



# 2023 HEALTH VALUE DASHBOARD™ EQUITY PROFILES



## What are the equity profiles?

Every Ohioan should have the opportunity to live a long and healthy life, free from environments and experiences that expose them to harm. However, many Ohioans continue to face unhealthy conditions and barriers to health in their homes, schools, workplaces and communities.

The *Health Value Dashboard* equity profiles explore gaps in outcomes among groups of Ohioans and analyze the barriers to health that contribute to these gaps. The profiles display data for:

- Black Ohioans
- Hispanic/Latino Ohioans
- Ohioans with disabilities
- Ohioans with low incomes and/or low educational attainment
- New for 2023: LGBTQ+ Ohioans

## How do experiences and environments shape health over time?

Ohioans' experiences throughout their lives can lay the foundation for good health and well-being as they age. Challenging life circumstances can overburden individuals and families, limiting their ability to build those strong foundations. For example, financial strain and poverty can lead to hunger and housing instability, and a lack of transportation can keep people from accessing jobs and physical, mental and oral health care. These harmful conditions and stressful experiences can accumulate over a person's lifetime and contribute to health problems and even early death.

In addition, experiencing racism and other forms of discrimination can add to the load that Ohioans of color, Ohioans with disabilities, LGBTQ+ Ohioans and others bear. Therefore, improving the health, well-being and economic vitality of Ohio involves ending racism and discrimination and their harmful effects, so that all Ohioans, regardless of race, ethnicity, education, disability status, income, sexual orientation or gender identity, have the opportunity to reach their full health potential.

## How can Ohio close gaps in outcomes?

Despite these challenges, Ohioans are resilient, and barriers to good health and well-being can be overcome. Ohio's leaders in the public and private sectors can improve health by enacting programs and policies that eliminate racism and discrimination; support safe, stable and strong communities; and provide opportunities for every Ohioan to thrive.

## Why prioritize equity?

Equity is when every Ohioan has the opportunity to reach their full potential. Gaps in health outcomes among groups of Ohioans indicate that resources, experiences and environments that support health are not available to everyone.

To ensure Ohio is a model of health, well-being and economic vitality, it is critical to eliminate systems, policies and beliefs that unfairly favor some Ohioans over others and create obstacles to good health.

# What improvement has Ohio seen in equity profile outcomes?

Since HPIO released the first edition of the equity profiles in 2017, there has been mixed progress on metrics measured in the profiles. Some groups have seen considerable improvements on certain metrics, as displayed below. Progress on some of these metrics, such as the percentage unable to see a doctor due to cost, likely resulted from policy changes, including those that expanded health insurance coverage for millions of Ohioans.

Other metrics, such as those related to premature death, fourth grade reading and adult diabetes, have worsened over time for certain groups. Further improvement is possible by maintaining gains in access to care and focusing efforts on eliminating gaps in outcomes across the healthcare system and social, economic and physical environments.

## Top five most improved Equity Profile metrics, 2017-2023

Metric (metric years)	Extent of improvement
<b>Unemployment</b> (2012-2016, 2017-2021 5-year estimates)	<ul style="list-style-type: none"> <li>Black Ohioans <b>33% decrease</b></li> <li>Ohioans with less than a high school education <b>28% decrease</b></li> <li>Hispanic Ohioans <b>26% decrease</b></li> <li>Ohioans with low incomes <b>22% decrease</b></li> <li>Ohioans with disabilities <b>20% decrease</b></li> </ul>
<b>Heart disease mortality</b> (2015, 2020)	Black Ohioans <b>28% decrease</b>
<b>Unable to see a doctor due to cost</b> (2015, 2021)	<ul style="list-style-type: none"> <li>Ohioans with less than a high school education <b>26% decrease</b></li> <li>Hispanic Ohioans <b>22% decrease</b></li> <li>Black Ohioans <b>20% decrease</b></li> <li>Ohioans with low incomes <b>13% decrease</b></li> </ul>
<b>High school graduation</b> (2017-2018, 2021-2022 school years)	<ul style="list-style-type: none"> <li>Black Ohioans <b>24% increase</b></li> <li>Hispanic Ohioans <b>13% increase</b></li> </ul>
<b>Child poverty</b> (2015, 2021)	<ul style="list-style-type: none"> <li>Hispanic Ohioans <b>17% decrease</b></li> <li>Black Ohioans <b>16% decrease</b></li> <li>Ohioans with disabilities <b>16% decrease</b></li> </ul>

