfair treatment due to race, children	9.4
Treated worse at work due to race	8.5
Physical symptoms as a result of experiences of racism	7.9
Physical environment	
Food insecurity, children	3.5
Zero-vehicle households	3.3
Severe housing cost burden	2.2
Air pollution	1.4
Social and economic environment	
Incarceration	5.7
Child poverty	3
Unemployment	2.5
High school graduation	2.4
Chronic absenteeism	2.1
Disconnected youth	2
Access and healthcare system	
Unable to see doctor due to cost	1.7
Uninsured, adults	1.5
Prenatal care	1.4
Health	
Infant mortality	2.7
Premature death	1.6
Heart disease mortality	1.4

If disparities were eliminated...

189,344

fewer Black Ohioans would experience racism when seeking healthcare

16,973

fewer Black Ohioans would be incarcerated

60,004

fewer years of life would be lost by Black Ohioans

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HISPANIC/LATINO OHIOANS

Racism is a primary driver of poor outcomes experienced by Hispanic/Latino Ohioans.⁵ Racism is a system, built from policies, practices and beliefs, that unfairly distributes resources, power and opportunity. Consequently, **Hispanic/Latino Ohioans often experience worse outcomes than white, non-Hispanic Ohioans** across measures of healthcare access and the social, economic and physical environment.

Examples of policies and systems that contribute to gaps in outcomes include discrimination and unfair treatment within the healthcare system and limited access to health insurance and translation and interpretation services to assist with accessing and navigating care. Increasing translation and interpretation services, provider diversity and cultural humility skill development can close gaps in outcomes for Hispanic/Latino Ohioans.

This profile describes the magnitude of difference in outcomes between Hispanic/Latino Ohioans and white, non-Hispanic Ohioans. Sources and additional data are available in the equity appendix posted on the [Health Value Dashboard web page](#).

Times worse for Hispanic Ohioans

Experiences of racism	
Unfair treatment due to race, children	8.5
Physical symptoms as a result of experiences of racism	4.6
Physical environment	
Food insecurity, children	3.2
Severe housing cost burden	1.6
Zero-vehicle households	1.5
Air pollution	1.1
Broadband internet access	1.1
Social and economic environment	
High school graduation	2.3
Child poverty	2.1
Unemployment	1.7
Chronic absenteeism	1.7
Disconnected youth	1.4
Fourth-grade reading	1.4
Adverse childhood experiences	1.1
Access and healthcare system	
Uninsured, adults	2.7
Unable to see doctor due to cost	2.5
Prenatal care	1.4
Flu vaccinations	1.1
Health	
Adult depression	1.3

If disparities were eliminated...

19,486 fewer Hispanic Ohioans would experience physical symptoms due to experiences of racism

