Health **Data** Brief

Ohio COVID-19 disparities by race and ethnicity: September update

The disproportionate impacts of COVID-19 on communities of color across the U.S. and in Ohio, particularly within the Black/African-American community, have become increasingly apparent over the past several months.[1]

As of Aug. 29, 2020, 771 Black/African-American, 92 Hispanic/Latino and 42 Asian-American Ohioans died with COVID-19. To put existing information into context, this brief provides Ohio-specific data on:
- COVID-19 cases, hospitalizations and deaths among Black/African-American and white Ohioans relative to their respective proportions of the state population
- COVID-19 deaths in 2020 compared to leading causes of death in 2018 among Black/African-American Ohioans
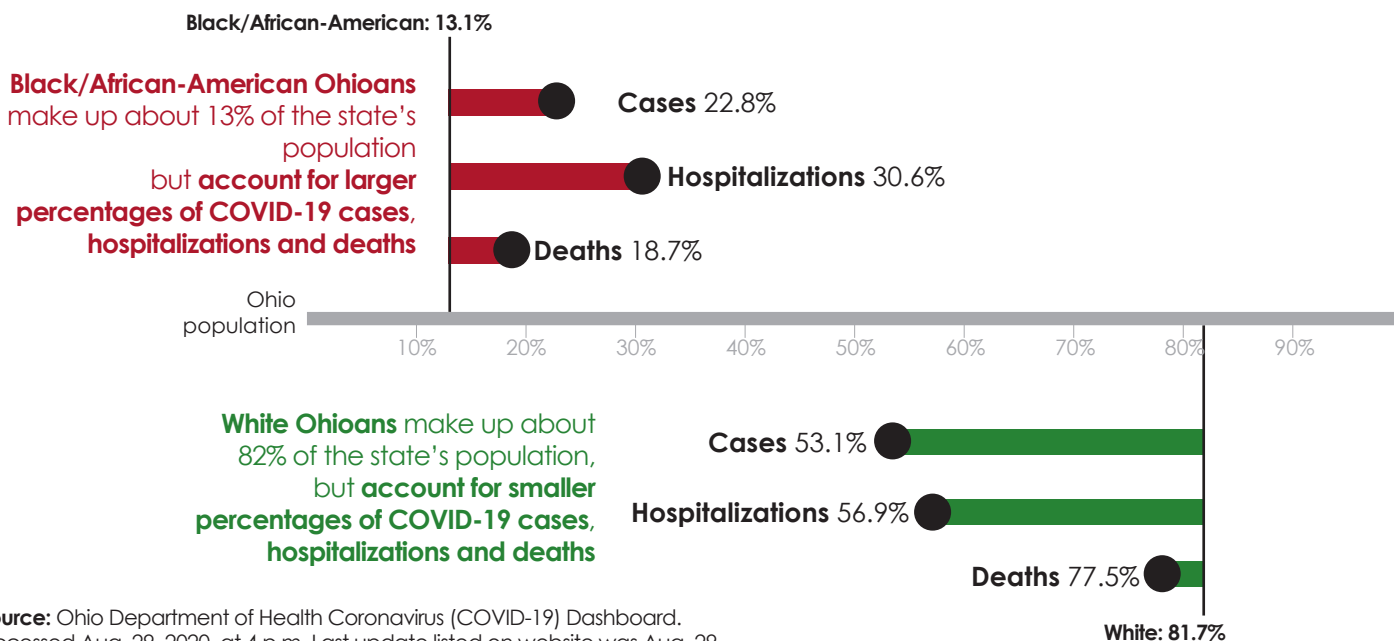- The percentage of cases with unknown race and ethnicity data in Ohio counties

As of Aug. 29, 2020, there have been 27,637 COVID-19 cases, 4,070 hospitalizations and 771 deaths among Black/African-American Ohioans.[2]

Figure 1 compares COVID-19 deaths for Black and white Ohioans relative to their proportions of the state's total population. Black/African-American Ohioans are overrepresented in COVID-19 cases (22.8%), hospitalizations (30.6%) and deaths (18.7%) compared to their respective percent of the state population (13.1%). In contrast, white Ohioans comprise 81.7% of Ohio's

3 key findings

- **Disproportionate and far-reaching impact.** Ohioans of color are overrepresented in COVID-19 cases, hospitalizations and deaths. As the virus continues to spread, COVID-19 is likely to become a top five leading cause of death for Black/African-American Ohioans in 2020.
- **Better data is needed.** Strengthened collection and reporting of race/ethnicity data is needed to fully understand how communities of color are impacted by the pandemic.
- **Improvement is possible.** State policymakers can address COVID-19 racial and ethnic disparities by aligning their responses to the pandemic with recently released plans that outline steps to dismantle racism and improve the health and wellbeing of Ohioans.

