



2021 HEALTH VALUE DASHBOARD

EQUITY PROFILES

APRIL 2021

EQUITY PROFILES

Black Ohioans

Racist and discriminatory policies, systems and beliefs unfairly limit Black Ohioans' access to resources, representation and opportunity and result in, for example:

- Disproportionate incarceration
- Residential segregation
- Discrimination within the healthcare system

If the playing field was leveled:

16,690 Black Ohioans would not be incarcerated

19,700 more Black youth would be working or in school

68,009 Black Ohioans would not be severely cost burdened by housing

175,447 Black Ohioans would not experience the physical or emotional impacts of poor treatment due to race

Black Ohioans experience much worse outcomes than white Ohioans across measures of health, healthcare and the social, economic and physical environment. Racism is a primary driver of the poor outcomes facing Black Ohioans.

Health	
Infant mortality	2.8 times worse for Black Ohioans
Premature death	1.5 times worse for Black Ohioans
Adult diabetes	1.2 times worse for Black Ohioans
Heart disease mortality	1.2 times worse for Black Ohioans
Poor oral health	1.2 times worse for Black Ohioans
Access and healthcare system	
Unable to see doctor due to cost	1.5 times worse for Black Ohioans
Uninsured, adults	1.4 times worse for Black Ohioans
Prenatal care	1.4 times worse for Black Ohioans
Flu vaccinations	1.2 times worse for Black Ohioans
Social and economic environment	
Incarceration	5.4 times worse for Black Ohioans
Child poverty	3 times worse for Black Ohioans
Chronic absenteeism	2.8 times worse for Black Ohioans
Unemployment	2.7 times worse for Black Ohioans
High school graduation	2.3 times worse for Black Ohioans
Disconnected youth	2 times worse for Black Ohioans
Adverse childhood experiences	1.8 times worse for Black Ohioans
Fourth-grade reading	1.5 times worse for Black Ohioans
College enrollment within two years	1.3 times worse for Black Ohioans
Physical environment	
Food insecurity	3.9 times worse for Black Ohioans
Zero-vehicle households	3.5 times worse for Black Ohioans
Child in a household with a person who smokes	2.4 times worse for Black Ohioans
Severe housing cost burden	2.2 times worse for Black Ohioans
Living in a high-homicide county	1.7 times worse for Black Ohioans
Broadband internet access	1.6 times worse for Black Ohioans
Air pollution	1.4 times worse for Black Ohioans
Experiences of racism	
Unfair treatment due to race for children	17.3 times worse for Black Ohioans
Physical or emotional symptoms experienced due to treatment based on race	5.6 times worse for Black Ohioans
Treated worse in healthcare due to race	5.6 times worse for Black Ohioans
Treated worse at work due to race	4.8 times worse for Black Ohioans

This profile describes the magnitude of difference in outcomes between Black Ohioans and white Ohioans. Data sources are available in data appendices posted on the [HPIO Health Value Dashboard web page](#).

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Hispanic/Latino(a) Ohioans

Racist and discriminatory policies, systems and beliefs unfairly limit Hispanic/Latino(a) Ohioans' access to resources, representation and opportunity and result in, for example, difficulty accessing and navigating social supports due to cultural and linguistic barriers and discrimination within the healthcare system.

If the playing field was leveled:

36,016 Hispanic Ohioans would be insured

28,094 Hispanic children would not live in poverty

4,837 Hispanic Ohioans would have access to a car

15,881 Hispanic children would not be treated unfairly due to their race

Hispanic/Latino(a) Ohioans experience much worse outcomes than white Ohioans across measures of healthcare and the social, economic and physical environment. Racism and other forms of discrimination, such as xenophobia, are primary drivers of the poor outcomes facing Hispanic/Latino(a) Ohioans.

