



## Chart Book #8

# Lucas County Profile Minority Health 2004

**The Ohio Department of Health**

<http://www.odh.ohio.gov>

*To protect and improve the health of all Ohioans*

Bob Taft  
Governor

J. Nick Baird, M.D.  
Director of Health

# **Chart Book #8**

## **Lucas County Profile Minority Health 2004**

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## About The Ohio Family Health Survey (OFHS)

The 2004 Ohio Family Health Survey (OFHS) is the second round of the OFHS, which was originally conducted in 1998 by the Ohio Department of Health (ODH). The 2004 OFHS was conducted by the Ohio Department of Job and Family Services (ODJFS), with participation from ODH and research partners including the Health Policy Institute of Ohio, the Cuyahoga County Department of Job and Family Services, the Center for Community Solutions (formerly Cleveland Federation for Community Planning), the Franklin County Department of Job and Family Services and the Franklin County Health Department.

The 2004 OFHS includes measures of health insurance coverage; health status; tobacco use and caregiving; utilization and quality of health care services and access to care; and unmet health needs. ORC Macro, International, administered the telephone survey beginning in late 2003 through August 2004. The survey is a stratified sample of the community-dwelling population of Ohio. A portion of the sample was targeted to obtain coverage of census tracts with large minority populations and additional minority respondents were sought by obtaining commercially available lists of Hispanic and Asian surnames. The survey was weighted based on the stratified sampling design and the over-sample of minorities, enabling the survey data to generate estimates about the entire Ohio population. Interviews were conducted with one adult in 39,953 Ohio households. Information was also gathered for 15,447 children (ages 0-17) from interviews with adult family members. The number of interviews included 44,214 white, non-Hispanics; 5,396 black, non-Hispanics; 978 Asian, non-Hispanics; 416 Native American, non-Hispanics; 3,710 Hispanics; and 686 other unknown race/ethnicity Ohioans.

For additional information about the second round of the OFHS, see the OFHS Web site at <http://jfs.ohio.gov/ohp/reports/famhlthsurv.stm> or contact ODJFS Communications at 614-466-6650.

## Chart Book Notes and Definitions

- It is important to note data presented in this chart book do not control for selected variables. Differences in racial groups may be partially due to differences in other variables such as education, income, age and marital status. Information in this chart book is typically presented as a percent of the population surveyed.
- Differences between population groups are noted when the difference is statistically significant at the .05 level unless otherwise stated. In general, this means the reported difference has a 95 percent or better chance of reflecting an accurate difference between populations. When information presented in this report is not significant, the terms “similar,” “no difference” or “not significant” are utilized to describe the data. When presenting items that are significant, terms such as “more likely” or “less likely” are utilized. Statistical significance does not necessarily imply clinical significance. Very small differences may be statistically significant without being considered important in the overall assessment of racial/ethnic differences.
- For the purposes of this report, the race/ethnicity categories of white, non-Hispanic; black, non-Hispanic; and Hispanic were utilized for adults. Whenever possible, all of the racial/ethnic groups are utilized in analysis; however, due to small numbers of respondents in Lucas County, Asian non-Hispanics; and Native American, non-Hispanics were excluded from this report as separate groups. All racial/ethnic groups are included in the county and state totals.
- Insurance data presented in this report are based on the person’s primary insurance. In cases where the respondent had both employer-based and another type of insurance, employer-based was considered primary. For cases of dual Medicaid/Medicare coverage, Medicaid was considered primary. “Other” insurance may include (but is not limited to) coverage such as student health insurance, directly purchased insurance, military or veterans coverage.
- The federal poverty level (FPL) varies by family size; for 2003, the year most respondents were asked about their income, the FPL for a family of four was \$18,400. “Poverty” refers to income 100 percent or less of the FPL; “near poverty” refers to income between 101 and 150 percent of the FPL; “low income” refers to income between 151 and 200 percent of the FPL; and “middle/high income” refers to income greater than 201 percent of the FPL.
- References to coverage or health care experiences during the past year refer to the 12-month period prior to the date the respondent was surveyed.
- For the purposes of this report, “estimate may not be reliable” refers to high sampling variability, where the ratio of the standard error to the estimate is greater than 30 percent. This is generally due to a small number of respondents.
- Proportions of unknown or missing responses are presented only when these are at least 5 percent.

- For the purposes of this report, discussion refers to Lucas County. Ohio data are provided for reference purposes only. No statistical comparisons were made between Lucas County and Ohio data.
- Adult respondents with special health care needs are reported to have had at least one of the following five consequences of a health condition that lasted or is expected to last at least one year: (1) the use of or need for prescription medication, other than vitamins or birth control; (2) the use of or need for medical care, mental health or other health services on a regular basis; (3) the use of or need for treatment or counseling for a mental health, substance abuse or an emotional problem; (4) difficulty or the need for assistance in doing day-to-day activities; and (5) the use of or need for special therapy such as physical, occupational or speech therapy.

## Lucas County Profile Minority Health, 2004

### Key Findings

**Among Lucas County's largest racial and ethnic minorities, black and Hispanic adults were more likely to be uninsured than any other racial/ethnic group.** More than 22 percent of black and 20.6 percent of Hispanic adults lacked health insurance, compared to 10.8 percent of white adults.

**Black adults in Lucas County were more likely than white and Hispanic adults to have Medicaid health care coverage.** Approximately 30 percent of black adults had health care coverage through Medicaid, compared to 8 percent of white and Hispanic adults.

**When insurance coverage was available, white and Hispanic adults in Lucas County were more likely than black adults to lack coverage for vision and dental care.** Approximately 34 percent of white and 25 percent of Hispanic adults in Lucas County lacked coverage for vision care, compared to about 14 percent of black adults. About 31 percent of white and 27 percent of Hispanic adults lacked coverage for dental care, compared to 16.7 percent of black adults.

**Poor/fair health status was more likely to be reported by black adults in Lucas County than white and Hispanic adults.** More than 32 percent of black adults reported poor/fair health, compared to 14.6 percent of white and 15.7 percent of Hispanic adults.

**White and black adults in Lucas County were more likely than Hispanic adults to report they had special health care needs.** More than 48 percent of white and 47.2 percent of black adults reported they had special health care needs, compared to 32.4 percent of Hispanic adults.

**Assistance with day-to-day activities was more likely to be needed by black adults than white adults in Lucas County.** Nearly 14 percent of black adults reported they needed assistance with day-to-day activities, compared to 6.9 percent of white adults.

**Black adults in Lucas County were more likely to report they had hypertension than any other racial/ethnic group.** More than 36 percent of black adults had been told they had hypertension, compared to 27.2 percent of white and 17.1 percent of Hispanic adults.

**Black adults in Lucas County were more likely than white and Hispanic adults to report they were current smokers.** More than 37 percent of black adults reported they were current smokers, compared to 29.5 percent of white and 23 percent of Hispanic adults.

**Black and Hispanic adults in Lucas County were more likely than white adults to lack a usual doctor (for those adults with a usual source of health care).** More than 13 percent of black and nearly 18 percent of Hispanic adults were not usually seen by the same doctor when seeking health care services, compared to 6.8 percent of white adults.

**The emergency room was more likely to be a usual source of care for black adults compared to white adults in Lucas County.** Nearly 10 percent of black adults used the emergency room as their usual source of health care, compared to 4.3 percent of white adults.

**White adults in Lucas County were more likely than black and Hispanic adults to report a need for specialist care.** Nearly 46 percent of white adults needed specialist care; this compared to 37.8 percent of black and 32.1 percent of Hispanic adults.

**Black adults in Lucas County were more likely than white adults to report an unmet dental need.** More than 18 percent of black adults reported an unmet dental need; this compared to 11.3 percent of white adults.

**Black adults in Lucas County were more likely than white adults to report an unmet prescription drug need.** More than 20 percent of black adults reported an unmet prescription need; this compared to 13.5 percent of white adults.

**Black adults in Lucas County were more likely than any other racial/ethnic group to delay obtaining medical treatment.** More than 29 percent of black adults reported they delayed obtaining medical treatment; this compared to 17.2 percent of white and 19.4 percent of Hispanic adults.

