



HEALTH VALUE DASHBOARD

# EQUITY PROFILES WORKGROUP

March 25, 2025



# VISION

Ohio is a model of health, well-being and economic vitality

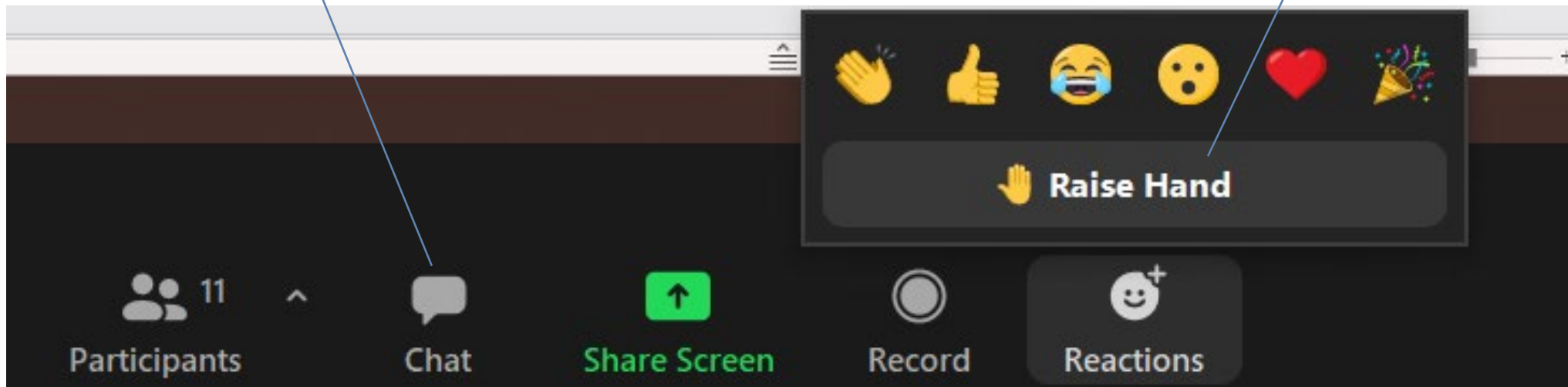
# MISSION

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

# Participating in Zoom

Chat  
(found in bottom toolbar)

Raise hand  
(found inside reactions button)



# Agenda

- Welcome and overview
- Methodology updates
- Metric changes
- Framing discussion
- Next steps

# Objectives

## **As a result of this meeting, Advisory Group members will:**

- Understand and provide feedback on potential updates to the methodology for the equity profiles
- Begin the process for updating the metrics in the equity profiles
- Discuss potential changes to framing of the equity profiles

# Advisory group purpose

1. Provide guidance to HPIO on equity-related work
2. Facilitate a common understanding and awareness of equity issues
3. Develop a network of equity stakeholders across the state

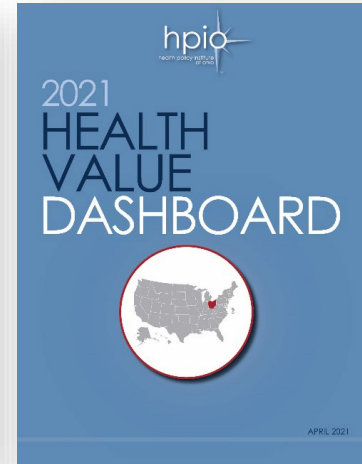
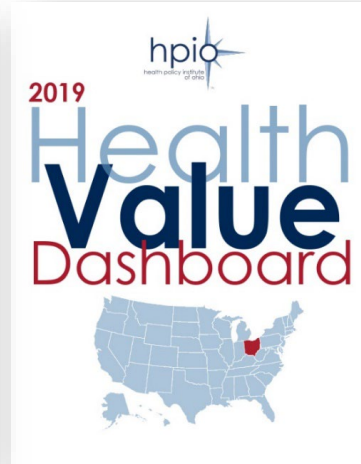
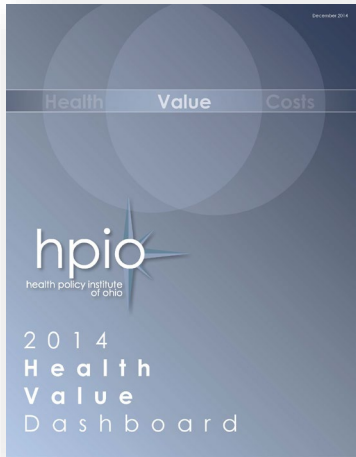
# HPIO Equity Advisory Group

Sectors  
represented

Advocacy	Local health department	State agency	Housing
Provider/clinician	Education	Research/academia	Social service provider
Coalition or group supporting at-risk population	Health plan/private insurer/managed care	Grassroots community organizing	Community/economic development
Education/job training	Philanthropy	Employment services/income	Business