9,473 fewer Hispanic Ohioans would be unemployed

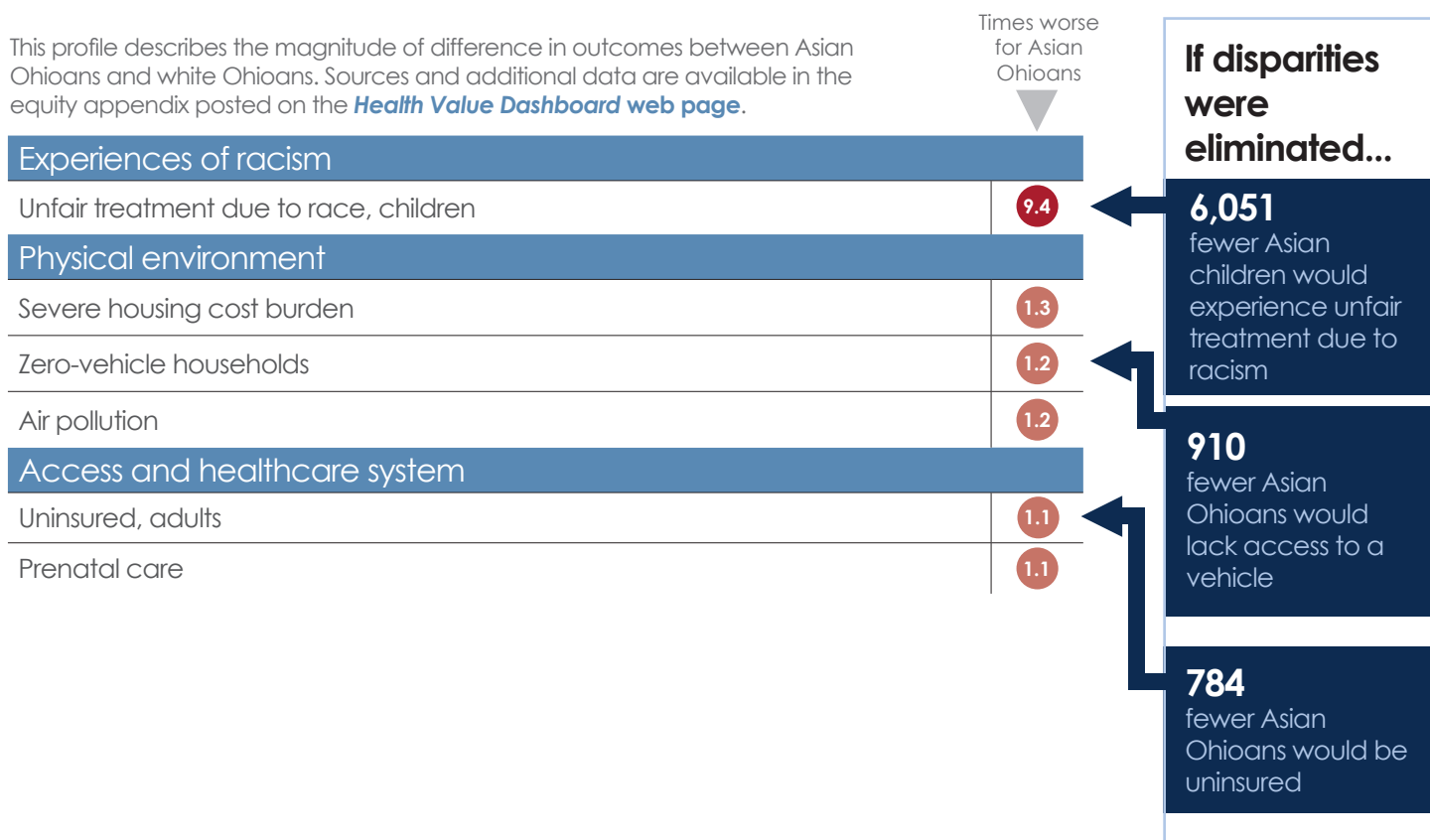
37,695 fewer Hispanic Ohioans would be unable to see a doctor due to cost

ASIAN OHIOANS

Racism is a primary driver of poor outcomes experienced by Asian Ohioans.⁶ Racism is a system, built from policies, practices and beliefs, that unfairly distributes resources, power and opportunity. Consequently, **Asian Ohioans experience worse outcomes than white Ohioans** across measures of healthcare access and the physical and social environment.⁷

Examples of policies and systems that contribute to gaps in outcomes include gentrification of historically Asian neighborhoods, which impacts housing affordability, and limited access to translation and interpretation services to assist with accessing and navigating care. Providing comprehensive language supports, increasing housing and community supports and increasing health insurance access can improve outcomes for Asian Ohioans.

This profile describes the magnitude of difference in outcomes between Asian Ohioans and white Ohioans. Sources and additional data are available in the equity appendix posted on the [Health Value Dashboard web page](#).