Figure 1. **COVID-19 cases, hospitalizations and deaths through Aug. 29, 2020 compared to population estimates, by race**

Black/African-American: 13.1%

Black/African-American Ohioans make up about 13% of the state's population but **account for larger percentages of COVID-19 cases, hospitalizations and deaths**

Cases 22.8%
Hospitalizations 30.6%
Deaths 18.7%

Ohio population

10% 20% 30% 40% 50% 60% 70% 80% 90%

White Ohioans make up about 82% of the state's population, but **account for smaller percentages of COVID-19 cases, hospitalizations and deaths**

Cases 53.1%
Hospitalizations 56.9%
Deaths 77.5%

White: 81.7%

Source: Ohio Department of Health Coronavirus (COVID-19) Dashboard. Accessed Aug. 29, 2020, at 4 p.m. Last update listed on website was Aug. 29, 2020, at 2 p.m. Population estimates from CDC WONDER.

Data challenges

This brief presents data stratified by race and ethnicity as reported on the Ohio Department of Health Coronavirus Dashboard. The availability of data to assess the full impact of COVID-19 on communities of color has improved in recent months, yet gaps remain.

What we know

COVID-19 disparities data provide a surface-level view of underlying inequities, including historical and contemporary racism and discrimination.[3] For example:

- Residential redlining and lack of affordable housing have resulted in the segregation of communities of color, often into more crowded living conditions.[4] Crowding makes it easier for some infectious diseases to spread and may contribute to the disproportionate impact of COVID-19 on communities of color.[5] Racist policies that result in the disproportionate incarceration of Black/African-American Ohioans are a major driver of COVID-19 disparities. Four of the 10 counties with the most disproportionate rates of COVID-19 cases for Black/African-American Ohioans have state prisons located within them.

What we don't know

- The ability to assess the full scope of racial and ethnic disparities at the county level is limited by large percentages of "unknown" race and ethnicity COVID-19 data. Factors impacting this may include race and ethnicity questions not being asked, questions being asked improperly or ineffectively, tracking issues (i.e., data is not entered or transferred) or no response when questions are asked.
- It is unclear how differences in testing rates may potentially impact case data for communities of color. Data on the number of COVID-19 tests administered is not available by race/ethnicity.
- Ohio does not have comprehensive data to examine the extent to which disproportionate employment of people of color in essential or "front line" jobs is impacting COVID-19 disparities.
- Disparities in COVID-19 outcomes for racial and ethnic groups with smaller populations in Ohio, such as immigrant and refugee communities or Asian sub-populations, may be masked when racial and ethnic data is aggregated.
- Communities of color who are also members of other systematically disadvantaged groups, such as people of color with disabilities, may experience more severe disparities than what is captured by existing data.

population but account for 53.1% of COVID-19 cases, 56.9% of hospitalizations and 77.5% of deaths.

Over the past three months, overrepresentation in COVID-19 hospitalizations and deaths for Black/African-American Ohioans relative to the percent of the state population that is Black/African American has increased by 0.7% and 13.3% respectively. However, overrepresentation of Black/African American Ohioans in COVID-19 cases has decreased by 10.6%.

As of Aug. 29, 2020, Hispanic Ohioans were overrepresented in COVID-19 cases (6.3%) and hospitalizations (5.9%) relative to the percent of the state population (4%), but underrepresented in deaths (2.2%).

Figure 2 compares the total number of COVID-19 deaths so far in 2020 to the number of deaths due to other causes during all of 2018 among Black/African-American Ohioans. Deaths among Black/African-American Ohioans with COVID-19 have already exceeded deaths from many leading causes of death in all of 2018, such as stroke, diabetes, chronic lower respiratory diseases and homicide. As the pandemic continues, COVID-19 is likely to become a top five leading cause of death for Black/African-American Ohioans in 2020.

