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Black women can thrive in Ohio

Implementing a Black Women Best framework

Tanisha Pruitt, Ph.D.
Bree Easterling

Public policy can stack the deck against groups of people based on their race, gender, or other aspects of their identities. When those identities intersect, policy failures can overlap, compounding their effects. For example, systems that especially harm women and especially harm Black people are especially harmful to Black women.

This report traces how low pay, limited or ineffective health care, and a deeply flawed criminal justice system combine to reinforce poor health and economic outcomes for Black women. When policymakers ignore these intersections, they neglect one of their basic responsibilities: to create public policy that helps everyone, regardless of race, gender, ability, or status.

Poverty, pay, and discrimination

In Ohio, Black people are more likely than white people to experience poverty[1] and women[2] are more likely than men (Figure 1). Where those identities overlap — with Black women — the harm is greatest: Ohio's Black women are more likely to experience poverty than Black men or white people regardless of gender (Figure 2).

[1] Poverty rate comparisons are based on 5-year estimates from the US Census Bureau's American Community Survey in 2022 (the most recent available). The federal poverty level is a measure that determines a household's poverty status based on its annual income to determine eligibility for certain income-based programs and benefits.

[2] The many sources of data in this report fail to represent sex and gender along a continuum. To maintain consistency with the data, we are forced to use terms that perpetuate a false gender binary. Nonbinary people encounter unique intersections of oppression and exclusion that are relevant to this report, but current data practices do not allow us to examine these factors at scale.

Figure 1

Policy failures especially harm Black Ohioans and women

Share of state population reporting income below the Federal Poverty Level at some point in the last 12 months, by race and gender, 2022.

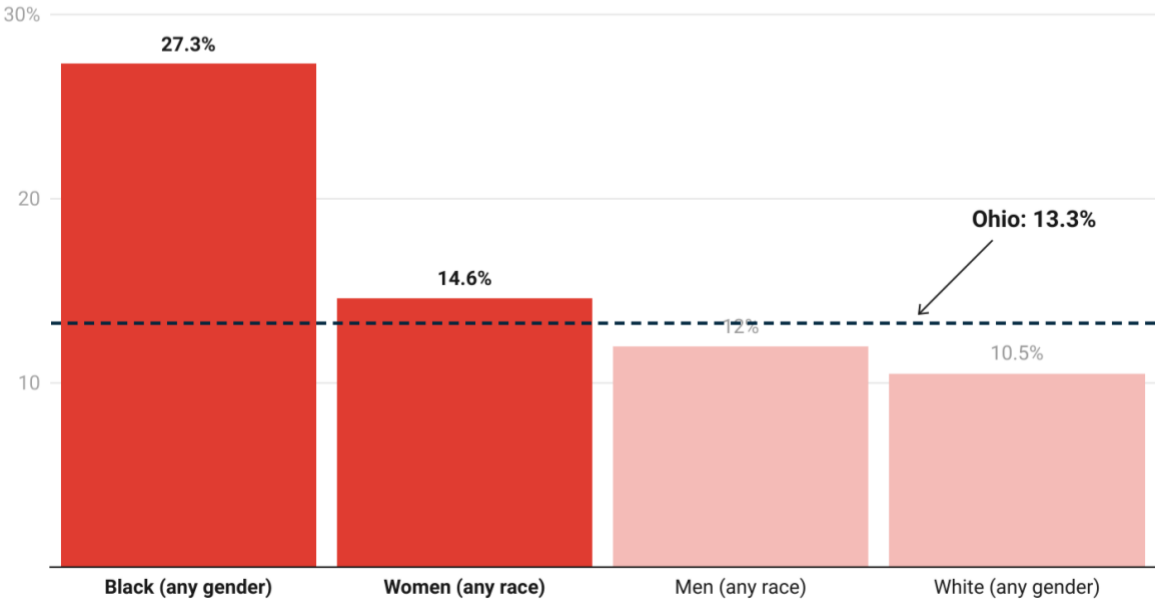
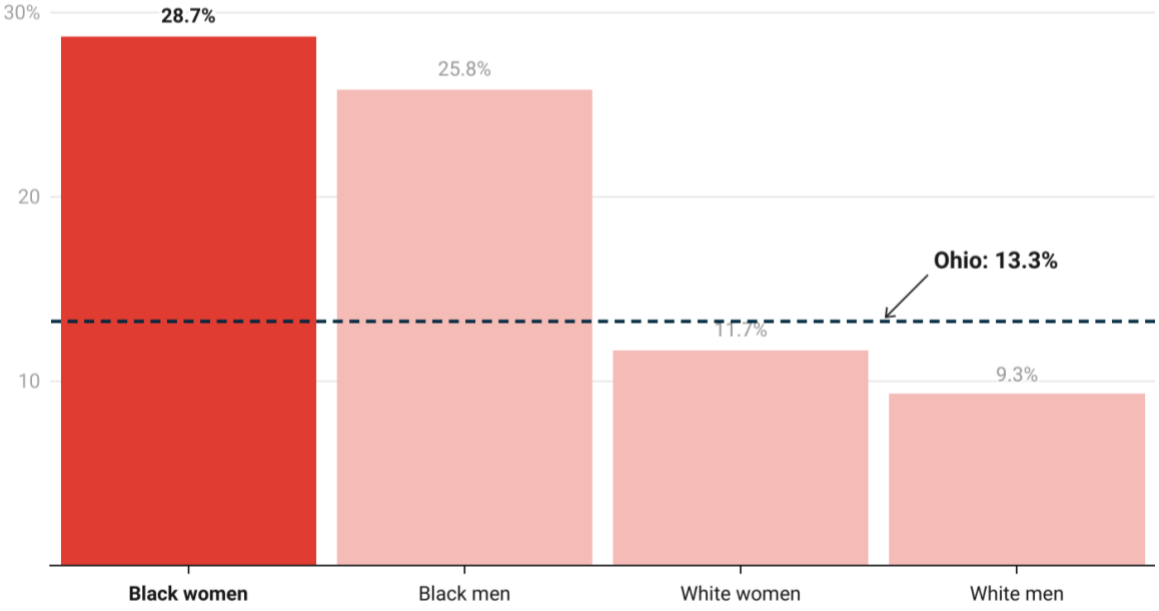


