LINCOLN HEIGHTS

Does Place Matter?
A Community Health Assessment

April 2016

We THRIVE!
Community Wellness in Action

An initiative of

HAMILTON COUNTY PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

ACKNOWLEDGMENTS

This report was prepared by Hamilton County Public Health, Department of Community Health Services.

Hamilton County Public Health Staff

Timothy Ingram, Health Commissioner
Craig Davidson, M.S., R.S.
Assistant Health Commissioner
David Carlson, MPH,
Director of Epidemiology & Assessment
Thomas Boeshart, MPH, Epidemiologist
Kevin Strobino, MPH, Epidemiologist
Rebecca Stowe, M.Ed., MCHES
Director of Health Promotion & Education
Kim Chelf, MPH, CHES, Health Educator
Mary Ellen Kramer, MPH, MCHES,
Senior Health Educator
Hannah Smith, MPH, Health Educator
Mike Samet, Public Information Officer

For questions regarding this report, contact:

David Carlson
Director of Epidemiology & Assessment
Hamilton County Public Health
513-946-7933
david.carlson@hamilton-co.org

For questions regarding WeTHRIVE!, contact:

Mary Ellen Kramer
Senior Health Educator
Hamilton County Public Health
513-946-7926
maryellen.kramer@hamilton-co.org

Special thanks to the Village of Lincoln Heights for their contribution to this report.

TABLE OF CONTENTS

INTRODUCTION

One of the fundamental principles of public health is that all people have a right to good health. Differences in health status - often called health inequities - are differences that are avoidable and oftentimes unfair. These inequities are, in large part, driven by determinants such as social, economic and environmental conditions, health behaviors, disease, injury and ultimately, mortality.

This report includes the following indicators and/or topics of relevance to health equity in Lincoln Heights, Ohio:

- Community Context
- Economic Stability
- Educational Attainment
- Neighborhood and Built Environment
- Health and Healthcare Outcomes

This report provides a starting point to guide you in making lasting changes that will have a positive effect on your community for generations to come. Please read this report and then begin a conversation with community leaders about what you can do to improve the health of your community.

Understanding a problem is the first step to providing solutions. While we have a long way to go toward achieving health equity, a thorough review and subsequent understanding of the social determinants of health impacting residents can provide a road-map to better health for all, regardless of where one calls home.

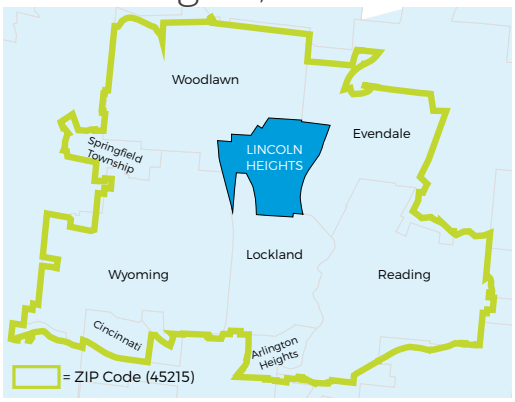
Mortality, cancer and birth data note: "These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions".

TECHNICAL NOTES

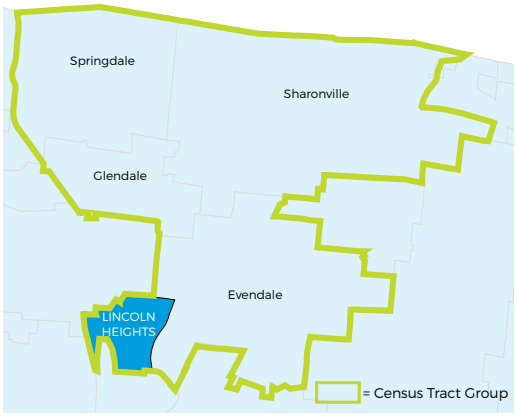
Geography

Data presented throughout this report are presented at a community level, however, there are instances in which data were not available, or could not be calculated at a community level. As such, these indicators include residents from neighboring communities who share the same ZIP code(s) and/or census tract groups as your community. Below are two maps that illustrate the neighboring communities that share the same ZIP code(s) and census tract groups with your community.

