2023 STATE HEALTH ASSESSMENT

Ohio Department of Health

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Overview

The 2023 State Health Assessment (SHA) provides a comprehensive overview of the state of health and well-being in Ohio. This overview is intended to provide the information that will be needed to develop the next State Health Improvement Plan (SHIP), which will serve as a guiding document for local health departments and others working to support health and well-being in Ohio. The 2023 SHA documents the progress that has been made in target areas since the 2020-2022 SHIP, identifies trends that have continued since previous SHAs, and introduces newer issues that have emerged since that 2019 SHA.

Muskingum Watershed Conservancy District, Ohio

How Was the SHA Developed?

Ohio University (OU) served as the lead organization conducting the SHA under the guidance of the Ohio Department of Health (ODH). The Ohio State University's Government Resource Center and the University of Toledo collaborated with OU and ODH in the SHA development process. The information gathering process was guided by the 2020-2022 SHIP framework, which prioritized three categories of health factors and three categories of health outcomes. This framework was discussed in detail by SHA contributors and in the future may be adapted to reflect the feedback received during this process.

The development of the SHA included the input of over 1,800 Ohioans, representing every county in the state, who participated in a discussion group or completed a survey, and the review of over 200 hospital and health department needs assessments. The information collected through these processes was combined with an extensive review of secondary data related to the health and well-being of Ohioans, including a review of the Ohio Department of Health's Online SHA and Community Well-being Index. These data collection efforts drew on elements of the Mobilizing for Action through Planning and Partnerships process, including an assessment of community themes and strengths as carried out through the survey and discussion groups, an assessment of the local public health system as carried out through the review of community health needs assessments and inclusion of health departments in community engagement, and an assessment of the community's health status through secondary data collection. This assessment provides the groundwork for Ohio's State Health Improvement Plan (SHIP) which serves as a blueprint to improve the health of all Ohioans.

State Health Assessment Building Blocks

2020–2022 SHIP
Framework and Priorities

Secondary Data

Health Department & Hospital Needs Assessments

Agency/ Organization Survey

Discussion Groups

2023 SHA Summary
Describes Current Conditions
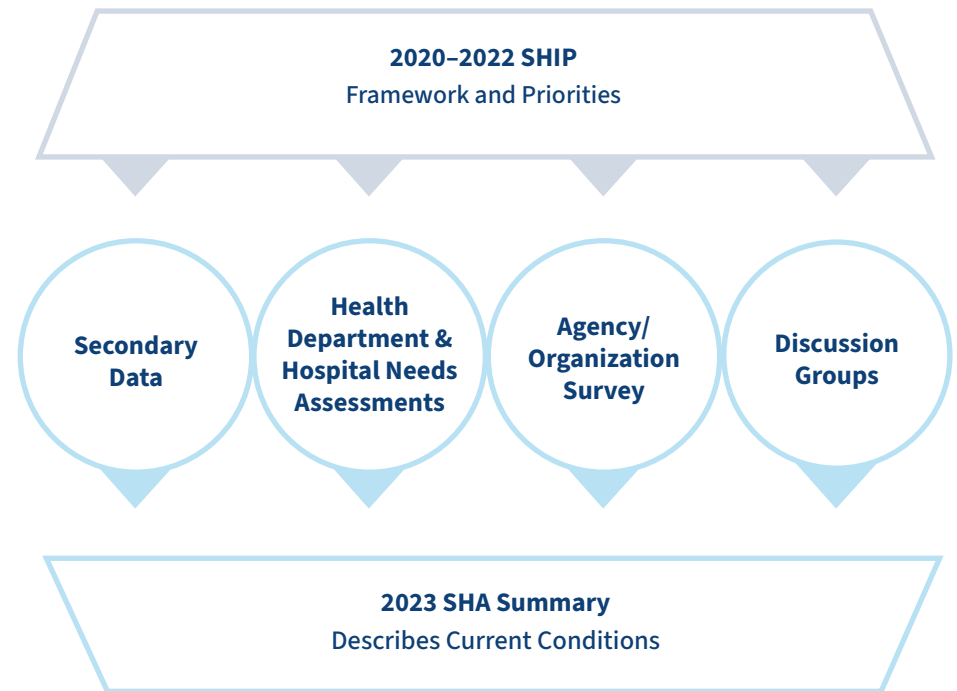
Discussion Groups

Among the 1,800 Ohioans from all 88 counties who provided input that was used to develop the SHA, 178 individuals participated in 26 discussion groups. These participants included individuals with lived experience or representatives of organizations that promote the health of target populations, such as individuals with low incomes, veterans, immigrants, or individuals in recovery.

In the 2020-2022 SHIP, factors refer to elements that influence overall health, such as community conditions, personal health behaviors, and access to care. These factors influence our mental and physical health outcomes, such as the prevalence of chronic diseases, mental health and addiction issues, and maternal and infant health. The interplay of these factors and outcomes determines the overall health and quality of life within a population.

Discussion group participants were shown the current SHIP framework (page 15) and engaged in a conversation in response to standardized questions to determine whether the 10 factors and 10 outcomes should remain as priorities in Ohio. Participants also suggested factors and outcomes that were absent and should be considered for inclusion in an updated SHIP. The frequency with which groups named specific factors or outcomes in response to the standardized questions led to the identification of priorities that should remain and be added to the SHIP.

Finally, groups discussed emerging issues - concerns that they felt were newly identified or rapidly evolving problems or trends that pose potential challenges or risks to health and well-being.

Discussion Groups Findings

The following findings summarize key takeaways gathered from discussion groups, highlighting the health factors, outcomes, and emerging issues identified by participants.

Prioritized Health Factors

The top five factors identified by discussion groups that should remain in the SHIP include: housing, nutrition, poverty, local access to healthcare providers, and unmet need for mental healthcare. The most frequently mentioned factors to add to the SHIP are transportation, food security, cultural competency, violence, and health literacy.

Prioritized Health Outcomes

The top five outcomes identified by discussion groups that should remain in the SHIP include: depression, suicide, maternal morbidity, drug overdose deaths, and youth drug use. The most frequently suggested priority health outcome to be added to the SHIP was obesity, followed by anxiety, trauma, cancer, and hypertension.

Emerging Issues

Several of the emerging issues identified by the discussion groups were related to current or suggested health factors and outcomes. They may be unpredictable and their significance may grow over time. The top emerging issues include: cultural competency, mistrust of institutions, long COVID, aging Ohioans, and sexually transmitted infections - particularly syphilis.

Agency/Organization Survey

More than 1,600 individuals representing a broad cross-section of industries responded to a survey of agencies. The survey asked respondents to prioritize health factors from the current framework, and to rank the health outcomes from the current framework in order of importance to the people they serve.

Agency/Organization Survey Findings

Prioritized Health Factors	Prioritized Health Outcomes
1. Unmet need for mental healthcare.	1. Depression.
2. Local access to healthcare providers.	2. Diabetes.
3. Housing.	3. Heart disease.
4. Poverty.	4. Drug overdose deaths.
5. Health insurance.	5. Suicide.
6. Nutrition.	6. Youth drug use.
7. Physical activity.	7. Childhood conditions (asthma, lead).
8. Adverse Childhood Experiences.	8. Infant mortality.
9. K-12 education.	9. Preterm births.
10. Tobacco use.	10. Maternal morbidity.

Birch Tree Allée at Stan Hywet Hall and Gardens, Akron, Ohio

Community Health Needs Assessments

The needs assessments of 111 local health departments and 126 hospitals were reviewed to identify the top health needs identified by these organizations. This sample included assessments from all 88 Ohio counties.

Community Health Needs Assessment Review Findings

Health Department Priorities	Hospital Priorities
1. Mental health. 2. Substance use. 3. Obesity/nutrition/inactivity. 4. Social drivers of health. 5. Access to care.	1. Mental health. 2. Substance use. 3. Obesity/nutrition/inactivity. 4. Chronic disease. 5. Access to care.

Secondary Data Collection and Review

Secondary data was gathered to update indicators for the priority health factors and health outcomes identified in the 2020-2022 SHIP. Secondary data was also collected related to issues that emerged from discussion groups, the agency survey, and the review of needs assessments. Resources consulted included ODH's Online State Health Assessment and ODH's Community Conditions: Community Well-being Dashboard. Secondary data findings related to priorities from the last SHIP can be found in the next section of this report (Progress Toward SHIP Priorities).

Peifer Orchards, Yellow Springs, Ohio

What Happens Next?

The SHA will be used to inform the next SHIP. ODH will lead the work in developing the SHIP in collaboration and coordination with stakeholders from other state agencies, state and local organizations, local health departments, hospitals, and other entities. The SHIP is intended to provide high level direction and planning to improve health outcomes and factors that shape health. ODH acknowledges that advancing health improvement is a continual and dynamic journey requiring intentional, well-organized, and adaptive processes that incorporate established and evolving best practices.

Key Takeaways From the 2023 SHA

Positive Momentum

- Under the leadership of Governor Mike DeWine, Ohioans are increasingly engaging in positive health behaviors. Rates of physical activity for both adults and youth have increased.

- Adult smoking has decreased for Ohio as a whole and for every priority population identified in the last SHIP.

- While rates of diabetes have increased statewide, there has been progress in this area for Black Ohioans, a priority population for this issue.

- With an increased focus from Governor DeWine on children, Ohio has made progress on reducing children's exposure to lead and met the SHIP target in 2019.

- Additionally, youth in Ohio are increasingly leading healthier lives. The percentage of youth consuming fruits and vegetables has increased, while the use of alcohol by youth has decreased.

- Ohio has seen a decrease in the number of children experiencing two or more adverse childhood experiences (ACEs). Fewer ACEs reduces the cascading physical and mental health impacts that ACEs have on individuals who experience them.

- Community engagement within the SHA process increased – thus building a foundation for developing the SHIP and implementing health promotion strategies across the state of Ohio.
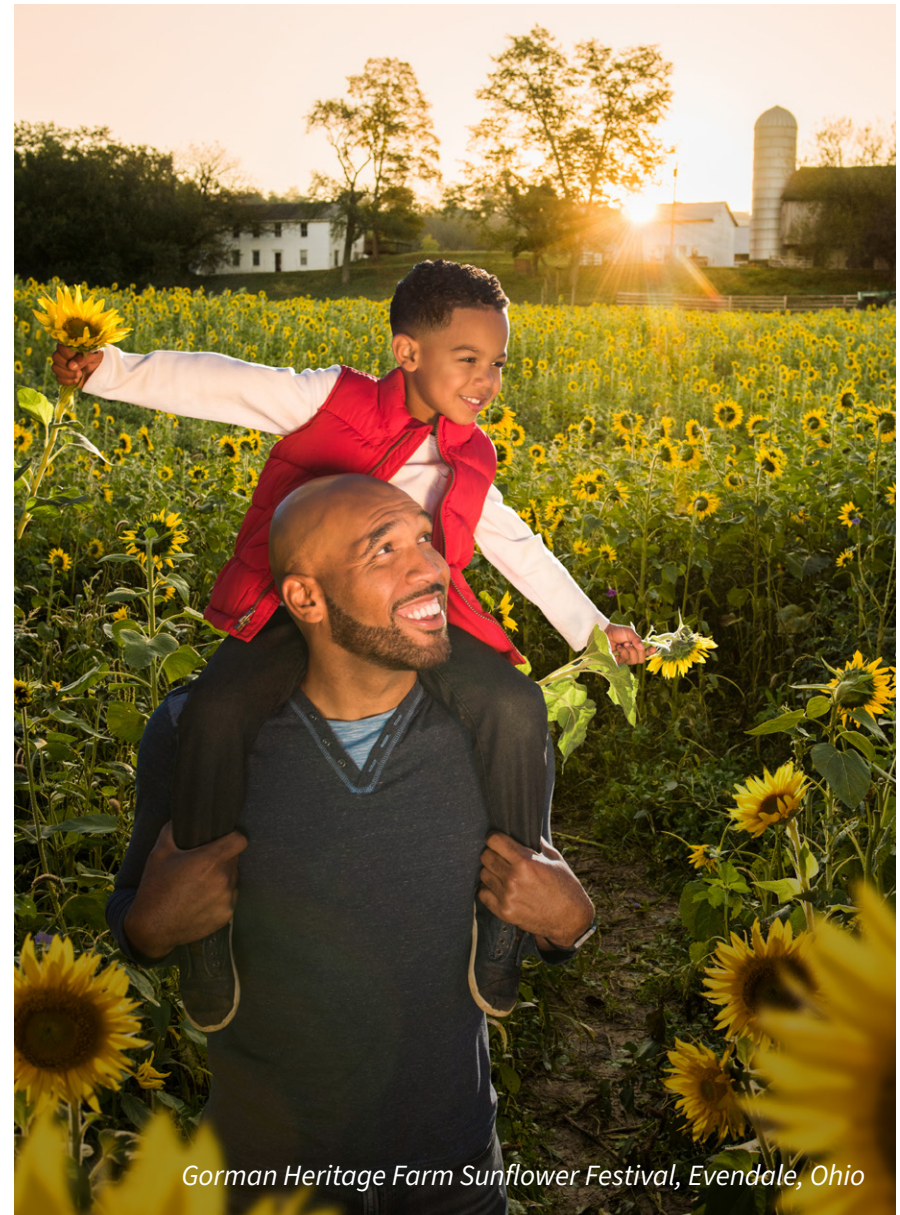
Gorman Heritage Farm Sunflower Festival, Evendale, Ohio

Life Expectancy

Ohio was beginning to see positive momentum in life expectancy leading up to the COVID-19 pandemic in 2020. As expected, the pandemic yielded a significant decrease in life expectancy due to the large number of pandemic-related deaths in Ohio and nationally. Life expectancy decreased from 76.5 years in 2017 to 75.6 years in 2020. Premature mortality increased from 87.8 potential years of life lost per 1,000 population in 2017 to 92.4 potential years of life lost per 1,000 population in 2020.

The life expectancy of Ohioans from birth in 2020 has decreased two years since 2010.

Years Old

Hispanic

81.7

79.4

White

78.1
77.6

All Ohioans

76.4
75.6

Black

74

70.5

70

2010   2017   2020

Higher numbers are better on this graph.

Source: ODH Bureau of Vital Statistics
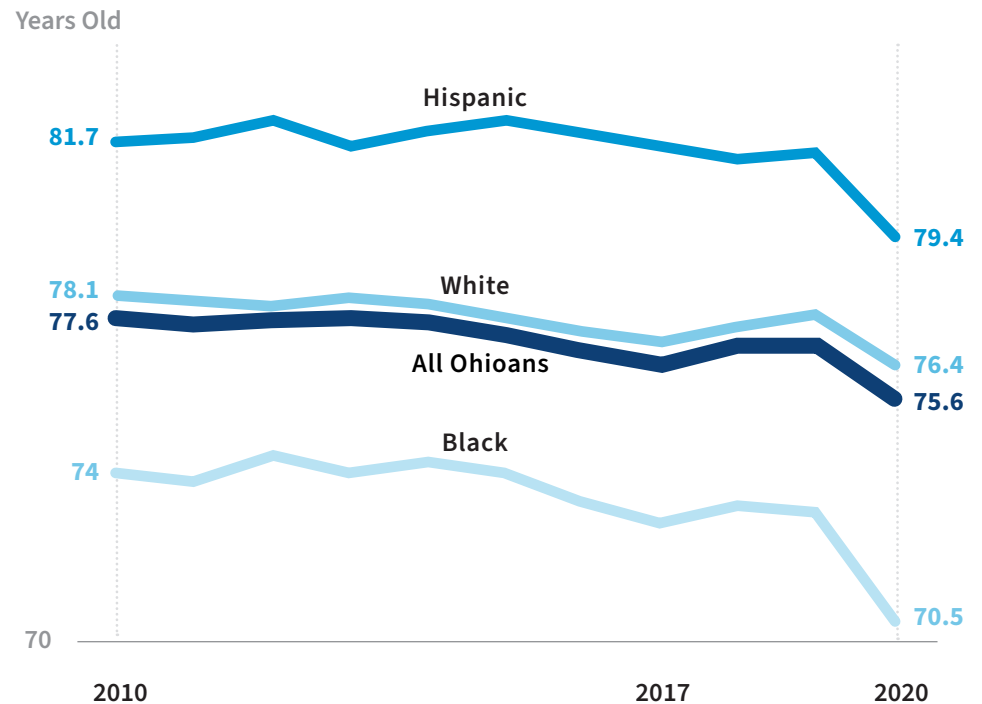
Self-Reported Health Status

On the positive side, the percentage of Ohioans who report their own health status as excellent, very good, or good increased from 81% in 2017 to 83% in 2021, surpassing the SHIP target of 82%.