Figure 2

Disparities greatest where policy failures intersect: Black women

Share of state population reporting income below the Federal Poverty Level at some point in the last 12 months, by race and gender, 2022.



Source: Fig. 1 & 2: *U.S. Census Bureau 5-Year ACS estimates*

This disparity is in part due to unequal pay. Black workers of all genders are paid less than their white counterparts and have been for at least a quarter century. Before 1993, the median wage for Black women in Ohio was greater than that of white women, for reasons that illustrate the complexity of intersecting identities: Policy Matters economist Michael Shields suggests that Black women's higher median pay through the 1980s and early '90s is linked to their more consistent participation in the workforce compared to white women. White women worked less outside the home because white men were making higher wages at the median than other groups, which both enforced and permited gender-based limitations on white women outside the home.[3]

In fact, the gap between the median wage for Black workers and the median for white workers has grown since 1979, in part because over that period Black Ohioans' pay actually fell by $0.59 an hour, adjusting for inflation — even as white Ohioans' pay rose by nearly a dollar.[4]

Across races, women are paid less than their male counterparts, both because occupations that are primarily held by women are undervalued and low-paid[5] and because they are regularly paid less for the same type of work.[6] In fact, the gender pay gap nationally[7] increases as women age: The older women get, the greater the pay disparity between them and their male counterparts.[8]

Gender- and race-based factors compound disparities for Black women. In Ohio, employers pay Black women less at the median than any other race or gender group.[9] Since 1979, wages for Black women grew just $1.81[10] (11.6%), going from $15.59 in 1979 to $17.40 in 2022. By comparison, white women's wages grew by $4.90 (32.4%), going from $15.11 in 1979 to $20.00 in 2022. That means Black women were paid 87 cents for each dollar paid to a white woman — and 67 cents for every dollar paid to a white man.[11] In 2022 Ohio's median earnings follow a familiar pattern when considering the intersection of race and gender: Black women's median earnings were significantly lower than their male and female counterparts.[12]

The pay disparity drives the poverty disparity, and directly drives child poverty, as Black women are more likely than their counterparts to be the sole or primary breadwinner for their families. Nationally, 68.3%[13] of Black mothers bear that responsibility — due in part to a criminal legal system that disproportionately harms Black men.[14] Equal pay for Black women and increased opportunities for economic stability, education, training, and childcare will have dramatic impacts on family security and child poverty.

[3] For more on why, when, and how white women's median wage surpassed that of Black women see Figure 16 and the paragraphs that follow in our most recent State of Working Ohio report, from Michael Shields, Jazmine Amoako and Bryce Springfield.
[4] Median pay data are from our most recent State of Working Ohio report, from Michael Shields, Jazmine Amoako and Bryce Springfield.
[5] See "Various factors limit women's freedom to participate," a section of our 2023 State of Working Ohio report.
[6] See Fig. 3 and 4 in the American Association of University Women's study "Systemic Racism and the Gender Pay Gap," which compare the median wages for women and men in similar positions.
[7] We use national data when Ohio-specific data are unavailable. A lack of high-quality data disaggregated by race and gender is one of the problems Ohio's leaders must address. See our recommendations for details.
[8] Rakesh Kochnar's 2023 study for Pew Research Center, "The Enduring Grip of the Gender Pay Gap," shows this pattern has been true for at least 40 years.
[9] See footnote 4.
[10] Wage data in this paragraph adjusts for inflation to 2022 dollars.
[11] In our most recent State of Working Ohio report, see Fig. 16 and the paragraphs that follow for a closer look at the history of Black women's pay in Ohio.
[12] Based on Economic Policy Institute analysis of 1989-2022 Current Population Survey Outgoing Rotation Group data; 3-year pools of data, in 2022 dollars.
[13] See Fig. 5 in the 2019 update to the Center for American Progress's report, "Breadwinning Mothers Continue to be the U.S. Norm," by Sarah Jane Glynn.
[14] For details about how Ohio's criminal legal system severely restricts many Black men's ability to work in all but the lowest-paid occupations, see our 2018 report on "the cost of excluding Ohioans with a record from work," from Policy Matters economist Michael Shields.

Figure 3

Black women paid less in Ohio

Median earnings in Ohio in the past 12 months by race and gender (adjusted for inflation to 2022 dollars)

Source: US Census Bureau • Created with Datawrapper

In Ohio, where low-paying jobs are among the most common,[15] it is likely that a disproportionate share of those jobs are held by Black women. (We cannot say this for certain because the state does not report this data by race—see footnote 7.) The likelihood is based on two things we **do** know: (a) Black women are overrepresented nationally[16] in the types of low-paying jobs that are common in Ohio, and (b) Black women in Ohio are more likely than white women (or any other demographic group of women) to be either employed or actively looking for a job.