Figure 2. Total number of COVID-19 deaths in 2020* compared to leading causes of death in all of 2018 among Black/African-American Ohioans

Leading causes of death for Black/African-American Ohioans **entire year 2018**

Cause	Number
1. Heart disease	3,188
2. Cancer	2,760
3. Unintentional injuries	1,009
Unintentional drug overdose deaths	518
Motor vehicle crashes	210
Other accidents	281
4. Stroke and other cerebrovascular diseases	770
5. Diabetes	664
6. Chronic lower respiratory diseases (asthma, COPD, etc.)	569
7. Homicide	453
8. Kidney disease	389
9. Alzheimer's disease	353
10. Septicemia	296
11. Hypertension	221

Black/African-American **COVID-19 deaths** in Ohio from March 17 to Aug. 29, 2020 **771**

*From March 17 to Aug. 29, 2020
Source: HPIO analysis of data from Ohio Department of Health Public Health Data Warehouse accessed on May 18, 2020 and the Coronavirus (COVID-19) Dashboard accessed Aug. 29, 2020 at 4 p.m.

Racism and COVID-19

Long before the COVID-19 pandemic, communities of color in Ohio experienced poorer health outcomes, including high rates of diabetes, hypertension and heart disease.[6] On average, Black Ohioans are expected to live almost five years less than white Ohioans, and Black infants are dying at a rate 2.5 times greater than white infants.[7]

The research evidence is clear that racism is a primary driver of the gaps in outcomes experienced by communities of color.[8] Any efforts to improve COVID-19 disparities for Ohioans of color must acknowledge that racism is a public health crisis and build on, support and advance efforts to dismantle racism.

A major limitation for fully assessing the impact of racial and ethnic disparities across the state is the high percentage of cases with unknown race/ethnicity data. Although there have been efforts to improve COVID-19 race/ethnicity reporting, race is reported as "unknown" for 11.8% of cases, 2.8% of hospitalizations and 0.5% of deaths with COVID-19 across the state. Ethnicity is "unknown" for 22.2% of cases, 8% of hospitalizations and 0.6% of deaths.[9]

As of Aug. 24, the percent of cases with an "unknown" race ranged from a high of 46% in Logan County to a low of 0% in Wyandot County (see figure 3).
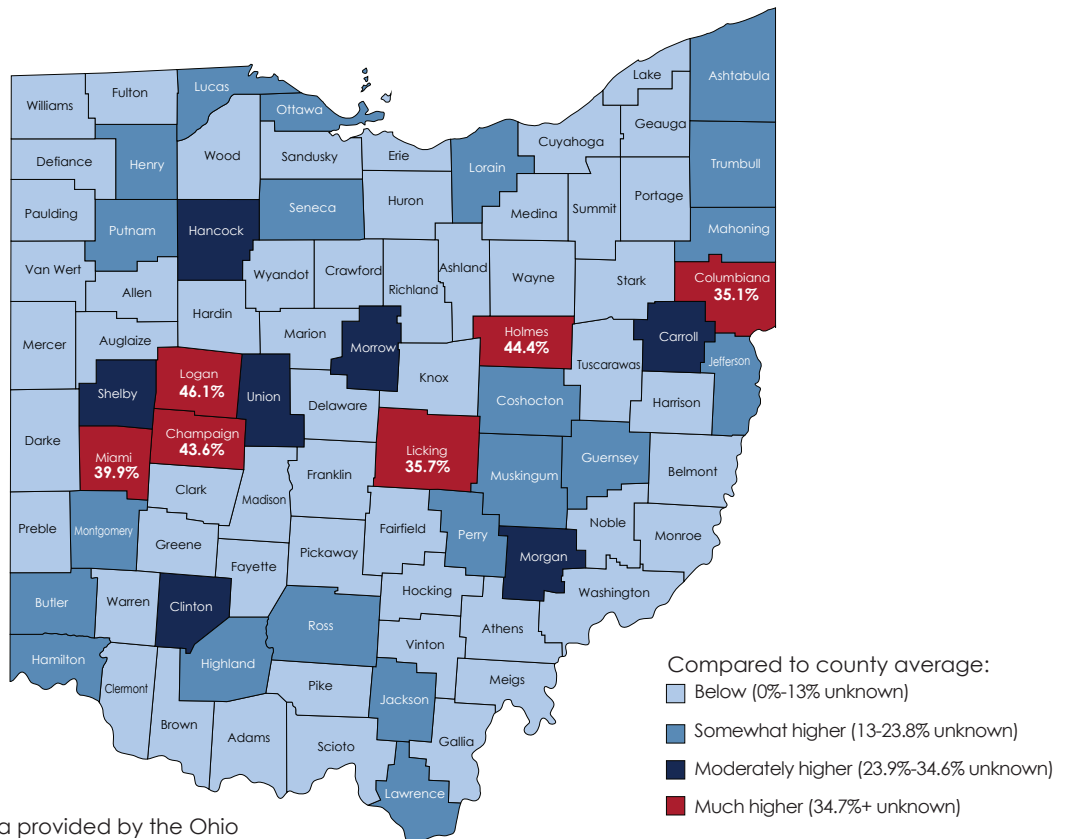
The percent of cases with "unknown" ethnicity (i.e., Hispanic vs. non-Hispanic) ranged from a high of 70% in Columbiana County to a low of 0% in Wyandot County.