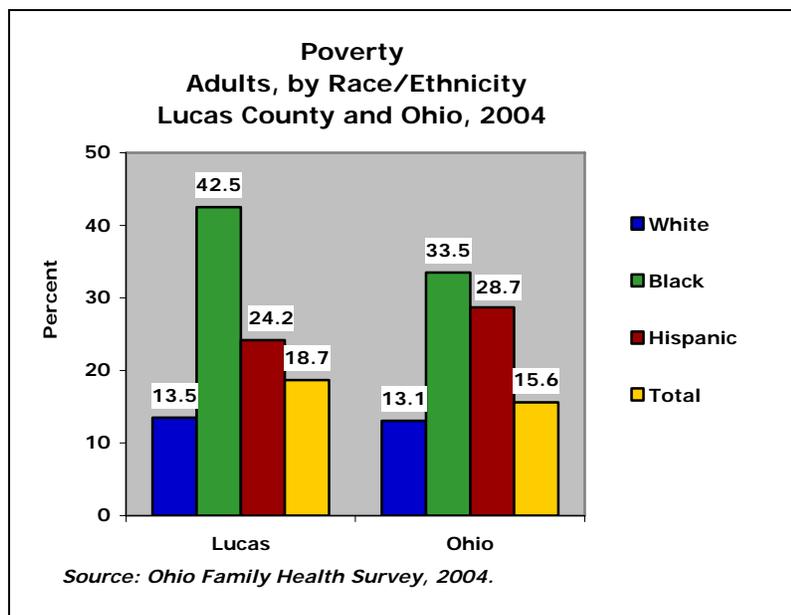
**White and black adults in Lucas County were more likely than Hispanic adults to have an overnight hospital stay.** Nearly 14 percent of white and 15 percent of black adults had at least one overnight hospital stay; this compared to 8.3 percent of Hispanic adults.

**Black adults in Lucas County were more likely than any other racial/ethnic group to have an emergency room visit.** More than 35 percent of black adults had at least one emergency room visit; this compared to 25 percent of white and 21.9 percent of Hispanic adults.

**Black adults in Lucas County were more likely than white adults to go without a dental visit for more than three years.** Nearly 23 percent of black were without a dental visit for more than three years; this compared to 16.5 percent of white adults.

## I. Demographics

Figure 1.



- Black adults in Lucas County were more likely than any other group to be living in poverty.
- Hispanic adults were more likely than white adults to be living in poverty.
- More than two out of five black and one out of four Hispanic adults lived in poverty, compared to just over one out of 10 white adults.

Table 1.

Income	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Poverty	13.5	42.5	24.2	18.7	13.1	33.5	28.7	15.6
Near Poverty	9.0	16.7	15.9	10.4	9.7	12.0	14.0	10.1
Low Income	9.3	9.7	11.5	9.4	10.8	10.8	11.2	10.8
Middle/High Income	68.1	31.2	48.4	61.6	66.4	43.7	46.1	63.5
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
Source: Ohio Family Health Survey, 2004.

- Black adults (59.2 percent) were more likely than Hispanic (40.1 percent) and white adults (22.5 percent) to be living in poverty or near poverty conditions.
- Hispanic adults (40.1 percent) were more likely than white adults (22.5 percent) to be living in poverty or near poverty conditions.
- White adults were more likely than black or Hispanic adults to have middle to high incomes. More than two-thirds of white adults had middle to high incomes, while less than half of Hispanic and less than one-third of black adults had such incomes.

Table 2.

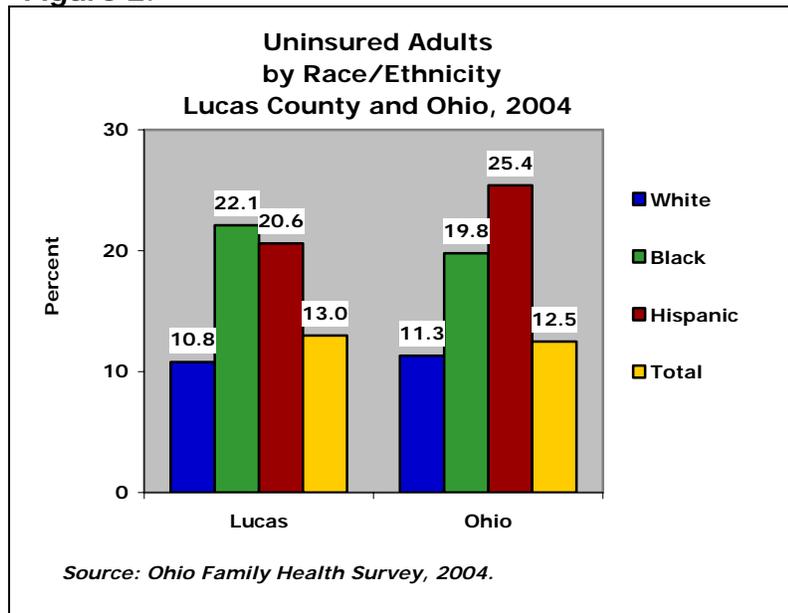
Educational Attainment, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Educational Attainment	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Less than High School	10.6	22.5	24.5	12.9	10.4	16.9	26.7	11.4
High School Graduate	39.5	44.5	45.4	40.1	46.1	44.5	39.7	45.5
Some College	20.9	17.3	17.1	20.3	17.1	21.6	14.0	17.4
Associates Degree	9.6	7.7	4.9	9.1	7.5	7.0	6.9	7.5
College Degree (4 Year)	12.3	5.5	6.6	11.1	11.8	6.3	8.0	11.3
Advanced College Degree	7.1	2.4**	1.4**	6.5	7.1	3.6	4.7	7.0
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
 \*\*The estimate may not be reliable.  
 Source: Ohio Family Health Survey, 2004.

- Black (22.5 percent) and Hispanic adults (24.5 percent) were more likely than white adults (10.6 percent) to leave high school prior to graduation.
- White (12.3 percent) adults were more likely than black (5.5 percent) and Hispanic adults (6.6 percent) to graduate with a four-year college degree.

## II. Health Insurance

Figure 2.



- Black (22.1 percent) and Hispanic adults (20.6 percent) were more likely to be uninsured than white adults (10.8 percent).

**Table 3.**

Insurance Type, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Insurance Type	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Job-based	64.7	35.1	59.9	59.9	64.5	48.9	53.8	62.5
Medicaid	8.0	29.6	8.0	11.4	8.0	20.9	11.8	9.5
Medicare/Other	16.5	13.2	11.5	15.7	16.2	10.4	9.1	15.5
Uninsured	10.8	22.1	20.6	13.0	11.3	19.8	25.4	12.5
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
 Source: Ohio Family Health Survey, 2004.

- White (64.7 percent) and Hispanic adults (59.9 percent) were more likely to have job-based health care coverage than black adults (35.1 percent).
- Black adults (29.6 percent) were more likely to have Medicaid coverage for health care than any other group.
- Black (22.1 percent) and Hispanic adults (20.6 percent) were more likely to be uninsured than white adults (10.8 percent).

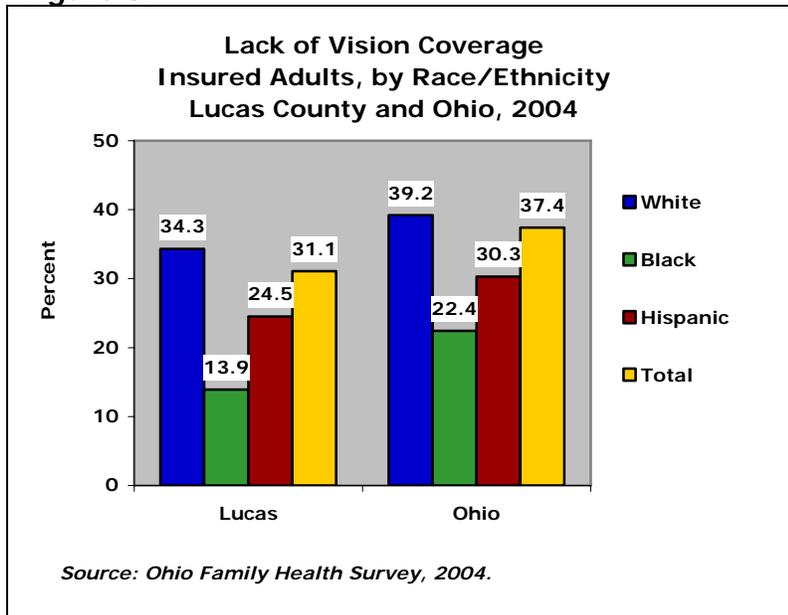
**Table 4.**

Mental Health Coverage of Insured Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Mental Health Coverage	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Covered	64.8	68.5	67.3	65.4	64.4	69.0	64.0	64.6
Not Covered	12.1	15.0	14.0	12.6	12.3	12.0	12.7	12.4
Unknown	23.2	16.5	18.7	22.1	23.3	19.0	23.2	23.0
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
 Source: Ohio Family Health Survey, 2004.

