

Women's Health in Ohio

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Authors



Kelly L. Markowski, Ph.D.¹, Marsha Lewis, Ph.D.², Graciela Muniz-Terrera, Ph.D.²

¹The Ohio Colleges of Medicine Government Resource
Center, The Ohio State University

²Ohio University

Executive Summary

Females have different health care experiences and health care needs than males. In this chartbook, we identify and describe the health care experiences and health care needs of adult female Ohioans in 2023. For select topics we compare females to males, and compare between female groupings by age, race/ethnicity, and Medicaid classifications (Medicaid members, Medicaid potentially eligible but not enrolled, and not Medicaid eligible). When able, we examine how trends for adult female Ohioans may vary over time.

Key Findings*: Overall, adult female Ohioans continue to fare worse than adult male Ohioans in a variety of domains. Also, racial/ethnic minority females, females with Medicaid, and females aged 19-24 fare worse on certain outcomes compared to other females.

1. Relative to males, females had higher prevalence of unmet healthcare needs, fair/poor self-rated physical and mental health, loneliness, and asthma. However, females had lower prevalence of heart disease, binge drinking, marijuana use, and not having a usual source of health care relative to males.
2. Younger females (19-24 years) had a higher prevalence of fair/poor self-rated mental health relative to females (and males) in other age groups. Black females as well as females with Medicaid had a higher prevalence of asthma. Black females had a higher prevalence of diabetes. White females, especially those who were pregnant within the past 12 months, were more food secure relative to Black females (regardless of pregnancy status).

**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



Females constitute just over half of Ohio's total population. Females have different health care experiences, behaviors, and care needs compared to males. For example, females are more likely to seek medical care than males.¹ Evidence suggests that chronic stressors and a lack of access to resources produce poorer health outcomes in unique ways for females relative to males.² Additionally, females seek specific care during pregnancy and are uniquely at risk for gestational diabetes.

However, females are not a monolithic group. Health care experiences, behaviors, and care needs vary across females of different ages, races/ethnicities, and insurance types.^{3,4,5} In 2019 data from Ohio, females under age 35 had the highest prevalence of unmet health care needs, and the prevalence of heart problems increased with age; Black females 65 or older had the highest report of fair/poor self-rated health; and females with Medicaid insurance had higher prevalence of smoking cigarettes and marijuana use but had the lowest rate of unmet health care needs.⁶

To improve the health and well-being among all females in Ohio, it is important to not only understand how females fare relative to males but also how different groups of females fare relative to one another across the state in 2023.

Objectives

The primary goal for this chartbook is to identify and describe the status of adult female Ohioans' health, health care experiences, and needs in 2023 relative to adult male Ohioans.

- Health is assessed via chronic condition prevalence, self-rated health statuses (including mental health), and loneliness.
- Health care experiences are assessed via usual sources of health care, telehealth utilization, and perceptions of pressing community problems.
- Needs are assessed via unmet health care needs, reasons for unmet health care needs, financial difficulty, and employment.

The secondary goal for this chartbook is to identify and describe the similarities and differences in health, health care experiences, and needs across adult female Ohioans within different age groups, race/ethnicity groups, and Medicaid eligibility groups.

The last goal is to describe how these patterns in health, health care experiences, and needs have changed over time.

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.

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 enrollees 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 methodology report for full details (<https://grc.osu.edu/OMAS/2023Survey>).

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 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 grc.osu.edu/OMAS/2023Survey.

Methods, continued

Key Variable Definitions

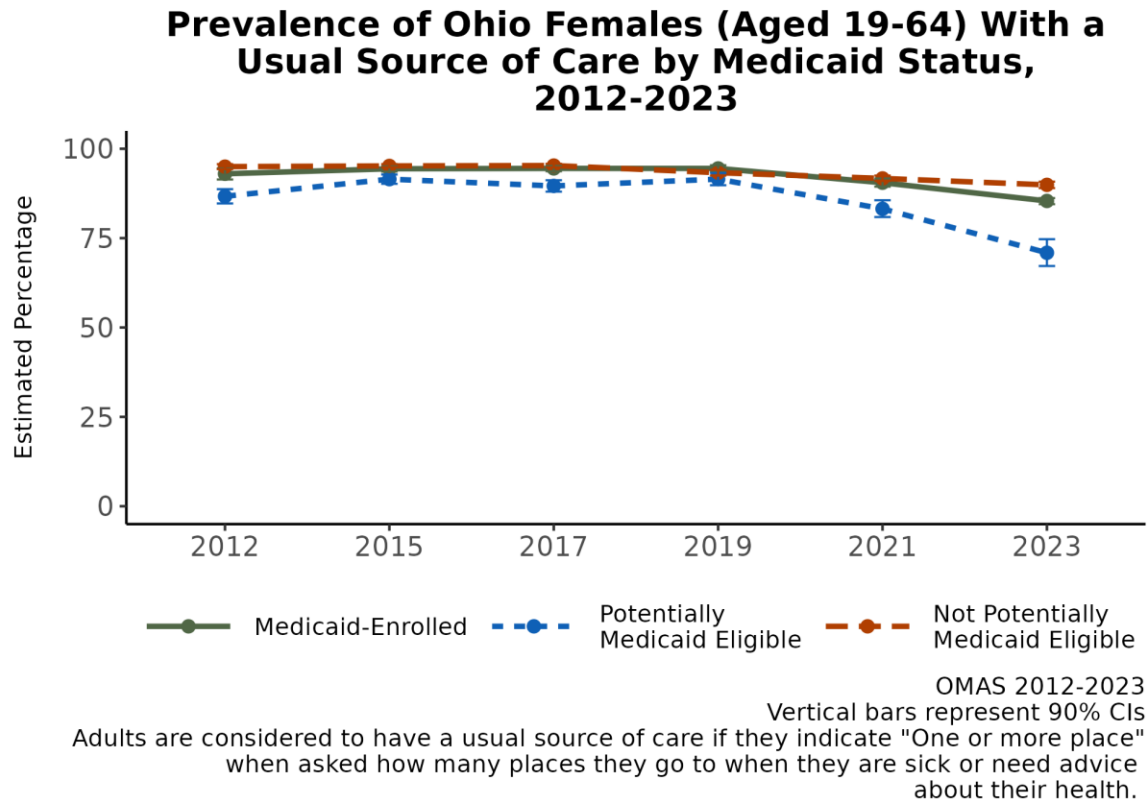
- *Adults*: 19 years old or older as identified in OMAS
- *Medicaid subpopulation*: Adults/children with Medicaid health insurance coverage
- *Potentially Medicaid-eligible subpopulation*: Adults who are not currently enrolled in Medicaid, but who have incomes that meet the Federal Poverty Level (FPL) requirements for 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 who have incomes that do not meet the Federal Poverty Level (FPL) requirements for enrollment (greater than 138% FPL, or 206% FPL for individuals who are pregnant)

RESULTS: HEALTH CARE ACCESS AND USE

Usual source of care, telehealth utilization, and unmet needs



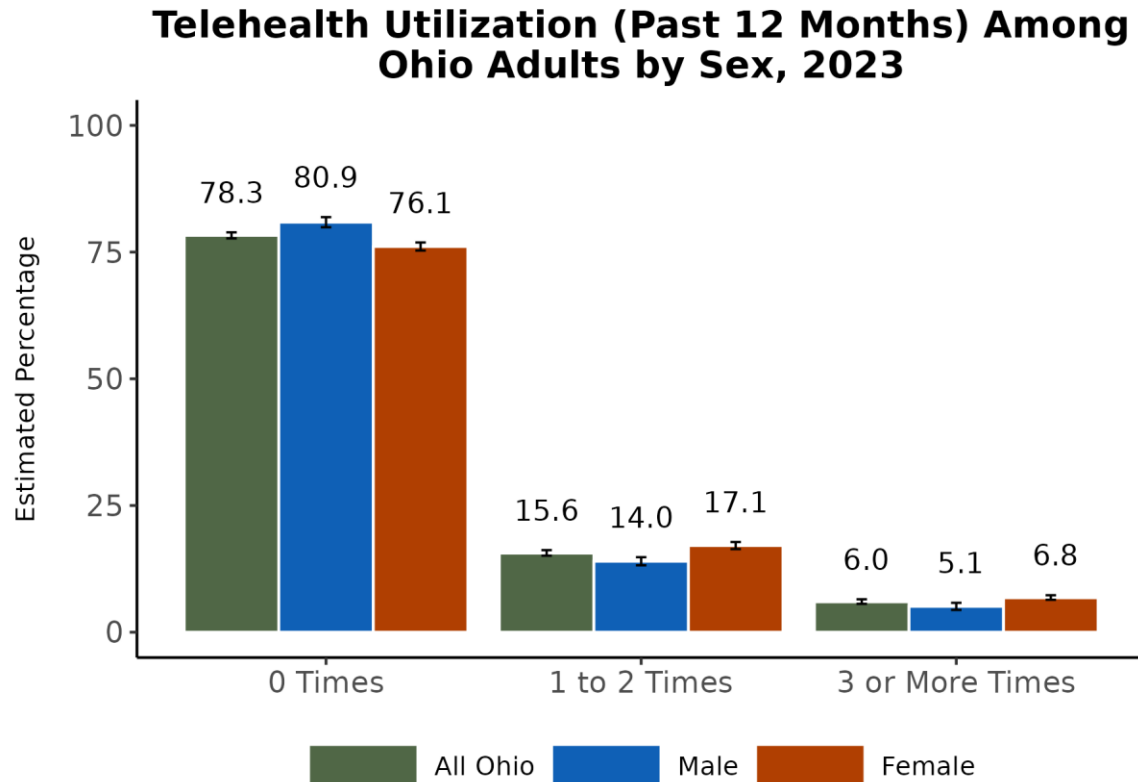
Prevalence of having a usual source of care continues to decrease for Ohio females with Medicaid (and those potentially eligible)



- The prevalence of Ohioans who have a usual source of health care has decreased since 2015 (results not shown).
- In 2023, the prevalence of having a usual source of health care was 86.1% (CI: 85.3-86.9) for females aged 19-64, compared to 79.2% (CI: 77.7-80.6) for males.
- Since 2019, the prevalence of females aged 19-64 who have a usual source of care has decreased for those with Medicaid, though the prevalence has decreased faster for those who are potentially Medicaid eligible.
- In 2023, the prevalence of females aged 19-64 who have a usual source of care was highest for those not potentially Medicaid eligible (89.9%), followed by those with Medicaid (85.4%), and those potentially Medicaid eligible (70.9%).