Nationally, Black women are overrepresented in one sector of the economy that does offer some higher-paying jobs: health care. (Health care is also part of one of the largest and fastest-growing sectors in Ohio's economy.)[17] However, recent research finds that Black women are concentrated in the most dangerous and lowest-paid jobs in that industry.[18]

Black women have been underserved by policies that supported white women's increased participation in post-secondary education,[19] eased the burden of childcare,[20] reduced food costs,[21] and created some measure economic stability in times of crisis. Heightened precarity and barriers to advancement shuttle Black women into low-paying work — or out of the workforce altogether.[22]

[15] Michael Shields, "New data show wages up for many, but four of Ohio's 10 most common jobs pay near poverty," Policy Matters Ohio, April 28, 2022. A current list of Ohio's most common jobs is available from the Governor's Office of Workforce Transformation.
[16] See 2023's "Hard Work is Not Enough: Women in Low-Paid Jobs," by Jasmine Tucker and Julie Vogtman from the National Women's Law Center. Tucker and Vogtman find that "Black women's share of the low-paid workforce is nearly 1.5 times larger than their share of the overall workforce."
[17] See Figures 19 and 20 in our most recent State of Working Ohio report.
[18] "Structural Racism and Black Women's Employment In The US Health Care Sector," Janette Dill and Mignon Duffy, in *Health Affairs,* 2022.
[19] "Race, Gender, Higher Education, and Socioeconomic Attainment: Evidence from Baby Boomers at Midlife," Conwell, J. A., & Quadlin, N., in *Social forces; a scientific medium of social study and interpretation,* 2022.
[20] "The US Childcare System Relies on Women of Color...," Eve Mefferd, Dawn Dow. *Urban Institute*, 2023.
[21] "Gender and Racial Justice in SNAP, " Margaux Johnson-Green, *National Women's Law Center.* 2020.
[22] This 2020 article from American Progress describes "How COVID-19 Sent Women's Workforce Progress Backward" by pushing millions of mothers out of the workforce. The authors—Julie Kashen, Sarah Jane Glynn and Amanda Novello—find that improvements to the childcare system and paid family leave policies are necessary to advance both economic growth and gender equity.

Policy Matters Ohio

A brief history of employment discrimination in Ohio

Throughout the history of Ohio and the U.S., state and federal lawmakers have made policy choices that held down wages, denied labor protections, and limited opportunities for many Black families. During the era of slavery, Black people were subjected to forced labor. After emancipation, state legislatures restricted their access to some jobs — and not just in the Jim Crow South. In Ohio, "Black laws" were created to limit the rights and freedoms of Black residents, perpetuating racial segregation and discrimination, and limiting their opportunities for education, economic advancement, and social equality.*

During World War I, workforce participation grew for Black women as they had opportunities to take over jobs in manufacturing plants. After the war ended, Black women encountered barriers to employment in many industries and were confined to menial labor, such as domestic work or agricultural jobs with low wages, perpetuating cycles of poverty.** Throughout the 1940s and '50s, the Ohio legislature killed over thirty bills that supported fair employment practices, further stifling the economic progress of Black women across the state.*** The lasting impacts of these historical injustices continue to shape the experiences of Black women in Ohio and underscore the ongoing struggle for racial justice and pay equity in the workforce.

*"Ohio's 'Black Laws,'" *Equal Justice Initiative*, Dan Biddle, 2024
** See "Twentieth-Century African American Civil Rights Movement in Ohio," a report from the National Parks Service, for an in-depth look at this history.
*** See "The Hopes and Dreams of Generations: Civil Rights Laws in Ohio and the Nation," from Ohio Memory.

Economic impact on health

Economic insecurity drives poor health outcomes,[23] creating a vicious cycle: Being sick (or having to care for loved ones who are sick) makes it more difficult to maintain a steady job, which makes it more difficult to build a secure financial foundation, which makes a person more likely to experience negative health outcomes.[24] For example, Black Ohioans are more likely to die from chronic diseases than their counterparts in other racial groups,[25] in part because they are less likely to have access to adequate care.[26] The Health Policy Institute of Ohio (HPIO) ties that lack of access directly to economic conditions.[27] In their 2023 Health Value Dashboard, they report that seeing a doctor is cost-prohibitive for 1.6 times as many Black Ohioans as white Ohioans, a disparity that, if eliminated, would mean almost 45,000 more Black Ohioans could afford care.

Ohio's legislature recently missed an opportunity to help more Ohio women (especially Black women) afford health care. Governor DeWine proposed a state budget that would have increased pregnant women's eligibility for Medicaid to 300% of federal poverty level (a family of three with income just over $74,580

[23] "Health Equity Among Black Women in the United States," Juanita Chinn et al., *Journal of Women's Health*. 2021.
[24] "Black Women Need Access to Paid Family and Medical Leave." Jessica Milli et al., *Center for American Progress*. 2022.
[25] This finding is from Ohio's own Department of Health.
[26] The definitive study on this topic is from the National Academies' Institute of Medicine. Titled *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, its findings include, "Racial and ethnic disparities in health care exist and, because they are associated with worse outcomes in many cases, are unacceptable." The most commonly identified disparities involve poor outcomes for Black patients.
[27] Health Policy Institute of Ohio's 2023 Health Value Dashboard is an excellent source for information about health equity (and inequity) in our state.

annually).[28] The legislature eliminated that provision, doing disproportionate harm to Black women, who are more likely than others to work jobs that don't offer health care.[29] Expanding Medicaid access as the governor proposed would have increased Black women's access to and quality of care, which could reduce their obscenely high maternal mortality rates. The legislature was presented with this option. They rejected it.