## Resources and recommendations for action

Continued focus, effort and investment are necessary from all sectors, both public and private, to ensure that every Ohioan has the opportunity to reach their full health potential. The following plans and resources provide recommendations for further action:

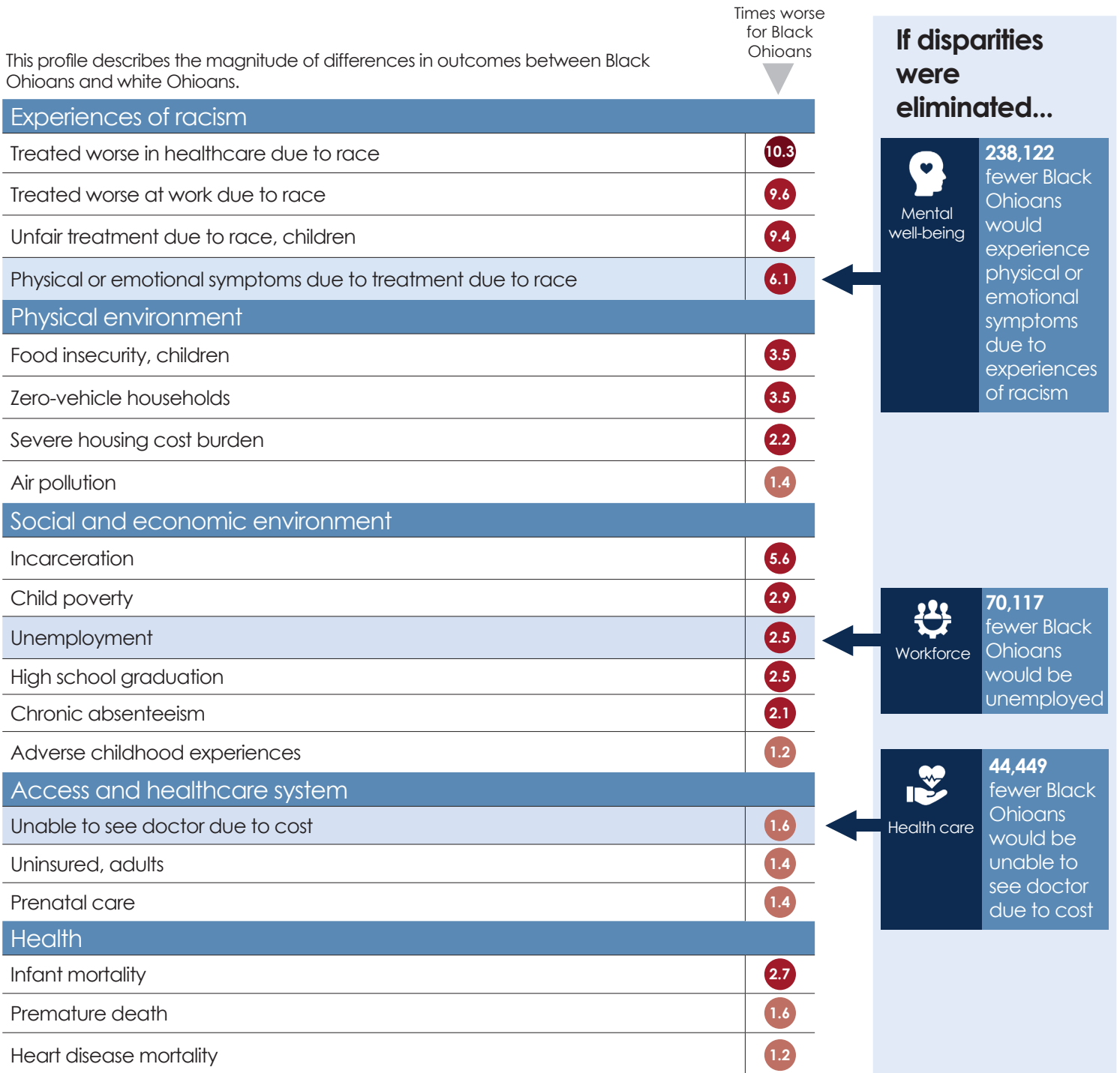
- **Connections between racism and health: Taking action to eliminate racism and advance equity**, Health Policy Institute of Ohio
- **Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force**, Ohio Department of Health
- **Social Drivers of Infant Mortality: Recommendations for Action and Accountability**, Health Policy Institute of Ohio
- Ohio Commission on Minority Health **Goals and Strategies: 2020-2025**
- **2023-2026 State Plan on Aging**, Ohio Department of Aging
- **2020-2022 State Health Improvement Plan**, Ohio Department of Health