The percentage of Ohioans who report experiencing excellent, very good, or good health status has increased beyond the 2022 SHIP target.
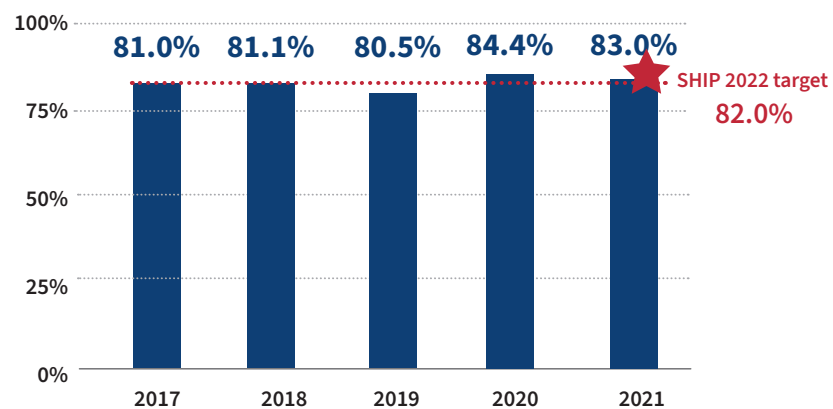
- 2017: 81.0%
- 2018: 81.1%
- 2019: 80.5%
- 2020: 84.4%
- 2021: 83.0%

SHIP 2022 target 82.0%

Higher percentages are better on this graph.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

The Dublin Link, Dublin, Ohio

Persistent Challenges

- Mental health and substance use continue to adversely impact Ohioans in significant ways. Rates of depression among both youth and adults have increased. SHA contributors strongly indicated that anxiety is increasing among youth and adults in ways previously unseen. The number of suicides in Ohio has increased since 2017. The use of electronic vapor products—or vaping—is widespread among youth.

- Many Ohioans face obstacles when it comes to accessing healthcare. These obstacles include insufficient access to health insurance, low levels of health literacy, limited culturally and linguistically appropriate care, and shortages of healthcare providers. Healthcare providers who accept Medicaid are in especially short supply.

- Maternal and child health indicators have not improved since the last SHA.

- Many of the underlying drivers of health, such as income, food security, and access to safe, affordable housing, have not improved since the last SHA.

- Rates of diabetes have worsened, and rates of heart disease have remained the same. Obesity and hypertension, which contribute to these health outcomes, have not improved since the last SHA.

- Not all Ohioans have equal access to the resources that promote and protect health such as healthy food stores, bike paths, community centers, and more. This is a challenge for rural and urban areas. Contributors to the 2023 SHA echoed the call to action issued in previous SHAs to address the disparities in health outcomes for minority groups.

German Village, Columbus, Ohio

New and Emerging Issues

- Infectious diseases are a new addition to the SHA. The COVID pandemic, 2022-2023 RSV outbreak, and a surging syphilis outbreak all call attention to the impact of infectious diseases on Ohioans.

- K-12 schools are experiencing dramatically increased rates of chronic absenteeism, and educators report increased levels of behavioral health issues among students. There was also a notable decrease in children entering kindergarten ready to learn. Vaccination rates among school-aged children have decreased since 2017.

- As Ohio's senior population grows, organizations that serve seniors are expressing increasing concern about the gaps in resources available for them. Examples include reliable transportation and mobility supports, especially for seniors desiring to age in their own residences.

Marysville, Ohio

Health Equity

One of the strongest themes that emerged during data collection for the SHA was equity. Contributors identified a need to focus on the disparities that result from differences in income, education, language, geography, race, and other factors. The previous SHIP identified priority populations to whom special attention should be paid when working toward the state's health goals. This report builds on this work by identifying disparate outcomes for specific populations, where the appropriate level of data is available. Because equity involves equal access to opportunity, this report pays close attention to many of the upstream conditions that contribute to inequitable health outcomes. These include, but are not limited to, insurance coverage, transportation, income, violence, stress, trust, and diversity in the healthcare workforce. Health equity is achieved when all people in a community have access to affordable, inclusive, and quality infrastructure and services that allows them to reach their full health potential.

Ohio's Demographic Diversity

Ohio is a diverse state with the seventh largest population in the United States at nearly 11.8 million people in 2020, according to the U.S. Census Bureau.

• As of 2020, Black, Latino, Asian American Ohioans, and Ohioans who are members of other racial and ethnic groups with smaller populations, such as immigrants and refugees, comprised 21.7% of the state's population.

• Ohio is also home to more than 1.6 million people (14%) who live with a disability.

• Ohio is an aging state. It is estimated that by 2025 more than 1 in 4 Ohioans will be age 60 and older.

• Ohioans who are members of more than one at-risk population, such as Ohioans of color with a disability, often experience even more disparate outcomes.

Social Drivers of Health and Health Disparities

Research from the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation indicates that health is shaped by several modifiable factors, including healthcare or clinical care; health behaviors; and a person's social, economic, and physical environment. These factors are often referred to as the "social determinants" or "social drivers" of health.[i] Differences in access to, and the allocation of, resources across the modifiable factors that shape health result in inequities. Health disparities are avoidable differences in health outcomes among groups.

Marblehead Lighthouse, Marblehead, Ohio

County and Region Types

Ohio counties are classified as metropolitan, rural, or suburban based on federal designations, and 32 counties are considered Appalachian based on the Appalachian Regional Commission. Regions are defined in accordance with the boundaries set by the Association of Ohio Health Commissioners.

County Type

- Metropolitan
- Metropolitan, Appalachian
- Rural
- Rural, Appalachian
- Suburban
- Suburban, Appalachian
- Appalachian counties are outlined in red.

Regions

- Northwest
- Northeast
- Central
- Southwest
- Southeast
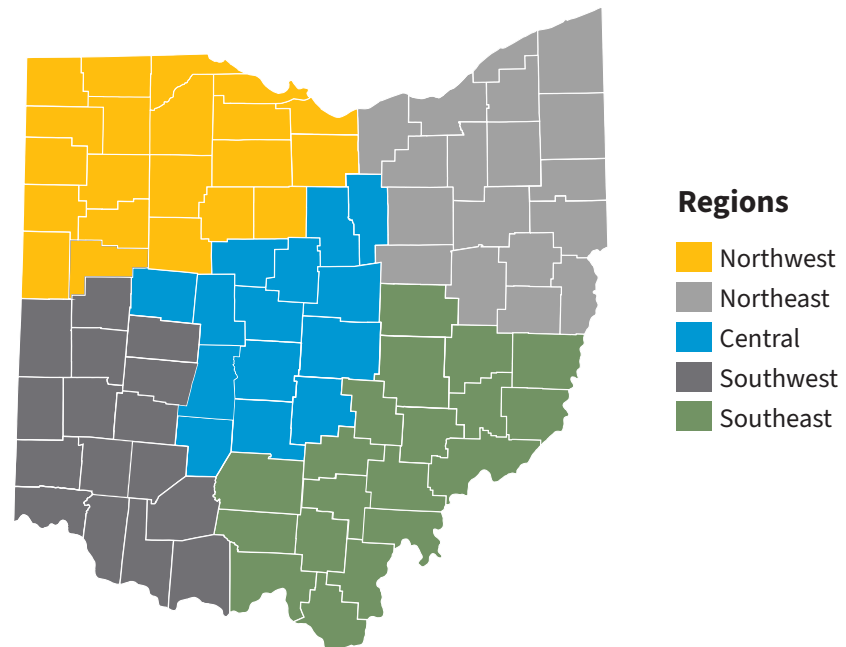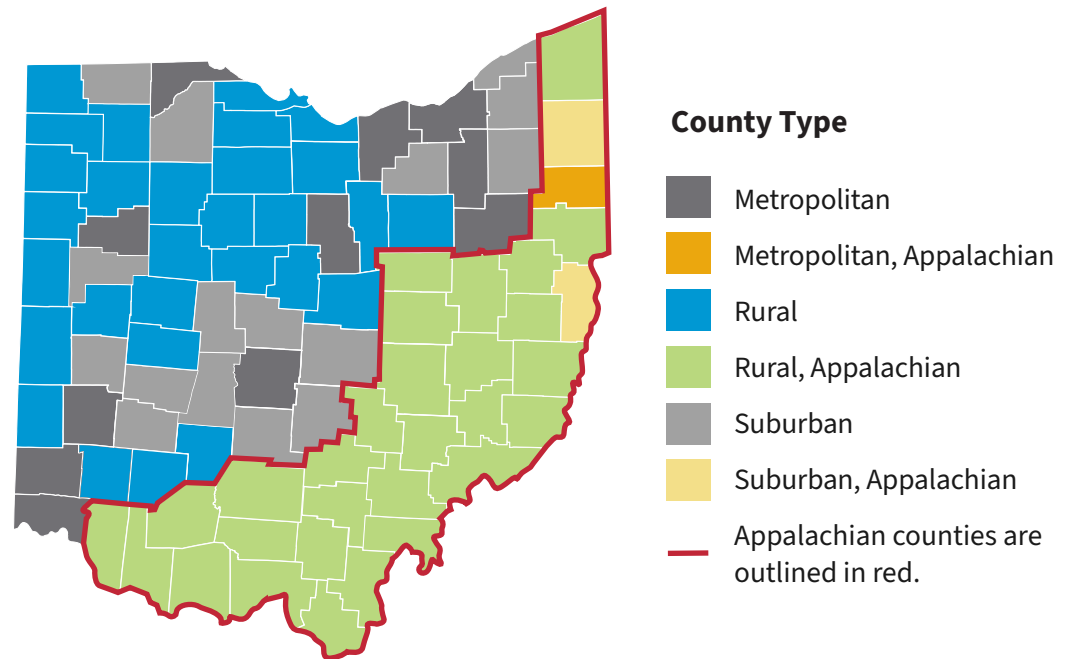
Progress Toward 2020–2022 SHIP Priorities

The 2020-2022 SHIP identified three priority health factors (community conditions, health behaviors, and access to care) and three priority health outcomes (mental health and addiction, chronic disease, and maternal and infant health) that impact the health and well-being of Ohioans.

Within these priorities, the SHIP set 37 measurable objectives that, when met, will help achieve the SHIP's vision of an Ohio in which all individuals can meet their full health potential. In order to guide progress toward these objectives, the SHIP set short-, medium- and long-term targets for each objective. Most of the short-term targets were set for 2022. The figure on the next page illustrates the timeline in which data was collected, priorities were set, and progress was measured.
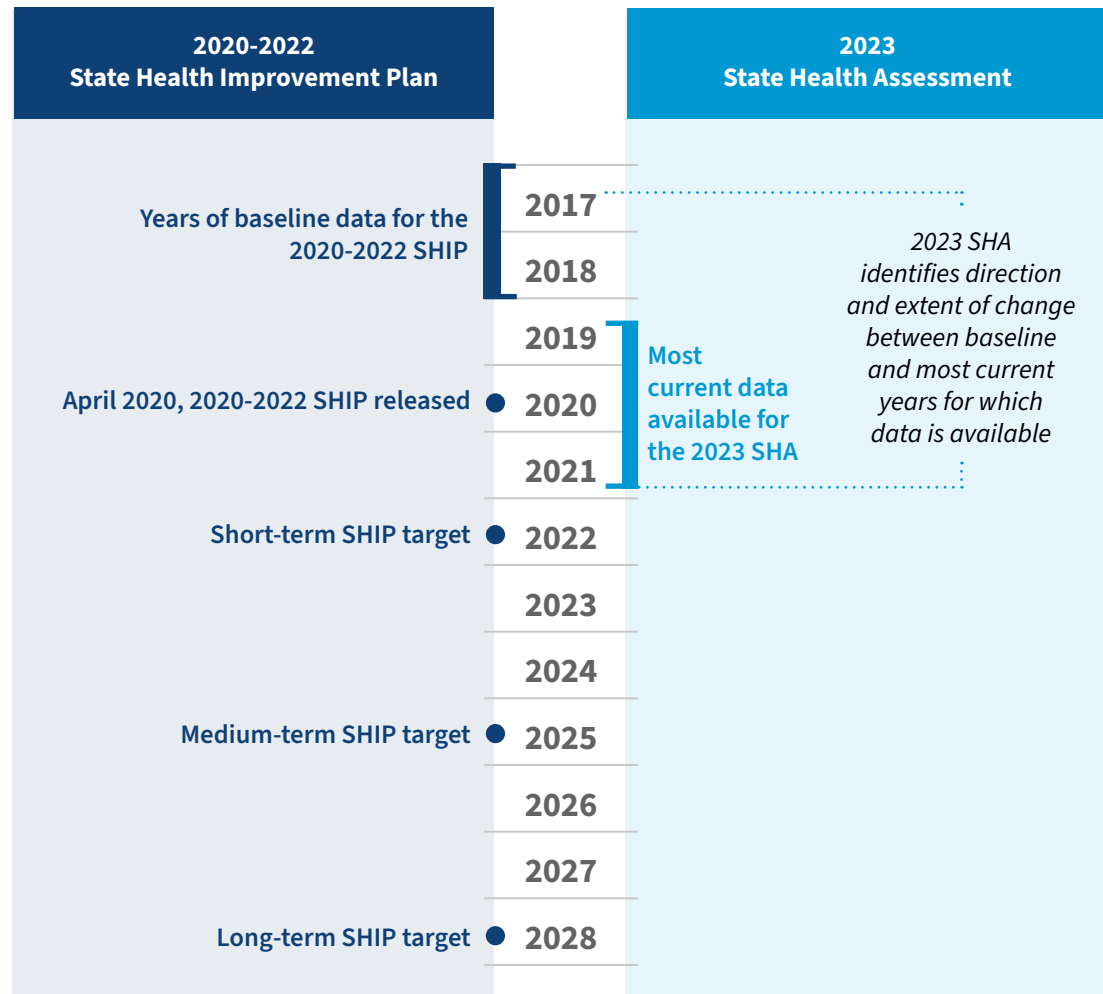

2020-2022 State Health Improvement Plan (SHIP) framework

Equity
Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.

Priorities
The SHIP identifies three priority factors and three priority health outcomes that affect the overall health and well-being of children, families and adults of all ages.

What shapes our health and well-being?
Many factors, including these
3 SHIP priority factors*:

How will we know if health is improving in Ohio?
The SHIP is designed to track and improve these
3 SHIP priority health outcomes:

Community conditions
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental health care

Mental health and addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead)

Maternal and infant health
- Preterm births
- Infant mortality
- Maternal morbidity

All Ohioans achieve their full health potential
- Improved health status
- Reduced premature death

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

Strategies
The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio's performance on these priorities.

* These factors are sometimes referred to as the social determinants of health or the social drivers of health

SHIP Priorities Timeline

The SHIP also identified populations whose outcomes were worse than the overall Ohio population for each indicator and designated these populations as priority populations. Priority populations vary by SHIP indicator.

2020-2022 State Health Improvement Plan		2023 State Health Assessment

Years of baseline data for the 2020-2022 SHIP
- 2017
- 2018

April 2020, 2020-2022 SHIP released ● 2020
- 2019
- 2021

Most current data available for the 2023 SHA (2019–2021)

2023 SHA identifies direction and extent of change between baseline and most current years for which data is available

Short-term SHIP target ● 2022

- 2023
- 2024

Medium-term SHIP target ● 2025

- 2026
- 2027

Long-term SHIP target ● 2028

Armstrong Air and Space Museum, Wapakoneta, Ohio

Progress Toward SHIP Indicators: State and Target Populations

2022 SHIP Target Met or Exceeded
Gold ribbons indicate that the indicator for this priority area has met or exceeded the target set for 2022.

