



Chart Book #7

Men's Health by Race and Ethnicity Ohio, 2004

The Ohio Department of Health

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

To protect and improve the health of all Ohioans

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Governor

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Chart Book #7

Men's Health by Race and Ethnicity Ohio, 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 the 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 that 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; Asian, non-Hispanic; Native American, non-Hispanic; and Hispanic were utilized. Less than 1 percent of respondents identified themselves as a race that was not utilized in this report.
- This report compares survey results of men ages 18 and older by race/ethnicity.
- Respondents with special health care needs are defined as men reported to have at least one of the following five consequences of a health condition that has 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 or need for medical care, mental health or other health services on a regular basis; (3) the use or need for treatment or counseling for a mental health, substance abuse, or an emotional problem; (4) difficulty or need for assistance in doing day-to-day activities; and (5) the use or need for special therapy, such as physical, occupational, or speech therapy.
- Because individuals can have multiple sources of health insurance coverage, a hierarchy of insurance types was developed so each respondent could be assigned to a single coverage category. Any children with employer or Medicaid coverage were classified into the appropriate employer or Medicaid category regardless of the presence of any other coverage. The “other” category for individuals who were insured but did not report employer or Medicaid coverage may include (but is not limited to) Medicare, 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 to high income” refers to income greater than 200 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.

Men's Health by Race and Ethnicity, Ohio, 2004

Key Findings

Hispanic, black and Native American men were more likely than white men to live in poverty. Hispanic and black men were also more likely to live in poverty than Asian men. Hispanic men (23.5 percent) and black men (27.6 percent) were more than twice as likely as white men (10.2 percent) to live in poverty. Approximately one-fifth (19.6 percent) of Native American men live in poverty. Nearly one in eight Asian men (12.4 percent) lives in poverty.

Native American and black men were more likely than white men to report poor health status. Native American men were more than three times as likely as white men to report poor health status (12.4 percent versus 3.8 percent). More than 6 percent of black men reported likewise.

Native American, white and black men were more likely than Hispanic and Asian men to have special health care needs. Hispanic men were more likely than Asian men to report such needs. Fifty-one percent of Native American men, 43.8 percent of white men and 42.6 percent of black men were identified as having special health care needs. Thirty-three percent of Hispanic men and 22.2 percent of Asian men reported similar needs.

Native American and black men were more than twice as likely as white and Hispanic men to need special therapy. Black men were more likely than white and Hispanic men to need or receive treatment or counseling for health conditions that lasted at least 12 months. Approximately 11 percent of Native American men and 9.5 percent of black men needed special therapy. Four percent of white and Hispanic men needed this therapy. Seven percent of black men needed or received treatment or counseling. Approximately 4 percent of white men and 3.4 percent of Hispanic men received treatment or counseling.

Black and Hispanic men were more likely than white men to need social or emotional support. When compared to white men, black men were more than twice as likely to need emotional or social support such as companionship, recreation and socialization (18.6 percent versus 8.1 percent). Approximately 15 percent of Hispanic men needed support.

Native American and black men were more likely than white men to have been told they have hypertension. Asian and Hispanic men were less likely than men of other racial/ethnic groups to have been told they have this condition. Approximately 42 percent of Native American men and 38 percent of black men have been told they have hypertension. Twenty-eight percent of white men have been told they have this condition. Approximately 13 percent of Asian men and 20 percent of Hispanic men have been told likewise.

Native American and white men were more likely than black and Hispanic men to have been told they have a heart condition or circulatory problems. More than one-fifth (21.5 percent) of Native American men and 14.4 percent of white men have been told they have a heart condition or circulatory problems. Among black and Hispanic men, 11 percent and 7.7 percent, respectively, have been told they have these conditions.

Black men were more likely than white men to have been told they have diabetes. Approximately 13 percent of black men have been told they have diabetes. In comparison, approximately 9 percent of white men have been told they have this condition.

Native American and black men were more likely to smoke cigarettes than white men. Hispanic and Asian men were less likely to smoke cigarettes than white men. Approximately 42 percent of Native American men and one-third (33.2 percent) of black men smoked cigarettes compared to 28 percent of white men. Among Hispanic and Asian men, 24.4 percent and 17.5 percent, respectively, smoked cigarettes.

Hispanic men were more likely than white men to lack a usual source of care. Native American, black and Hispanic men were more likely than white men to report hospital emergency rooms as their usual source of care. Approximately 14 percent of Hispanic men lacked a usual source of care. In comparison, 7.6 percent of white men reported no usual source of care. Native American men were more than four times as likely as white men to report hospital emergency rooms as their usual source of care. Twelve percent of black men and 8 percent of Hispanic men reported this source.

Native American and black men were more likely to need to see a specialist than Asian men. Hispanic and Asian men were less likely than white men to report this need. More than one-third of Native American men (40.1 percent), white men (38.3 percent) and black men (34.6 percent) reported a need to see a specialist. Approximately 24 percent of Asian men and 30 percent of Hispanic men reported a similar need.

Native American, black and Hispanic men were more likely than white and Asian men to report unmet dental needs. Native American men (21.7 percent) were more than twice as likely as white men (8.8 percent) and more than three times as likely as Asian men (6 percent) to report unmet dental needs. Black men (17.5 percent) were nearly twice as likely as white men and nearly three times as likely as Asian men to report these needs. Hispanic men (12.8 percent) were more than twice as likely as Asian men to report such needs.

Native American men were more than twice as likely as Hispanic and white men to report unmet prescription drug needs. Black men were more likely to report these needs than white men. Twenty-three percent of Native American men reported unmet prescription drug needs. In comparison, 10.3 percent of Hispanic men and 9.9 percent of white men reported these needs. Fourteen percent of black men reported similar needs.

Native American, black and Hispanic men were more likely than white and Asian men to report no dental visits within the past year. More than one-half of Native American men (51.6 percent) and black men (50.3 percent) and 44.4 percent of Hispanic men reported no dental visits within the past year. Approximately 37 percent of white men and 29 percent of Asian men reported likewise.

Among men under age 65, blacks, Native Americans and Hispanics were more likely than whites and Asians to be uninsured. More than one-quarter of black men (26.1 percent) and Hispanic men (28.2 percent) were uninsured. More than one-third of Native American men (35.6 percent) were without insurance. Approximately 15 percent of white and Asian men were uninsured.

Among men under age 65, blacks were more than twice as likely as whites or Hispanics to be covered by Medicaid. Native Americans were less likely than other racial/ethnic groups to have employer-based coverage. Thirteen percent of black men under age 65 were covered by Medicaid. Five percent of white men and 6 percent of Hispanic men had similar coverage. Four in 10 Native American men (40.2 percent) had employer-based coverage. More than 50 percent of men from all other racial/ethnic groups had this type of coverage (53 percent for blacks, 59.9 percent for Hispanics, 67.4 percent for Asians and 70.5 percent for whites).

Among insured men under age 65, Native Americans, whites and Hispanics were more likely than blacks to lack dental coverage. Nineteen percent of insured black men under age 65 reported no dental coverage. In comparison, 36.4 percent of Native American men, 29.4 percent of white men and 27.3 percent of Hispanic men lacked coverage.

Among insured men under age 65, whites, Asians and Hispanics were more likely than blacks to lack vision coverage. More than one in three white men (36.4 percent), Asian men (35.7 percent) and Hispanic men (32.2 percent) reported no vision coverage. Among black men, 22.1 percent lacked coverage.

Among insured men under age 65, Asians were more likely than whites to lack mental health coverage. Seventeen percent of Asian men and 11 percent of white men with health insurance lacked mental health coverage.

I. Demographics

Table 1.

Age and Educational Attainment by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Age					
18-24	12.8	15.3	14.0	10.5*	15.8
25-34	18.0	19.9	28.3	16.3	25.3
35-44	21.8	23.3	29.7	22.1	21.9
45-54	18.4	17.5	17.9	24.2	19.3
55-64	13.2	13.1	6.7	11.3	9.8
65 years and over	15.8	10.9	3.5*	15.4	7.8
Educational Attainment					
Up to high school, no diploma	10.1	17.7	5.7*	17.1	26.2
High school graduate or equivalent	47.1	47.3	16.3	48.6	37.8
Some college, no degree	16.3	20.3	11.6	16.7	14.0
Received a degree	26.6	14.8	66.4	17.6	22.0
*The estimate may not be reliable.					
<i>Source: Ohio Family Health Survey, 2004</i>					

- Black men were more likely than white men to leave high school prior to graduation (17.7 percent versus 10.1, respectively). More than one-quarter of Hispanic men (26.2 percent) did not have high school diplomas. They were more likely than white and black men to have left school before graduation.
- White, black, Native American and Hispanic men were all more likely than Asian men to report high school graduate as their highest level of educational attainment (47.1 percent, 47.3 percent, 48.6 percent and 37.8 percent versus 16.3 percent, respectively). Hispanic men were also less likely than white or black men to have completed high school.
- Black men were more likely than white, Asian and Hispanic men to attend college and leave prior to graduation.
- More than two-thirds of Asian men have received a college degree. They were more likely to have a degree than men of the other racial/ethnic groups (66.4 percent versus 14.8 percent for blacks, 17.6 percent for Native Americans, 22 percent for Hispanics and 26.6 percent for whites). Native American and Hispanic men were less likely than white men to have a degree. Black men were less likely to have a degree than white or Hispanic men.

Table 2.

