

2023 OMAS Minority Health Chartbook

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Authors



Townsand Price-Spratlen, PhD¹, Graciela Muniz-Terrera, PhD², Timothy Sahr, MPH, MA, ThM³

¹Ohio State University

²Ohio University

³Ohio Colleges of Medicine, Government Resource
Center

Executive Summary



This chartbook examines minority health in Ohio for adults 19-64 years of age living in poverty (defined as $\leq 138\%$ FPL), concentrating on health and social sciences perspectives. Findings indicate that non-Hispanic Black (Black) adults continued to have the highest prevalence of diabetes and obesity compared to other racial/ethnic groups. These and other chronic and behavioral health differences and health system dynamics are explored.

Key Findings*: While good-to-excellent self-rated health is increasing among those Medicaid eligible, many health challenges and race/ethnic differences remain. Among them:

1. Economic distress is associated with resource limitations, which negatively impacts health and health care for those living in poverty. Housing insecurity, food insecurity, and transportation limitations are associated with reduced access to health care. Black adults experience high rates of residential movement, running out of food, and not having access to health care.
2. The proportion of adults living in poverty who do not have a usual source of care is increasing. While this is true for all groups in Ohio, and this is especially true for Hispanic adults.
3. While the prevalence of cigarette smoking has declined, e-cigarette/vaping and substance use of prescription pain medications is increasing among Black adults.

**Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.
Visit grc.osu.edu/OMAS for additional information about OMAS, including public use files, codebooks, and methods*

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Background



Concerning family income, the poverty rate for Black individuals in Ohio is nearly six percentage points higher than that of Hispanic individuals, which is nearly twice that of White individuals (KFF 2022). These income differences impact the probability of housing insecurity, food insecurity, and poor health status (Dormer et al. 2018). In Ohio, Black and Hispanic adults were twice as likely as White adults to experience housing insecurity (OMAS 2021) and reported higher rates of food insecurity. Accordingly, Black and Hispanic adults were less likely to consume daily vegetables and be physically active (OMAS 2021).

Compared to White adults in Ohio, Black and Hispanic adults are more likely to experience harmful community conditions that impact health, such as food deserts and unsafe and unstable housing (Johnson 2018). These conditions make it difficult for communities to access circumstances associated with good health, or to provide safe spaces for children to learn, grow, and play.

There are consequences to these circumstances, including economic productivity loss, higher rates of illness, higher health care expenditures, and higher rates of premature death (Ayanian 2016). Additionally, estimates from a nearby state suggest that if racial/ethnic factors that result in preventable deaths were eliminated, the saving could translate into \$1-3 billion per year (Nanney et al. 2019).

Objectives

The 2023 OMAS Minority Health Chartbook uses data from the 2023 and other iterations of the Ohio Medicaid Assessment Survey to explore the health and health care experiences of working-aged, Ohio adults living with incomes within the range of Medicaid eligibility, comparing populations by race/ethnicity. The Minority Health Chartbook is organized around four goals:

1. Present estimates of and track changes in health indicators, chronic conditions, healthcare access and services, unmet needs, substance use, and socioeconomic constraints among Ohioans, and what, if any, status group differences exist, consistent with ODM's prioritized population streams.
2. Present estimates of health status and health differences across gender, age, race/ethnicity, and insurance status.
3. Consider racial/ethnic differences in relation to socioeconomic and county-type variations associated with select health indicators.
4. Assess ways Medicaid coverage affects racial/ethnic health differences, where possible, in relation to each of ODM's prioritized population streams, <https://medicaid.ohio.gov/about-us/qs/quality-strategy>.

Methods



Data Sources: This chartbook uses data from the 2023 Ohio Medicaid Assessment Survey (OMAS), as well as earlier OMAS surveys from 2012 through 2021, when applicable.

The 2023 OMAS: The OMAS is a repeated cross-sectional random probability survey of non-institutionalized Ohio adults 19 years of age and older and proxy interviews of children 18 years of age and younger. It provides health status and health system-related information about residential Ohioans at the state, regional, and county levels, with a concentration on Ohio's Medicaid, Medicaid-eligible, and non-Medicaid populations. The 2023 OMAS used a combination of an address-based sampling (ABS) frame and a list frame of Medicaid members and collected surveys by phone, web, and paper. The most recent iteration, the 2023 OMAS, was fielded from September 2023–January 2024. The survey had an overall sample size of 39,626 and an eligibility-adjusted response rate of 24.0%.

Represented Population: The target population for the 2023 OMAS was all residents of Ohio. To ensure estimates are representative of this population, the 2023 OMAS survey weights were adjusted to account for any potential non-response bias. Additionally, poststratification adjustments were made to ensure that the final weights align with population totals from the 2020 5-year American Communities Survey and 2023 Ohio Medicaid enrollment data. See the 2023 OMAS methodology report (<https://grc.osu.edu/OMAS/2023Survey>) for full details.

Methods, continued



Demographic Information: To see additional demographic information and estimates for the Ohio population represented by the 2023 OMAS, please see the OMAS Series Dashboard at <https://grcapps.osu.edu/app/omas>. This interactive tool provides a fast, real-time result for a data-driven view of Ohio's health and healthcare landscape.

Analysis: Descriptive statistics are reported in the figures and tables in the chartbook. No statistical testing was conducted. Estimates from OMAS are reported in this chartbook only when the data are sufficient for calculating and presenting reliable estimates. We define a reliable estimate as one where the size of the unweighted subpopulation of interest is greater than 30 individuals and the coefficient of variation for the estimate is less than 0.3. Estimates with low precision are either hidden from view or are replaced with N/A.

Interpretation: This chartbook is descriptive in nature, and any differences observed between groups should not be used to draw conclusions about underlying causes. The findings presented do not account for important factors that might influence any observed differences (e.g., income, education level, general health status etc.). Therefore, the findings in this chartbook cannot be used to conclude that group differences are due to group membership as there are many factors that may be driving these findings, and this analysis was not designed to be able to control for them.

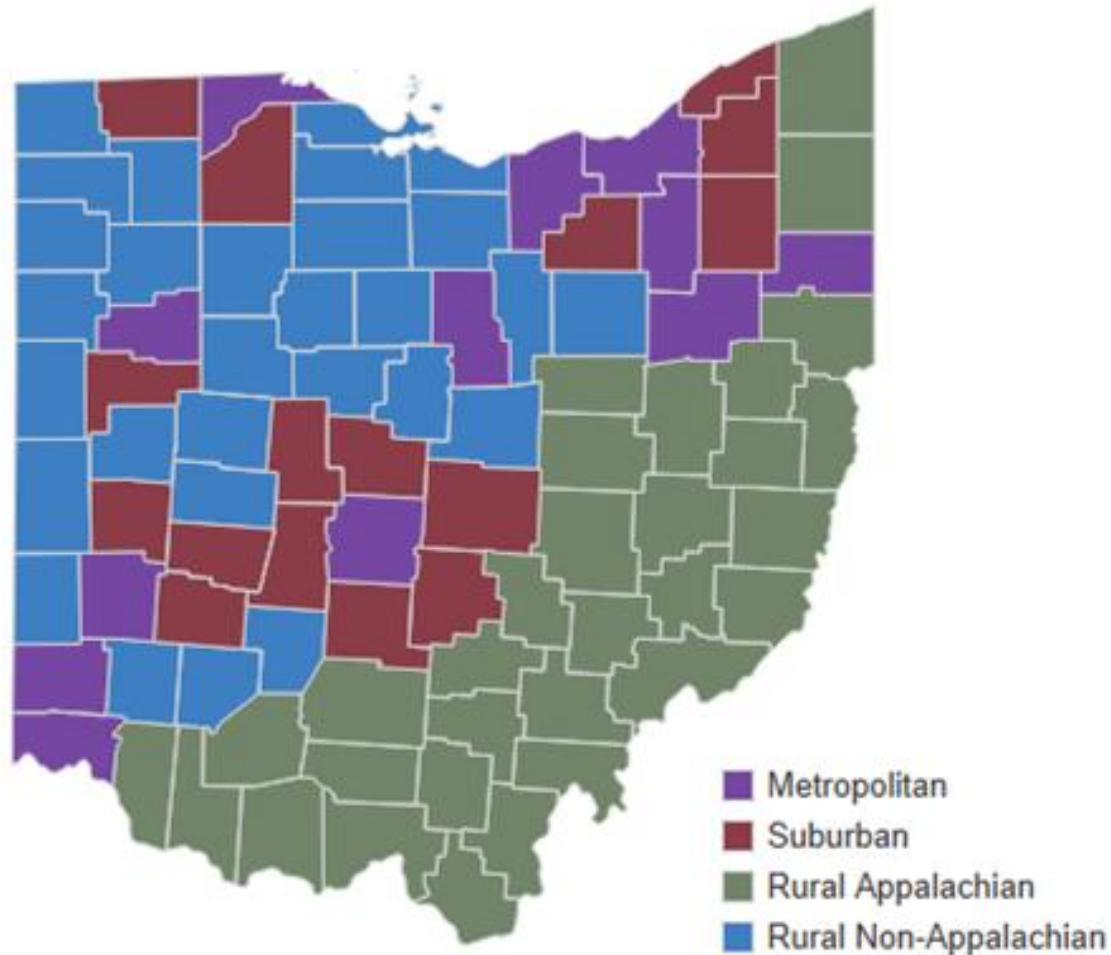
For further details about the 2023 OMAS methodology, questionnaire, and access to the dashboard, please visit <https://grc.osu.edu/OMAS/2023Survey>.