# Health Value Dashboard and Equity Profiles: **Overview**



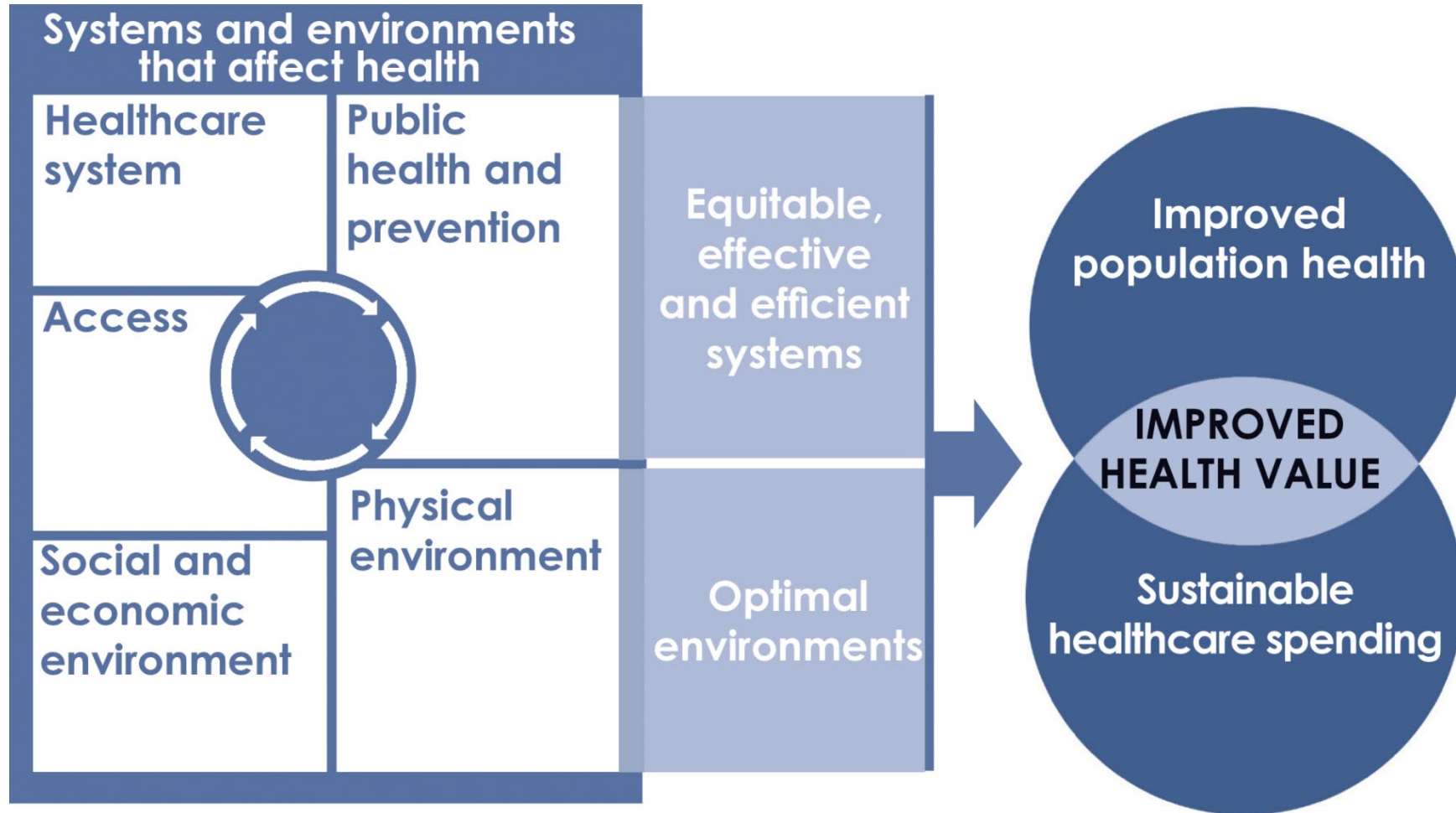


2014



2025

# Pathway to improved health value



**World Health Organization definition of health:** Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Data in context

Data to answer questions