County-level data
Based on currently available data, some counties in Ohio experience particularly high disparities. **Click here for county-level case data.**

Figure 3. **Percent of COVID-19 cases with race reported as "unknown," by county, Ohio**

In Ohio, on average, 13% of cases in each county are listed as "unknown" for race. Without complete counts of race and ethnicity for those who test positive for COVID-19, it is difficult to measure the full impact of racial and ethnic disparities.

Compared to county average:
- Below (0%-13% unknown)
- Somewhat higher (13-23.8% unknown)
- Moderately higher (23.9%-34.6% unknown)
- Much higher (34.7%+ unknown)

Source: HPIO analysis of data provided by the Ohio Department of Health. Ohio Disease Reporting System summary file. Provided Aug. 24, 2020.

From data to action

Strengthened data collection and reporting are critical to eliminate COVID-19 disparities and advance the health and wellbeing of all Ohioans. This includes:
- Reducing the percentage of "unknown" race and ethnicity COVID-19 case data reported at the county level by ensuring race and ethnicity questions are always asked, responses are effectively collected and data are properly recorded across tracking systems.
- Prioritizing the collection and reporting of the number of COVID-19 tests administered by race and ethnicity at the state and local level.
- Collecting comprehensive data for other at-risk groups in Ohio, such as people with low incomes, with disabilities, living in rural or Appalachian regions of the state and immigrants/refugees.

State policymakers can take action to dismantle racism and eliminate health disparities by aligning with these resources:
- **COVID-19 Ohio Minority Health Strike Force Interim report and Blueprint:** These reports, issued by the Minority Health Strike Force formed by Gov. DeWine, provide a set of recommendations focused on eliminating disparities in COVID-19 (Interim Report) and dismantling racism and eliminating all health disparities and inequities experienced by Ohioans of color (Blueprint).
- **Ohio's Executive Response: A Plan of Action to Advance Equity:** In response to the Ohio Minority Health Strike Force Blueprint, the DeWine administration released this plan that outlines the policy actions that state agencies have committed to take to reduce health disparities and dismantle racism.
- **2020-2022 State Health Improvement Plan (SHIP):** The SHIP is a tool to strengthen state and local efforts to improve health, wellbeing and economic vitality in Ohio and advance equity. The SHIP includes strategies that have evidence of decreasing disparities and inequities.
- **Connections between racism and health: Taking action to eliminate racism and advance equity:** HPIO recently released a policy brief and **resource page** that describes the relationship between racism and health and outlines specific action steps that can be taken to eliminate racism and advance equity across all levels of society.

Notes

1. "COVID-19 in Racial and Ethnic Minority Groups." Centers for Disease Control and Prevention. Accessed May 15, 2020. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html
2. Includes confirmed and probable cases, hospitalizations and deaths.
3. Health Policy Institute of Ohio. "Closing Ohio's Health Gaps: Moving Towards Equity," October 2018.
4. Culturally Speaking - Insights into COVID-19: Understanding the Disparities in Black and Hispanic American Communities in Ohio. Singleton & Partners, 2020.
5. Jones et al. "Global trends in emerging infectious diseases." Nature 451, no. 7181 (2008): 990-993. https://pubmed.ncbi.nlm.nih.gov/18288193/
6. Health Policy Institute of Ohio. 2019 Health Value Dashboard. April 2019; See also Health Policy Institute of Ohio. "2019 State Health Assessment Summary Report," September 2019.
7. "2019 Online State Health Assessment." Ohio Department of Health. Accessed August 27, 2020.; and, 2018 Infant Mortality Annual Report. Ohio Department of Health, Feb. 2020. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-and-fetal-mortality/reports/2018-ohio-infant-mortality-report
8. Williams, David R., Jourdyn A. Lawrence and Brigette A. Davis. "Racism and Health: Evidence and Needed Research." Annual Review of Public Health 40, no. 1 (2019): 105–25. https://doi.org/10.1146/annurevpublhealth-040218-043750
9. As of August 24, 2020.

See HPIO's recent COVID-19 data brief, "COVID-19 in Ohio: August update"

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