Better data needed for Asian Ohioans

Asian Ohioans represent a diverse group of ethnicities from a large geographic area with different cultural heritage. Collecting and grouping these diverse communities together can mask disparities and the underlying challenges experienced by specific groups. For example, while Asian Americans, as a group, may perform well on certain indicators, existing data on groups from Southeast Asia and Bhutanese and Nepali refugees suggest that these communities experience poorer outcomes.

Oversampling when collecting data can help ensure that data is representative, especially for groups with smaller population sizes, and allow for more meaningful disaggregation.

OHIOANS WITH DISABILITIES

Ableism is a primary driver of poor outcomes experienced by Ohioans with disabilities.⁸ Ableism is a system of discriminatory policies, practices and beliefs that value people without disabilities over people with disabilities. Consequently, **Ohioans with disabilities often experience worse outcomes than Ohioans without disabilities** across measures of health, healthcare access and the social, economic and physical environment.⁹

Examples of policies and systems that contribute to gaps in outcomes include inaccessible transportation, buildings and programs and employment discrimination. Improving enforcement of civil rights protections for people with disabilities and accessibility and accommodations in employment and healthcare settings can close gaps in outcomes for Ohioans with disabilities.

This profile describes the magnitude of difference in outcomes between Ohioans with disabilities and without disabilities. Sources and additional data are available in the equity appendix posted on the [Health Value Dashboard web page](#).

Times worse for Ohioans with disabilities

Category	Times worse for Ohioans with disabilities
Physical environment	
Food insecurity, children	2.8
Social and economic environment	
Labor force participation	3.3
Disconnected youth	3.2
High school graduation	2.4
Adverse childhood experiences	1.8
Child poverty	1.8
Fourth-grade reading	1.4
Access and healthcare system	
Unable to see doctor due to cost	2.8
Health	
Adult depression	3.4
Adult diabetes	2.1

If disparities were eliminated...