Marital Status, Employment Status and Income by Race/Ethnicity Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Marital Status					
Married	65.7	41.7	69.3	57.9	61.7
Divorced/Separated/Widowed	12.2	21.4	3.5*	23.3	10.9
Never Married	19.3	31.2	25.5	15.9	21.9
Unmarried Couple	2.8	5.8	1.6*	2.9*	5.4
Currently Employed					
Yes	76.9	62.4	79.1	62.0	76.0
No	23.1	37.6	20.9	38.0	24.0
Income					
Poverty	10.2	27.6	12.4	19.6	23.5
Near Poverty	8.4	11.4	7.4	11.9	12.2
Low Income	10.1	10.9	6.9	16.1	11.5
Middle to High Income	71.4	50.2	73.3	52.4	52.8
*The estimate may not be reliable.					
<i>Source: Ohio Family Health Survey, 2004</i>					

- Black men were less likely than men of all other racial/ethnic groups to be married.
- Native American and black men were more likely than white and Hispanic men to be divorced, separated or widowed.
- Black men were more likely than white, Native American and Hispanic men to have never married.
- Hispanic and black men were more likely than white men to be a member of an unmarried couple.
- Native American and black men were more likely than Hispanic, white and Asian men to be unemployed (38 percent and 37.6 percent versus 24 percent, 23.1 percent and 20.9 percent, respectively).
- Hispanic, black and Native American men were more likely than white men to live in poverty. Black and Hispanic men were more than twice as likely as white men to have incomes at the poverty level (27.6 percent and 23.5 percent versus 10.2 percent, respectively). Approximately one-fifth (19.6 percent) of Native American men live in poverty. Hispanic and black men were also more likely than Asian men (12.4 percent) to live in poverty.
- Black and Hispanic men were more than twice as likely as white men to have incomes at the poverty level (27.6 percent and 23.5 percent versus 10.2 percent, respectively).
- Hispanic, black and Native American men were less likely than Asian and white men to have middle to high incomes (52.8 percent, 50.2 percent and 52.4 percent versus 73.3 percent and 71.4 percent, respectively).

II. Health Status

Table 3.

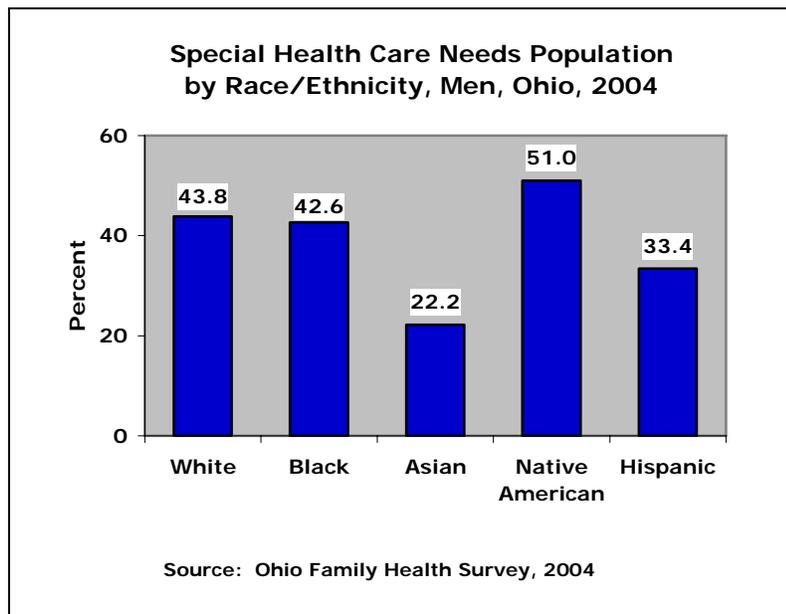
Health Status by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Health Status					
Excellent	24.0	14.8	33.3	15.1	22.4
Very Good	35.2	29.3	31.3	25.4	28.6
Good	26.9	32.0	30.2	25.8	32.9
Fair	10.2	17.4	4.3	21.3	11.7
Poor	3.8	6.5	0.8*	12.4	4.3
*The estimate may not be reliable.					
<i>Source: Ohio Family Health Survey, 2004</i>					

- Asian men were more likely than men of other racial/ethnic groups to report excellent health and less likely than these groups to report fair health.
- Native American and black men were less likely to report excellent or very good health and more likely to report fair or poor health than white men. Black men were more likely than white men to report good health.

Hispanic men were:

- more likely than black men to report excellent health and less likely to report fair health;
- less likely than white men to report very good health and more likely to report good health.

Figure 1.



- More than 50 percent of Native American men had special health care needs.
- Native American, white and black men were more likely to have special health care needs than Hispanic and Asian men.
- Hispanic men were more likely than Asian men to have special health care needs.

Table 4.

Selected Health Status Characteristics by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Need Medicine on a Regular Basis*					
Yes	41.1	37.4	19.3	47.5	29.8
No	58.9	62.6	80.7	52.5	70.2
Need Health Care on a Regular Basis*					
Yes	21.7	22.0	12.3	32.8	14.7
No	78.3	78.0	87.7	67.2	85.3
Need Assistance With Day-to-Day Activities*					
Yes	6.5	9.8	2.8**	11.2	6.0
No	93.5	90.2	97.2	88.8	94.0

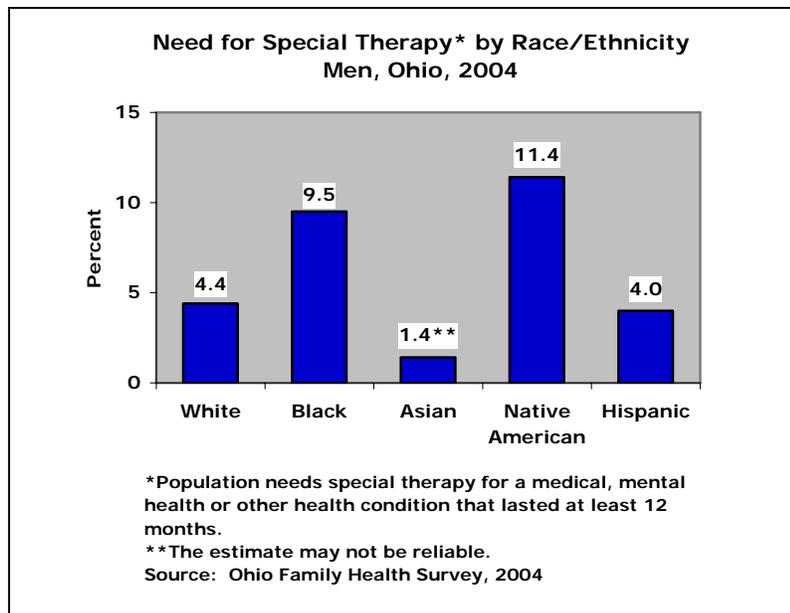
*Respondent needs medicine or service for a medical, mental health or other health condition that lasted for at least 12 months.

**The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

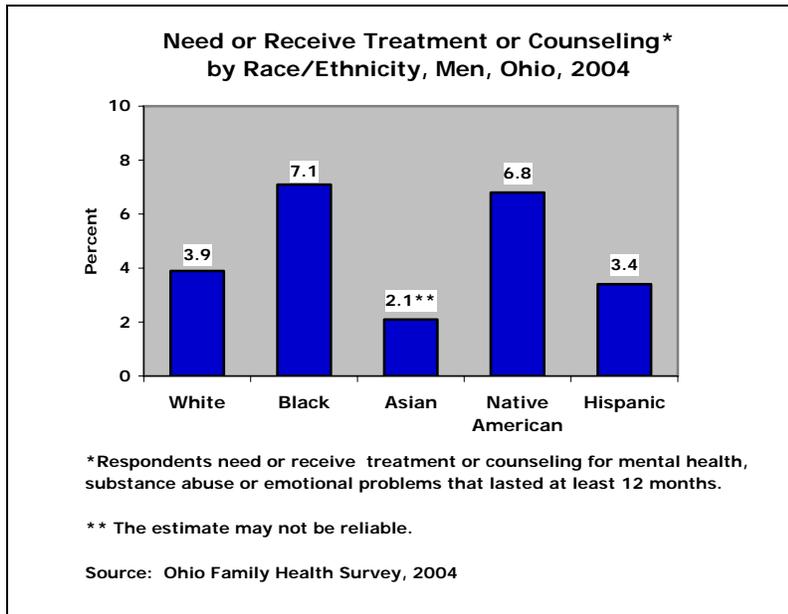
- Native American, white and black men were more likely to need medicine and health care on a regular basis than Asian and Hispanic men.
- Hispanic men were more likely than Asian men to need medicine.
- Native American men were more likely than white men to need health care on a regular basis.
- Black men were more likely than white men to need assistance with day-to-day activities.

Figure 2.



- Native American and black men were more than twice as likely as white and Hispanic men to need special therapy (11.4 percent and 9.5 percent versus 4.4 percent and 4 percent, respectively).

Figure 3.



- Black men were more likely than white and Hispanic men to need or receive treatment or counseling for mental health, substance abuse or emotional problems (7.1 percent versus 3.9 percent and 3.4 percent, respectively).

Table 5.

Selected Health Status Characteristics by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Needs Social or Emotional Support*					
Yes	8.1	18.6	10.0***	12.7***	14.8
No	91.9	81.4	90.0	87.3	85.2
Needs Other** Types of Assistance					
Yes	22.2	37.8	21.3***	31.5	25.9
No	77.8	62.2	78.7	68.5	74.1

* Respondents need support such as companionship, recreation and socialization.