Data for action



Informed  
policy  
decisions

# Data in context

Rankings



Progress and trends

Moderately  
improved

Gaps in outcomes

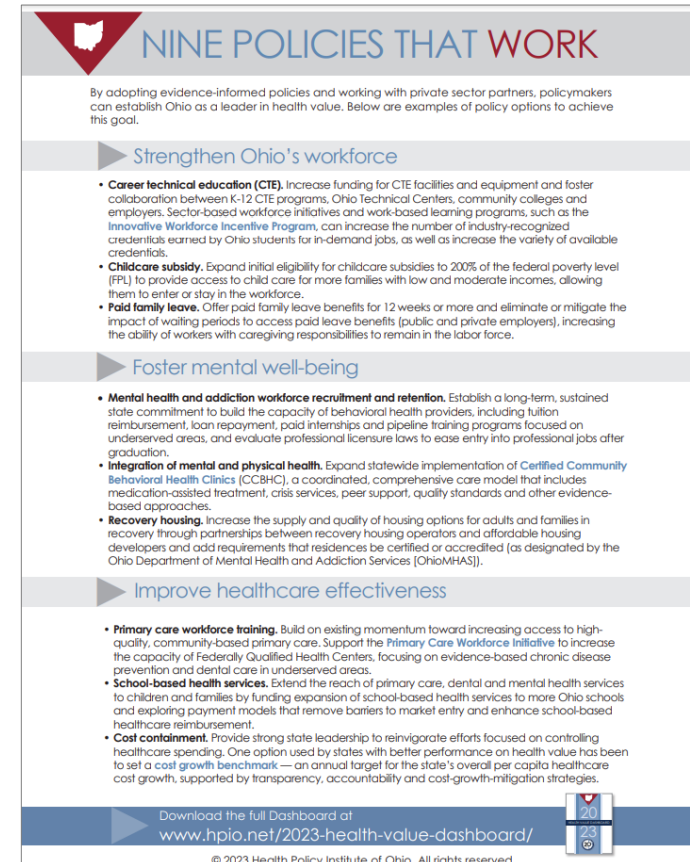
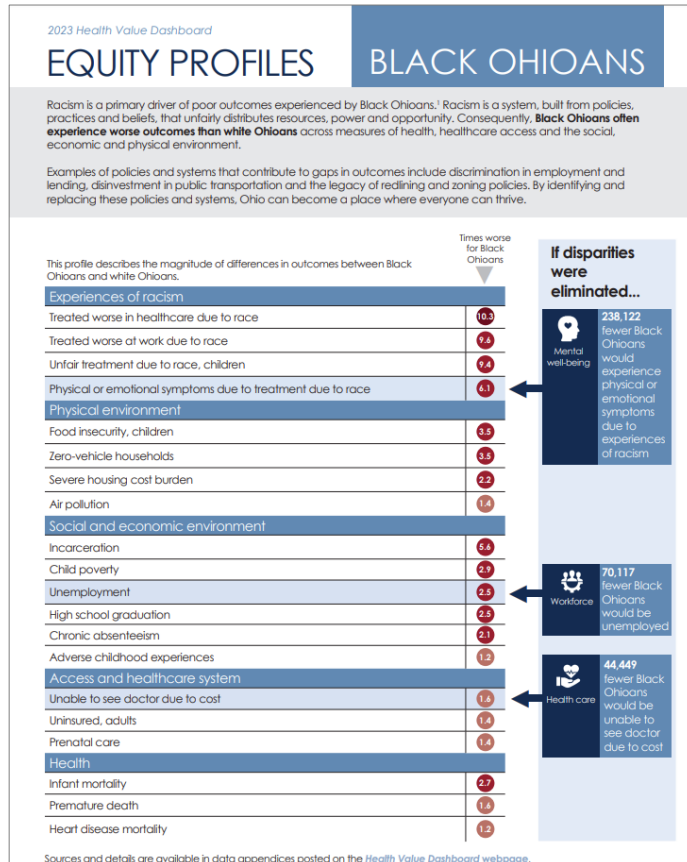
Times worse  
for Black  
Ohioans



