2021 REPORT

A PROFILE OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN OHIO

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University of Cincinnati Center for Excellence in Developmental Disabilities

The University of Cincinnati Center for Excellence in Developmental Disabilities (UCCEDD) is a University Center for Excellence in Developmental Disabilities Education, Research and Service (UCEDD) (www.ucucedd.org). The UCCEDD is part of a network of 67 UCEDDs across the country and is a member of the Association of University Centers on Disabilities (AUCD). The UCCEDD supports people with disabilities and their families to live the lives they want in their communities. The UCCEDD's vision is that all people, including children and adults living with disabilities, and their families, fully participate in society and live healthy, safe, self-determined and productive lives. The UCCEDD's mission is to be a leader in working with and for children and adults with disabilities and their families so they can lead the lives they want. The UCCEDD achieves its mission through its four core functions of 1) education/training, 2) research/policy, 3) sharing information and 4) collaborating with community agencies and others to provide community services.

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Cincinnati Children's Hospital Medical Center

Cincinnati Children's Hospital Medical Center (www.cincinnatichildrens.org) is a non-profit, pediatric, academic medical center established in 1883, and is internationally recognized for improving child health and transforming delivery of care through fully integrated, globally recognized research, education, and innovation. It is one of the top three recipients of pediatric research grants from the National Institutes of Health and is ranked third in the nation among all Honor Roll hospitals in U.S. News and World Report's Best Children's Hospital.

University of Cincinnati

The University of Cincinnati (www.uc.edu) is a public university with an enrollment of more than 46,000 students. It was founded in 1819 and is one of America's top 20 public research institutions and has been named "Among the top tier of the Best National Universities," according to U.S. News and World Report.

OHIO COLLEGES OF MEDICINE
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Ohio Colleges of Medicine Government Resource Center

In 2008, The Ohio Council of Medical School Deans founded the Ohio Colleges of Medicine Government Resource Center (GRC) (grc.osu.edu). Housed at The Ohio State University, GRC is a public university-based center for applied health policy research and technical assistance. GRC engages expert faculty and staff at Ohio's Colleges of Medicine and partners with state health and human services policymakers to improve the health and health systems for all Ohioans.

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ABOUT THIS REPORT

Information for this report was compiled from a variety of recent state and national reports, state and national data dashboards, state public use data sets, and peer-reviewed journal articles to provide a snapshot of the lives of Ohioans with disabilities across the lifespan. All sources used in this report are listed in the Appendix A citation list and each source's number corresponds to the superscript citations that appear in the text throughout the report. Links to original data sources are available for readers interested in detailed methods of data collection for each report and more detailed results.

Please note that because each source collects information differently in terms of methods and demographic questions asked, there are variations in the definition of disability. Thus, information in this report should be viewed as rough estimates of disability and should be interpreted with caution. Definitions of disability from key source surveys are listed in the table below. We also used the Ohio Medicaid Assessment Survey (a randomized statewide survey) public use data set to look specifically at information on children and adults with intellectual and developmental disabilities (IDD), adults with mobility and sensory disabilities, and Children with Special Health Care Needs (CSHCN) that could not be obtained from the existing public dashboards. We defined an adult with IDD as any individual who reported having a developmental disability, difficulty concentrating, remembering or making decisions, difficulty with self-care activities (difficulty dressing or bathing) and/or independent living difficulties (difficulty doing errands alone, such as visiting a doctor's office or shopping). We defined an adult with a mobility disability as any adult who reported difficulty walking or climbing stairs. We defined an adult with a sensory disability as any adult who reported serious difficulty hearing and/or difficulty seeing, even when wearing glasses. We defined a child with IDD as any child who was reported to have a developmental disability, ever diagnosed with autism, needs or gets special therapy, has any kind of emotional, developmental, or behavioral problem for which they need or get treatment or counseling, and/or the child experiences any difficulty speaking, communicating, or being understood. Finally, we defined CSHCN as any child who fit the previously listed items under our definition of children with IDD plus any child who currently needs or uses medicine prescribed by a doctor or other health care professional (other than vitamins), was ever diagnosed with asthma, and/or currently has diabetes. Confidence intervals for analyses were set at 95% confidence.

To aid in reading and interpreting the report, we provide key takeaway points for each section. The University of Cincinnati Center for Excellence in Developmental Disabilities (UCCEDD) is available to answer any questions readers may have and/or to assist with ongoing education, research, and community service efforts for Ohioans with disabilities.

ABOUT THIS REPORT

Survey	Definition of Disability
National Health Interview Survey-Adults	Disability is defined by the reported level of difficulty (no difficulty, some difficulty, a lot of difficulty, or cannot do at all) in six functioning domains: seeing (even if wearing glasses), hearing (even if wearing hearing aids), mobility (walking or climbing stairs), communication (understanding or being understood by others), cognition (remembering or concentrating), and self-care (such as washing all over or dressing). Adults who responded "a lot of difficulty" or "cannot do at all" to at least one question were considered to have a disability.
National Health Interview Survey-Children	For children aged 2-4, those with "a lot of difficulty" or with responses of "cannot do at all" for at least one of the questions asking about difficulty seeing, hearing, walking, dexterity, communication, learning, and playing, or who could not control behavior at all are considered with having a disability. For children aged 5-17, those with "a lot of difficulty" or with responses of "cannot do at all" for at least one of the questions asking about difficulty seeing, hearing, walking, self-care, communication, learning, remembering, concentrating, accepting change, controlling behavior, making friends or who had a response of "daily" to questions asking how often the child feels anxious, nervous, or worried or feels depressed are considered with having a disability.

ABOUT THIS REPORT

Survey	Definition of Disability
CDC Disability and Health Data	Disability is defined by the six-item set of questions defined by the U.S. Department of Health and Human Services Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. Disability is defined by answering yes to any of the following six questions: 1) Are you deaf, or do you have serious difficulty hearing? 2) Are you blind, or do you have serious difficulty seeing, even when wearing glasses? 3) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? 4) Do you have serious difficulty walking or climbing stairs? 5) Do you have difficulty dressing or bathing? 6) Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
Ohio Medicaid Assessment Survey Adult Dashboard	Disability is defined as yes to any of the same six items listed above in the CDC Disability and Health Data definition and/or yes to the question 'do you have a developmental disability?' and/or reporting a potentially disabling mental condition measured by responding that a mental health issue prevented them from working or completing usual activities 20 out of the past 30 days, and/or being under the age of 65 and enrolled in Medicaid coverage for the Aged Blind and Disabled.
Ohio Medicaid Assessment Survey Child Dashboard	Disability is defined by parent report that child has a developmental disability, needs special long-term therapies, has a potentially disabling mental health condition, and/or is enrolled in Medicaid coverage for the Aged Blind and Disabled.

EXECUTIVE SUMMARY

Introduction

There are large gaps in the amount of access to the community for Ohioans with disabilities compared to Ohioans without disabilities. This report explains information about people with disabilities in Ohio. Some key takeaways about the report are below.

Demographics

- About 1 in 4 children and about 1 in 3 adults have a disability in Ohio.
- Disability is more common in Black, Indigenous, and People of Color compared to white children and adults in Ohio.

Early Intervention

- Early Intervention in Ohio is able to improve skills in children with disabilities such as forming social relationships.
- Families report that Early Intervention in Ohio helps their child develop and learn.

Education

- Ohio students with disabilities who are in segregated classrooms do worse on exams than students with disabilities who are included in classrooms with their peers without disabilities.
- Ohio students with disabilities are more likely to drop out of high school and not go to college compared to students without disabilities.

EXECUTIVE SUMMARY

Employment

- The main reason Ohioans with disabilities do not work in the community is due to fear of losing their benefits.
- There are many barriers for Ohioans with disabilities to access employment training that result in poor employment outcomes.

Health and Wellness

- Ohioans with disabilities have less access to quality health care and have worse health outcomes compared to people without disabilities.
- The COVID-19 pandemic has magnified the health disparities experienced by Ohioans with disabilities.

Safety and Security

- Ohioans with disabilities are more likely to experience Adverse Childhood Experiences compared to people without disabilities.
- Ohio students with disabilities are more likely to be restrained in school compared to students without disabilities.

Housing

- Ohioans with disabilities are more likely to live with family or independently than people with disabilities across the United States.
- Housing options for Ohioans with disabilities are limited and often not affordable or accessible.

EXECUTIVE SUMMARY

Transportation

- Finding safe, affordable, and appropriate transportation is difficult for Ohioans with disabilities.
- Transportation is the main barrier for Ohioans with disabilities to be included in the community.

Community Living

- While there are many barriers and a lot of work to do in this area, Ohio is involved in projects to make the community more accessible for Ohioans with disabilities.
- The Ohio Department of Aging supports improving accessible housing for older adults with disabilities.

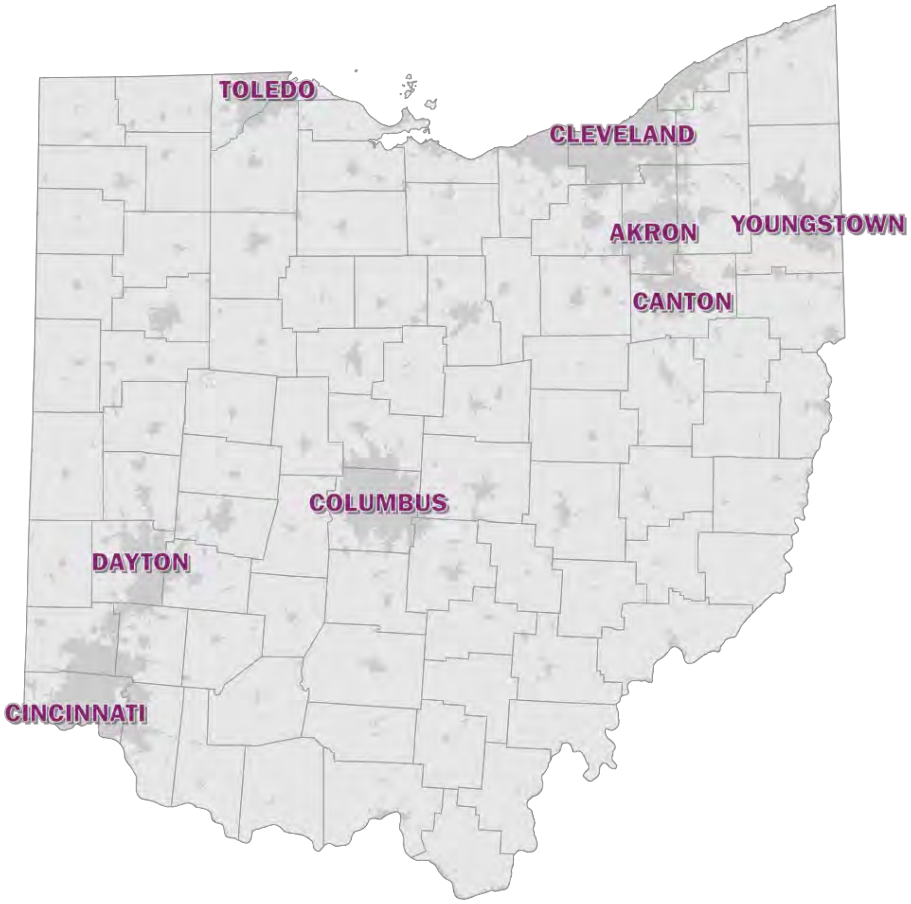
Family Support

- Only half of the Ohio families who need help in coordinating the care of their child with a disability report receiving the help they need.
- Ohio families caring for family members with disabilities report high levels of stress.

THE STATE OF OHIO

Ohio is the seventh most populous state in the United States (U.S.) with an estimated population of 11,799,448.[1] This population is growing slower than most other states, with individuals inside the state tending to move to urban areas.[2] Ohio has 88 counties that are mostly rural outside of the state's eight urban areas of Akron, Canton, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown (figure 1).

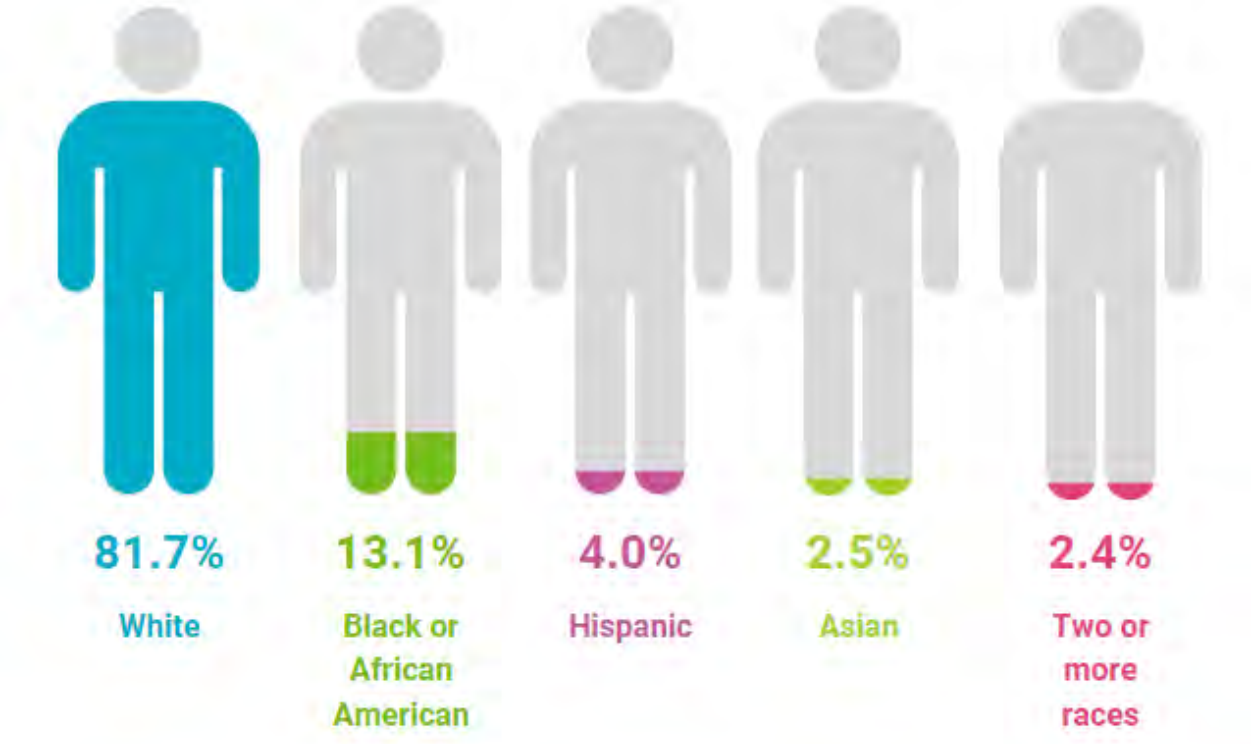
Figure 1. Map of Ohio's Eight Urban Areas



THE STATE OF OHIO

A majority (81.7%) of Ohio residents identify as white, while 13.1% identify as Black or African American, 4.0% identify as Hispanic, 2.5% identify as Asian, and 2.4% identify as two or more races.[1] Ohio contains less racial diversity in comparison to the national average. In Ohio, only 6% of counties (5 out of 88) are more than 25% non-white, whereas 36% of all counties nationally are more than 25% non-white on average.[3] See figure 2 for a depiction of the racial demographics in Ohio. Ohio also consists of mostly young and middle-aged adults. Approximately 22% of Ohioans are under 18 years of age, while 17.5% are over 65. This leaves 60.4% of the population between the ages of 18 and 65.[1]

Figure 2. Racial & Ethnic Demographics in Ohio



THE STATE OF OHIO

Ohio is also the nation's seventh largest state economy with a gross domestic product of $676.1 billion in 2018.[4] Additionally, Ohio ranks fourth in the nation in manufacturing gross domestic product and employs more than 705,000 people.[4] In the private business sector, Ohio has more than 760,000 self-employed firms and over 181,000 employer firms.[4]

At $54,021, the state of Ohio has a 10.5% lower median annual household income than the rest of the U.S., which is $60,336.[3] Generally, higher income corresponds with better health outcomes, implying that Ohio's lower average income may indicate less favorable health outcomes. For example, average life expectancy in Ohio is currently 0.9 years less than the U.S. average.[3] This is exacerbated by the 1.48 million residents living in primary care health professional shortage areas (HPSA), which is higher than the national average.[3] With 85% of Ohio counties (75 of 88) being classified as Mental Health HPSAs, mental health services are especially sparse in Ohio.[3]

Two notable subpopulations within Ohio include the Amish population and those living in Appalachia. Ohio is home to the largest Amish population in the U.S., totaling 67,000 people across 55 settlements.[5] This population is estimated to double in size every 15 to 20 years.[5] Ohio's Appalachian region consists of 32 counties in the East and Southeast portions of the state, comprising 39% of the state's land mass (figure 3).[6] As of 2017, an estimated 1,955,505 residents live in this region.[6] The Appalachian counties in Ohio have higher rates of unemployment, lower incomes, and higher poverty rates compared to statewide averages.[6] Specifically, the unemployment in these counties was 5.4% in 2018 compared to the 4.6% average statewide and the median household income in these counties was $46,023 in 2018 compared to $52,407 statewide.[6] Furthermore, 11 of Ohio's counties with the highest poverty rates are Appalachian counties.[6] Both of these populations have special considerations regarding a high prevalence of disability with limited access to healthcare and general services.

