

Constructing a Community Profile for Public Health Preparedness: OHIZ and SDOH Dashboards

Association for Health Commissioners Conference – Fall 2024

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Objectives

- Utilize the OHIZ and SDOH dashboards effectively to construct a community profile geared toward public health preparedness.
- Identifying opportunities to address community response inequities and inaccessibility.

Ohio Department of Health Mission:

**Advancing the health and well-being
of all Ohioans.**

Office of Health Opportunity - Key Objectives

Establish

- Establish equity as a pillar of public health.

Improve

- Improve clinical care and experiences for the most vulnerable.

Elevate and Address

- Elevate and address the social determinants of health, by impacting upstream social and community conditions of health.

Ensure

- Ensure an equitable response to COVID-19 and other communicable diseases.

Whole Community

- Involving people in the development of national preparedness documents.
- Ensuring their roles and responsibilities are reflected in the content of materials.

E.g.: Individuals and families, including those with access and functional needs, business, faith-based and community organizations, non-profit groups, schools and academia, media outlets, and all levels of government

Preparedness and Community Resiliency Considerations

- Preparing the masses and the inclusion of Access and Functional Needs.
- What about other communities that don't fit in those categories?
 - People experiencing homelessness.
 - People with chronic diseases.
 - People without broadband or computing devices .
 - People who do not own a car.
 - People who live below the Federal Poverty Line.
 - Limited English speakers, etc.
- Engage your community in conversation/planning.

Social Determinants of Health

Social Determinants of Health



- The World Health Organization defines social determinants as “**conditions in which people are born, grow, live, work and age.**”
- These factors influence the health of the economy, allocation of resources, and distribution of power.

Intersection of SDOH and Preparedness

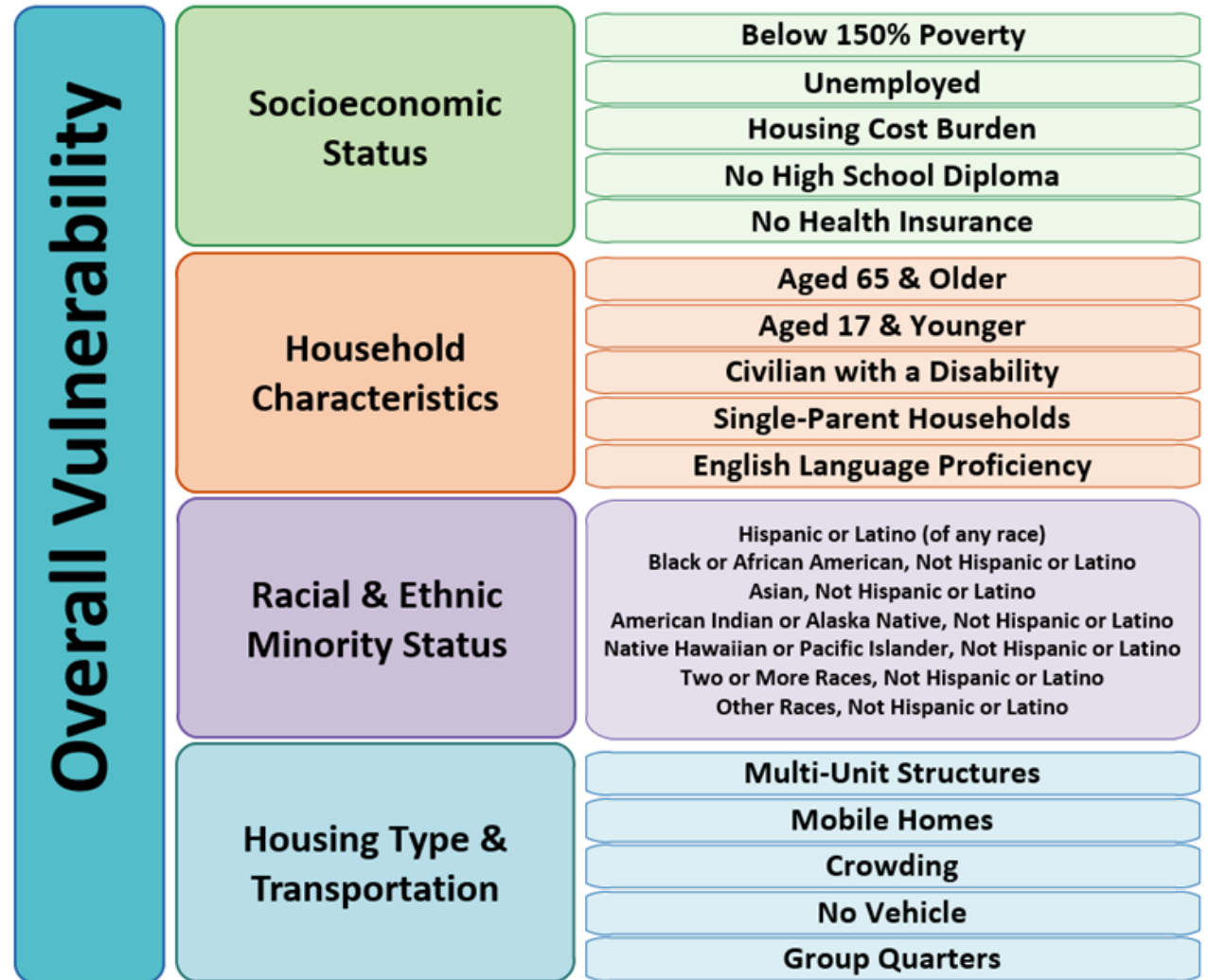
- Resource availability and employment security.
- Chronic health conditions and emergency medical services.
- Infrastructure quality and environmental hazards.
- Social cohesion and trust in authorities.
- Emergency knowledge literacy and communication.
- Evacuation and mobility.
- Nutritional needs.