# Data to answer questions

## What drives disparities and inequities?

## How can we improve?



# Informed policy decisions



Data in  
context



Concise key  
findings

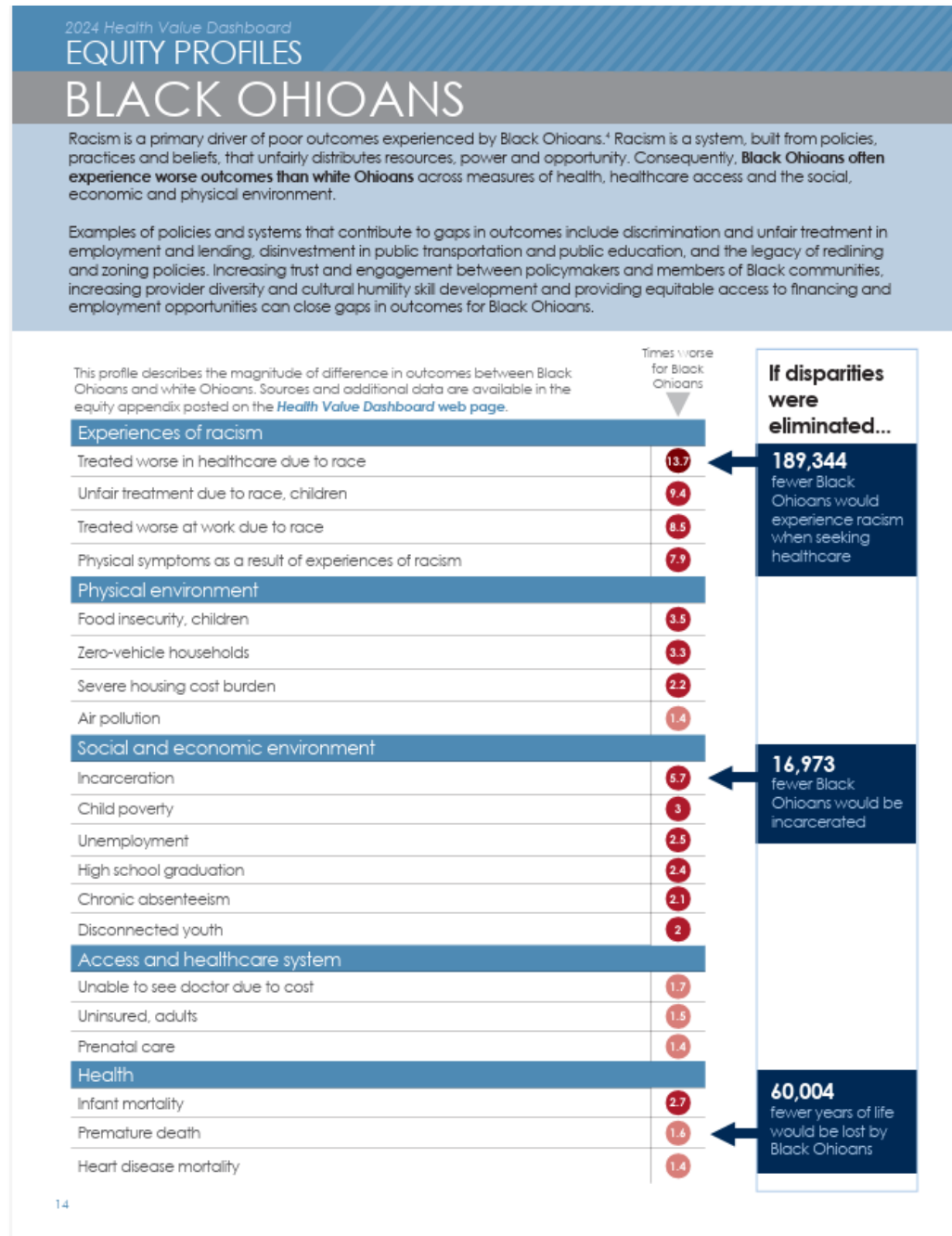


Highlight  
what works

# 2024 Equity profiles

- ▶ Black Ohioans
- ▶ Hispanic/Latino Ohioans
- ▶ Asian Ohioans
- ▶ Ohioans with disabilities
- ▶ Ohioans with lower incomes and/or less education
- ▶ LGBTQ+ Ohioans