Health	
Infant mortality	1.1 times worse for Hispanic Ohioans
Adult depression	Little to no disparity for Hispanic Ohioans
Access and healthcare system	
Uninsured, adults	2.8 times worse for Hispanic Ohioans
Unable to see doctor due to cost	1.6 times worse for Hispanic Ohioans
Prenatal care	1.4 times worse for Hispanic Ohioans
Flu vaccinations	1.1 times worse for Hispanic Ohioans
Social and economic environment	
Child poverty	2.2 times worse for Hispanic Ohioans
High school graduation	2.1 times worse for Hispanic Ohioans
Chronic absenteeism	1.9 times worse for Hispanic Ohioans
Unemployment	1.7 times worse for Hispanic Ohioans
Adverse childhood experiences	1.5 times worse for Hispanic Ohioans
Disconnected youth	1.5 times worse for Hispanic Ohioans
College enrollment within two years	1.4 times worse for Hispanic Ohioans
Fourth-grade reading	1.4 times worse for Hispanic Ohioans
Physical environment	
Food insecurity	2.8 times worse for Hispanic Ohioans
Child in a household with a person who smokes	1.9 times worse for Hispanic Ohioans
Zero-vehicle households	1.7 times worse for Hispanic Ohioans
Severe housing cost burden	1.6 times worse for Hispanic Ohioans
Living in a high-homicide county	1.3 times worse for Hispanic Ohioans
Broadband internet access	1.2 times worse for Hispanic Ohioans
Air pollution	1.1 times worse for Hispanic Ohioans
Experiences of racism	
Unfair treatment due to race for children	15.8 times worse for Hispanic Ohioans

This profile describes the magnitude of difference in outcomes between Hispanic/Latino(a) Ohioans and white Ohioans. Data sources are available in data appendices posted on the [HPIO Health Value Dashboard web page](#).

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Disability status

Ableist and other discriminatory policies, systems and beliefs unfairly limit Ohioans with disabilities' access to resources, representation and opportunity and result in, for example, lack of education and employment accommodations and accessible transportation, housing and healthcare.

If the playing field was leveled:

181,488 Ohioans with disabilities would not delay care due to cost

25,666 Ohioans with disabilities would be employed

The percent of students with disabilities who were chronically absent from school would drop from about one in five to one in ten.

Ohioans with disabilities experience much worse outcomes than Ohioans without disabilities across measures of health, healthcare and the social, economic and physical environment. Ableism and other forms of discrimination are primary drivers of the poor outcomes facing Ohioans with disabilities.

Health	
Adult depression	3.6 times worse for Ohioans with disabilities
Adult diabetes	2.1 times worse for Ohioans with disabilities
Access and healthcare system	
Unable to see doctor due to cost	2.6 times worse for Ohioans with disabilities
Social and economic environment	
Disconnected youth	3.3 times worse for Ohioans with disabilities
Unemployment	2.5 times worse for Ohioans with disabilities
High school graduation	2.4 times worse for Ohioans with disabilities
Adverse childhood experiences	2.1 times worse for Ohioans with disabilities
Chronic absenteeism	1.7 times worse for Ohioans with disabilities
Child poverty	1.6 times worse for Ohioans with disabilities
Fourth-grade reading	1.5 times worse for Ohioans with disabilities
Physical environment	
Food insecurity	3.1 times worse for Ohioans with disabilities

This profile describes the magnitude of difference in outcomes between Ohioans with disabilities and without disabilities. Data sources are available in data appendices posted on the [HPIO Health Value Dashboard web page](#).

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Education and income

Without a post-secondary education, Ohioans are less likely to work in a job that pays a self-sufficient income, resulting in a lack of access to critical resources such as health care, safe and quality housing, healthy foods, reliable transportation and child care.

If the playing field was leveled:

88,248 Ohioans with less than a high school education would not delay health care due to cost

26,148 Ohioans with less than a high school education would be employed

96,510 children in families with low incomes would have enough to eat

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

Health	
Poor oral health	3.2 times worse for people with low incomes
Adult diabetes	2.2 times worse for people with less than high school education
Adult depression	1.8 times worse for people with less than high school education
Heart disease mortality	1.4 times worse for people with less than high school education
Access and healthcare system	
Uninsured, adults	6.6 times worse for people with less than high school education
Prenatal care	3.7 times worse for people with less than high school education
Unable to see doctor due to cost	2.6 times worse for people with less than high school education
Social and economic environment	
Unemployment	6 times worse for people with less than high school education
Chronic absenteeism	3.8 times worse for people with low incomes
High school graduation	3.2 times worse for people with low incomes
Adverse childhood experiences	2.1 times worse for children with parents with less than a high school education
Disconnected youth	1.8 times worse for people with less than high school education
Fourth-grade reading	1.7 times worse for people with low incomes
Physical environment	
Food insecurity	13.1 times worse for Ohioans with low incomes
Broadband internet access	7.1 times worse for people with less than high school education
Child in a household with a person who smokes	4.5 times worse for children with parents with less than a high school education

This profile describes the magnitude of difference in outcomes between Ohioans with a high school education or less and those with a college degree or higher or people with low incomes and people with higher incomes. Data sources are available in data appendices posted on the [HPIO Health Value Dashboard web page](#).