Intersection of SDOH and Preparedness

- Equitable Response.
- Targeted Interventions.
- Resource Allocation.
- Mitigation of Disparities.
- Enhanced Community Resilience.

Ohio Health Improvement Zones

- Identify communities with specific risk factors.
- Better understand community risks and strengths.
- CDC SVI score of ≥ 0.75 .
- [Ohio Health Improvement Zones](#).



Ohio Health Improvement Zones Dashboard

State of Ohio | Health Improvement Zones By County

[Click Here to View Census Tract Dashboard](#) SVI Domain: Overall

Adams
 Allen
 Ashland
 Ashtabula
 Athens
 Auglaize
 Belmont
 Brown
 Butler
 Carroll
 Champaign
 Clark
 Clermont
 Clinton
 Columbiana
 Coshocton
 Crawford
 Cuyahoga
 Darke
 Defiance
 Delaware
 Erie
 Fairfield
 Fayette
 Franklin
 Fulton
 Gallia

Select county to view SVI attributes:
Athens County, Ohio
 Fips: 39009
 Ohio Health Improvement Zone
 2020 Overall SVI Score: 0.8046

Scores range from 0 (lowest vulnerability) to 1 (highest vulnerability)

Total Population: 65,945
 Housing Units: 26,686

Key:
 Theme: SVI Score
 Variable: Estimate

Socioeconomic: 0.8621
 Below Poverty: 21,112
 Unemployed: 1,791
 Housing Cost Burden: 6,856
 No HS Diploma: 3,588
 No Health Insurance: 3,991

Household Characteristics: 0.01150
 Aged 65 or Older: 8,514
 Aged 17 or Younger: 9,575
 Civilian with a Disability: 10,821
 Single-Parent Household: 975
 English Language Proficiency: 279

Racial & Ethnic Minority Status: 0.6092
 Minority: 6,870

Housing Type & Transportation: 1.000
 Multi-Unit Structures: 2,536
 Mobile Homes: 4,013
 Crowding: 366
 No Vehicle: 1,625
 Group Quarters: 9,531

Address Lookup Instructions

Address Search

SVI Legend: 0.7501 - 1 | HIGH

State of Ohio | Health Improvement Zones By Census Tract

[Click Here to View County Dashboard](#) SVI Domain: Overall

Census Tract Name: (Multiple values)

Adams
 Allen
 Ashland
 Ashtabula
 Athens
 Auglaize
 Belmont
 Brown
 Butler
 Carroll
 Champaign
 Clark
 Clermont
 Clinton
 Columbiana
 Coshocton
 Crawford
 Cuyahoga
 Darke
 Defiance
 Delaware
 Erie
 Fairfield
 Fayette
 Franklin
 Fulton
 Gallia