A lack of access to health care and other necessities — for example, nutritious food — are among the factors linked to high incidence of hypertension and other stress-related illnesses that drive poor health outcomes for too many Black women, especially Black mothers. The *Journal of the American Heart Association* identifies hypertension as "a major risk factor for eclampsia, preeclampsia, stroke, heart failure, and myocardial infarction" — some of the leading contributors to maternal mortality,[30] which plagues Black women in Ohio. They are more likely than women in other racial groups to die while or shortly after giving birth, suffering 29.5 deaths per 100,000 births in 2022. That is more than twice as likely as white women, whose maternal mortality rate that year was 11.5 deaths per 100,000.[31]

Figure 4

Ohio's shameful maternal mortality rate for Black mothers

Ohio's estimated maternal mortality rate per 100,000 women, by race, 2022

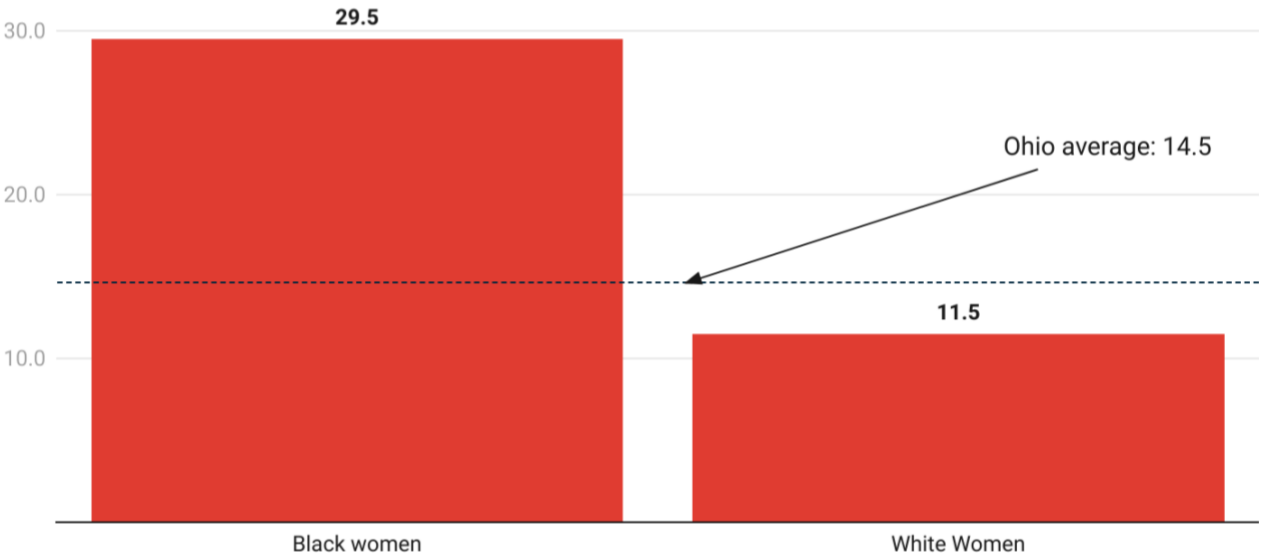


Chart: Policy Matters Ohio • Source: Ohio Perinatal Quality Collaborative • Created with Datawrapper

[28] See John Corlett's 2023 summary of the governor's budget proposal, "Governor Mike DeWine's Health and Human Service State Budget Highlights," from the Center for Community Solutions.
[29] See the National Women's Law Center's 2022 report, "Resilient but Not Recovered," by Jasmine Tucker and Julie Vogtman. In particular, Black women of reproductive age have especially low coverage rates: "Black Women Experience Pervasive Disparities in Access to Health Insurance," a 2019 report from the National Partnership for Women and Families.
[30] See the 2023 report from the Journal of the American Heart Association, "Social Determinants, Blood Pressure Control, and Racial Inequities in Childbearing Age Women With Hypertension, 2001 to 2018," by Clare V. Meyerovitz and seven other authors. This blog post highlights some of the study's main findings.
[31] These calculations are from Ohio Perinatal Quality Collaborative, using data from Ohio Department of Health.

Black mothers who survive the birth process are more likely than women of other races to experience postpartum depression but are less likely to receive treatment[32] — which one study suggests may be attributed to a lack of outreach, low-quality services, or inadequate processes for postpartum mental health care.[33] Conversely, Black women nationally are less likely than white women to develop breast cancer — but they are more likely to die from it, suggesting a disparity in the quality and effectiveness of the care they receive.[34]

Boston University's pioneering Black Women's Health Study[35] has found — over the course of nearly 30 years and among 59,000 study participants — that "Black women are more likely … to die from cardiovascular disease, hypertension, stroke, lupus, and several cancers…twice as likely [as] white women to develop diabetes over age 55…[and] face greater [barriers to] health care, including a lack of health insurance, higher medical debt, and longer travel times to hospitals." The study has helped establish links between experiences of racism and a variety of illnesses, including heart disease.[36] Researchers suggest this could have to do with the fact that experiences of racism increase the production of cortisol, a driver of chronic stress, which has itself been linked to heart disease.[37]

HPIO has found that Black Ohioans' experiences with racism in the health care system itself may be driving poor health outcomes.[38] In their 2023 Health Value Dashboard, HPIO found that Black Ohioans are ten times more likely than white Ohioans to be "treated worse in health care due to [their] race," and that, if personal experiences of racism were eliminated, "238,122 fewer Black Ohioans would experience physical or emotional symptoms" resulting from those experiences.[39]