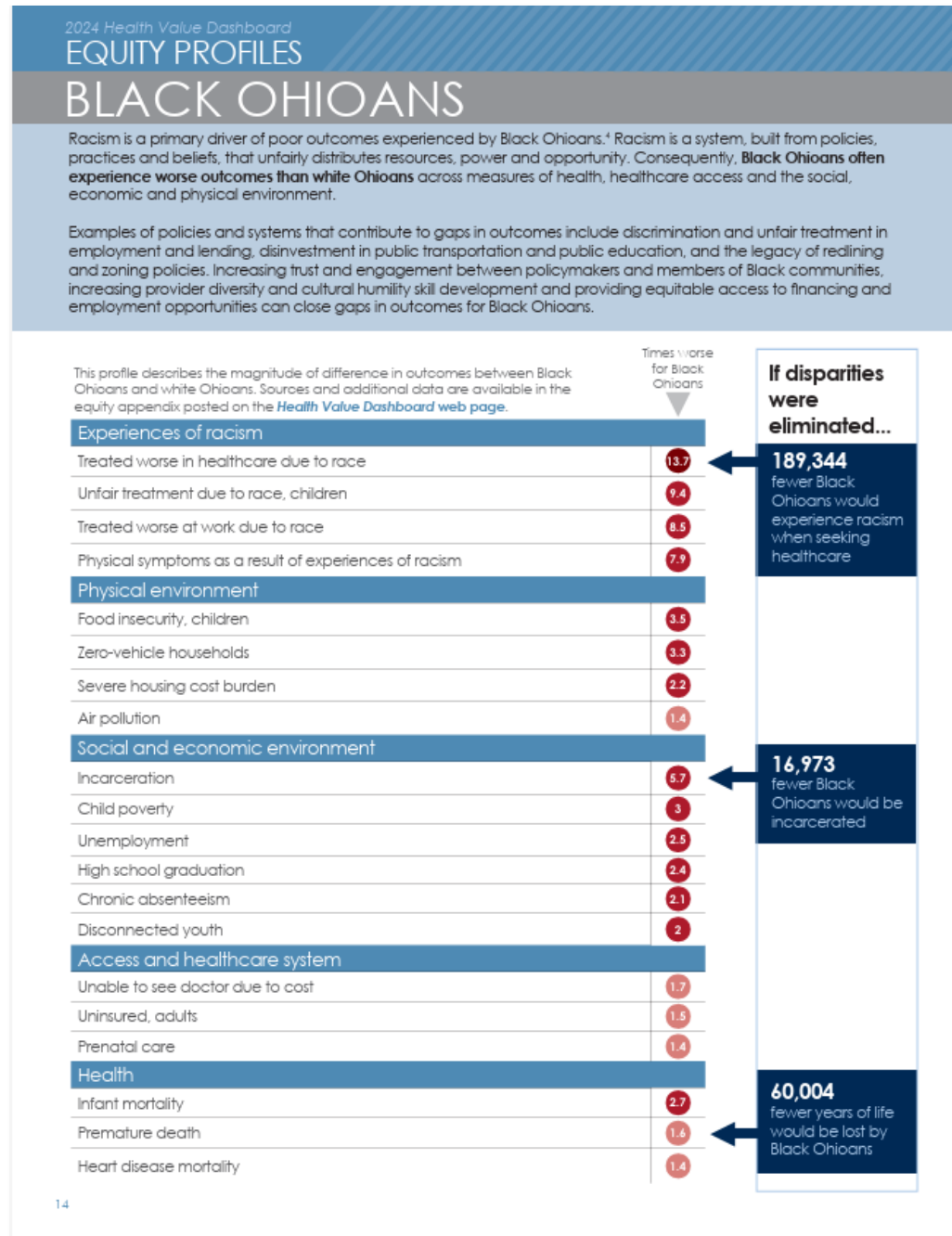
# 2024: example equity profile





# 2026 Equity profiles: Methodology **Discussion**

# 2024: example equity profile



# Appendix

Access and healthcare system	<b>Flu vaccinations.</b> Percent of people, ages 6 months and older, who did not receive a flu vaccination (2022-2023 flu season)	Percent of people, ages 6 months and older, who did not receive a flu vaccination during the flu season.	47.1%	61.2%	54.1%	N/A	1.3	1.1	N/A	N/A	N/A	N/A	Centers for Disease Control and Prevention, Respiratory Disease Surveillance and Control System
Social and economic environment	<b>Chronic absenteeism.</b> Percent of students who were chronically absent from school (2022-2023 school year)	Percent of students with excused or unexcused absences from school that exceed at least 10% of possible attendance hours, for students with at least 100 hours of possible attendance.	21.0%	45.0%	35.0%	16.4%	2.1	1.7	0.8	67,315	17,305	N/A	Ohio Department of Education, Report Cards Explorer
Social and economic environment	<b>Incarceration.</b> Number of people incarcerated in Ohio Department of Rehabilitation and Corrections (ODRC) prisons for fiscal year 2023, per 100,000 population (July 2023 snapshot; 2022 1-year estimates)	Number of people incarcerated in Ohio Department of Rehabilitation and Corrections (ODRC) prisons for fiscal year 2023, per 100,000 population. Some, but very few, people incarcerated in ODRC prisons are under the age of 18.	251	1422	N/A	N/A	5.7	N/A	N/A	16,973	N/A	N/A	Analysis of Ohio's U.S. Census Bureau Data
Social and economic environment	<b>Arrests.</b> Number of people arrested, all ages, per 100,000 population (2022)	Number of people arrested, all ages, per 100,000 population. The data source for this indicator, the Ohio Incident-Based Reporting System, is a voluntary reporting system. In 2022, law enforcement agencies with jurisdictions over about 93.7% of Ohio's population reported to this system. Therefore, population estimates for each group were multiplied by 93.7% before calculating the arrest rate.	1266.3	4881.5	N/A	283.5	3.9	N/A	0.2	52,400	N/A	N/A	Ohio Incident-Based Reporting System, compiled by the Ohio Department of Public Safety
Social and economic environment	<b>Child poverty.</b> Percent of people under age 18, in households with incomes below the federal poverty level (2018-2022)	Percent of people under age 18, in households with incomes below the federal poverty level.	13.2%	38.9%	28.1%	10.8%	3.0	2.1	0.8	96,229	26,081	N/A	U.S. Census Bureau, B17001A, B17002
Social and economic environment	<b>Unemployment.</b> Percent of people who are jobless, looking for a job and available for work (2018-2022)	Percent of people who are unemployed during the reference week surveyed by the American Community Survey (ACS). The ACS defines people ages 16 or older who are not working but participating in the labor force (i.e. willing, able and looking for work) as unemployed.	4.1%	10.2%	6.9%	3.6%	2.5	1.7	0.9	68,093	9,473	N/A	U.S. Census Bureau, S2301
Social and economic environment	<b>High school graduation.</b> Percent of students who do not graduate in four years with a regular high school diploma (2022-2023 school year)	Percent of students who do not graduate in four years with a regular high school diploma using the state of Ohio method for calculating graduation rates. The percent of students who graduate in four years was calculated using the adjusted cohort graduation rate (ACGR). From the beginning of ninth grade (or the earliest high school grade), students who are entering that grade for the first time form a cohort that is "adjusted" by adding any students who subsequently transfer into the cohort and subtracting any students who subsequently transfer out, emigrate to another country, or die.	9.6%	22.8%	22.5%	5.5%	2.4	2.3	0.6	N/A	N/A	N/A	Ohio Department of Education