Select census tract to view SVI attributes:
Census Tract 9728, Athens County, Ohio
 Fips: 3900972800
 Ohio Health Improvement Zone
 2020 Overall SVI Score: 0.7748

Scores range from 0 (lowest vulnerability) to 1 (highest vulnerability)

Total Population: 4,548
 Housing Units: 1,780

Key:
 Theme: SVI Score
 Variable: Estimate

Socioeconomic: 0.8028
 Below Poverty: 1,586
 Unemployed: 244
 Housing Cost Burden: 402
 No HS Diploma: 536
 No Health Insurance: 146

Household Characteristics: 0.03750
 Aged 65 or Older: 516
 Aged 17 or Younger: 706
 Civilian with a Disability: 738
 Single-Parent Household: 33
 English Language Proficiency: 0

Racial & Ethnic Minority Status: 0.3236
 Minority: 365

Housing Type & Transportation: 0.9968
 Multi-Unit Structures: 190
 Mobile Homes: 413
 Crowding: 41
 No Vehicle: 168
 Group Quarters: 1,004

Address Lookup Instructions

Address Search

SVI Legend: 0.7501 - 1 | HIGH

Community Well-being: Social Determinants of Health Dashboard

- Utilizes data from Census Bureau, CDC, and ACS data at the census tract and county levels.
- Six domains and over 155 metrics.
- Organizes publicly available data for easy visualization.
- Helps to target the right resources in the right communities.
- Helps set up-stream targets for positive impacts to health.



East Palestine Example

What is the Dashboard and what data is Included in Dashboard?

The Community Wellbeing: [Social Determinants of Health dashboard](#) is relevant to anyone serving Ohioans that would benefit from greater insight into community conditions for funding, program, and policy considerations - to make the greatest impact. Users who benefit include (but certainly are not limited to) state and local governments, health and educational organizations, and non-profit organizations.

There are five (5) domains including economic vitality, neighborhood and physical environment, healthcare access and quality, education access and quality, and social and community environment and 131 key community attributes, including single parents, chronic diseases and, children living in poverty. Data is utilized from the Census Bureau, CDC and American Community Survey at the census tract level and is displayed in easily consumable formats including maps, bar charts and CSV download.

Applying the Dashboard to Maximize Impact

This dashboard can proactively identify where funding, programs, and policies can make the greatest impact and begin to narrow health, educational, economical, and community disparity outcomes for Ohioans. View the [Community Wellbeing: Social Determinants of Health](#) dashboard on the [DataOhio Portal](#) ([data.ohio.gov](#)) or visit the Ohio Department of Health, [Health Opportunity](#) webpage for more details.

Demographics of Columbiana County

Columbiana County, Ohio is located in northeastern Ohio and borders Pennsylvania. The county has a population just under 100,000 people. Nearly half of the population is age 19 and young or over the age of 64. Fifteen percent of the population report a disability.

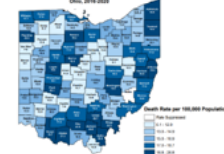
- > 14.31% of the population live in poverty
- > 24% children under 5 live in poverty
- > 22% of children 18 and under live in poverty
- > 14% of households in Columbiana Co receive SNAP benefits
- > Community has a 6.56% unemployment rate
- > Nearly 12% of the county does not have a high school diploma
- > 6.4% of the population is uninsured while 27% of the population has veterans, Medicare or Medicaid insurance.
- > While the vast majority of the population has insurance there is still about 15% of the population that does not utilize preventative screenings and that number is higher for women seeking mammography and cervical screenings.
- > Prevalent chronic diseases in the county: Arthritis, binge drinking, heart disease, high blood pressure cancer (excluding skin), smoking, depression.
- > Less than 1% of the population reports speaking limited English

2.24.23 plc

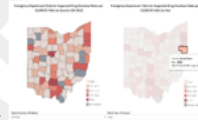


- > Nearly 6% report being single parent households
- > Nearly 14% of household report no computing devices, broadband access varies across the county
- > Nearly 45% of households are spending more than 30% of their income on housing
- > The vast majority of housing available in the county was built before 1979