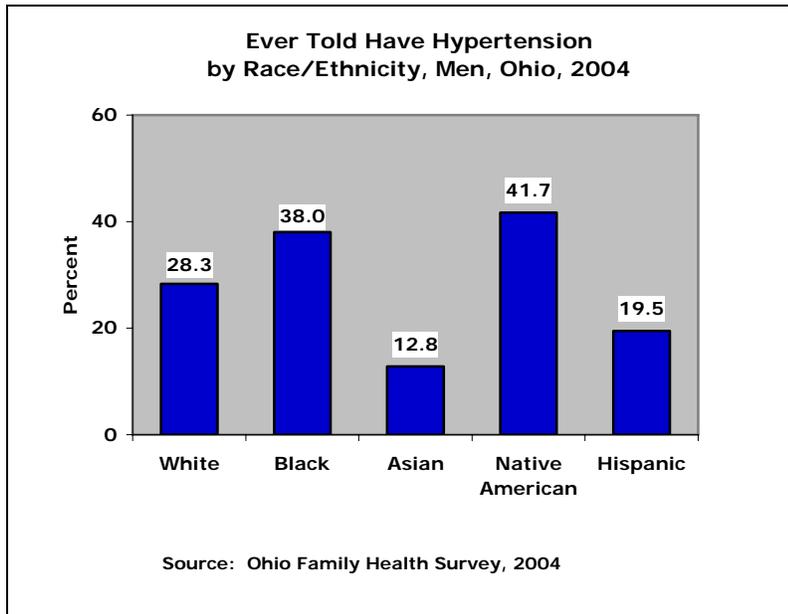
** Respondents need assistance with personal care (such as bathing, dressing, toileting or feeding), domestic activities (such as shopping, laundry, housekeeping, cooking or transportation), household maintenance (such as painting or yard work), coordinating health care (such as making appointments for doctor's visits or therapies) or managing financial affairs (such as managing a checkbook or legal affairs).

*** The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

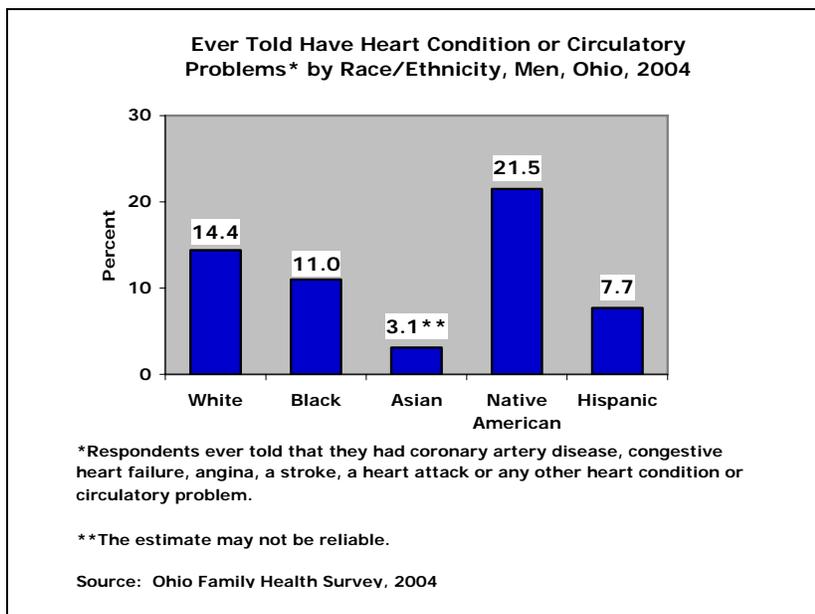
- Hispanic and black men were more likely to need social or emotional support than white men.
- Black men were more likely than Hispanic and white men to need other types of assistance.

Figure 4.



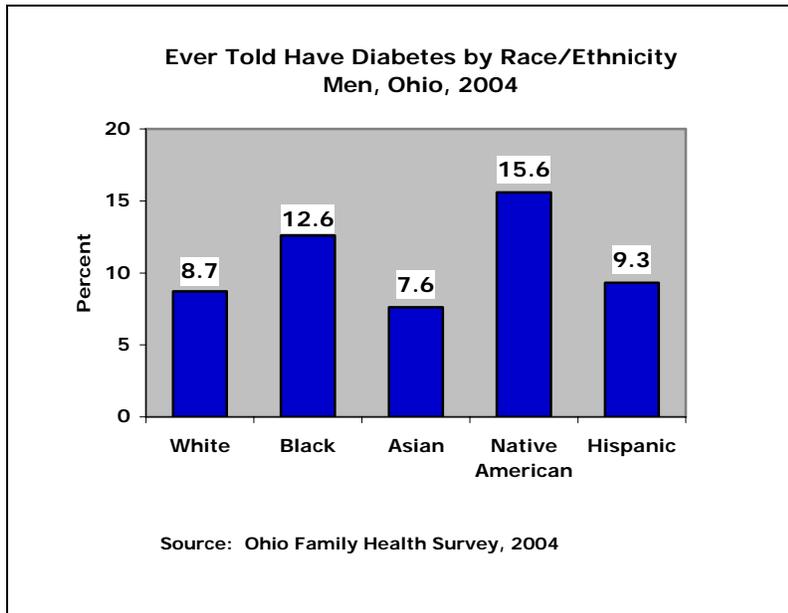
- Black and Native American men were more likely than white men to have been told they have hypertension.
- Asian and Hispanic men were less likely than men of other racial/ethnic groups to have been told they have this condition.

Figure 5.



- Native American and white men were more likely than black and Hispanic men to have ever been told they have heart conditions or circulatory problems (21.5 percent and 14.4 percent versus 11 percent and 7.7 percent, respectively).

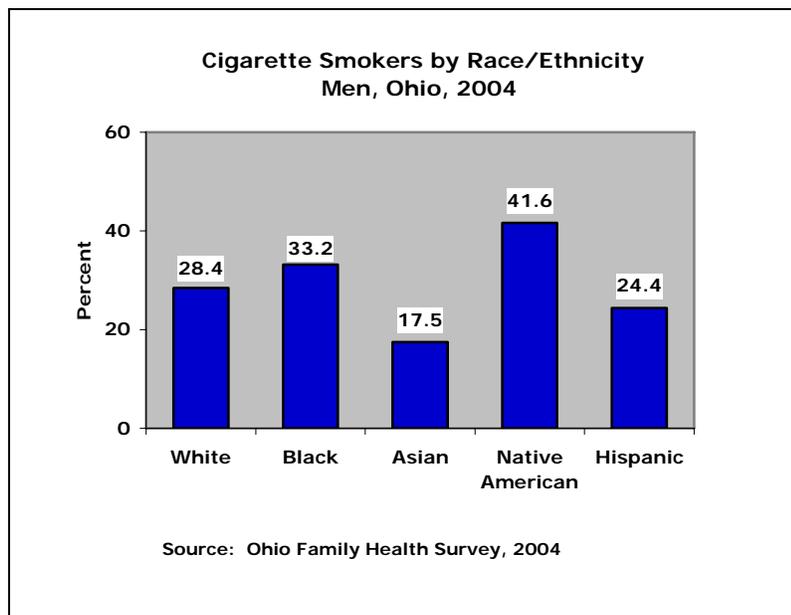
Figure 6.



- Black men were more likely than white men to have ever been told they have diabetes (12.6 percent versus 8.7 percent, respectively).

III. Tobacco Use

Figure 7.



- Native American and black men were more likely to smoke cigarettes than white, Hispanic and Asian men (41.6 percent and 33.2 percent versus 28.4 percent, 24.4 percent and 17.5 percent, respectively).
- Hispanic and Asian men were less likely than white men to smoke cigarettes.

Table 6.

	Percent				
	White	Black	Asian	Native American	Hispanic
Age of Cigarette Smoker					
18-24	15.4	14.1	11.3*	15.2*	15.6
25-34	22.0	17.3	22.6	19.2*	32.6
35-44	26.2	26.8	31.5	28.5	23.8
45-54	19.7	18.8	25.4	14.8	16.6
55-64	10.7	15.8	8.4*	11.3*	8.3
65 years and over	5.9	7.3	0.8*	11.0	3.1*
Age Started Smoking Cigarettes					
12 and under	21.1	12.3	5.6*	23.0	13.5
13-17	48.6	42.4	34.7	53.0	45.3
18 years and over	20.3	29.6	46.5	20.0*	33.2
Don't know or refused	9.9	15.7	13.1*	4.0*	8.0

*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

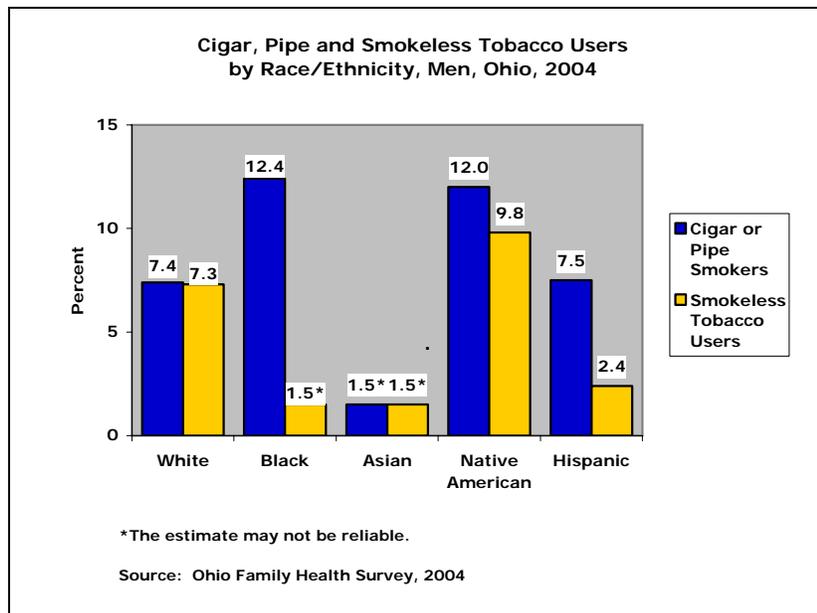
- Approximately one-third of Hispanic men ages 25 to 34 smoked cigarettes. They were more likely than white or black men to be smokers (32.6 percent versus 22 percent and 17.3 percent, respectively).
- White men were more likely than Hispanic and black men to have started smoking cigarettes at age 12 or younger (21.1 percent versus 13.5 percent and 12.3 percent, respectively).
- Asian (46.5 percent), Hispanic (33.2 percent) and black men (29.6 percent) were more likely than white men (20.3) to have started smoking cigarettes at age 18 or older.