Social and economic environment	<b>Disconnected youth.</b> Percent of youth, ages 16-24, who are not working or in school (2017-2021)	Percent of youth, ages 16-24, who are not working or in school.	9.2%	18.7%	13.2%	6.8%	2.0	1.4	0.7	18,088	3,150	N/A	Analysis of U.S. Microdata Sample, Ohio University
Social and economic environment	<b>Adverse childhood experiences.</b> Percent of children who have experienced two or more adverse experiences (2020-2021)	Percent of children who have experienced two or more adverse experiences (ACEs), among nine ACEs defined by the National Survey of Children's Health: "Somewhat often" or "very often" hard to get by on family income; parent or guardian divorced or separated; living in a military family; living in a foster home or institution; having a family member who was in prison or jail; having a family member who was mentally ill; having a family member who was substance-abusing; having a family member who was ever in the hospital; having a family member who was ever in a nursing home.	21.3%	24.8%	24.0%	3.9%	1.2	1.1	0.2	13,063	4,721	N/A	Analysis of Health and Human Services, Ohio University

# Current methodology

“systematically disadvantaged group”

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“systematically advantaged group”

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Disparity ratio

# Benefits of current methodology

- Familiar to our audience
- Simple calculation, simple to understand
- Can do it for all metrics, very flexible

# Limitations and challenges

- Making all metrics ascending artificially produces larger disparity ratios
- We cannot trend ratios over time, which doesn't allow us to see if we are closing gaps or moving towards equity
- Just because the advantaged group is performing better than the disadvantaged doesn't mean they are doing well
- The advantaged group is sometimes not doing better than other groups (Example: on some metrics Asian Ohioans perform better than White Ohioans)
- Disparity ratios can mask diversity within groups (example: Asian Ohioans are very diverse, some doing quite well and others really struggling)

# Food for thought: please keep these questions in mind as we review the options

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- Should we be comparing at all between groups?
- If so, how should we compare them and what should we compare them to?
- What are we trying to achieve with a comparison?
- How do you use the disparity ratios?

# Some solutions we have considered

- **Option 1:** Calculating statistical significance
- **Option 2:** Comparing groups to Ohio overall
- **Option 3:** Comparing groups to the rest of the state
- **Option 4:** Comparing groups to benchmarks



# Option 1: Statistical significance

- Pros
  - Academically rigorous
  - Would allow us to put emphasis on those which were statistically different
- Cons
  - Not enough of the data sources we use for the secondary data gave us the information we needed about the estimates and sampling to be able to do this
  - Without regression analysis, differences could be due to confounding factors
  - Complex, higher likelihood of misinterpretation

# Option 2: Group vs. Ohio overall

Group value

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Ohio overall value

=

Disparity ratio

# Option 2: Group vs. Ohio overall

- Pros
  - Simple
  - Could do it for most measures if we have an Ohio overall value
- Cons
  - Double counting people in the denominator
  - Statistically not good practice
  - Could artificially narrow the disparity

# Option 3: Group vs. Rest of Ohio

Group value

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Non-Group value

=

Disparity ratio

# Option 3: Group vs. rest of Ohio

- Pros

- Easy interpretation (group is X times worse than the rest of the state)
- Most sound methodological option second to statistical significance
- We already do it this way in the Disability vs non-Disability profile