# EQUITY PROFILES

# BLACK OHIOANS

Racism is a primary driver of poor outcomes experienced by Black Ohioans.<sup>1</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 in employment and lending, disinvestment in public transportation and the legacy of redlining and zoning policies. By identifying and replacing these policies and systems, Ohio can become a place where everyone can thrive.



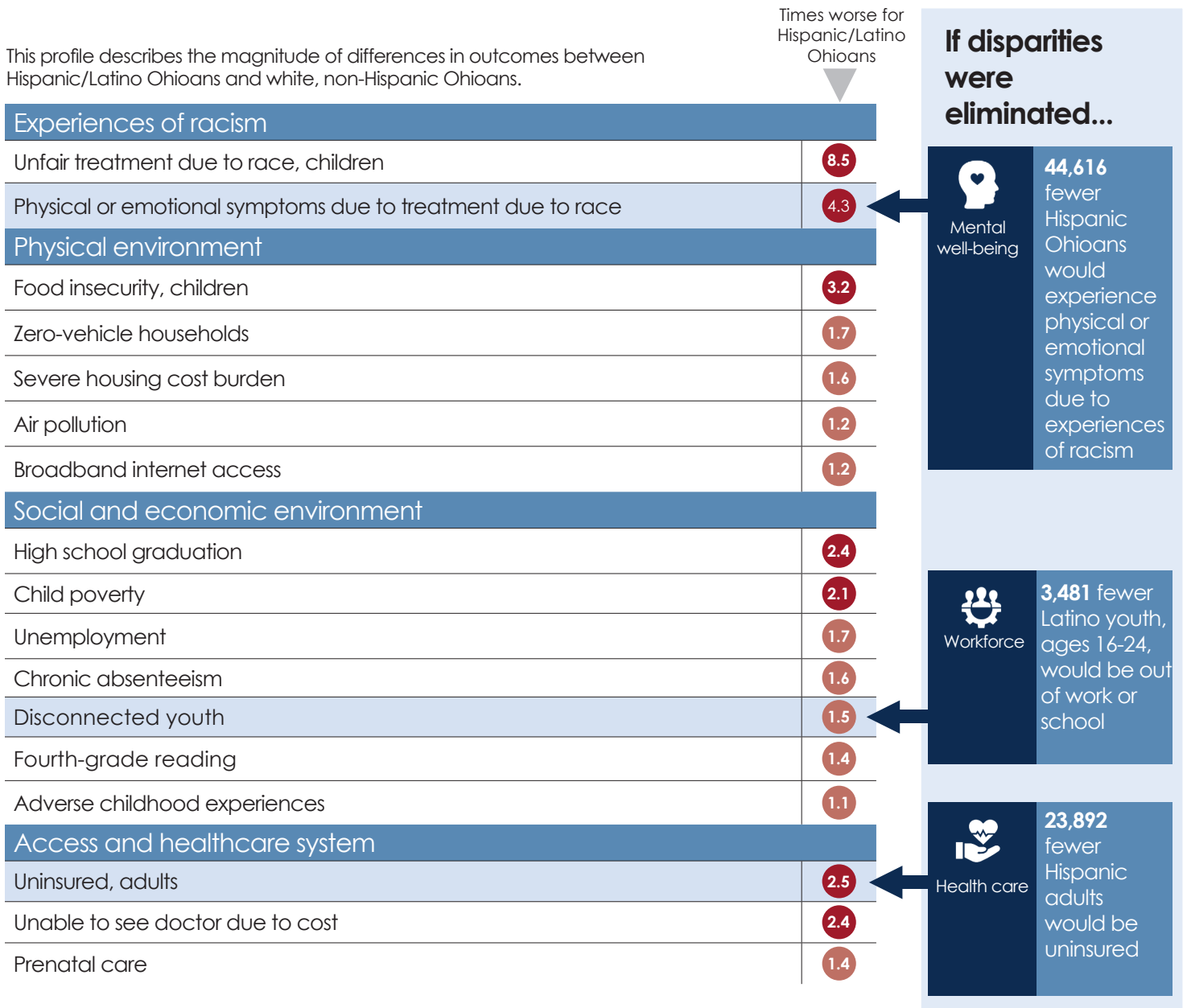
Sources and details are available in data appendices posted on the [Health Value Dashboard webpage](#).