Methods, continued

Variable Definitions

- *Adults*: 19 years old or older as identified in OMAS
- *Medicaid subpopulation*: Adults/children with Medicaid health insurance coverage
- *Potentially Medicaid-eligible subpopulation*: Adults who are not currently enrolled in Medicaid but who have family annual incomes that meet the Federal Poverty Level (FPL) requirements for Medicaid enrollment (138% FPL, or 206% FPL for individuals who are pregnant)
- *Not potentially Medicaid-eligible subpopulation*: Adults who are not currently enrolled in Medicaid and have family annual incomes that do not meet the Federal Poverty Level (FPL) requirements for Medicaid enrollment (greater than 138% FPL, or 206% FPL for individuals who are pregnant)
- *Similar subpopulation terms*: Those described as being “in poverty,” “earning $\leq$ 138% FPL (Federal Poverty Level),” and Medicaid-enrolled and potentially Medicaid-eligible subpopulations, refer to the same group of people
- *Usual Source of Care*: Having a self-reported place where one goes when sick or needing health advice (i.e., a doctor’s office or health center, an urgent care center, a clinic in a pharmacy or grocery store, or some other place).
- *Binge Drinking*: Consuming 5 or more drinks in a sitting for men and 4 or more drinks in a sitting for women in the past month.

OMAS County Types



OMAS assigns counties to one of four mutually exclusive county types – **rural Appalachian, rural non-Appalachian, metropolitan, and suburban**. OMAS defines these county types in accordance with federal definitions, as follows: (1) rural Appalachian is defined using the Appalachian Regional Commission (ARC) standard; (2) metropolitan is defined using US Census Bureau definitions incorporating urban areas and urban cluster parameters; (3) rural non-Appalachian is defined by the Federal Office of Rural Health Policy at the Health Resources and Services Administration (HRSA), excluding Appalachian counties; (4) suburban is defined by the US Census Bureau and is characterized as a mixed-use or predominantly residential area within commuting distance of a city or metropolitan area.

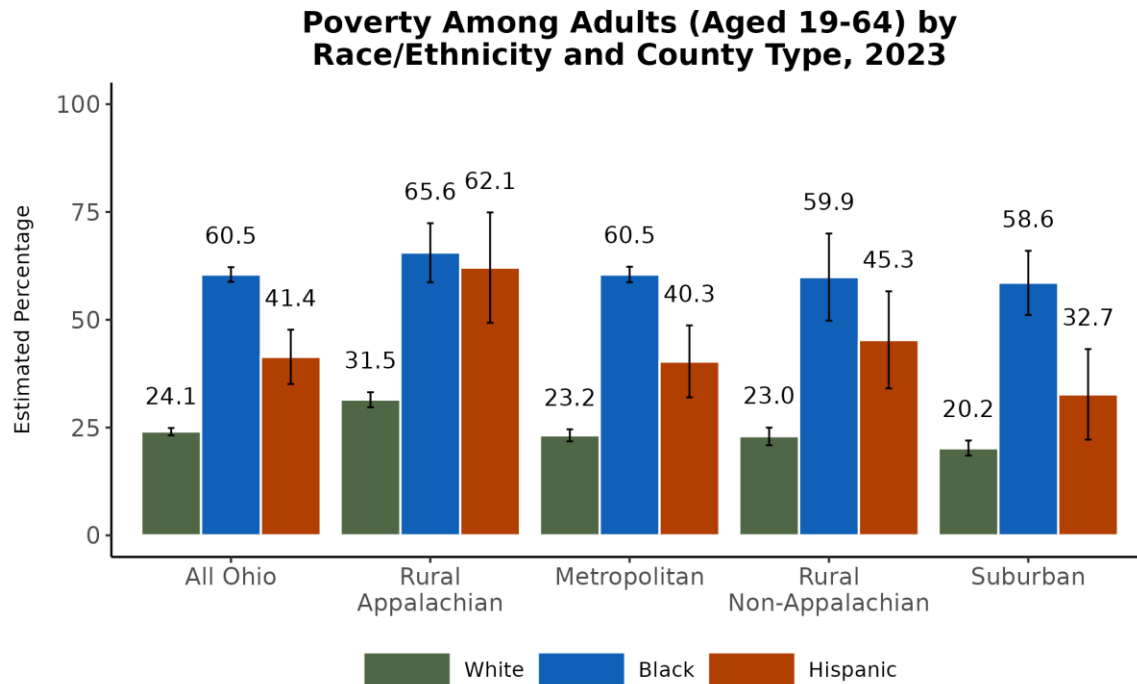
For further details about the OMAS county types, please visit <https://grc.osu.edu/OMAS/2023Survey>.

DEMOGRAPHICS

Poverty Population of Ohio



Poverty among working-aged adults (19 to 64 years), by race/ethnicity and county type in Ohio



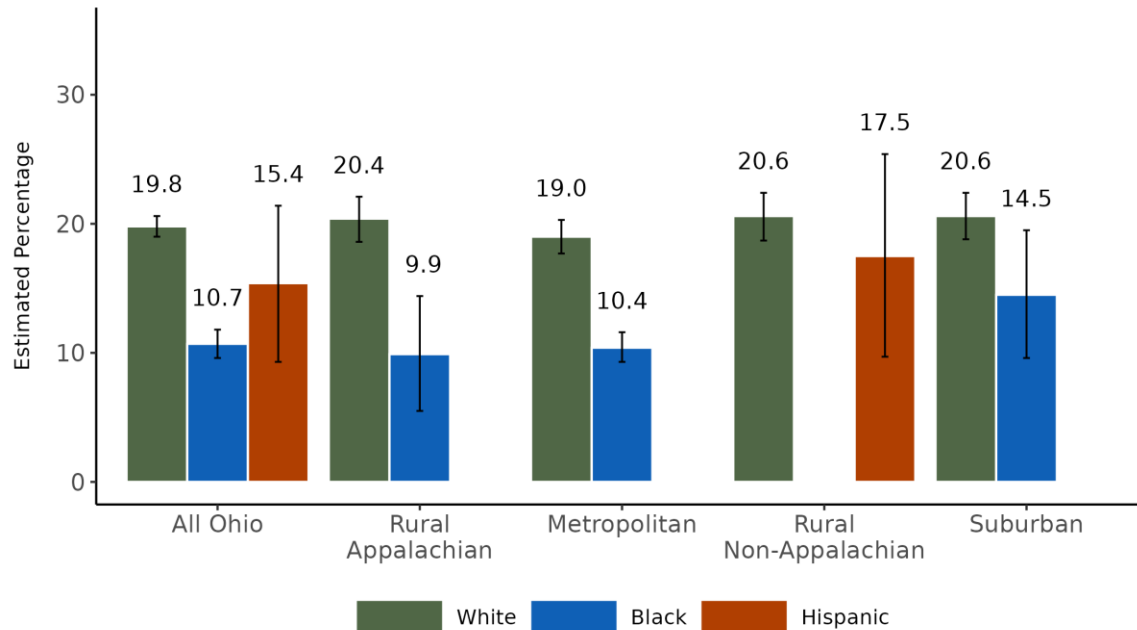
OMAS 2023
Vertical bars represent 90% CIs
Poverty is defined as a household income at or below 138% of the federal poverty line (FPL)

- Regardless of location, in 2023, the prevalence of living at or below 138% FPL was highest among Black working-age adults (60.5%), lowest among White adults (24.1%), with Hispanic adult poverty rates between them (41.4%).
- For each race/ethnic group, the prevalence of living at or below 138% FPL was highest in rural Appalachian counties, and lowest in suburban counties of Ohio.
- Racial/ethnic differences in poverty prevalences were mostly consistent across different Ohio county type classifications, except in rural Appalachia, where Black and Hispanic adult poverty is most similar.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Working-aged adults (19 to 64 years) with household incomes 250 to 400% FPL, by race/ethnicity and county type in Ohio

250-400% FPL Among Adults (Aged 19-64) by Race/Ethnicity and County Type, 2023

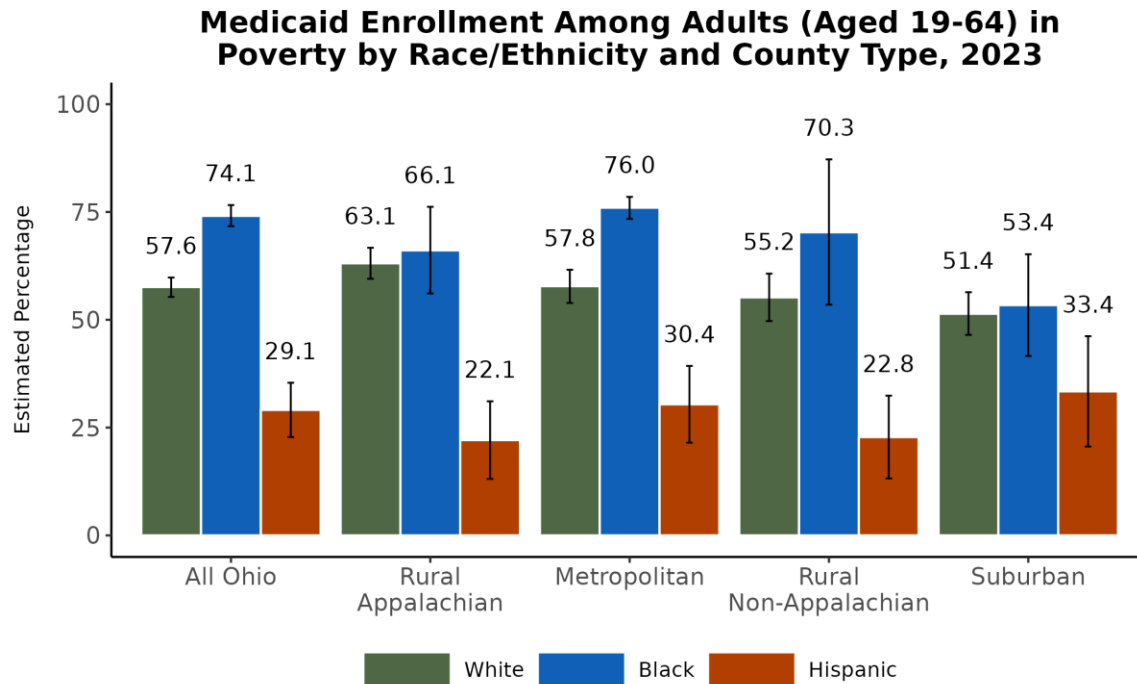


OMAS 2023
Vertical bars represent 90% CIs

- In Ohio, the prevalence of working-age adults with household incomes well above poverty (250-400% FPL) vary markedly by race/ethnicity and region.
- In 2023, 19.8% of White working-age adults, 10.7% of Black working-age adults, and 15.4% of Hispanic working-age adults had household incomes 250%-400% FPL.
- The state-wide prevalence of working-age white adults being in this income category is about twice the prevalence working-age black adults being in this income category. The Black/White prevalence ratio declines slightly in the suburbs, where the prevalence of White adults being in this income category was 6 percentage points higher than that of Black adults.
- Data suppression leads county type comparisons to be incomplete.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Medicaid enrollment among impoverished working-aged adults in Ohio