- Cons

- Can't do it for all measures
- May also show less of a disparity for disadvantaged groups

# Option 4: Benchmarks

- Pros

- Rising tide lifts all boats instead of putting groups up against each other
- Aspirational - gives us a goal to shoot for
- Nationally or statewide recognized objectives

- Cons

- There are not many metrics that we use which have benchmarks, so it can't be applied to everything

# Proposed change options

- Scenario #1: Keep things how they are, even given the limitations
- Scenario #2: No longer quantify differences, and simply display the data side by side so people can see for themselves
- Scenario #3: Calculate the ratio between a group and the rest of the state
- Scenario #4: Option 1, 2 or 3 AND compare to state or national established benchmarks where available

# Discussion questions

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- What questions do you have about the methodology options?
- What are your thoughts on the strengths/challenges of changing the disparity ratio calculations?
- Do you have a preference for any of the options presented?



# 2026 Equity profiles: Metric changes **Discussion**

# 2025-2026 Timeline

## 2025

- January – April: AG and workgroup meetings
- April: EAG equity profile metric review
- May – July: HPIO equity profile metric research
- Early August: EAG review potential metric list
- August – December: Data compilation and analysis

## 2026

- January – May: Layout and review
- May: Dashboard release

# Discussion questions

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- How much continuity should there be between the metrics in the equity profiles and the main dashboard?
- How much continuity should there be between each of the equity profiles?

# Metric considerations and criteria

- 1. State-level:** Statewide data are available for Ohio.
- 2. Ability to track disparities:** Data are available for disaggregation by characteristics such as race/ethnicity, income level, disability status, and/or sexual orientation and gender identity.
- 3. Availability and consistency:** There is a high probability that data for this metric will continue to be gathered in the future and will be provided in a relatively consistent format across time periods.
- 4. Timeliness:** Data for this metric is released on a regular basis (at least yearly or every other year).

# Metric considerations and criteria

(cont.)

- 5. Source integrity:** The metric is nationally recognized as a valid and reliable indicator and the data are provided by a reputable national organization or state or federal agency.
- 6. Data quality:** The data are complete and accurate. The data collection method is the best available for the construct being measured (e.g., biometric, self-report, administrative).
- 7. Face value:** The metric is easily understood by the public and policymakers.
- 8. Relevance:** The metric addresses an important health-related issue that is of significant concern to Ohioans.