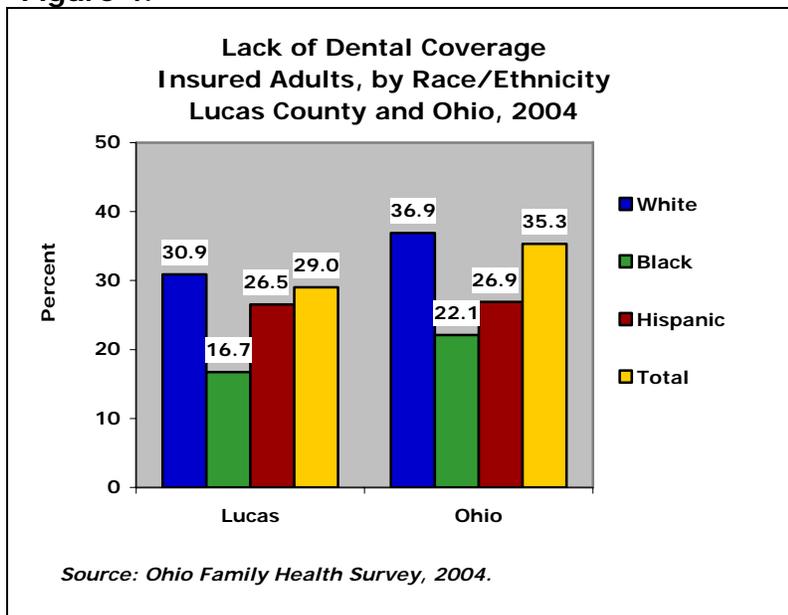
- Among adults with health insurance coverage, there were no significant differences in the percent of adults who lacked mental health coverage.

**Figure 3.**



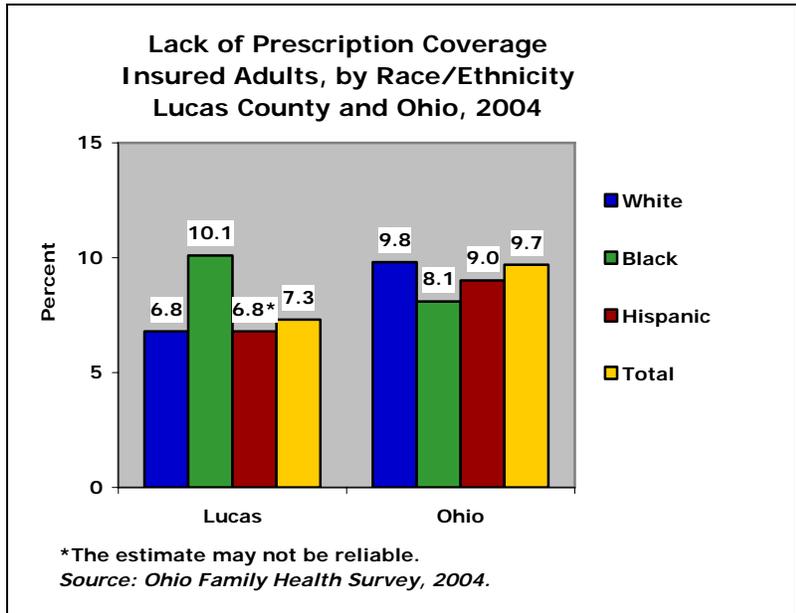
- White adults (34.3 percent) with health insurance coverage were more likely than Hispanic (24.5 percent) and black adults (13.9 percent) to lack vision coverage.
- Hispanic adults (24.5 percent) with health insurance coverage were more likely than black adults (13.9 percent) to lack vision coverage.

**Figure 4.**



- White (30.9 percent) and Hispanic adults (26.5 percent) with health insurance coverage were more likely than black adults (16.7 percent) to lack dental coverage.

Figure 5.



- Among adults with health insurance coverage, there were no significant differences in the percent that lacked prescription drug coverage.

Table 5.

Doctor Rating	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Below Average	5.2	6.1	6.1**	5.3	4.8	6.0	5.6	5.0
Average	10.9	13.2	14.0	11.7	10.3	13.3	12.0	10.7
Good	26.3	24.4	24.3	26.0	28.0	26.8	30.3	28.1
Very Good/Excellent	57.6	56.3	55.7	57.0	56.9	53.9	52.2	56.2
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
\*\*The estimate may not be reliable.  
Source: Ohio Family Health Survey, 2004.

- Just over half of insured adults in each racial/ethnic group rated their choice of doctors as very good to excellent.
- There were no racial/ethnic differences in the rating of choice of doctors for those adults who had health insurance.

**Table 6.**

Rating of Access to Emergency Room Care, for those Insured, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Emergency Medical Care Rating	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Below Average	2.6	7.0**	2.8**	3.3	3.4	7.5	3.7	3.9
Average	6.9	8.6	7.3**	7.2	6.8	9.3	9.1	7.1
Good	20.7	24.5	18.7	21.1	22.4	25.4	24.3	22.8
Very Good/Excellent	64.3	58.0	63.6	63.3	62.1	53.6	56.4	60.8
Unknown	5.5	2.0**	7.7**	5.1	5.4	4.3	6.5	5.4
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
*Total may not equal 100 percent due to rounding.								
**The estimate may not be reliable.								
Source: Ohio Family Health Survey, 2004.								

- More than half of insured adults in each racial/ethnic group rated their access to emergency room care as very good to excellent.
- There were no racial/ethnic differences in the rating of access to emergency room care for those adults who had health insurance.

**Table 7.**

Rating of Amount Paid for Medical Services, for those Insured, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Payment Rating	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Below Average	13.3	13.2	18.0	13.5	13.4	17.0	14.4	13.8
Average	19.3	14.9	14.6	18.9	20.8	16.4	18.1	20.4
Good	33.8	24.3	22.6	31.9	32.1	25.0	29.6	31.3
Very Good/Excellent	33.5	47.6	44.7	35.6	33.7	41.7	37.9	34.4
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
*Total may not equal 100 percent due to rounding.								
Source: Ohio Family Health Survey, 2004.								

- Insured white adults (33.8 percent) were more likely than insured black (24.3 percent) and Hispanic adults (22.6 percent) to rate the amount paid for medical services good.
- Insured black (47.6 percent) and Hispanic adults (44.7 percent) were more likely than insured white adults (33.5 percent) to rate the amount paid for medical services very good to excellent.

**Table 8.**

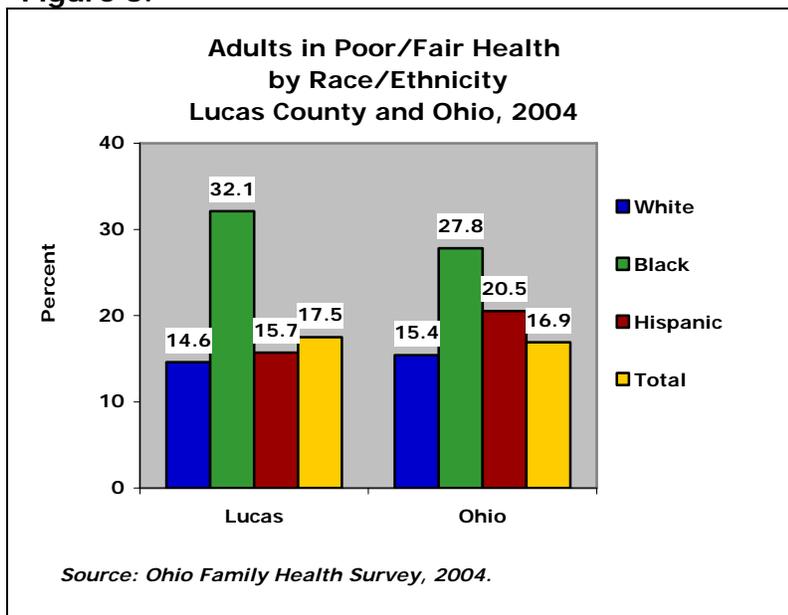
Rating of Benefits Covered, for those Insured, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Benefits Rating	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Below Average	7.9	7.8	9.4**	8.0	7.5	10.4	8.5	7.9
Average	13.8	14.9	13.5	14.2	15.6	14.9	15.5	15.6
Good	37.2	31.3	32.3	36.2	38.2	32.4	35.8	37.7
Very Good/Excellent	41.1	46.0	44.8	41.6	38.6	42.3	40.2	38.8
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
 \*\*The estimate may not be reliable.  
 Source: Ohio Family Health Survey, 2004.