Figure 6. Average Age-Adjusted Rate of Suicide Deaths by County, Ohio, 2015-2019



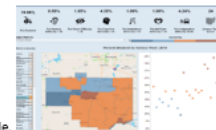
Suicide rates in Columbiana County:



Accidental Overdose rates in Columbiana County:

Demographics of East Palestine

Utilizing the lasso feature in the Community Well-being Dashboard we can garner publicly available data for East Palestine. While a few community conditions in East Palestine align with the county profile demographics many are less prevalent while others are more prevalent. ODH does not look at accidental death/ overdose or suicide data by census tract. The other chronic disease data is available at that level. The overall Social Vulnerability Index (SVI) for both Columbiana County and East Palestine indicate that they do not meet the criteria for an Ohio Health Improvement Zone (OHIZ) designation.



The population of East Palestine is approximately 4,700 people.

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In looking at the County demographics, less than 2% of the population identifies as Hispanic. There are a handful of census tracts in Columbiana Co that have a higher percentage of the community's Hispanic population and EP is one of those tracts but is still under 3%. ODH might consider translating materials. East Liverpool has the County's largest percentage of the Hispanic population- this is located directly south of EP.

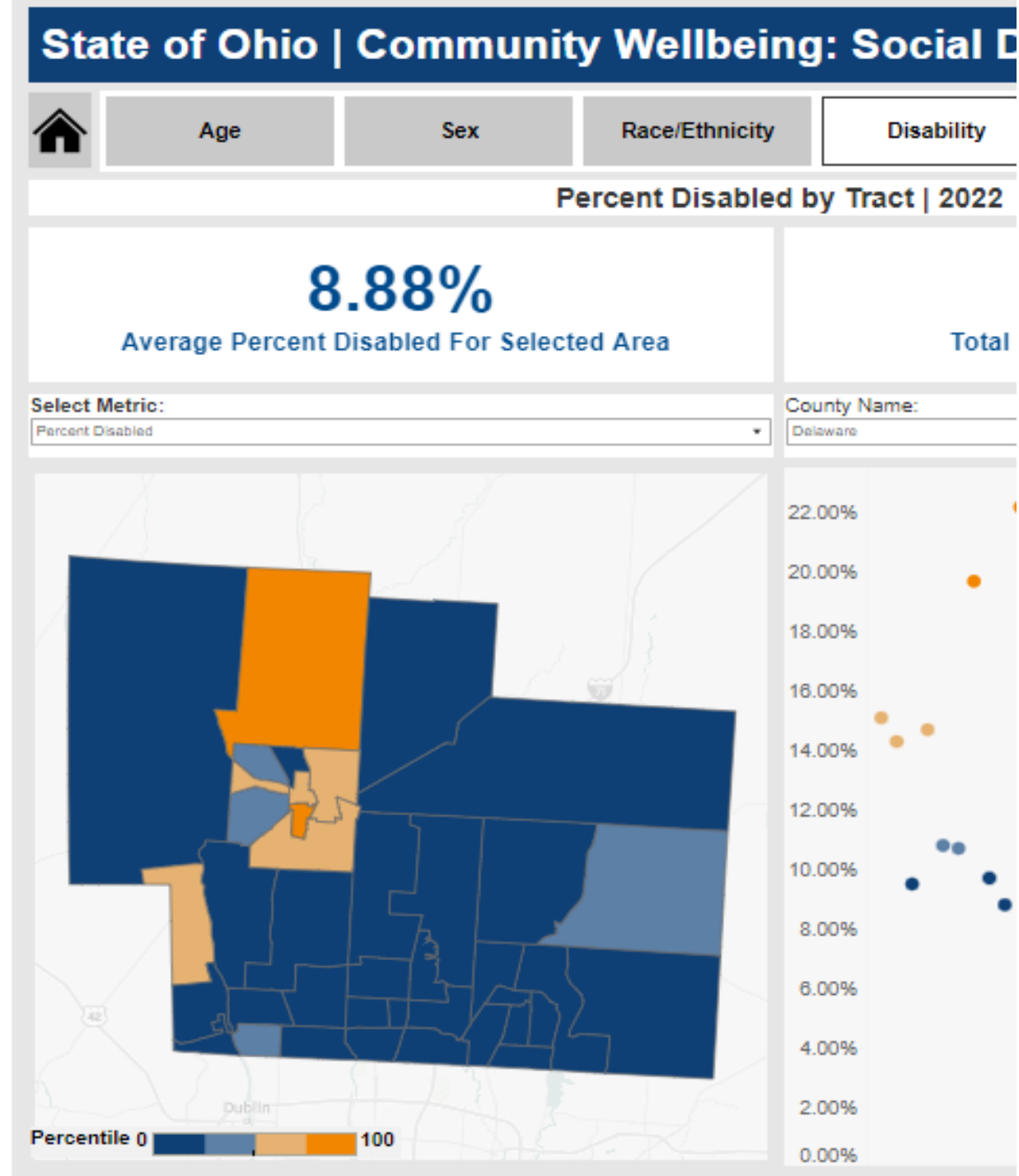
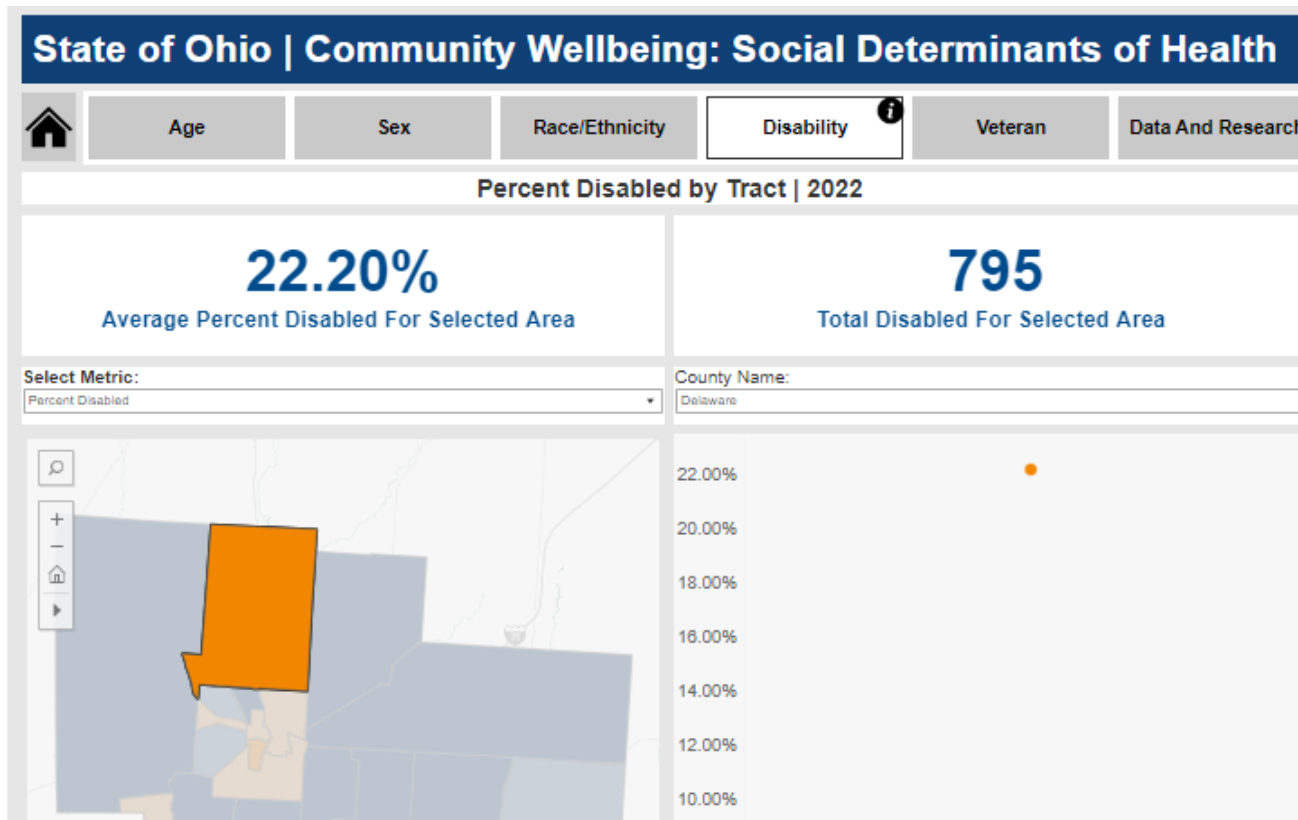
- > The two census tracts that are closest to EP have about 5% of their population as children with disabilities.
- > The same two census tracts have less than 3% of the minor children living in poverty.
- > The same two census tracts, according to the ACS data, suggests that there are higher rates of asthma, COPD, Cancer, Smoking, Coronary heart disease, and poor health.
- > The census tract that EP is in has a higher rate of self-reported mental health concerns, per the ACS.
- > The census tract immediately to the north of EP has an aging population.
- > The tract to the north of EP is less likely to have health insurance.
- > The average income across all educational attainment is \$32,178
- > The unemployment rate is 8%
- > 8.4% of households report being single head of household
- > More than 80% of households report subscriptions to broadband services
- > 24% of those living in EP report having low income and low access (distance) to food
- > 13% of households in P report receiving SNAP benefits
- > 45% of housing in EP was built prior to 1939