# EQUITY PROFILES

# HISPANIC/LATINO OHIOANS

**Hispanic/Latino Ohioans often experience worse outcomes than white, non-Hispanic Ohioans** across measures of healthcare access and the social, economic and physical environment. Biases ingrained in health care and other systems and unequally distributed community resources are primary drivers of poor outcomes experienced by Hispanic/Latino Ohioans.<sup>2</sup>

Examples of policies and systems that contribute to gaps in outcomes include discrimination 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 trainings can close gaps in outcomes for Hispanic/Latino Ohioans.



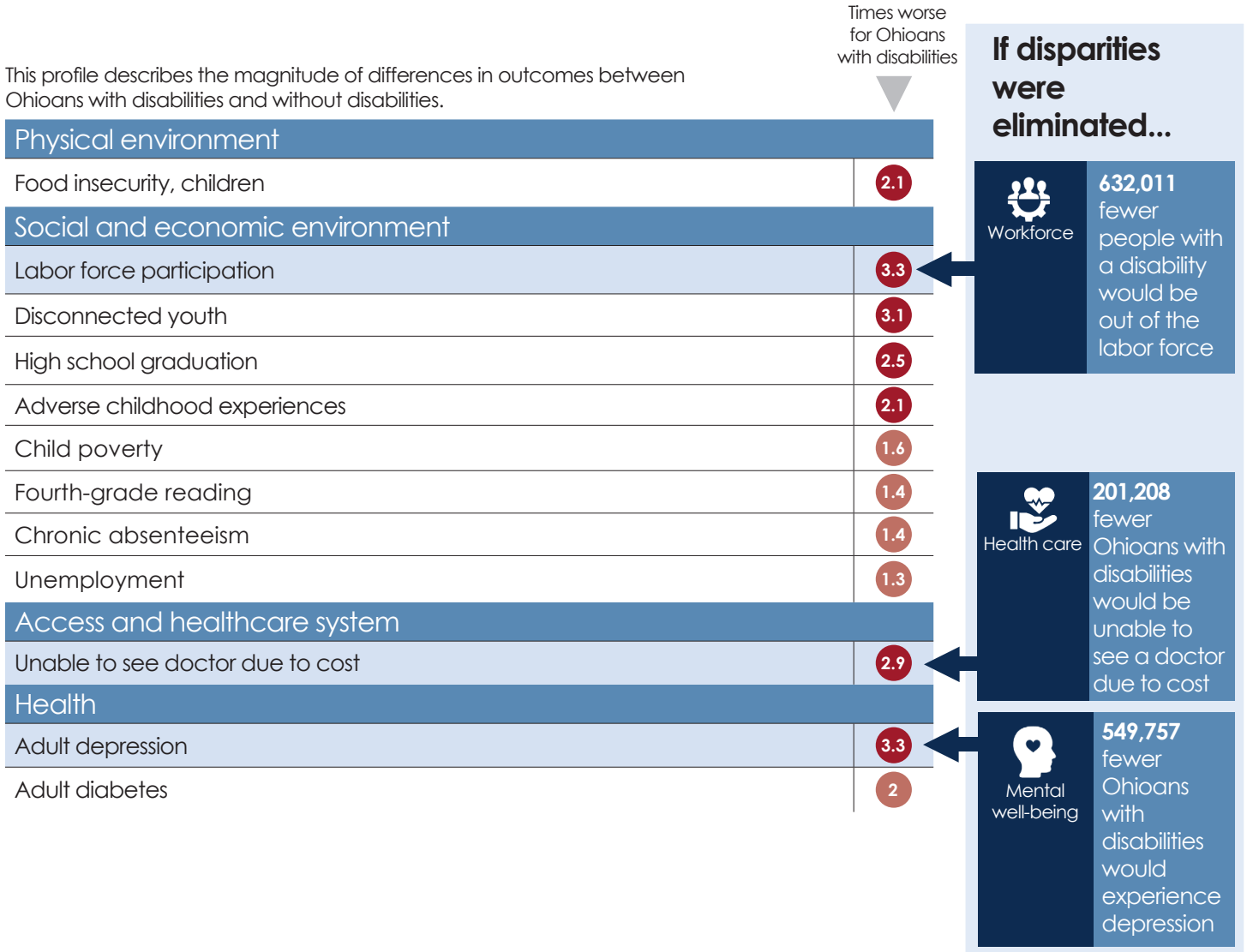
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# EQUITY PROFILES