THE STATE OF OHIO

Figure 3. Map of Ohio's Appalachian counties

DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

Population of Children with Disabilities in Ohio

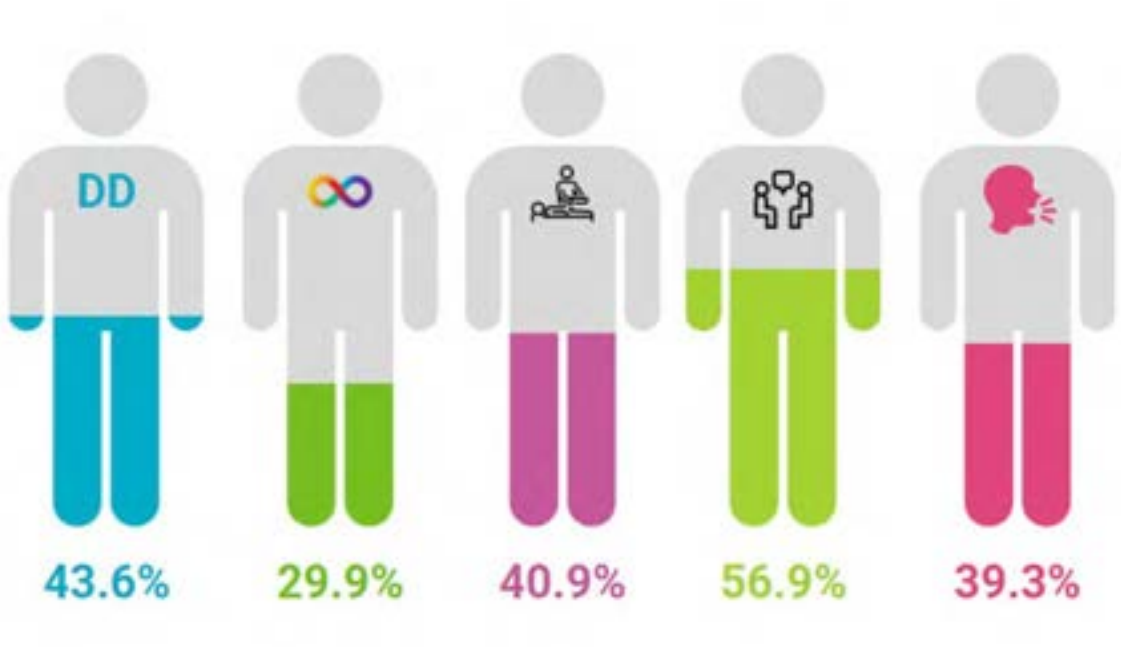
Approximately 23.5% of Ohio children ages 18 and younger have at least one type of disability, which represents an estimated 645,000 Ohio children.[7] Additionally, approximately 22.2% of Ohio children ages 18 and younger have an intellectual or developmental disability (IDD) and approximately 34.5% are children with special health care needs (figure 4).[8] Children with special health care needs (CSHCN) are children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and need or use prescription medications, services, and/or specialized therapies, have functional difficulties, and/or have emotional, developmental, or behavioral problems for which treatment or counseling is needed.[9] Note that the definition used to estimate the Ohio children with disabilities in the Ohio Medicaid Assessment Survey child dashboard is primarily capturing children with IDD and may be undercounting children who have mobility, visual, or hearing disabilities. See the "About this Report" section for more details on the definitions used for these disability categories for this data.

Figure 4. Prevalence of Disability among Ohio Children

DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

Among Ohio children with IDD, 43.6% have a developmental disability, 29.9% have autism, 40.9% need or get special therapy, 56.9% have an emotional, developmental, or behavioral problem for which they need or get treatment/counseling, and 39.3% experience difficulty in speaking, communicating, or being understood (figure 5).[8]

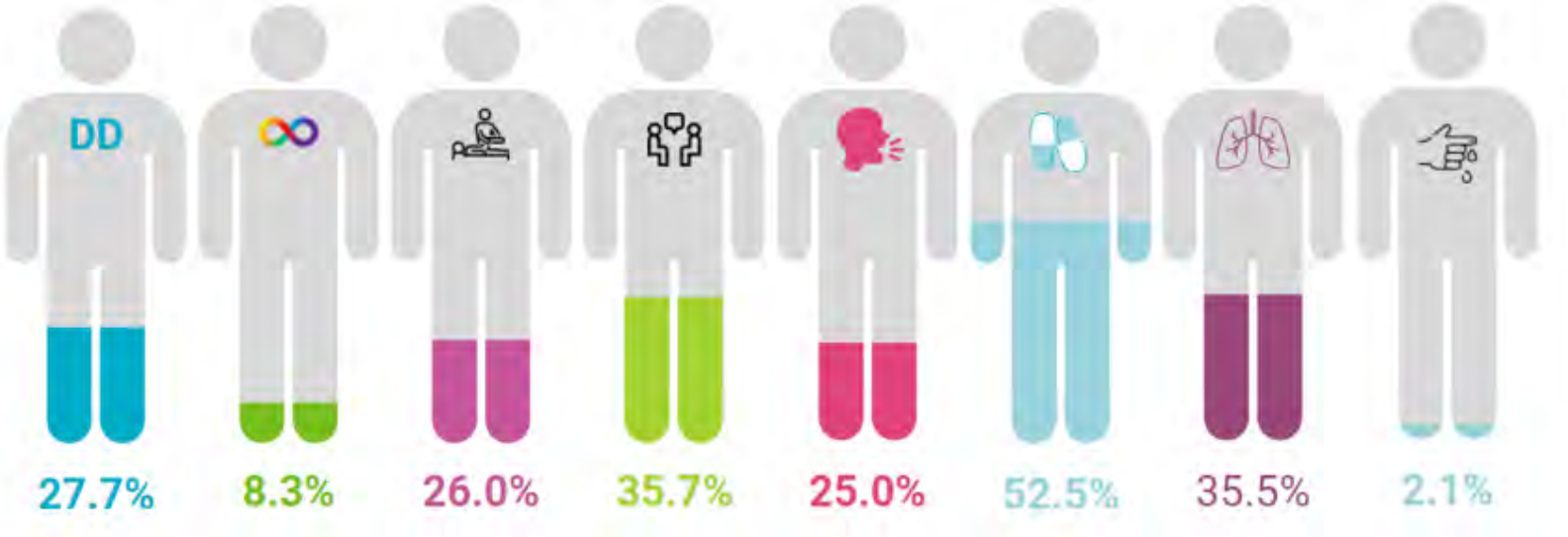
Figure 5: Categories of Disability and Functional Needs among Ohio Children with IDD



Among Ohio CSHCN, 27.7% have a developmental disability, 8.3% have autism, 26% need or get special therapy, 35.7% have an emotional, developmental, or behavioral problem for which they need or get treatment/counseling, 25% experience difficulty in speaking, communicating, or being understood, 52.5% need or use prescription medicine other than vitamins, 35.5% have asthma, and 2.1% have diabetes (figure 6).[8]

DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

Figure 6. Categories of Disability and Functional Needs among Ohio Children with CSHCN

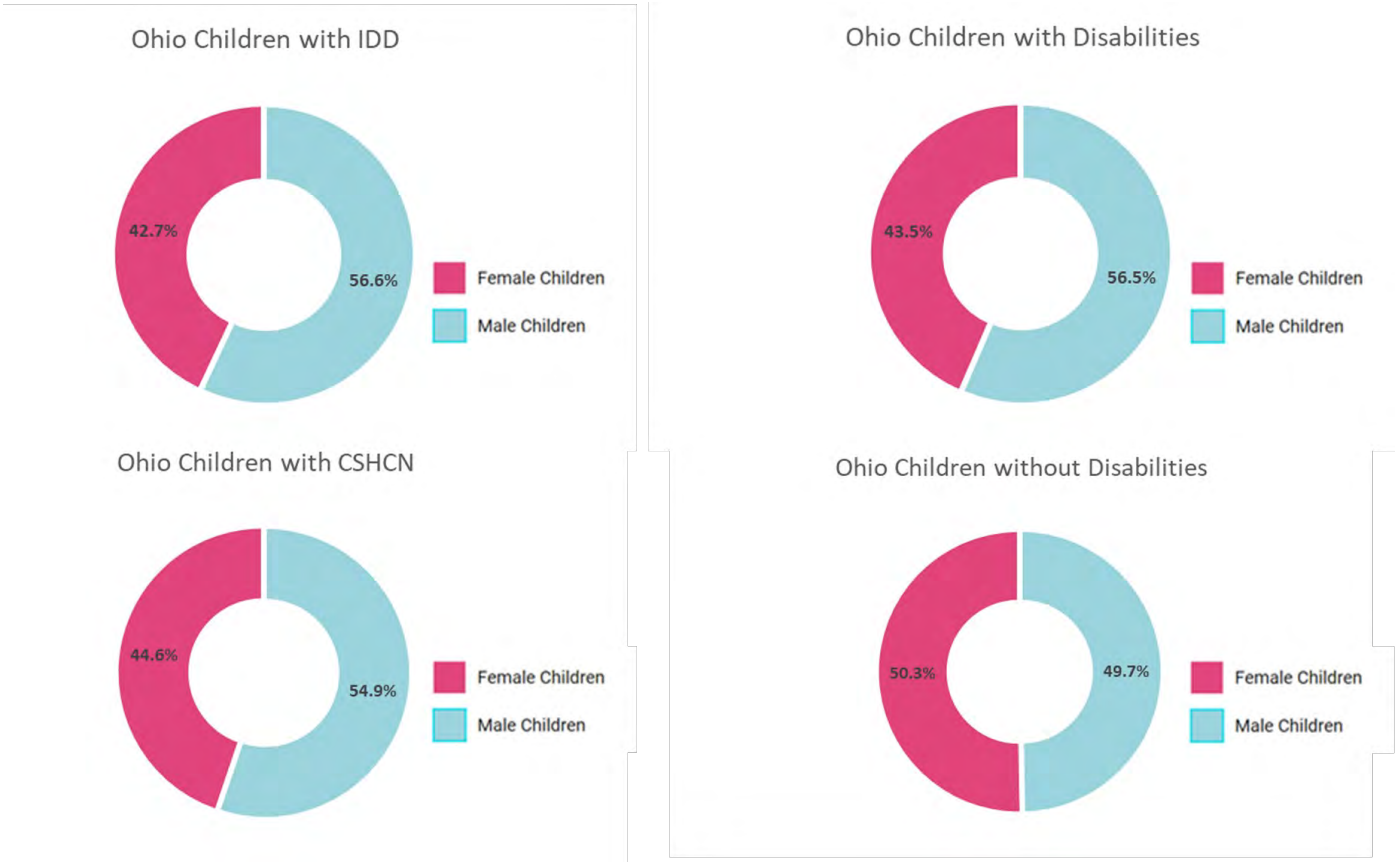


The greatest proportion of Ohio children with IDD and CSHCN are in the 13- to 18-year-old age group (41.7% and 44.4% respectively) followed by the 6 to 12 years age group (38.9% and 37% respectively).[8] Among the 1- to 5-year-old age group, 17.8% have IDD and 16.9% are CSHCN. The prevalence of IDD and CSHCN among infants who are less than 1 year old is 1.6% and 1.7% respectively.[8]

In terms of gender, 56.5% of Ohio children with disabilities are boys and 43.5% are girls, compared to the nearly even split of 49.7% boys and 50.3% girls among children without disabilities.[7] Similarly, there is a higher prevalence of boys observed among children with IDD (56.6%) and CSHCN (54.9%) than girls (42.7% and 44.6% respectively).[8] See figure 7 for a depiction of these gender differences.

DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

Figure 7. Gender Differences among Children in Ohio

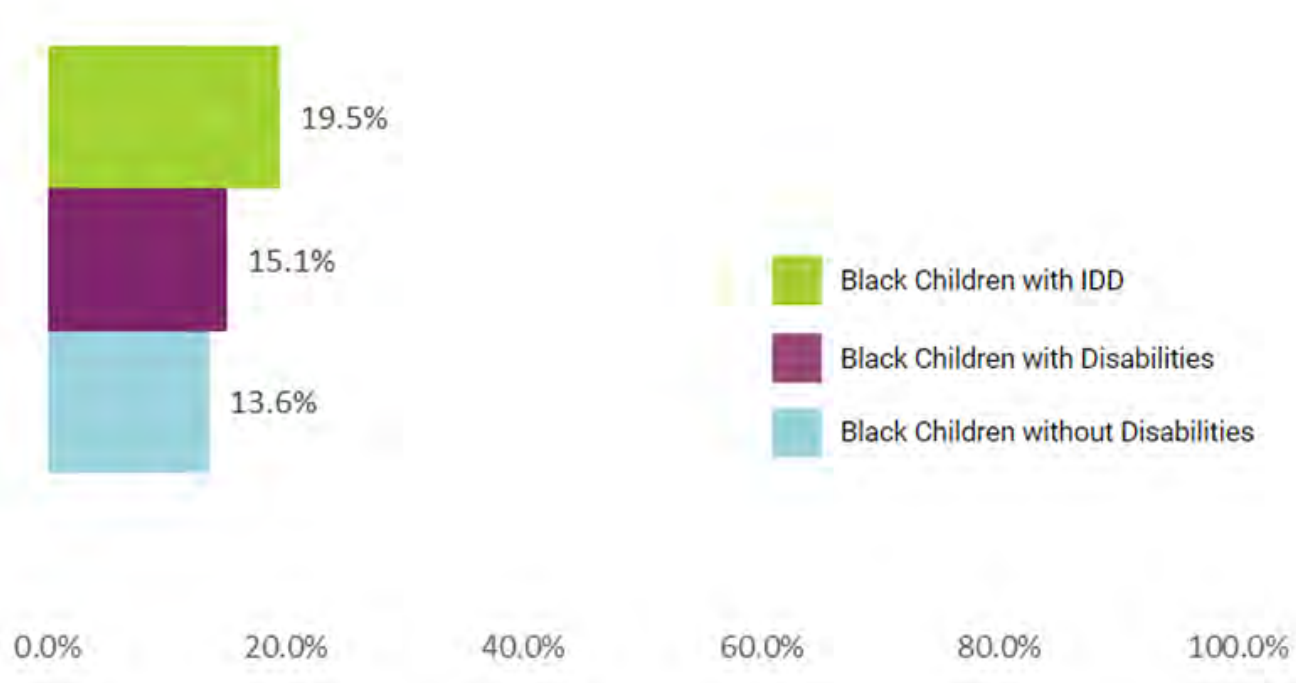


As with the overall population of children in Ohio, a majority of children with disabilities are white.[7] There is a disproportionately higher number of Black children with disabilities compared to the racial/ethnic demographics of children without disabilities. Compared to the estimated 13.6% of Ohio children without disabilities who are Black, 15.1% of Ohio children with disabilities are Black.[7] This difference is more pronounced among Ohio children with IDD and CSHCN.

DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

Approximately 19.5% of children with IDD and 20.6% of CSHCN are Black compared to the 13.6% of children without disabilities who are Black.[7,8] See figure 8 for a depiction of these racial differences.

Figure 8. Prevalence among Black Children in Ohio



Children with IDD and CSHCN most prevalently reside in metropolitan areas of Ohio (47.8% and 48.9% respectively).[8] The next most prevalent geographic region in Ohio where children with IDD and CSHCN reside are rural Appalachian areas (20.5% and 19.6%), followed by suburban areas (17.2% and 17%) and rural non-Appalachian areas (14.5% for both).[8]

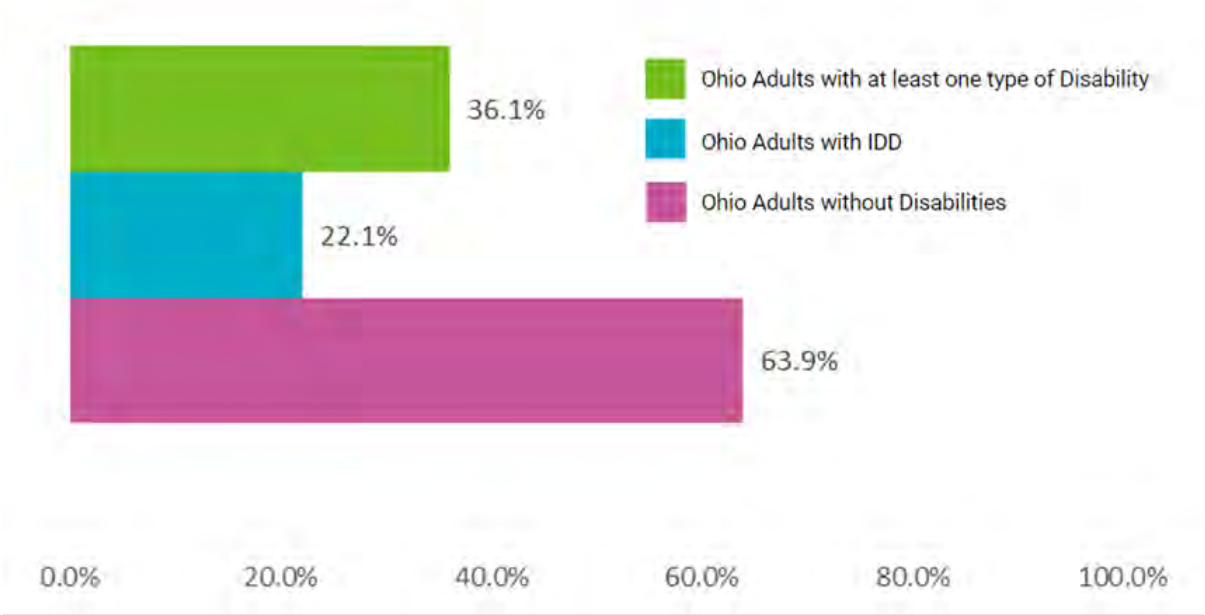
DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

Ohio children with disabilities are almost 1.5 times more likely than children without disabilities to live in poverty. Among Ohio children with disabilities, 44.9% fall below the Federal Poverty Line (138% FPL and below) cutoff for Medicaid benefits compared to 30.3% of children without disabilities.[7] Children with IDD and CSHCN also have a higher prevalence of falling below the Federal Poverty Line cutoff for Medicaid benefits than children without disabilities in Ohio.[8]

Population of Adults with Disabilities in Ohio

It is estimated that between 26.9%[10]-36.1%[8] of adults in Ohio have at least one type of disability, which is slightly greater than the national average of 25.6%[10] and 22.1% of Ohio adults have an IDD specifically (figure 9).[8] This represents between an estimated 2.4 to 3.2 million Ohio adults with a disability.