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Building a Community Profile

- Purpose.
- County Profile vs. Census Tract Profile.



Building a Community Profile

- **Eight Sections:**

- Social Vulnerability Index Score (OHIZ Dashboard).
- Demographic Profiles (SDoH Dashboard).
- Education Quality and Access (SDoH Dashboard).
- Health Access and Access (SDoH Dashboard).
- Neighborhood and Built Environment (SDoH Dashboard).
- Economic Stability (SDoH Dashboard).
- Social and Community Context (SDoH Dashboard).
- Community Partners.

Community Well-being: Social Determinants of Health Dashboard

[Community Wellbeing: Social Determinants of Health | DataOhio](#)

Details Reference Information Visualize

State of Ohio | Community Wellbeing: Social Determinants of Health

Social Determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These external and interdependent factors play a role in why some people and entire communities experience worse health outcomes than others. The SDoH can be broadly categorized into areas of economic stability, physical environment, educational opportunities, and health care opportunities.

Select A Domain To Learn More

Demographic Profile

- 23.71% Ohio Under 19 Population
[Navigate to Age Profile](#)
- 50.8% Ohio Percent Female Population
[Navigate to Gender Profile](#)
- Race and Ethnicity**
[Navigate to Race/Ethnicity Profile](#)
- 14.09% Ohio Percent Disabled Population
[Navigate to Disability Profile](#)
- 644,363 Ohio Veteran Population 18+
[Navigate to Veteran Profile](#)

[Read More About Domain](#)

Looking for a specific metric?

For more information, click to find out more [More on Health Equity](#) [More on SDOH](#)

Community Well-being: Social Determinants of Health Dashboard (cont.)

State of Ohio | Community Wellbeing: Social Determinants of Health

Social Determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These external and interdependent factors play a role in why some people and entire communities experience worse health outcomes than others. The SDoH can be broadly categorized into areas of economic stability, physical environment, educational opportunities, and health care opportunities.

Select A Domain To Learn More



Healthcare Access and Quality

77.22
Ohio Life Expectancy

[Navigate to Life Expectancy](#)

6.6%
Ohio Cancer Rate

[Navigate to Chonic Disease](#)

79.65%
Ohio Routine Checkup

[Navigate to Preventive Healthcare Services](#)

6.4%
Ohio Uninsured

[Navigate to Insurance](#)

[Read More About Domain](#)

Looking for a specific metric?