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

Telehealth utilization low overall, higher among females

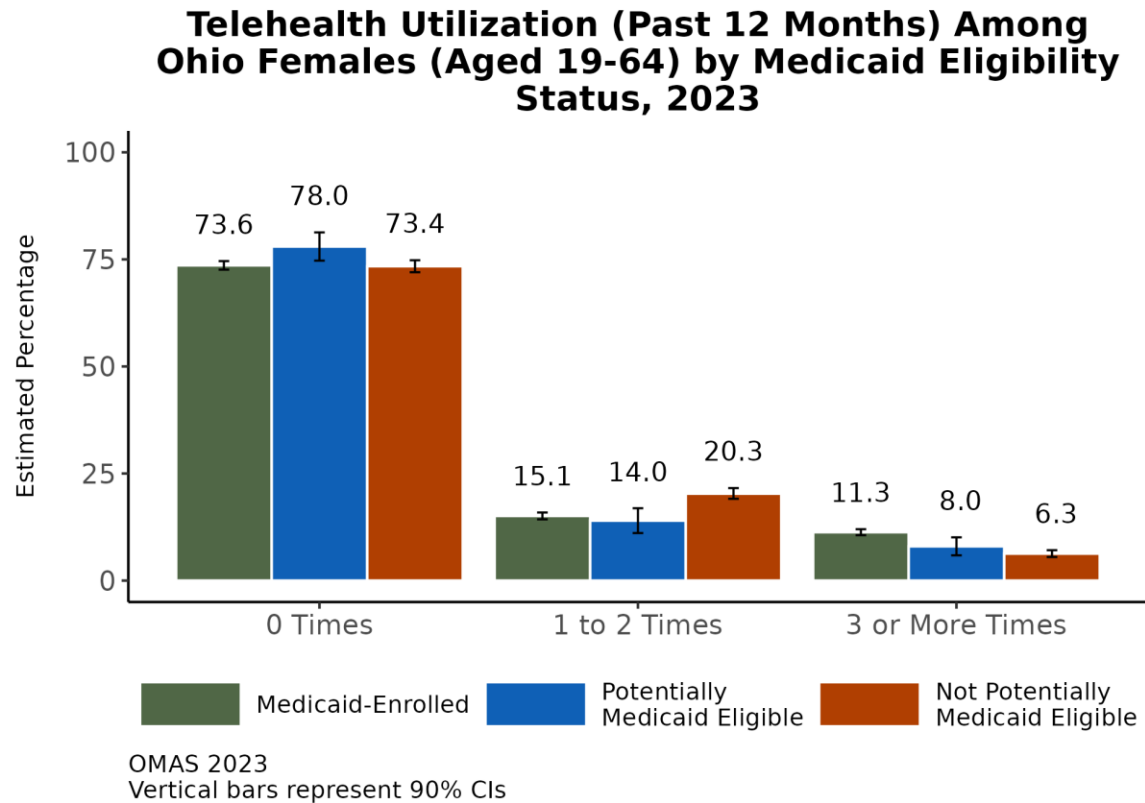


OMAS 2023
Vertical bars represent 90% CIs

- In 2023, more than 3 in 4 Ohioans (78.3%) had no telehealth visits with a doctor, nurse, or health care provider within the past 12 months.
- Overall, female Ohioans had a higher prevalence of telehealth utilization within the past 12 months compared to males. In 2023, 17.1% of Ohio females used telehealth 1 to 2 times in the past 12 months (compared to 14% for males), and 6.0% used telehealth 3 or more times in the past 12 months (compared to 5.1% for males).

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

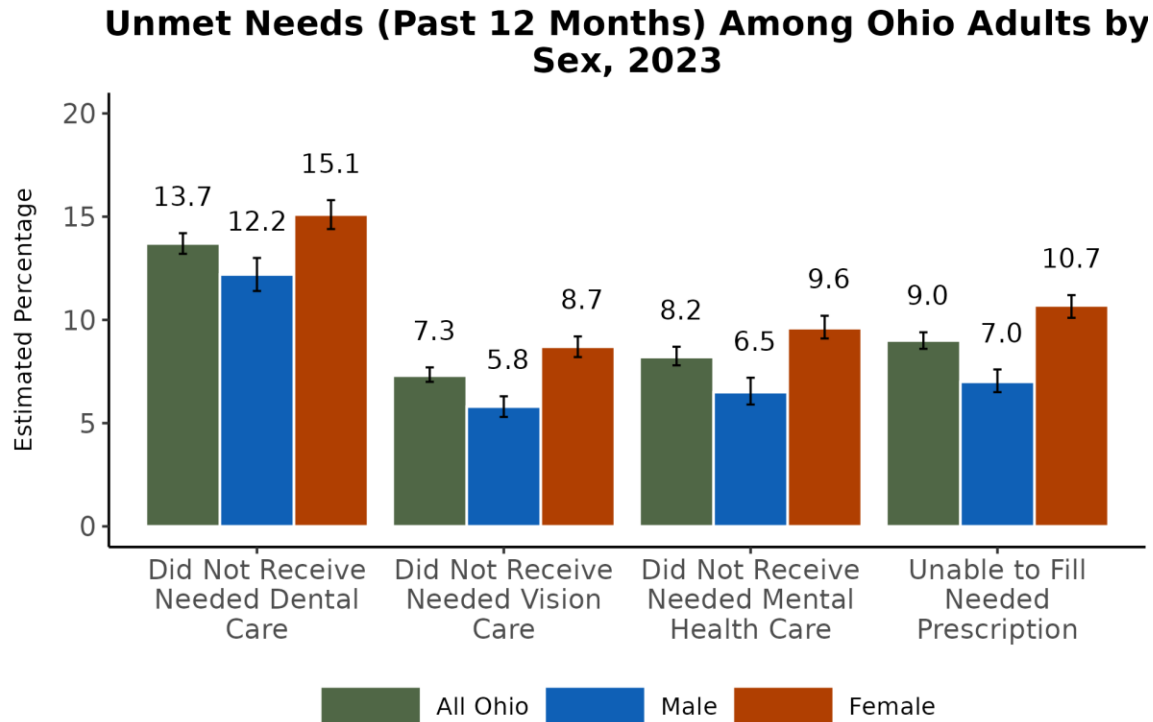
Though majority do not use telehealth, highest telehealth utilization more prevalent among females (19-64) with Medicaid



- Though most Ohio females aged 19-64 never (i.e., 0 times) had a telehealth visit with a doctor, nurse, or health care provider within the past 12 months (Slide #12), utilization prevalence slightly varied by Medicaid status.
- Females (19-64) with Medicaid had a higher prevalence of using telehealth 3 or more times within the past 12 months (11.3%), compared to 8.0% for those potentially Medicaid-eligible and 6.3% for those not potentially Medicaid-eligible.
- Females (19-64) who are not potentially Medicaid-eligible had a higher prevalence of using telehealth 1-2 times (20.3%), compared to those with Medicaid (15.1%) and those not potentially eligible (14.0%).

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

Females have higher prevalence of unmet health care needs, especially those with Medicaid



OMAS 2023
Vertical bars represent 90% CIs

- In 2023, the prevalence of unmet dental care, vision care, mental health care, and prescription needs was higher among adult female Ohioans.
- Among female Ohioans, prevalence of unmet need was highest for dental care (15.1%), followed by prescriptions (10.7%), mental health care (9.6%), and vision care (8.7%).

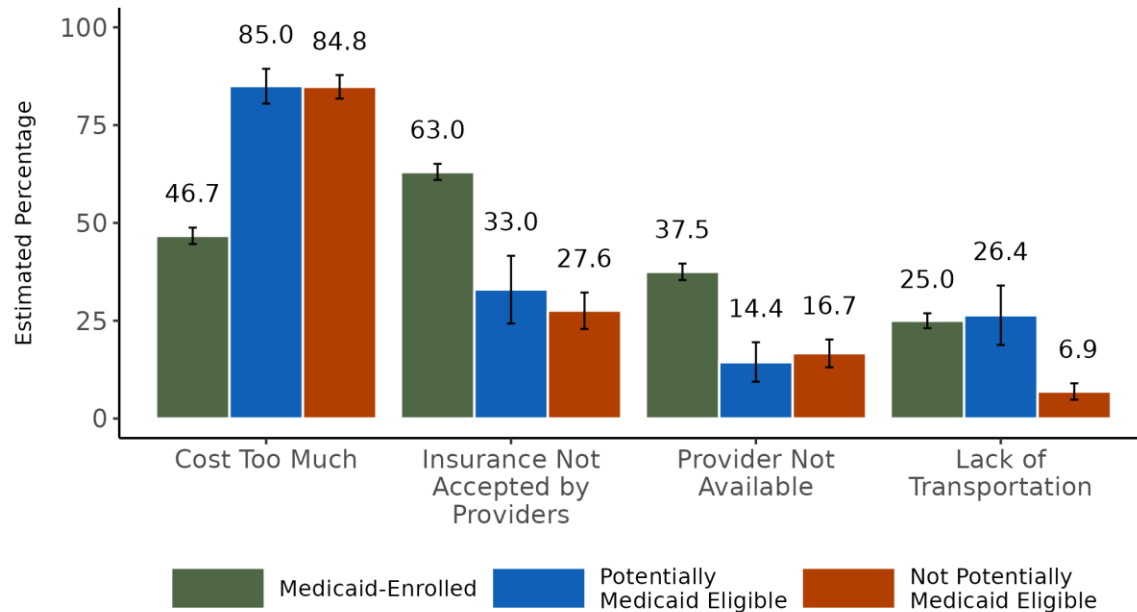
Additional Insights from 2023 (Results Not Shown)

- The prevalence of unmet dental care needs slightly increased for all female Ohioans in 2023 versus 2021.
- The prevalence of unmet dental care needs was highest for female Ohioans with Medicaid (28.4%, CI: 27.7-29.4) compared to other Medicaid statuses.