Note that a priority area may meet the 2022 target without being categorized as improving if the 2022 target was less than a 10% change from the baseline value.

Improving
The indicator for this priority area moved in the desired direction by at least 10% of the baseline value.

Little to No Change
The magnitude of change for this indicator was not 10% or more of the baseline value in either direction.

Still Working
The indicator for this priority area moved away from the desired direction by 10% or more of the baseline value.

Overall Health and Equity

Adult Health Status

✓ Sexual and gender minorities.

↔ **Ohio, statewide.**
  Hispanic.
  Adults 55–64, 65+.
  • Black, non-Hispanic.
  • Households with incomes below $15K.
  • People with a disability.

Community Conditions

Kindergarten Readiness

↔ • Students with a disability.

🔧 • **Ohio, statewide.**
  • Economically disadvantaged.
  • English learners.

Adult Poverty

✓ • Hispanic/Latino.

↔ • **Ohio, statewide.**
  • Black.
  • Female.
  • Less than HS degree.

🔧 • Adults with a disability.

Housing Affordability & Quality

↔ • **Ohio, statewide.**

Child Abuse and Neglect

✓ • **Ohio, statewide.**

Child Poverty

✓ • Children with a disability.
  • Hispanic/Latino.

↔ • **Ohio, statewide.**
  • Black.

K-12: Chronic Absenteeism

🔧 • **Ohio, statewide.**
  • Black, non-Hispanic.
  • Hispanic.
  • Economically disadvantaged.
  • Students with a disability.

Adverse Childhood Experiences

✓ • **Ohio, statewide.**
  • Black, non-Hispanic.
  • Hispanic.
  • Individuals with low incomes.
  • Children with special healthcare needs.

Note: this table is limited to those indicators and those populations for which data was available
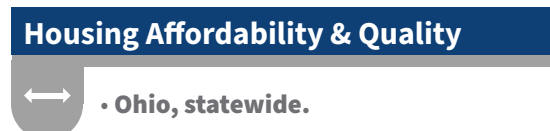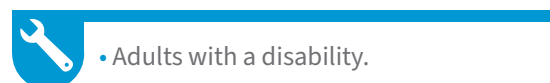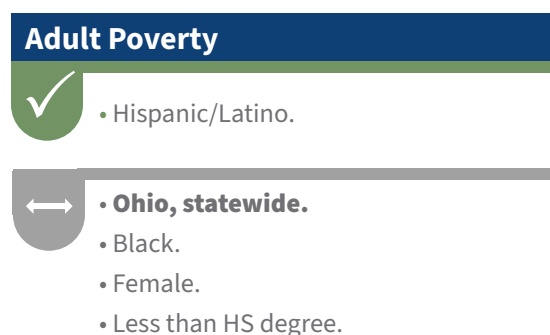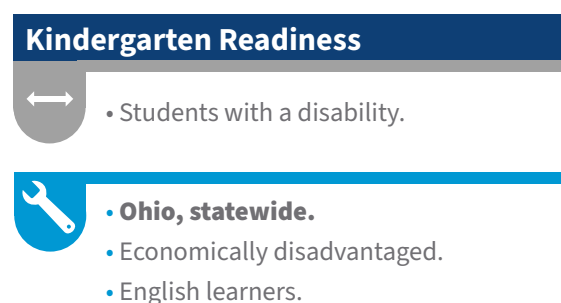
Progress Toward SHIP Indicators: State and Target Populations

(continued)

2022 SHIP Target Met or Exceeded	**Improving**	**Little to No Change**	**Still Working**
Gold ribbons indicate that the indicator for this priority area has met or exceeded the target set for 2022.	*The indicator for this priority area moved in the desired direction by at least 10% of the baseline value.*	*The magnitude of change for this indicator was not 10% or more of the baseline value in either direction.*	*The indicator for this priority area moved away from the desired direction by 10% or more of the baseline value.*
Note that a priority area may meet the 2022 target without being categorized as improving if the 2022 target was less than a 10% change from the baseline value.			

Health Behaviors

Adult Smoking

- **Ohio, statewide.**
- Black, non-Hispanic.
- Hispanic.
- Adults 25–34, 45–54.
- Sexual and gender minorities.
- Women who are pregnant.
- Adults 35–44.
- Households with annual incomes below $15K.
- People with a disability.

Child Physical Activity

- **Ohio, statewide.**

Youth Fruit Consumption

- **Ohio, statewide.**

Youth Vegetable Consumption

- **Ohio, statewide.**

Adult Physical Activity

- Hispanic.
- **Ohio, statewide.**
- Black.
- Adults 65+.
- People with a disability.
- Households with annual income below $15K

Youth Nicotine Use

- **Ohio, statewide.**
- Sexual and gender minorities.

Progress Toward SHIP Indicators: State and Target Populations

(continued)

2022 SHIP Target Met or Exceeded *Gold ribbons indicate that the indicator for this priority area has met or exceeded the target set for 2022.* *Note that a priority area may meet the 2022 target without being categorized as improving if the 2022 target was less than a 10% change from the baseline value.*	

Improving
The indicator for this priority area moved in the desired direction by at least 10% of the baseline value.

Little to No Change
The magnitude of change for this indicator was not 10% or more of the baseline value in either direction.

Still Working
The indicator for this priority area moved away from the desired direction by 10% or more of the baseline value.

Access to Care

Health Insurance: Uninsured Adults

✓
- Black, Hispanic and non-Hispanic.

↔
- Hispanic/Latino.
- Individuals with income below 138% Federal Poverty Level.
- Male.

🔧
- **Ohio, statewide.**

Health Insurance: Uninsured Children

🔧
- **Ohio, statewide.**
- Hispanic/Latino.
- Households with annual income below 200% Federal Poverty Level.

Mental Health Professional Shortage

↔
- **Ohio, statewide.**

Adults With Past Year Mental Illness with Unmet Needs

🔧
- **Ohio, statewide.**

Youth Major Depression with Unmet Needs

↔
- **Ohio, statewide.**

Primary Care Health Professional Shortage Areas

↔
- **Ohio, statewide.**

Progress Toward SHIP Indicators: State and Target Populations

(continued)

2022 SHIP Target Met or Exceeded *Gold ribbons indicate that the indicator for this priority area has met or exceeded the target set for 2022.* *Note that a priority area may meet the 2022 target without being categorized as improving if the 2022 target was less than a 10% change from the baseline value.*	

Improving *The indicator for this priority area moved in the desired direction by at least 10% of the baseline value.*	**Little to No Change** *The magnitude of change for this indicator was not 10% or more of the baseline value in either direction.*	**Still Working** *The indicator for this priority area moved away from the desired direction by 10% or more of the baseline value.*

Mental Health and Addiction

Youth Depression
Still Working
- Ohio, statewide.

Youth Suicide
Improving
- **Ohio, statewide.** (Target Met)
- White, non-Hispanic. (Target Met)
- Males. (Target Met)

Youth Alcohol Use
Improving
- **Ohio, statewide.** (Target Met)
Little to No Change
- Female. (Target Met)

Youth Marijuana Use
Improving
- **Ohio, statewide.** (Target Met)
- Black. (Target Met)
Still Working
- LGBTQ+.
- Hispanic.

Unintentional Drug Overdose Deaths
Still Working
- **Ohio, statewide.**
- Adults 25–34, 35–44, 45–54.
- Male.
- Residents of Appalachian and urban counties.

Adult Suicide
Improving
- Adults, ages 55-64.
- Residents of Appalachian counties. (Target Met)
Little to No Change
- **Ohio, statewide.**
- Adults 35–44.
- Male.

Adult Depression
Still Working
- Ohio, statewide.

Note: this table is limited to those indicators and those populations for which data was available

Progress Toward SHIP Indicators: State and Target Populations

(continued)

2022 SHIP Target Met or Exceeded
Gold ribbons indicate that the indicator for this priority area has met or exceeded the target set for 2022.

Note that a priority area may meet the 2022 target without being categorized as improving if the 2022 target was less than a 10% change from the baseline value.

Improving
The indicator for this priority area moved in the desired direction by at least 10% of the baseline value.

Little to No Change
The magnitude of change for this indicator was not 10% or more of the baseline value in either direction.

Still Working
The indicator for this priority area moved away from the desired direction by 10% or more of the baseline value.

Chronic Disease

Heart Disease

✓ 🏅 Adults 55–64.

↔ 🏅 Adults 65+.
- **Ohio, statewide.**
- Male.

🔧
- People with a disability.
- Individuals with annual incomes below $15K.

Premature Death - Heart Disease

↔
- **Ohio, statewide.**
- Black, Non-Hispanic.
- Residents of Appalachian counties.
- Male.

Childhood Lead Poisoning

✓ 🏅 **Ohio, statewide.**

Note: this table is limited to those indicators and those populations for which data was available

Hypertension

↔
- **Ohio, statewide.**
- Black, non-Hispanic.
- Adults 55–64, 65+.
- Individuals with annual incomes below $15K.
- Individuals with a disability.

Diabetes

✓ 🏅 Black, non-Hispanic.

↔
- Adults 55–64, 65+.
- People with a disability.

🔧
- **Ohio, statewide.**
- Individuals with annual incomes below $15K.

Child Asthma Morbidity

✓ 🏅 **Ohio, statewide.**
- Black.

Maternal and Infant Health

Preterm Births

✓ 🏅 Women 45+.

↔
- **Ohio, statewide.**
- No high school diploma.
- Women 35-44.
- Black, non-Hispanic.

Infant Mortality

↔
- **Ohio, statewide.**
- Black, non-Hispanic.

Severe Maternal Morbidity

🔧
- **Ohio, statewide.**
- Black, non-Hispanic.
- Hispanic.
- Youth, ages 15-19.
- Women, ages 35-39, 40-55.
- Women with Medicaid and other public assistance.
- Residents of Appalachian counties.

Ohio by the Numbers

Populations

In 2020, largely due to the COVID-19 pandemic, deaths in Ohio outnumbered births for the first time since demographic data has been reported.

5.7%

Total Population

The population of Ohio is expected to decrease by 5.7% by the year 2050.

Gender

While the population is expected to decrease through 2050, the gender distribution is not expected to change from 2020 to 2050.

2050 Estimate

49% male

51% female

16%

The number of Ohioans 65–74 is expected to decline by over 16% by 2050, the largest decline expected among any age group.

24%

85+ Population

Ohio's population ages 85 and older is expected to increase 24% by 2050.

Annual Household Distribution by Income, 2022

37.9% of Ohio households make $49,999 or less.

17.7%	$0–$24,999
20.2%	$25,000–$49,999
31.0%	$50,000–$99,999
23.4%	$100,000–$199,999
7.7%	$200,000 or more

Population by Race

Whites remain the largest racial group, despite a decrease since 2017.
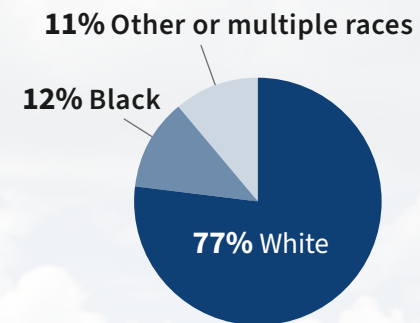
11% Other or multiple races

12% Black

77% White

Hispanic Population Growth

Ohio's Hispanic population continues to experience slow growth from 3.7% of the population in 2017 to 4.4% of the population in 2022.
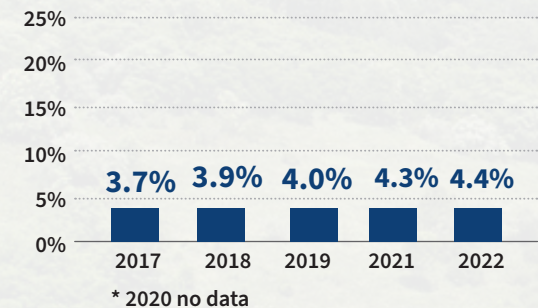
Year	Percent
2017	3.7%
2018	3.9%
2019	4.0%
2021	4.3%
2022	4.4%

* 2020 no data

Appalachian Hills Wildlife Area, Ohio

Ohio by the Numbers

Foreign Born (As Percent of Total Population in 2022)

A large portion of Ohio's foreign-born population is concentrated in urban and suburban counties across the state.

5% of Ohio's population are Foreign-born.

Nationalities and Languages

92.7% of Ohioans speak only English at home.

7.3% of Ohioans speak another language besides English at home.

The top 10 languages following English:

2.34% Spanish

0.53% Yiddish, Pennsylvania Dutch or other West Germanic languages

0.44% Chinese (incl. Mandarin,Cantonese)

0.40% Arabic

0.37% German

0.26% Amharic, Somali, or other Afro-Asiatic languages

0.25% Nepali, Marathi, or other Indic languages

0.25% French (incl. Cajun)

0.21% Yoruba, Twi, Igbo, or other languages of Western Africa

0.19% Hindi

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Educational Attainment

More than half of Ohioans age 25 years and older have attended some college.

Bachelor's degree or higher
32.0%

Some college or associate's degree
27.9%

High school graduate (includes GED)
31.9%

Less than high school graduate
8.2%

Source: U.S. Census Bureau, 2022 American Community Survey 1-year Estimate

Decreasing Unemployment Rate

The unemployment rate dropped from 5.2% in 2017 to 3.7% in 2022.

Lower percentages are better on this graph.

Year	Rate
2017	5.2%
2018	4.9%
2019	4.6%
2021	5.4%
2022	3.7%

* 2020 no data
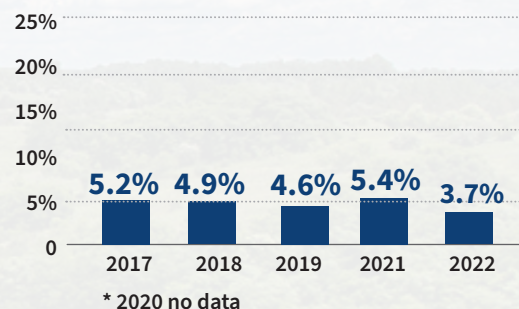
Source: U.S. Census Bureau, 2017-2022 American Survey, 1-year Estimates

Ohioans and Disabilities

14.4% of Ohioans are living with a disability.

The most common type of disability is ambulatory difficulty, which is experienced by 6.9% of the population.

Ambulatory difficulty
6.9%

Independent-living difficulty
5.0%

Cognitive difficulty
5.9%

Hearing difficulty
3.8%

Self-care difficulty
2.3%

Vision difficulty
2.4%

Note that some individuals may have more than one type of difficulty.

Source: U.S. Census Bureau, 2022 American Community Survey 1-Year Estimates

Appalachian Hills Wildlife Area, Ohio

Social and Environmental Drivers of Health

Social and environmental drivers of health emerged as priorities across all forms of information gathering for the SHA.

Economic Well-being

Eighty-five percent of survey respondents indicated that people with low incomes have the worst health outcomes in their service areas. Although there are many differences among Ohioans with low incomes, as a group this population has not met any of the SHIP targets specific to this population. This includes targets related to diabetes, heart disease, hypertension, smoking, fair or poor health, K-12 absenteeism, adult health insurance, and child health insurance.

Statewide, poverty rates in Ohio have remained relatively constant since the last SHA and SHIP, both for adults and children. There has been some improvement in poverty rates for individuals who are Hispanic and for children who have a disability. For adults with a disability, though, overall poverty rates have worsened.

Food Security

Though overall rates of food insecurity have decreased from 13.2% in 2019 to 11.8% in 2021, there are large differences between food insecurity rates for Ohioans of different races, and for Ohioans from different county types.

There has been little to no detectable change in the percentage of Ohioans living in households that are at or below poverty levels.
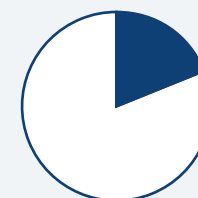
19% of children in Ohio lived in poverty in 2021.
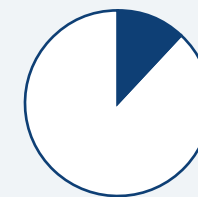
12% of adults in Ohio lived in poverty in 2021.

Lower percentages are better on these charts.