Figure 9. Prevalence of Disability among Ohio Adults

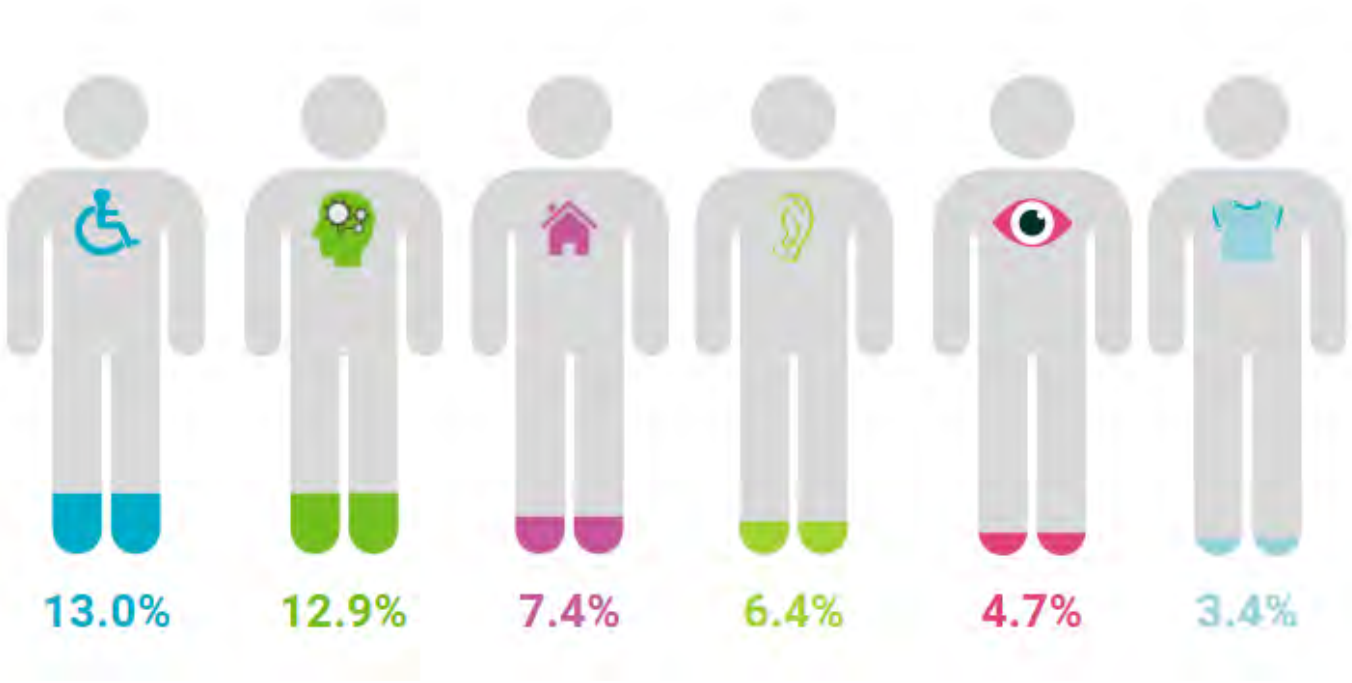


* 2019 OMAS Survey

DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

By disability type, approximately 13% of all Ohio adults have a mobility disability, 12.9% have a cognitive disability, 7.4% have an independent living disability, 6.4% have a hearing disability, 4.7% have a vision disability, and 3.4% have a self-care disability (figure 10).[11]

Figure 10. Categories of Functional Impairments among Ohio Adults with Disabilities



Among the estimated 36.1% of adults with a disability from the Ohio Medicaid Assessment Survey, the majority of Ohio adults with disabilities have an intellectual or developmental disability (61.4%), followed by 52.6% with a mobility disability, and 35.2% with a sensory disability.[8]

DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

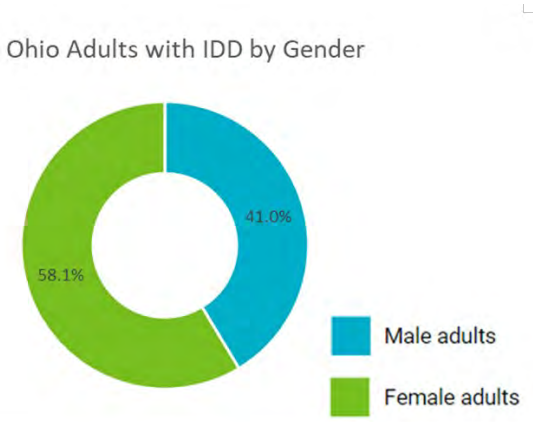
The average age of Ohio adults with IDD is estimated to be 52 years old.[8] As Ohio adults age, there is an increasing proportion of adults with disabilities represented in each age group. In the 18-44 age group, there are 20.7% with disabilities and 79.3% without disabilities. In the 45-64 age group, the proportion of people with disabilities increases to 30.1% compared to 69.9% without disabilities. Finally, the greatest proportion is observed in older adults (age 65+) where 44.7% have a disability and 55.3% do not.[11]

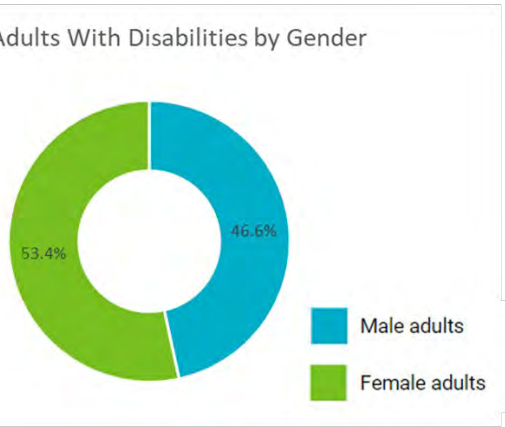
In terms of gender, about 50% of Ohio adults without disabilities are women and about 50% are men.[12] However, women are more likely than men to have a disability.[12] Among Ohio adults with a disability, 53.4% are women and 46.6% are men.[8] Additionally, among all Ohio adults, 28.7% of all adult women have a disability (71.3% do not have a disability) versus 26.6% of all adult men who have a disability (73.4% do not have a disability).[11] This gender difference is more pronounced when looking at adults with IDD and with mobility disabilities. There is about a 17% difference between women and men with IDD, where 58.1% of Ohio adults with IDD are women and 41% are men, and about a 19% difference between women and men with mobility disabilities (59.1% are women and 40.2% are men). [8] For sensory disabilities there is a more even split of women and men as is observed with Ohio adults without disabilities.[8] See figure 11 for a depiction of these gender differences.

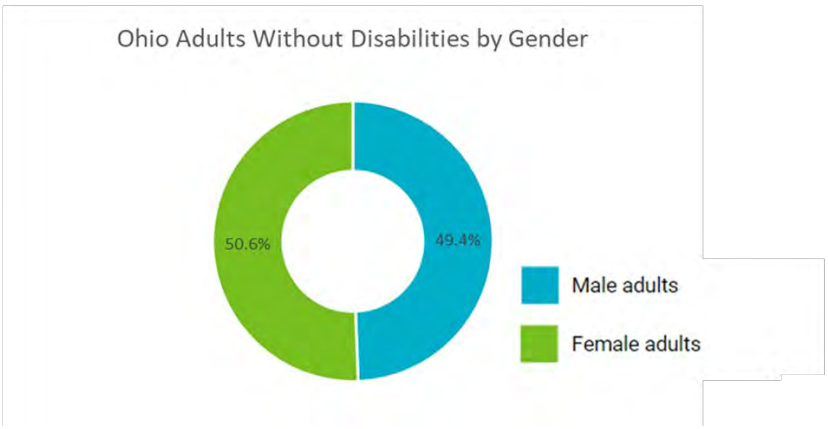
As with the overall population of adults in Ohio, a majority of adults with disabilities are white (81.2%), followed by Black (13.6%), Hispanic (3.8%), and Asian (1.4%).[12] There is a disproportionately higher number of Black, Indigenous, and People of Color (BIPOC) with disabilities compared to both white adults with disabilities in Ohio and to the overall racial/ethnic demographics of Ohio adults without disabilities (figure 12). Among all white adults in Ohio, it is estimated that 26.1% have a disability.[11] This is in contrast to the higher prevalence of disability among Ohio adults who are BIPOC

DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

Figure 11. Gender Differences among Ohio Adults



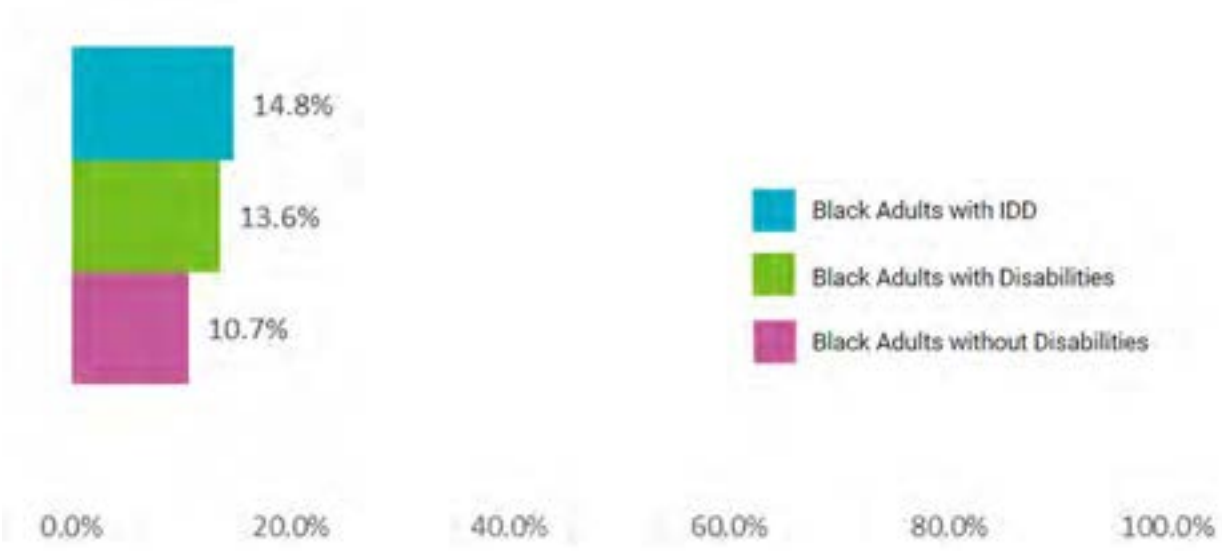




with an estimated 33.6% of all Black adults, 39.1% of all Hispanic adults, and 45% of all American Indian or Alaska Native adults with a disability.[11] To compare Ohio adults with and without disability, among all adults with a disability in Ohio, 13.6% are Black, which is higher than the 10.7% proportion of Black adults without a disability and 3.8% are Hispanic, which is, again, higher than the 2.8% proportion of Hispanic adults without a disability.[12]

DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

Figure 12. Prevalence among Black Adults in Ohio

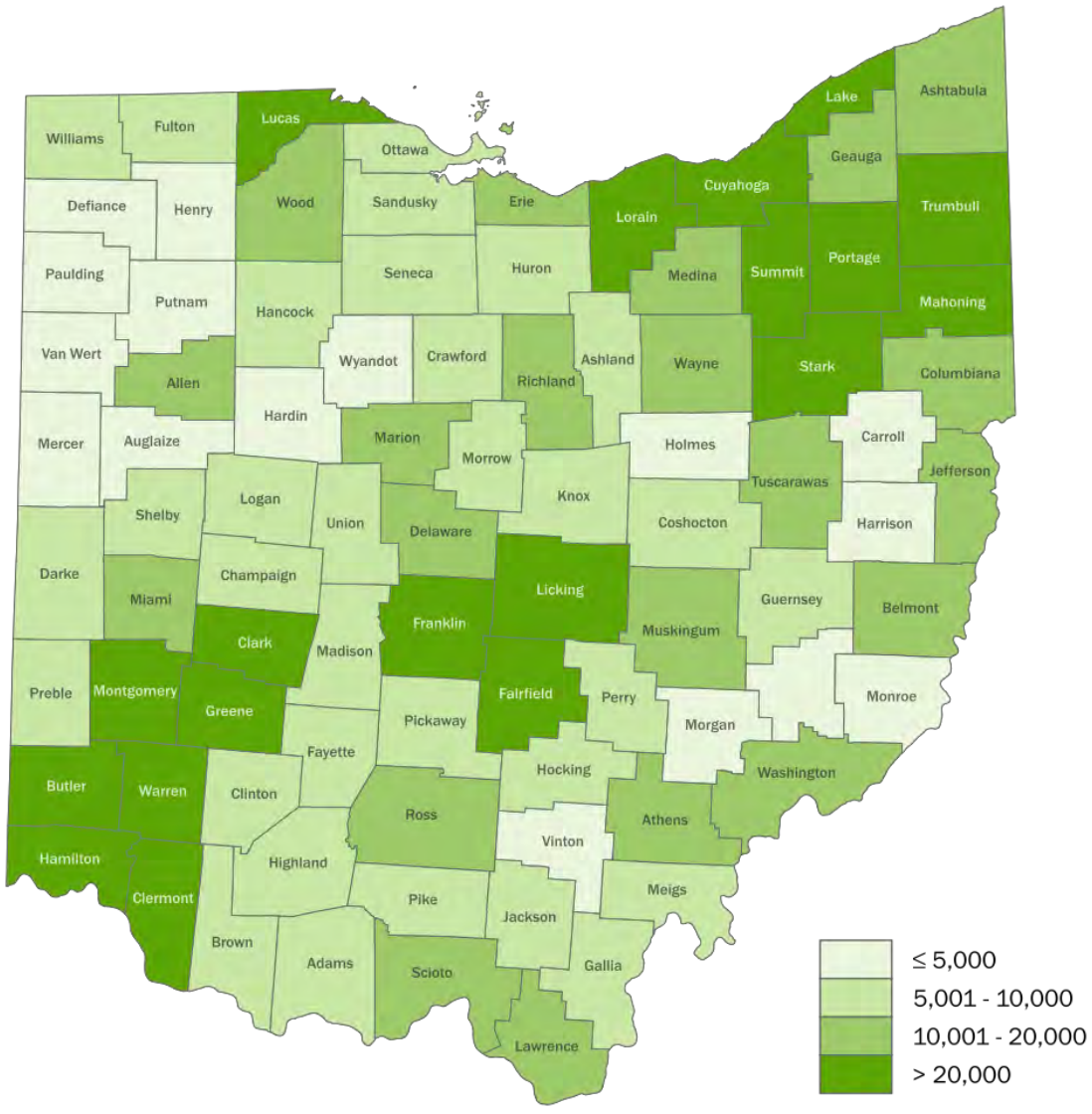


Breaking down the data further, Black adults are more represented than in the general Ohio population among adults with IDD (14.8%) and mobility disability (14.4%) compared to the 10.7% of Black adults without a disability.[8] Asian adults are proportionately less represented among adults with disabilities (1.4%) compared to Ohio adults without disabilities (2.8%).[12]

Like children, adults with IDD most prevalently reside in metropolitan areas of Ohio (48.1%). The next most prevalent geographic region in Ohio where adults with IDD reside are rural Appalachian areas (22.6%), followed by rural non-Appalachian areas (14.9%) and suburban areas (14.4%).[8] Figure 13 shows the total number of children and adults residing in each Ohio county according to data collected over a 5-year period and reflects that most Ohioans with disabilities reside in Ohio's metropolitan areas (as depicted in figure 1) followed by rural Appalachian counties (as depicted in figure 3).[13]

DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

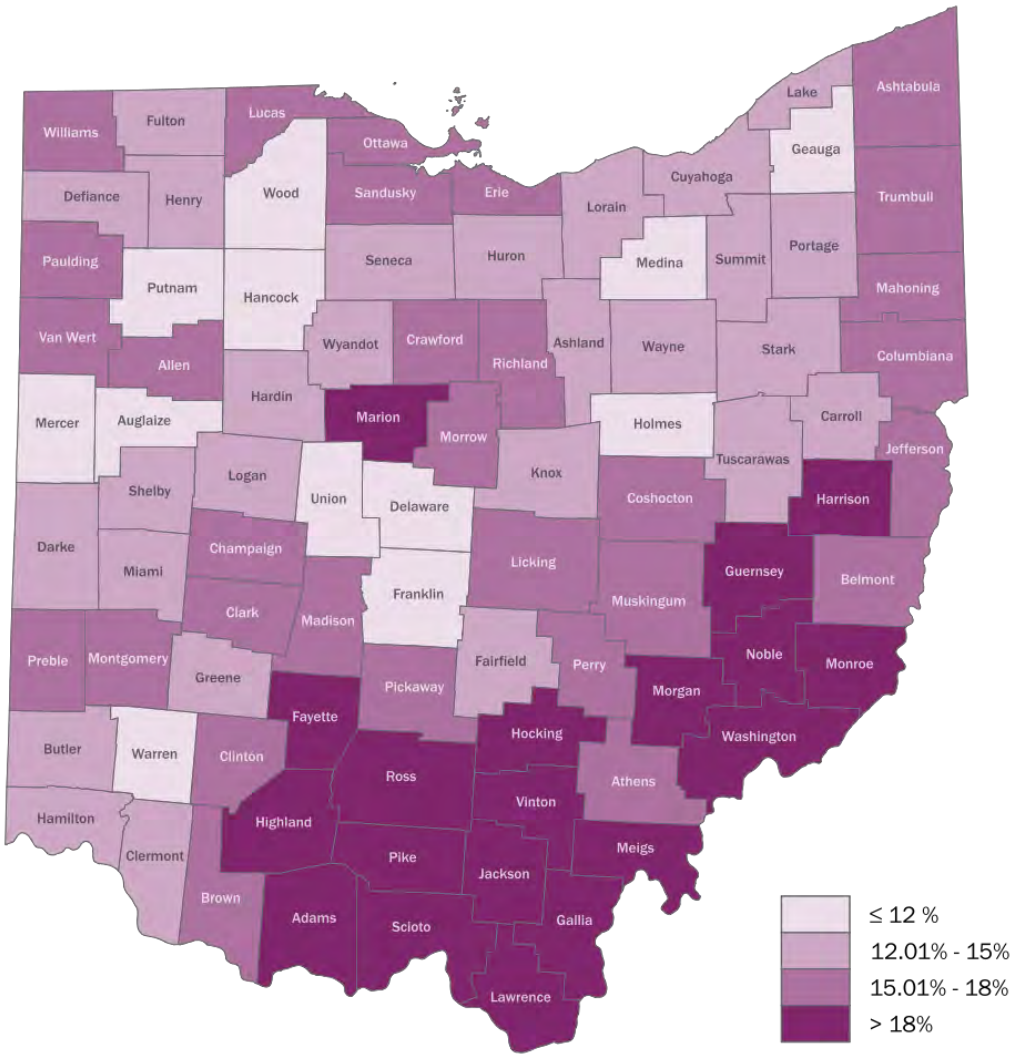
Figure 13. Total Number of Ohioans with Disabilities by County



DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

However, when looking at the relative population size of each county, there is a larger proportion of Ohioans with disabilities in rural Appalachian counties (figure 14).[13]

Figure 14. Proportion of Ohioans with Disabilities by County



DEMOGRAPHIC OVERVIEW OF OHIOANS WITH DISABILITIES

Ohio adults with disabilities are more than twice as likely as adults without disabilities to be in poverty. Among Ohio adults with disabilities, 39.6% fall below the Federal Poverty Line (138% FPL and below) cutoff for Medicaid benefits compared to 18.1% of adults without disabilities.[12] Furthermore, adults with disabilities had more problems in paying their bills in the past year (36.5%) compared to adults without disabilities (18.7%) and this percentage is even higher among adults with IDD (38.6%).[8,12] Additionally, Ohio adults with disabilities are about 4 times more likely to experience food insecurity (26%) than adults without disabilities (6.6%), with this figure again being higher for adults with IDD (30%).[8,12]

Key Takeaways

- **About 1 in 4 children and 1 in 3 adults have a disability in Ohio.**
- **Ohioans with disabilities are more likely to live in poverty than Ohioans without disabilities.**
- **There is a higher prevalence of disability among boys in childhood, which switches to a higher prevalence of disability among women in adulthood that may suggest in part the need for improved screening and identification of disability in young girls.**
- **Disability is more common in Black, Indigenous, and People of Color compared to white children and adults in Ohio.**

EARLY INTERVENTION

Early Intervention (EI) programs are available in each state as established through a federal piece of legislation, the Individuals with Disabilities Education Act (IDEA). In Ohio, EI services are managed by the Ohio Department of Developmental Disabilities (DODD). In 2020, DODD received 26,699 referrals for children between birth and 3 years old to receive EI services. Of these referrals, 23,349 cases resulted in the provision of services with an average of 11,828 children being served at any given time, an 87.5% rate of successful referrals.[14] This is an increase from the 73.2% rate of successful referrals in 2019.[15] This improvement is partly due to expanded eligibility criteria in 2020 that includes children diagnosed with neonatal abstinence syndrome and elevated blood lead levels.[14] The largest number of referrals come from a family or caregiver, at 27% of all referrals processed in 2020. The next largest number comes from a Public Children Services Agency, at 20%, followed by hospitals (19%), physicians (15%), services coordinators via the EI 8045 form (11%), and all other sources (7%).[16]

Most children served in 2020 were eligible due to one or more substantial delays. These children accounted for 61% of those served. Another 14% of children served were eligible due to one or more mild delay. This is followed by eligibility due to a physician's informed clinical opinion (11%), a specific diagnosis on the eligibility list (11%), or a diagnosis being cited on a referral form (3%).[16] While enrollment in EI services has increased in recent years, Ohio still lags behind national averages in early detection and enrollment. The rate of enrolled infants and toddlers before age 1 as a percentage of the total infant population is 0.99% in Ohio, behind the national standard of 1.4%.[17] However, children are being found for service enrollment later in their lives. Approximately 3% of Ohio children and their families receive Individualized Family Service Plans (IFSPs) when the child is between 1 and 3 years old.[17] This is higher than the national average rate of 2%.[17]

In Fiscal Year 2019, the timely provision of services following approval for toddlers and infants was on target, at 99.9% of cases.[17] This is following a period of steady improvement starting in 2016 where 96.1% of approved services were provided in a timely manner.[17] Service delivery is considered "timely" in Ohio when delivered within thirty days of being added to a signed IFSP.[17]

EARLY INTERVENTION

The most common services provided upon initial signing of IFSPs in Ohio were those relating to special instruction, accounting for 59% of these services.[16] Speech therapy, physical therapy, and occupational therapy were also prevalent at 23%, 13%, and 12%, respectively, of the initial services planned.[16]

The EI services provided by the state of Ohio are planned for and delivered by a team comprised of the child's family, a service coordinator, and the providers of those services.[18] Service plans are individualized in a manner that includes pre-existing supports with additional resources to enhance the child's education and development at an early age.[18] Services are delivered to individuals enrolled not only at home, but also in other places where the family may spend significant amounts of time.[18]

EI services were found to be largely effective as evaluated through improved positive emotional skills like forming social relationships, the acquisition and use of knowledge and skills, and a child's use of appropriate behaviors to meet their needs.[17] Approximately 59% of children were displaying positive emotional skills at a level expected for their age by the time they exited the program or turned 3 years old.[17] The most common area of improvement was seen in the ability to utilize appropriate behaviors to meet a child's need, where 62.4% of children substantially increased their growth while enrolled in EI services.[17]

Family members have also demonstrated great benefits from EI services. Over 96% of enrollees reported that services have helped their family in all three areas of focus—knowing their rights, effectively communicating their child's needs, and helping their child develop and learn.[17] Most enrollees (62%) do not exit the EI program until their child reaches age 3 when eligibility lapses.[16] Approximately 14% of enrollees are no longer eligible prior to reaching age 3 due to significant improvement or alterations in qualifying diagnoses.[16] Another 12% of enrolled children are withdrawn by their guardian prior to age 3, and 10% of enrollees exit the program due to the EI team's inability to contact the family after multiple attempts.[16]

State initiatives include improved services for the Deaf and hard of hearing and work with the Ohio School of the Blind to equitably deliver services across all Ohio counties.[18] Early childhood mental health intervention is also being improved.

EARLY INTERVENTION

This is best exemplified through the state's partnership with Federally Qualified Health Centers in Southeast Ohio where additional trainings for the delivery of a robust set of related services have been conducted.[18]

Specific programs also exist in Ohio to support the needs of children with autism. For example, the Autism Diagnosis Evaluation Project (ADEP) allows for a multidisciplinary and comprehensive evaluation of a child suspected of having autism.[18] This is accomplished through direct links between EI service providers and physicians.[18] Intensive developmental interventions for children then diagnosed with autism are available in multiple counties through the CONNECTIONS program at Akron Children's Hospital.[18] The PLAY project is another widely available program focused on improving the social engagement and emotional skills of children with autism.[18] Both programs are based on a standard relationship-based, developmental framework to improve these children's social, behavioral, and educational outcomes.[18]

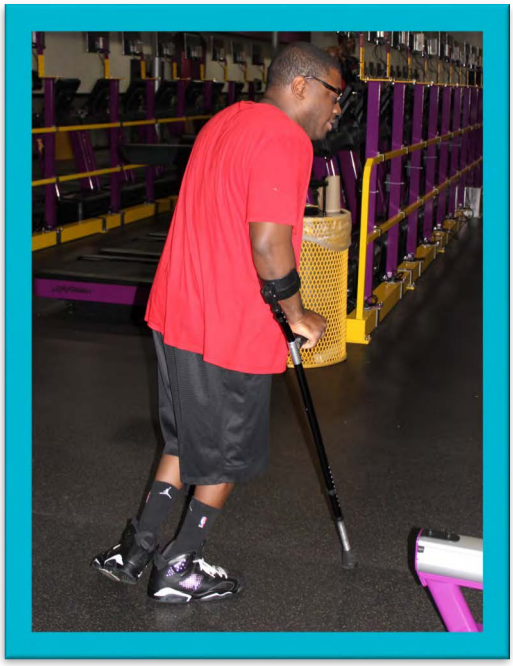
One community where early intervention for autism is of high importance is the large Amish community in Ohio.[5] Considering the high rate of autism prevalence among the Amish, early diagnoses and treatment options focused on this population have created new answers for families that may have had none in the past due to cultural separation from much of the state.[5] This early treatment can decrease the rate of acquired disabilities and increase quality of life for children and their families in these communities.[5]

Unfortunately, the rates of autism diagnosis for Black children remains disparately low across the state. Even following diagnosis, children with IDD from racial and ethnic groups are significantly less likely to receive adequate services from the state than white participants.[19] This is reflected in the lower levels of resources and expenditures extended to these communities.[19]

Developmental challenges resulting from Adverse Childhood Experiences (ACEs) are compounded by the 44% of Black Ohioans and 48% of non-white/non-Black Ohioans that report exposure to at least one ACE.[20] This is compared to a prevalence of 34% for white Ohioans who report exposure to at least one ACE.[20]

EARLY INTERVENTION

ACEs have been proven to hinder positive social outcomes like educational attainment and income while potentially resulting in an intellectual/ developmental disability, mental health disorder, or chronic illness.[20]



KEY TAKEAWAYS

- **Most children eligible for Early Intervention services in Ohio have one or more substantial developmental delays and most referrals for services come from family or caregivers.**
- **Early Intervention in Ohio is able to improve skills in children with disabilities such as forming social relationships.**
- **Families report that Early Intervention in Ohio helps their child develop and learn.**

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Primary and Secondary Education

In Ohio, 15.2% of students have a disability.[21] These students pass through the public educational system with unmet needs demonstrated by considerable gaps in outcomes compared to Ohio students without disabilities.[21] While 243,000 children in Ohio have structured educational plans to meet their needs through Individualized Educational Plans (IEPs), these students still show considerably worse outcomes than Ohio students without disabilities.[22] For example, 25.4% of Ohio students with disabilities in grades K-12 were found to be "chronically absent" during the 2018-2019 school year compared to 16.7% of students without disabilities.[23] Further, children with disabilities are found to be less likely to enter kindergarten with the skills, knowledge, and abilities necessary to fully engage with and benefit from kindergarten-level instruction. While 40.9% of all Ohio children demonstrate readiness, only 14.4% of Ohio children with disabilities demonstrate readiness to enter kindergarten (figure15).[23]

IEPs outlining service plans for students with disabilities are meant to ensure the delivery of thorough and effective supports to better educate these students. However, the plans themselves are often found by parents to be difficult to effectively agree to with a school and to be adequately carried out.[5] This undercuts the impact of the Individuals with Disabilities Education Act (IDEA) on achieving educational equity and opportunity. Further, IDEA was intended to aid states with public funds to address the educational needs of students with disabilities. However, for Ohio students with disabilities, the funds provided by the federal government leaves a $646.3 million funding gap to be covered by the state.[22]

According to an analysis by Disability Rights Ohio (DRO), students with disabilities have a high incidence of segregation, where students with disabilities spend most of their day in separate classrooms from their peers without disabilities.[24] This disparity is particularly prevalent among high-poverty school districts in Ohio.

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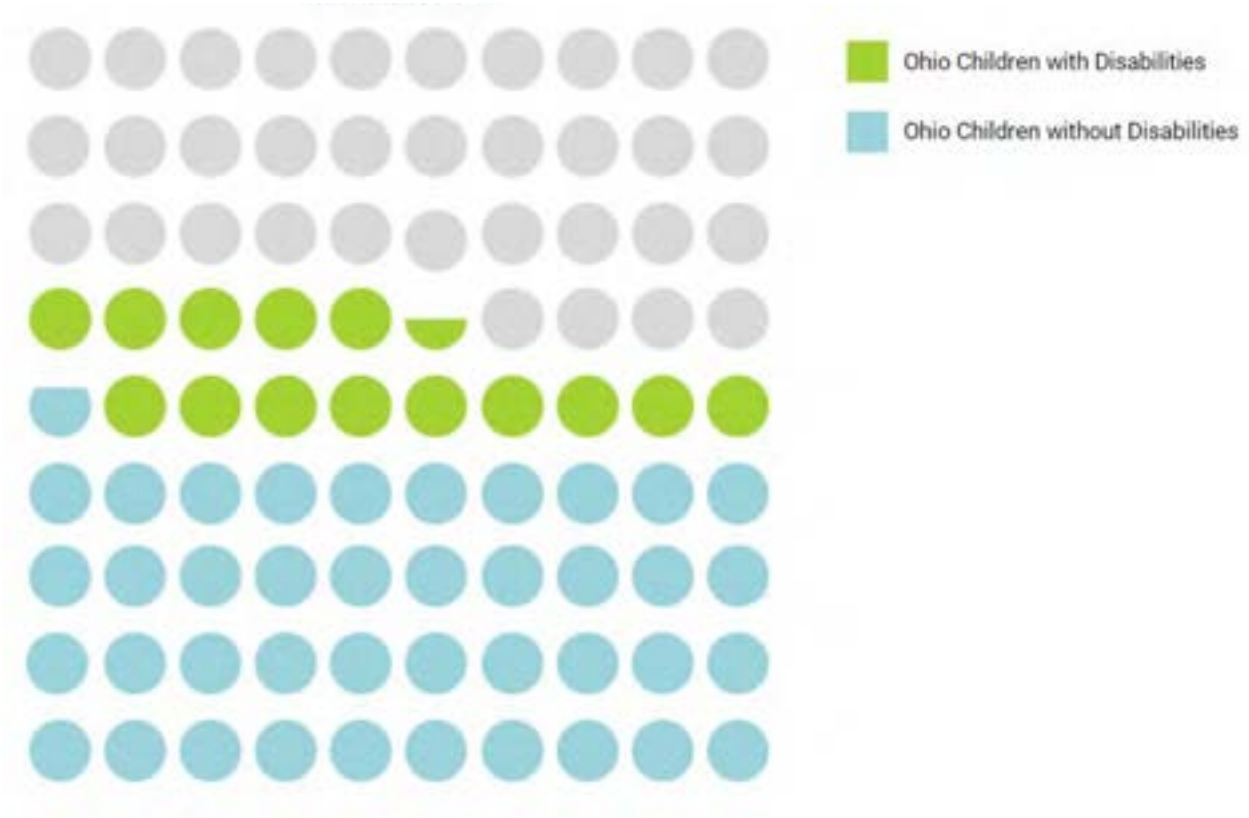
Figure 15. Ohio Children Demonstrating Kindergarten Readiness



DRO found that only 38.5% of students with disabilities in 11 high-poverty school districts had students with disabilities learning in inclusive, integrated settings compared to 65.1% of students with disabilities integrated in the classroom in other Ohio school districts.[24] Furthermore, DRO found that students with disabilities who were able to learn in integrated classrooms do significantly better on state exams. Only 40% of students with disabilities in segregated classrooms passed their

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state exams compared to 80% of students with disabilities in integrated classrooms who passed their state exams.[24] In March 2020, a settlement was reached between the Ohio Department of Education and DRO in which the state commits to "improving the rates of integrating students with disabilities in general education settings and improving their academic achievement" as well as "emphasizing the use of assistive technology and universal design for learning."[25]

In terms of restraint and seclusion in Ohio schools, students with disabilities who have IEPs have more incidents overall of both restraint and seclusion than students without IEPs.[26] In the 2017-2018 school year, there were 4,785 restraint incidents for students with IEPs (47% of all restraints) and 2,042 incidents of seclusion for students with IEPs (56% of all seclusions).[26] In the 2018-2019 school year, there were 12,029 restraint incidents for students with IEPs (82% of all restraints) and 5,742 incidents of seclusion for students with IEPs (81% of all seclusions).[26] Finally, in the 2019-2020 school year, there were 10,944 restraint incidents for students with IEPs (78% of all restraints) and 6,037 incidents of seclusion for students with IEPs (80% of all seclusions).[26] It is believed that increased compliance with record-keeping and reporting in 2018-2019 in part explains the increase in restraints and seclusions observed from 2017-2018 and that the slight decrease observed in 2019-2020 is due to school closures beginning in March 2020 due to COVID-19.[26] In both 2018-2019 and 2019-2020 school years, students in the category of "Emotional Disturbance" had the highest percentage of restraint (20.2% and 25% respectively) and seclusion (9.5% and 13.6% respectively).[26] Students with autism had the next highest prevalence of both restraint (7.7% and 8.2%) and seclusion (4.7% and 5.3%) during the 2018-2019 and 2019-2020 school years.[26]

Additionally, Ohio students with disabilities were found to be twice as likely as students without disabilities to receive out-of-school suspensions.[27] Negative behaviors and developmental challenges are shown to require treatment in early school years to prevent resistance to treatment in later years and additional negative behaviors. However, due to high rates of absenteeism and suspensions, these behaviors are often reinforced and perpetuated.[27]

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Students with disabilities in Ohio also have more suspensions than students with disabilities nationally. Among Ohio students ages 3 through 21 years with disabilities in the 2018-2019 school year, 14,105 had in-school suspensions of less than 10 days (national average: 8,559), 630 had in-school suspensions greater than 10 days (national average: 437), 26,366 had out of school suspensions less than 10 days (national average 10,243), and 2,969 had out of school suspensions greater than 10 days (national average: 1,039).[28] In terms of expulsions, there were 311 Ohio students ages 3 through 21 years with disabilities who were expelled in 2018-2019 while receiving educational services, which is higher than the national average of 112 students.[28] Furthermore, among Ohio students with disabilities ages 14 through 21 years, a total of 4,403 dropped out of school in the 2018-2019 school year.[29]

While general education is important for students with disabilities, additional barriers exist when considering the educational needs that allow students with disabilities to best utilize the services offered to them in Ohio. These areas of education that are crucial for individuals with disabilities include financial literacy and self-advocacy training.[5] Although Ohio high schools are making efforts to instruct students in economics and general finance, students with disabilities never learn how to use, maintain, and follow up with the complex systems surrounding federal and state disability benefits.[5] Considering the lower prevalence of economic stability for Ohioans with disabilities compared to that of those without, this gap in financial literacy education needs to be addressed.[5] The education provided is instrumental in both students with disabilities and their families to achieve economic advancement.[5] Developing self-advocacy skills to achieve students' goals and be involved in important decisions in their lives is also a key element in achieving economic stability and fulfillment.[5]