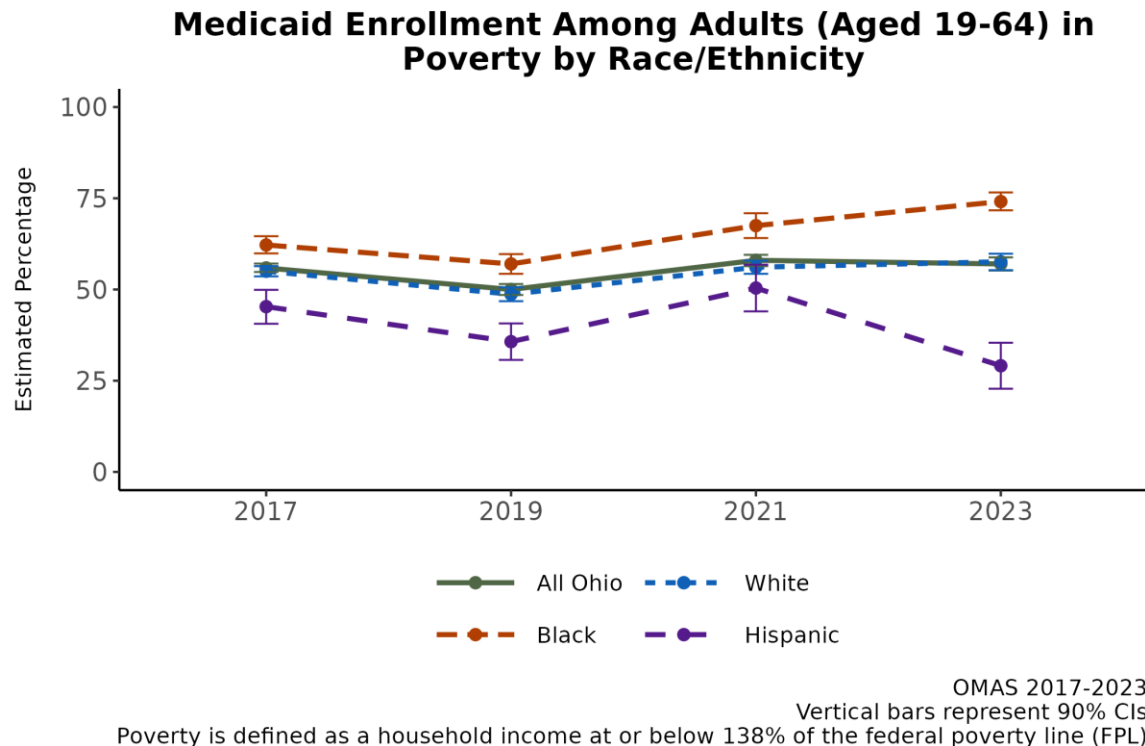


OMAS 2023
Vertical bars represent 90% CIs
Poverty is defined as a household income at or below 138% of the federal poverty line (FPL)

- Among all Ohio working-aged adults living in poverty ($\leq 138\%$ FPL) in 2023, 57.6% of White adults and 74.1% of Black adults are Medicaid-enrolled, as compared to 29.1% of Hispanic adults.
- Black working-aged adults in poverty have the highest Medicaid enrollment percentages across different county type classifications, followed by White adults and then Hispanic adults.
- Racial differences are smallest in suburban counties.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Trending of Medicaid enrollment among working-aged adults in poverty differs by race/ethnicity



- In recent years, Medicaid enrollment among working-aged adults living in poverty has changed differently by race/ethnicity. Enrollment declined for all groups between 2017-2019 but patterns have differed since.
- Medicaid enrollment increased by 17.1 percentage points among Black working-aged adults in poverty between 2019 (57.0%) and 2023 (74.1%).
- For White working-aged adults in poverty, Medicaid enrollment increased between 2019 (48.7%) and 2023 (57.6%), but at a rate slower than Black working-aged adults in poverty (8.9 percentage points).
- Medicaid enrollment among working-aged Hispanic adults in poverty increased between 2019 (35.7%) and 2021 (50.4%) then decreased by 2023 (29.1%) to a level lower than it was in 2017 (45.3%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

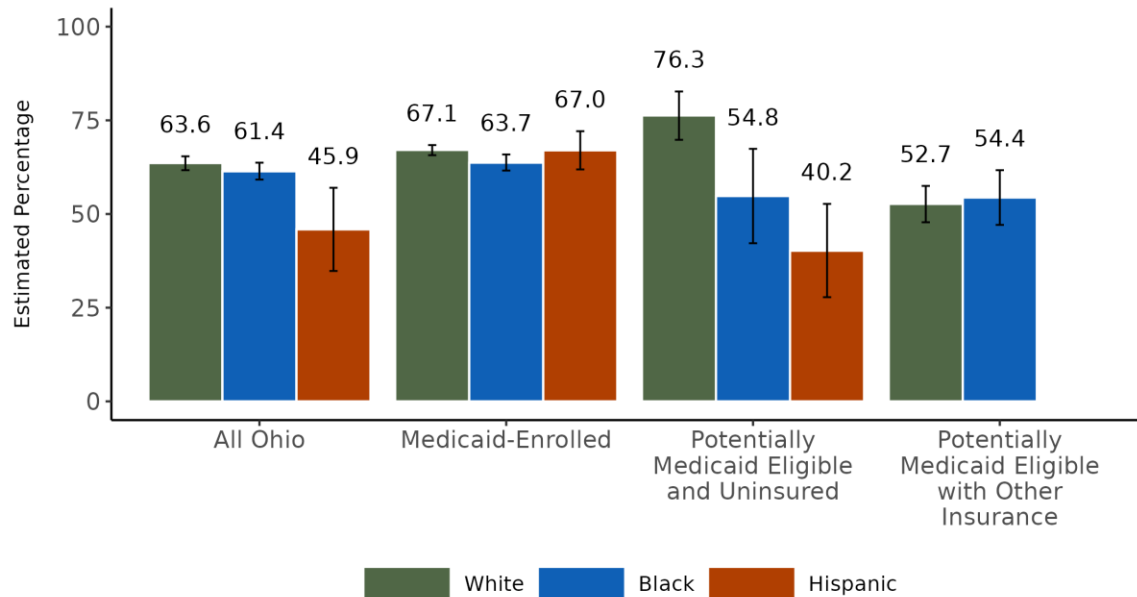
ECONOMIC DISTRESS

Local Challenges Among Those in Poverty



For working-aged Medicaid-enrolled adults living in poverty, access to food is a community problem

Paying for Food Perceived as a Very/Moderately Big Community Problem Among Adults (Aged 19-64) in Poverty by Race/Ethnicity and Medicaid Eligibility Status, 2023



OMAS 2023
Vertical bars represent 90% CIs
Poverty is defined as a household income at or below 138% of the federal poverty line (FPL)
Some Hispanic estimates are suppressed due to small sample sizes

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

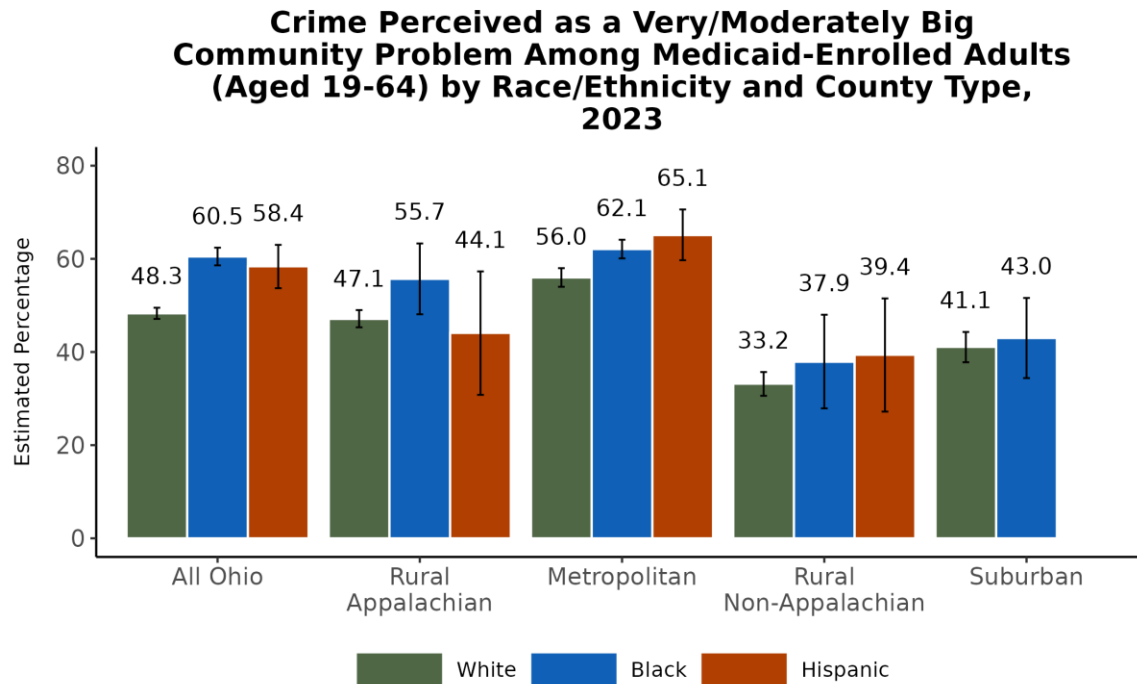
Minority Health Chartbook, 2023 OMAS

- In 2023, most Medicaid-enrolled working-aged adults living in poverty considered the cost of food to be a very or moderately big problem in their community, regardless of race/ethnicity.
- Prevalences varied between those Medicaid-enrolled, potentially Medicaid eligible and uninsured, and those potentially Medicaid eligible with non-Medicaid insurance.