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

Insurance Accepted by Providers is Biggest Barrier to Dental, Vision, Mental Health Care Among Females with Medicaid

Prevalence of Reasons for Unmet Dental Care Needs Among Ohio Females (Aged 19-64) with Unmet Dental Care Needs in the Past 12 Months by Medicaid Eligibility Status, 2023



OMAS 2023
Vertical bars represent 90% CIs

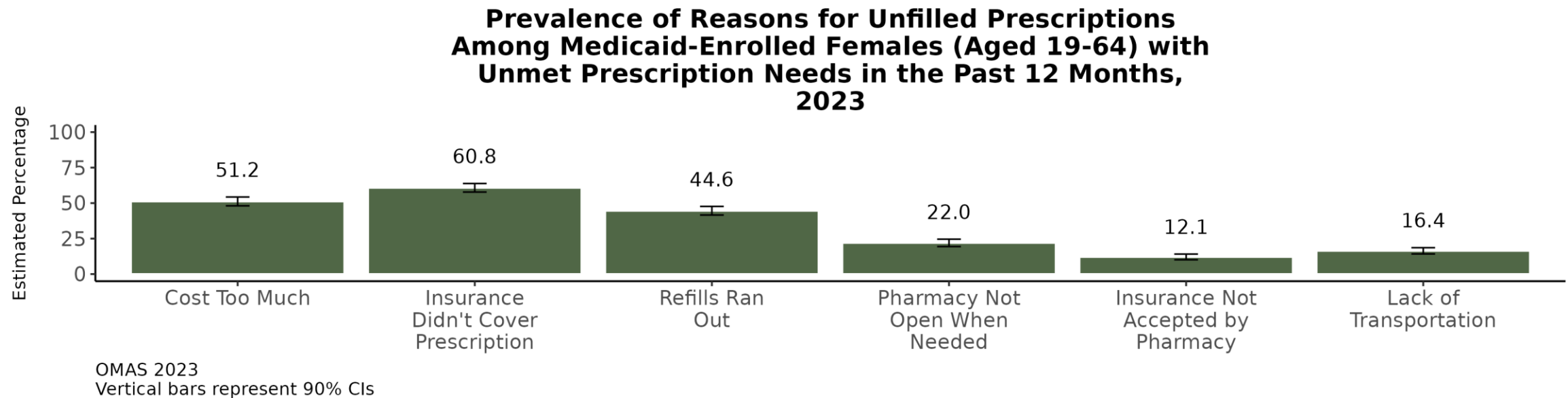
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- In 2023, prevalence of reasons for unmet dental care needs among females aged 19-64 varied by Medicaid status.
- For female Ohioans (19-64) potentially Medicaid-eligible and not potentially Medicaid-eligible, the most prevalent reason was cost (85% and 84.8%, respectively). Among those with Medicaid, the prevalence of selecting this reason was nearly halved.
- Among female Ohioans with Medicaid (19-64), the most prevalent reason for unmet dental care needs was insurance not being accepted by providers (63.0%).

Additional Insights from 2023 (Results Not Shown)

- Prevalence of reasons for unmet vision care and mental health care needs by Medicaid status followed similar patterns as those shown here.

Insurance coverage, cost, and running out of refills are biggest barriers to prescription medicine among females with Medicaid



- In 2023, the most prevalent reasons for unfilled prescriptions among female Ohioans with Medicaid aged 19-64 was insurance coverage (60.8%), followed by cost (51.2%), and running out of refills (44.6%).

Additional Insights from 2023 (Results Not Shown)

- Cost was the most prevalent reason for females (19-64) potentially Medicaid-eligible (71.3%, CI: 64.3-78.4) and not potentially Medicaid-eligible (59.2%, CI: 54.4-64).

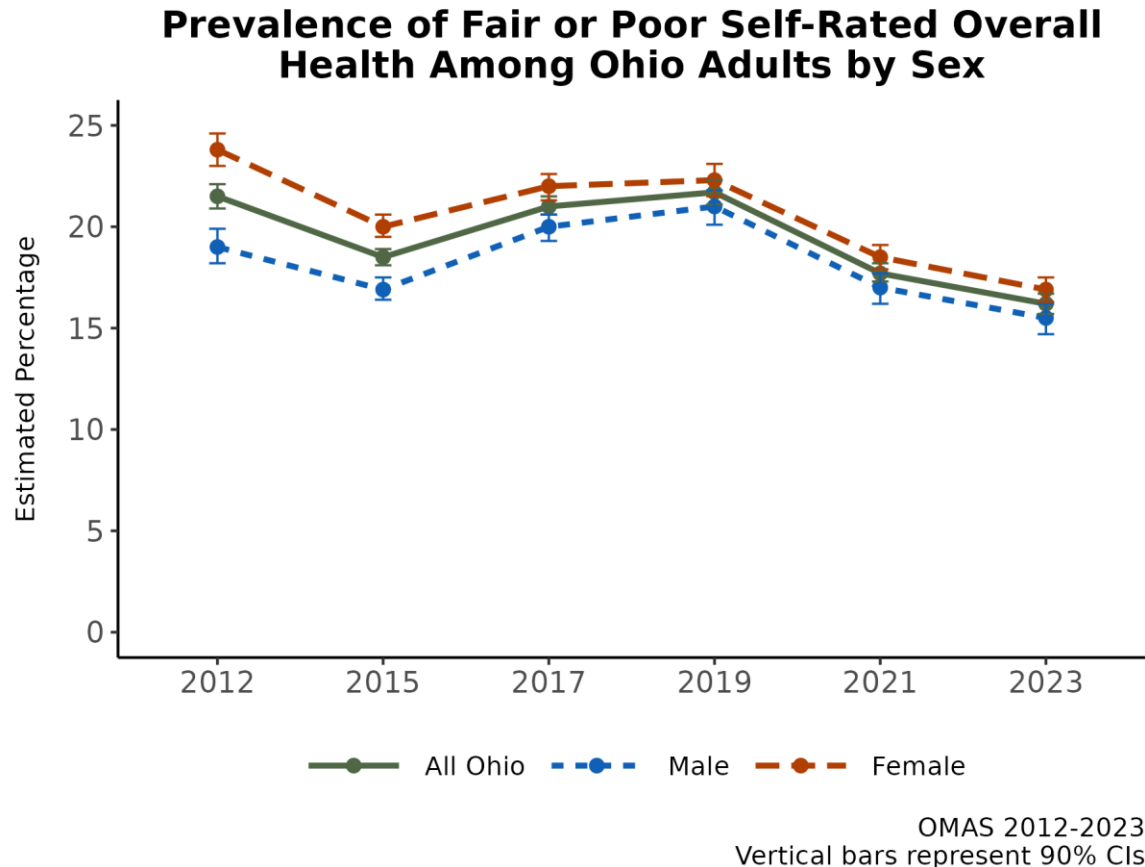
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

RESULTS: HEALTH STATUS AND BEHAVIORS

Self-rated health, chronic conditions, health behaviors



Prevalence of fair or poor self-rated overall health continues to decline, still higher for females



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

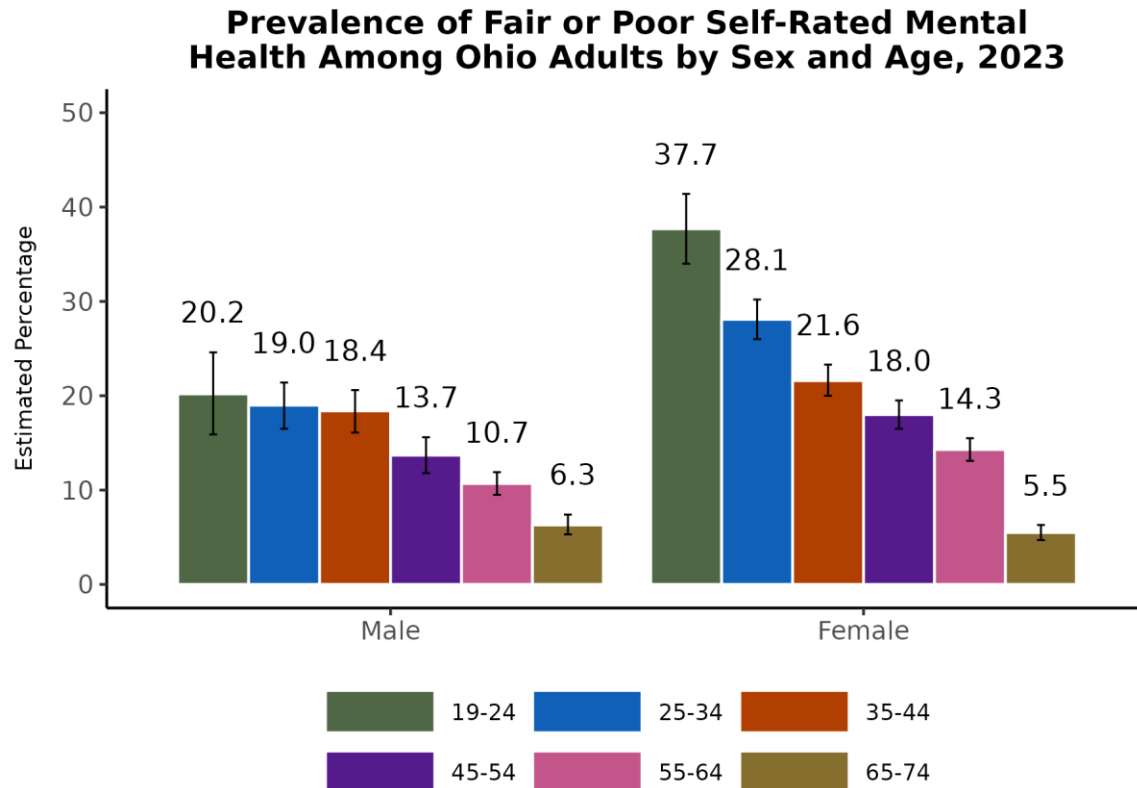
Women's Health, 2023 OMAS

- Since 2019, the prevalence of fair or poor self-rated overall health decreased among all Ohioans. Alternatively, the prevalence of good, very good, or excellent self-rated overall health increased among all Ohioans.
- Since 2012, Ohio females have had a higher prevalence of fair or poor self-rated overall health than males.
- In 2023, the prevalence of fair or poor self-rated overall health was higher for females (16.9%), compared to males (15.5%).