No single policy is responsible for these ugly truths. That is the nature of intersectional oppression: Multiple failings converge on Black women. Black women face racial discrimination, and a disproportionate share of Black women experience violence, trauma, and financial burdens that uniquely place them at a higher risk for depression and psychological distress that negatively impact their mental health outcomes.[40] Sometimes the problem comes from medical professionals themselves: Studies have found persistent "fantastical" beliefs among white medical students and residents that Black patients have a higher tolerance for pain[41] and other "superhuman" medical characteristics.[42] These beliefs are rooted in the racist and cruel treatment of enslaved African Americans. The influence such beliefs could have on the treatment of Black women giving birth — and the related trauma they experience[43] — are unthinkable.

These racist assumptions occur in a health care system that too often neglects **cultural competency**, a critical element of efforts to reduce health disparities. The phrase refers to the ability of providers, practitioners, and

[32] "Addressing the Increased Risk of Postpartum Depression for Black Women," National Alliance on Mental Illness, Ashley Kilgoe, 2021.
[33] "Racial and Ethnic Disparities in Postpartum Depression Care Among Low-Income Women," *Psychiatric Services*, Katy Backes Kozhimannil, PhD., 2011.
[34] See Table 2 in "Cancer Facts & Figures for African American/Black People 2022-2024" from the American Cancer Society.
[35] See "Racism, Sexism, and the Crisis of Black Women's Health" by Jillian McKoy, in *The Brink.*
[36] The above article provides links to the peer-reviewed studies that identify correlations between experiences of racism and various illnesses.
[37] There is ample peer-reviewed evidence of the link between chronic stress and heart disease, including "Job strain and the incidence of heart diseases: A prospective community study in Quebec, Canada," by Niamh Power, Sonya S. Deschênes, Floriana Ferri and Norbert Schmitz, in volume 139 of the Journal of Psychosomatic Research. The American Psychological Association provides an accessible description of the many harmful effects of stress on the body.
[38] HPIO's Health Policy Brief on the "Connections between racism and health" explores the details.
[39] As noted above, HPIO's 2023 Health Value Dashboard is an excellent source for information about health equity (and inequity) in our state.
[40] "Superwoman schema: African American women's views on stress, strength, and health," *Qualitative Health Research*, C.L. Woods-Giscombé, 2010.
[41] See the study by Kelly M. Hoffman and others, "Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites," in *Proceedings of the National Academy of Sciences of the United States of America*, 2016.
[42] See the study by Adam Waytz, Kelly M. Hoffman, Sophie Trawalter, "Superhumanization Bias in Whites' Perceptions of Blacks," in *Social Psychological and Personality Science*, 2014.
[43] See the article by Anuli Njoku, Marian Evans, Lillian Nimo-Sefah, and Jonell Bailey, "Listen to the Whispers before They Become Screams: Addressing Black Maternal Morbidity and Mortality in the United States," in *Health care,* 2023.

organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of their patients.[44]

For example, a culturally competent mental health provider must understand and be responsive to psychological characteristics that are common among Black women, including those identified by the "superwoman schema,"[45] a framework derived from Black feminist theory.[46] This framework helps health care providers, researchers, educators, and others understand the "perceived obligations" and pressures for Black women to be "superwomen" through incredible hardships by projecting strength, prioritizing caring for others over themselves, and resisting dependence and vulnerability. The framework is used now to understand the uniquely intersecting traumas[47] experienced by Black women, and the resiliency they may demonstrate.

The superwoman schema (and a lack of the cultural competency necessary to understand it) also partly explains why Black women are often reluctant[48] to seek professional mental health services.[49] Another reason may be that too few doctors look like them: Just 2.8% of practicing physicians in the U.S. are Black women.[50] If the gender breakdown is similar among Black mental health providers, then roughly 1% of practicing psychiatrists and 2% of psychologists providing care are Black women.[51]

Economics, health, and incarceration

Barriers to good health for Black women are especially clear in Ohio's jails and prisons. The Prison Policy Initiative finds that people with low incomes are more likely to be sent to jail or prison.[52] Black women in Ohio are more likely to work in low-paid jobs and have worse health, including mental and behavioral health support. That intersection of race-, gender-, and income-based discrimination overlaps with a legal system that too often criminalizes addiction, mental health crisis, and behaviors driven by destitution. Because of the intersections of race, class, and the legal system, Black women specifically are at risk for incarceration.[53] While only 0.12% of Black women in Ohio are incarcerated,[54] they are incarcerated at higher rates than women of other races.[55]