Source: US Census Bureau. American Community Survey

Food Security (continued)

Of the 21 counties with the most food insecurity in Ohio, 19 are in Appalachia.
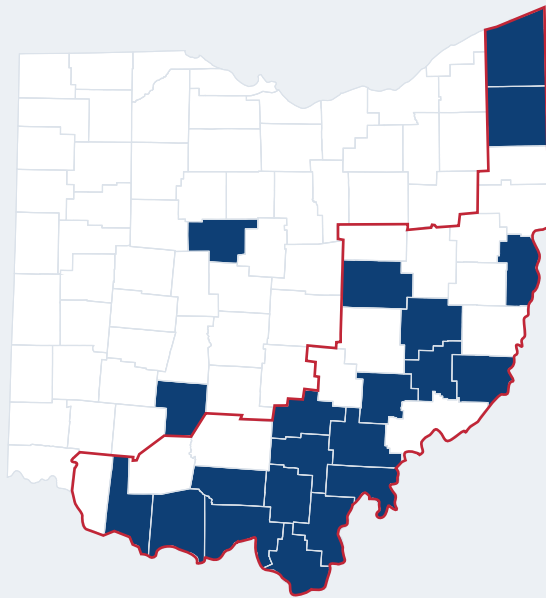
☐ **Appalachian Ohio**

Source: Feeding America Map the Meal Gap, 2022 data

Food insecurity rates are higher among Ohioans who are Black compared to other Ohioans.
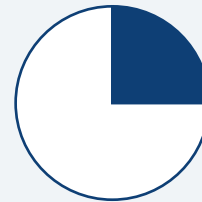
25%
of Black Ohioans experience food insecurity
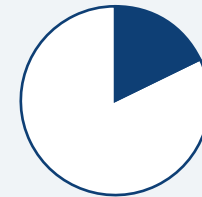
18%
of Hispanic Ohioans experience food insecurity
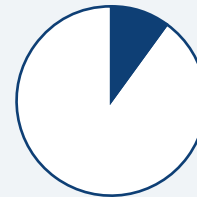
10%
of White, non-Hispanic Ohioans experience food insecurity
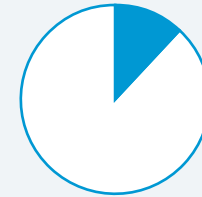
12%
of all Ohioans combined experience food insecurity

Lower percentages are better on these charts.

Source: Feeding America Map the Meal Gap, 2021 data

Access to Quality Affordable Housing

The size of Ohio's housing stock is insufficient, especially for Ohioans with low incomes. There has been no increase in the rate of available housing for renters with income below 50% of the Area Median Income since the last SHA. When housing is available, it is not always affordable. Housing advocates estimate that, on average, renters in Ohio require a full-time job that pays at least $19.09 an hour in order to be able to afford a two-bedroom unit priced at fair market rent. In Ohio, the average wage of renters is $18.47, and in 2023 the minimum wage was $10.10. This puts affordable housing out of reach for many of Ohio's 1,588,226 renters.[ii]

When housing is both available and affordable, it is not always safe or of sufficient quality. Statewide, 12.6% of housing units in Ohio have at least one feature defined by the Census as a housing problem: overcrowding, lack of kitchen facilities, lack of plumbing facilities, or high cost.

Homelessness

Representatives of organizations that serve priority populations reported that their clients are experiencing homelessness for longer periods of time than before: "People are staying in shelters for longer periods of time. It's harder to get people out of shelter[s] and out of homelessness. This can lead to additional health factors." For some, this trend has progressed to the point that there has been a "normalizing of houselessness, [a] normalizing of not having space and place" among the people they serve. In 2023, Ohio landlords filed nearly 108,000 eviction cases – the highest number since 2015. Some organizations expressed concern at a rising rate of evictions and the tapering off of emergency rental assistance available during the pandemic. Members of the LGBTQ+ community indicated that homelessness is a particular problem for LGBTQ+ youth because of estrangement from family members. National estimates state that LGTBQ+ youth are 120% more likely to experience homelessness.

There are
79 affordable, available housing units for every 100 renters
with incomes below 50% of the Area Median Income.

Source: Ohio Housing Finance Agency 2021 Needs Assessment

Columbus, Ohio

Access to Reliable Transportation

Access to transportation can influence many of the social drivers of health, such as economic stability, through its impact on employment. Transportation access also affects the ability to engage in many health-promoting behaviors, such as seeking preventative healthcare.

Compared to the overall state percentage, a larger percentage of Black Ohioans do not have access to a vehicle.
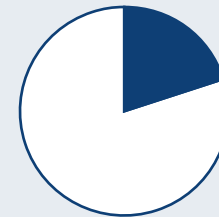
20%
of Black Ohioans do not have access to a vehicle
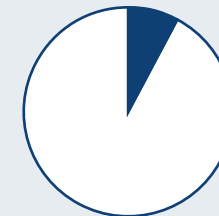
8%
of all Ohioans statewide do not have access to a vehicle

Lower percentages are better on these charts.

Source: 2020 U.S. Census data as analyzed by the National Equity Atlas

Healthy Environment

- Through concerted efforts from Governor DeWine, Ohio has made positive progress on reducing children's exposure to lead. By 2019, the percentage of children birth to five years old who had elevated blood lead levels had reached the SHIP target for 2022.

- In Ohio, 92.5% of the population has access to fluoridated drinking water compared to 73% nationwide. Ohio ranks ninth out of all 50 states[iii] on this measure.

- Poor air quality can negatively impact health. On average, Ohio's air contains 8.7 micrograms of fine particles per cubic measure, compared to 7.8 micrograms nationwide.

The percentage of children birth to 5 who have elevated blood lead levels (≥5ug/dl) has decreased. By 2019, the percentage of children with elevated blood lead levels had reached the 2022 SHIP target.

2.8%

2022 SHIP target, 2.25%

2.0%

2017   2021
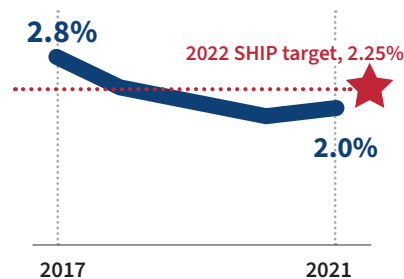
Lower percentages are better on this graph.

Source: Ohio Public Health Data Warehouse, Lead Data, Blood Lead Test Results for Ohio Children

Cuyahoga Valley National Park

Resources for Older Ohioans

As Ohio's population age 60+ grows, and specifically those 85 and older, organizations that serve seniors are expressing increasing concern about the adequacy of resources available to support them, especially those who wish to remain in their homes. Resources like reliable transportation, safety and mobility supports for the homes of seniors aging in place, geriatric care managers, adult day care programs, respite care for care providers, and assistance with meals and personal care will be increasingly in-demand as this population grows.

By 2050, Ohio is expected to be home to over 55,000 more seniors 85 and older than it is today.

232,833

288,627

24% increase in this population

Ohioans age 85 and older
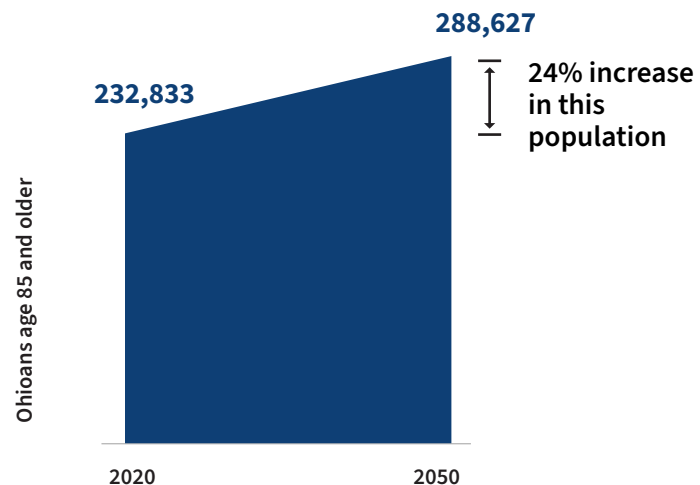
2020   2050

Source: Ohio Development Agency, State of Ohio Population Projections Overview, 2020-2050

Scioto Mile, Columbus, Ohio

Ash Cave, Hocking Hills State Park, Logan, Ohio

Health-Supporting Built Environment

Opportunity for Physical Activity

The environment in which an individual lives affects the opportunities for physical activity that are available and exerts influence on respiratory health and other health outcomes. Residents of rural areas indicated that their communities are often not conducive to walking, biking, or other outdoor activity. Lack of sidewalks can make it unsafe to engage in inexpensive physical activity.

Broadband Access

Broadband access is another component of the built environment. Residents of rural counties reported lack of access to broadband can be very challenging, especially during the pandemic when telehealth was the only way to access certain kinds of care.

Healthcare Access and Quality

Healthcare providers who participated in the SHA data-collection process indicated that there is a great deal of burnout in their professions, which is reducing the already limited supply of available providers.

- An estimated 2.4 million Ohioans live in Primary Care Health Professional Shortage Areas.[iv]
- Roughly 5.2 million Ohioans live in Mental Healthcare Professional Shortage Areas.[v]
- An estimated 2 million Ohioans live in Dental Health Professional Shortage Areas.[vi]

The number of Ohio counties with a primary health professional shortage area has increased from 2019 to 2023.
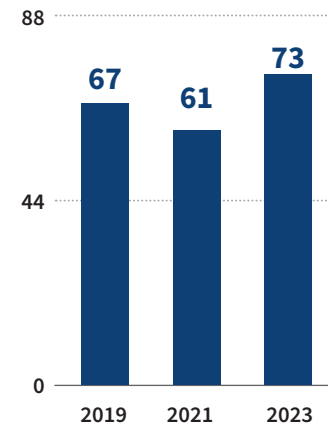
Lower numbers are better on this graph.
Source: Baseline HRSA, as compiled by the Ohio Department of Health
Notes: Monitoring, no targets

The number of Ohio counties with a mental health professional shortage area has increased from 2019 to 2023.
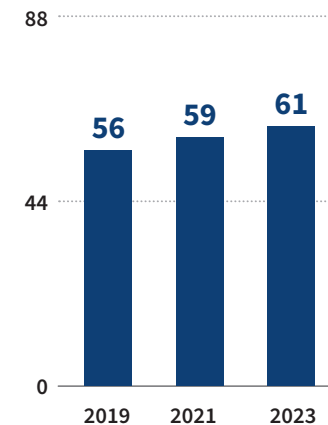
Lower numbers are better on this graph.
Source: Baseline HRSA, as compiled by the Ohio Department of Health
Notes: Monitoring, no targets

Culturally and Linguistically Appropriate Care

Ohioans whose first language is not English reported facing communication challenges in the healthcare setting. If translation or interpretation services are available, they may be provided by non-native speakers or others who do not speak the same dialect or who lack the idiomatic references of the person with whom they are communicating. Additionally, if the healthcare provider is communicating in a way that is not culturally appropriate for the person seeking care, accurate translation is not sufficient to ensure good communication.

Members of the LGBTQ+ community also reported trepidation about accessing healthcare services out of fear that healthcare providers will not accept their gender identity or sexuality, or that providers will not be able to provide appropriate care.

Health Literacy

Health literacy emerged as an important health factor in eight discussion groups across both organizations and participants with lived experience. The participants indicated health literacy – the ability to find, understand, appraise, and apply health information to inform healthcare – and disease prevention-decision making – is an essential component to accessing care and assuring healthy life choices.[vii] The participants indicated that health literacy is a learned skill and that there must be awareness for those who have low health literacy. In reference to this, one participant noted, "it is the lack of materials at the appropriate reading levels to give them the information they need, but not too much, that contributes to the outcomes that we have." In order to mitigate this concern, the discussion groups suggested drafting health materials at appropriate reading levels, using visuals, and assuring the information is culturally appropriate.

Health Insurance

Since the last SHA, the percentage of Ohioans who do not have health insurance has increased from 8% of adults and 4.5% of children in 2017, to 8.9% of adults and 5.1% of children in 2021.

Almost 9% of Hispanic children 18 and younger were uninsured, which is both higher than the statewide rate of 5.1%, and higher than the rate for Hispanic children in the previous year (8.3%).

Nineteen percent of Hispanic Ohioans aged 19–64 were uninsured in 2021, compared to 8.9% of the general population.

The percentage of Ohioans without health insurance has increased since 2017.

Adults 19–64

8.0%   8.8%   9.1%   8.9%

Healthy People 2030 target, 6.0%

Children birth to 18

4.5%   4.8%   4.8%   5.1%

2017   2018   2019   2020   2021
No Data
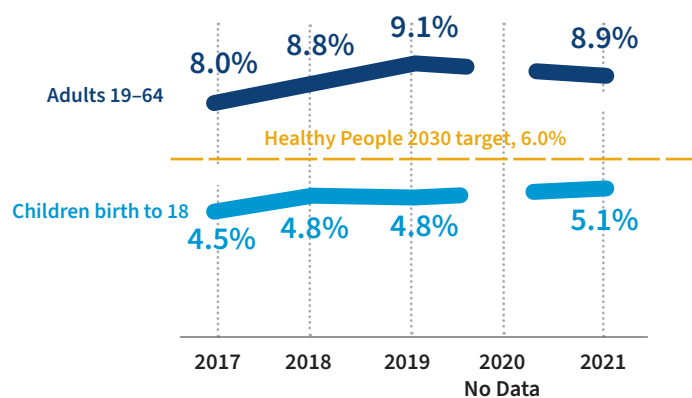
Lower percentages are better on this graph.
Source: U.S. Census Bureau, American Community Survey

Educational Access and Quality

The indicators related to two SHIP targets (reduction of chronic absenteeism and improvement in readiness for kindergarten) showed improvement until the 2020-2021 school year, at which point they were significantly impacted by the COVID-19 pandemic.

Under the direction of Governor DeWine, Ohio was a leader nationally in getting children safely back to school by prioritizing the vaccination of teachers, among other efforts, in order to mitigate the effects of the pandemic on Ohio's children.

Chronic absenteeism is defined in Ohio as a student missing 10% or more of the school year for any reason – excused, medically excused, unexcused, and suspensions. Under the Every Student Succeeds Act Plan, Ohio, along with 35 other states, uses chronic absenteeism as a measure of student success within the Gap Closing Component of the Ohio School Report Cards.

Chronic absenteeism in Ohio decreased from its peak of 30.2% in 2022 to 25.6% in 2024. However, there is still much work to be done. Ohio has pledged to reduce chronic absenteeism in Ohio by 50% over five years.

Along with delayed development, educators and those who serve youth are noting the toll the pandemic years have taken on children's mental health. As one educator reported, "We've seen a drastic increase in the mental health needs of students. Those kids were home for a long period of time. Coming back into the school environment, there's just a drastic increase in the number of children with anxiety issues." In addition to the impact of COVID, some educators noted that the impact of the opioid epidemic is showing up in schools, as children from homes disrupted by addiction and children born with neonatal abstinence syndrome experience difficulties at school and at home.