Additional Insights for 2023 (Results Not Shown)

- The prevalence of fair or poor self-rated overall health was higher among females aged 19-64 with Medicaid than those not potentially Medicaid eligible.
- The prevalence was also higher among females of racial/ethnic minorities than White females.

Prevalence of fair or poor self-rated mental health highest for young adult females (ages 19-24)



OMAS 2023
Vertical bars represent 90% CIs

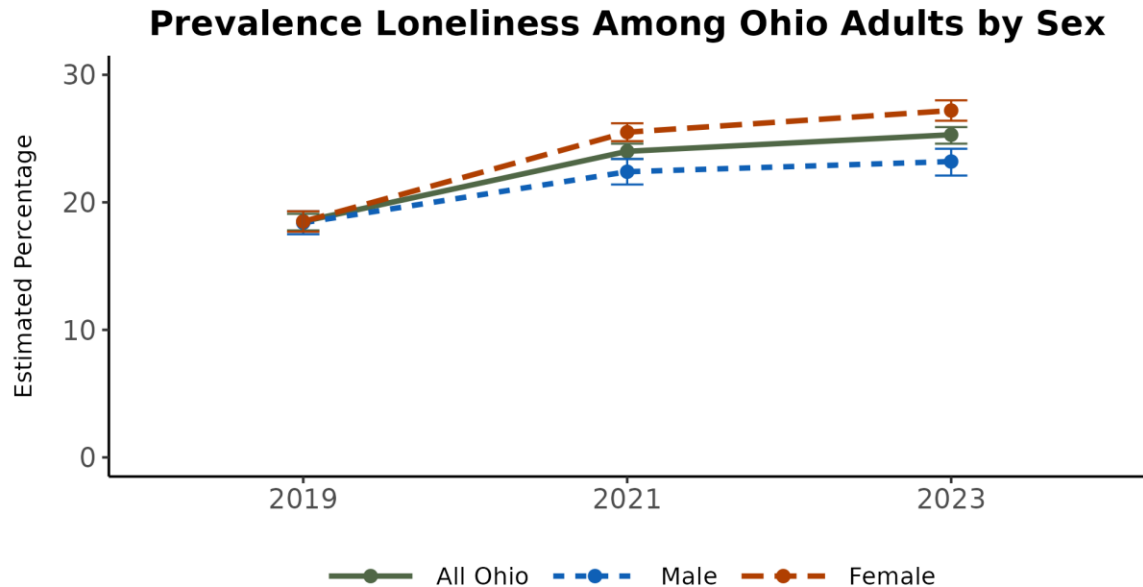
- Among female Ohioans, the prevalence of fair or poor self-rated mental health was highest among those ages 19-24 (37.7%) with meaningful drops in prevalence across each subsequently older age group.
- By contrast, the prevalence of fair or poor self-rated mental health was relatively stable among male Ohioans ages 19-44, with meaningful drops in prevalence starting at ages 45-54.

Additional Insights for 2023 (Results Not Shown)

- In 2023, female Ohioans overall had a higher prevalence of fair or poor self-rated mental health (18.4%, CI: 17.7-19.1) compared to male Ohioans (13.9%, CI: 13-14.7).

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

Loneliness increasing faster among females



OMAS 2019-2023

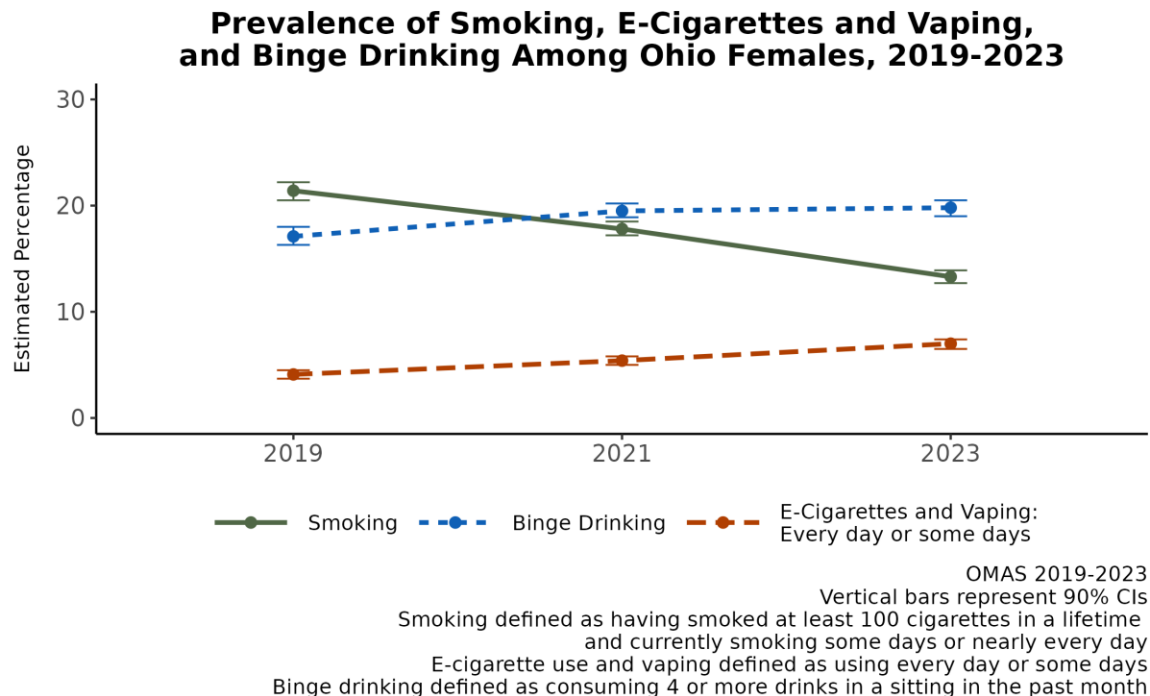
Vertical bars represent 90% CIs

Loneliness is measured by summing the number of times a respondent answered "Sometimes" or "Often" to questions about lacking companionship, feeling left out, and feeling isolated from others. The total summed score ranges from a low of 3 to a high of 9 with a higher score indicating greater loneliness. Respondents are considered "Lonely" if they scored 6 or higher

- The prevalence of loneliness among all Ohioans has increased since 2019.
- In 2021, the prevalence of loneliness increased for males and females, though the prevalence increased more for females (7% increase for females, up to 25.5%, 4% increase for males, up to 22.4%).
- In 2023, the prevalence of loneliness increased again for females, reaching a high of 27.2%. By contrast, the prevalence of loneliness stayed consistent for males during the same period.

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

Cigarette smoking decreased among females, e-cigarettes/vaping use increased



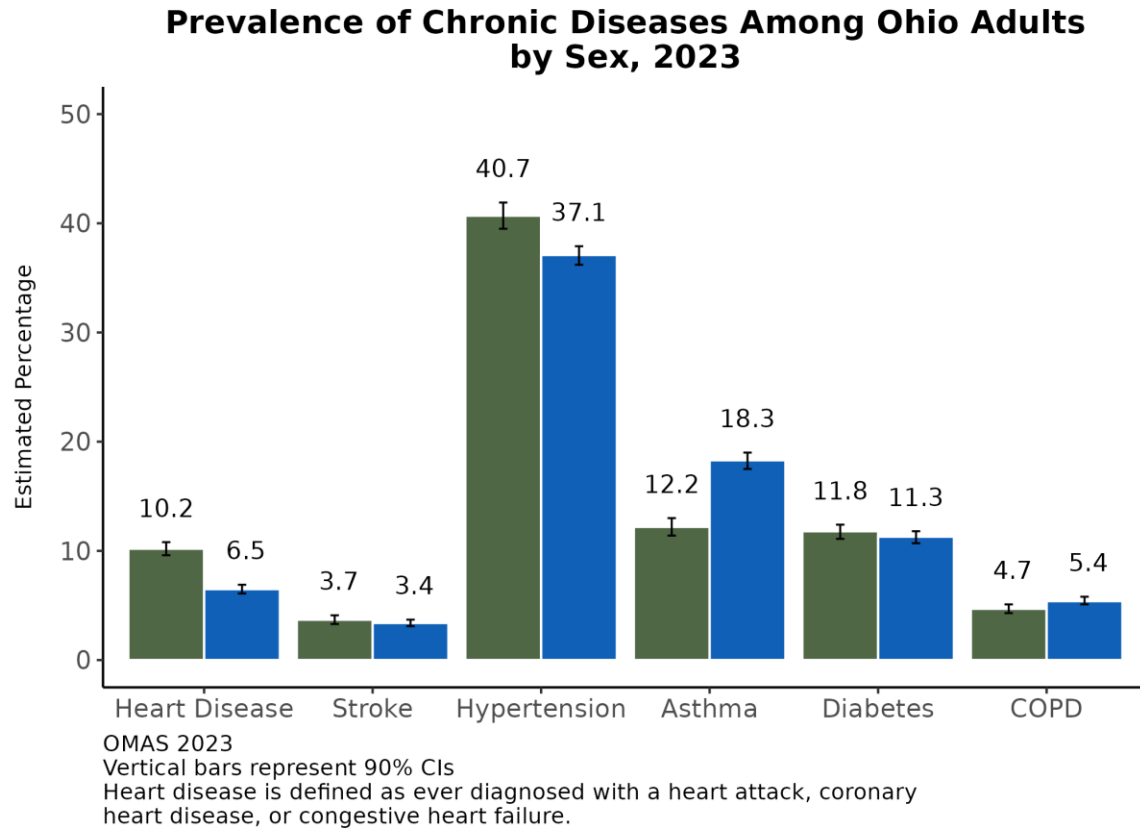
- Since 2019, the prevalence of smoking cigarettes among Ohio female adults has decreased, falling from 21.4% in 2019 to a low of 13.3% in 2023. However, the prevalence of e-cigarette/vape use increased from 4.1% in 2019 to 7% in 2023.
- From 2019 to 2021, the prevalence of binge drinking among females increased from 17.1% to 19.5%. However, from 2021 to 2023, the prevalence of binge drinking stayed consistent (19.8% in 2023).