[44] For background on how cultural competency can help address health disparities, see the 2014 article "Improving Cultural Competence to Reduce Health Disparities for Priority Populations," from the U.S. Department of Health and Human Services' Effective Health Care Program.
[45] See note 40.
[46] This section from the above-cited article explores the Black feminist roots of the "superwoman schema."
[47] See note 47.
[48] This 2024 article, "Racialised Minority Women's Experiences of Psychological Intervention Across Perinatal and Maternal Mental Health Services" documents the lived experiences of eight women who accessed mental health treatments and who identified as members of a racialized minority. Written by Carlos Amartey, Kirsty Harris and Jessica Fox, it appears in *Clinical Psychology Forum*. For more on the barriers to mental health services Black women face, see "The State of Mental Health of Black Women," by Erica Richards, MD, PhD in the Sept. 2021 issue of *Psychiatric Times*, pages 14-15.
[49] Note the findings that Black women are less likely than others to seek **professional or clinical help**; they do report leaning on other sources of support, including family, community, and religious institutions. This is one example of the many ways people who are systematically excluded from or underserved by segregated institutions create alternatives for themselves. Their resourcefulness and resiliency are worth celebrating, but should not be necessary.
[50] This figure is from a 2022 article using data from 2018 — the most recent available. See "Historical Trends in the Representativeness and Incomes of Black Physicians, 1900–2018," by Dan P. Ly, MD, in *the Journal of General Internal Medicine*.
[51] These are our own estimates, based on the following: The article cited above found that Black physicians are split roughly evenly across gender. In her 2021 article for *Psychiatric Times,* titled, "The State of Mental Health of Black Women: Clinical Considerations," Erica Richards, MD, reports Black clinicians represent only about 2% of practicing psychiatrists and 4% of psychologists providing care.
[52] See "Prisons of Poverty," a 2015 report from Bernadette Rabuy and Daniel Kopf for the Prison Policy Initiative.
[53] For some examples of how Black women are especially targeted by the criminal legal system, see the 2022 blog post "Black Women & Girls, Gender-Based Violence, and Pathways to Criminalization & Incarceration" from the National Black Women's Justice Institute.
[54] According to the Ohio Department of Rehabilitation and Correction's 2023 Annual Report, 932 of the state's prisoners were Black women.
[55] Vera (or the Vera Institute of Justice) tracks Ohio incarceration data.

Incarceration further stacks the deck against Black women creating higher risks of a range of health problems,[56] including mental illness.[57] As one study put it, "research has consistently revealed the health issues of incarcerated women are treated inadequately or largely ignored" in jails and prisons.[58]

Further, an analysis of county-level data shows that incarceration harms whole communities: Every 1-per-1,000-person increase in the local jail incarceration rate was associated with a 6.5% increase in death rates from infectious diseases, and a 2.5% increase in suicide and drug related death in the county population.[59]

Ohio has taken positive steps to mitigate some of the damage of incarceration by creating the Medicaid Pre-Release Enrollment Plan in 2014. The program, long advocated by the American Bar Association, enrolls people in Medicaid before they leave incarceration, jumpstarting a connection to health services. A 2018 evaluation showed that the program was accomplishing its goals of improving physical and mental health (93.8% and 84.6% of the respondents reported such improvements).[60]

Medicaid's **inmate exclusion** provision restricts or cuts off access to life-saving health services for people who are incarcerated, increasing the likelihood of chronic illness and new or worsening behavioral health issues. Many, including the American Bar Association have called for the federal repeal of the inmate exclusion.[61] This repeal would allow people in jails and prisons to be enrolled or continue their enrollment while incarcerated, drawing down federal funding for health care, allowing the savings to offset other costs while providing people with evidence-based care and care coordination. This could help disrupt a cycle that traps far too many women who, with effective care, could be living healthy lives with their families and communities.

Policy choices to improve outcomes for Black women

The public policy choices that drive these inequitable outcomes are especially and uniquely harmful to Black women — who are at the intersection of gender-, race- and income-based disparities — and they make life more difficult for working people of all races and genders. But that fact has a surprising flipside, summed up by Janelle Jones with the phrase "Black Women Best":

> *If Black women—who, since our nation's founding, have been among the most excluded and exploited by the rules that structure our society—can one day thrive in the economy, then it must finally be working for everyone.*[62]

We believe that by designing public policy to directly benefit Black women, policymakers can uphold principles of justice and measurably improve the lives of all of Ohioans, regardless of their race, gender, or

[56] A 2016 article by Carlos Mahaffey, Danelle Stevens-Watkins and Joi-Sheree' Knighton finds that "incarcerated Black women are disproportionately impacted by health issues including: sexually transmitted infections, HIV/AIDS, substance use, and post-traumatic stress disorder." The linked version of the article, titled "Psychosocial Determinants of Health among Incarcerated Black Women," is available for free. The final version appears in the *Journal of Health Care for the Poor and Underserved*, but is behind a paywall.
[57] See "How the criminalization of mental illness and substance use disorders impacts African-Americans in Ohio" by Hope Lane-Gavin, writing in 2020 for the Center For Community Solutions.
[58] This quote is from the article cited above: "Psychosocial Determinants of Health among Incarcerated Black Women."
[59] "Incarceration Is Strongly Linked with Premature Death in U.S.," Columbia University Mailman School of Public Health, 2021.
[60] 2018 Ohio Medicaid Released Enrollees Study. Ohio Department of Medicaid. Also see "Increasing Medicaid enrollment among formerly incarcerated adults," Marguerite Burns, PhD, et al., showing increased enrollment and better outcomes following Wisconsin's adoption of pre-release enrollment.
[61] "The Inmate Exception and Reform of Correctional Health Care," *American Journal of Public Health,* Kevin Fiscella, MD, et al., 2016.
[62] "Black Women Best: The framework we need for an equitable economy," *Roosevelt Institute / Groundwork Collaborative,* Janelle Jones, et al, 2020.

background. Policies that increase the well-being of Black women will reach others who are also struggling against the odds to live, study, work, raise families, and build communities.