The percentage of K-12 students who are chronically absent has increased sharply since the 2019-2020 school year and the COVID pandemic.
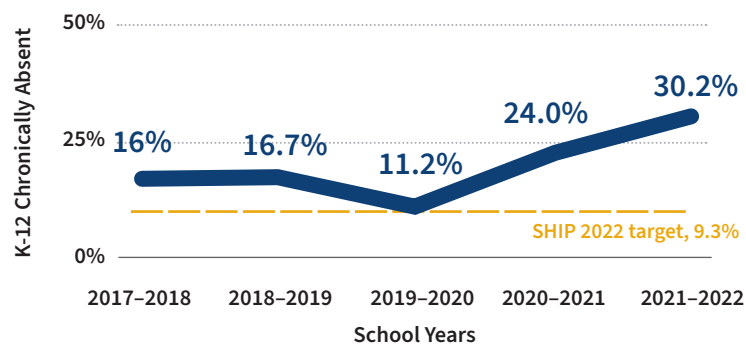
Lower percentages are better on this graph.
Source: Ohio Department of Education & Workforce

The percentage of kindergarten students demonstrating readiness to learn decreased sharply after the 2019-2020 school year.
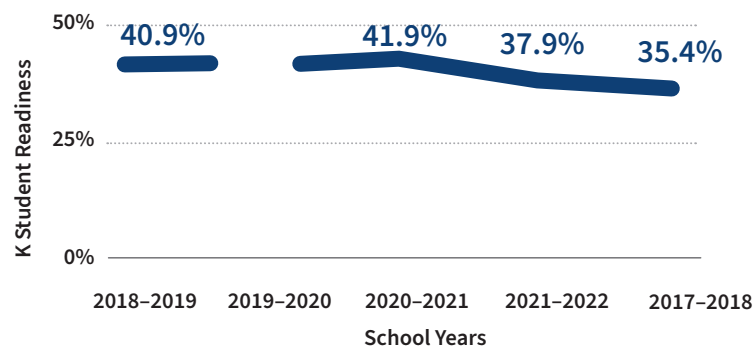
Higher percentages are better on this graph.
Note: data are not available for the 2019-2020 school year
Source: Ohio Department of Education & Workforce

Health Disparities Among Different Races

Ohio Governor Mike DeWine launched the COVID-19 Minority Health Strike Force to examine the disparities in outcomes experienced by Ohioans of different races during the pandemic. The Strike Force identified many ways that disparities for Ohioans of color in areas like housing, transportation, education, and more, can directly affect the health and well-being of these individuals. The report also noted the impact of toxic, persistent stress associated with racism, which can impact the body's neurological, endocrine, and immune systems.[viii]

More children of color report that they have ever been treated or judged unfairly because of their race or ethnic group, compared to children who are white.

Asian American
11.4%

Black
11.4%

Hispanic
10.3%

White
1.2%
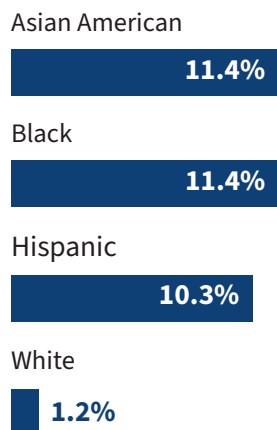
Source: Analysis of Health Resources and Services Administration, National Survey of Children's Health by HPIO and the Voinovich School of Leadership & Public Service, Ohio University, as reported in HPIO's 2023 Health Value Dashboard Equity Profiles. Data are from 2018-2021.

Over a quarter of Black Ohioans reported that they have experienced physical symptoms or felt emotionally upset as a result of their treatment due to race.

Black
27%

Asian American
23%

Hispanic
19%

White
4%
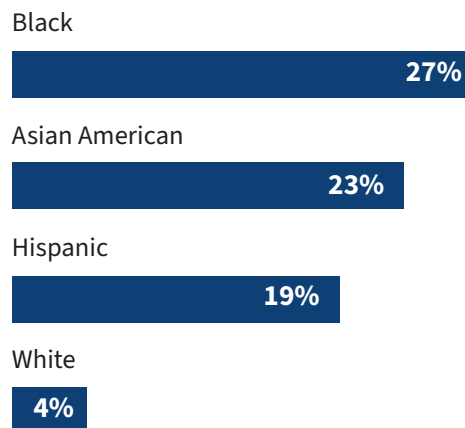
Source: Analysis of Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey by HPIO, data provided by the Ohio Department of Health upon request, as reported in HPIO's 2023 Health Value Dashboard Equity Profiles.

Bullying

SHA contributors expressed concern about the degree of bullying that children in their communities are experiencing. Females report experiencing the most bullying on school grounds, while individuals who identify as LGBTQ+ report experiencing the most bullying electronically. Survey data indicates that the rate of bullying is increasing.

Youth being bullied at school

Female **25.5%**
24.2% Gay, lesbian, or bisexual

15.9%
Ohio **19.5%**

13.9%
13.8%

11.8%
Male

2019   2021
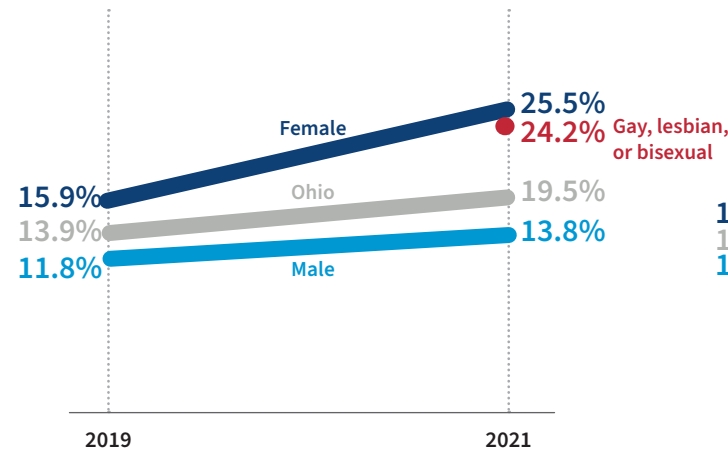
Lower percentages are better on this graph.

Electronic bullying

Gay, lesbian, or bisexual ● **33.4%**

Female **28.0%**

15.2%
Ohio **18.5%**

13.3%
11.4%

Male **9.7%**

2019   2021
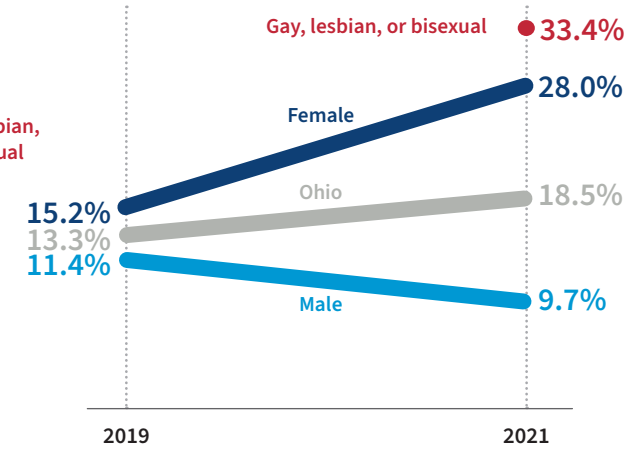
Lower percentages are better on this graph.

Note: Data is not available for individuals who are gay, lesbian, or bisexual until 2021.
Source: Centers for Disease Control, Youth Risk Behavior Surveillance System

Adverse Childhood Experiences

The most recent data available indicates that Adverse Childhood Experiences (ACEs) are declining among Ohio's youth. Still, SHA contributors expressed an understanding of the importance of continued efforts to reduce the number of ACEs among Ohio children and youth.

The percentage of children 0–17 who have experienced two or more adverse childhood events has decreased since 2016.

25.1%   **23.3%**   **21.9%**

18.9%

2016–2017   2017–2018   2018–2019   2019–2020   2020-2021
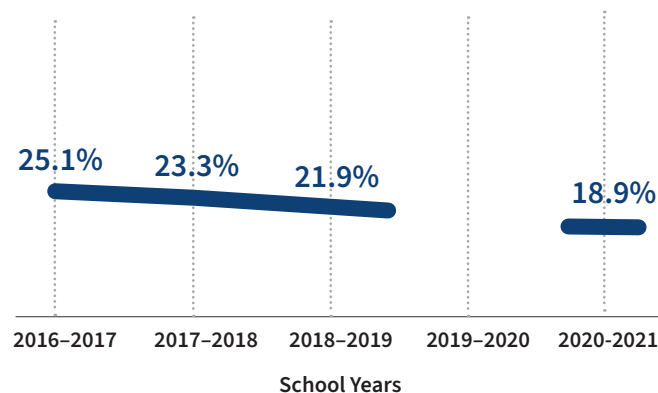
School Years

Lower percentages are better on this graph.

Note: Data from the 2019-2020 school year is not available.

Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health (NSCH) data query, retrieved from Child Health Data

Violence

In Ohio, homicide rates have risen since 2017 from an age-adjusted rate of 6.81 per 100,000 in 2017 to an age-adjusted rate of 8.75 per 100,000 in 2020. This increase has been the highest among Black Ohioans, for whom the rate has risen from 29.85 to 41.45. Black males have the highest rate of death due to homicide, with 70.72 Black males per 100,000 dying from homicide in 2020.

The sharpest increase has been among Black males, who as of 2020 are 18 times more likely to die by homicide compared to White males.

Deaths per 100,000 from homicide increased between 2017 and 2020.
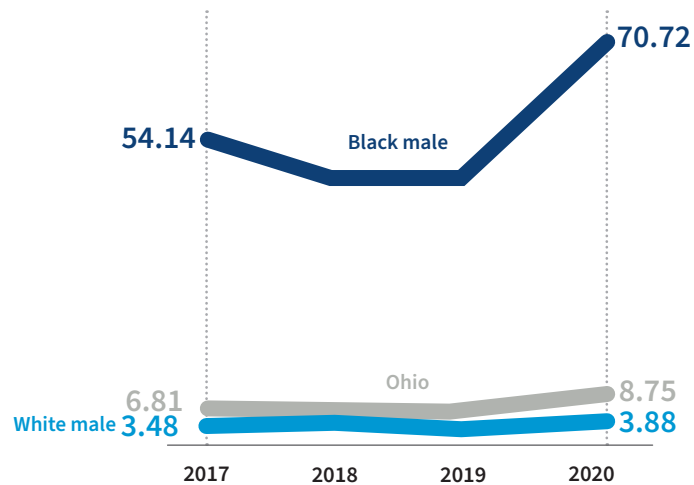
Lower rates are better on this graph.

Source: Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System, National Violent Death Reporting System
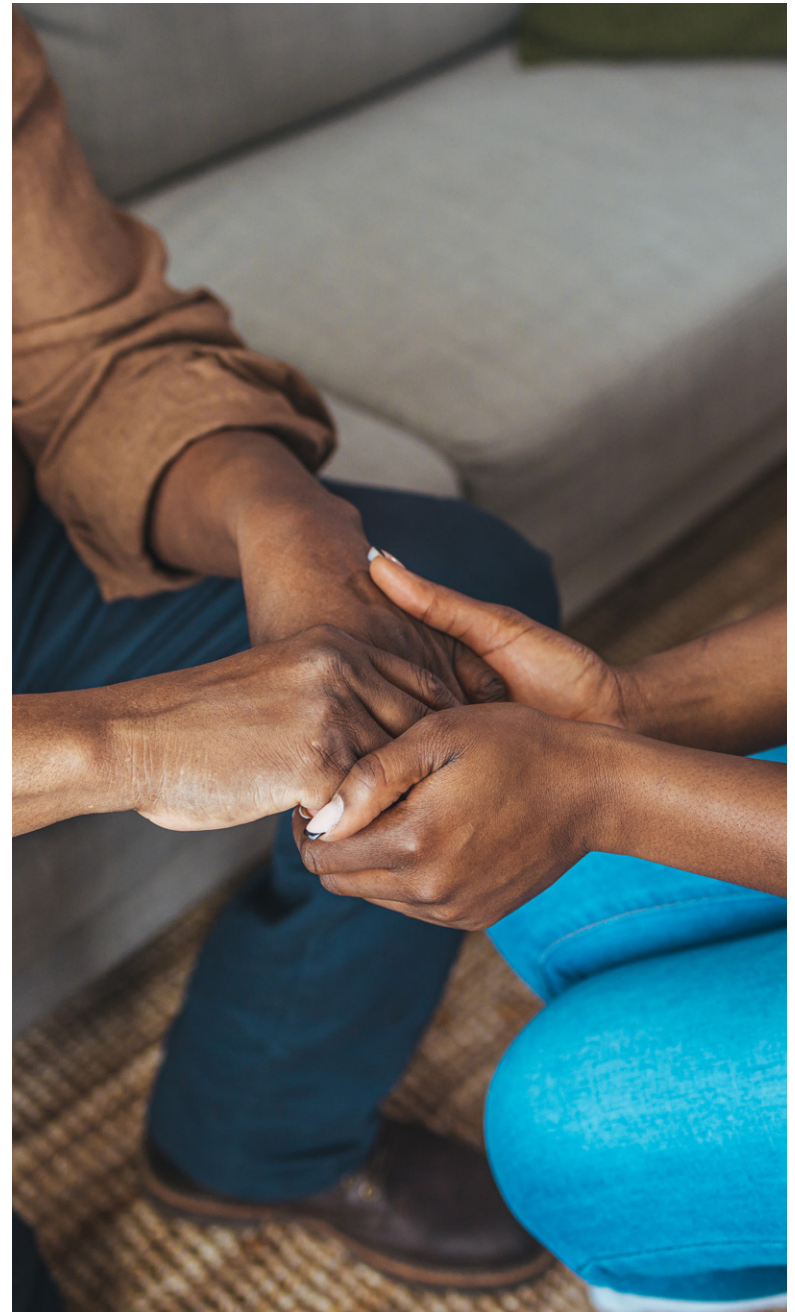
Individual-Level Drivers of Health

Healthy Nutrition

The data indicates that progress is being made among youth in terms of vegetable intake, but those who serve low-income Ohioans warned that there are serious obstacles to healthy nutrition among the individuals they serve. For some, simply getting access to healthy foods is a challenge. Cost remains an issue as well. Providers observed that stress and differential access to quality foods led many Ohioans to opt for processed convenience foods with lower nutritional value compared to fresh, whole foods that may take time to prepare.

Canton Farmers Market, Canton, Ohio

Healthy Nutrition (continued)

Athens Farmers Market, Athens, Ohio

The percentage of high school students who ate vegetables (excluding french fries, fried potatoes and potato chips) during the past seven days has increased and met the SHIP 2021 target.

HS students eating vegetables

91.3%   92.6%   SHIP 2021 target **91.5%**

100%   80%   2019   2021

Higher percentages are better on this graph.
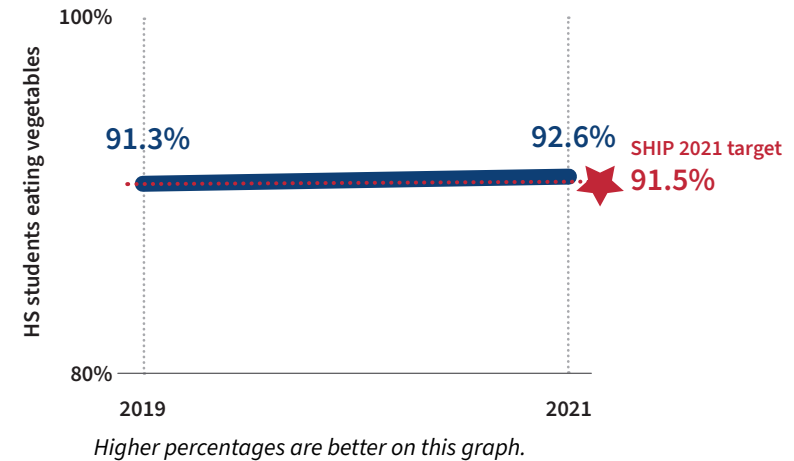
The percentage of high school students who ate fruit or drank 100% fruit juice during the past seven day has increased sufficiently to meet the SHIP 2021 target.

HS students eating fruits

89.4%   90.2%   SHIP 2021 target **89.6%**

100%   80%   2019   2021

Higher percentages are better on this graph.
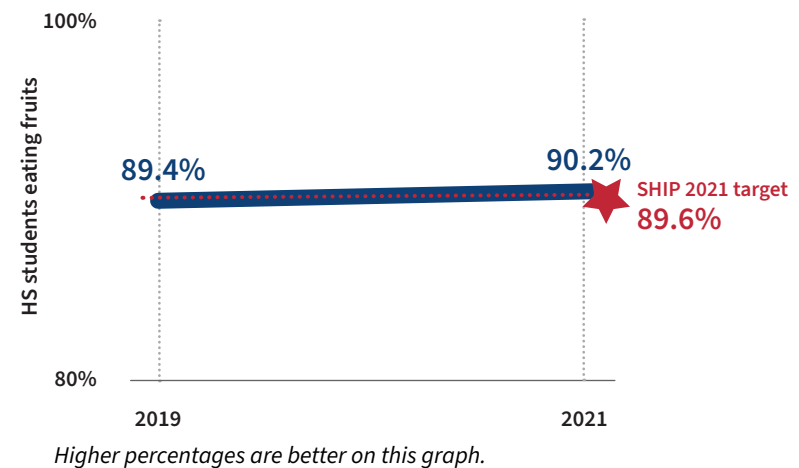
Source: Centers for Disease Control and Prevention (2019, 2021) Youth Risk and Behavior Survey.