Additional Insights for 2023 (Results Not Shown)

- In 2023, 16% (CI: 15.3-16.6) of Ohio adult females used marijuana, cannabis, or THC in the past 30 days.

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

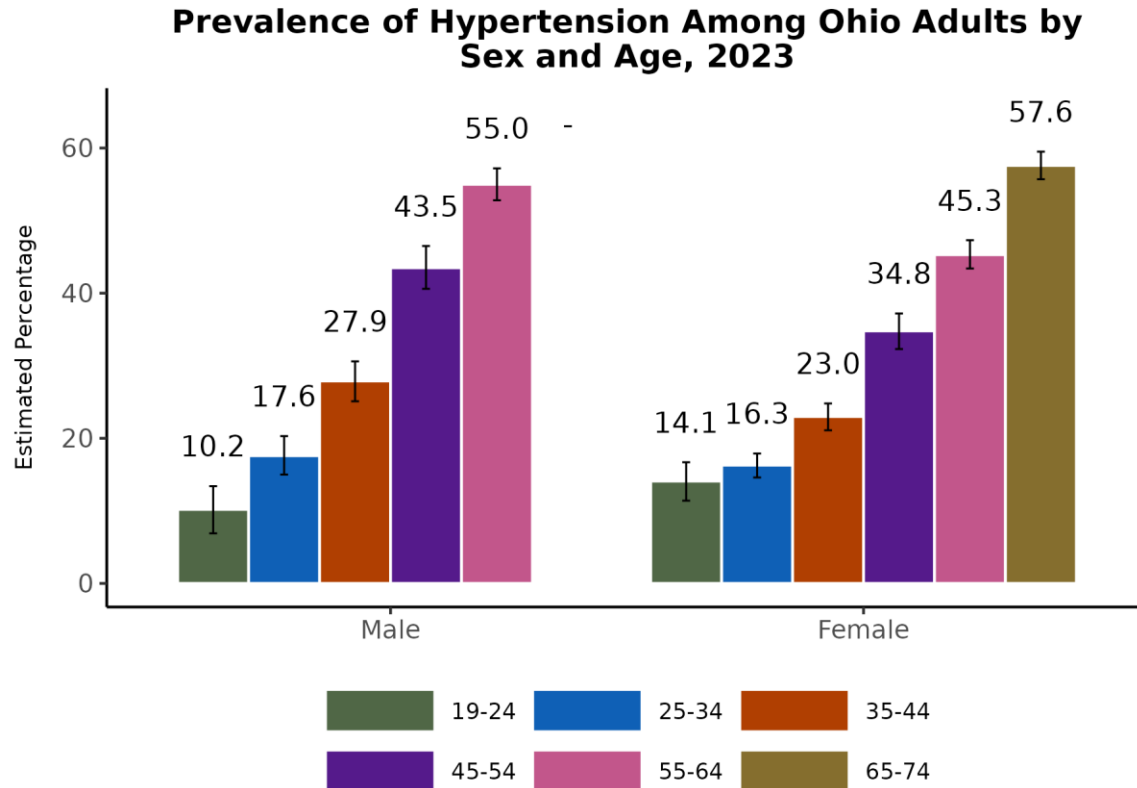
Females have lower prevalence of heart disease and hypertension, higher prevalence of asthma



- The 2023 prevalence of ever being diagnosed with heart disease for Ohio females was 6.5%, compared to 10.2% for males.
- The 2023 prevalence of ever being diagnosed with hypertension in females was 37.1%, compared to 40.7% for males.
- A higher percentage of females (18.3%) had ever been diagnosed asthma, relative to males (12.2%).
- The 2023 prevalence of ever being diagnosed with diabetes, COPD, or stroke was similar for females and males in Ohio.

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

Prevalence of most chronic diseases among females increases with age



- Hypertension had the highest prevalence of all measured chronic diseases among Ohio females, with high rates even among younger females. The prevalence estimate increased to a high of 57.6% by the 65-74 age range. The prevalence of hypertension in males increased by age at a larger rate to a high of 65.1% by the 65-74 range.

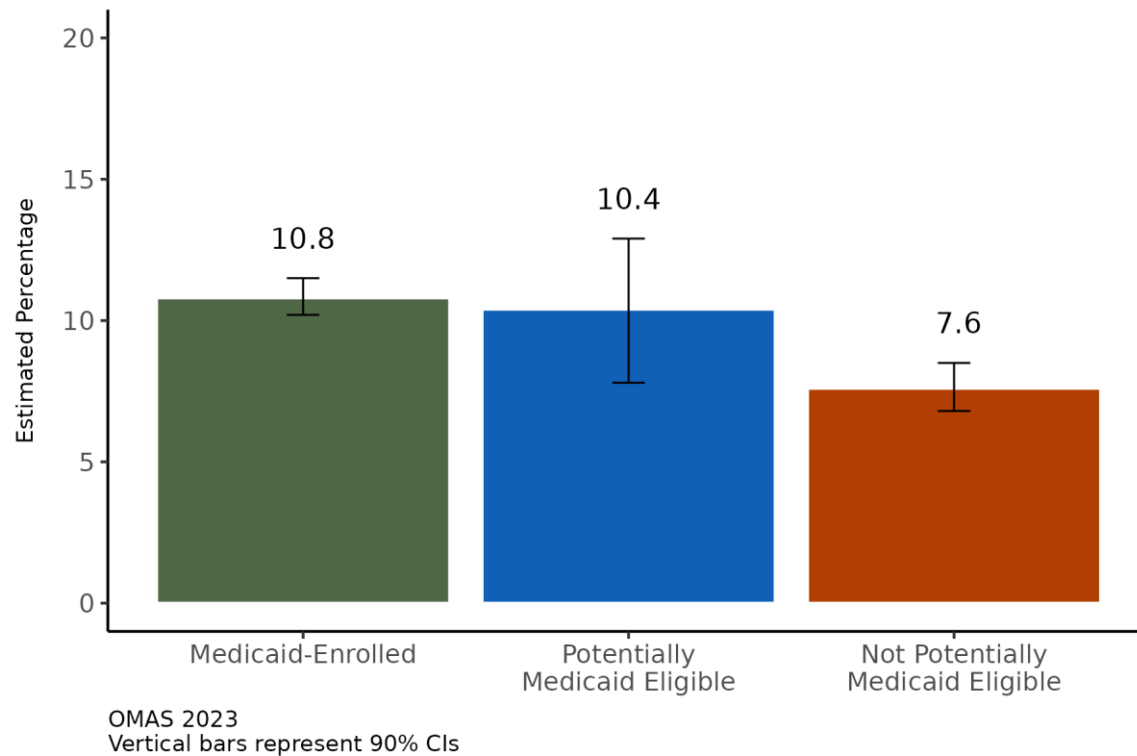
Additional Insights for 2023 (Results Not Shown)

- Prevalence patterns for most chronic diseases in Ohio females increased by age, including heart disease, stroke, hypertension, COPD, and diabetes. The only exception to this age trend for chronic diseases measured in the OMAS was asthma (see slide 26).

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

Prevalence of chronic disease higher for Ohio females with Medicaid (and those potentially Medicaid-eligible)

Prevalence of Ever Being Diagnosed with Diabetes Among Ohio Females (Aged 19-64) by Medicaid Eligibility Status, 2023



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

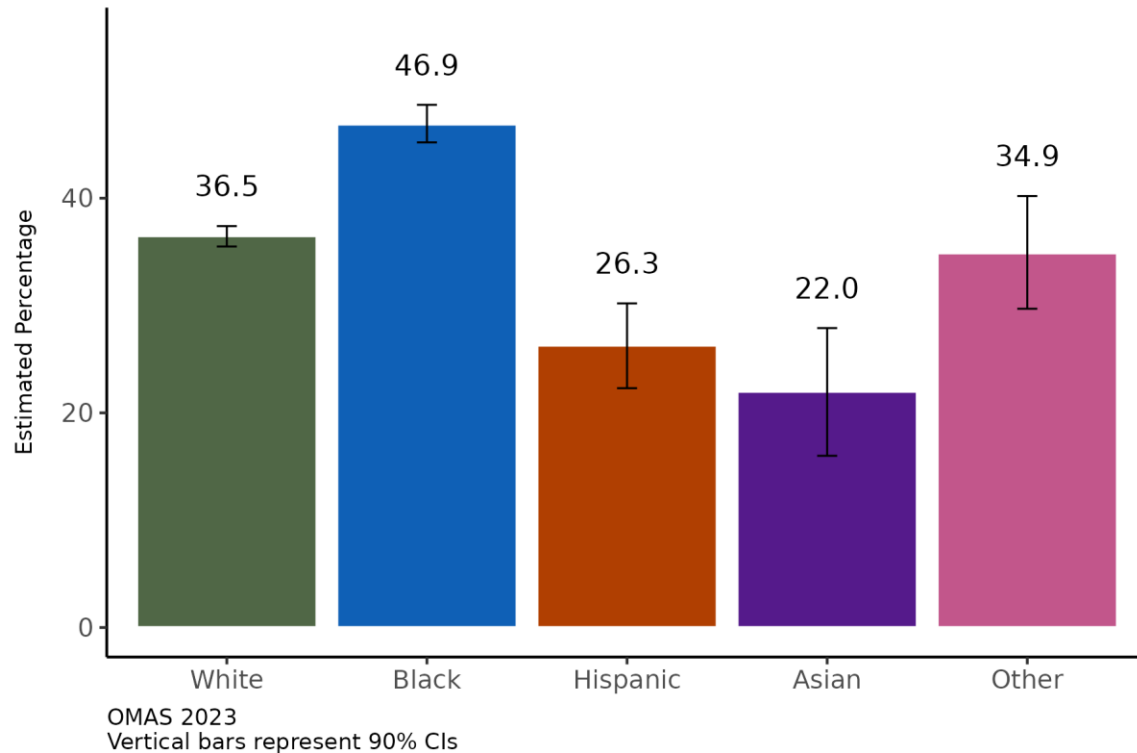
- Ohio females ages 19-64 with Medicaid (10.8%) and females potentially Medicaid eligible (10.4%) had slightly higher prevalence of ever being diagnosed with diabetes than females who are not potentially Medicaid eligible (7.6%).