Table 7.

Selected Characteristics of Cigarette Smokers by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Educational Attainment (Percent Cigarette Smokers)					
Up to high school, no diploma	39.5	39.1	26.3*	76.7	28.5
High school graduate or equivalent	35.0	39.1	30.1	33.1	28.6
Some college	26.5	25.2	16.6*	54.3	20.8
Received a degree	13.9	18.0	13.5	20.0*	14.9
Income (Percent Cigarette Smokers)					
Poverty	44.1	42.4	29.1	57.3	32.4
Near Poverty	40.0	39.3	20.8*	52.4	31.2
Low Income	29.1	34.1	21.5*	41.6*	23.4
Middle to High Income	24.7	26.6	14.9	33.3	19.4
Ever Tried To Stop Smoking Cigarettes					
Yes	50.4	63.7	42.2	56.6	54.0
No	49.6	36.3	57.8	43.4	46.0
*The estimate may not be reliable.					
Source: Ohio Family Health Survey, 2004					

- More than three-quarters of Native American men without a high school diploma (76.7 percent) smoked cigarettes. They were more likely than their white, black and Hispanic counterparts to smoke. Hispanic men without diplomas were less likely than white men to smoke cigarettes.
- Native American men with some college (54.3 percent) were more than twice as likely to smoke cigarettes as white and Hispanic men with comparable educational attainment (26.5 percent and 20.8 percent, respectively).
- Hispanic men living in poverty and those with middle to high incomes were less likely to smoke cigarettes than their white counterparts. Asian men with middle to high incomes were less likely than black and white men to smoke cigarettes.
- Black men were more likely than white men to have ever tried to stop smoking.

Figure 8.



- Black men were more likely than white or Hispanic men to smoke cigars or pipes (12.4 percent versus 7.4 percent and 7.5 percent, respectively).
- Native American (9.8 percent) and white men (7.3 percent) were more likely than Hispanic men (2.4 percent) to use smokeless tobacco.

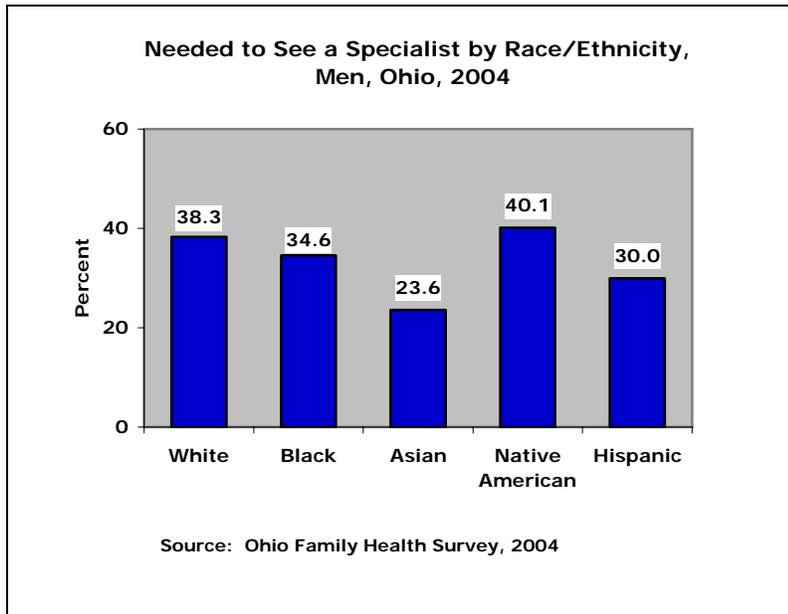
IV. Access to Care and Unmet Needs

Table 8.

Selected Access to Care Characteristics by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Have A Usual Source of Care					
Yes	92.4	89.9	91.7	87.3	86.2
No	7.6	10.1	8.3	12.7	13.8
Usual Source of Care					
Doctor's Office or HMO	76.6	49.8	66.0	52.1	58.5
Clinic or Health Center	13.2	24.8	24.0	10.7	23.3
Hospital Emergency Room	4.8	12.3	1.0*	20.4	8.0
Hospital Outpatient Department	3.8	12.3	5.4*	10.0*	8.3
Other	1.6	0.8*	3.6*	6.8*	1.9
See Same Doctor Each Visit					
Yes	90.3	82.9	81.4	91.2	85.4
No	9.7	17.1	18.6	8.8*	14.6
*The estimate may not be reliable.					
Source: Ohio Family Health Survey, 2004					

- Hispanic men were more likely than white men to lack a usual source of care.
- White men were more likely than men of other racial/ethnic groups to report a doctor's office or HMO as their usual source of care. Asian and Hispanic men were more likely than black men to report these sites as their source of care.
- Black, Hispanic and Asian men were more likely than white or Native American men to report a clinic or health center as their usual source of care.
- Black, Hispanic and Native American men were more likely than white men to use an emergency room as their usual source of care. Native American men were more likely than Hispanic men to report this source of care.
- Black and Hispanic men were more likely than white men to report the hospital outpatient department as their usual source of care.
- Asian, black and Hispanic men were less likely than white men to see the same doctor each visit.

Figure 9.



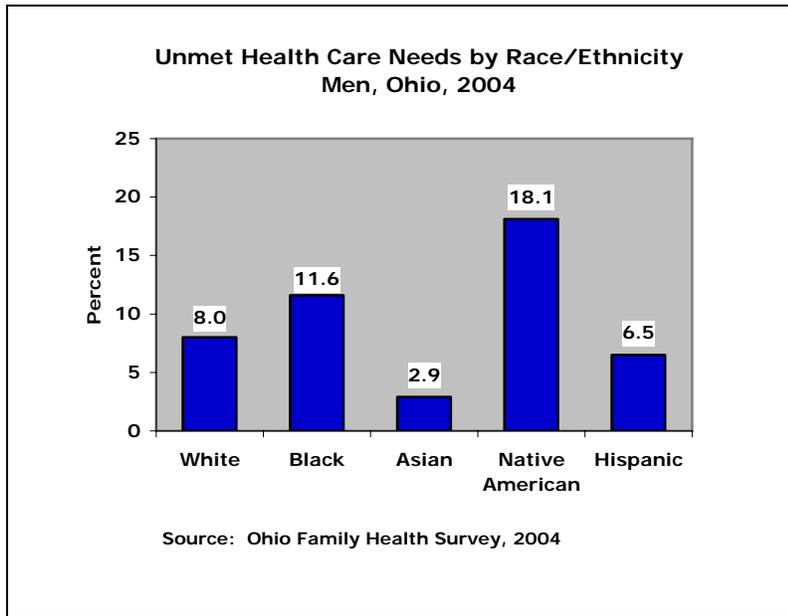
- Native American and black men were more likely to need to see a specialist than Asian men.
- Hispanic and Asian men were less likely than white men to need to see a specialist.

Table 9.

Access to a Specialist by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Problems Seeing a Specialist					
Big Problem	7.8	12.2	6.5*	12.5*	6.9
Small Problem	9.8	7.9	14.6*	9.1*	11.8
Not a Problem	82.4	80.0	78.9	78.4	81.3
*The estimate may not be reliable.					
Source: Ohio Family Health Survey, 2004					

- There were no significant differences in access to a specialist by race or ethnicity.

Figure 10.



Native American and black men were more likely than white, Hispanic and Asian men to have unmet health care needs.

- Native American men were more than twice as likely as white and Hispanic men and more than six times as likely as Asian men to report such needs.
- Black men were four times more likely than Asian men to report unmet needs.

White men were more than twice as likely as Asian men to have unmet needs.

Table 10.