Additional Insights (Results Not Shown)

- The prevalence of working-aged adults living in poverty who had run out of food before getting money to buy more in the past 12 months increased from 34.8% (90% CI: 33.33 – 36.4) in 2019 to 40.3% (90% CI: 38.8 – 41.8) in 2023. The prevalence increased for White (5.4 percentage points) and Black (8.4 percentage points) adults.

Among Medicaid-enrolled, working-aged adults (19-64 years), crime is a community problem



OMAS 2023
Vertical bars represent 90% CIs
Some Hispanic estimates are suppressed due to small sample sizes

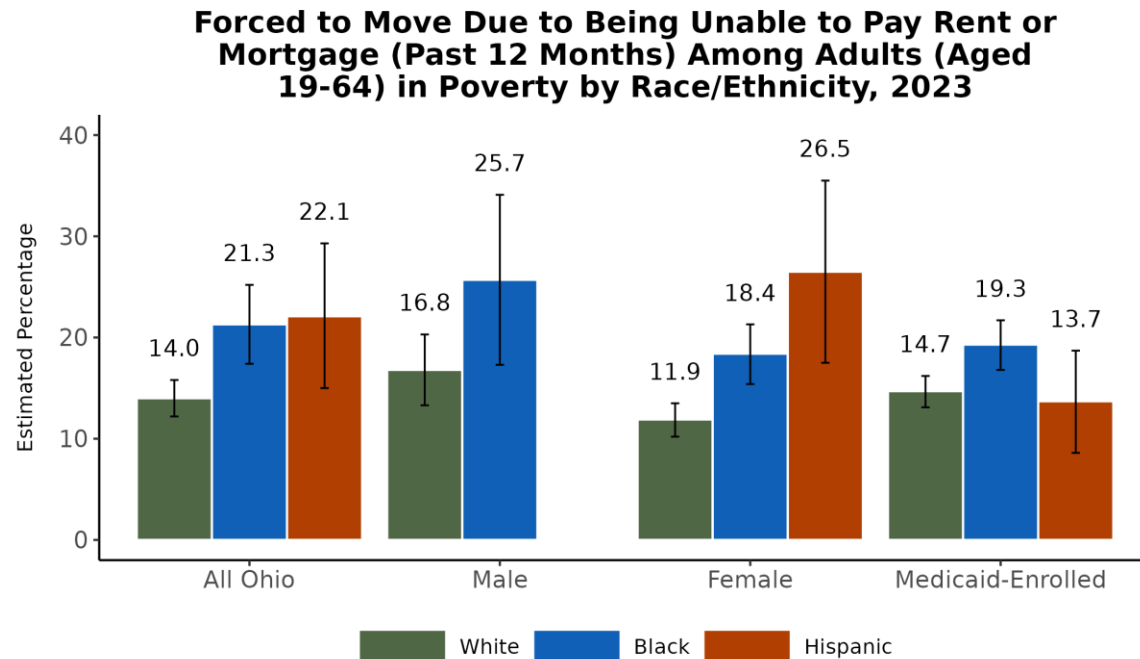
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- Among Medicaid-enrolled adults (aged 19-64), more than half of Black and Hispanic adults perceive crime as a moderate or very big problem in their community. This concern was consistent for women, men, young adults (ages 19-34), and all income categories (e.g., $\leq 138\%$ FPL, $>250\%$ FPL).
- Crime as a perceived community problem was lowest for all racial/ethnic groups in rural non-Appalachia.

Additional Insights

- OMAS only measured perceptions of violence, not forms of violence. However, findings may support literature that indicates minorities are exposed at a higher rates to “...concentrated poverty, limited educational and occupational opportunities and other aspects of social and economic disadvantage contributing to violence.” (Sheats et al., 2018)

For impoverished working-aged adults (19-64 years), forced residential moves is a problem



OMAS 2023
Vertical bars represent 90% CIs
Poverty is defined as a household income at or below 138% of the federal poverty line (FPL)
Some Hispanic estimates are suppressed due to small sample sizes

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

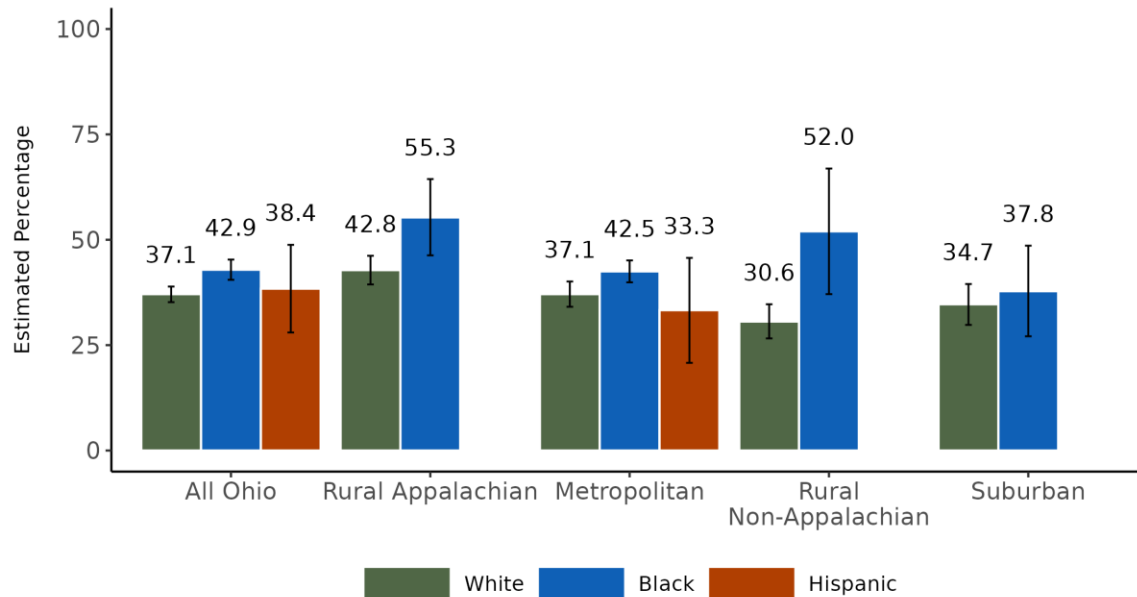
- Among working-aged Hispanic women in poverty, 26.5% were forced to move due to being unable to afford their rent or mortgage in the last year.
- A similar percentage of working-aged Black men in poverty (25.7%) experienced a forced move.
- Among Medicaid members, 19.3% of working-aged Black adults in poverty were forced to move.

Additional Insights

- Emergency rental assistance helps reduce housing insecurity and evictions in Ohio. However, with increasingly stressed family budgets, eviction rates and housing insecurity in many Ohio counties are on the rise and are, in some Ohio urban counties, surpassing pre-pandemic levels. (Ohio Housing Finance Agency, 2023)

Among impoverished working-aged adults (19-64 years), transportation is a community problem

Access to Transportation Perceived as a Very/Moderately Big Community Problem Among Adults (Aged 19-64) in Poverty by Race/Ethnicity and County Type, 2023



OMAS 2023

Vertical bars represent 90% CIs

Poverty is defined as a household income at or below 138% of the federal poverty line (FPL)

Some Hispanic estimates are suppressed due to small sample sizes

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- Among working-aged adults living in poverty, regardless of race/ethnicity, more than one-third live in communities where they perceive that access to transportation is a moderate or very big problem.
- Rates of access to transportation as a community problem among working-aged adults living in poverty were highest in rural Appalachia where 42.8% of White adults and 55.3% of Black adults perceive it as moderately or very big problem.
- In rural areas outside of Appalachia, 52% of working-aged Black adults in poverty perceived transportation as a problem.