Adequate Physical Activity

Ohioans are engaging in more physical activity since the last SHA. Regular physical activity is beneficial for people of all ages as it supports strength, longevity, improved mental health, and the prevention and management of chronic disease.

Communities that have safe and accessible places to walk, bike, or take transit to everyday destinations—such as homes, workplaces, schools, parks, healthcare, and grocery stores—are more likely to be active.

In 2017, 70.4% of adults reported physical activity or exercise, other than their regular job, during the past thirty days. The 2022 SHIP target of 71% has been surpassed each year since 2018.
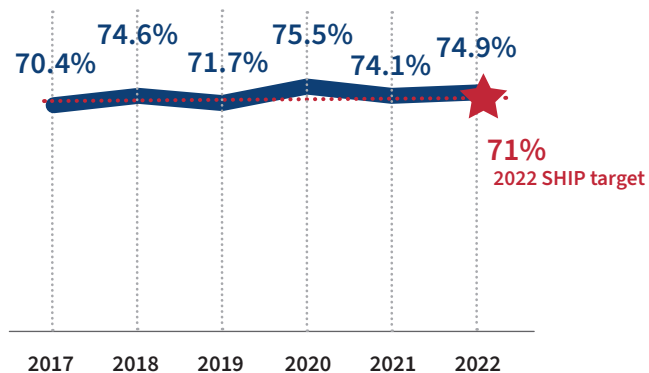
70.4%   74.6%   71.7%   75.5%   74.1%   74.9%

71%
2022 SHIP target

2017   2018   2019   2020   2021   2022

Higher percentages are better on this graph.

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk

The percentage of children who are physically active at least 60 minutes a day has increased from 29% in 2016-17 to 33% in 2020-2021, surpassing the 2021 SHIP target of 31%.

29.0%   24.7%   25.1%   29.6%   33.1%

31%
2022 SHIP target

2016–2017   2017–2018   2018–2019   2019–2020   2020-2021
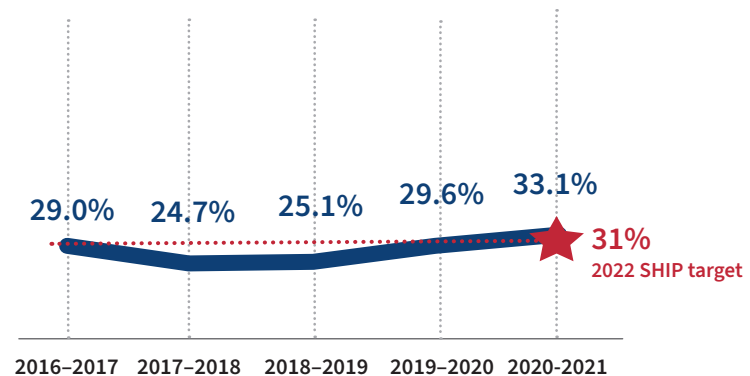
Higher percentages are better on this graph.

Source: National Survey of Children Health

Healthy Weight

Obesity, which is related to a variety of health circumstances such as chronic disease, mental health, and pregnancy outcomes, has been increasing in Ohio.

As of 2021, 37.8% of Ohioans are considered obese.
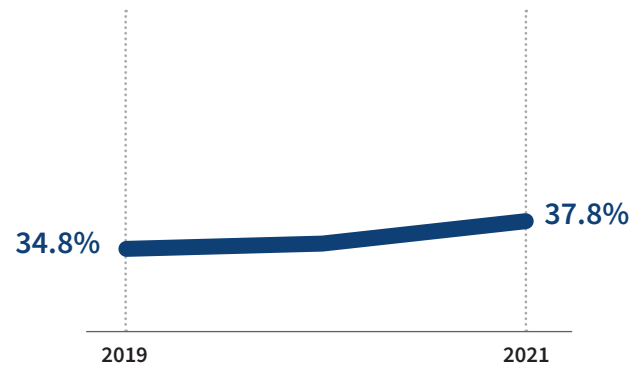
34.8%   37.8%

2019   2021

Lower percentages are better on this graph.

Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Questionnaire 2019, 2020, 2021

Nine of the ten counties with the highest rates of obesity are rural.

Source: 2022 Centers for Disease Control and Prevention, Places Local Data for Better Health

Oral Health

Oral health has many downstream impacts, such as adverse maternal health outcomes, diabetes, heart disease, and other conditions. Contributors to poor oral health include the shortage of available dentists, especially those who accept Medicaid, and certain health behaviors, such as drinking sugary drinks and using chewing tobacco.

Children ages 3 through 17 who did not receive needed dental care in past 12 months.

Ohio

5.1%

By Race and Ethnicity

Black
6.9%

White
4.7%

Hispanic
4.4%

By Income, Federal Poverty Level

0–75% FPL
8.6%

75–100% FPL
12.9%

100–138% FPL
7.1%

138%–206% FPL
6.6%

206–250% FPL
5.9%

250–400% FPL
1.5%

400% or more FPL
1.0%

By Geography

Rural, Appalachian
6.7%

Metropolitan
5.7%

Suburban
2.6%

Lower percentages are better for these bar graphs.
Source: Ohio Medicaid Assessment Survey, OMAS Series: 2021

The percentage of children who did not receive needed dental care in the past 12 months is higher for children who are Black, children from households with incomes below 250% of the Federal Poverty Level, and children from Appalachian and urban counties.

Oral Health (continued)

The percentage of those 65 years and older who have lost six or more teeth due to tooth decay or gum disease is higher for Ohioans who do not have education beyond high school/GED, Ohioans with annual incomes below $35,000, and Ohioans of color.

About 35% of Ohioans 65 and older have lost six or more teeth due to tooth decay or gum disease.

Ohio

| 35.1% |

By Race and Ethnicity

Multiracial
| 65% |

Black
| 54% |

White
| 32% |

Hispanic
Data not available

By Annual Income

$15,000–$24,999
| 48% |

$25,000–$34,999
| 42% |

$35,000–$49,000
| 31% |

$50,000+
| 20% |

By Education

Less than H.S.
| 59% |

H.S. or GED
| 41% |

Some post H.S.
| 31% |

College graduate
| 16% |

Lower percentages are better for these bar graphs.

Source: Ohio Medicaid Assessment Survey, OMAS Series: 2021

Tobacco Use

Rates of adult smoking have decreased in the state as a whole and within all of the populations identified as priorities for tobacco cessation. Despite this progress, SHA contributors called out the use of e-cigarettes, or vaping, as an especially concerning trend.

Alcohol Use

Many service providers across the state have observed an increase in alcohol use among the general public, which several attribute to stress from the pandemic. Binge drinking, as defined by the Centers for Disease Control and Prevention, refers to consuming five or more drinks on one occasion for men or four or more drinks for women. In Ohio, 15.6% of residents reported engaging in this behavior within the past 30 days.

Rates of smoking in Ohio have decreased. By 2021, the rate of smoking in Ohio had fallen below the 2022 SHIP target for the state.
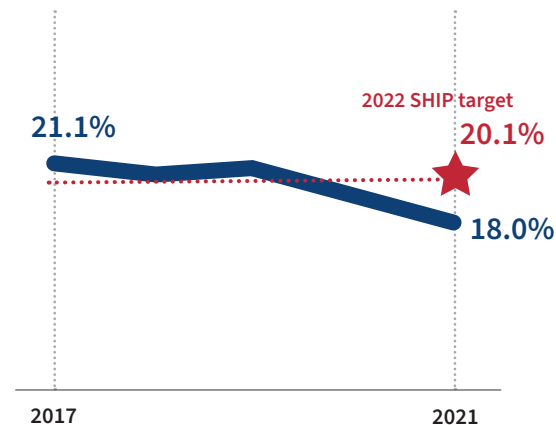
21.1%

2022 SHIP target
20.1%

18.0%

2017   2021

Lower percentages are better on this graph.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, "Percent of adults 18 and older who are current smokers"

Youth Substance Use

Data for SHIP indicators suggests that use of alcohol and marijuana by high school students is decreasing in Ohio. Unintentional overdose deaths among youth 15–24 are down from 2017 rates, as well. Within select populations, however, rates of substance use are not decreasing. A higher percentage of high school students who identify as LGBTQ+ are using marijuana, and the same is true for high school students who are Hispanic.

The majority of youth in Ohio have not engaged with alcohol or marijuana in the past 30 days.

In 2021, 35% of Ohio's high school students said they have used electronic vapor products.

35% of Ohio's high school students have used electronic vapor products.

Lower percentages are better on this chart.

Source: Centers for Disease Control, Youth Risk Behavior Survey.

The percentage of high school youth who have used alcohol in the past 30 days is declining.

25.9%   22.8%

2022 SHIP target
24.9%

2019   2021

Lower percentages are better on this graph.

Note: Data is not available for 2020

Source: Centers for Disease Control, Youth Risk Behavior Surveillance System

The percentage of high school youth who have used marijuana in the past 30 days is declining.
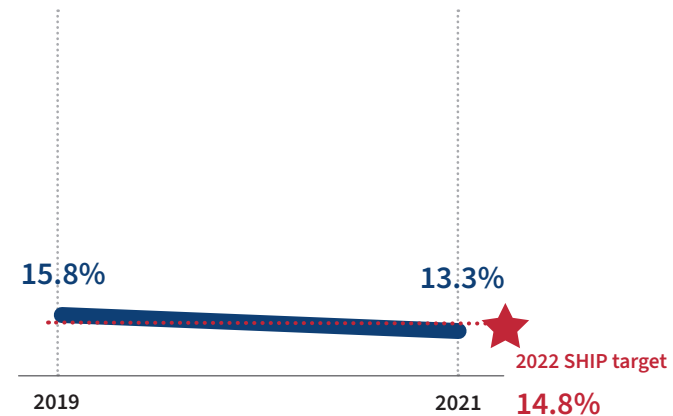
15.8%   13.3%

2022 SHIP target
14.8%

2019   2021

Lower percentages are better on this graph.

Note: Data is not available for 2020

Source: Centers for Disease Control, Youth Risk Behavior Surveillance System

Opioids and Overdose

A large majority (93.8%) of health departments and hospitals identified substance use as a priority health issue in their recent health assessments. Unintentional overdose deaths in Ohio are driven largely by the use of fentanyl in combination with other drugs. In 2023, the unintentional drug overdose death rate for Black non-Hispanics (64.9 deaths per 100,000 population) continued to surpass the rate for White non-Hispanics (37.6 deaths per 100,000 population). Black non-Hispanic males had the highest drug overdose death rate in Ohio compared with other sex and race/ethnicity groups.[ix]

Between 2017 and 2022, there was a 28% increase in the number of deaths due to unintentional drug overdose per 100,000 population. However, overdoses in Ohio have now begun decreasing with the latest overdose death rate being down to 39.0 deaths per 100,000 population.

34.1

43.5

2022 SHIP target
28.7

2017   2022
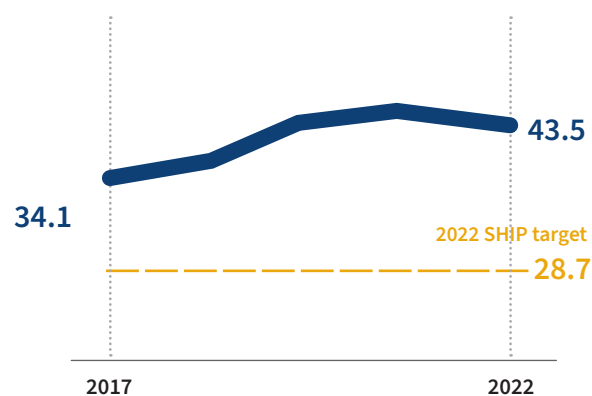
Lower rates are better on this graph.
Source: ODH Vital Statistics

The 10 counties with the highest average age-adjusted rates of unintentional drug overdose deaths by county between 2020-2023 are in Appalachia.
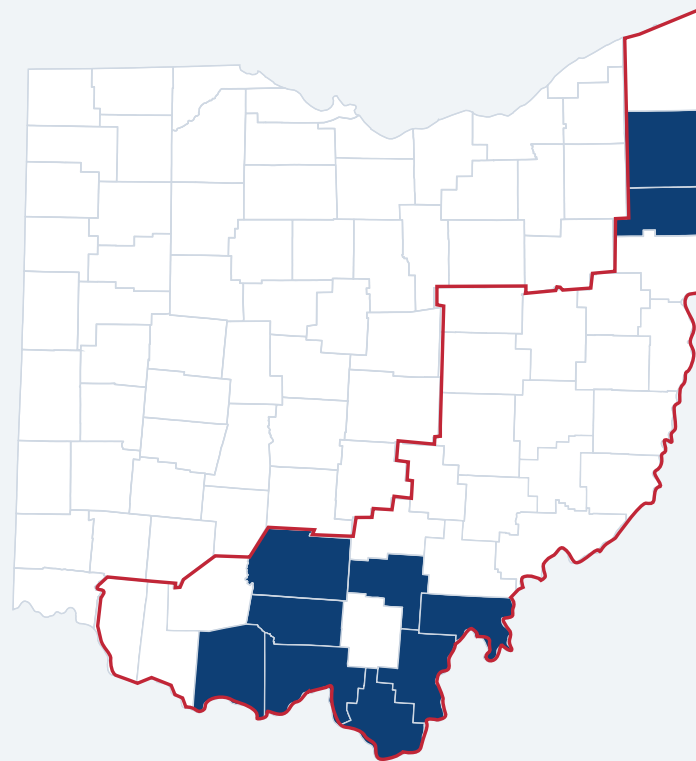
Source: Source:
ODH Bureau of Vital Statistics. Analysis: ODH Violence and Injury Epidemiology and Surveillance Section. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

Vaccination Status

As of the 2021-2022 school year, healthcare providers noted an increase in the number of children who are not up to date with their immunizations, in part because the COVID pandemic led many providers to restrict preventive healthcare visits to mitigate disease spread. Individuals and organizations who serve populations that come from other countries may be entering the United States without standard childhood immunizations, as their originating countries may not require immunizations for entry into school and they may not have the ability to afford these vaccines. Recent data on childhood vaccinations in Ohio indicates that the percentage of children receiving the standard series of childhood vaccinations has decreased somewhat since the 2019-2020 school year.

Vaccination rates among school-aged children have decreased since 2017.