There are large disparities in Ohio in terms of rates of high school diploma/GED acquisition for students with disabilities in comparison to students without disabilities. Approximately 15.4% of Ohio students with disabilities and 13.6% of students with IDD specifically have received an education up to the high school level but have not received a diploma or GED.[12]

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This is compared to only 5.8% of Ohio students without disabilities who have not completed their high school education.[12] Among high school graduates, Ohio students with disabilities are about 8% less likely than students without disabilities to seek out further post-secondary education after earning their high school diploma or GED.[12]

Post-Secondary Education

Ohio students with disabilities show significant gaps in terminal levels of post-secondary education completed in comparison to students without disabilities. An estimated 64.1% of Ohio adults without disabilities have some level of post-secondary education, compared to 46.5% of Ohio adults with disabilities.[12] Specifically, for Ohio adults with disabilities, 18.8% have completed some college (compared to 30.1% of adults without disabilities), 12.9% have completed an associate degree (compared to 13.5%), 9% have completed a four-year undergraduate degree (compared to 20.7%), and 5.8% have completed an advanced degree such as a masters or doctoral degree (compared to 13.5%).[12] Ohio adults with IDD also overall have less post-secondary educational attainment than Ohio adults without disabilities but have a slightly higher rate than Ohio adults with disabilities as a whole at 49.5%.[8] Specifically, 19.1% of Ohio adults with IDD have completed some college, 12.6% have completed an associate degree, 11.9% have completed, a four-year undergraduate degree, and 5.9% have completed an advanced degree.[8]

In Ohio there is a statewide consortium of post-secondary programs designed specifically for people with IDD. The goal of the Ohio Statewide Consortium is to "build, extend, enhance, and sustain programs that deliver inclusive postsecondary programs for students with intellectual and developmental disabilities across Ohio, including participation in college classes, internships, housing, and social experiences."[30] The Think College National Coordinating Center developed eight national standards, 17 quality indicators, and 87 benchmarks which guide both the development and sustainability of inclusive higher education.[30] These inclusive programs focus across

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four transition areas for students with IDD which include academic access, career development, campus membership/independent living, and self-determination/student living.[30]

There are currently nine institutions in Ohio that offer 10 post-secondary programs for students with IDD. These include: 1) The Ohio State University Transition Options in Postsecondary Settings (TOPs) Program, 2) University of Cincinnati Transition and Access Program (TAP), 3) Marietta College Pioneer Pipeline Program, 4) Youngstown State University Transition Options in Postsecondary Settings Program, 5) University of Toledo: Toledo Transition Program, 6) Kent State University Career & Community Studies Program, 7) Columbus State Community College Early Childhood Aide Certificate Program, 8) Columbus State Community College Human Services Assistant Program, 9) Edison State Community College EAGLE Program, and 10) Bowling Green State University Clark Inclusive Scholars Program.

KEY TAKEAWAYS

- **Students with disabilities have unmet needs and gaps in educational outcomes in comparison to students without disabilities in Ohio's public education system.**
- **Ohio students with disabilities who are in segregated classrooms do worse on exams than students with disabilities who are included in classrooms with their peers without disabilities.**
- **Ohio students with disabilities have higher rates of school suspensions and expulsions than the national average for students with disabilities.**
- **Ohio students with disabilities are more likely to drop out of high school and not go to college compared to students without disabilities.**

EMPLOYMENT

Ohio is an Employment First state, which means that Ohio is participating in the U.S. Department of Labor Office of Disability Employment Policy (ODEP) initiative which sets a framework for system level change around the premise that "all citizens, including individuals with significant disabilities, are capable of full participation in integrated employment and community life."[31] In addition, since 2018, Ohio became the first Technology First state under an executive order from Governor DeWine, which allows for the Ohio Department of Developmental Disabilities (DODD) to "ensure technology is considered as part of all services and support plans for people with disabilities."[32] These initiatives were established to increase competitive employment and community living for Ohioans with disabilities. In Ohio, 71.3% of adults 19 years and older without disabilities are currently employed, while 28.7% of that population is estimated to be unemployed (this population includes retired individuals).[12] The employment rates of Ohio adults with disabilities falls far below the rate of Ohio adults without disabilities. An estimated 38.2% of Ohio adults ages 19 and older with a disability are currently employed, leaving 61.8% of this population unemployed, which is a 33.1% higher rate of unemployment in comparison to adults without disabilities.[12] This disparity is even more pronounced when looking at Ohio adults with IDD where only 32.3% of the population is estimated to be employed.[8] When looking at the service plans of individuals receiving IDD supports across the country that desire a job, goals for employment were included in less than 40% of these individuals' service plans.[19] These national trends are consistent with reports from family members of individuals with disabilities in Ohio. An estimated 28% of families of Ohioans with disabilities report not feeling that their family member has the supports necessary to work or volunteer in the community.[33] Another barrier to individuals with disabilities working in the community is the nature of and education around receiving public benefits. In Ohio, the fear of losing these benefits has been reported as a top reason these individuals were not working in the community.[5]

EMPLOYMENT

DODD has put forth several initiatives aligning with their goal of encouraging community integration, participation, and employment for individuals receiving services for developmental disabilities. As of 2019, 14,437 individuals, or 50.5% of this population, were employed.[34] The largest portion of this population (57.6%) reported working in a position based within the facility through which they receive services.[34] However, 33.1% of this population reported holding a position in a competitive job within the community.[34] Additionally, 16.0% of these individuals worked in a group integrated job.[34] Of the individuals working in competitive individual jobs, 40.5% of these jobs were in the "Food Preparation and Servicing Related" job category and 23.8% were in "Building and Grounds Cleaning and Maintenance."[35] These categories are followed by 10.2% in "Production" and 4.4% in "Office and Administrative Support."[35]

As of 2021, the ability of Ohioans with a disability to live the life they want to live is most hindered by challenges related to finding gainful employment.[5] DODD conducts programs to attempt to address these disparities. As of 2012, through DODD's Employment First program, the state has seen a 46% increase in individuals participating in integrated employment services. This means that individuals work an average of 20 hours per week at an average of $10.45 per hour. Over 3,200 individuals have been employed through this program.[14] The state is also integrating their Technology First efforts with employment initiatives. The use of technology has been expanded to aid in effective employment and providing workplace accommodations.[36]

Opportunities for Ohioans with Disabilities (OOD), which is Ohio's Bureau of Vocational Rehabilitation and Bureau of Services for the Visually Impaired, is also working to bridge the gap in Ohio employment outcomes. Over 5,700 Ohioans with disabilities have achieved successful employment outcomes with OOD assistance.[37] Additionally, 31,204 cases have been filed with vocational rehabilitation services to help individuals find or retain meaningful work.[37] This increase in vocational rehabilitation services offered has resulted from a restructuring of eligibility between fiscal years 2014 and 2019.[37]

EMPLOYMENT

A total increase of 165% in positive employment outcomes have corresponded with OOD's expanded eligibility.[37] These services are supported through research underlining the benefits of hiring people with disabilities. An estimated 62% of employees with a disability have remained with the same company for three years or longer, exceeding the retention rate for employees without a disability.[5] This trend reduces turnover costs incurred by employers. The public has also shown more favorable attitudes towards companies that hire individuals with disabilities when compared to those that do not. Additionally, an estimated 87% of the American public prefer to do business with companies that have inclusive hiring practices.[5]

Furthermore, the Governor DeWine administration in Ohio has prioritized the employment of Ohioans with disabilities in state government. As one of Governor DeWine's first executive orders in office he signed Executive Order 2019-03D, which establishes Ohio as a disability inclusion state and model employer of individuals with disabilities.[38] In this order, it is noted that there are an estimated 870,000 Ohioans with disabilities of working age and that the administration is "strongly committed to promoting diversity, ensuring fairness and non-discrimination in state government employment practices and to maintain a working environment free from discrimination…and it is the policy of this administration to encourage and support individuals with disabilities to fully participate in the social and economic life of Ohio and engage in competitive integrated employment."[38] This executive order directs in part the appointment of a State ADA Coordinator "who shall be responsible for advising all state agencies, departments, boards, and commissions within the executive branch on disability policy and compliance with state and federal disability rights laws" as well as directing all state agencies to annually review their hiring practices to identify any barriers to employment and work with the State ADA Coordinator to remedy any identified barriers.[38]

Students transitioning from high school to the workforce or educational programs also present an opportunity for outcomes improvement in the state. Barriers to continued education or training after school has been cited as another key factor in unfavorable employment outcomes for Ohioans with disabilities.[5]

EMPLOYMENT

In Fiscal Year 2019, the Ohio Transition Support Partnership with the Ohio Department of Education assisted 469 students with disabilities in their successful acquisition of employment.[37] As the program was expanded, 270 more students in Ohio's three most populous counties were eligible to receive individualized high school transition services through the school year.[37] An additional 524 Ohio students participated in career exploration programs through OOD's Youth Work Experience Programming.[37] Also, 2,356 students participated in OOD's work-based learning experiences where they received job coaching and conducted paid work at sites based on their interests and abilities.[37] While OOD hopes to continue to improve services to close the employment gap between individuals with and without a disability in the state, the expansion of eligibility and individualization of services provided has shown promising trends in the pursuit of this goal.

Key Takeaways

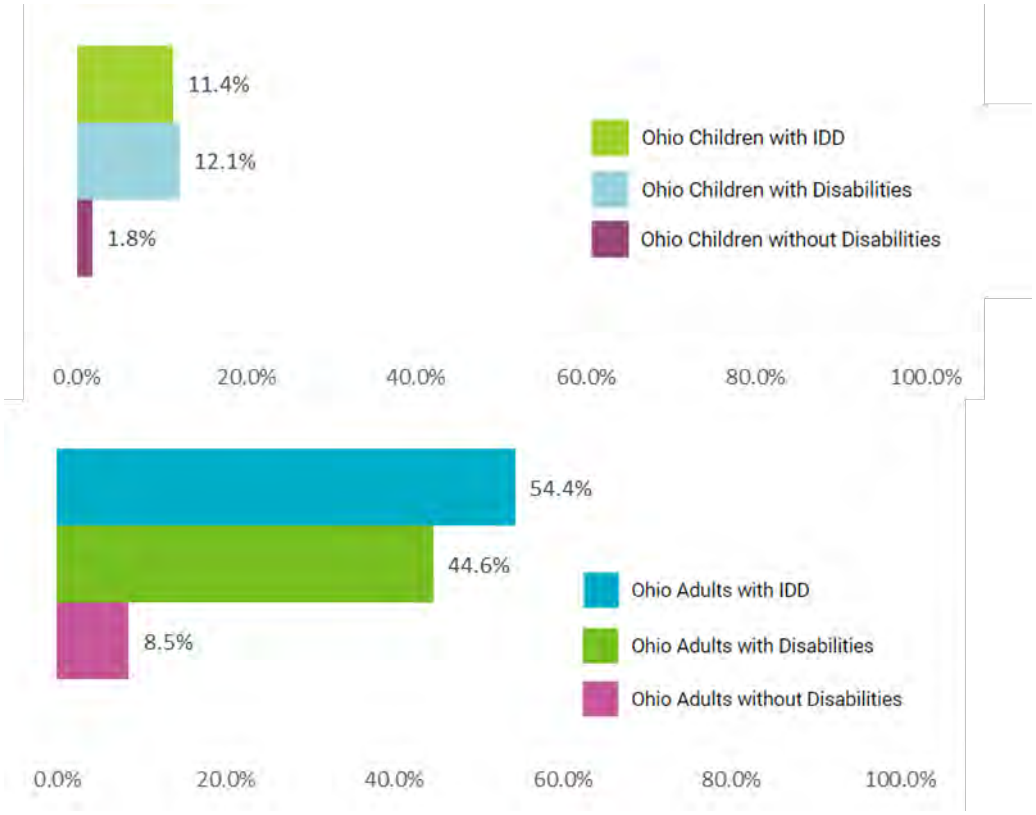
- **Most employed Ohioans with disabilities work in a position that is based in the facility through which they receive services.**
- **For Ohioans with disabilities who work in a job that is a competitive position within the community, most work in food preparation.**
- **The main reason reported by Ohioans with disabilities that they do not work in the community is due to fear of losing their benefits.**
- **There are also many barriers to accessing continuing education or training after school for Ohioans with disabilities, which results in poorer employment outcomes.**

HEALTH AND WELLNESS

Health Status

People with disabilities report worse overall health outcomes in comparison to people without disabilities. Parents of Ohio children with IDD and CSHCN are more likely to report their child's health status as "fair" or "poor" (11.4% and 9.3% respectively) in comparison to Ohio children without disabilities (1.8%) (figure 16).[7,8] However, these Ohio figures are less than the national average of 12.9% for parents reporting their child with a disability as being in "fair" or "poor" health status.[39] Additionally of note, a large majority of both parents of children with IDD and CSHCN report their child's health as "excellent" or "very good" (67% and 71% respectively).[8]

Figure 16. Prevalence of Self-Reported "Fair" or "Poor" Health



HEALTH AND WELLNESS

However, self-reported perceptions of health status for people with disabilities worsen with age. Ohio adults with disabilities are more likely to report their overall health status as “fair” or “poor” (44.6%) compared to Ohio adults without disabilities (8.5%).[12] For Ohio adults with IDD, the proportion who report “fair” or “poor” overall health is even greater (54.4%) (figure 16).[8] Only 17.9% of Ohio adults with IDD report their overall health as “excellent” or “very good” which is about 3.5 times lower than Ohio children with IDD.[8]

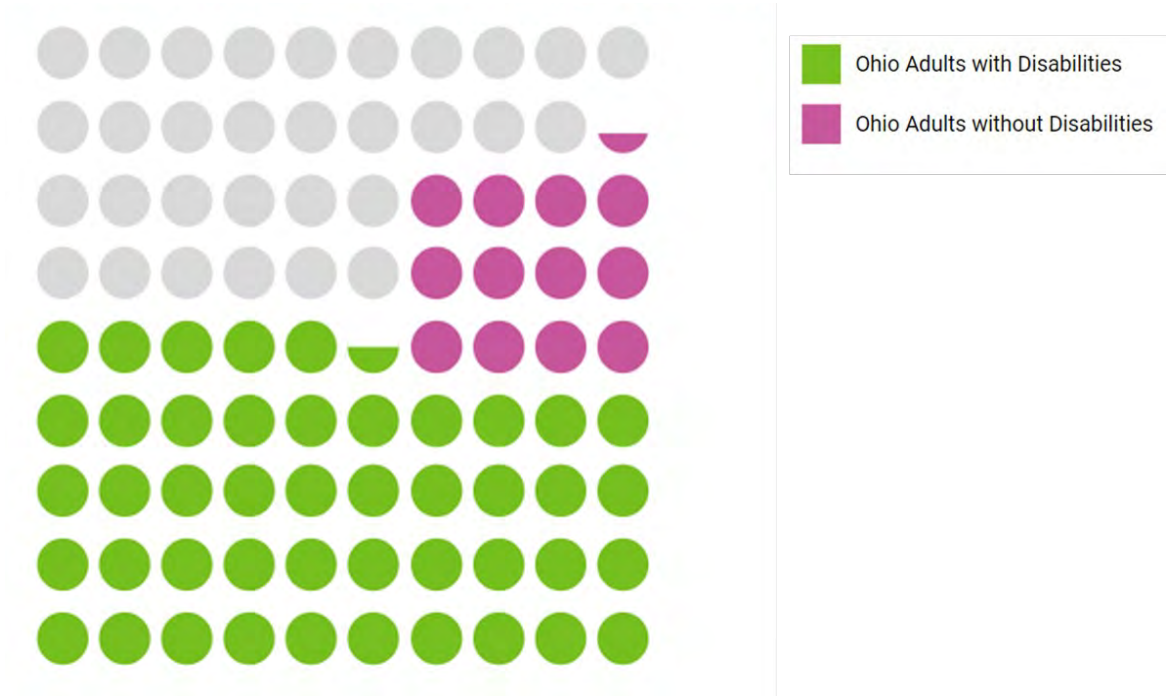
The disparity in ratings of overall health status for children and adults with disabilities in comparison to people without disabilities may be attributed in part to the fact that people with disabilities have a greater prevalence of chronic physical and mental conditions. Ohio children with IDD and CSHCN are more likely to be obese (27.9% and 26.1% respectively) than children without disabilities (23.6%).[7,8] Similarly, Ohio adults with IDD are more likely to be both underweight (2.8% for adults with IDD and 1.8% for adults without disabilities) and obese (43.2% for adults with IDD and 32% for adults without disabilities) than Ohio adults without disabilities.[8,12] The same trends are observed for all Ohio adults with disabilities as well, where 2.6% of adults with disabilities are underweight (compared to 1.8% of adults without disabilities) and 43.5% are obese (compared to 32% of adults without disabilities).[12] Additionally, the percentage of Ohio adults with IDD who are obese (43.2%) is slightly greater than the national average of 42.4%.[40] The average body mass index (BMI) of Ohio adults with IDD is 30.9 (class I obesity) with a range from 12.7 (underweight) to 194.7 (class III obesity).[8]

Ohio adults with disabilities are almost twice as likely to have at least one chronic condition compared to Ohio adults without disabilities (67.5% vs. 36.7%).[12] Ohio adults with IDD have higher rates of high blood pressure (52.1% vs. 29.4%), heart disease (13.3% vs. 5%), stroke (11.3% vs. 1.5%), high cholesterol (38% vs. 20.5%), diabetes (24.8% vs. 9.3%), and asthma (29.2% vs. 12.6%) compared to Ohio adults without disabilities.[8,12]

