World Institute on Disability

Ohio Causal Analysis Highlights

Data collected March to August 2024

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Purpose and Scope

- Collect qualitative and quantitative data on 8 counties where possible and statewide where necessary
- Identify commonalities, trends, and evidences of contributors to health equity
- Provide key topics that indicate strengths and weaknesses in pursuit of health equity in disasters

Input Sources

- Published quantitative data reports from public reports and records
- Targeted surveys of local health and community service providers
- Community level survey results from lived experience users of community services
- Input from the Health Equity Task Force members who are representing community providers.

Relevant Demographic Data Sampling

- 1 in 4 adults who needed mental health treatment did not receive it (2019) and adult depression increased by 7% over a 10 year period ending in 2022
- **Approx. 1 in 5 pay more than 10% of their annual household income for health care**
- Approx 1 in 6 LBGTQ+ Ohioans experienced discrimination in 2020 and are 4.8 times more likely to consider suicide
- 1.6 million people in Ohio identify as having a disability
- 64% of people with disabilities reported that a lack of awareness and **ability of providers to interact with people with disabilities is a major barrier to accessing programs and services**
- **Top 5 health care issues** for people with disabilities in Ohio are 1. lack of in-home providers, 2. difficulty securing insurance, 3. being denied one or more HCBS services, 4. inaccessible medical facilities and 5. finding providers who will accept them

County Risk and Resiliency Sample Data

Warren County

- Highest in median income and education
- Lowest in % of people with disabilities
- Lowest poverty rates and unemployment
- Lowest in poor mental health days
- Lowest in poor overall health days
- Highest in Community Health Outcomes rankings of all counties

Adams County

- Highest in poverty rate
- Highest in unemployment rates
- Highest number of people with disabilities
- Lowest in education
- Lowest median income
- Lowest in Community Health Outcomes rankings of all counties

Provider Perspectives of Barriers

- Physical Access*
  - Access to Transportation
  - Access to providers
- Multiple Communication Barriers **
  - Inaccessible websites, public information materials
  - Limited and ineffective public information
  - Difficult to navigate and understand information

*Includes availability, accessibility, sufficiency of quantity, structures, and facility set-up and program operations

** includes inaccessible videos, public announcements, alerts, and health promotion information; lack of relevance of information, lack of outreach, disconnection with community needs

Community Perspectives

- Programmatic Access
  - Programs and services developed based on incorrect assumptions of needs
  - Inaccessible forms, information and service navigation
  - Service delivery delays and difficulty receiving resources due to presence of a disability
- Communication Access
  - Inability of provider personnel to understand needs
  - Lack of communication accommodations
  - Lack of useful information that would assist in emergency planning to act on their own behalf to maintain health and independence

Task Force Perspectives of Barriers

- Access Gaps
  - Lack of adequate locations and transportation especially in rural areas
  - Lack of accessibility of services (especially mental /behavioral health)
  - Lack of adequate shelters and accessible shelter services
  - Ineffective / insufficient communication to community (access, and availability)
- Systemic Gaps
  - Lack of financing for resources and services
  - Service provider bias
  - Lack of assistance for veterans
  - Policies - I.e. ability to bring pets when evacuating

Additional findings

- < 13% of survey respondents expressed confidence in adequacy of plans and sufficiency of assistance that would be provided in a disaster
- Mental health programs and services especially for marginalized populations do not reflect the needs of providers or community members
- Gaps identified in qualitative analysis
  - aligned with social determinants of health
  - Corresponded with systemic and internal and implict biases
  - Were directly tied to physical, programmatic, and physical access barriers
  - Gaps in community informed policy and disconnection between decision making and community lived experience by providers and stakeholders