623,070

fewer Ohioans with disabilities would be out of the labor force

174,923

fewer Ohioans with disabilities would be unable to see a doctor due to cost

556,866

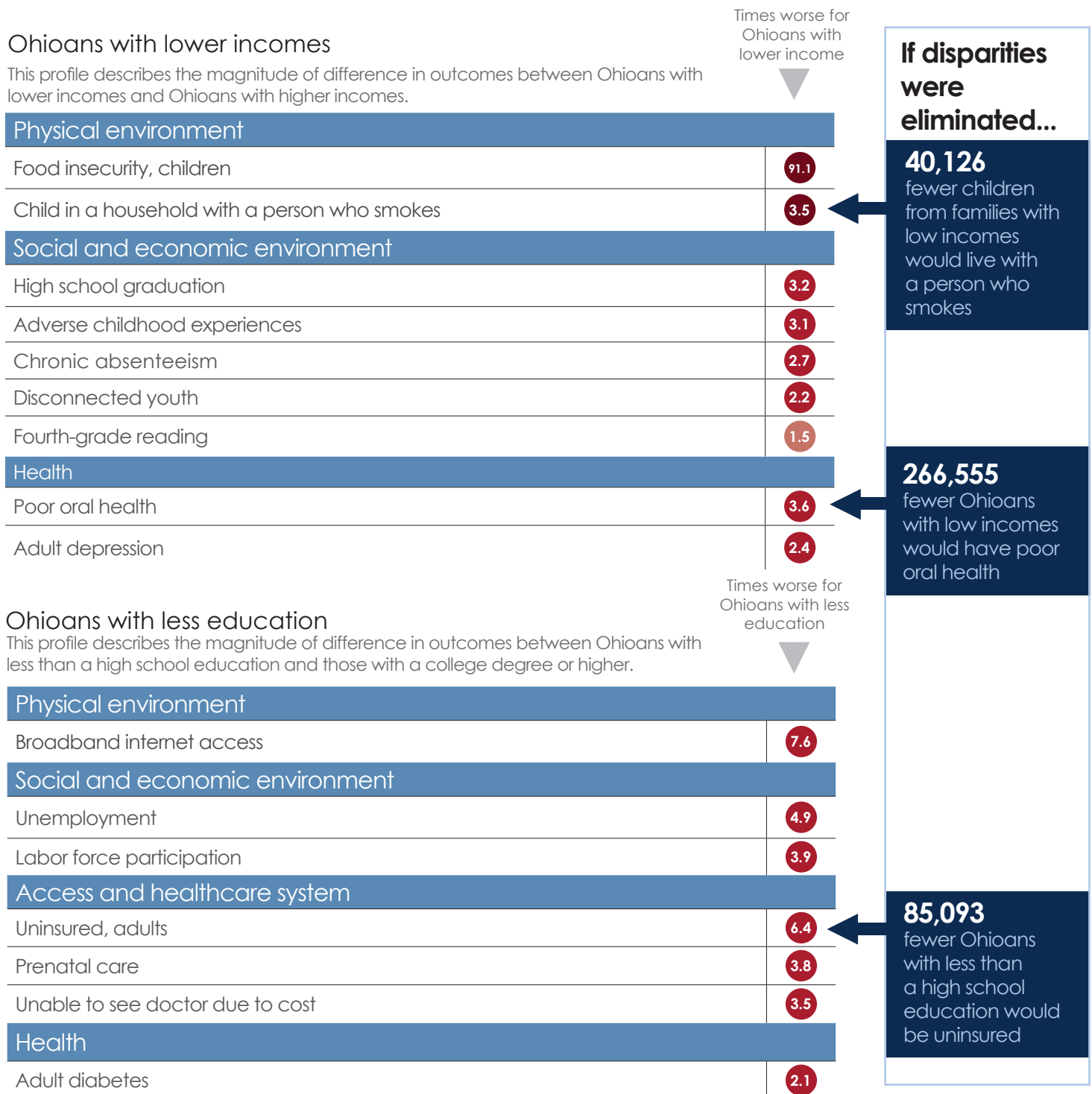
fewer Ohioans with disabilities would experience depression

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OHIOANS WITH LOWER INCOMES AND/OR LESS EDUCATION

Ohioans with less than a high school education and/or lower incomes often experience worse outcomes across measures of health, healthcare access and the social, economic and physical environment than Ohioans with higher educational attainment and/or incomes.

A lack of opportunities to build wealth and the high cost of post-secondary education can prevent people with low incomes from furthering their education, contributing to reduced employment opportunities, high student debt and lower wages. Improving access to education and higher-wage jobs that pay a self-sufficient income can also increase access to resources that are critical for health, such as safe and quality housing, healthy foods and health care.



Sources and additional data are available in the equity appendix posted on the [Health Value Dashboard web page](#).

LGBTQ+ OHIOANS

Homophobia and transphobia are primary drivers of poor outcomes experienced by LGBTQ+ Ohioans.¹⁰ Experiencing these forms of discrimination can cause toxic stress, leading to poor health outcomes over time. **LGBTQ+ Ohioans often experience worse outcomes than heterosexual and/or cisgender Ohioans** across measures of health and the social environment.

Policies and practices that limit access to necessary health care and a lack of protections for Ohioans based on sexual orientation and gender identity contribute to worse health outcomes for LGBTQ+ people compared to their heterosexual and/or cisgender peers.¹¹ By ensuring access to developmentally appropriate care, improving provider education and including sexual orientation and gender identity in anti-discrimination laws, Ohio can close gaps in health outcomes for LGBTQ+ Ohioans.

Lesbian, gay and bisexual Ohioans

This profile describes the magnitude of difference in outcomes between lesbian, gay and bisexual Ohioans and heterosexual Ohioans. Sources and additional data are available in the equity appendix posted on the [Health Value Dashboard web page](#).