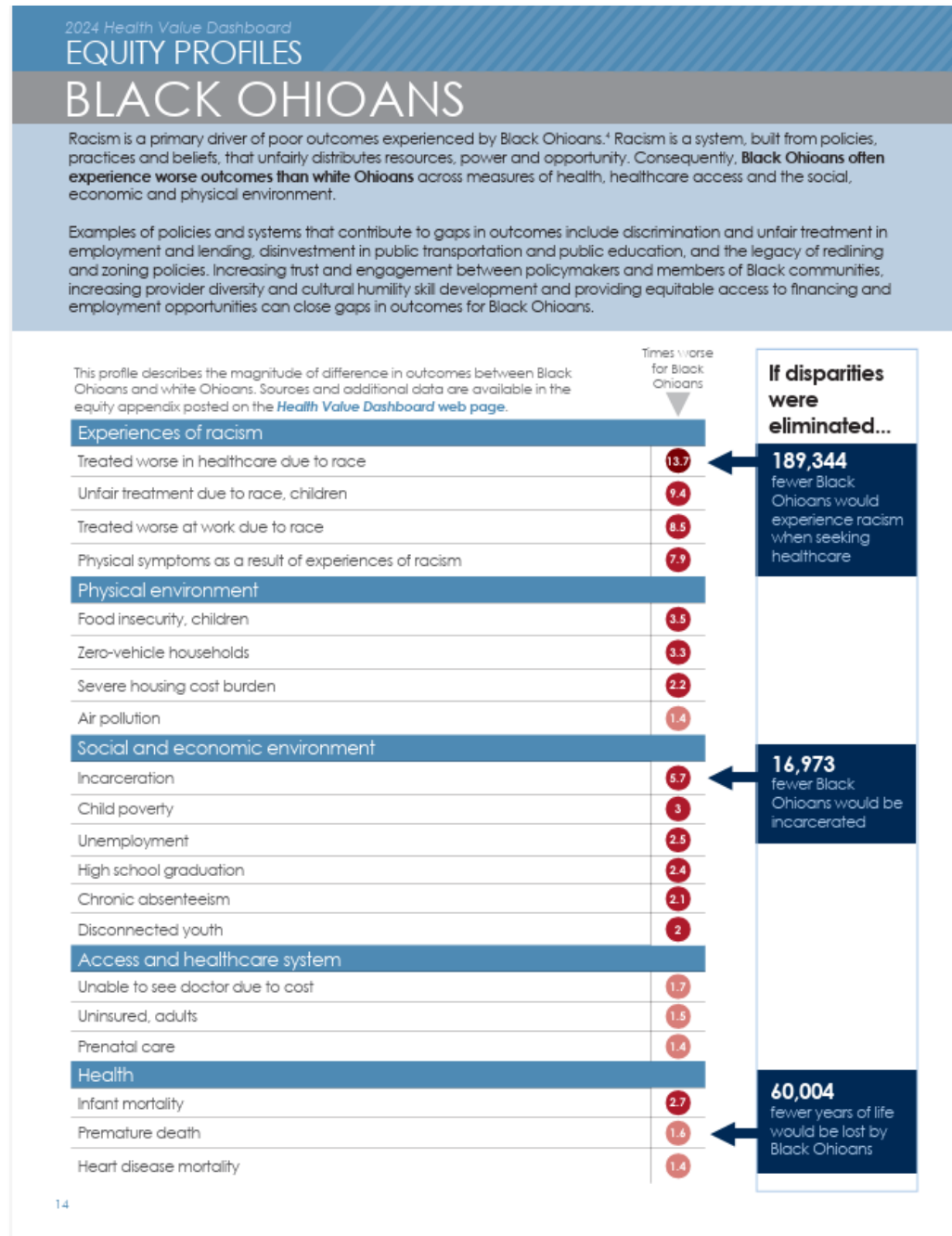
# Metric review questions

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- Are the current metrics still relevant and useful? Anything we should cut?
- What are the most important metrics to add? What's missing?

# 2026 Equity profiles: Framing **Discussion**

# 2024: example equity profile





2024 Health Value Dashboard

## EQUITY PROFILES

# BLACK OHIOANS

Racism is a primary driver of poor outcomes experienced by Black Ohioans.<sup>4</sup> 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](#).

## 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

Times worse  
for Black  
Ohioans



**If disparities  
were  
eliminated...**

**189,344**

fewer Black  
Ohioans would  
experience racism  
when seeking  
healthcare



# Other Ohioans who experience barriers to health

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

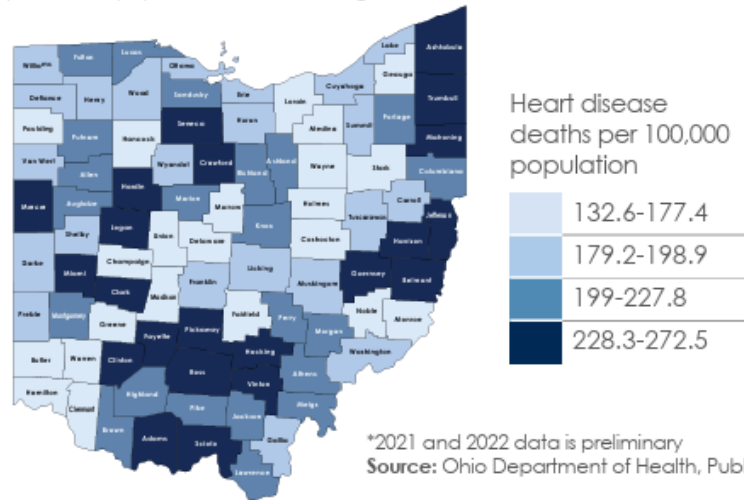
## Ohioans who are immigrants or refugees

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.<sup>12</sup>

## 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.<sup>13</sup>

**Age-adjusted rate of heart disease deaths**  
per 100,000 population, for Ohioans ages 15-64, 2021-2022\*



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.<sup>14</sup> 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).<sup>15</sup>

# Discussion questions

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1. What did/didn't you like about how the profiles were laid out in 2024?
2. What are your thoughts on the framing for the equity profiles, in terms of:
  - Term 'equity profiles'
  - Introductory language for profiles
  - Framing of disparities and inequities
3. Is there anything about the profiles that is difficult to understand or navigate?

# 2026 Equity profiles: **Next steps**

# 2025-2026 Timeline

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## 2025

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## 2026

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# Other metric workgroups

- **Healthcare system:** Thursday, March 27th from 10-11:30 AM
- **Public health and prevention:** Thursday, April 3 from 11AM-12:30 PM
- **Healthcare spending:** Tuesday, April 15 from 1-2:30 PM
- **Population health:** Thursday, April 17 from 10-11:30 AM
- **Social and economic environment:** Thursday, April 24 from 10-11:30 AM
- **Physical environment:** Thursday, May 1 from 11AM-12:30 PM

Please let us know in the chat and include your email if you would like to join us, and we will send you the link



# Contact

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THANK YOU