ZIP Code for Lincoln Heights, 45215



Census Tract Group for Lincoln Heights



Data Sources/Time Frames

Data presented throughout this report are presented for different periods of time; time periods are noted throughout the report. This is due to availability of the most recently finalized datasets. Single year estimates for Census data are not available from the U.S. Census Bureau for mot sub-county jurisdictions. Therefore, the American Community Survey (ACS) 5-year estimates were used for calculating certain statistics/estimate for individual years. Data for the indicators in this report were obtained from the following sources: United States Census Bureau, Ohio Department of Health (ODH), Ohio Department of Education, Ohio Department of Public Safety, Hamilton County Job and Family Services and Hamilton County Public Health. Hamilton County comparison data are presented in the tables at the end of this report. Additional data about your community that does not fit into one of the sections of the report are presented in the data tables. The assets and opportunity audit was completed on 11/24/2015 and 3/1/2016 (8:30-10:30 a.m.).

Terminology

For an explanation of common terminology used throughout this report, please reference the common terminology on page xvi of the Appendix of this report.

Small Numbers

It should be noted that some statistics regarding disease/injury in Lincoln Heights are based on a small number of cases and should be interpreted with caution, as it may be difficult to distinguish random fluctuation in disease/injury incidence from true changes in the underlying risk for the disease/injury. Rates calculated from counts of less than 20 are particularly susceptible to this phenomenon, have been footnoted throughout this report, and are denoted by the ♦ symbol.

While mortality and injury data can provide a snapshot of the most severe outcomes, it does not always tell the whole story. To fully understand the problem, additional sources, such as police, fire and EMS run data, and most importantly, the community voice, should also be considered to fully understand and solve the problem in your community.

COMMUNITY CONTEXT

In order to understand and effectively solve health and health equity problems, we have to understand the context in which the issue exists. Understanding the community context is the first, and one of the most important, steps in effectively addressing health outcomes and health equity in our community. In this report, community context covers population demographics (age, gender and race/ethnicity, language spoken at home), child well-being (suspected child abuse), segregation and concentrated disadvantage.

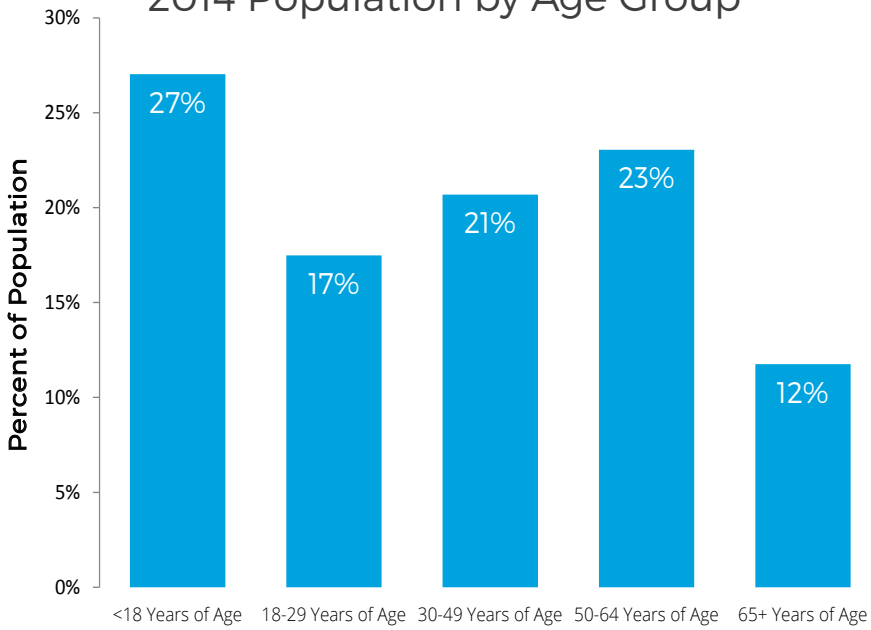
The understanding of the demographics of a community is important to program planning and program implementation[1]. Understanding the population helps, not only with developing successful programs, but also in understanding the health of a community. Characteristics of a population in a community can help to determine the possible impact of health patterns and disease trends over time[2].