HEALTH AND WELLNESS

Furthermore, Ohio adults with IDD have greater rates of high blood pressure (52.1% vs. 49.7%), stroke (11.3% vs. 8.8%), high cholesterol (38% vs. 35.8%), diabetes (24.8% vs. 22.5%), and asthma (29.2% vs. 25.6%) compared to all Ohio adults with disabilities.[8,12] Also of note, Ohio adults with IDD and with disabilities in general have significantly higher rates of asthma (29.2% and 25.6% respectively) than the average for adults with disability nationally (16.5%).[40] There is also a high prevalence of depression among Ohio adults with disabilities. More than 45.4% of Ohioans with disabilities have depression compared to 13.2% of Ohioans without disabilities (figure 17).[41] This is higher than the national average where only 18.8% of adults with disabilities have regular feelings of depression.[40] The average number of days that Ohio adults with IDD reported that their mental health prevented work or activities was 7.4 days[8] and 19.5% of Ohio adults with disabilities experienced 14+ days of mentally distressed days in the past month compared to 0.8% of adults without disabilities.[12]

Figure 17. Prevalence of Depression among Ohio Adults



HEALTH AND WELLNESS

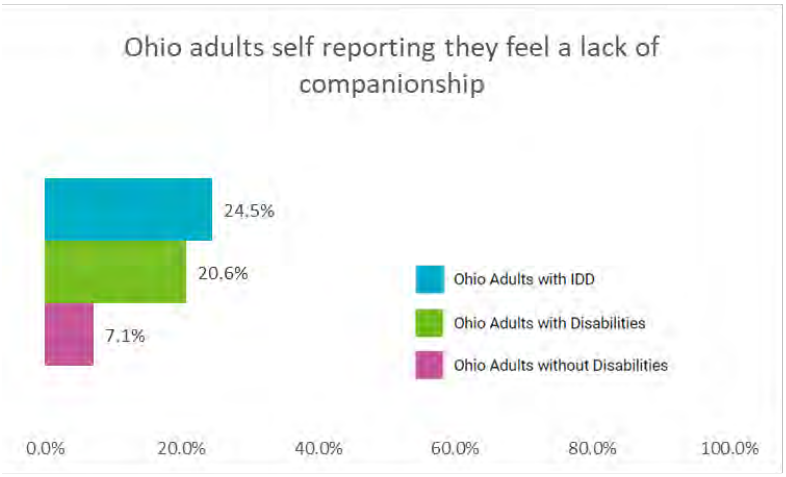
Furthermore, on average, Ohioans with disabilities experience more social isolation and lack of companionship than Ohioans without disabilities. Adults with IDD in Ohio are more likely to report that they often feel that they lack companionship (24.5% vs. 20.6% vs. 7.1%), feel left out (21% vs. 16% vs. 2.3%), and feel isolated from others (24% vs. 16% vs. 2.3%) than all Ohio adults with disabilities and Ohio adults without disabilities (figure 18).[8,12]

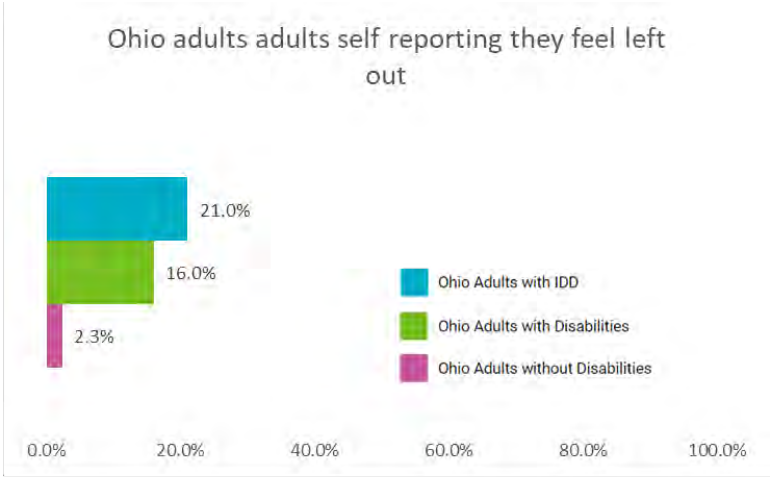
It is clear that Ohio adults with IDD experience worse physical and mental health outcomes in comparison to all Ohio adults with disabilities and adults without disabilities. Disparities also exist at the intersection of disability and race/ethnicity. For example, 32% of Black adults with IDD have high blood pressure compared to 21% of white adults with IDD nationally.[19] Also, data from the National Health Interview Survey and the Medical Expenditure Study have found that Latinx and non-Latinx Black adults with IDD have worse health outcomes than white adults with IDD and also nondisabled Latinx and Black adults.[19] They also found that Black adults with IDD had worse overall mental health than the other groups.[19] The Ohio State Health Assessment (SHA) notes that the true magnitude of the health disparities may not be fully captured in current Ohio data and thus we do not understand the true size of the gaps in outcomes for Ohioans of color with disability.[41] Better data needs to be collected to understand the intersectionality of race and disability on health outcomes in Ohio.

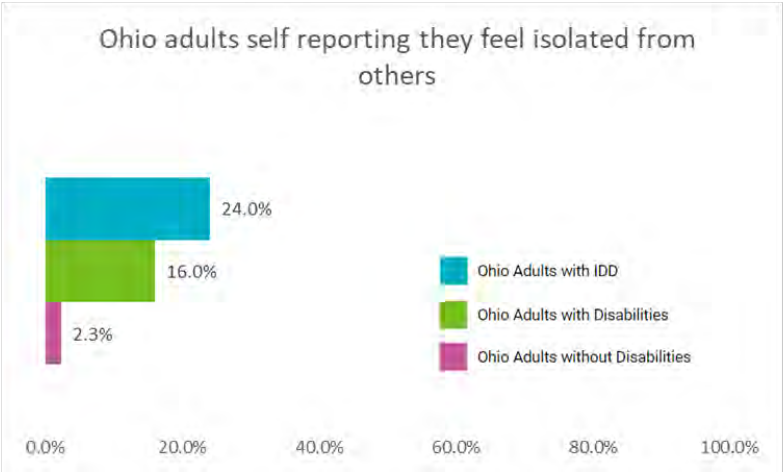
Health Behaviors

The health behaviors of Ohioans with IDD may also help to explain the health status outcomes described above. For example, sedentary behaviors in Ohio children and adults with disabilities is a concern. Ohio children with IDD and CSHCN are more likely to spend more hours with screen time in an average weekday than children without disabilities. The recommended screen time is no more than 2 hours per day for children ages 5-17 years.

Figure 18. Prevalence of Social Isolation among Ohio Adults







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However, 50.9% of Ohio children with IDD and 50.5% of Ohio CSHCN spend 3 hours or more on screen time on an average weekday compared to 40.2% children without disabilities.[7,8] Additionally, a large proportion (43.9%) of Ohio adults with disabilities report no leisure time or physical activity compared to 29.6% of all Ohio adults, which is a risk factor for many chronic conditions.[5,23] Furthermore, 34.9% of Ohio adults with IDD currently smoke compared to 16.7% of adults without disabilities.[8,12] This is higher than Ohio adults with any disability (32.2%)[12] and adults with disabilities nationally (21.1%).[40] In terms of electronic cigarette or use of vaping products, 38.1% of Ohio adults with IDD report using these products[8] compared to only 4.2% of adults with disabilities nationally.[40] Additionally, 10% of adults with IDD report using e-cigarettes or vaping products every day compared to 4.1% of adults without disabilities.[8,12]

Ohio adults with IDD are also more likely to have had an episode of binge drinking (4 or more drinks for women and 5 or more drinks for men on one occasion) than people without disabilities (38.8% vs. 22.9%).[8,12] Ohio adults with disabilities use marijuana or cannabis more than adults without disabilities (18% vs. 9.5%), with adults with IDD using marijuana or cannabis an average of about 4 days per month.[8,12] In addition, 13.3% of Ohio adults with IDD have used a prescription pain reliever in a way that was not directed by their doctor compared to 7.7% of adults without disabilities.[8,12]

Healthcare Utilization

A majority of children in Ohio have a regular source of medical care. An estimated 98.2% of Ohio children without disabilities have a regular source of care, which is slightly higher than children with IDD (97.2%) and CSHCN (96.9%).[7,8] Around 84% of Ohio adults with IDD report having a regular source of medical care compared to 93% of all Ohio adults with disabilities and 90% of adults without disabilities.[8,12] The top three locations where Ohio children with IDD and CSHCN receive their usual source of care are 1) doctor's office of health center (84.4% and 85.8%), 2) urgent care center (6% and 5.3%), and 3) hospital or emergency room (4.2% and 3.7%).[8]

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The top three locations where Ohio adults with IDD receive their usual source of care are 1) doctor's office or health center (60.6%), 2) hospital or emergency room (12.7%), and 3) urgent care center (7%).[8] Thirty-four percent of Ohio children with IDD and 33.3% of CSHCN report at least one emergency room visit within the past year,[8] which is higher than the national average of 11.1% for children with disabilities.[39]
The most common inpatient diagnoses among Ohio children with disabilities who are covered by Medicaid are mental health conditions (47%), other conditions such as seizure, pneumonia, sickle cell anemia crisis, and digestive system diagnoses (39%), and respiratory conditions (14%).[42] Similarly, 48% of Ohio adults with IDD report at least one emergency room visit within the past year,[8] which is also higher than the national average of 43.6% for adults with disabilities.[40] Among Ohio young adults with disabilities (ages 18-25 years) covered by Medicaid, the most common inpatient diagnoses are mental health and substance use/poisoning conditions (49%), followed by pregnancy and birth-related conditions (23%), and other conditions (23%) such as septicemia and other infections, seizure, sickle cell anemia crisis, and diabetes.[42]

In terms of preventive care, 87.5% of Ohio children with IDD and 88.2% of CSHCN received a well check-up within the past year, which is lower than the national average for children with disabilities (94%).[8,39] Also, 83.9% of Ohio children with IDD and 85.1% of CSHCN have been to a dentist within the past year.[8] Among Ohio adults with IDD, 89.8% has seen a doctor in the last year, which again is lower than the national average for adults with disabilities (94%).[8,40] Finally, when asked to reflect on their healthcare experience 3 years ago, 26% of adults with IDD report that getting medical care is becoming harder compared to 24.3% of all adults with disabilities and 15.5% of adults without disabilities.[8,12]

Unmet Healthcare Needs

Ohio children and adults with disabilities experience a number of unmet healthcare needs. More Ohio children with IDD and CSHCN report not getting needed dental care within the past year (8.2% and 7.6% respectively) than Ohio children without disabilities (4.4%).[7,8]

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Additionally, more Ohio children with disabilities and CSHCN have unmet prescription medication needs (7.5% and 7.6% respectively) than Ohio children without disabilities (2.2%).[43] In adults, more Ohio adults with IDD report not getting needed dental care within that past 12 months (26.6%) than all Ohio adults with disabilities (23.4%) and adults without disabilities (9.1%).[8,12] Similarly, more Ohio adults with IDD report not getting needed mental health services within that past 12 months (20%) than all Ohio adults with disabilities (16.8%) and adults without disabilities (3.8%).[8,12] Furthermore, 17.4% of Ohio adults with IDD could not get needed health care such as a medical exam or medical supplies in the past year and 43.7% delayed or avoided getting the care they needed.[8] Among the Ohio adults with IDD who reported delaying or avoiding needed care, 50% did so because the cost of care was too much, 27% did so because they did not have transportation, 28% did so because their provider was not available when they needed to go, and 24% did so because they could not find a provider.[8] The Ohio SHA also found that inability to see a doctor due to cost is the most common factor for not getting needed healthcare among Ohioans with disabilities.[41]

Many of the health gaps outlined in this "Health and Wellness" section of the report are due in large part to the failure of the health care system to deliver quality care to people with disabilities. For example, a recent study by Iezzoni et al.[44] revealed the biased attitudes that many physicians hold about disability that can contribute to the persistent health care disparities and inequities experienced by people with disabilities across their health status, behaviors, utilization, and unmet healthcare needs. Iezzoni et al.[44] cite previous literature and systematic reviews that found that the implicit beliefs of physicians towards patients significantly affect their treatment decisions and patient outcomes. In their study on physician perceptions about people with disabilities, Iezzoni et al.[44] randomly surveyed 714 physicians in the U.S. and found that 82.4% believed that people with disabilities have a worse quality of life than people without disabilities. They also found that only 40.7% of physicians felt "very confident about their ability to provide the same quality of care" to patients with disabilities.[44]

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Furthermore, only 56.5% strongly agree that they welcome patients with disabilities into their practice,[44] which may be one explanation as to why some Ohioans with disabilities report they could not find a provider[8] resulting in not receiving needed health care. Despite a large proportion of physicians not strongly agreeing with the statement that they welcome patients with disabilities into their practice, only 18.1% strongly agreed that patients with disabilities are "often treated unfairly in the health care system."[44] These findings suggest that many physicians in the U.S. may hold biased views about people with disabilities that can impact the quality of care that patients with disabilities receive and also demonstrates that a majority of physicians do not feel confident in their ability to provide the same quality of care that they deliver to patients without disabilities.[44] In Ohio, the Ohio Disability and Health Program is working to address training gaps for medical, nursing, and allied health professionals and students around disability competence. The Ohio Disability and Health Program partnered with the Alliance for Disability and Health Care Education to reach national consensus on a set of Core Competencies on Disability for Health Care Education to improve the quality of care delivered to people with disabilities by health care providers and to decrease health inequities. Information about these competencies can be found here.

Health Insurance Coverage and Healthcare Costs

The large majority of Ohio children with IDD and CSHCN have health insurance (96.8% and 96.6% respectively) with only 3.2% of children with IDD and 3.4% of CSHCN being uninsured.[8] These rates of being uninsured are lower than both the national average for children with disabilities, which is 4.3%, and Ohio children without disabilities, which is 5.3%.[7,39] The majority of children with IDD and CSHCN receive insurance coverage from Medicaid (51.3% and 45.7% respectively), whereas the most common source of coverage for children without disabilities is employer-based coverage (48%).[7,8] The next most common source of coverage for both Ohio children with IDD and CSHCN is employer-based coverage (37.2% and 42.7% respectively).[8]

Only 7.8% of Ohio adults with IDD are uninsured, which is lower than both Ohio adults with and without disabilities in Ohio and nationally.[8,12,40] A majority of Ohio adults with IDD receive insurance coverage from Medicaid (25.3%), Medicare (26.4%), or both (16.1%).[8]

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The next most common source of coverage is employer-based (16%),[8] which is the most common source of coverage for Ohio adults without disabilities.[12]

Ohio is among the top 15 most costly states in the nation for disability related healthcare expenditures. The average disability-related healthcare expenditures per individual with a disability in Ohio is $13,227 making it the 11th most costly state in the nation.[45] This is higher than four of the five states that border Ohio.[45] Indiana has an expenditure of $11,678, Michigan has an expenditure of $10,517, and both Kentucky and West Virginia have expenditures of $9,969 per individual with a disability.[45] The only bordering state that is slightly higher than Ohio is Pennsylvania at $13,431.[45]

COVID-19

Morbidity and Mortality

Evidence is emerging to suggest that people with disabilities may experience higher rates of serious morbidity and mortality from COVID-19. Kuper et al.[46] note that because people with disabilities are older on average and are more likely than people without disabilities to have underlying health conditions, such as respiratory diseases, they are at greater risk for morbidity and mortality if they contract COVID-19. Turk and McDermott[47] cite that in addition to the risk factors for severe morbidity and mortality previously mentioned by Kuper et al.,[46] people with disabilities are more likely to be in poverty and live in group settings, thereby also increasing risk of morbidity and mortality from COVID-19. Turk and McDermott[47] indicate that evidence is emerging about COVID-19 screening and triage difficulties for people with disabilities. For example, Rodríguez-Cola et al.[48] found that people with spinal cord injuries had differences in COVID-19 symptom manifestation, which challenged the screening and recognition of COVID-19 in these patients. Turk et al.[49] analyzed data from the TriNetX COVID-19 Research Network (a global federated network of health record data from 42 health care organizations) to identify COVID-19 trends among people with IDD. They found that people with IDD who also had COVID-19 had a higher prevalence of pre-existing conditions associated with poor COVID-19 outcomes and had higher fatality rates among both the 0-17 years and 18-74 years age groups compared to people without IDD.[49]

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Abedi et al.[50] analyzed data publicly available from USAfacts, the US Census Bureau, and COVID-19 data reported by each state department of health. They found that factors significantly associated with a higher mortality rate were counties with a higher percentage of people under the poverty level, a higher percentage of people with Medicaid coverage, and a higher rate of people with disabilities in the county.[50] Conversely, counties with a lower prevalence of people with disabilities had a significantly lower median death rate.[50] Landes et al.[51] in their review found that COVID-19 mortality rates were higher among adults with IDD and that adults with IDD were more likely to develop pneumonia from COVID-19 than adults without IDD. Furthermore, from a claims analysis of privately insured patients, a white paper from FAIR Health and John Hopkins University found that COVID-19 patients who have developmental disabilities had the highest odds of mortality from COVID-19 across all age groups and that patients with intellectual disabilities had the third highest odds of mortality from COVID-19 across all age groups.[52] Spreat et al.[53] also found that people with IDD are almost twice as likely to die from COVID-19 than people without disabilities from a sample of eight states (California, Colorado, Indiana, Maryland, New Jersey, New York, Pennsylvania, and Virginia).

Current publicly available morbidity and mortality data in Ohio does not track disability specific outcomes. However, given that the demographics of Ohio adults with disabilities (and IDD specifically) align with the characteristics of people with disabilities in the studies mentioned above, it is reasonable to predict that Ohioans with IDD have likely experienced higher rates of morbidity and mortality compared to Ohio adults without disabilities. The confirmed number of cases of COVID-19 and mortality data is reported for Ohio Long-Term Care Facilities where some Ohioans with IDD live, which may provide some useful insight into the possible mortality trends for Ohioans with IDD. From April 15, 2020 through July 7, 2021, there was a total of 51,359 confirmed cases of COVID-19 among residents of Long-Term Care Facilities in Ohio.[54] The total number of deaths that resulted during this same period was 7,609.[55] Based on these numbers, the current estimated case fatality rate among Ohio residents of Long-Term Care Facilities (the number of deaths from COVID -19 divided by the number of confirmed COVID-19 cases multiplied by 100) is approximately 14.8%. This is compared to the current estimated 2.2% total case fatality rate for all of Ohio (from April 15, 2020 through July 7, 2021), where there have been 931,084 confirmed cases of COVID-19 and 20,380 deaths.[56]

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It is important to recognize that people without disabilities who are also in a high-risk group for morbidity and mortality from COVID-19 live in long-term care facilities and the data available does not separate by disability status. It is likely that this observed gap is attributed in large part to older adults with chronic conditions. Additionally, some of the case data in long-term care facilities may be inflated compared to other settings because some facilities in Ohio were designated as healthcare isolation centers for COVID-19.[54] Although there is no current mortality data available on Ohioans with disabilities, from what has been found in other studies of mortality for people with disabilities and the large observed difference between case fatality rates between Long-Term Care Facilities in Ohio (where it is known that some Ohioans with IDD and other disabilities reside) in comparison to the state as a whole, suggests that there may be gaps in mortality rates among Ohioans with disabilities that should be further explored.