Additional Insights for 2023 (Results Not Shown)

- Ohio females ages 19-64 with Medicaid (32.8%, CI: 31.8-33.8) and potentially Medicaid eligible (29.9%, CI: 26.1-33.8) had higher prevalence of ever being diagnosed with hypertension than females who are not potentially Medicaid eligible (25%, CI: 23.7-26.2).
- The prevalence of ever being diagnosed with heart disease was higher among females ages 19-64 with Medicaid (6.3%, CI: 5.8-6.7) and potentially eligible (6.1%, CI: 4.4-7.7), then those not potentially eligible for Medicaid (2.3%, CI: 1.9-2.7).

Prevalence of hypertension, diabetes, asthma higher among Black females

Prevalence of Ever Being Diagnosed with Hypertension Among Ohio Females by Race/Ethnicity, 2023



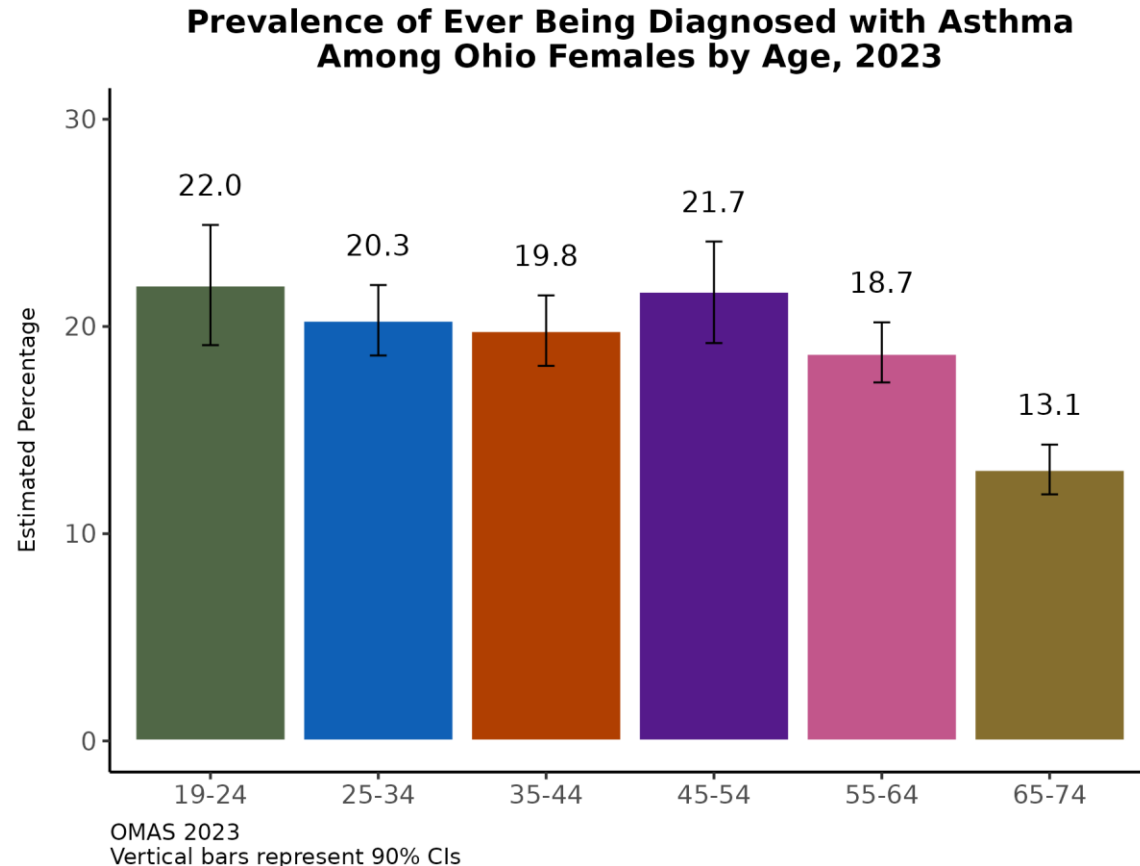
- Black females in Ohio had higher prevalence of ever being diagnosed with hypertension, asthma, and diabetes than White females.

Additional Insights for 2023 (Results Not Shown)

- There was a smaller difference in heart disease prevalence between White and Black females, with 7.9% (CI: 7-8.9) of Black females and 6.3% (CI: 5.8-6.7) of White females ever diagnosed with any heart disease.
- Stroke prevalence showed smaller differences among females by race/ethnicity, with 3.1% (CI: 2.9-3.4) of White females, 4.4% (CI: 3.8-5) of Black females, and 3.3% (CI: 1.8-4.7) of Hispanic females ever diagnosed with a stroke. Estimates were less precise for Asian females or females of another race/ethnicity.

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

Prevalence of asthma higher among young females and females with Medicaid



- Asthma was more prevalent in younger women, with 22% of women between the ages of 19-24 ever being diagnosed with asthma, compared to 13.1% of those between 65-74.

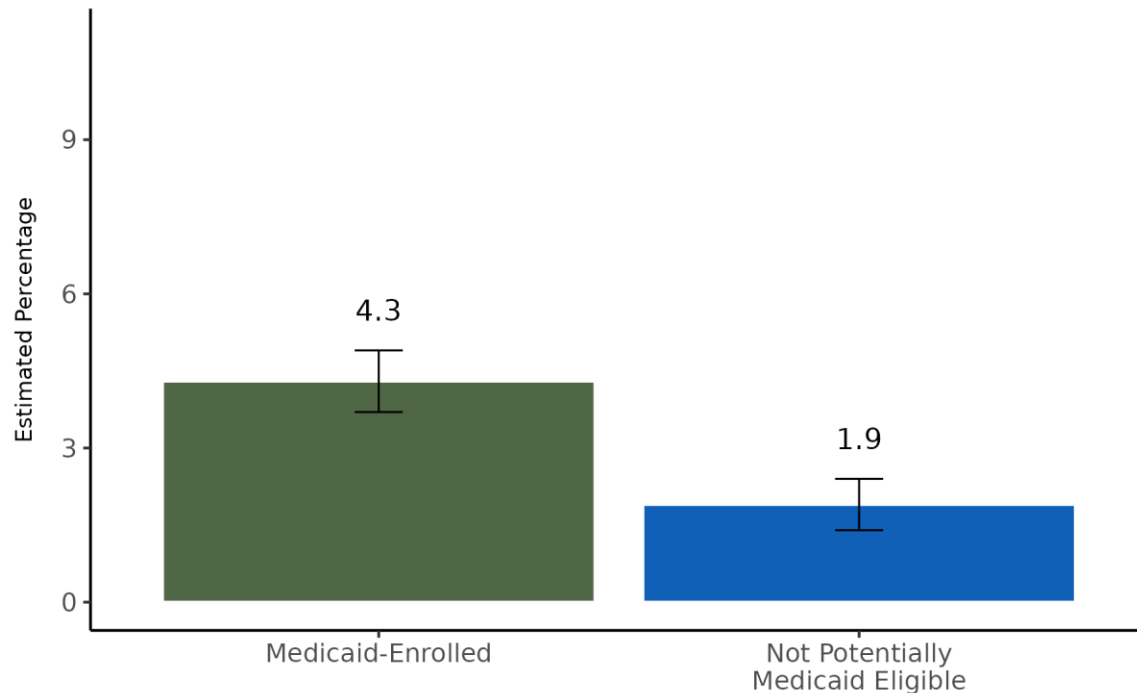
Additional Insights for 2023 (Results Not Shown)

- Prevalence of asthma was higher in females aged 19-64 on Medicaid (27.9%, CI: 26.9-28.9) and those potentially Medicaid eligible (21.5%, CI: 17.8-25.1) compared to those who are not potentially Medicaid eligible (16.5%, CI: 15.3-17.7).
- Black females (25%, CI: 23.3-26.7) had higher prevalence of asthma compared to White females (19.6%, CI: 18.5-20.6).

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

Gestational diabetes prevalence higher among females with Medicaid

Prevalence of Being Diagnosed with Diabetes Only During Pregnancy Among Ohio Females (Aged 19-44) by Medicaid Eligibility Status 2023



OMAS 2023
Vertical bars represent 90% CIs

- Among young females ages 19-44 with Medicaid, a modestly higher prevalence were only ever diagnosed with diabetes during pregnancy (4.3%), compared to females who are not potentially Medicaid eligible (1.9%). (No data were available for females who were potentially Medicaid eligible.)

Additional Insights for 2023 (Results Not Shown)

- Prevalence of only being diagnosed with diabetes during pregnancy was similar for White and Black females, with 3.0% (CI: 2.3-3.7) of White females and 3.5% (CI: 2.7-4.4) of Black females were ever diagnosed with diabetes only during pregnancy.

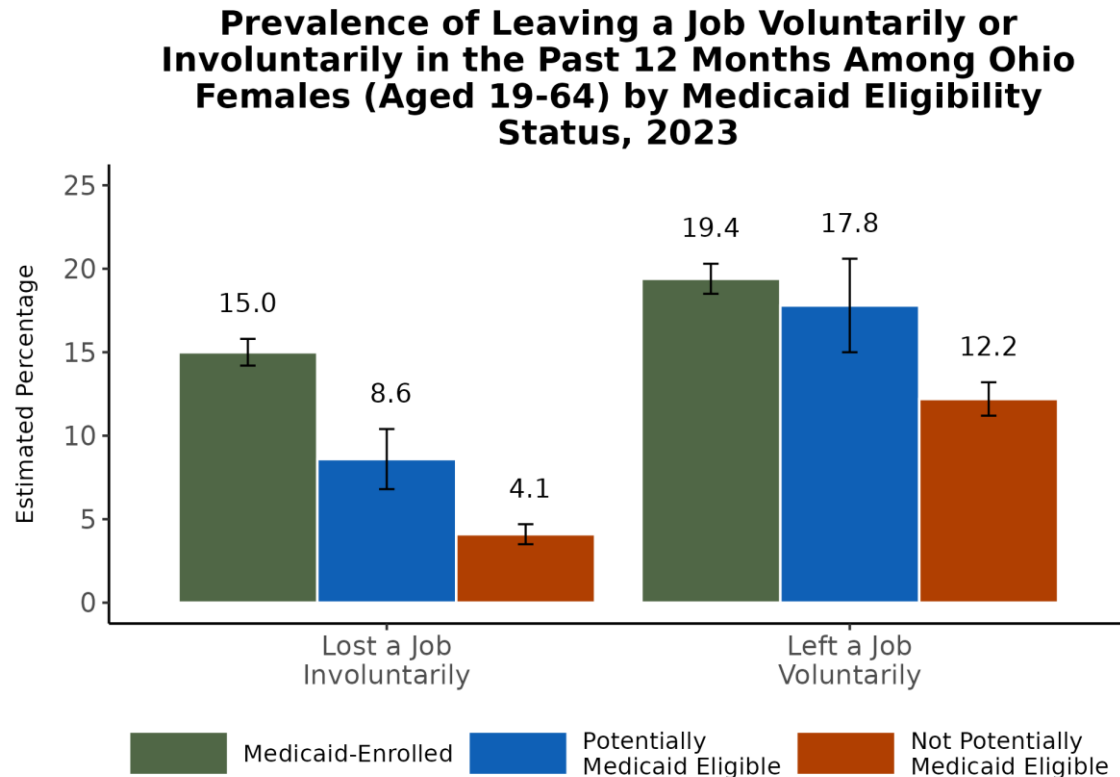
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