- Nearly half of insured adults in each racial/ethnic group rated their benefits covered as very good to excellent.
- There were no racial/ethnic differences in the rating of benefits covered for those adults who had health insurance.

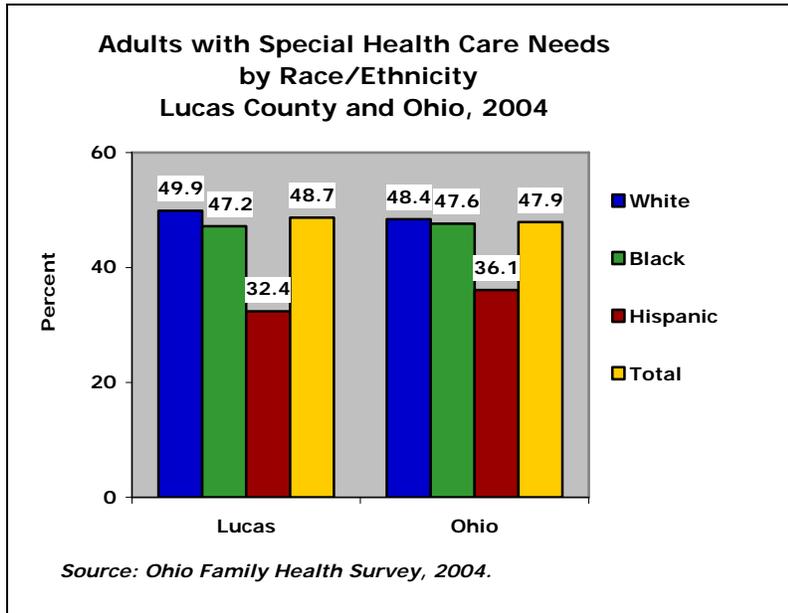
### III. Health Status

**Figure 6.**



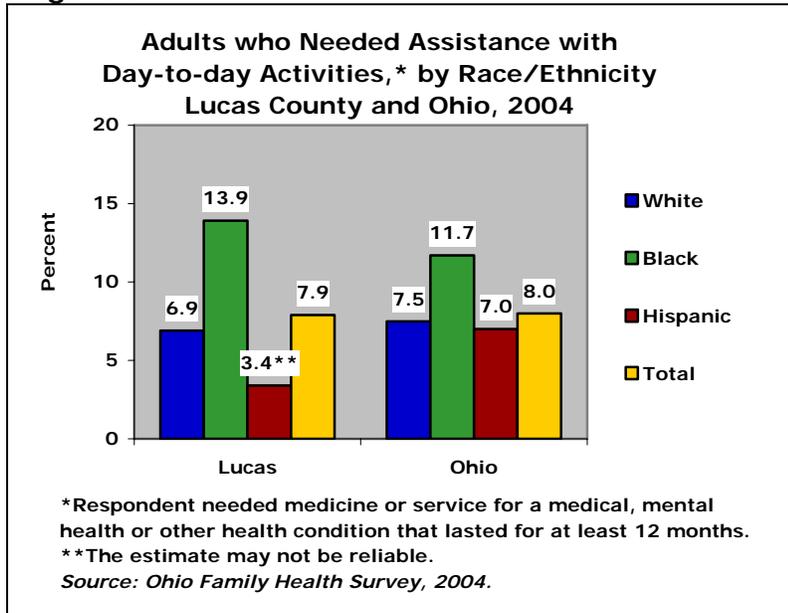
- Black adults (32.1 percent) were more likely than white (14.6 percent) and Hispanic adults (15.7 percent) to report they were in poor/fair health.

Figure 7.



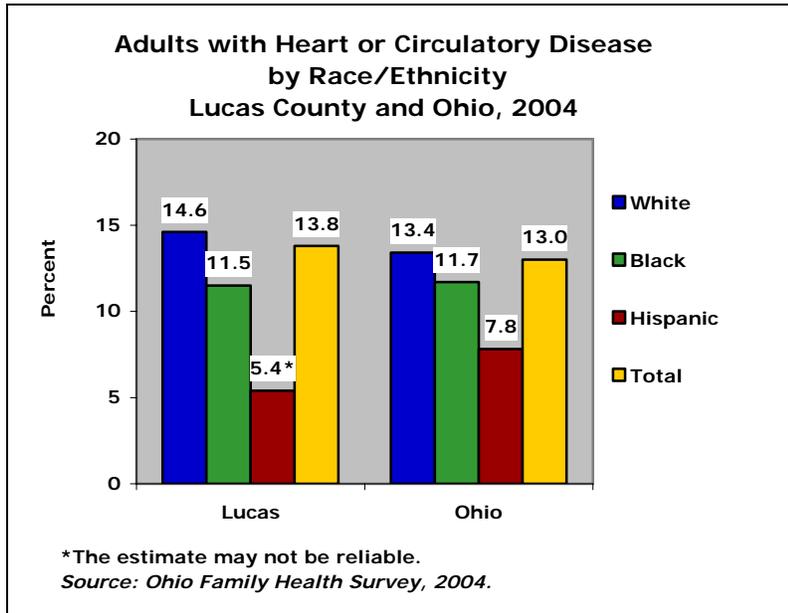
- White (49.9 percent) and black adults (47.2 percent) were more likely than Hispanic adults (32.4 percent) to report they had special health care needs.

Figure 8.



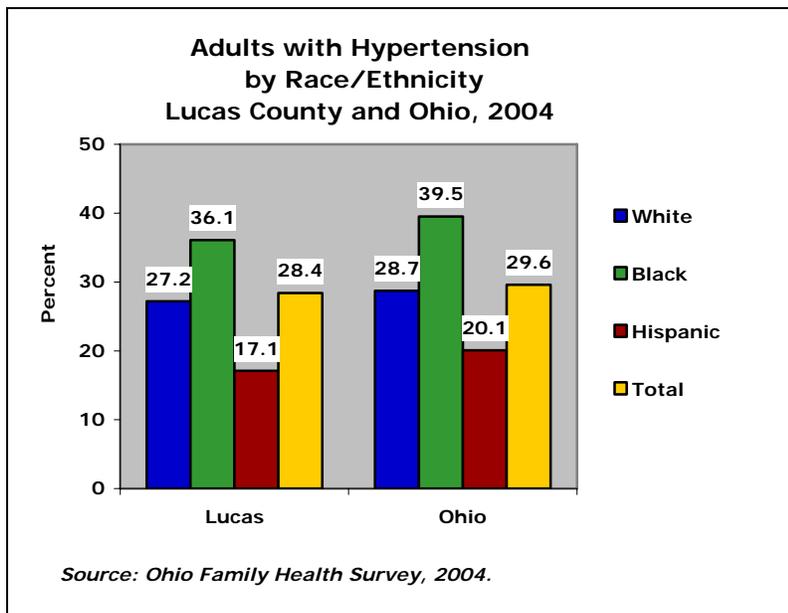
- Black adults (13.9 percent) were more likely than white adults (6.9 percent) to report they needed assistance with their day-to-day activities.

Figure 9.