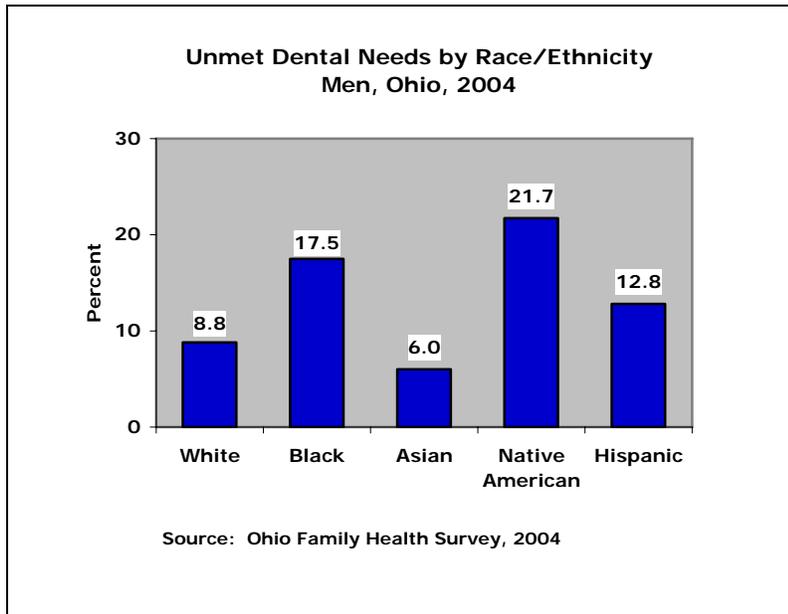
	Percent				
	White	Black	Asian	Native American	Hispanic
Age					
18-34 (percent of age group)	10.6	12.1	0.9*	14.1*	6.7
35-44 (percent of age group)	7.2	9.9	2.5*	29.3*	7.6
45+ (percent of age group)	6.7	12.1	6.3*	15.3*	5.7
Income					
Poverty (percent of income level)	16.1	18.5	10.7*	17.6*	9.7
Near Poverty (percent of income level)	16.7	9.5	0.0	27.5*	7.8
Low Income (percent of income level)	10.3	14.6	0.0	23.1*	13.4
Middle and High Income (percent of income level)	5.51	7.6	2.1*	14.6*	3.2

*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

- Black men ages 45 and older were more likely to have unmet health care needs than white and Hispanic men of the same age (12.1 percent versus 6.7 and 5.7 percent, respectively).
- White men living near poverty were more than twice as likely to have unmet needs as Hispanic men at the same income level.
- Hispanic men with middle and high incomes were less likely than white and black men of similar income to have unmet needs. Black men were more than twice as likely as Hispanic men to have these needs.

Figure 11.



Native American, black and Hispanic men were more likely than white and Asian men to have unmet dental needs.

- Native American men were more than twice as likely as white men and more than three times as likely as Asian men to report such needs.
- Black men were nearly twice as likely as white men and nearly three times as likely as Asian men to report such needs.
- Hispanic men were more than twice as likely as Asian men to report such needs.

Table 11.

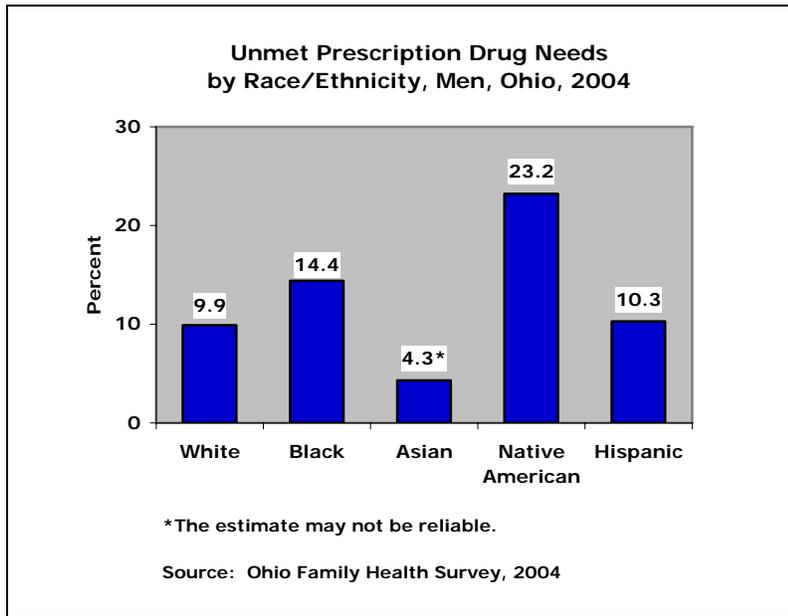
	Percent				
	White	Black	Asian	Native American	Hispanic
Age					
18-34 (percent of age group)	12.6	15.6	4.7*	39.4	14.6
35-44 (percent of age group)	9.4	15.6	5.9*	39.1	15.8
45+ (percent of age group)	6.1	20.1	8.1*	6.9*	9.2
Income					
Poverty (percent of income level)	21.0	32.1	2.2*	28.8*	21.1
Near Poverty (percent of income level)	17.8	21.0	4.9*	21.6*	22.0
Low Income (percent of income level)	12.7	21.2	13.2*	27.6*	14.4
Middle and High Income (percent of income level)	5.5	8.0	6.0*	16.8*	6.7

*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

- Native American men under age 45 were more likely than white men of the same age to have unmet dental needs. Native American men ages 18 to 34 were more than three times as likely as their white counterparts to have these needs (39.4 percent versus 12.6 percent). Native American men ages 35 to 44 were more than four times as likely as white men to have unmet needs (39.1 percent versus 9.4 percent).
- Black men ages 45 and older were more likely than Hispanic and white men of the same age to have unmet needs (20.1 percent versus 9.2 percent and 6.1 percent, respectively).
- Black men living in poverty were more likely than white men of the same income to have unmet dental needs (32.1 percent versus 21 percent).

Figure 12.



- Native American men were more than twice as likely as Hispanic and white men to have unmet prescription drug needs.
- Black men were more likely than white men to have unmet needs.

Table 12.

	Percent				
	White	Black	Asian	Native American	Hispanic
Age					
18-34 (percent of age group)	10.4	12.6	1.9*	14.9*	8.8
35-44 (percent of age group)	11.2	13.6	6.2*	15.3*	11.4
45+ (percent of age group)	9.0	16.1	6.0*	30.0	11.3
Income					
Poverty (percent of income level)	18.0	24.1	6.0*	22.5*	15.9
Near Poverty (percent of income level)	19.6	17.5	6.0*	23.5*	10.7
Low Income (percent of income level)	12.7	16.9	4.7*	47.1*	11.7
Middle and High Income (percent of income level)	7.2	7.8	3.8*	15.2*	7.5
*The estimate may not be reliable.					
Source: Ohio Family Health Survey, 2004					

- Thirty percent of Native American men ages 45 and older had unmet prescription drug needs. They were more likely than Hispanic and white men of the same age to have these needs (11.3 percent and 9 percent, respectively).
- Black men ages 45 and older were more likely to have unmet prescription drug needs (16.1 percent) than their white counterparts.
- White men living near poverty were more likely to have unmet needs than Hispanic men at the same income level (19.6 percent versus 10.7 percent).

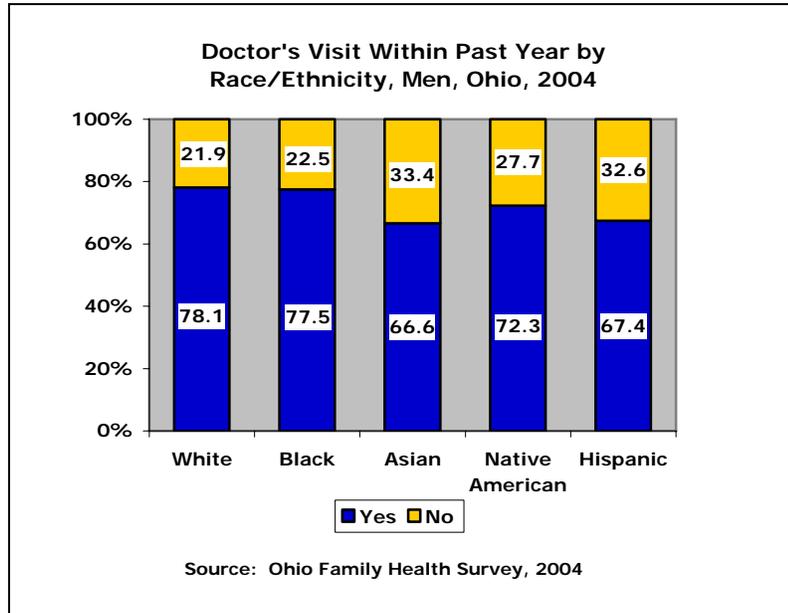
Table 13.

Comparison of Ability to Receive Medical Care Now Versus 3 Years Ago by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Ability to Receive Care Now Versus 3 Years Ago					
Easier	7.4	11.5	9.0	9.5*	12.8
Harder	21.1	23.2	19.5	28.8	21.1
Stayed the Same	69.8	62.2	66.1	59.2	62.8
Don't Know or Refused	1.6	3.1	5.4	2.5*	3.2
*The estimate may not be reliable.					
Source: Ohio Family Health Survey, 2004					

- Hispanic and black men were more likely than white men to report it was easier to receive medical care now than it was three years ago (12.8 percent and 11.5 percent versus 7.4 percent, respectively). They were less likely than white men to report their ability to receive care had stayed the same during this period.

V. Utilization and Quality of Care

Figure 13.



- Asian and Hispanic men were less likely than black and white men to have visited a doctor within the past year (33.4 percent versus 22.5 percent and 21.9 percent, respectively).

Table 14.