RESULTS: NEEDED COMMUNITY SERVICES AND SUPPORTS

Financial difficulty, employment, community problems



More Ohio females (aged 19-64) with Medicaid reported a job loss within the past 12 months



OMAS 2023

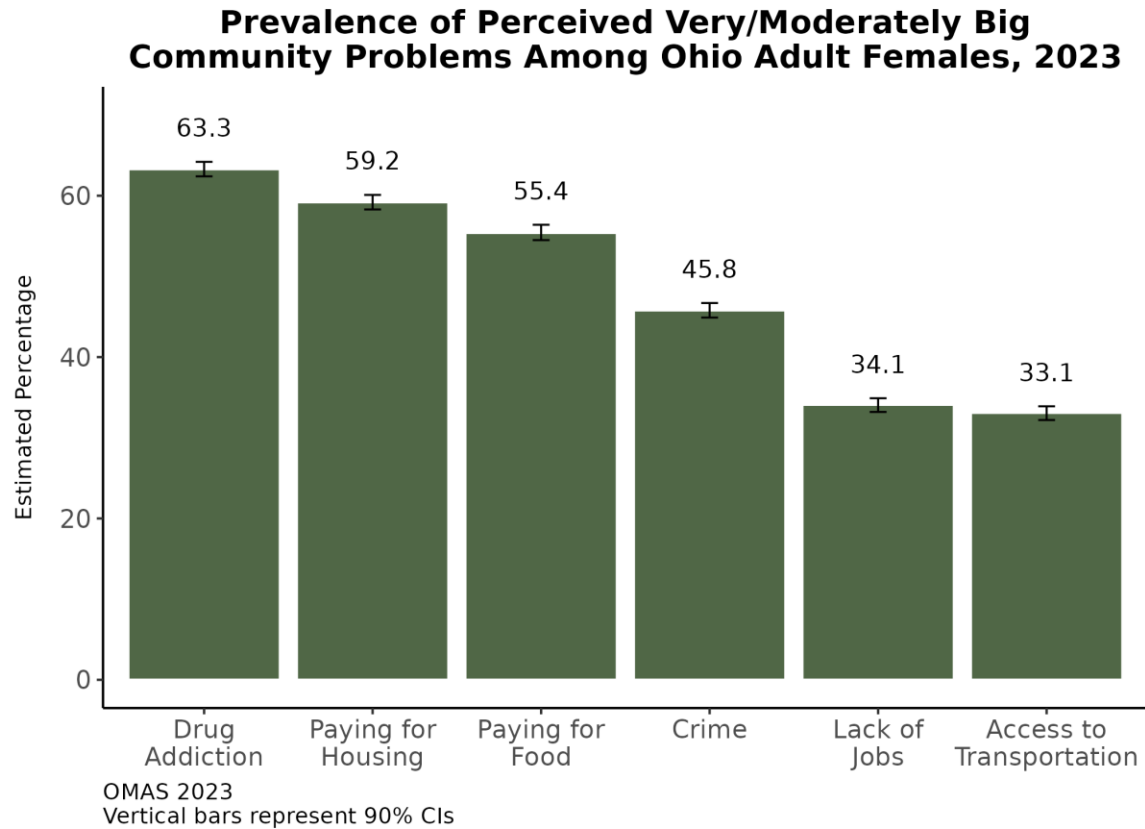
Vertical bars represent 90% CIs

Involuntary job loss is defined as getting fired, let go, or laid off

- Approximately 15% of Ohio females (ages 19-64) who were enrolled in Medicaid lost a job involuntarily in the previous 12 months, a higher prevalence than females potentially Medicaid eligible or not potentially Medicaid eligible.
- The prevalence of Ohio females (19-64) who left a job voluntarily within the past 12 months was similar for Medicaid-enrolled and potentially Medicaid eligible Ohio females.

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

Nearly half of females see drug addiction, paying for housing & food as big problems in their communities



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

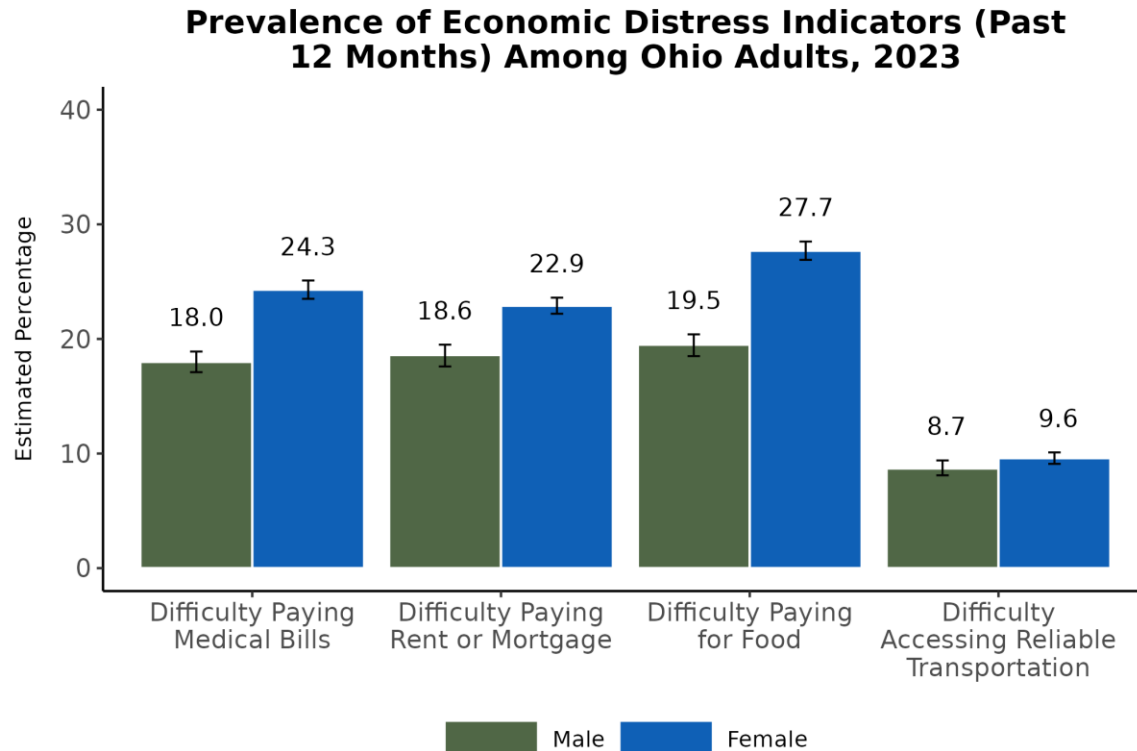
Women's Health, 2023 OMAS

- Ohio females' perception of issues as very or moderately big problems in their communities varied across issue with 63.3% viewing drug addiction as a very or moderately big problem compared to 33.1% viewing access to transportation as one.

Additional Insights for 2023 (Results Not Shown)

- Across the board, females had a higher prevalence of perceived very/moderately big community problems than males. For example, 55.4% (CI: 54.5-56.4) of females compared to 40.2% (CI: 38.9-41.4) of males perceived paying for food is a moderately big or very big problem in their communities.
- A higher percentage of females of reproductive ages (ages 19-44) viewed paying for housing and paying for food as moderately big or very big problems in their communities than females aged 45-64.

Economic distress indicators higher for females



OMAS 2023
Vertical bars represent 90% CIs

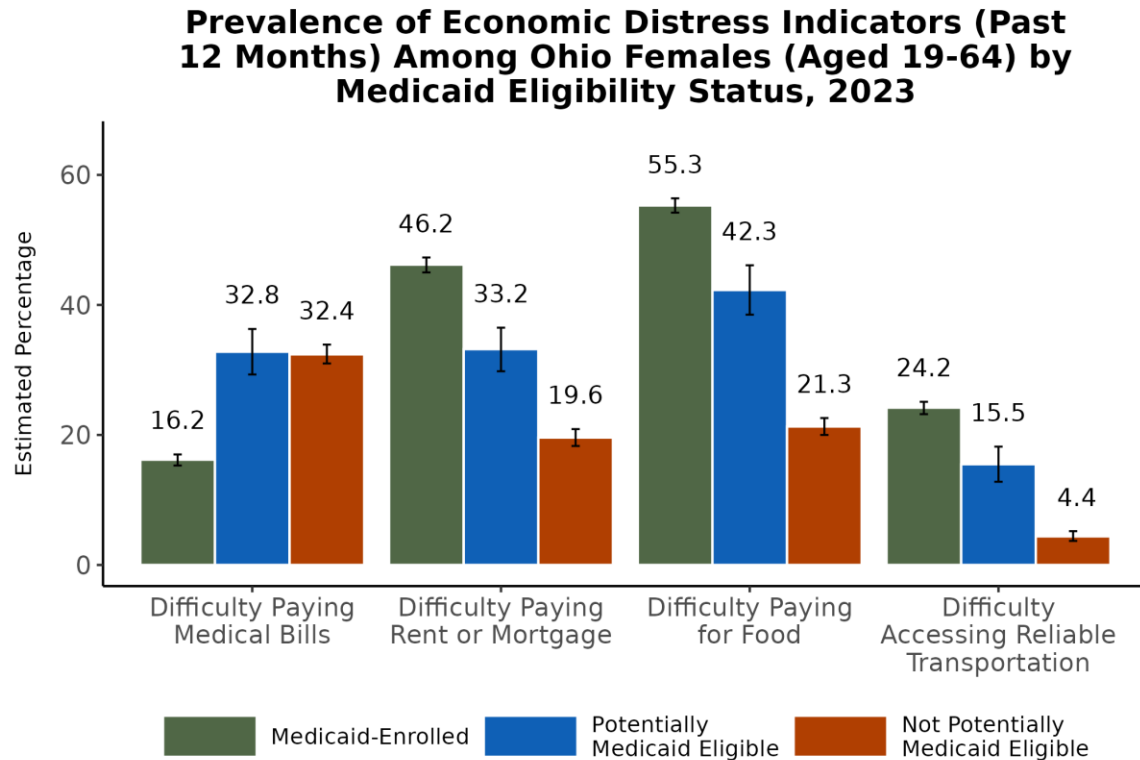
- In 2023, female Ohioans had higher prevalence of difficulty paying for food (27.7%), difficulty paying medical bills (24.3), and difficulty paying rent or mortgage (22.9%) compared to male Ohioans (19.5%, 18%, and 18.6%, respectively).