# OHIOANS WITH DISABILITIES

Over 3 million Ohioans have a disability<sup>3</sup>, and these individuals often experience worse outcomes than Ohioans without disabilities across measures of health, healthcare access and the social, economic and physical environment. Ableism, insufficient provider training and lack of accommodations are primary drivers of poor outcomes experienced by Ohioans with disabilities.<sup>4</sup>

Systems and environments that are not designed with the needs of people with disabilities in mind limit access and opportunity. Improving provider education, employment accommodations and transportation accessibility can close gaps in outcomes for Ohioans with disabilities and improve health.



Sources and details are available in data appendices posted on the [Health Value Dashboard webpage](#).

# EQUITY PROFILES

## 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 post-secondary 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.

### Ohioans with lower incomes

This profile describes the magnitude of differences in outcomes between Ohioans with lower incomes and Ohioans with higher incomes.

	Times worse for Ohioans with lower income
<b>Physical environment</b>	
Severe housing cost burden	191.3
Food insecurity, children	55.3
<b>Social and economic environment</b>	
Adverse childhood experiences	3.7
High school graduation	3.3
Chronic absenteeism	2.6
Disconnected youth	2.4
Fourth-grade reading	1.5
<b>Health</b>	
Poor oral health	3.6
Adult diabetes	2.6
Adult depression	2.4


### If disparities were eliminated...


 **50,354** fewer Ohioans with low incomes would experience two or more ACEs

### Ohioans with less education

This profile describes the magnitude of differences in outcomes between Ohioans with less than a high school education and those with a college degree or higher.

	Times worse for Ohioans with less education
<b>Physical environment</b>	
Broadband internet access	7.6
Child in a household with a person who smokes	4.1
<b>Social and economic environment</b>	
Unemployment	5.1
Labor force participation	3.8
<b>Access and healthcare system</b>	
Uninsured, adults	6.3
Prenatal care	3.9
Unable to see doctor due to cost	2.7

 **43,351** fewer Ohioans with less than a high school education would be unemployed

 **5,347** fewer women with less than a high school education would receive delayed prenatal care

# EQUITY PROFILES

# LGBTQ+ OHIOANS

Homophobia and transphobia are primary drivers of poor outcomes experienced by LGBTQ+ Ohioans.<sup>5</sup> Experiencing these forms of discrimination can cause toxic stress, leading to poor health outcomes over time. Thus, **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.<sup>6</sup> 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 differences in outcomes between lesbian, gay and bisexual Ohioans and heterosexual Ohioans.