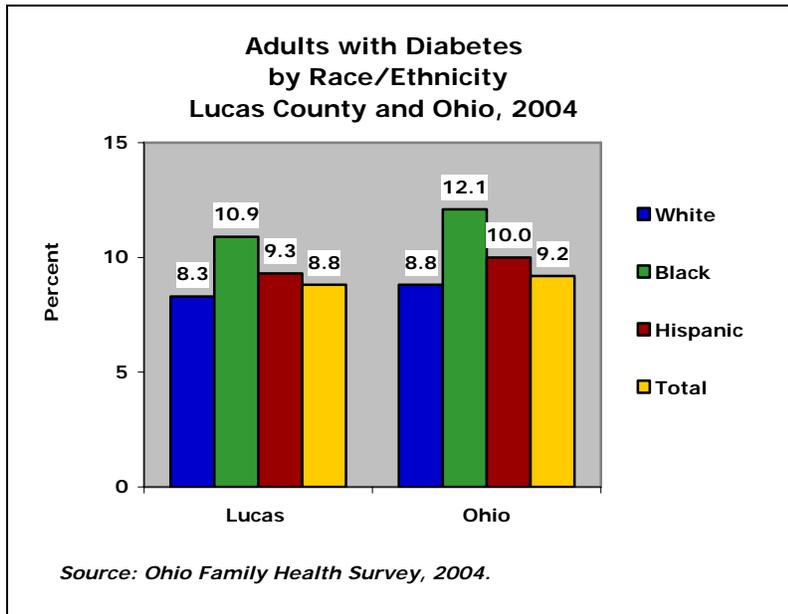
- There were no significant differences by race/ethnicity in the percent of adults with heart or circulatory disease.

Figure 10.



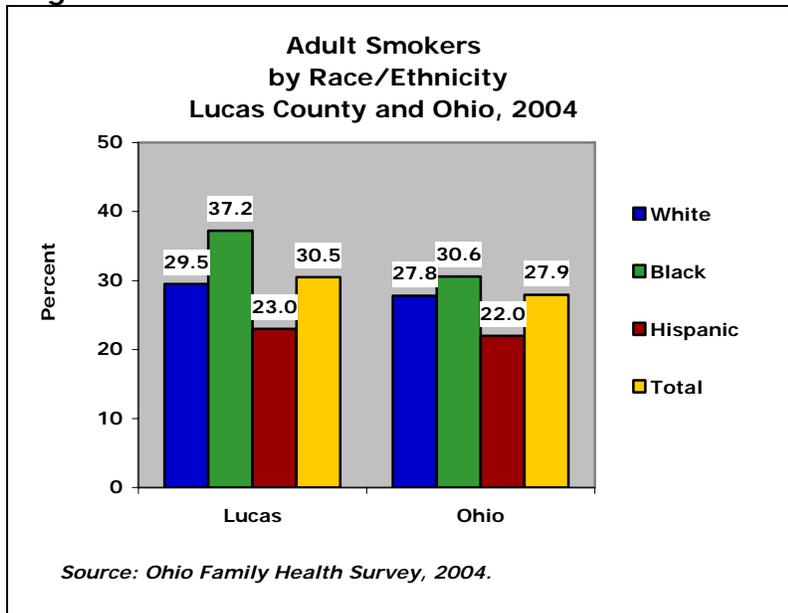
- Black adults (36.1 percent) were more likely than white (27.2 percent) and Hispanic adults (17.1 percent) to have been told they have hypertension.
- White adults (27.2 percent) were more likely than Hispanic adults (17.1 percent) to have been told they have hypertension.

Figure 11.



- There were no significant differences by race/ethnicity in the percent of adults with diabetes.

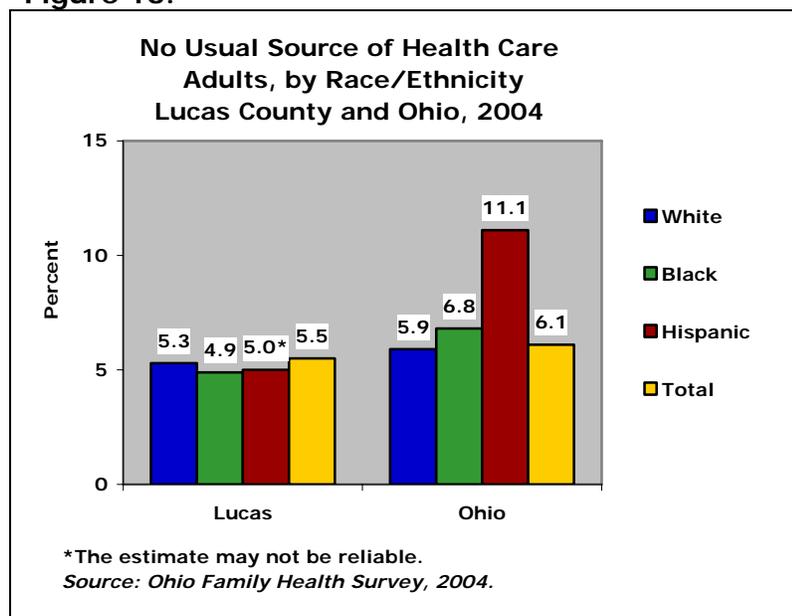
Figure 12.



- Black adults (37.2 percent) were more likely to smoke than white (29.5 percent) and Hispanic adults (23.0 percent).

## IV. Access to Care

Figure 13.



- There were no significant differences by race/ethnicity in the percent of adults that lacked a usual source of health care.

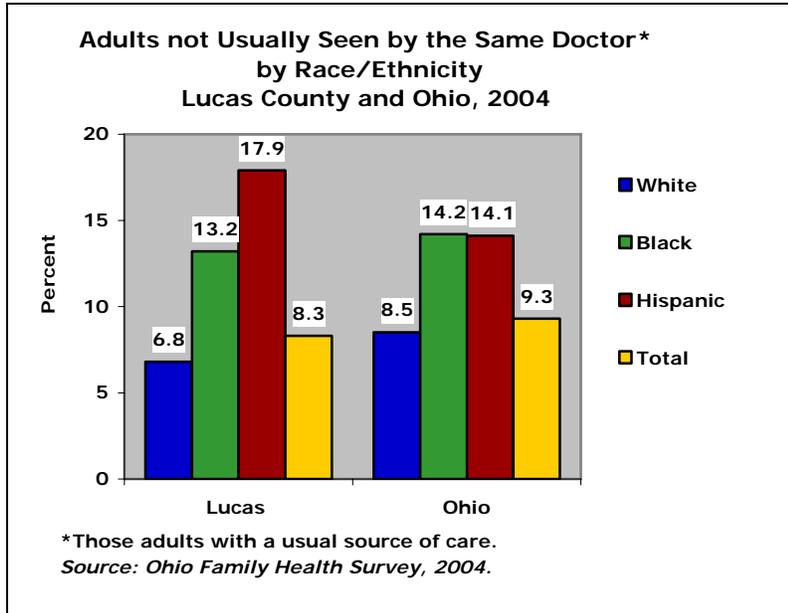
Table 9.

Usual Source of Health Care, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Usual Source of Health Care	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Doctors Office or HMO	83.3	55.8	64.6	78.0	79.0	52.4	57.3	75.7
Clinic or Health Center	8.2	27.1	24.9	11.9	12.6	26.4	26.3	14.4
Hospital Emergency Room	4.3	9.6	8.2	5.3	3.9	9.7	7.4	4.6
Hospital Outpatient Dept.	2.0	6.6	1.4**	2.7	3.2	10.0	7.4	4.0
Other Sources	2.3	0.9**	0.9**	2.1	1.3	1.4	1.6	1.3
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
\*\*The estimate may not be reliable.  
Source: Ohio Family Health Survey, 2004.

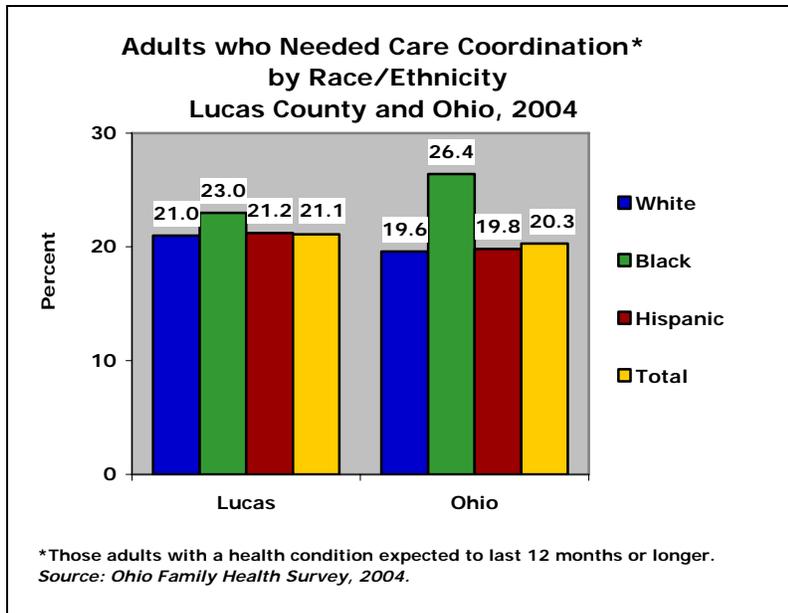
- White adults (83.3 percent) were more likely than black (55.8 percent) and Hispanic adults (64.6 percent) to utilize a doctor's office as their usual source of health care.
- Black (27.1 percent) and Hispanic adults (24.9 percent) were more likely than white adults (8.2 percent) to utilize a clinic as their usual source of health care.
- Black adults (9.6 percent) were more likely than white adults (4.3 percent) to utilize a hospital emergency room as their usual source of health care.
- Black adults (6.6 percent) were more likely than white adults (2.0 percent) to utilize a hospital outpatient department as their usual source of health care.