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Other systematically disadvantaged Ohioans

Not all groups that experience poorer outcomes are represented in existing and/or publicly available data due to factors discussed in the data challenges section below. In addition, many Ohioans are part of more than one systematically disadvantaged group, and as a result, experience more disparate outcomes than what is captured in data.

Racist, xenophobic, homophobic, transphobic, ageist and other discriminatory policies, systems and beliefs lead to acts of hate and violence and unfairly limit equitable access to resources, representation and opportunity for these additional groups of Ohioans:



- In 2019, the percent of adults who were unable to see a doctor due to cost was 1.6 times higher for Asian American Ohioans than for white Ohioans.
- In 2016-2019, the percent of Asian American children in Ohio who have ever been treated or judged unfairly because of their race was 10.3 times higher than for white children.



- In 2018, 32.9% of Ohioans who identified as LGBT reported poor mental health for more than two weeks out of the past month, compared to 13.7% who did not identify as LGBT.¹
- In 2008, the percent of Ohioans with very low incomes who identified as transgender or gender non-conforming was 4.3 times higher than in the general population.²



- As of March 2021, 93% of people who died with COVID-19 were age 60 or older and 38% of total deaths were for residents of long-term care facilities.³ Living in a congregate setting is a risk factor for contracting COVID-19.⁴
- In 2017, between 7.8% and 14.5% of Ohioans, ages 65 and older, avoided health care due to lack of transportation.⁵



- In 2018, the youth suicide rate in Appalachian counties was 1.5 times higher than the overall youth suicide rate.⁶
- There is a gap of more than 29 years in life expectancy at birth in Ohio depending on the census tract where a person lives.⁷

Data challenges

- **Limited ability to stratify data on multiple levels.** Disaggregated data for Ohioans who are part of more than one systematically disadvantaged group is very limited (e.g., Ohioans of color with disabilities).
- **Lack of comprehensive data collection.** Comprehensive information to identify gaps in outcomes is not consistently collected across systems and sectors (e.g., sexual and gender identity, detailed race and ethnicity and immigration and/or refugee status information).
- **Data not reported for small population groups.** Data for groups with smaller population sizes is sometimes not reported or aggregated with data for other groups (e.g., not reporting data on communities of

color living in Appalachian counties or aggregating data for all Asians and Pacific Islanders). This is done to protect privacy or due to concerns about the reliability of data collected from small samples. The consequence, however, is a lack of data to identify inequities and disparities faced by these groups.

- **Lack of local data.** Disaggregated data often is not available for localities, such as county, zip code or census tract.
- **Non-response.** Inadequate training on how to collect personal, demographic data, including lack of explanation on why data is being collected, can lead to high "no response" rates.

Notes

1. Ohio Department of Health, Online SHA. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-Online-State-Health-Assessment>
2. Findings of the National Transgender Discrimination Survey. National Center for Transgender Equality and the National Gay and Lesbian Task Force, 2008.
3. HPIO analysis of data from Ohio Department of Health, COVID-19 Dashboard. Accessed March 22, 2021.
4. "People who live in a nursing home of long-term care facility." Centers for Disease Control and Prevention, Sept. 2020. Accessed April 1, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-in-nursing-homes.html>
5. *Summary Assessment of Older Ohioans*. Columbus, OH: Ohio Department of Aging, 2020 <https://aging.ohio.gov/wps/portal/gov/aging/about-us/reports-and-data/summary-assessment-of-older-ohioans-2020>
6. 2020-2022 State Health Improvement Plan. Ohio Department of Health, 2020. <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
7. Health Policy Institute of Ohio. "Closing Ohio's health gaps: Moving towards equity," Oct. 2018.

Additional equity profile data, including data for Asian American Ohioans, is available in the equity data appendices posted on the [HPIO Health Value Dashboard web page](#)