Doctor's Visit Within Past Year by Race/Ethnicity and Age, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Doctor's Visit Within Past Year by Age					
18-34					
Yes	69.9	64.9	63.9	52.1	56.6
No	30.1	35.1	36.1	47.9	43.4
35-44					
Yes	72.8	78.2	65.8	74.2	61.0
No	27.2	21.8	34.2	25.8*	39.0
45 and over					
Yes	85.7	87.7	71.3	81.9	83.1
No	14.3	12.3	28.7	18.1*	16.9

*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

- Hispanic men under age 35 were less likely to have visited a doctor within the past year than white men of the same age (43.4 percent versus 30.1 percent).
- Hispanic men ages 35 to 44 were less likely to have visited a doctor than their white and black counterparts (39 percent versus 27.2 percent and 21.8 percent, respectively).
- Asian men ages 45 and older were less likely to have visited a doctor than white and black men of the same age (28.7 percent versus 14.3 percent and 12.3 percent, respectively).

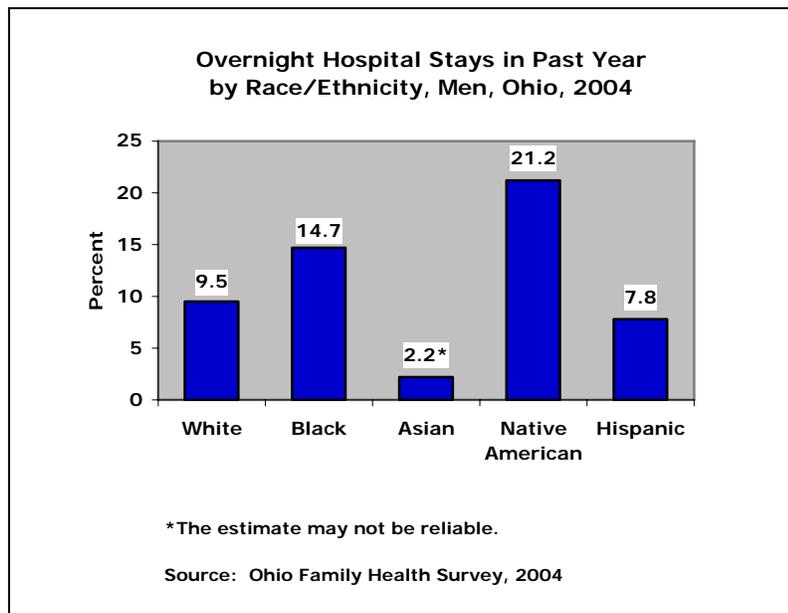
Table 15.

Length of Time Since Last Checkup by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Length of Time Since Last Checkup					
Checkup Within the Past Year	63.8	67.8	57.9	61.6	56.8
No Checkup Within the Past Year	36.2	32.2	42.1	38.4	43.2
Length of Time Since Last Checkup by Age					
18-34					
Checkup Within the Past Year	50.6	51.6	46.8	42.7	49.2
No Checkup Within the Past Year	49.4	48.4	53.2	57.3	50.8
35-44					
Checkup Within the Past Year	54.1	64.7	60.5	50.8	46.1
No Checkup Within the Past Year	45.9	35.3	39.5	49.2	53.9
45 and over					
Checkup Within the Past Year	76.6	82.9	71.2	76.2	70.6
No Checkup Within the Past Year	23.4	17.1	28.8	23.8	29.4

Source: Ohio Family Health Survey, 2004

- Hispanic men were less likely than black and white men to have had a checkup within the past year (56.8 percent versus 67.8 percent and 63.8 percent, respectively).
- Hispanic and white men ages 35 and older were less likely to have had a checkup than their black counterparts.

Figure 14.



- Native American and black men were more likely than white and Hispanic men to report overnight hospital stays within the past year.
- Native American men were more than twice as likely as white and Hispanic men to report stays.

Table 16.

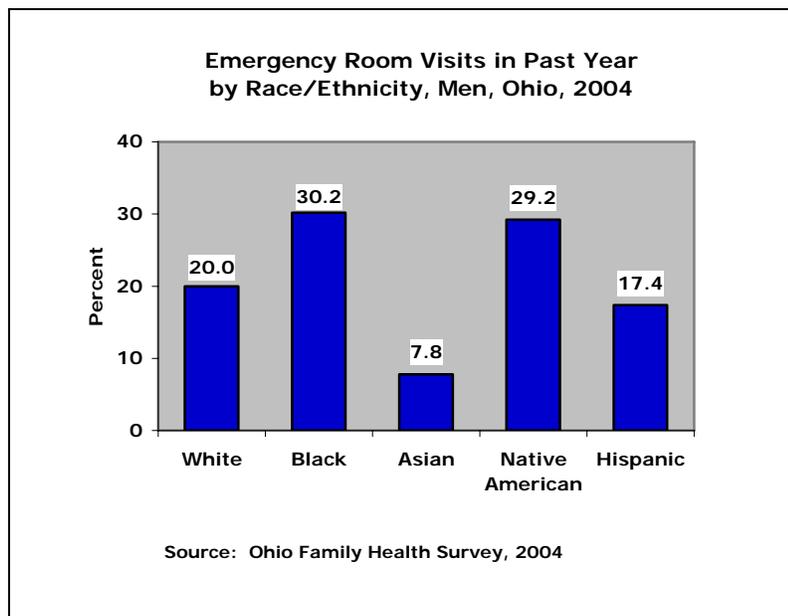
Overnight Hospital Stays in Past Year by Race/Ethnicity and Age, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Overnight Hospital Stays by Age					
18-34					
None	94.1	90.3	99.6	92.3	95.1
One or More	5.9	9.7	0.4*	7.7*	4.9
35-44					
None	94.0	90.2	97.8	92.2	94.8
One or More	6.0	9.8	2.2*	7.8*	5.2*
45 and over					
None	86.6	78.2	95.2	66.1	87.6
One or More	13.4	21.8	4.8*	33.9	12.4

*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

- Asian men under age 35 were more likely than white, black and Hispanic men to report no overnight hospital stays within the past year.
- Asian men age 45 and older were more likely than white, black and Native American men to report no overnight stays.
- Native American and black men ages 45 and older were more likely than white and Hispanic men to report overnight stays.

Figure 15.



Asian men were less likely than men of the other racial/ethnic groups to report emergency room visits.

- Black and Native American men were more than three times as likely to report visits.
- White and Hispanic men were more than twice as likely to report visits.

Black men were also more likely than white and Hispanic men to report emergency room visits.

Table 17.

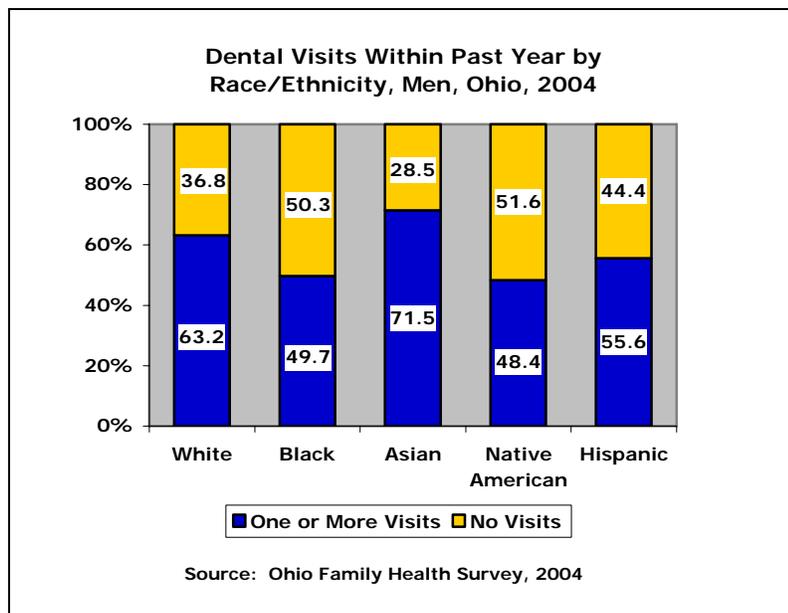
Emergency Room Visits in Past Year by Race/Ethnicity and Age Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Emergency Room Visits by Age					
18-34					
None	75.8	67.9	94.9	86.7	82.1
One or More	24.2	32.1	5.1*	13.3*	17.9
35-44					
None	82.0	75.6	88.3	62.1	82.4
One or More	18.0	24.4	11.7	37.9	17.6
45 and over					
None	81.8	68.0	92.2	66.1	83.2
One or More	18.2	32.0	7.8*	33.9	16.8

*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

- Asian men under age 35 were more likely to report no emergency room visits than white, black and Hispanic men of the same age. Black and white men in this age group were more likely than Hispanic men to report visits (32.1 percent and 24.2 percent, respectively, versus 17.9 percent).
- Black men ages 35 to 44 were more likely than their Asian counterparts to report emergency room visits.
- Asian men ages 45 and older were more likely to report no emergency room visits than white, black and Native American men of the same age. Black and Native American men in this age group were more likely to report visits than white and Hispanic men.

Figure 16.



- Native American, black and Hispanic men were more likely than white and Asian men to report no dental visits within the past year.
- Asian men were more likely to report a dental visit than men of other racial/ethnic groups.

Table 18.

Dental Visits in Past Year by Race/Ethnicity and Age, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Dental Visits by Age					
18-34					
None	38.5	47.3	38.2	50.4	49.4
One or More	61.5	52.7	61.8	49.6	50.6
35-44					
None	35.5	46.8	23.0	42.5	45.3
One or More	64.5	53.2	77.0	57.5	54.7
45 and over					
None	36.4	54.6	19.4	56.2	38.6
One or More	63.6	45.4	80.6	43.8	61.4

Source: Ohio Family Health Survey, 2004

- Black and Hispanic men under age 45 were more likely than white men of the same age to report no dental visits within the past year.
- Asian men ages 35 to 44 were more likely than their white, black and Hispanic counterparts to report visits.