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 poor 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 differences in outcomes between transgender Ohioans and cisgender Ohioans.

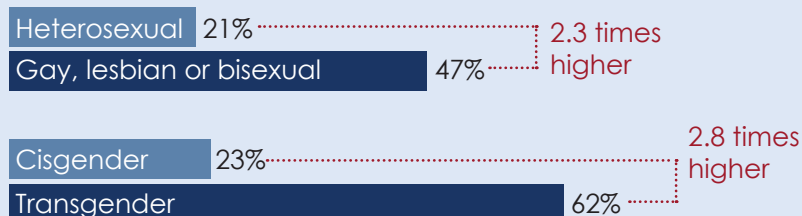
Times worse for transgender Ohioans

Health	
Adult depression	2.8
Excessive drinking	1.8
Overall health status	1.6

## Connection between discrimination and depression

Researchers have found that the odds of having depression are three times higher among those who experience discrimination, and that nearly one in six LGBTQ+ adults experienced discrimination in 2020 alone.<sup>7</sup> In Ohio, LGBTQ+ adults are much more likely to be diagnosed with depression than their heterosexual and/or cisgender peers, as displayed to the right.

Percent of adults who have ever been told by a health professional that they have depression, 2020-2021



Source: Behavioral Risk Factor Surveillance System

Sources and details are available in data appendices posted on the [Health Value Dashboard webpage](#).

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



# Other Ohioans who experience barriers to health and well-being

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

## Asian American Ohioans

In 2018-2021, Asian American children in Ohio were 9.4 times more likely than their white peers to be treated or judged unfairly because of their race or ethnicity.

## 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 2021.<sup>8</sup>

## Ohioans who live in rural or Appalachian areas

More youth living in Appalachian regions (17.2%) seriously considered attempting suicide during the past year than Ohio youth overall (15.8%) in 2020-2021.<sup>9</sup>

## Older Ohioans

There were 33,396 reports of abuse, neglect or exploitation of Ohioans, ages 60 and older, in state fiscal year 2021.<sup>10</sup>

## Data challenges

While public and private partners have worked to improve data availability and quality in recent years, several challenges remain, such as:

- **Inconsistent data collection.** Data on race/ethnicity, income, geography, disability status and other factors is often not collected or is collected inconsistently across data sources and years.
- **Limited ability to analyze data on multiple levels.** Many Ohioans are part of more than one systematically disadvantaged group, and as a result, experience overlapping challenges that often are not captured in data. Disaggregated data for Ohioans who are part of more than one systematically disadvantaged group is very limited (e.g., Ohioans of color with disabilities).
- **Small sample size.** Measuring disparities can be hindered by small sample sizes for specific groups of Ohioans, which results in:
  - Limited ability to measure outcomes because of suppressed data and unreliable estimates
  - Limited ability to analyze data on multiple levels for Ohioans who are part of more than one systematically disadvantaged group (e.g., Ohioans of color with disabilities)
  - Limited ability to measure disparities when populations are grouped together (e.g., Asian Americans, as a group, tend to perform well on many indicators; however, **existing data** on those from Southeast Asia and Bhutanese and Nepali refugees suggest that these communities experience poorer outcomes).
- **Lack of local data.** Disaggregated data often is not available at county, zip code or census tract levels.
- **Non-response and missing data.** Inadequate training on how to collect demographic data, including lack of explanation on why data is being collected, can lead to high “no response” rates.

Download the full Dashboard at  
[www.hpio.net/2023-health-value-dashboard/](http://www.hpio.net/2023-health-value-dashboard/)



Data sources are available in the full Health Value Dashboard and the data appendices posted on the [2023 Health Value Dashboard webpage](#). For more information about how health value is calculated, see [methodology](#).