Additional Insights

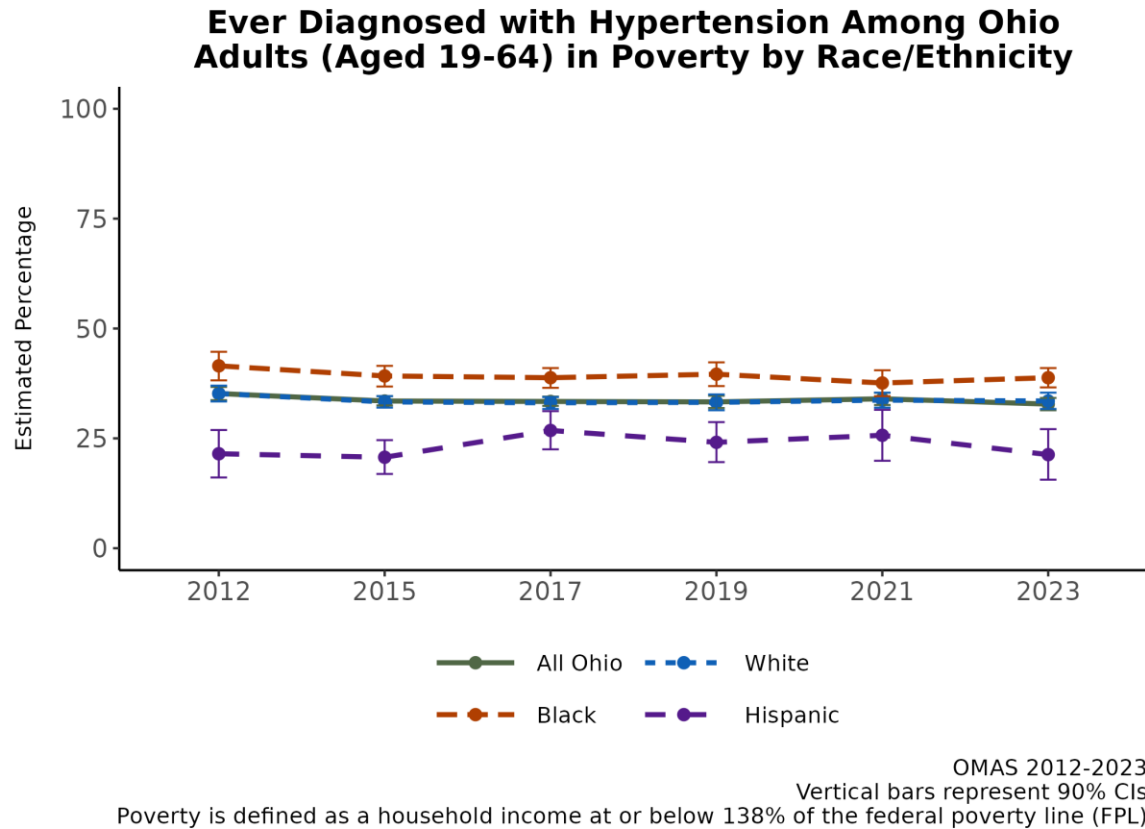
- In 2023, 38.9% of Medicaid-enrolled adults (aged 19-64) perceived access to transportation as a moderately or very big community problem.

HEALTH CONDITIONS

Chronic Health challenges



Hypertension prevalence has been consistently higher among working-age (19-64 years) Black adults in poverty



Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

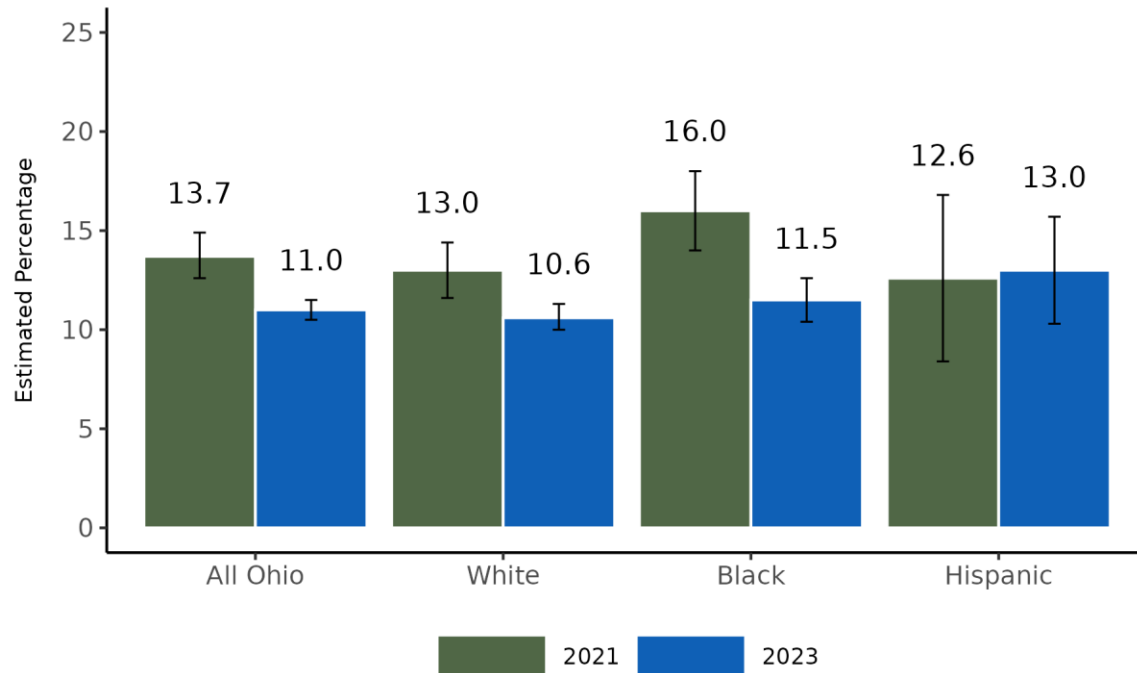
- Since 2012, Black working-aged adults in poverty have had the highest prevalence of hypertension, followed by White and Hispanic adults. For each racial/ethnic group, hypertension prevalence has remained somewhat consistent.
- Hypertension prevalence among Hispanic adults has shown the most movement but has consistently been at lower levels than Black and White adults.

Additional Insights (Not Shown)

- Prevalence rates of heart disease, mental health impairment, and asthma were similar among racial/ethnic groups. For these chronic conditions, White Medicaid-enrolled adults had slightly higher reported prevalence than did Black and Hispanic adults.

Diabetes prevalence has declined among working-aged (19-64 years) Medicaid members

Ever Diagnosed with Diabetes Among Medicaid-Enrolled Adults (Aged 19-64) by Race/Ethnicity



OMAS 2021
Vertical bars represent 90% CIs

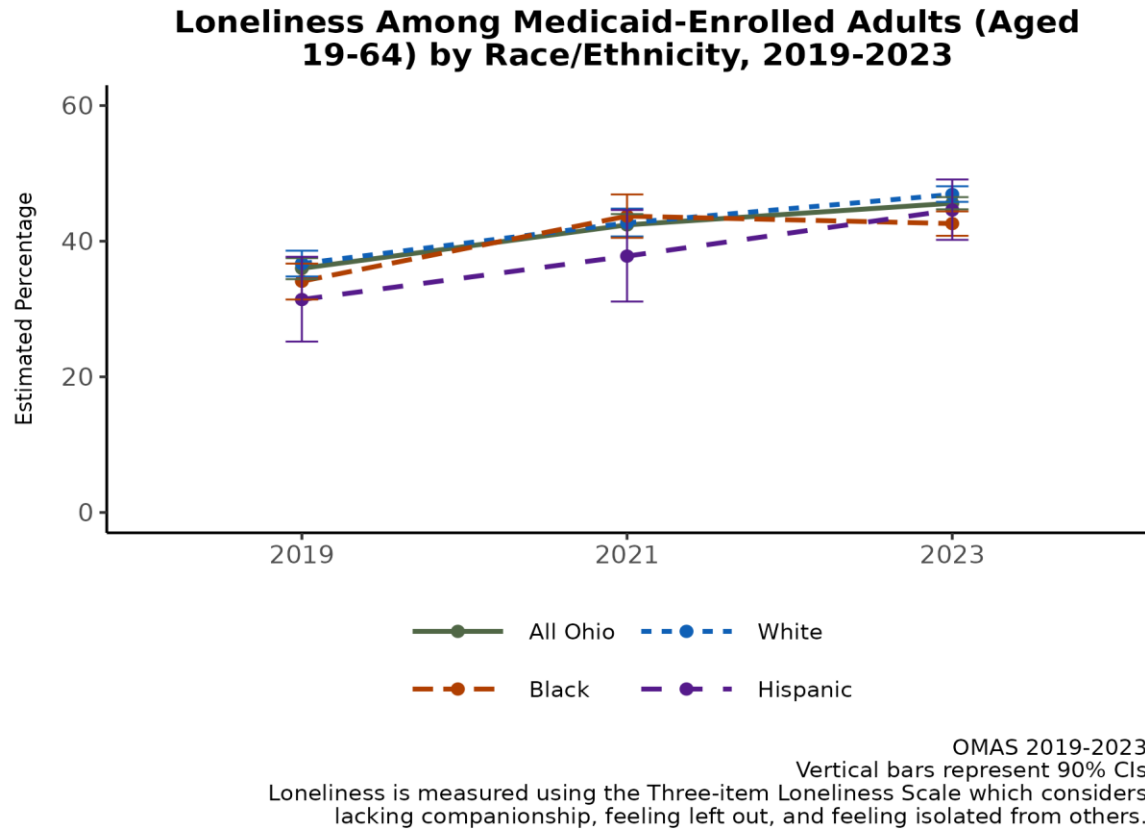
- Among all Medicaid-enrolled, working-aged adults, diabetes prevalence declined between 2021 and 2023. This magnitude of the decline was similar for Medicaid-enrolled, working-aged White adults during this period.
- Between 2021 and 2023, Medicaid-enrolled, working-aged Black adults had the largest decline in diabetes prevalence (4.5 percentage points), as compared to other racial/ethnic groups. These findings are hopeful given that Black adults have consistently had the highest rate of diabetes.