For more information, click to find out more
DOMAINS

[More on Health Equity](#)
COMMUNITY EXPERIENCES

[More on SDOH](#)
OPPORTUNITY DOMAINS

37.6%
Ohio Households with Internet

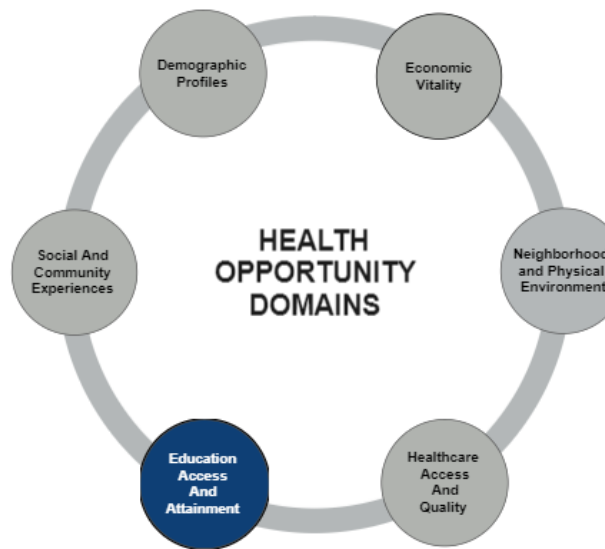
[Navigate to Internet Access](#)

[Read More About Domain](#)

State of Ohio | Community Wellbeing: Social Determinants of Health

Social Determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These external and interdependent factors play a role in why some people and entire communities experience worse health outcomes than others. The SDoH can be broadly categorized into areas of economic stability, physical environment, educational opportunities, and health care opportunities.

Select A Domain To Learn More



Education Access and Quality

\$46,709.00
Ohio Average Earnings for All Education Levels

[Navigate to Economics And Education Attainment](#)

4.2%
Ohio Unemployment and Education Level

[Navigate to Unemployment and Education Level](#)

12.5%
Ohio 18-24 without High School Degree

[Navigate to Percent without High School Degree](#)

8.6%
Ohio Average Less Than High School Degree

[Navigate to Educational Attainment](#)

42.9%
Ohio Average Enrollment for 3-4 Year olds

[Navigate to School Enrollment](#)

[Read More About Domain](#)

Looking for a specific metric?

For more information, click to find out more
DOMAINS

[More on Health Equity](#)
COMMUNITY EXPERIENCES

[More on SDOH](#)
OPPORTUNITY DOMAINS

Ohio Renter Occupied Housing

[Navigate to Housing](#)

18.1%
Ohio Houses Built Before 1939

[Navigate to Built](#)

[Read More About Domain](#)

Looking for a specific metric?

Community Well-being

Last Refreshed: June 27, 2024

Details | Refer

State of Ohio

Social Determinants of Health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These external and interdependent factors play a role in why some people and entire communities experience worse health outcomes than others. The SDoH can be broadly categorized into areas of economic stability, physical environment, educational opportunities, and health care opportunities.

Demographic Profiles

Looking for a specific metric?

For more information, click to find out more

[More on Health Equity](#)

Looking for a specific metric?

For more information, click to find out more

[More on Health Equity](#)

[More on SDOH](#)



OHIO HEALTH

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Build Your Community Profile

Build Your Community Profile



Use the [Ohio Health Improvement Zones \(OHIZ\) dashboard](#) and the [Community Wellbeing: Social Determinants of Health dashboard \(SDoH\)](#) to fill in the blanks below.

County or Census Tract(s): _____

Please use the [Ohio Improvement Zones Dashboard](#) to find the data for the sections below.

County or Census Tract Overall SVI Score (OHIZ)

Socioeconomic Status SVI: _____ (For example, 0.75)

Household Composition SVI: _____ (For example, 0.75)

Race/Ethnicity/Language Status SVI: _____ (For example, 0.75)

Housing/Transportation SVI: _____ (For example, 0.75)

Please use the [Community Well-being: Social Determinants of Health Dashboard](#) to find the data for the sections below.

County or Census Tract Demographic Profile (SDoH)

Data for this section can be found under the "Demographic Profile" domain on the SDoH dashboard.

Insert percentage or population # for each line. (For example, 15%)

Age Demographics		Veteran Demographics	
Population Under 19		Percent Veteran Population 18+	
Population 19-64			
Population 64 and Up			

Racial/Ethnic Demographics		Disability Demographics	
Percent White Population		Percent Disabled	
Percent Black Population		Percent with Hearing Difficulty Under 18	
Percent American Indian and Alaskan Native Population		Percent with Vision Difficulty Under 18	
Percent Asian Population		Percent with Cognitive Disability Under 18	
Percent Native Hawaiian and Other Pacific Islander		Percent with Ambulatory Difficulty Under 18	
Percent Some Other Race Population		Percent Self-Care Difficulty Under 18	
Percent Two or More Races Population		Percent with Independent Difficulty Between 18-64	
Hispanic or Latino Origin Population			

Special Populations (ex. Migrant seasonal farm workers, Haitian-Creole population, Mauritanian population, etc.)