**Figure 14.**



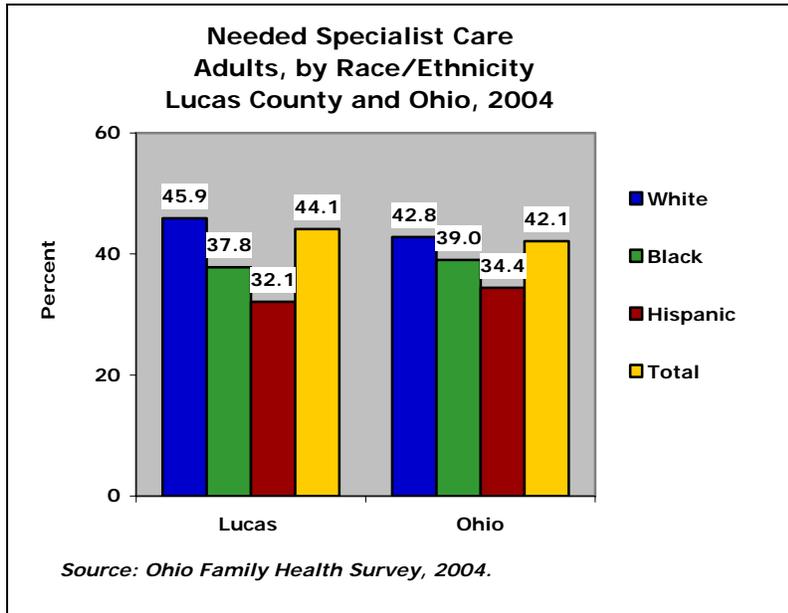
- Black (13.2 percent) and Hispanic adults (17.9 percent) were more likely than white adults (6.8 percent) to lack a usual doctor.

**Figure 15.**



- A similar percentage of white (21.0 percent), black (23.0 percent) and Hispanic adults (21.2 percent), with a health condition expected to last 12 months or longer, reported they needed health care coordination.

Figure 16.



- White adults (45.9 percent) reported a greater need for specialist care than black (37.8 percent) and Hispanic adults (32.1 percent).

Table 10.

Problems Seeing a Specialist	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Big Problem	7.0	11.8	5.3**	7.6	7.8	13.2	8.8	8.4
Small Problem	13.2	8.3**	14.3**	12.6	9.6	9.5	12.7	9.7
Not a Problem	79.8	79.9	80.4	79.8	82.6	77.2	78.5	81.8
Total***	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Those persons who responded that they needed to see a specialist.  
 \*\*The estimate may not be reliable.  
 \*\*\*Total may not equal 100 percent due to rounding.  
 Source: Ohio Family Health Survey, 2004.

- There were no significant differences by race or ethnicity in the percentage of persons who reported they had problems seeing a health care specialist.

**Table 11.**

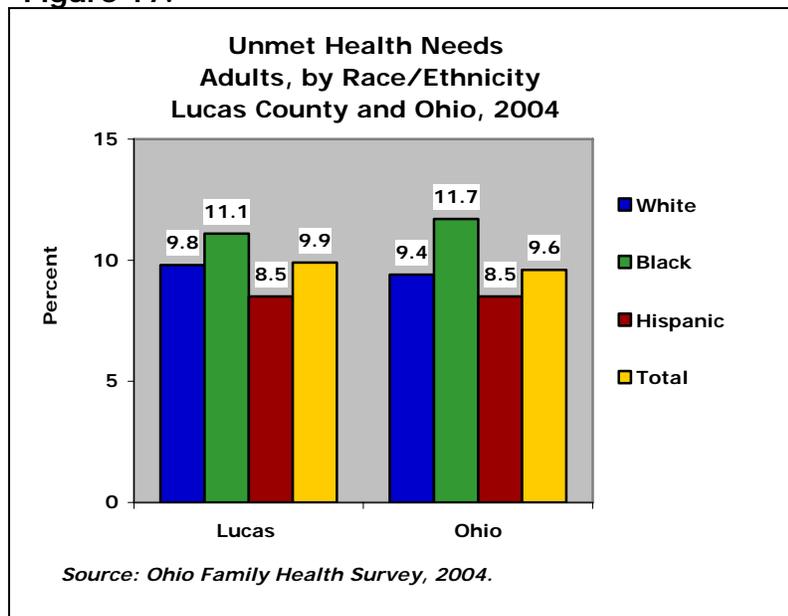
Ability to Receive Care in the Past 3 Years, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Ability to Receive Care in the Past 3 Years	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Easier	8.0	16.2	13.6	9.4	8.0	12.7	13.8	11.8
Harder	20.8	25.8	22.8	21.8	21.9	26.0	23.6	31.4
Same	71.3	58.0	63.6	68.8	70.1	61.4	62.6	56.9
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
 Source: Ohio Family Health Survey, 2004.

- Black adults (16.2 percent) were more likely than white adults (8.0 percent) to report their ability to receive health care had become easier during the past three years.
- White adults (71.3 percent) were more likely than black adults (58.0 percent) to report their ability to receive health care remained about the same during the past three years.

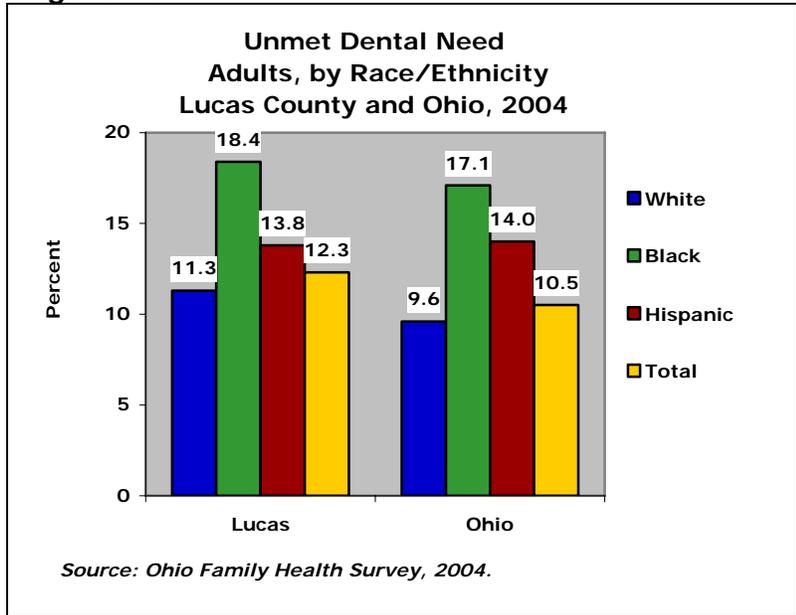
## V. Unmet Health Care Needs

**Figure 17.**



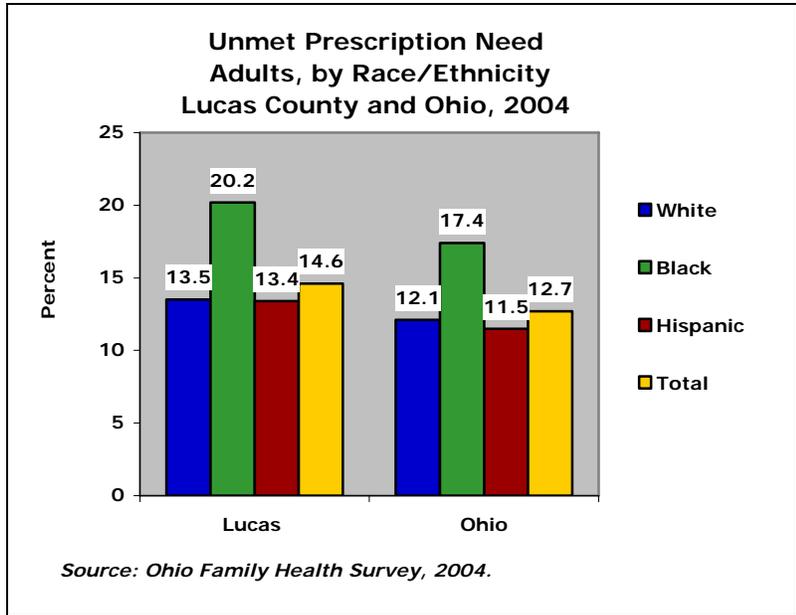
- Approximately one out of 10 white, black and Hispanic adults reported they had an unmet health need.
- There were no significant differences by race or ethnicity in adults reporting an unmet health need.