Among men ages 45 and older:

- Asians were more likely to report dental visits than men of other racial/ethnic groups.
- Blacks were more likely than whites and Hispanics to report no visits.
- Native Americans were more likely than whites to report no visits.

Table 19.

Quality of Emergency Room Care by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Quality of Care					
Below Average	12.2	10.3	9.7*	18.4*	12.9
Average	16.1	18.5	10.4*	16.8*	20.5
Good	31.6	28.5	38.7	21.3*	33.9
Very Good/Excellent	40.1	42.8	41.1	43.6	32.7

*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

- There were no significant differences between racial/ethnic groups in ratings of quality of emergency room care.

Table 20.

Quality of Dental Care by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Quality of Care					
Below Average	2.4	7.0	5.7*	5.3*	3.8
Average	5.1	15.5	16.4	8.5*	8.4
Good	23.5	30.0	40.6	17.0*	25.5
Very Good/Excellent	69.0	47.5	37.3	69.2	62.3
*The estimate may not be reliable.					
Source: Ohio Family Health Survey, 2004					

- Black men were nearly three times more likely than white men to rate their quality of dental care as below average (7.0 percent versus 2.4 percent).
- Asian, black and Hispanic men were more likely than white men to rate their care as average (16.4 percent, 15.5 percent and 8.4 percent, respectively, versus 5.1 percent). Black men were also more likely than Hispanic men (8.4 percent) to rate their dental care accordingly.
- Asian and black men were more likely than white men to rate their care as good (40.6 percent and 30 percent versus 23.5 percent, respectively). Asian men were also more likely than Hispanic men (25.5 percent) to rate their dental care as good.
- Hispanic, black and Asian men were less likely than white men to rate their care as very good or excellent (62.3 percent, 47.5 percent and 37.3 percent, respectively, versus 69 percent). Native American (69.2 percent) and Hispanic men were more likely than black men to rate their care likewise.

Table 21.

Rating of Overall Quality of Care by Race/Ethnicity, Men, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Quality of Care					
Below Average	2.3	5.0	5.0*	5.6*	2.4
Average	8.1	12.2	12.5	10.9*	9.1
Good	36.8	40.4	54.2	31.6	34.5
Very Good/Excellent	52.8	42.3	28.4	51.8	54.0
*The estimate may not be reliable.					
Source: Ohio Family Health Survey, 2004					

- Black men were more likely than white men to rate the overall quality of their care as below average or average.
- Asian men were more likely than men of other racial/ethnic groups to rate their care as good.
- Hispanic and white men were more likely than black and Asian men to rate their overall quality of care as very good or excellent (54 percent and 52.8 percent versus 42.3 percent and 28.4 percent, respectively). Native American (51.8 percent) and black men were more likely than Asian men to rate their care accordingly.

Table 22.

Rating of Choice of Doctors by Race/Ethnicity Insured Men Ages 18-64, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Rating					
Below Average	5.3	7.5	8.3	9.4*	5.2
Average	11.0	14.8	12.7	13.2*	11.1
Good	32.2	27.3	42.9	22.2	30.4
Very Good/Excellent	49.2	47.1	31.1	52.6	48.9
Don't Know/Refused	2.3	3.2	5.0*	2.7*	4.4
*The estimate may not be reliable.					
<i>Source: Ohio Family Health Survey, 2004</i>					

- Insured Asian men were more likely than their counterparts of other racial/ethnic groups to rate their choice of doctors as good. They were less likely than other insured men to rate their choice as very good or excellent.

Table 23.

Rating of Benefits Covered by Race/Ethnicity Insured Men Ages 18-64, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Rating					
Below Average	8.1	9.1	9.8	11.0*	7.8
Average	17.1	16.6	22.1	12.0*	16.1
Good	41.9	36.8	46.0	37.1	40.0
Very Good/Excellent	33.0	37.5	22.1	40.0	36.2
*The estimate may not be reliable.					
<i>Source: Ohio Family Health Survey, 2004</i>					

- Asian men were less likely than white, black and Hispanic men to rate their insurance benefits as very good or excellent (22.1 percent versus 33 percent, 37.5 percent and 36.2 percent, respectively).

Table 24.

Rating of Ability to Receive Emergency Care by Race/Ethnicity Insured Men Ages 18-64, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Rating					
Below Average	3.6	7.5	4.2*	7.0*	2.5
Average	6.9	10.3	12.2	10.6*	9.8
Good	24.6	25.7	32.5	18.5	23.8
Very Good/Excellent	60.6	53.6	37.7	59.1	58.3
Don't Know/Refused	4.3	2.9	13.4	4.8*	5.7
*The estimate may not be reliable.					
Source: Ohio Family Health Survey, 2004					

- Insured black men were three times as likely as insured white and Hispanic men to rate their access to emergency care as below average (7.5 percent versus 3.6 and 2.5 percent, respectively).
- Insured black men were more likely than their white counterparts to rate their access to this type of care as average. They were less likely than white men to rate their access as very good or excellent.
- Insured Asian men were more likely than insured white men to rate their access to emergency care as good. They were less likely than insured men of other racial/ethnic groups to rate access to this type of care as very good or excellent.

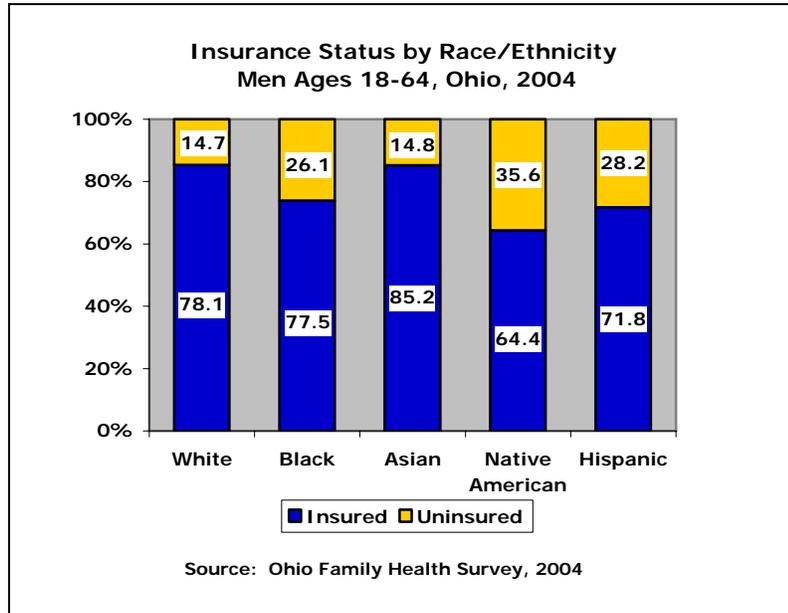
Table 25.

Rating of Amount Paid for Medical Services by Race/Ethnicity Insured Men Ages 18-64, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Rating					
Below Average	13.8	16.5	9.6	11.3	12.7
Average	21.4	16.8	30.0	19.4	17.8
Good	33.2	28.4	32.7	32.3	34.0
Very Good/Excellent	28.5	34.8	19.6	32.7	30.9
Don't Know/Refused	3.1	3.4	8.2	4.2*	4.6
*The estimate may not be reliable.					
Source: Ohio Family Health Survey, 2004					

- Insured Asian men were more likely than insured white, black and Hispanic men to rate the amount paid for medical services as average (30 percent versus 21.4 percent, 16.8 percent and 17.8 percent, respectively). Insured black men were less likely than their white counterparts to rate the amount paid as average.
- Insured Asian men were less likely than insured white, black and Hispanic men to rate the amount paid as very good or excellent (19.6 percent versus 28.5 percent, 34.8 percent and 30.9 percent, respectively). Insured black men were more likely than their white counterparts to rate the amount paid as good or excellent.

VII. Insurance (Men Ages 18-64)

Figure 17.



- Black (26.1 percent), Native American (35.6 percent) and Hispanic men (28.2 percent) were more likely than white (14.7 percent) and Asian men (14.8 percent) to be uninsured.

Table 26.

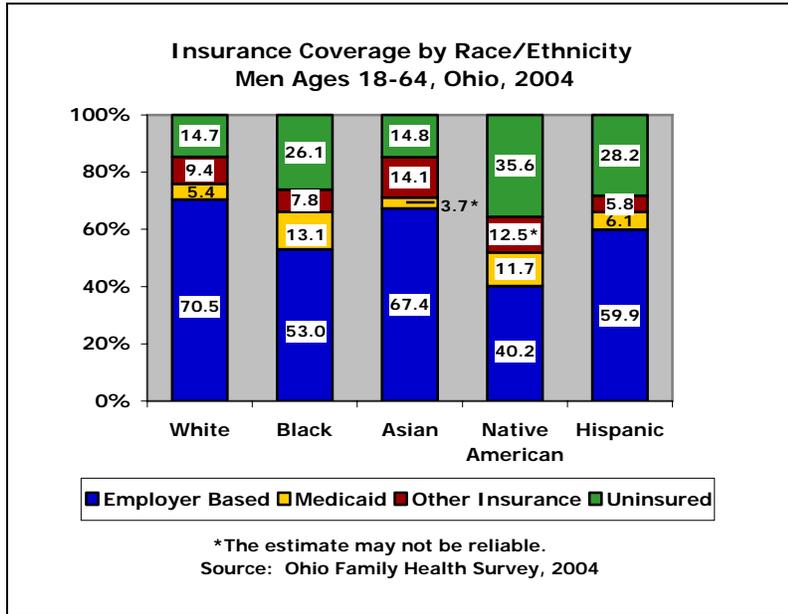
Length of Time Uninsured by Race/Ethnicity Insured Men Ages 18-64, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Length of Time Uninsured					
One Year or Less	30.8	19.9	37.7	20.5*	12.1
More Than One Year	65.5	75.3	48.9	68.1	83.1
Don't Know or Refused	3.7	4.8	13.4*	11.3*	4.8*

*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

- Black and Hispanic men were more likely than white and Asian men to be uninsured more than one year (75.3 percent and 83.1 percent versus 65.5 percent and 48.9 percent, respectively).