Does your county offer Translation Services?
 If so, list languages below:

Gender Demographics	
Percent Female Population	
Percent Male Population	

Build Your Community Profile



Economic Vitality (SDoH)

Data for this section can be found under the "Economic Vitality" domain on the SDoH Dashboard.

Insert percentage or population # for each line. (For example, 15%)

Percent population in poverty.		Percent unemployment.	
Percent of children under 5 live in poverty.		Labor Force Participation (20-64 years old).	
Percent of children 18 and under live in poverty.		Labor Force Participation (20-64 years old) (Any Disability).	
Percent living in poverty with a disability.		Labor Force Participation (20-64 years old) below poverty in the last 12 months.	
Median household income.			

Neighborhood and Physical Environment (SDoH)

Data for this section can be found under the "Neighborhood and Physical Environment" domain on the SDoH dashboard.

Insert percentage for each line. (For example, 15%)

Households without a vehicle.		Spending 40% or more of income on rent.	
Housing units built 1939 or earlier.		Spending 50% or more of income on rent.	
Housing units built 1940-1960.		Households in county receive SNAP benefits.	
Housing units built before 1979.		Walkability.	
Spending 30% or more of income on rent.			

Healthcare Access and Quality

Instructions: Data for this section can be found under the "Health Access and Quality" domain on the SDoH dashboard.

Insert percentage for each line. (For example, 15%)

Percent of the population is uninsured.		Seeking Preventative Services.	
Percent uninsured with a disability.			
Percent uninsured under 19.		Top 5 prevalent chronic diseases in the county:	
VA Health Coverage.			
Medicare Coverage.			
Medicaid Coverage.			

Education Access and Attainment (SDoH)

Instructions: Data for this section can be found under the "Education Access and Attainment" domain on the SDoH dashboard.

Insert percentage for each line. (For example, 15%)

Percent of the population does not have a high school diploma.		Average earning for all education levels. Insert dollar amount here (For example, \$32,000)	
25 years or older with less than a 9th-grade education.		Percent of students economically disadvantaged.	

Build Your Community Profile



Social and Community Experiences (SDoH)

Data for this section can be found under the "Social and Community Experiences" domain on the SDoH Dashboard.

Insert percentage for each line. (For example, 15%)

Percent of the population reports speaking limited English.		Percent of households have broadband access.	
Percent households report no computing devices.		Percent report being single-parent households.	

Community Partners to Consider

For this section, consider your organization's current and potential partners.

Faith-Based and Community Organizations:	Businesses:
Nonprofits:	Government:
Schools and Academia:	Hospitals and Health Centers:
Media Outlets:	Other Non-Traditional Partners:

Additional Resources:

Accidental Overdoses: The [State of Ohio Integrated Behavioral Health Dashboard](#) provides a county and state-level picture of long-term trends in opioid use disorder, overdoses, and treatment, critical information in helping public health and others understand service needs, outcomes, and opportunities to reduce substance misuse.

Resiliency Analysis and Planning Tool: The [FEMA Resiliency Analysis and Planning Tool \(RAPT\)](#) is a GIS planning tool that informs emergency preparedness, response, and recovery strategies. RAPT has more than 100 preloaded layers that include community resilience indicators, current census data, infrastructure, and hazards. Some helpful metrics in this tool include specific language demographics and the number of hospitals, nursing homes, and long-term care facilities located within a particular area.

Benefits to Building a Community Profile

- Improved planning and response.
- Risk Identification and Assessment.
- Enhanced Communication and Outreach.
- Strengthened Community Engagement.



**Ohio Health Improvement Zones
Dashboard**



**Community Wellbeing:
Social Determinants of Health Dashboard**

ODH Community Profiles - AOHC Fall Conference



QUESTIONS?

CONTACT THE OFFICE OF HEALTH OPPORTUNITY
[HEALTHOPPORTUNITY@ ODH.OHIO.GOV](mailto:HEALTHOPPORTUNITY@ODH.OHIO.GOV)



**Department of
Health**



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