DTP, Dtap, or DT

2017–2018	2018–2019	2019–2020	2020-2021	2021-2022
92.1%	91.9%	92.3%	89%	88.5%

Varicella, 2 doses

2017–2018	2018–2019	2019–2020	2020-2021	2021-2022
91.5%	91.2%	91.9%	88.7%	87.9%

Hepatitis B

2017–2018	2018–2019	2019–2020	2020-2021	2021-2022
95.2%	94.6%	94.9%	94.1%	92.7%

Polio

2017–2018	2018–2019	2019–2020	2020-2021	2021-2022
92.3%	92%	92.7%	89.4%	88.9%

MMR

2017–2018	2018–2019	2019–2020	2020-2021	2021-2022
92.1%	91.6%	92.4%	89.6%	88.3%
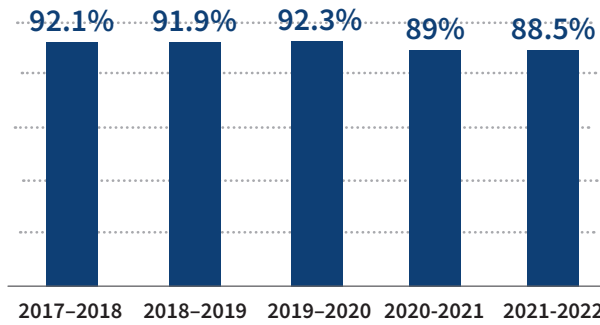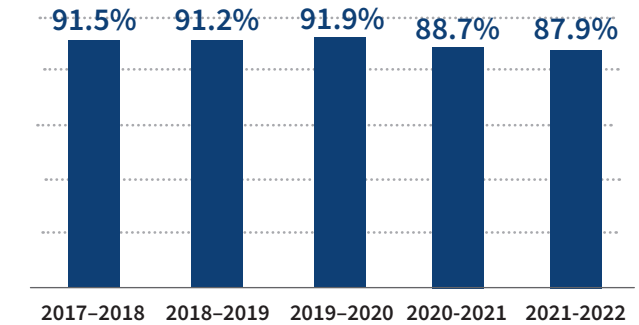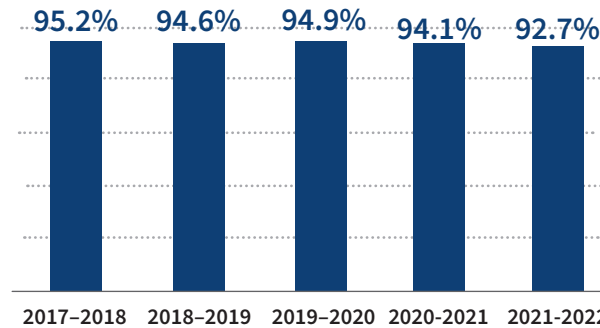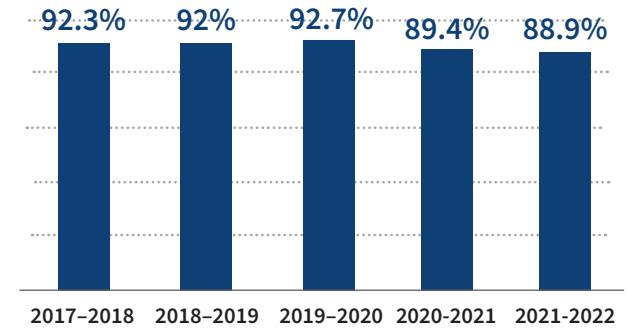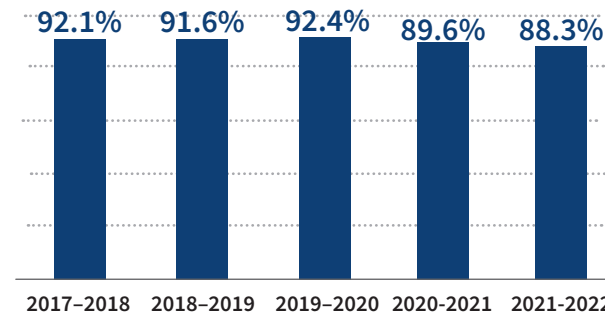
Higher percentages are better on these graph.

Source: Centers for Disease Control, Vaccination Coverage and Exemptions Among Kindergarteners

Three Rivers Metro Park, Groveport, Ohio

Health Outcomes

Mental Health

Mental health emerged as a concern across all forms of data collection for the SHA, with 96.3% of health departments and hospitals identifying mental-health-related issues as top needs in their most recent needs assessments. SHA contributors attributed the increase in mental health concerns to a variety of factors, including the social isolation experienced by many during COVID, the stress of the COVID pandemic and its economic impact, and the widespread and frequent use of social media.

Contributors to the SHA reported an increase in day-to-day stress in their communities, as well as an increase in clinical anxiety. Rates of depression have been increasing since the last SHA as well.

The 10 counties with the highest percentage of residents reporting that their mental health has not been good for the past 14 days or longer are all in Appalachia. Vinton County has the highest percentage (19.9%).

Vinton County 19.9%
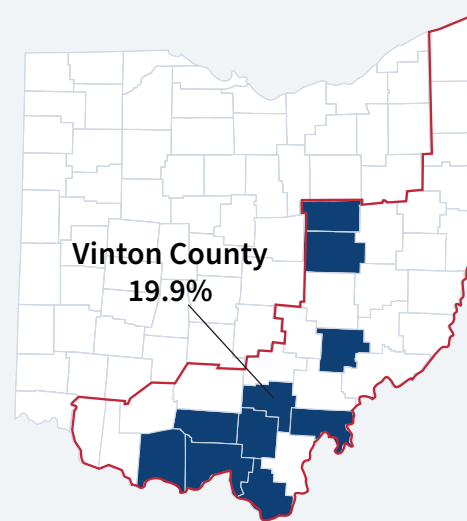
Source: BRFSS Places, Local Data for Better Health

The percentage of adults 18+ who experienced a major depressive episode within the past year has increased.

Ohio

7.9%

9.0% 2022 SHIP target
7.2%

2015-2016   2018-2019   2020-2021

Lower percentages are better on this graph.

The percentage of youth 12–17 who experienced a major depressive episode within the past year has increased.

21.7%

Ohio

14.0%

2022 SHIP target
11.7%

2015-2016   2018-2019   2020-2021

Lower percentages are better on this graph.

Source: U.S. Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health
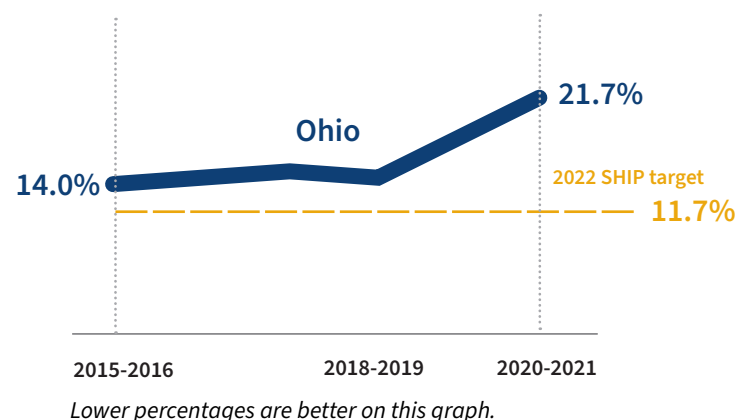
Suicide

The number of Ohioans who died by suicide increased 8% from 2020 to 2021 (compared to an increase of 4.8% in the U.S. as a whole).[x] Within Ohio, the largest increase (13%) was seen among adults 25–44. When breaking down the data by race and ethnicity the largest increase in terms of numbers of deaths is among White, non-Hispanic Ohioans with 101 more deaths in 2021 than in 2020 (1,522 deaths in 2021). Among youth ages 0-24, deaths by suicide increased by 5% from 2020 to 2021.

After a temporary drop in 2020, the number of deaths by suicide returned to roughly the same number seen in 2017.
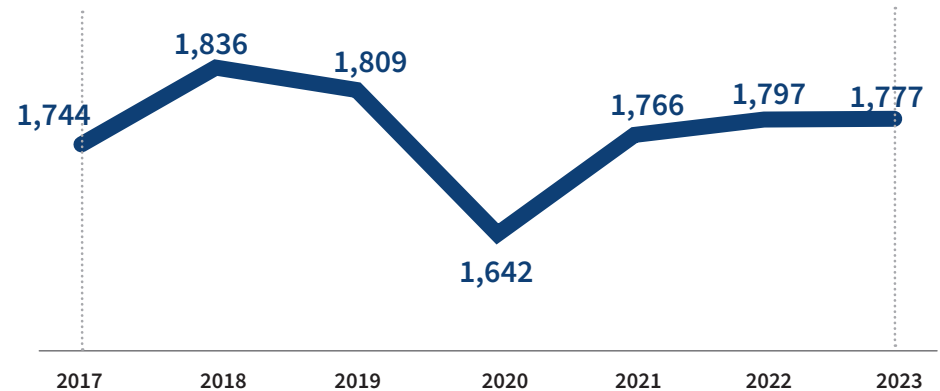
1,744   1,836   1,809   1,642   1,766   1,797   1,777

2017   2018   2019   2020   2021   2022   2023

Lower numbers are better on this graph.

Source: Ohio Department of Health, Violence and Injury Prevention Section, "Suicide Demographics and Trends, Ohio, 2023"

Of counties with the highest rates of death by suicide, 14 out of 15 are rural. Age-adjusted rates of death by suicide from 2017-2021 are highest in Gallia County (28.1 per 100,000) and lowest in Holmes County (5.0 per 100,000).

Holmes County
5.0 per 100,000

Clark, Suburban

Gallia County
28.1 per 100,000
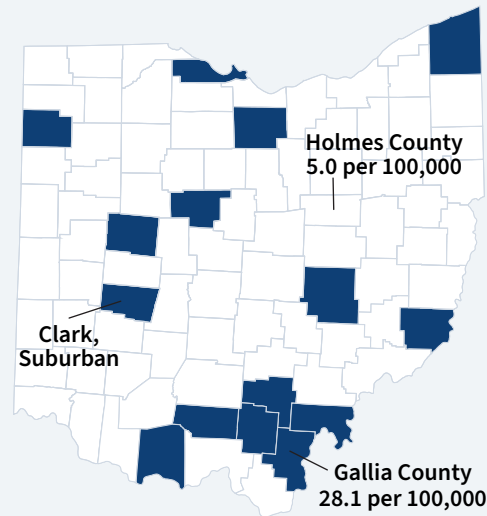
Note: Data for Noble County is suppressed. Source: Ohio Department of Health, Violence, and Injury Prevention Section, "Suicide Demographics and Trends, Ohio, 2021"

Maternal and Infant Health

There has been little to no detectable change for SHIP priorities related to maternal and infant health, though indicators for this topic are lagging and may not reflect more recent changes.

In the two years after the last SHIP was released, rates of severe maternal morbidity remained steady, as did the disparity in outcomes between Black mothers and all other mothers. Black women experience severe maternal morbidity at over twice the rate of White women, who have the lowest rates of severe maternal morbidity among all races.[xi]

Infant Vitality

Rates of preterm birth have remained fairly constant, and infant mortality rates have stayed steady as well. The leading cause of mortality among white infants is congenital anomalies, while the leading cause of death among babies who are Black or Hispanic was prematurity-related conditions.[xii]

There has been little to no detectable change in the percentage of live births that are preterm.

10.3%   Ohio   10.3%   **10.6%**

10.1%
2022 SHIP target

2018   2019   2020   2021
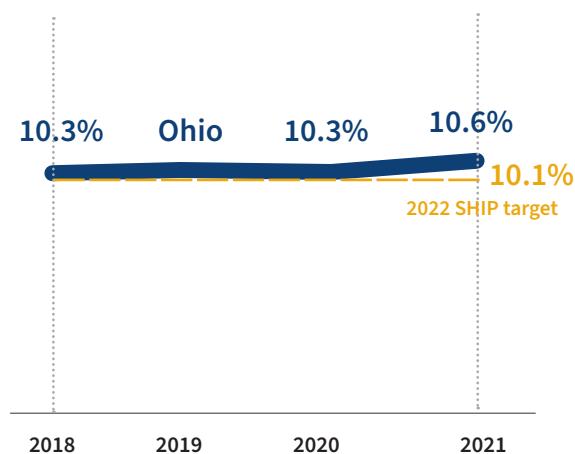
Lower percentages are better on this graph.

Source: ODH Vital Statistics

There has been little to no detectable change in the number of infant deaths per 1,000 live births.

6.9   Ohio   6.7   7.0

2022 SHIP target
6.5

2018   2019   2020   2021
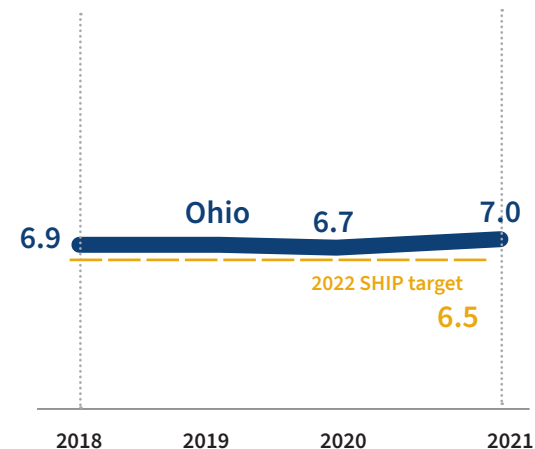
Lower numbers are better on this graph.

Source: ODH Vital Statistics

Chronic Conditions

Hypertension

Hypertension continues to be a contributor to poor health outcomes for Ohioans.

Cardiovascular Disease

As of 2020, heart disease remains the leading cause of death in Ohio, with an age-adjusted rate of 196.7 deaths per 100,000.[xiii]

Since 2017, there has been little to no detectable change in overall rates of heart disease among Ohioans as a whole. There has been some improvement among adults aged 55–64. For people with a disability and adults with annual incomes below $15,000, however, rates of cardiovascular disease have increased. Black Ohioans continue to die of heart disease at a much higher rate than other Ohioans (242.5 per 100,000 compared to 195.0 for White Ohioans and 196.7 for all Ohioans). The stroke mortality prevalence rate per 100,000 for ages 35+, all races, and all genders between 2019-2021 was 88.2, an increase from the 2017-2019 rate of 82.4.[xiv]

There has been little change in the percentage of Ohioans who have ever been diagnosed with hypertension.
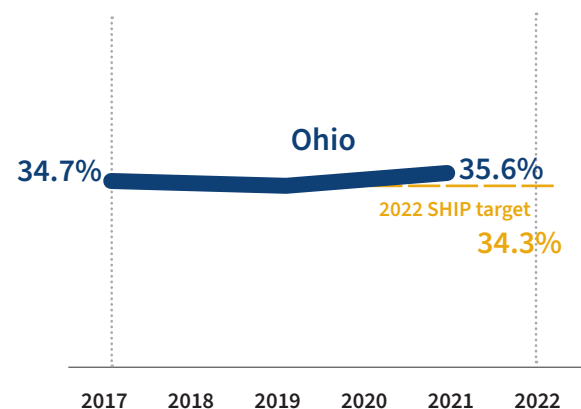
Ohio

34.7% 35.6%

2022 SHIP target
34.3%

2017   2018   2019   2020   2021   2022

Lower percentages are better on this graph.

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Questionnaire 2017, 2019, 2021, data for 2018 and 2020 was not available

There has been little change in the percentage of adults 18+ ever diagnosed with coronary heart disease.
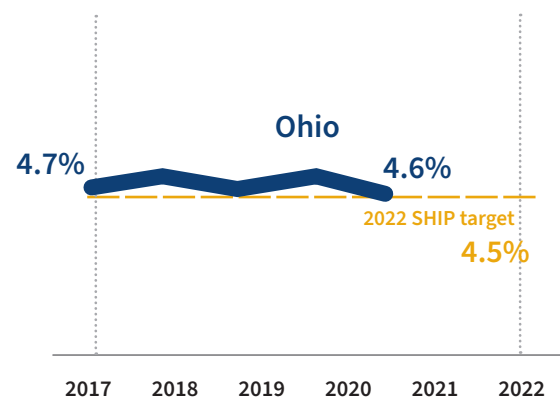
Ohio

4.7%   4.6%

2022 SHIP target
4.5%

2017   2018   2019   2020   2021   2022

Lower percentages are better on this graph.

Source: Behavioral Risk Factor Surveillance System Survey Questionnaire 2017, 2018, 2019, 2020, 2021

Diabetes

The percentage of Ohioans who have been diagnosed with diabetes has increased from 11.3% in 2017 to 12.6% in 2021. The exception to this trend can be found among Black Ohioans, who experienced a decrease in overall rates of diabetes in the same time period.

The percentage of adults 18+ who have ever been diagnosed with diabetes has increased.
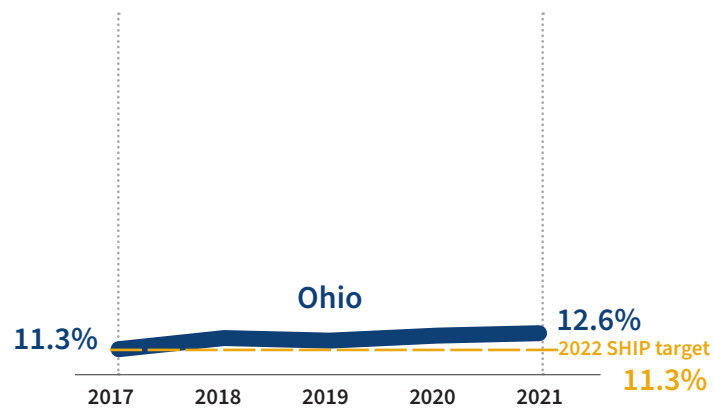
11.3%

Ohio

12.6%

2022 SHIP target

11.3%

| 2017 | 2018 | 2019 | 2020 | 2021 |

Lower percentages are better on this graph.