There is recent precedent for using policy to target help to people who face unique, intersecting barriers to wellbeing. In the early days of the pandemic, Governor DeWine recognized the urgent need to remove public health obstacles that were creating disproportionately high rates of COVID among Black and Latine communities by improving the social, economic, and physical environments of those same communities. The governor initiated a "strike force" to examine the disparities. That group issued 34 recommendations.[63] The report is no longer available on the governor's website, but Policy Matters documented many of the most important recommendations, including increasing state budget funding for the Ohio Housing Trust Fund in the state budget, to provide for more safe and affordable housing in Ohio.[64] Had these recommendations been taken up, Black women — and others who faced similar needs — would have had better health and security outcomes.

These policy recommendations, which incorporate many of those made by the governor's strike force, would be a good start:

Make sure every job pays enough to cover the cost of living by raising the state minimum wage. An initiative petition now collecting signatures for inclusion on the ballot this year would raise Ohio's minimum wage to $15 per hour by 2026. The Raise the Wage Act of 2023 would raise the federal minimum wage to $17 per hour by 2028. Raising the minimum wage in Ohio would help 1.56 million working Ohioans, of whom 44.2% are Black.[65]

Put more money directly in the pockets of low-paid workers and families by creating an Ohio Child Tax Credit and adding a 10% refundable option to Ohio's Earned Income Tax Credit (EITC).[66] For reasons described in this report, Black families are disproportionately represented in the 40% of Ohio families with the lowest incomes, who were completely left out of recent state income tax cuts. This recommendation would benefit many of them directly.[67]

Raise pay for childcare providers and workers — who are disproportionately Black women. Legislators can do this by increasing reimbursement rates for providers of publicly funded childcare and requiring a large share of that money go to raising employee pay and improving working conditions.[68]

Help families put food on the table by expanding access to the Supplemental Nutrition Assistance Program (SNAP);[69] modernizing the program for Women, Infants and Children (WIC);[70] and maintaining supportive funding for Ohio's food banks.[71] Food insecurity is prevalent among Black women — in large part because of

[63] "Minority Strike Force Releases Blueprint…," Ohio Department of Aging, 2020.
[64] "2022-23 budget and the Minority Health Strike Force Blueprint," Wendy Patton and Caitlin Johnson. Report includes summary of action taken on the recommendation. Recommendations include acknowledgement of racism as public health crisis, applying a health equity assessment to policy decisions, tailoring policy to meet the needs of diverse communities, and funding those policies.
[65] We expand on this and nine other ways to support working people in Ohio in our 2023 report, "A New Way Forward," by Michael Shields.
[66] See our 2023 report, "Tax policy for the people," by Bailey Williams, Will Petrik, Chole Gonzalez and Zach Schiller.
[67] As this report went to press, Senate Bill 256 was introduced. It would (a) improve the state Earned Income Tax Credit by adding refundable options, and (b) raise the minimum wage to $15 an hour for some employees — **not** including tipped workers — by January 2026. See testimony from Michael Shields on the minimum wage component and testimony from Bailey Williams on the EITC component.
[68] For more on how lawmakers can help more families afford childcare and improve pay and conditions for the people who care for Ohio's kids, see our 2023 report "Shaping the future of childcare in Ohio," by Will Petrik.
[69] For more on SNAP's impact in Ohio, see "One Year After…" from the Ohio Association of Foodbanks.
[70] For more on how and why to improve WIC in Ohio, see "WIC can't wait," a 2024 op-ed from Hope Lane-Gavin and Melissa Wervey Arnold. Visit the Ohio Association of Foodbanks action page to learn more and take action to support WIC modernization in Ohio. (Action is ongoing as of March 2024.)
[71] For more on improving access to food for all Ohioans, see our 2020 brief, "Expand food assistance and stimulate Ohio's economy," by Will Petrik.

the many economic disparities described in this paper, but also because of the continuing legagices of redlining.[72] Women are more likely to experience prenatal and postpartum depression when they have inadequate access to nutritious food during pregnancy — and their babies face greater risk of some birth defects.[73]

Increase financial support for Black women throughout the medical professional pipeline, from recruitment to advancement and employment,[74] so patients who are Black women can access doctors who are too.[75] Expanding access to the Ohio College Opportunity Grant — the state's only need-based student financial aid;[76] and developing a high-quality Ohio Promise program that improves on college promise programs in other states are two ways to increase higher education access for Black women, and all Ohioans who have to choose between education and debt.[77] The Department of Health's loan forgiveness programs should be expanded and promoted to encourage and support Black and brown medical students in primary care, nursing, psychology, psychiatry, and other specialty areas. Cultural competency among health care providers could quickly be improved by requiring medical professionals to participate in effective ongoing training to identify and address unconscious bias and to expand understanding of different community's needs and barriers when interacting with the health care system.[78]

Interrupt cycles of reincarceration — and respect basic human dignity — by ensuring people in Ohio's jails and prisons can access medical treatment, behavioral health resources, and mental health supports. With approval from the legislature, Ohio can apply for a waiver of Medicaid's "inmate exclusion"[79] which, if granted by the federal government, would allow many more imprisoned people (including many Black women) to access the care they need.

Build relationships with Black women and the organizations they lead, from the grassroots to the statehouse. Hire more Black women —and pay them equitably for their work — in positions from which they can influence policy design and implementation, including government agencies and advisory boards. Policies to reduce the cost of education, alleviate education debt, greater unionization and equal opportunity hiring policies can support these goals.

Apply a health equity lens to policy and improve data collection. Prioritize equitable outcomes in policy agendas for communities of color; conduct impact assessments of proposed policy to ensure equitable outcomes for communities of color, tailoring policies to meet the needs of communities of color, and strategically allocating resources and funds to advance equity.[80] Black families in Ohio disproportionately live

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[72] The article, by Keumseok Koh and others, was published in the *International journal of environmental research and public health.* Titled "Explaining Racial Inequality in Food Security in Columbus, Ohio," it was published in 2020. It includes this explanation of racial redlining and its lasting effects.