Additional Insights (Not Shown)

- The general decline in diabetes is a trend from prior years. In 2019, the percentage of working-aged Medicaid members ever diagnosed with diabetes was 16.5% among Black adults, 17.8% among White adults, and 17.6% among Hispanic adults.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Loneliness increased among Medicaid-enrolled, working-aged adults (19-64 years)



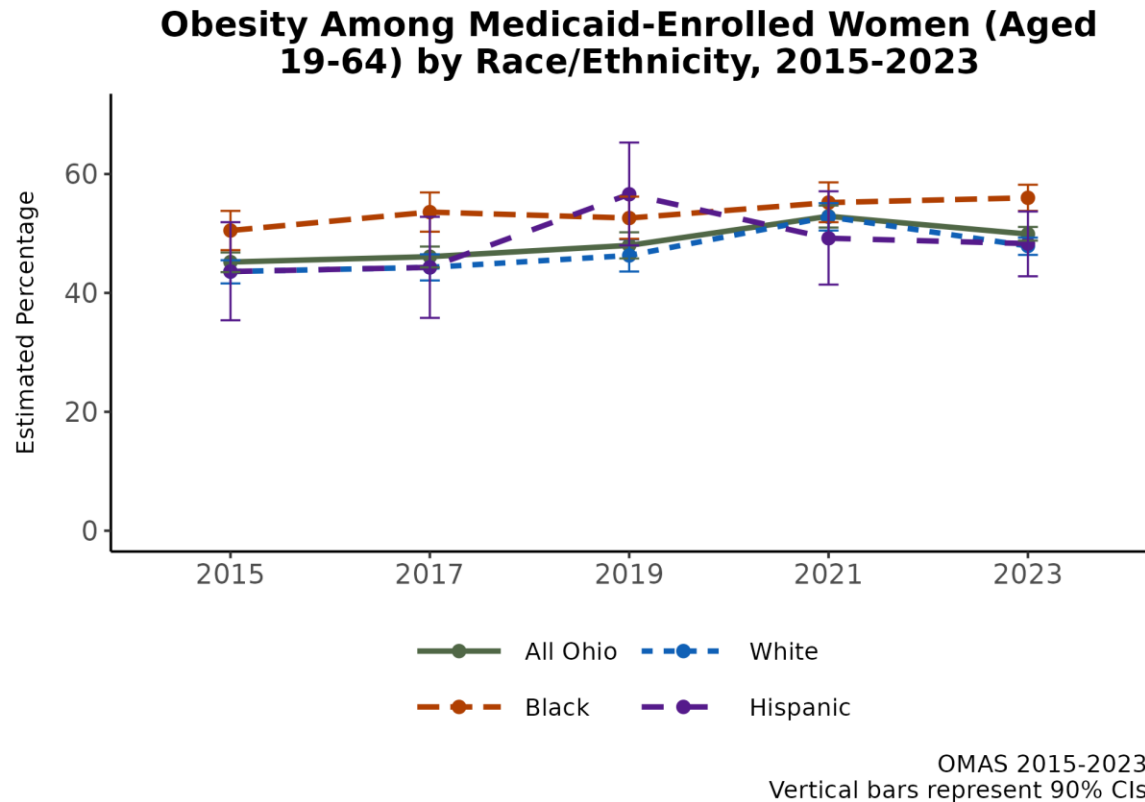
- Between 2019 and 2023, loneliness increased among all Medicaid-enrolled, working-aged adults from 36.0% to 45.6%.
- Among Medicaid-enrolled, working-aged adults, between 2021 and 2023, loneliness increased for White and Hispanic adults, but remained consistent for Black adults.

Additional Insights (Not Shown)

- There were differences in loneliness prevalences between women and men.
- Loneliness among Medicaid-enrolled, working-aged Hispanic men increased 14.3 percentage points between 2021 and 2023 and declined 6.4 percentage points among similar Black men.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Obesity prevalence slightly declined in 2023 among all Medicaid-enrolled, working-aged women (19-64 years)



- Among all Medicaid-enrolled, working-aged women, obesity increased from 45.2% in 2015 to 52.9% in 2021 and then declined to 49.9% in 2023.
- Excluding 2019, Black women had the highest obesity rate among all Medicaid-enrolled, working-aged women between 2015 and 2023.
- Obesity has fluctuated among Hispanic, Medicaid-enrolled, working-aged women, increasing between 2017 and 2019 and then declining from 2019 to 2021.

Additional Insights (Not Shown)

- Among Medicaid-enrolled, working-aged adults, men's obesity prevalence was lower than women's from 2015 to 2023.

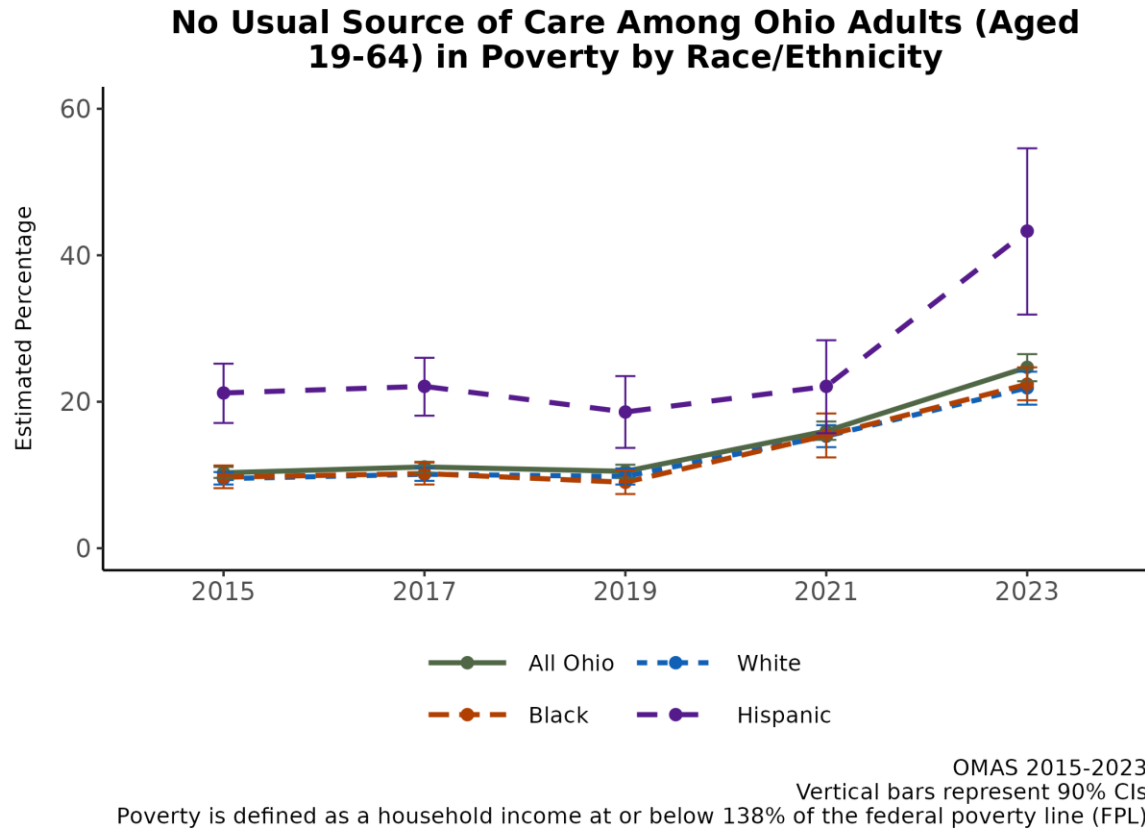
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

ACCESS TO CARE

Health Care Utilization Challenges



Recent increases in no usual source of care among impoverished working-aged (19-64 years) adults



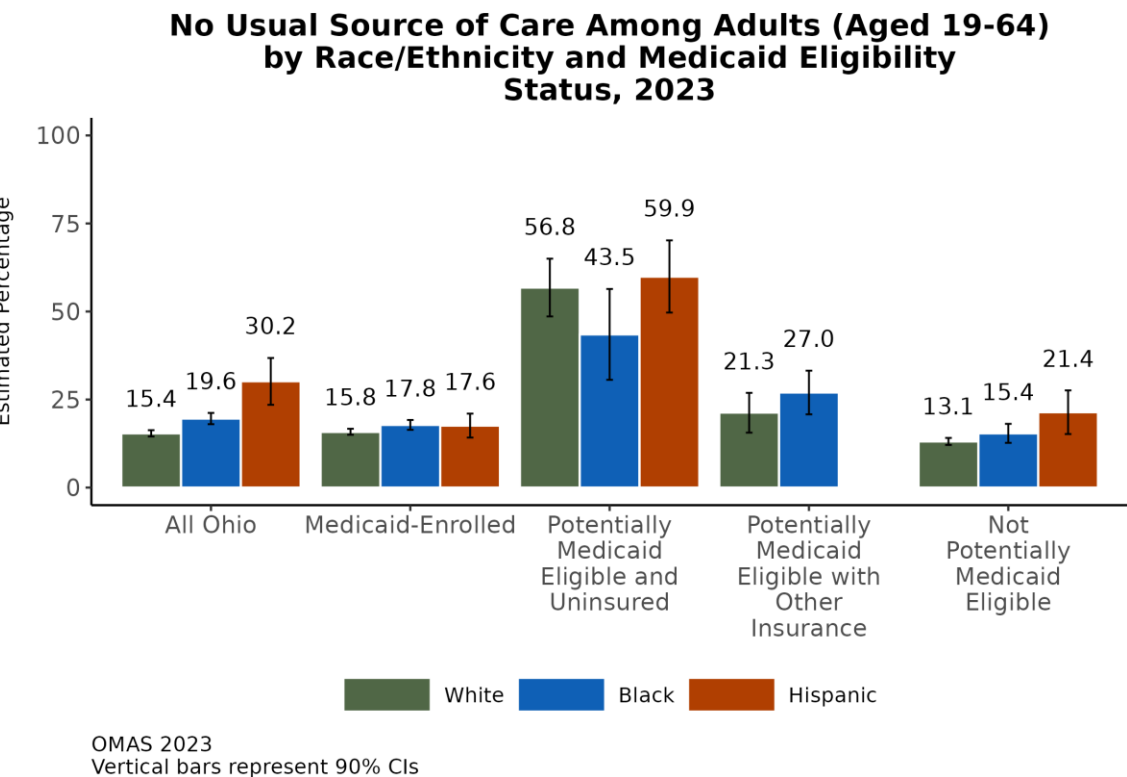
- The prevalence of having no usual source of health care has increased among working-aged adults in poverty.
- From 2015 to 2023, Hispanic, working-aged adults had no usual source of care at a rate almost twice as high as White and Black adults - 43.3% in 2023, compared to 22.4% of Black adults and 21.9% of White adults.