Figure 18.



- Native American men were less likely than men of other racial/ethnic groups to have employer-based coverage.
- Black men were less likely to have employer-based coverage than white and Asian men.
- Hispanic men were less likely than white men to have employer-based coverage.
- Black men were more likely than white or Hispanic men to have Medicaid coverage.

- Hispanic men were less likely than white or Asian men to have other types of insurance.
- Black, Native American and Hispanic men were more likely than white or Asian men to be uninsured.

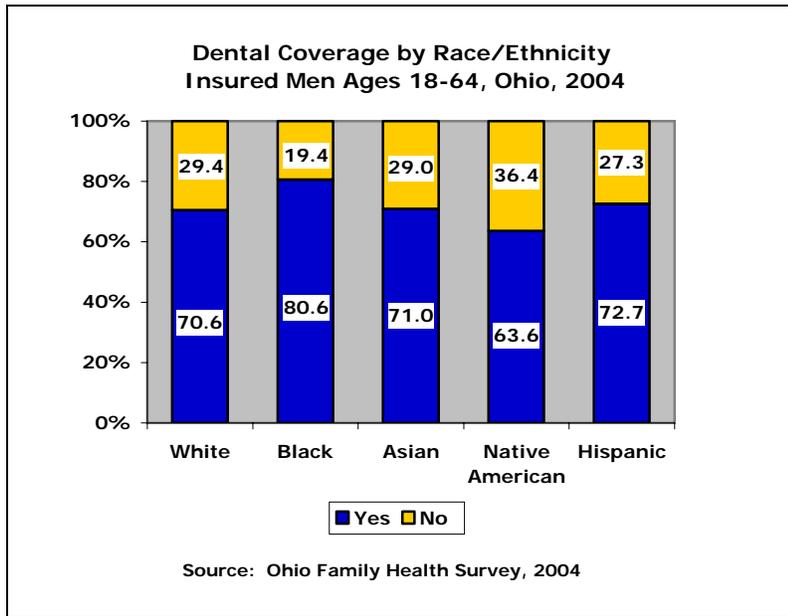
Table 27.

Employer/Union-Based Coverage by Race/Ethnicity, Insured Men Ages 18-64, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Employer/Union-Based Coverage					
Yes	82.8	71.9	79.5	62.4	83.6
No	17.2	28.1	20.5	37.6	16.4

Source: Ohio Family Health Survey, 2004

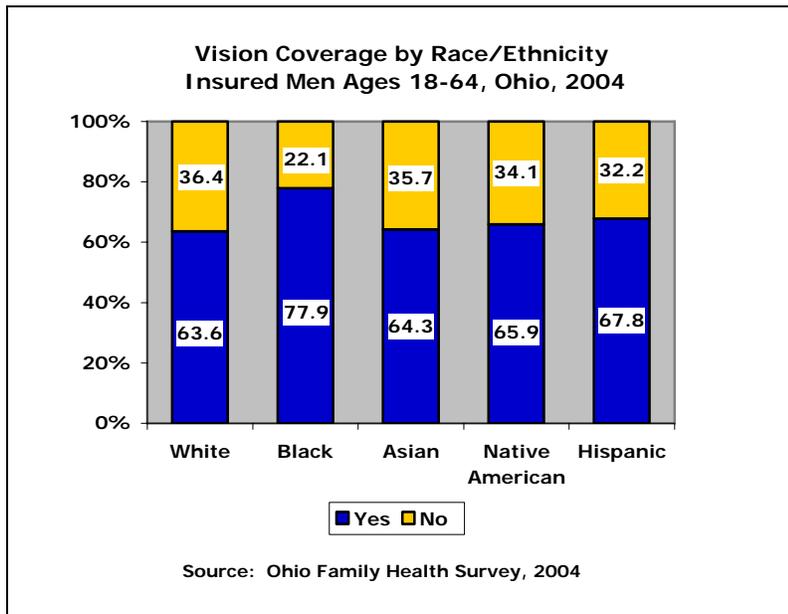
- Insured black and Native American men were less like than their white and Hispanic counterparts to have employer or union-based insurance coverage (71.9 percent and 62.4 percent versus 82.8 percent and 83.6 percent, respectively).

Figure 19.



- Insured Native American, white and Hispanic men were more likely to lack dental coverage than insured black men (36.4 percent, 29.4 percent and 27.3 percent versus 19.4 percent, respectively).

Figure 20.



- Insured white, Asian and Hispanic men were more likely to lack vision coverage than their black counterparts (36.4 percent, 35.7 percent and 32.2 percent versus 22.1 percent, respectively).

Table 28.

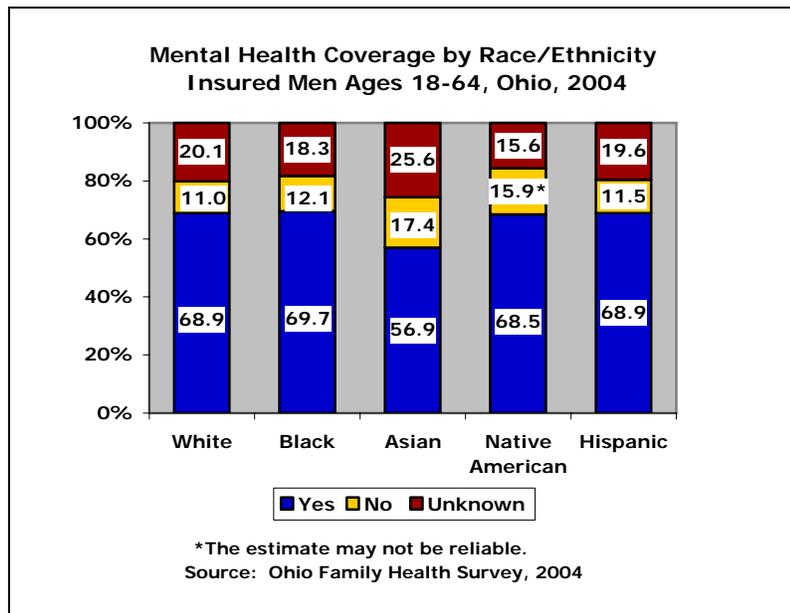
Prescription Drug Coverage by Race/Ethnicity, Insured Men Ages 18-64, Ohio, 2004					
	Percent				
	White	Black	Asian	Native American	Hispanic
Prescription Drug Coverage Provided					
Yes	94.7	93.4	90.2	85.3	92.1
No	5.3	6.6	9.8	14.7*	7.9

*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

- There were no significant differences in prescription drug coverage between racial/ethnic groups.

Figure 21.



- Asian men were more likely than white men to lack mental health coverage (17.4 percent versus 11 percent).

VIII. Conclusions

This report identifies a number of disparities that exist between white, black, Asian, Native American and Hispanic men in Ohio, by income, health status, access to health care, unmet needs and utilization. A number of significant differences between white and Asian men *and* men of other racial/ethnic groups were found. Hispanic men were more likely than white men to lack a usual source of care. They were also more likely to report special health care needs than Asian men. Black men were more likely than white men to have been told they have diabetes and to have unmet prescription drug needs. Native American and black men were more likely than white men to report poor health status, to smoke cigarettes and to have been told they have hypertension. They were more likely to need to see a specialist than Asian men. Hispanic, black and Native American men were more likely than white men to live in poverty and to report hospital emergency rooms as their usual source of care. They were also more likely than white and Asian men to report unmet dental needs and no dental visits within the past year. Hispanic and black men were more likely than Asian men to report poverty incomes. Native American men were more likely than Hispanic and white men to report unmet prescription drug needs. They, along with white men, were also more likely than black and Hispanic men to have been told they have a heart condition or circulatory problems. Native American, white and black men were more likely than Hispanic and Asian men to have special health care needs.

Among men under age 65, racial and ethnic disparities by insurance status, type of insurance and coverage were also identified in this report. Blacks, Native Americans and Hispanics were more likely than whites to be uninsured. Blacks were more likely than whites or Hispanics to be covered by Medicaid. Native Americans were less likely than other racial/ethnic groups to have employer-based coverage. Among insured men under age 65, in comparison to blacks, Native Americans, whites and Hispanics were more likely to lack dental coverage. Whites, Asians and Hispanics were more likely to lack vision coverage. Asians were more likely than whites to lack mental health coverage. A multifaceted approach will be needed to reduce disparities and improve the overall health of men in Ohio.

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 in their accuracy or willingness to provide information on an individual question. These choices may create unknown and immeasurable 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 that 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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