Additional Insights (Results Not Shown)

- In 2023, nearly 1 in 4 Ohioans had economic distress related to difficulty paying for medical bills (21.3%, CI: 20.7-21.9), rent or mortgage (20.9%, CI: 20.3-21.5), and food (23.8%, CI: 23.2-24.4) in the past 12 months.
- Fewer females had difficulty paying medical bills in 2023 (24.3%, CI: 23.5-25.1), compared to 2019 (28.2%, CI: 27.3-29.2).

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

Economic distress indicators higher for females with Medicaid, except paying medical bills

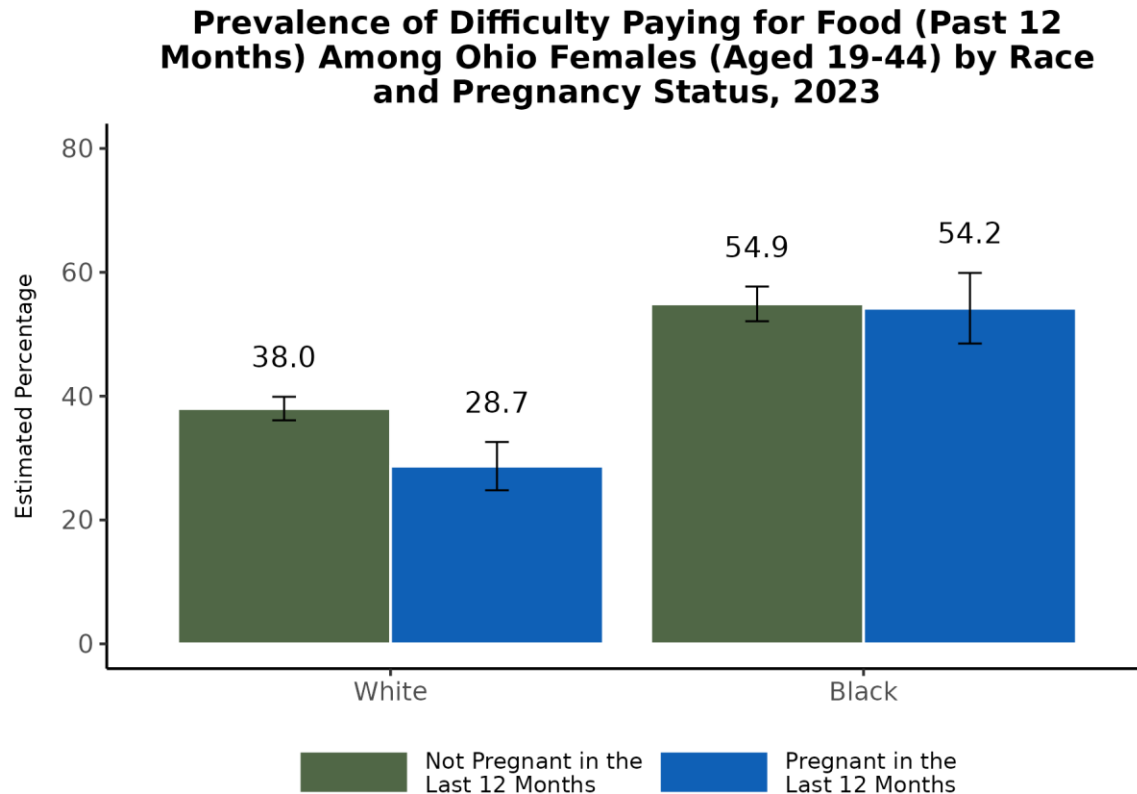


OMAS 2023
Vertical bars represent 90% CIs

- In 2023, nearly half of Ohio females (ages 19-64) with Medicaid reported difficulty paying rent or mortgage (46.2%) and difficulty paying for food (55.3%). Nearly 1 in 4 Ohio females with Medicaid had difficulty accessing reliable transportation (24.2%).
- Females (19-64) with Medicaid had the lowest prevalence of difficulty paying medical bills (16.2%). Females (19-64) who were potentially Medicaid eligible and not potentially Medicaid eligible had similar prevalence of difficulty paying medical bills.

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

Fewer white females had difficulty paying for food when pregnant



- In 2023, White female Ohioans who were pregnant in the last 12 months had a lower prevalence difficulty paying for food in the past 12 months (28.7%) compared to White females who were not pregnant in the last 12 months (38.0%).
- Black female Ohioans had a higher prevalence of difficulty paying for food overall, regardless of pregnancy status.

Additional Insights for 2023 (Results Not Shown)

- A similar pattern was found by race and pregnancy status for difficulty accessing reliable transportation.

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

Summary of Results

Usual Source of Health Care: In 2023, the prevalence of having a usual source of health care decreased for all Ohioans, but the prevalence decreased faster for female Ohioans who are potentially Medicaid eligible and those with Medicaid, suggesting a connection between having a usual source of health care and poverty.

Telehealth Utilization: In 2023, nearly 3 in 4 Ohioans never attended a health care appointment via telehealth within the past 12 months. However, females had a higher prevalence of using telehealth at all frequency levels. Telehealth utilization among Ohio females varied across Medicaid status, with Medicaid members having the greatest utilization frequency (3 or more appointments in the past 12 months).

Unmet Health Care Needs: In 2023, the prevalence of unmet dental, vision, mental health, and prescription needs was higher for Ohio females than for males, especially unmet dental care needs for females with Medicaid. Finding a provider who accepts Medicaid was the top reported reason for unmet dental, vision, and mental health care needs among this group. Coverage, cost, and running out of refills were the top reasons for unfilled prescriptions among this group.

Self-Rated Health Status: In 2023, the prevalence of good, very good, or excellent self-rated overall health increased among all Ohioans, but the prevalence for fair/poor self-rated overall health remains higher for female Ohioans. The prevalence of fair/poor self-rated mental health is higher for Ohio females relative to Ohio males, especially among younger Ohio females ages 19-24. Loneliness is increasing faster for Ohio females than it is for Ohio males, and females had a higher prevalence of loneliness in 2023.

Summary of Results, continued

Health Behaviors: The prevalence of smoking cigarettes decreased among Ohio females from 2019 to 2023, but the prevalence of vaping/e-cigarette use increased over the same period. The prevalence of binge drinking remained the same in 2023 as 2021.

Chronic Conditions: In 2023, Ohio females had a lower prevalence of heart disease and hypertension but a higher prevalence of asthma than males. The prevalence of most chronic diseases among Ohio females increased with age; the exception was asthma, which was more prevalent in younger females. Asthma was also more prevalent among Ohio females with Medicaid. Black females in Ohio had a higher prevalence of hypertension, asthma, and diabetes.

Needed Community Services and Supports: In 2023, Ohio females had a higher prevalence of economic distress than Ohio males, especially females with Medicaid. White females who were being pregnant within the past 12 months had a lower prevalence of difficulty paying for food relative to White females who were not pregnant within the past 12 months as well as all Black females (regardless of pregnancy status). Close to half of Ohio females see drug addiction, paying for housing, and paying for food as big problems in their communities.

References

1. Anspach, R. R. (2010). Gender and health care. In E. Bird, P. Conrad, A. M. Fremont, & S. Timmermans (Eds.), *Handbook of Medical Sociology* (6th ed., pp.229-248). Vanderbilt University Press.
2. Longest, K. C., & Thoits, P. A. (2012). Gender, the stress process, and health: A configurational approach. *Society and Mental Health* 2(3), 187-206.
3. Long, M., Frederiksen, B., Ranji, U., Salganicoff, A., & Diep, K. (2022). *Experiences with health care access, cost, and coverage: Findings from the 2022 KFF women's health survey*. Kaiser Family Foundation. <https://www.kff.org/womens-health-policy/report/experiences-with-health-care-access-cost-and-coverage-findings-from-the-2022-kff-womens-health-survey/>
4. Harlow, S.D., Burnett-Bowie, S. M., Greendale, G. A., Avis, N. E., Reeves, A. N., Richards, T. R., & Lewis, T. T. (2022). Disparities in reproductive aging and midlife health between black and white women: The study of women's health across the nation (SWAN). *Women's Midlife Health*, 8, 1-17.
5. Upchurch, D. M., Stein, J., Greendale, G. A., Chyu, L., Tseng, C., Huang, M., Lewis, T., Kravitz, H., & Seeman, T. (2015). A longitudinal investigation of race, socioeconomic status, and psychosocial mediators of allostatic load in midlife women: Findings from the Study of Women's Health Across the Nation. *Psychosomatic Medicine*, 77(4), 402-12.
6. Balistreri, K. S., Menegay, M., Canfield-Simbro, B., Conrey, E., Farmer, A., Kim, Y., Roberts, M., Rosebrook, H. M., & Schmidt, S. (2021). *Women's health in Ohio: 2019 Update*. The Ohio Colleges of Medicine Government Resource Center. http://grc.osu.edu/sites/default/files/inline-files/OMAS_womenshealth_2019.pdf

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