Vaccine Access

During national vaccine rollout, a majority of U.S. states did not specifically prioritize people with disabilities.[57] Ohio was one of seven states (Tennessee (phase 1a), Oregon (1a), Maryland (1b), Ohio (1b), Illinois (1b), Nevada (1c), and Washington (1c)) that specifically prioritized people with disabilities in their vaccination rollout plans.[57] However, due to lack of available data, it is unknown how many Ohioans with disabilities have been vaccinated to date.

Ohio COVID-19 Needs Assessments for People with Disabilities

The Ohio State University College of Public Health completed a COVID-19 needs assessment that included Ohioans with disabilities. Thirty-five individuals representing Ohioans with disabilities completed the needs assessment survey.[58] These individuals were a non-random sample who were purposefully selected because they represented organizations, agencies, and community groups that serve Ohioans with disabilities.

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These respondents predominately consisted of family members, caregivers, and guardians of people with disabilities as well as people who work with people with disabilities.[58] These individuals reported eight main barriers for Ohioans with disabilities to use recommended public health strategies to minimize the impact of COVID-19.[58] The first barrier was lack of access, availability, and cost, which limits the ability of Ohioans with disabilities to use protective hygiene practices due to high cost of cleaning supplies, to obtain personal protective equipment (PPE) for themselves and their caregivers, obtain COVID-19 testing due to limited availability, to quarantine, and seek appropriate healthcare due to limited access.[58] The second were barriers directly related to disability to follow recommended public health strategies.[58] For example, Deaf and Blind individuals need touch to communicate so social distancing is a challenge.[58] As another example, masks are difficult to use for certain individuals such as those who are Deaf who get information from facial cues and those with sensory issues cannot wear masks.[58] Also, some individuals are unable to cover sneezes and coughs.[58] A third identified barrier were challenges of housing and care facilities (such as living in group and congregate living settings) which affect the ability of people with disabilities to use protective hygiene practices, social distancing, PPE, and self-quarantining.[58] The next barrier was the need for others, such as caregivers, to assist with activities of daily living that limits the ability to follow the recommended public health guidelines.[58] A fifth barrier was lack of information and knowledge about COVID-19 as well as limited education and health literacy that limit the ability of people with disabilities to follow public health guidelines.[58] The sixth barrier were work-related challenges that limit the ability to social distance or use PPE such as jobs that don't allow working from home or making frequent hand washing impossible.[58] The seventh barrier was limited transportation options (i.e. reliance on public transportation or no transportation to healthcare locations) that impede the use of social distancing and access to COVID-19 testing and healthcare.[58] And the final identified barrier was limited access to technology, which limits the use of telehealth services and access to communication and information about COVID-19.[58]

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The Breaking Silences Advocacy Committee, Access Center for Independent Living, and The Ability Center of Greater Toledo partnered to conduct a survey of the experiences and unmet needs of Ohioans with disabilities during the COVID-19 pandemic.[59] A total of 83 Ohioans completed the survey, which was open to any Ohioan with a disability, family/friends/caregivers of Ohioans with disabilities, or professionals who work with Ohioans with disabilities.[59] Nearly half of these responses (48.2%) were from individuals with a disability, 32.5% were family members, caregivers, and/or friends of an individual with a disability, and 12.1% were health professionals who worked with people with disabilities.[59] These 83 participants represented 15 counties in Ohio, with the highest prevalence of responses from Montgomery County.[59] A majority (60.5%) of survey participants with disabilities expressed feeling fear for their lives during the pandemic.[59] This was almost double the rate compared to people without disabilities in the sample, where only 33.3% of family members, caregivers, and/or friends of an individual with a disability and only 30% of health professionals reported feeling fear for their lives during the pandemic.[59] From open-ended responses in the survey, this fear for people with disabilities was primarily attributed to people with disabilities being at high risk for morbidity and mortality from COVID-19, people with disabilities witnessing others in their communities not taking the pandemic seriously, and disruptions with in-home caregivers during the pandemic, which resulted in food insecurity and other unsafe situations such as not being properly on a ventilator or receiving wound care.[59] More than half of the survey respondents who use caregivers (55.5%) reported experiencing issues in finding caregivers as a direct result of the pandemic.[59] Also, among those who had caregivers, 32.5% reported not having PPE for themselves or their caregivers.[59]

Finally, six main themes emerged from an analysis of the open-ended responses. These included: 1) “disruption in daily activities and life situations” (such as changes in socialization and social opportunities, transition to telehealth challenges, social isolation, food insecurity, and financial concerns); 2) “issues in finding or securing qualified caregivers”;

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3) “concerns, fears, and behavioral health issues during COVID-19”; 4) “barriers and issues in meeting healthcare needs” (such as disruption in access to healthcare, supplies, and medication, lack of access to PPE, and emergency services and hospitals not making proper accommodations for accessibility to quality care); 5) “issues in how the healthcare system interfaces with people with disabilities”; and 6) “perceptions of the health department’s response” (which included the health department responding adequately, needing better dissemination of information, and needing better enforcement of mask wearing).[59]

Key Takeaways

- **Ohioans with disabilities report significantly more chronic health conditions and poorer subjective health than Ohioans without disabilities that worsens with age, which may be due in part to increased barriers to accessing competent health care with the transition to adulthood.**
- **The COVID-19 pandemic has magnified the health gaps experienced by Ohioans with disabilities.**
- **Ohioans with disabilities reported feeling more fear for their lives during the pandemic than Ohioans without disabilities due to witnessing others not taking the pandemic seriously and disruptions in receiving adequate in-home care giving during the pandemic.**

SAFETY AND SECURITY

Abuse, Neglect, Assault, and Adverse Childhood Experiences

Under Ohio Administrative Code 5123-17-03, guidelines are established to track individuals who are prohibited from working with Ohioans with developmental disabilities through an "Abuser Registry" that is maintained by the Ohio Department of Developmental Disabilities (DODD).[60] From the most recent available data, a total of 19,875 Major Unusual Incidents (MUI) were reported in Ohio, with the highest reported MUI category being unscheduled hospitalizations (25%).[61] There are currently 1,110 individuals on the DODD Abuser Registry (https://its.prodapps.dodd.ohio.gov/ABR_Default.aspx). Abuser Registry offenses include physical abuse, sexual abuse, verbal abuse, prohibited sexual relations, neglect, misappropriation (theft), failure to report abuse, neglect, or theft, and conviction or guilty pleas to assault, menacing, domestic violence, sexual offenses, theft offenses, and patient abuse or neglect.[60]

According to the United States Department of Justice Bureau of Justice Statistics' 2009-2015 National Crime Victimization Survey, people with disabilities (ages 12 to 65 years) were at least 2.5 times more likely than people without disabilities to be victims of nonfatal violent crime, which includes rape, sexual assault, robbery, aggravated assault, and simple assault.[62] Children with disabilities ages 12-15 years had the highest rate of violent crimes in comparison to all other age groups.[62] In Ohio, DODD substantiated 258 reported allegations of sexual abuse from Ohioans with developmental disabilities committed by people without disabilities, though the true number is likely much higher due to many cases that are unreported or unsubstantiated.[63]

In terms of Intimate Partner Violence, a majority (61.6%) of Ohio adults with IDD who have intimate partners have never experienced violence with a partner.[8] However, 9.7% of Ohio adults with IDD reported at least one episode of intimate partner violence within the past year and 28.8% reported at least one episode greater than 1 year ago.[8]

Adverse Childhood Experiences (ACEs) are defined as potentially traumatic events that occur during childhood between the ages of 0 through 17 years.[20] ACEs are often categorized into three broad categories of abuse, household challenges, and neglect.[20] The top 5 ACEs experienced among Ohio children with IDD are experiences of 1) a parent or guardian getting divorced or separated (43.1%),

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2) living with anyone who was mentally ill, suicidal, or severely depressed (29.4%), 3) living with anyone who had a problem with alcohol or drugs (25.7%), 4) parent or guardian served time in jail after child was born (25%), and 5) being a victim of violence or witnessed violence in the neighborhood (19.5%).[8] Ohio children with disabilities are more likely to experience ACEs than Ohio children without disabilities. Nearly 62% of Ohio children without disabilities have never experienced an ACE compared to only 34.3% of Ohio children with disabilities never experiencing an ACE.[7] Rather, nearly half (47.1%) of Ohio children with disabilities experienced 1 to 3 ACEs, compared to 32.9% of children without disabilities, and 18.6% of Ohio children with disabilities experienced greater than 4 ACEs, compared to only 5.2% of children without disabilities (figure 19).[7] This amounts to 65.7% of children with disabilities who have experienced at least one ACE which is almost the same number as children without disabilities who have never experienced an ACE.[7] Among adults, as with children, Ohio adults with disabilities are more likely to report two or more ACEs (49%) than Ohio adults without disabilities (32%) (figure 20).[20]

Restrictive Measures and Restraint

The use of restrictive measures for people with IDD in Ohio are tracked by DODD. In 2018, DODD received 2,034 Restrictive Measures Notifications across 82 counties in Ohio.[64] Of the over 93,000 individuals that DODD actively serves, nearly 2% of those individuals had submitted a Restrictive Measures Notification in 2018.[64] The types of restrictive measures that were utilized were rights restrictions (2,296), manual (1,814), mechanical (684), chemical (210), and time out (35).[64]

In terms of use of restraint in Ohio schools, there are disparate incidents of restraints used on children in schools. According to data from the United States Department of Education, Ohio children with disabilities account for 80% of all restraint cases in schools, but only account for 14% of the Ohio school population.[65] Likewise, nationwide students with disabilities comprise 13% of the student population but account for 80% of physical restraint cases.[66]

According to a Disability Rights Ohio Policy Paper, people with disabilities are more likely to be victims of police brutality and the use of force than people without disabilities nationwide.[67]

SAFETY AND SECURITY

Figure 19. Prevalence of Adverse Childhood Experiences among Ohio Children

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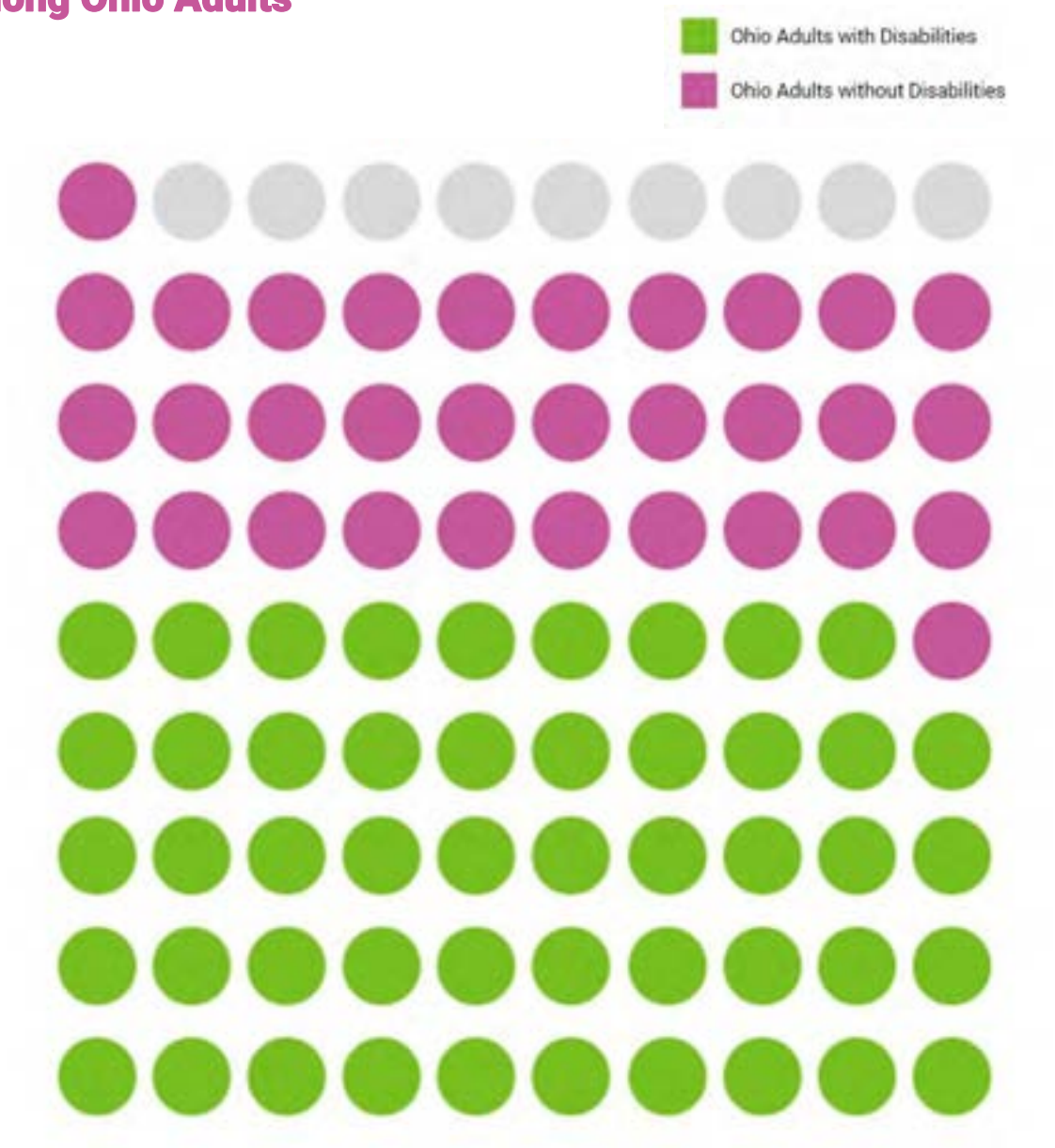
Figure 20. Prevalence of Adverse Childhood Experiences among Ohio Adults



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While people with disabilities represent only 25.6% of the U.S. population,[10] they are estimated to represent 30-50% of individuals who are victims of the use of police force and 33-50% of individuals who are killed by police.[67] Furthermore, research has indicated that people with mental health disabilities are 16 times more likely to be killed by police during an encounter.[67] BIPOC students with disabilities are also more likely to be labeled as "threats" or "bad kids" by School Resource Officers and experience being handcuffed, tased, and dragged by their feet than other students and are disproportionately removed from traditional education settings.[67] In one small step to avoid negative policing outcomes for some Ohioans with disabilities, Ohio passed House Bill 115, the Communication Disability Law, in 2018.[68] This law set up a database where people with communication disabilities, who drive or ride in cars, can register with law enforcement to let them know they have a communication disability if pulled over.[68]

Key Takeaways

- **Ohioans with disabilities are more likely to experience Adverse Childhood Experiences compared to people without disabilities.**
- **Ohio students with disabilities are more likely to be restrained in school compared to students without disabilities.**
- **Nationally, adults with disabilities are more likely to be victims of violent crimes than people without disabilities.**

HOUSING

Housing for Ohioans with disabilities encompasses many challenges and offers limited options for consumers that result in Ohioans with disabilities being subjected to poor living conditions. It is estimated that more than 7,000 Ohioans currently live in institutions, nursing homes, and residential care facilities with efforts to transition many of these individuals with disabilities out of these facilities and back into the community.[2] One of these efforts is a Rental Assistance Program that was developed to provide funding support for Ohioans with disabilities who are leaving these types of facilities to community housing.[69] Also, the State of Ohio Accreditation Resource Coalition's (SOAR) SOAR Ohio project specializes in helping Ohioans with disabilities who are preparing to leave institutions to obtain federal Supplemental Security Income/ Social Security Disability Insurance.[5] However, Ohioans with disabilities experience long delays in receiving these monthly benefits, which makes access to housing in the community extremely challenging.[5]

Of the children and adults with disabilities served by the 88 Ohio County Boards of Developmental Disabilities, 75% (62,100 individuals) reside at home with their families.[2] In Ohio, it is estimated that 21.9% of all households have at least one individual with a disability living in the household.[70] According to information from the Residential Information Systems Project,[71] more Ohioans with disabilities are living with family or independently as opposed to living in group homes in comparison to the national average. In Ohio, 10% of people with disabilities live in group homes compared to 38% nationally.[71]

There are still misconceptions that people with certain disabilities cannot live on their own.[72] Among Ohio adults with IDD, an estimated 37.9% own or pay a mortgage on their own home and 44.2% live in housing in which they pay rent.[8] Furthermore, among Ohioans who are Long-Term Supports and Services (LTSS) recipients, 15% own their own home compared to the 12% national average.[71] However, housing options are very limited in Ohio. For example, not enough landlords are willing to rent to people with disabilities.[72]

HOUSING

Furthermore, it is estimated that it would take approximately 118% of the total income the average Ohioan with IDD makes to find decent and affordable housing, meaning that most people with IDD in Ohio simply cannot afford housing.[2] There is a need for support services to educate people with disabilities on how to navigate the public housing process and housing vouchers.[72] Recent studies have shown that approximately 25,000 people who are income and/or disability eligible to receive Section 8 Rental Vouchers are not on the waiting lists for their local housing authorities,[2] further demonstrating the need to educate Ohioans with disabilities how to navigate this process.