Additional Insights (Not Shown)

- The increasing trend for having no usual source of care holds across county type.
- In 2023, most working-age adults in poverty had not had a telehealth visit in the past year including 78.2% of White adults, 77.8% of Black adults, and 70.8% of Hispanic adults.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Medicaid-enrolled, working-aged adults have a higher prevalence of having a usual source of care than those potentially Medicaid eligible



- Medicaid promotes having a usual provider source for health care. For each racial/ethnic group, Medicaid-enrolled, working-aged adults had a higher prevalence of having a usual source of care than those potentially Medicaid eligible and uninsured or with other insurance.
- The largest lack of a usual source of health care was among White and Hispanic working-aged adults who are potentially Medicaid eligible and uninsured at 56.8% and 59.9%, respectively.

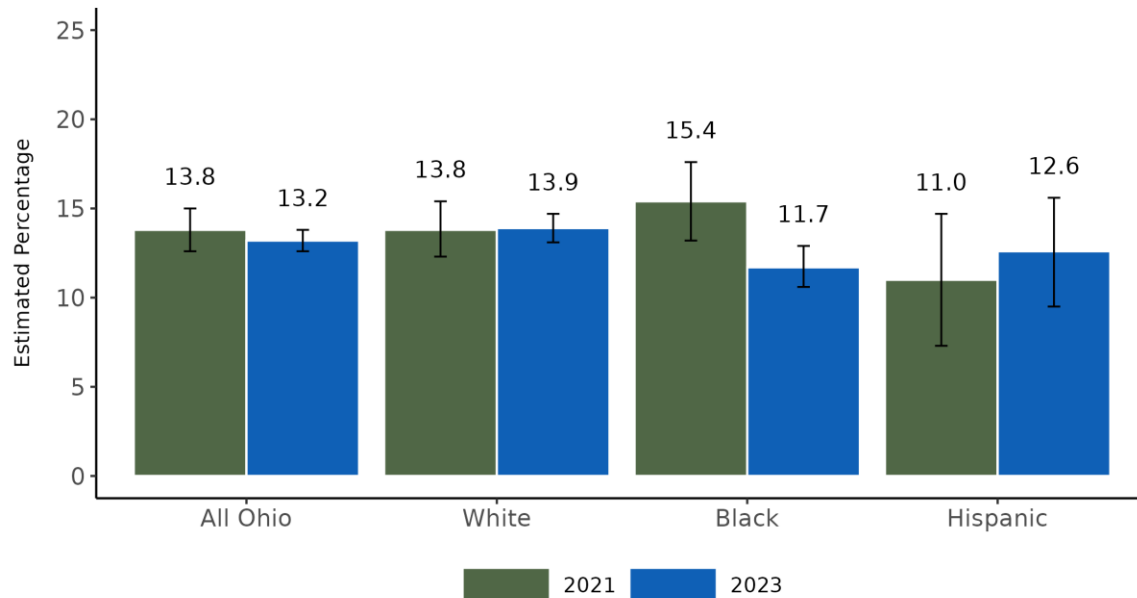
Additional Insights (Not Shown)

- Working-aged adults with a household income $\geq 250\%$ FPL have similar rates of access to health care as those Medicaid-enrolled, regardless of race/ethnicity.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Among Medicaid-enrolled, working-aged adults (19-64 years), unmet mental health care needs remain a concern

Unmet Mental Health Care Need Among Medicaid-Enrolled Adults (Aged 19-64) by Race/Ethnicity



OMAS 2021
Vertical bars represent 90% CIs

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- From 2021 to 2023, unmet mental health care needs among Medicaid-enrolled, working-aged adults declined for Black adults and remained relatively consistent for White and Hispanic adults.

Additional Insights (Not Shown)

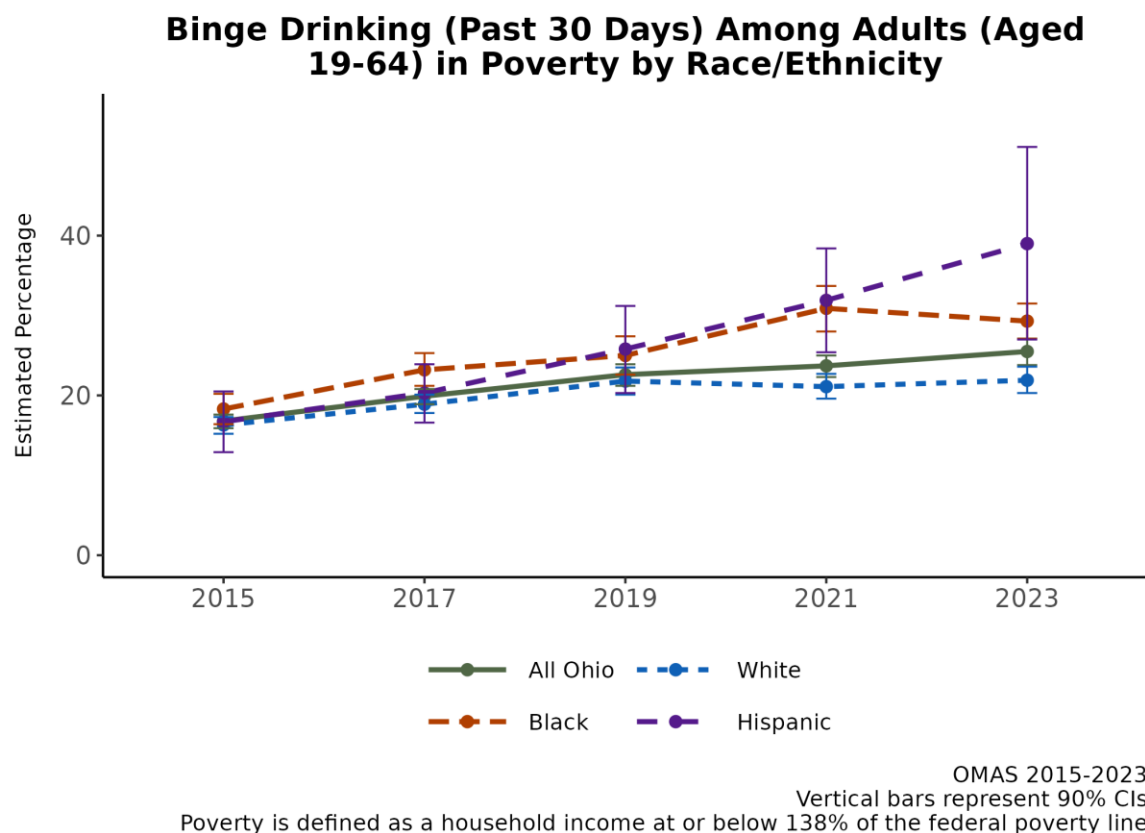
- In 2023, unmet mental health care needs among Medicaid-enrolled, working-aged adults were higher for White females (14.4%; 90% CI: 13.4 – 15.4) than White males (12.9%; 90% CI: 11.6 – 14.2) and for Black females (13.7%; 90% CI: 12.2 – 15.2) than Black males (8.8%; 90% CI: 7 – 10.6).
- In 2023, the prevalence of unmet mental health care needs among Medicaid-enrolled, working-aged adults (13.2%; 90% CI: 12.6 – 13.8) was lower than those potentially Medicaid eligible and uninured (17.1%; 90% CI: 12.7 – 21.6) and higher than those potentially Medicaid eligible with other insurance (8.3%; 90% CI: 6.1 – 10.4).

SUBSTANCE USE

The Use of Substances and Related Responses to Them



Impoverished working-aged adults (19-64 years) binge drinking in the past 30 days, by race/ethnicity

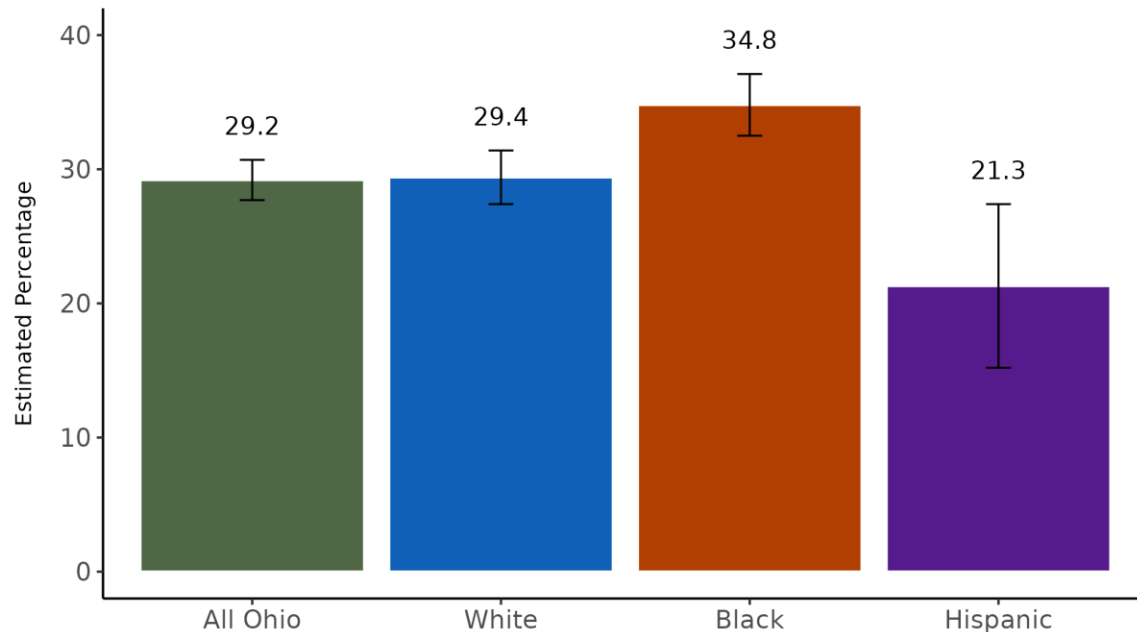


- The prevalence of binge drinking in the past thirty days among working-aged adults in poverty varies by race/ethnicity. In 2023, the prevalence for Hispanic adults was 39% in 2023, compared to 29.3% of Black adults and 21.9% of White adults.
- Among working-aged adults in poverty, Hispanic adults have seen the largest increase in binge drinking, from 16.7% in 2015 to 39% in 2023.
- Binge drinking among working-aged, Black adults in poverty is also high, though it remained relatively consistent between 2021 and 2023.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Impoverished working-aged adults (19-64 years) marijuana use, by race/ethnicity