[73] For links to some of the many peer-reviewed studies supporting these findings, see this paragraph in the source cited in the above footnote.

[74] The recommendations in this paragraph are based on those in the 2023 report "Behavioral Health in Ohio: Improving Data, Moving Toward Racial & Ethnic Equity," from the Mental Health and Addiction Advocacy Coalition.

[75] Studies have found better communication and more active participation in health care when Black patients and women patients see a doctor of the same race and/or gender. Little research is available to demonstrate a direct link between "race- or gender-concordance" and improved health outcomes. See this paragraph in "Physician–patient racial concordance and disparities in birthing mortality for newborns" for more on what we can (and can't) say for sure about what happens when patients and doctors share a common race and/or gender. The article, by Brad N. Greenwood and three other authors, is from the *Proceedings of the National Academy of Sciences* and is discussed on the *Science Sessions* podcast.

[76] For more on how Ohio's current need-based aid falls short, see "Higher education in Ohio: Ambitious goals need better funding," the 2020 report from Policy Matters and the Ohio Student Association, by Piet van Lier and Luke Frederick.

[77] Policy Matters researcher Victoria Jackson details an Ohio Promise program proposal in her 2018 report, "Ohio Promise: Equitable free college."

[78] Identifying and addressing unconscious bias in health care is among the CDC's recommendations for reducing maternal mortality for Black women. For a full list of these recommendation, along with supporting links, see the 2023 article "Working Together to Reduce Black Maternal Mortality."

[79] In 2023, the Centers for Medicare and Medicaid Services gave states an opportunity to waive a portion of the inmate exclusion with a "1115 waiver." For details on the Medicaid 1115 waiver process and how it could be used to improve health outcomes for the people in Ohio's prisons and jails, see "New Opportunities to Improve Linkages between Health and Justice Systems," a 2023 issue brief by Dan Mistak for the Center for Community Solutions.

[80] "Unlocking Ohio's economic potential," Health Policy Institute of Ohio, 2023.

below the poverty line, the state and federal government pushing them into neighborhoods with substandard living conditions and environmental issues that further impact their health.[81] Ohio legislators should fund and support evidence-based policy focused on improving the economic, physical, and mental well-being by requiring demographic data collection and disaggregated reporting across state programing to eliminate disparities and improve outcomes.

Stop treating Ohioans who experience a mental health crisis as criminals. Expand crisis services that explicitly include statewide non-police alternatives to crisis response. Increase state funding for local care response programs and give funding priority to health-first crisis response.[82]

These policies would build on some others that are already helping Black women and many others — most notably legislators' decision to expand Medicaid in 2014, under the Affordable Care Act (ACA). Because Black women are more likely than others to work jobs that don't offer health care,[83] they benefit when Medicaid coverage improves or access expands.[84] Ohio legislators recently used the state budget to expand Medicaid's postpartum coverage to 12 months, allowing more mothers more time access health care in the critical first year after birth.[85]

The last state budget expanded Medicaid coverage of doula services and extends funding for doula certifications through the Board of Nursing.[86] Doula services are a vital maternal health care service for Black pregnant people because in many cases, women of these demographics have reported experiencing racial discrimination in traditional birthing environments. Research indicates that having a doula present during pregnancy, childbirth, and postpartum can improve health outcomes for Black mothers and their babies.[87]

State legislators also appropriated $1.2 billion for FY 2024 and $1.1 billion for FY 2025 for the Department of Mental Health and Addiction Services,[88] with funding for local crisis services and infrastructure, evidence-based research through the State of Ohio Action for Resiliency Network (SOAR) and growing a robust behavioral health workforce. Funding for these services could likely expand access to mental health care for Black women.

Conclusion

In Ohio and beyond, racially inequitable and so-called colorblind policies have not worked for — and have actively harmed — marginalized communities, largely linked by race and gender. When harmful policies intersect, as they do too often for Black women, the consequences can be devastating across generations.

Despite their immense capabilities, potential, and resilience, Black women in Ohio will remain at a structural disadvantage until we make their well-being a policy priority. For Ohio to become a state where everyone — of every race and gender — can lead happy, healthy lives, we need our legislators to listen to Black women, and make policy decisions that benefit them directly.

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[81] "Let's use health notes to roll back structural racism," Amanda Woodrum, *Policy Matters Ohio*, 2021.
[82] "Non-police care response: a step toward transformative justice," Bree Easterling, and "Creating a care response model in Cleveland for those in crisis," Piet van Lier, both from Policy Matters Ohio in 2022.
[83] See the National Women's Law Center's 2022 report, "Resilient but Not Recovered," by Jasmine Tucker and Julie Vogtman.
[84] See "Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality," in the journal *Women's Health Issues,* by Erica L. Eliason, MPH. Also see Judith Solomon's report for the Center on Budget and Policy Priorities, "Closing the Coverage Gap Would Improve Black Maternal Health."
[85] For more on how Ohio's elected leaders could have used the budget to improve health care, see our 2023 "People's Budget Scorecard," by Will Petrik.
[86] "What happened with doulas in the state budget?," Tara Britton, Center for Community Solutions, 2023.
[87] "Doula Care Improves Health Outcomes…," Alexis Robles-Fradet and Mara Greenwald, National Health Law Program, 2022.
[88] Details about the current state budget are taken from the Legislative Budget Office's Greenbook.