Ohio households with people with disabilities are more likely to live in poor or unsafe living conditions than Ohio households without people with disabilities. Ohio households with people with disabilities are more likely to report signs of mice or rats inside their home in the past year (16.2%) and signs of cockroaches in the past year (4%) than homes without people with disabilities (15.8% and 2.3% respectively).[70] Additionally, Ohio households with people with disabilities are also more likely to report open cracks or holes in the interior of their home (7.3%) than homes without people with disabilities (5%) as well more likely to report water leakage inside their home (10.7%) than homes without people with disabilities (7.6%).[70] Only 62.1% of Ohio households with people with disabilities have a carbon monoxide detector compared to homes that do not have a person with a disability living there.[70] Ohio households with people with disabilities are less likely to have air conditioning than homes without people with disabilities.[70] Furthermore, Ohio households with people with disabilities are more likely to live in neighborhoods with more than one building that is vandalized or abandoned within a half a block of their home (6.2%) than homes without people with disabilities (3.6%) and are more likely to agree that their neighborhood has a lot of petty crime (20.5%) compared to homes without people with disabilities (15.7%).[70]

By 2024, it is estimated that Ohio may have 5 million residents with ambulatory difficulties.[72] Houses with universal design features are needed in Ohio.[72]

HOUSING

Homes that can enhance independence and caregiving will lower costs incurred due to falls and injuries, lower Medicaid costs by allowing home care, and minimize tax expenditures by not requiring people to move to a nursing home or long-term care facility.[72] Currently, the issue remains that Ohio lacks the process for incorporating the housing needs of people with disabilities in Ohio.[72] It is an issue that could be improved by prioritizing the housing needs of Ohioans with disabilities and ensuring housing developments are built around accessible transportation.

Key Takeaways

- **Ohioans with disabilities are more likely to live with family or independently than people with disabilities nationally.**
- **Housing options for Ohioans with disabilities are limited and often not affordable or accessible.**
- **Ohio households with people with disabilities are more likely to live in poor or unsafe living conditions than households without people with disabilities.**
- **Housing that is universally designed is needed in Ohio to increase access to community and independent living for Ohioans with disabilities.**

TRANSPORTATION

Transportation is a necessary component of building healthy, safe, and sustainable communities. In Ohio, obtaining safe, affordable, and appropriate transportation options is very difficult for Ohioans with disabilities.[73] In the 2012 Ohio Mobility Improvement Study, transportation was the number one issue cited as a barrier to resource access and community integration for Ohioans with disabilities.[2] Lack of transportation accessibility and usability for people with disabilities impacts their ability to participate in and benefit from involvement in everything from community, social activities, to employment.[73] Ohio's lack of accessible transportation plays a major role in why people with disabilities report worse overall health outcomes, higher rates of poverty and earn lower wages in comparison to people without disabilities.[73]

There are many contributing factors and concerns for Ohio's transportation issue. Some being that existing transportation options do not always operate at the times or in the locations they are needed, and transportation options often do not, or cannot, serve the diversity of disabilities present in the community.[73] Furthermore, households with Ohioans with disabilities are less likely to report that their neighborhood has good bus, subway, or commuter services (40.9%) in comparison to homes without people with disabilities (42.9%).[70] The current lack of funding and resources to improve transportation for people with disabilities continues to be an issue.[2] The 2015 Ohio Statewide Transit Needs Study, commissioned by the Ohio Department of Transportation, recommended significantly increasing funding for transit, and dedicating and growing transit resources for Ohioans with disabilities.[2] At the same time, federal funding for Mobility Management programs has shrunk, particularly in rural areas, and two of the three Federal Transit Administration (FTA) programs that supported specialized transportation, 5316 and 5317, were eliminated.[2]

TRANSPORTATION

Key Takeaways

- Transportation is the main barrier for Ohioans with disabilities to be included in the community.
- Finding safe, affordable, and appropriate transportation is difficult for Ohioans with disabilities.
- Ohio transportation does not always operate at the times or locations needed and does not or cannot serve the diversity of disabilities in the community.

COMMUNITY LIVING

The importance of building healthy, safe communities where people with disabilities can fully participate continues to be a need in Ohio. Communities should be oriented for anyone who lives there. Under resourced and inaccessible communities result in poor health outcomes for people with disabilities.[74] Having limited data to measure aspects of community living between Ohioans with and without disabilities continues to affect how allocation for increased resources are prioritized. As described in the "Demographic Overview of Ohioans with Disabilities" section of this report, Ohioans with disabilities are more likely to fall below the poverty line than Ohioans without disabilities. As such, Ohioans with disabilities often live in low-income areas, where there are limited to no services and access to inclusive programming is a challenge.

Community Access in General

The lack of services, recreation opportunities, and healthy activities available and accessible to Ohioans with disabilities in their own communities has caused an increased need for accessible transportation. Previous surveys indicate that over 40% of Ohioans with disabilities identified transportation as the most important issue related to community access.[72] Addressing the need for equitable transportation is crucial as it directly impacts the daily lives of Ohioans with disabilities.[72] An equitable transportation system will increase the visibility and participation of people with disabilities in all aspects of community life and have a greater impact on overall community inclusion for people with disabilities.[72] The impact for Ohioans with disabilities living in inaccessible communities has resulted in isolation and lack of access to healthy food.[72]

Accessible Playgrounds, Trails, Parks, and Active Transportation

In Ohio, we have witnessed progressive pilot programs to address making public spaces more inclusive for people with disabilities. An example of this is the installation of a wheelchair charging station added to The Ohio Statehouse.[75] Installing wheelchair-charging stations in various parts of the community help to achieve the goals of being more inclusive and encouraging citizens to participate in their community. Additionally, the Ohio Department of Health's Creating Healthy Communities Program[76] has partnered with the Ohio Disability and Health Program (ODHP) to prioritize Ohioans with disabilities in their active living strategies for their communities to make the healthy choice the easy choice across 23 counties.

ODHP staff engaged in targeted training and technical assistance for these 23 counties over a four-year period, which included presentations, phone calls, and email assistance on strategies for disability inclusion in communities.[77] As a result, the Ohio counties participating in the Creating Healthy Communities Program meaningfully and substantially prioritized the inclusion of people with disabilities in their community wellness activities, specifically their active living strategies.[77] Specifically, this partnership between ODHP and the Creating Health Communities resulted in a majority of counties constructing accessible parks, playgrounds, and trails in their communities with Ohioans with disabilities actively participating in the planning process.[77]

Aging in Place

Ohio's older adult population (ages 60+) is expected to grow 30% by 2030.[78] The Ohio Department of Aging's State Plan positions Ohio to better meet the anticipated needs of older adults. It also provides continuing opportunities for our elders to contribute to their communities and across generations by sharing their wisdom, work ethic, and commitment to family and neighbors. Included in this plan will be "Standards that Promote Accessibility" to allow aging Ohioans to remain in their homes longer, instead of relocating to other housing.[78] Also included in the priorities of the Ohio Department of Aging will be more readily available funding to support housing improvements that are "readily accessible to and usable by" those with disabilities.[78]

Civic Participation: Voting

The ability to vote in local, state, and national elections is an important component of community and civic engagement as well as a constitutional right. However, barriers exist that make it more difficult for people with disabilities to exercise their right to vote.[79] As a result, in 2000 Self Advocates Becoming Empowered (SABE) was established to provide training and technical assistance to increase the number of voters with developmental disabilities.[79] In 2018, SABE administered a Voter Experience Survey across the country. Ohio was among the top three states with the highest survey response (151 surveys out of the total 1,174 surveys collected across the U.S.). In terms of polling center accessibility, the survey found that transportation continues to be a barrier for voters with developmental disabilities as polling centers are not required to be on public transportation routes nor within walking or wheelchair distance from an individual's home.[79]

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Most voters in this survey (65%) were transported to polling stations by their service provider, family, or friends.[79] Other barriers with accessibility experienced by voters included lack of accessible parking, lack of curbside voting, and problems with accessible entrances not being easy to use or find.[79] Additionally, once inside the polling station, physical accessibility continues to be a problem for voters with developmental disabilities and for some voters accessible voting machines have not been dependable or available.[79] Although, it appears in some locations that Poll Workers are improving their skills and knowledge to operate accessible voting machines.[79] From this survey, it was learned that voters with disabilities under the age of 50 years were not as aware of the availability of accessible voting machines as voters over the age of 50 and voters under the age of 25 are more likely to have a guardian help them vote.[79] Among those who had a guardian help them vote, 26% reported that their guardian told them who to vote for.[79] Most voters (76%) felt that Poll Workers treated them "professionally and with respect" when they registered to vote, however, nearly 90% of new voters with developmental disabilities reported feeling rushed to vote by Poll Workers.[79] Finally, in terms of ballots, many voters with developmental disabilities report that the wording on the ballots makes it difficult to understand what they are voting for and that the print on the ballots are too small.[79] SABE concluded from this survey that more work needs to be done to ensure accessibility of voting for voters with developmental disabilities from how individuals receive information about the candidates that is in an accessible format to casting their vote so that all citizens of the U.S. can exercise their constitutional right.[79]

Key Takeaways

- **Ohio is engaged in projects to make the community more accessible for Ohioans with disabilities.**
- **The Ohio Statehouse has installed a wheelchair charging station so Ohioans with mobility impairments can access the state capital.**
- **Ohio counties participating in the Creating Healthy Communities Program have prioritized the inclusion of community members with disabilities in projects to make physical activity and healthy eating more accessible to all community members, such as the construction of accessible parks and playgrounds.**

FAMILY SUPPORT

Similar to Ohio adults without disabilities, the most prevalent household composition for Ohio adults with IDD is to either live alone with no kids (37%) or to live with one or more adults with no kids (36.1%).[8,12] Around 7% of Ohio adults with IDD live alone with one or more children, which is slightly higher than the estimated 6% of Ohio adults without disabilities.[8,12] Additionally, more than 20% of adults with IDD live in a home with two or more adults and with one or more children.[8,12] In terms of marital status for Ohio adults with IDD, 37.5% are currently married, 18.1% are divorced, 11.2% are widowed, 9.4% live with a partner, 5.5% are separated from their spouse, and 23.2% have never been married.[8] In terms of childcare needs, approximately 33.3% of families of children with IDD and 30.2% of families of CSHCN need help in coordinating their child's care.[8] Among those families who needed help, only about half of families always received the help they needed in coordinating their child's care. Over 20% of families of children with IDD and almost 19% of families of CSHCN reported they rarely or only sometimes received the help they needed.[8]

Family support is a critical service for improving the health outcomes for people with disabilities. It is an essential service that is often critical for avoiding more segregated placements in costly and inappropriate institutions for family members with IDD.[80] Ohio families caring for family members with disabilities experience higher levels of family stress and limited employment opportunities than families without disabilities.[80] Needed family supports in Ohio are frequently insufficient and research shows the need to strengthen this support.[80] Comprehensive, accessible family support must be provided in order to enhance the quality of life of all family members.

Ohio's residential treatment system often becomes the placement for people with disabilities. Often, placement in residential facilities is preventable and the result of families not being able to access high quality community-based services.[81] Residential Treatment Facilities (RTFs) are intended to provide short-term, intensive services to youth in order to identify and address the focal problem necessitating out-of-home care and return them to their homes and communities.[81] Ohio currently licenses 23 Children's Residential Centers and 11 Certified Group Homes, which offer residential treatment services for youth.[81] The types of services provided vary across RTFs and can include individual therapy, group therapy, medication management, recreation therapy, substance abuse treatment, and a variety of other services and supports.[81] In 2016, over 1,900 youth were in Ohio's RTFs.[81]

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These youth are disproportionately boys and African American. Over 65% of youth in RTFs were boys and over 35% were African American, while only 13.7% of Ohioans are African American.[81] Nearly one-third (32%) were under age 15.[81] Families must also relinquish custody of their child in order to access intensive mental health services.[81] Private health insurance plans may cover outpatient treatment and acute hospital care, but not intensive community-based services and residential treatment services.[81] Families who cannot afford to pay for such services either forgo needed care or relinquish custody to the state so the child will become eligible for Medicaid and receive the treatments that they need.[81] Custody relinquishment only complicates the system more by eliminating families' involvement with overall care.[81]

Ohio's approach to improve home and community-based services is essential in providing high quality family support. A survey by the Ohio Developmental Disabilities Council found that there are over 160 family advocacy programs in Ohio which help families of people with disabilities to both access and navigate services and systems related to education, disability, mental health, safety, and other issues.[5] However, this survey also found that 44% of families of Ohioans with disabilities do not understand how to access these services despite the number of advocacy programs dedicated to this work.[5] Ohio has also increased investment in programs such as the Strong Families Safe Communities Program, which provides grants to local communities for crisis intervention and care coordination services.[81] Ohio's Family and Children First Councils have also been effective in providing service coordination and other services and supports for families and children who are at risk of out of home placements.[81] Family and Children First Councils reported that in 2015, the families who were able to access service coordination resulted in 95.9% of children being able to remain in their own homes.[81] Included in the process of improving Ohio's family support services is providing Trauma Informed Care (TIC), which is a framework that will benefit all those that undergo its support to decrease injury risk behaviors and negative health outcomes.[81] Furthermore, the Ohio Department of Developmental Disabilities (DODD) is investing in strategy-based learning sessions for Ohioans with disabilities. These sessions aim to educate Ohioans with disabilities and their families on how to navigate stress, how to build social networks and reduce social isolation, and how to engage in local projects.[14]

In the public child welfare system in the U.S., there is great variation in outcomes for parents with disabilities with respect to child placement within the adoption and foster care system. For example, DeZelar et al.[82] looked at how states in the U.S. may differ

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in their use of parental disability as a reason for child removal in the Adoption and Foster Care Analysis and Reporting System (AFCARS). They found that Ohio had both the highest rate in the U.S. of parental disability being the sole reason for child removal (20.1% of cases) and the highest rate in the U.S. of parental disability being among at least one removal reason for child removal in more than half of child welfare cases (54.0% of cases).[82] DeZelar et al.[82] found a high degree of variability between states in the rates of child removal with parental disability being the sole reason in child welfare cases and suggests that this is due to a wide variation in how states are collecting data on parental disability. DeZelar et al.[82] further points out the ethical issues in using parental disability as a reason to remove a child in a child welfare case. This removal reason is the only reason that is focused on a parental demographic characteristic rather than a parental behavior.[82] When parental disability is used as a sole reason for child removal, this can lead to biased assumptions about disability, such as that parents with disabilities are unable to parent children, and thus lead to inequitable treatment of parents with disabilities.[82] Given that Ohio has the highest rates for parental disability as the sole reason for child removal in child welfare cases, it is important that Ohio work to address and prevent inequitable treatment of Ohio parents with disabilities in the child welfare system.

In terms of caregiving, there is a shortage of Direct Support Professionals (DSPs). DSPs work directly with individuals with IDD to assist with activities of daily living and independent living. As of 2019, there were more than 9% of DSP positions unfilled across the state, which creates additional work and stress for the currently employed DSPs and results in lower quality care for Ohioans with disabilities who need DSPs.[5] As outlined from COVID-19 data in the "Health and Wellness" section of the report, the pandemic has further exacerbated this DSP shortage, which puts additional stress on family members of people with disabilities who often need to fill this role. Furthermore, both Ohioans with disabilities and their families report that more training is needed for DSPs to improve the level of service they provide to families.[5] The Ohio Alliance of Direct Support Professionals and DODD are collaborating to develop a statewide tiered system for Ohio DSPs that establishes various levels of DSPs to build a career path to address the DSP shortages and training needs in Ohio.[5] Furthermore, in 2020, DODD worked with the Ohio Center for Autism and Low Incidence (OCALI) to develop virtual reality simulations to train DSPs in four different scenarios to improve their competence in working with Ohioans with disabilities.[14] Additionally, among the in-person and webinar trainings for DSPs offered by DODD in 2020, there were over 21,000 attendees.[14]

FAMILY SUPPORT

Finally, in Ohio, there are approximately 1.5 million family caregivers who provide care and assistance to their family members or friends with disabilities as of 2017.[83] These Ohio family caregivers represent around 1.3 billion hours in unpaid family care that saves the state an estimated $16.8 billion annually in economic value.[83] In Ohio, there are efforts to improve more support for family caregivers such as helping family caregivers navigate financials, tax credits, and increased access to home and community-based care.[83]

Key Takeaways

- **Ohio families caring for family members with disabilities report high levels of stress.**
- **Only half of Ohio families who need help in coordinating the care of their child with a disability report receiving the help they need.**
- **In cases where families can access service coordination for their children with disabilities a large majority of children are able to remain in the home with their families.**

CONCLUSION

Overall, this report provides an overview of Ohioans with disabilities across the lifespan in terms of their demographics, health and wellness, safety and security, integration within the community, family support, as well as educational, employment, housing, and transportation options. We recognize that this report is limited by the current publicly available data on disability in Ohio and that lack of consistent definitions of disability across data sources makes it difficult to measure the true extent of experience for Ohioans with disabilities. However, from the data that is available, it is clear that there are still large gaps in the level of access and full community integration for Ohioans with disabilities in comparison to those without disabilities. There are numerous opportunities to improve the full inclusion of Ohioans with disabilities in all aspects of life. This report outlines the various gaps in outcomes and barriers experienced by Ohioans with disabilities, particularly those with intersecting identities, such as people with disabilities who are also people of color. From recognizing and understanding these significant gaps, self-advocates with disabilities and professionals across Ohio are better positioned to have informed discussions about the issues and to make action plans to address these gaps and barriers. The UCCEDD exists to provide education, research, community service and information around these issues for Ohioans with disabilities. The true value of this report will be measured by the extent to which it is read, talked about, and used to advocate for positive changes in the lives of Ohioans with disabilities and their families.

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Graphic Design By:

Chau-Sa Dang, MPH and Kristin Howard, MPP
grc.osu.edu

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Appendix B: Infographic Legend

DD Developmental disabilities

 Autism

 Emotional, developmental or behavioral problem that requires special treatment

 Emotional, developmental or behavioral problem that requires counseling

 Difficulty speaking, communicating, or being understood

 Uses prescription medicine other than vitamins

 Asthma

 Diabetes

Appendix B: Infographic Legend

Mobility disability

Cognitive disability

Independent living disability

Hearing disability

Vision disability

Self-care disability