Times worse for lesbian,
gay and bisexual
Ohioans



Social and economic environment

Experiences with online bullying	2
Experiences with physical bullying	1.7
Health	
Youth considering suicide	4.8
Youth suicide attempt	4.3
Youth mental health	2.6
Youth all-tobacco use	1.8
Youth binge drinking	1.6
Adult smoking	1.2

Transgender Ohioans

This profile describes the magnitude of difference in outcomes between transgender Ohioans and cisgender Ohioans. Sources and additional data are available in the equity appendix posted on the [Health Value Dashboard web page](#).

Times worse for
transgender Ohioans



Health	
Adult depression	2.8
Excessive drinking	1.8
Overall health status	1.6

Note: Analysis of estimated impact could not be completed for this equity profile because population estimates of LGBTQ+ Ohioans are not available publicly. Intentionally sampling underrepresented groups, like LGBTQ+ people, can improve data quality and reporting.

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Other Ohioans who experience barriers to health

Other groups of Ohioans who often experience barriers to health, or systematic disadvantage, include:

Ohioans who are immigrants or refugees

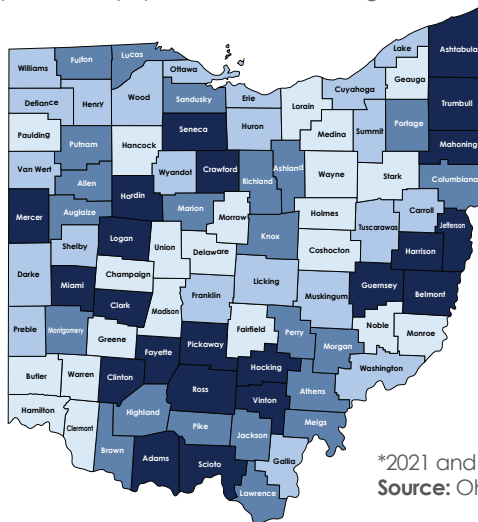
Despite being more likely to have an advanced degree and participate in the labor force, Ohioans who were born outside of the United States were more likely to live in poverty than their U.S. born peers in 2022.¹²

Ohioans who live in rural or Appalachian areas

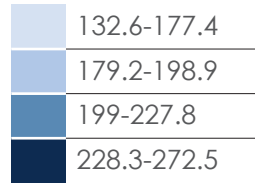
Heart disease death rates among working-age Ohioans were highest in rural and Appalachian counties in 2021-2022.¹³

Age-adjusted rate of heart disease deaths

per 100,000 population, for Ohioans ages 15-64, 2021-2022*



Heart disease deaths per 100,000 population



Heart disease death rates vary greatly by county, with the highest rates found in Appalachian (southern and eastern Ohio) and rural counties. Mercer County had the highest rate, at 272.5 per 100,000 population, which is 40% higher than the overall state rate (194.8).

*2021 and 2022 data is preliminary
 Source: Ohio Department of Health, Public Health Data Warehouse

Older Ohioans

There were 36,016 reports of abuse, neglect or exploitation of Ohioans, ages 60 and older, in state fiscal year 2022.¹⁴ This is likely an undercount because many cases are not reported.

Veterans

In 2020, the suicide rate for veterans in Ohio (30.9 per 100,000 veterans) was 1.8 times higher than the suicide rate for non-veteran Ohioans (17.4 per 100,000 non-veterans).¹⁵

Opportunities to improve data collection

Public and private entities can improve the quality and availability of publicly available data by:

- Consistently collecting disaggregated data on race/ethnicity, income, geography, disability status, sexual orientation/gender identity and other factors across data sources and years.
- Oversampling groups with smaller population sizes to ensure that they are represented in the data. This also increases the ability to measure the experiences of Ohioans who are part of more than one systematically disadvantaged group.
- Providing local data at the county, zip code and/or census tract levels, when possible.
- Providing training on how to collect demographic data to reduce non-response and missing data.

HPIO's [equity publications and resources](#) contain more information on data, resources and evidence-informed strategies to advance equity.