Source: Behavioral Risk Factor Surveillance System Survey Questionnaire 2017, 2018, 2019, 2020, 2021

Cancer

Cancer is the 2nd most common cause of death in Ohio, accounting for nearly one of every four deaths. Lung and bronchus cancer was the leading cause of cancer death in both men and women, and breast cancer was the leading cause of cancer incidence. Males had a 42% higher cancer mortality rate than females, and Black people had a 10% higher cancer mortality rate than white people.

From 2016 to 2020, Adams county had the highest age-adjusted cancer mortality rate (242.3 per 100,000), 1.9 times higher than Noble county with the lowest rate (128.5 per 100,000). Counties in the southern region were apt to have higher age-adjusted mortality rates for all cancers combined from 2016 to 2020.

All Cancer Sites/Types Mortality Rates by County, Ohio, 2016-2020

Lake 159.6
Ashtabula 183.1
Geauga 139.1
Williams 177.2
Fulton 179.7
Lucas 180.8
Ottawa 181.9
Cuyahoga 168.2
Trumbull 161.1
Defiance 164.6
Henry 153.6
Wood 163.5
Sandusky 175.6
Erie 162.5
Lorain 162.4
Portage 166.1
Summit 163.7
Mahoning 153.1
Paulding 188.9
Putnam 132.2
Hancock 160.9
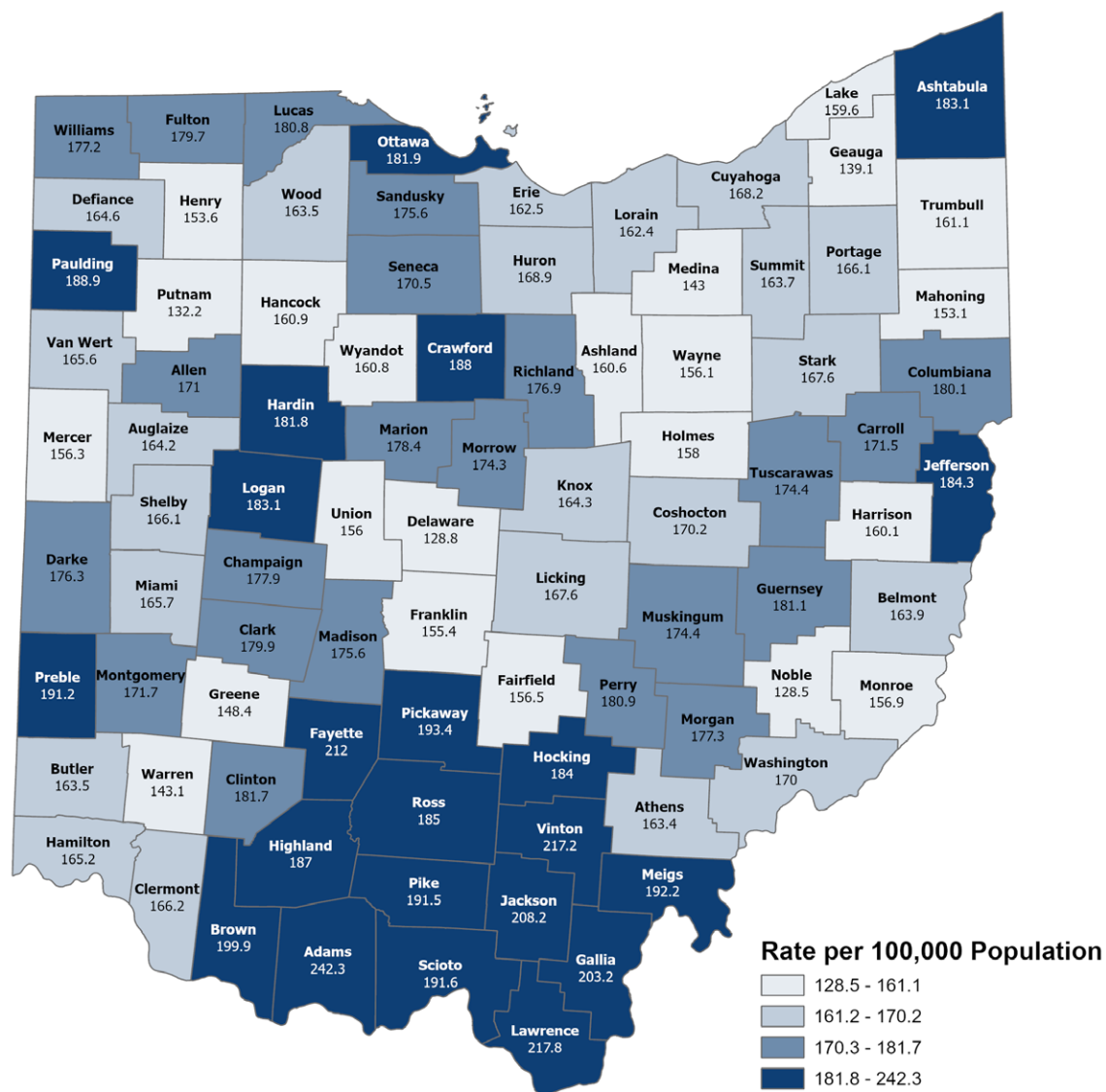Seneca 170.5
Huron 168.9
Medina 143
Van Wert 165.6
Allen 171
Wyandot 160.8
Crawford 188
Ashland 160.6
Wayne 156.1
Stark 167.6
Columbiana 180.1
Mercer 156.3
Auglaize 164.2
Hardin 181.8
Marion 178.4
Morrow 174.3
Richland 176.9
Holmes 158
Carroll 171.5
Tuscarawas 174.4
Jefferson 184.3
Shelby 166.1
Logan 183.1
Union 156
Delaware 128.8
Knox 164.3
Coshocton 170.2
Harrison 160.1
Darke 176.3
Champaign 177.9
Licking 167.6
Guernsey 181.1
Belmont 163.9
Miami 165.7
Clark 179.9
Madison 175.6
Franklin 155.4
Muskingum 174.4
Preble 191.2
Montgomery 171.7
Greene 148.4
Fairfield 156.5
Perry 180.9
Noble 128.5
Monroe 156.9
Pickaway 193.4
Fayette 212
Hocking 184
Morgan 177.3
Washington 170
Butler 163.5
Warren 143.1
Clinton 181.7
Ross 185
Vinton 217.2
Athens 163.4
Hamilton 165.2
Highland 187
Pike 191.5
Jackson 208.2
Meigs 192.2
Clermont 166.2
Brown 199.9
Adams 242.3
Scioto 191.6
Gallia 203.2
Lawrence 217.8

Rate per 100,000 Population

- 128.5 – 161.1
- 161.2 – 170.2
- 170.3 – 181.7
- 181.8 – 242.3

Ohio rate = 166.1
U.S. rate = 149.4

[1]Source: Bureau of Vital Statistics, Ohio Department of Health, 2023.
[2]Rates are per 100,000 population and age-adjusted to the 2000 U.S. standard population.

ArcMap software was used to produce the maps, in which quantile and four categories were selected. The rate divisions are produced by the software and are expressed to one decimal.

Lower rates are better on this map.

Infectious Disease

SHA contributors identified infectious disease as a priority topic due to several factors, including:

• Decreasing immunization rates among school-aged children.

• Increasing use of injection drugs, which has contributed to an increase in infectious diseases such as Hepatitis C.

• RSV outbreaks that stressed pediatric intensive care units in the winter of 2022-2023.

• Increasing rate of syphilis among Black males and members of the LGBTQ+ community.

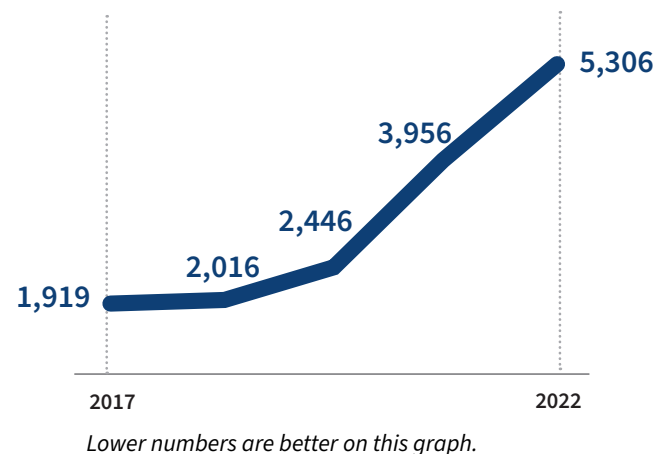• Increasing numbers of cases of congenital syphilis in newborns.

Perhaps the most important influence on this prioritization is, of course, the COVID pandemic.
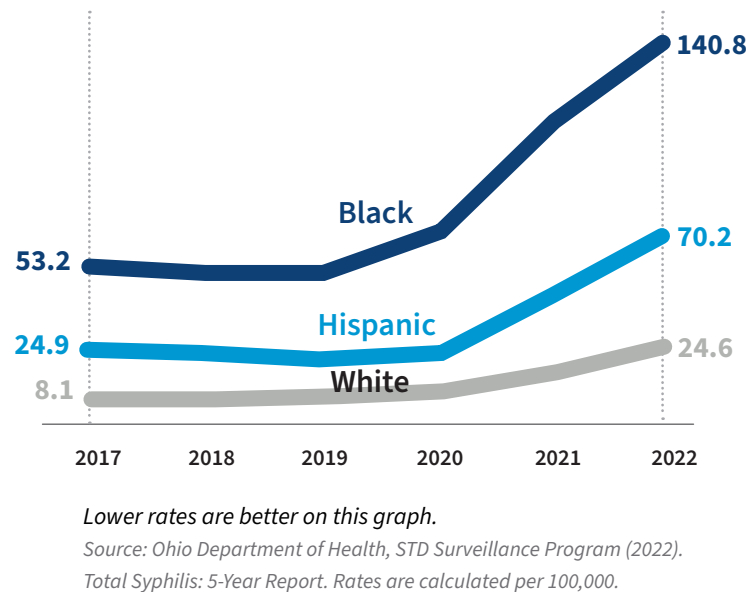
Syphilis

The years since the last SHA have seen a sharp increase in the number of syphilis cases among Ohioans. The highest rates of syphilis are seen among individuals who are Black, who are male, and who are between the ages of 20 and 39. An increase in congenital syphilis (which occurs when syphilis is passed to a fetus during pregnancy) has accompanied the increase in syphilis among the general population. Data for 2022 identified 93 cases of congenital syphilis, which represents a 389% increase from the 19 cases documented in 2019.[xv]

Rates of syphilis have risen most sharply for Black, non-Hispanic Ohioans.

Reported cases of syphilis have increased over 100% since 2017.

1,919	2017
2,016	
2,446	
3,956	
5,306	2022

Lower numbers are better on this graph.

Rates of syphilis per 100,000 have risen across all populations.

Black 53.2 → 140.8
Hispanic 24.9 → 70.2
White 8.1 → 24.6

2017 2018 2019 2020 2021 2022

Lower rates are better on this graph.

Source: Ohio Department of Health, STD Surveillance Program (2022). Total Syphilis: 5-Year Report. Rates are calculated per 100,000.

COVID-19 and Long COVID

COVID-19 activity peaked in 2021 and 2022, with over 1.35 and 1.22 million cases reported during these years. In 2021, over 50,000 hospitalizations and 18,000 deaths from COVID-19 were reported.

Since the peaks, the impact of COVID-19 on daily life has decreased dramatically. In 2024, approximately 233,000 cases of COVID-19 were reported, including 7,900 hospitalizations and 1,200 deaths. Comparing 2024 to 2021, the infection rate (per 100,000 population) is 5.8 times lower, and the death rate has decreased 15-fold.

The U.S. Census Bureau and National Center for Health Statistics Household Pulse Survey estimate that, as of May 2023, 15.7% of Ohioans self-report that they have ever experienced Long COVID.[xvi] SHA contributors reported that Long COVID is impacting the physical health of their communities. They also expressed uncertainty about the long-term impacts of the syndrome because it is still a relatively novel condition.

Long COVID is a patient-created term broadly defined as signs, symptoms, and conditions that continue or develop after initial SARS-CoV-2 infection. The signs, symptoms, and conditions are present four weeks or more after the initial phase of infection; may be multisystemic; and may present with a relapsing–remitting pattern and progression or worsen over time, with the possibility of severe and life-threatening events even months or years after infection. Long COVID is not one condition. It represents many potentially overlapping entities, likely with different biological causes and different sets of risk factors and outcomes.

Next Steps

Backbone Agency

ODH will serve as the backbone agency for the next SHIP with the Director of Health serving as the leader and convenor with decision-making authority. ODH will collaborate with other state agencies, state and local organizations, local health departments, hospitals, and other entities to provide high-level direction and planning to improve health outcomes and factors that shape health.

Executive Committee

The Director will convene a group of state agency leaders to advance the SHIP's vision and goals. The Executive Committee will engage in time-sensitive decision-making and support strategic partnerships across sectors that promote health and vitality across Ohio.

Advisory Council

High-level managers from state agencies and other cross-sector organizations will comprise the membership of the SHIP Advisory Council (Council). The Council will support the development of the SHIP using data-driven decision-making following Public Health Accreditation Board and other nationally recommended processes.

National Museum of the United States Air Force, Dayton, Ohio

The Council will support the implementation of strategies identified by Action Teams. It will recognize the shared responsibility of implementing strategies to improve outcomes and inform the Executive Committee of progress.

The Council will promote cross-sector collaboration to achieve shared goals and outcomes and advocate for alignment of resources to achieve priority outcomes.

Action Teams

Action Teams will be comprised of subject-matter experts from state agencies, organizations serving vulnerable populations, and those with lived experience. These teams will facilitate the development of annual action plans consisting of two to three strategies. The plans will be shared with a critical mass of partners for enhancing state and local plans and drive collective impact.

Communication

Communication and updates related to SHIP strategies and data trends will be available on the ODH website.

Resources

[i] Hood, C.M., Gennuso, K.P., Swain, G.R. & Catlin, B.B. (2016). County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. American Journal of Preventive Medicine, Vol 50, Issue 2, February 2016, pages 129-135. https://www.ajpmonline.org/article/S0749-3797(15)00514-0/abstract

[ii] National Low Income Housing Coalition, Out of Reach: Ohio (2023), Retrieved from https://www.nlihc.org/sites/default/files/oor/Ohio_2023_OOR.pdf

[iii] Annual Report America's Health Rankings analysis of U.S. Environmental Protection Agency, United Health Foundation, https://www.americashealthrankings.org/, accessed 2023.

[iv] Calculated by the Kaiser Family Foundation from Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of September 30, 2022 available at https://data.hrsa.gov/topics/health-workforce/shortage-areas

[v] Kaiser Family Foundation Bureau of Health Workforce analysis

[vi] Kaiser Family Foundation Bureau of Health Workforce analysis

[vii] Sørensen, K., van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J. M., Slonska, Z., et al.; Consortium Health Literacy Project – European. (2012). Health literacy and public health: A systematic review and integration of definitions and models. BMC Public Health, 12(80). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3292515/

[viii] Governor's COVID-19 Minority Health Strike Force, COVID-19 Ohio Minority Health Strike Force Blueprint, Retrieved from https://coronavirus.ohio.gov/static/MHSF/MHSF-Blueprint.pdf

[ix] Ohio Department of Health, Violence and Injury Prevention, 2023 Retrieved from https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2023-annual-ohio-drug-overdose-report

[x] Ohio Department of Health. Suicide Demographics and Trends, Ohio, 2021. Retrieved from

https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report

[xi] Ohio Department of Health (2020), Severe Maternal Morbidity and Racial Disparities in Ohio, 2016-2019. PAMR+SMM+Final.pdf (ohio.gov)

[xii] Ohio Department of Health. 2021 Infant Mortality Annual Report. Infant+Mortality+Annual+Report+2021+Final.pdf (ohio.gov)

[xiii] Accessed from the Ohio Department of Health Online State Health Assessment, https://odh.ohio.gov/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment

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