**Figure 18.**



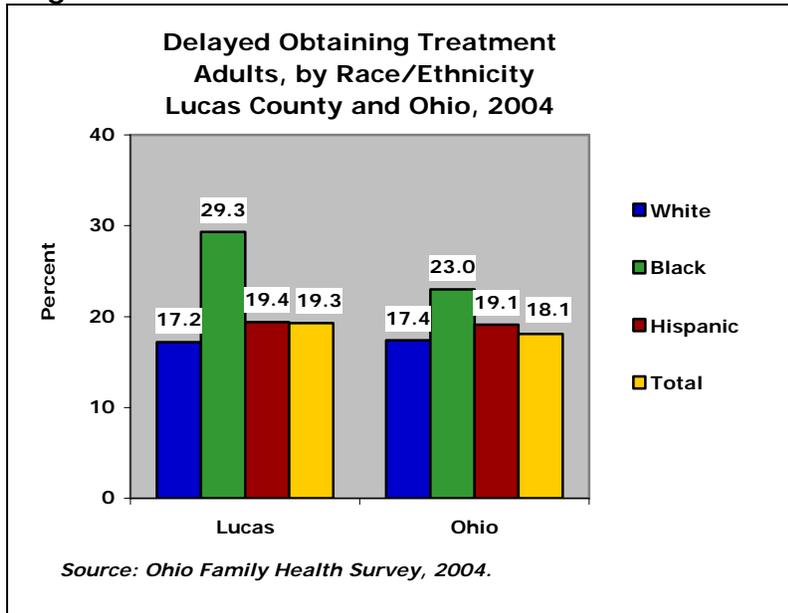
- Black adults (18.4 percent) were more likely than white adults (11.3 percent) to report an unmet dental need.

**Figure 19.**



- Black adults (20.2 percent) were more likely than white adults (13.5 percent) to have an unmet prescription drug need.

Figure 20.



- Black adults (29.3 percent) were more likely than white (17.2 percent) and Hispanic adults (19.4 percent) to report they delayed obtaining medical treatment.

## VI. Health Care Utilization

Table 12.

Most Recent Health Care Visit, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Most Recent Health Care Visit	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
6 Months or Less	73.2	69.5	65.3	72.1	71.2	73.6	59.7	71.1
6 Months - 1 Year	12.8	14.5	17.2	13.2	12.7	10.9	14.2	12.5
1 - 2 Years	6.8	6.1	11.5	6.8	8.0	7.5	11.1	8.0
More than 2 Years	7.1	9.9	6.0**	7.9	8.1	7.9	15.1	8.3
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
 \*\*The estimate may not be reliable.  
 Source: Ohio Family Health Survey, 2004.

- There were no significant differences by race or ethnicity in the length of time since the most recent health care visit.

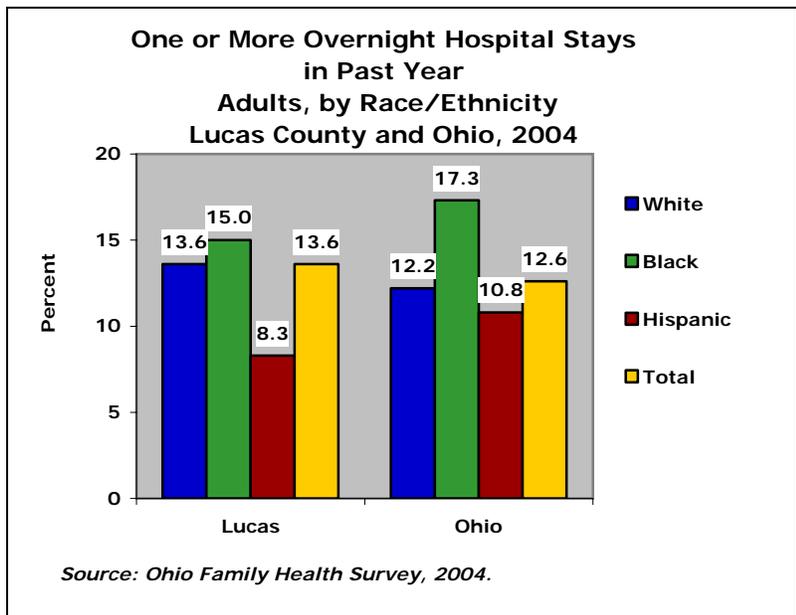
**Table 13.**

Most Recent Checkup, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Most Recent Checkup	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Within the Past Year	72.4	75.2	68.3	72.5	70.0	76.3	63.4	70.5
1 - 2 Years	12.3	9.4	15.2	12.0	12.5	11.0	14.3	12.4
2 - 5 Years	8.7	9.2	8.7	8.7	8.8	8.1	12.3	8.8
More than 5 Years (or never)	6.6	6.1	7.8	6.8	8.7	4.7	10.0	8.4
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
 Source: Ohio Family Health Survey, 2004.

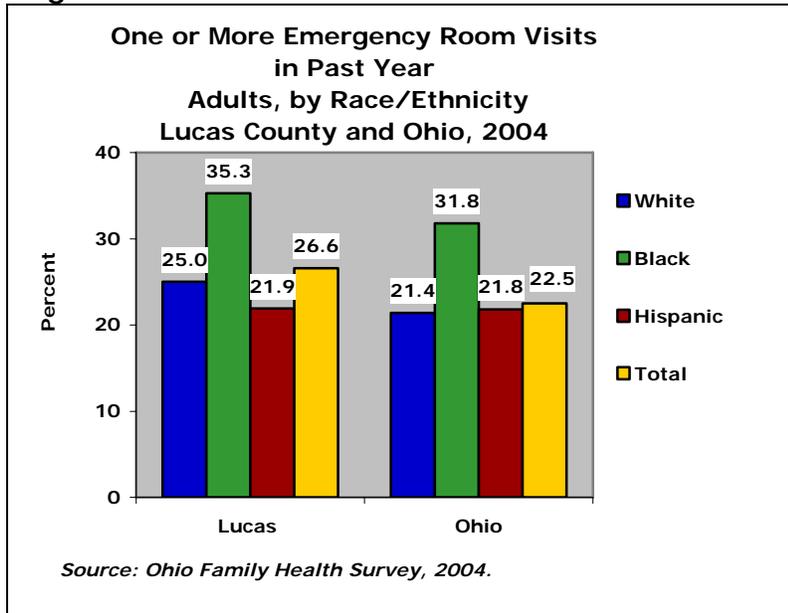
- There were no significant differences by race or ethnicity in the length of time since the most recent health care checkup.

**Figure 21.**



- White (13.6 percent) and black adults (15.0 percent) were more likely than Hispanic adults (8.3 percent) to have one or more overnight hospital stays in the past year.

**Figure 22.**



- Black adults (35.3 percent) were more likely than white (25.0 percent) and Hispanic adults (21.9 percent) to have at least one emergency room visit.