Marijuana, Cannabis, or THC Use in the Past 30 Days Among Adults (Aged 19-64) in Poverty by Race/Ethnicity, 2023



OMAS 2023

Vertical bars represent 90% CIs

Poverty is defined as a household income at or below 138% of the federal poverty line

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

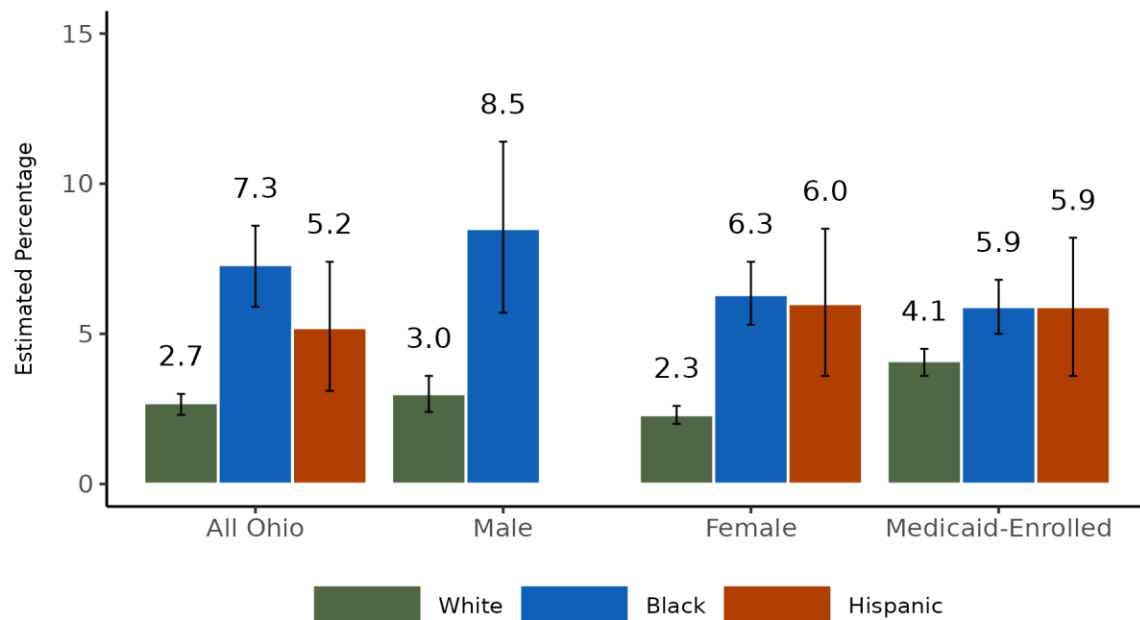
- In September 2016, House Bill 523 legalized medical marijuana in Ohio. The first licensed sales of medical marijuana began in January 2019. In November 2023, Issue 2 legalized recreational marijuana use.
- Among working-aged adults living in poverty, 29.2% used marijuana, cannabis, or THC in the past 30 days.
- In 2023, working-aged, Black adults living in poverty had the highest prevalence of use of any racial/ethnic group while Hispanic adults had the lowest.

Additional Insights (Not Shown)

- Among adults living in poverty in 2023, marijuana, cannabis, or THC use was higher among younger adults with a prevalence of 31.2% (90% CI: 29.2 - 33.2) among those aged 19 to 44 compared 25.5% (90% CI: 23.3 - 27.7) among those aged 45 to 64. This pattern holds across racial/ethnic groups.

Working-aged adults' (19-64 years) misuse of prescription pain relief, by Medicaid status & race/ethnicity

Use of a Prescription Pain Reliever That Was Not Prescribed in the Past 12 Months Among Adults (Aged 19-64) by Race/Ethnicity



OMAS 2023

Vertical bars represent 90% CIs

Some estimates suppressed due to small sample sizes

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

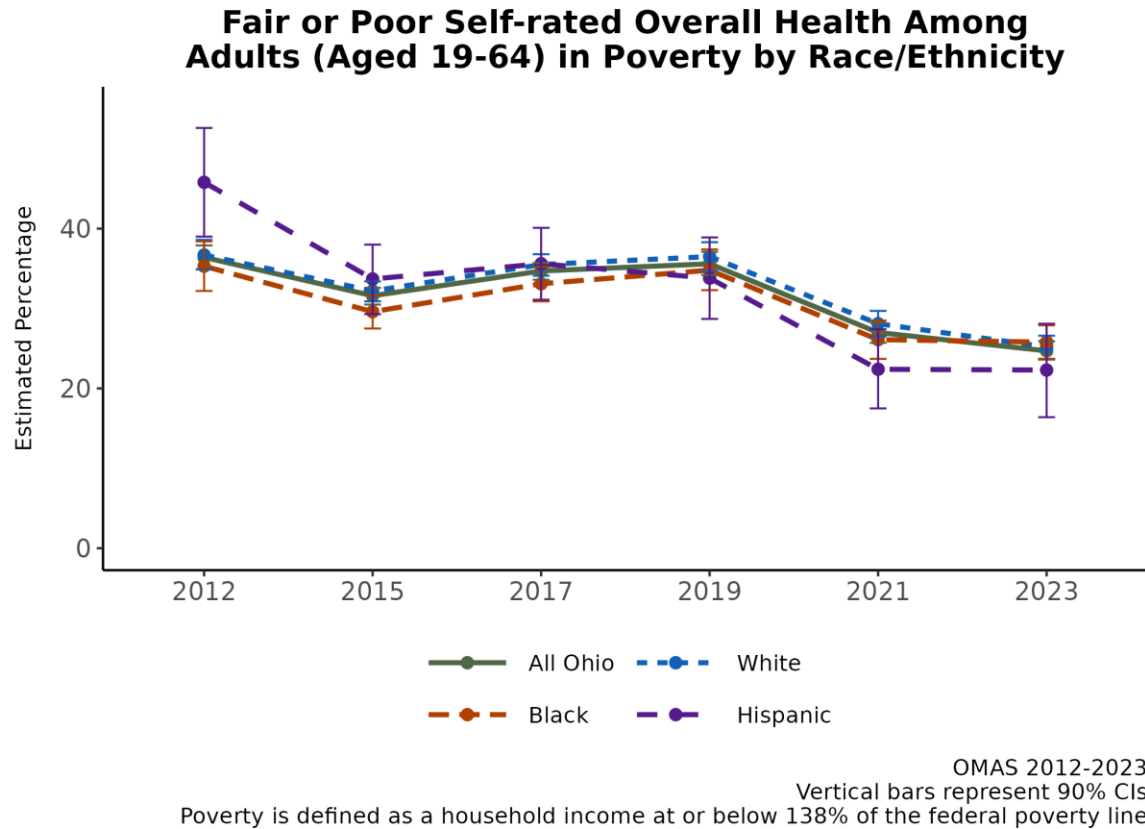
- For Ohioans, there are sex and racial/ethnic differences in the misuse of prescription pain relief – indicated by using a prescription pain reliever that was not prescribed to them in the past 12 months.
- Black working-aged adults had the highest prevalence of misusing a prescription pain reliever (7.3%), which was nearly 3 times the prevalence of White working-aged adults (2.7%).
- Racial differences in misuse were slightly larger among men than women, with 8.5% of Black working-aged males misusing a prescription pain reliever and 3.0% of White working-aged males, as compared to 6.3% of Black working-aged females and 2.3% of White working-aged females.
- Among Medicaid members, Black and Hispanic working-aged adults have similar prevalences prescription pain reliever misuse.

SELF-RATED HEALTH

Fair or Poor Overall Health



Impoverished working-aged adults' (19-64 years) self-rated general health status



Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- In Ohio, self-rated overall health status is improving. This is reflected in the gradual decline over time among working-aged adults in poverty with fair or poor self-rated overall health.
- All racial/ethnic groups have exhibited similar positive patterns of change over time – the percentage of fair or poor self-rated overall health declined between 2012 and 2015 and experienced overall variation but general decline between 2015 and 2023.
- Since 2019, self-rated overall health has improved similarly for Black and White working-aged adults in poverty.
- Hispanic working-aged adults in poverty have experienced the greatest improvement in overall self-rated health status since 2012.

Summary of Results

This Minority Health Chartbook explored demographics, economic distress, health conditions, access to health care, substance use/misuse, and self-rated general health status among Black, White, and Hispanic individuals 19-64 years of age, concentrating on the Medicaid enrolled and family income $\leq 138\%$ FPL.

1. Demographics – Poverty is highest among Black working-aged adults, lowest among White adults, with Hispanic adults between them. Compared to White adults, Hispanic and Black adults had 1.7 times and 2.5 times the prevalence of poverty, respectively.
2. Economic Distress – Crime, and access to food, and access to transportation are considered community problems by all groups. In 2023, more than one in four working-aged Hispanic women and Black men were forced to move due to being unable to afford their rent or mortgage.
3. Health Conditions – Among working-aged adults in poverty in 2023, approximately two in five Black adults have ever been diagnosed with hypertension.
4. Access to Care – In recent years, not having a usual source of care increased for all groups of working-aged adults in poverty in the state. Medicaid is a beneficial resource in improving access to care by helping to slow this change.
5. Substance Use – Among working-aged adults in poverty, Hispanic adults have the highest level of binge drinking and Black adults have the highest level of marijuana, cannabis, or THC use, in 2023.
6. Self-Rated Health – For all racial/ethnic groups, fair or poor self-rated overall health among working-aged adults in poverty has decreased over time.

Visit grc.osu.edu/OMAS for additional information about OMAS, including public use files, codebooks, and methods

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Acknowledgments



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