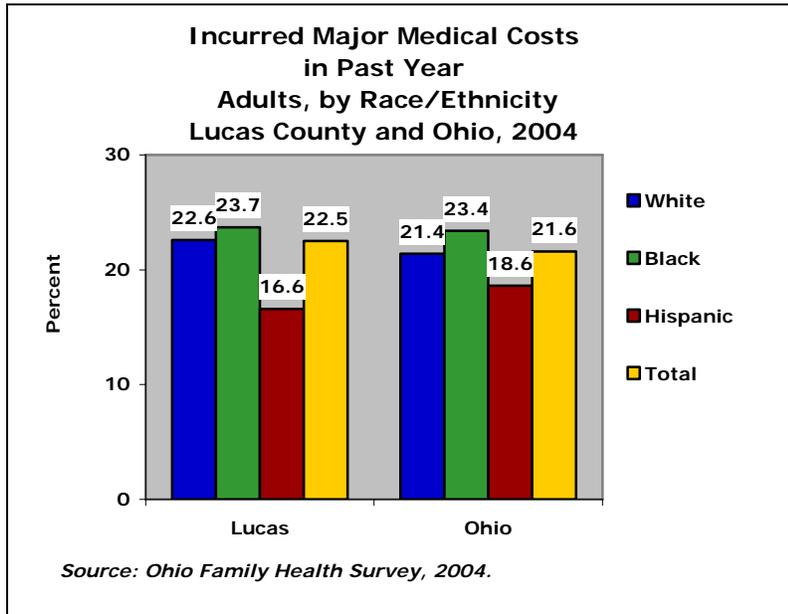
**Table 14.**

Length of Time since Last Dental Visit	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
6 Months or Less	56.6	40.0	41.8	53.3	51.4	36.5	41.6	49.6
6 Months - 1 Year	12.9	14.8	18.2	13.5	14.0	17.8	15.7	14.5
1 - 3 Years	14.0	22.7	21.2	15.6	16.0	22.4	19.1	16.7
More than 3 Years (or never)	16.5	22.5	18.8	17.7	18.6	23.3	23.6	19.2
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
Source: Ohio Family Health Survey, 2004.

- Black adults (22.5 percent) were more likely than white adults (16.5 percent) to have had more than three years pass since their last dental visit.
- Black adults (22.7 percent) were more likely than white adults (14.0 percent) to have one to three years pass since their last dental visit.
- White adults (56.6 percent) were more likely than black (40.0 percent) and Hispanic adults (41.8 percent) to have a dental visit within the previous six months.

Figure 23.



- Between 16 and 24 percent of white, black and Hispanic adults incurred major medical costs during the past year.
- There were no significant differences by race/ethnicity in incurring major medical costs during the past year.

## VII. Quality of Care

Table 15.

Quality of Hospital Care	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Below Average	5.3**	6.2**	0.0	6.1	6.5	6.5	7.4	6.5
Average	6.7	12.3**	20.8**	7.8	8.8	13.3	10.8	9.5
Good	34.1	16.0**	23.9**	30.6	27.4	26.5	23.2	27.1
Very Good/Excellent	54.0	65.5	55.3	55.5	57.4	53.8	58.6	56.9
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

\*Total may not equal 100 percent due to rounding.  
 \*\*The estimate may not be reliable.  
 Source: Ohio Family Health Survey, 2004.

- There were no racial/ethnic differences in the rating of quality of hospital care.

**Table 16.**

Quality of Emergency Room Care, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Quality of Emergency Room Care	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Below Average	9.0	20.3	15.7**	11.8	11.9	13.1	14.4	12.3
Average	15.6	12.1	19.1**	14.8	16.0	18.2	17.0	16.4
Good	32.3	32.9	27.1**	31.9	30.9	29.0	28.1	30.5
Very Good/Excellent	43.1	34.7	38.2	41.5	41.1	39.8	40.6	40.8
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
*Total may not equal 100 percent due to rounding.								
**The estimate may not be reliable.								
<i>Source: Ohio Family Health Survey, 2004.</i>								

- Black adults (20.3 percent) were more likely than white adults (9.0 percent) to rate the quality of emergency room care below average.

**Table 17.**

Quality of Dental Care, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Quality of Dental Care	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Below Average	2.1**	7.5**	9.4**	3.0	2.5	5.5	4.2	2.8
Average	4.7	11.8	6.4**	5.7	5.2	11.8	7.6	6.0
Good	22.2	26.0	28.3	23.0	22.8	28.7	27.5	23.6
Very Good/Excellent	71.0	54.6	55.8	68.2	69.5	54.0	60.6	67.7
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
*Total may not equal 100 percent due to rounding.								
**The estimate may not be reliable.								
<i>Source: Ohio Family Health Survey, 2004.</i>								

- Black adults (11.8 percent) were more likely than white adults (4.7 percent) to report their quality of dental care average.
- White adults (71.0 percent) were more likely to rate their quality of dental care very good to excellent than black (54.6 percent) and Hispanic adults (55.8 percent).

**Table 18.**

Rating of Overall Quality of Care, Adults, by Race/Ethnicity Lucas County and Ohio, 2004								
Quality of Hospital Care	Lucas County				Ohio			
	White	Black	Hispanic	County Total	White	Black	Hispanic	Ohio Total
	Percent				Percent			
Below Average	2.7	5.5**	6.6**	3.3	2.2	3.8	2.3	2.5
Average	7.6	11.4	7.0**	8.3	7.4	11.7	9.3	8.0
Good	34.3	30.7	35.9	33.9	35.8	38.6	35.1	36.2
Very Good/Excellent	55.4	52.4	50.6	54.5	54.6	45.8	53.3	53.4
Total*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
*Total may not equal 100 percent due to rounding.								
**The estimate may not be reliable.								
<i>Source: Ohio Family Health Survey, 2004.</i>								

- There were no racial/ethnic differences in the overall rating of quality of health care for adults.

## VIII. Conclusions

Health insurance coverage is central to reducing barriers and promoting access to health care services. In Lucas County, black and Hispanic adults were uninsured at a higher rate than white adults. When black adults in Lucas County had health insurance coverage, they are more likely to be insured through Medicaid than white and Hispanic adults. In addition, black and Hispanic adults were more likely than white adults to be living in poverty and to have left high school prior to graduation, creating additional financial barriers to care.

Poor to fair health status was more common among black adults in Lucas County, when compared to white adults. Black adults were more likely than other racial or ethnic groups in Lucas County to have been diagnosed with hypertension and also need assistance with day-to-day activities due to their health problems. Black adults in Lucas County were more likely than white and Hispanic adults to report they were current smokers.

Unmet health needs and access to care pose additional obstacles for black and Hispanic adults in Lucas County. Black adults were more likely than white adults to report an unmet need for prescription medication and dental care. Black adults were more likely than white adults to utilize the emergency room as their usual source of health care. When Hispanic and black adults in Lucas County had a usual source of care, they were less likely to see a regular doctor than white adults. Black adults were more likely than any other racial/ethnic group to delay obtaining medical treatment.

Different patterns also emerge among racial and ethnic groups in Lucas County in the area of health care utilization. Black adults were more likely than any other group to have at least one emergency room visit during the previous 12 months. Black adults were more likely than white adults to go without a dental visit for more than three years.

Improving the health and well-being of minority populations in Lucas County will require closing the gaps that currently create barriers to care. Poverty, education and lack of health insurance all contribute to disparities in health care. Other areas such as transportation, health risk behaviors, language, cultural beliefs and living conditions, to name a few, all need to be examined in the continued effort to improve access to quality health care for minorities.

## **IX. Limitations of Data**

Like any survey, the Ohio Family Health Survey (OFHS) has limitations. Despite the large sample size, sampling error will exist because the characteristics of individuals selected for interviews may differ from the true distribution of those characteristics in the total population. The potential sampling error can be estimated statistically and described with confidence intervals.

Other limitations are more difficult to measure or control. With any survey, individuals choose whether to participate in the survey as a whole and differ in their accuracy or willingness to provide information on an individual question. These choices may create unknown biases in the responses.

Telephone surveys are an established way to obtain interviews from large numbers of respondents at relatively low cost. However, that survey technique assumes phone coverage is universal in the population being selected. In recent years, decreases in land-line phone coverage have occurred as many persons have switched to mobile telephones. This may exclude some people from the sampling universe and could lead the survey to under-represent low-income groups and minorities. Because research has shown some individuals with interruptions in phone coverage have characteristics similar to persons without phones, additional survey weights have been assigned to some respondents who reported interruptions in telephone service so they could represent those without phones. However, the respondents with interrupted service may differ from persons without telephones in ways that are not captured by the survey.

The users of the OFHS data should be mindful that measurement error, selective participation and other sources of potential bias cannot be completely controlled in any survey.



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