3,345
Lincoln Heights Total Population in 2014

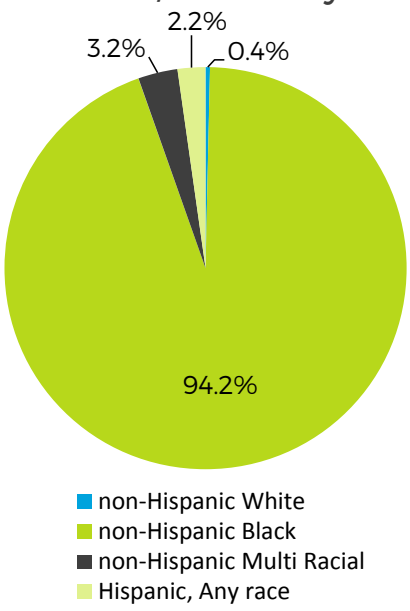
1,491
Male population in 2014

1,854
Female population in 2014

2014 Population by Age Group



2014 Population by Race/Ethnicity



Language Spoken at Home in Residents 5 Years of Age and Older, 2014

Speaks English Only	97.4%
Speaks Spanish	2.2%
Speaks Other Indo-European Languages	0.4%
Speaks Asian & Pacific Islander Languages	0%
Speaks Some Other Language(s)	0%

Language is fundamental to the expression of cultural identity[3]. Understanding and valuing cultural diversity in a community are the keys to countering racism and discrimination[3]. The effect of racism and discrimination can contribute to the racial residential segregation of a community[4].

Racial residential segregation is the degree to which two or more racial groups live separately from one another in a geographic area[4]. Racial residential segregation was calculated using differences between non-Hispanic black and non-Hispanic white residents. Racial residential segregation can affect health outcomes in multiple ways, including constraining the socioeconomic advancement of minority groups by limiting education quality and employment[4]. Racial residential segregation also diminishes the benefits of homeownership because disadvantaged communities tend to have lower school quality, fewer job opportunities and diminished property values[4]. Racial residential segregation is found to be associated with unequal access to healthcare resources, including the overall number and quality of healthcare settings and quality of treatment[5].

DID YOU KNOW? IN 2012

The level of racial residential segregation in the census tract group for Lincoln Heights was:

VERY SEGREGATED

Note: Racial residential segregation was calculated using census tract groups. To see what additional communities are included in the census tract group please see the map on page 2.

Health equity, and the health status of an individual are influenced by many factors. One way to look at how multiple factors influence the health of an individual and community is to look at the level of concentrated disadvantage in a community. Concentrated disadvantage is an indicator that shows communities that are at an economic disadvantage. Concentrated disadvantage is calculated using five indicators:

DID YOU KNOW? IN 2013

Lincoln Heights had:

HIGH LEVELS OF CONCENTRATED DISADVANTAGE

1. Percent of individuals living below the poverty line
2. Percent of individuals on public assistance
3. Percent of female-headed households
4. Percent of the population who are unemployed
5. Percent of the population who are less than 18 years of age[5]

Concentrated disadvantage is often associated with worse overall health[5]. Communities that have higher levels of concentrated disadvantage oftentimes have less mutual trust and willingness among community members to intervene for the common good, often known as collective efficacy[5]. Collective efficacy is a critical way that communities inhibit the perpetration of violence[5]. Children who live and grow in disadvantaged areas are more likely to experience violence, such as child abuse[5]. Communities with high levels of concentrated disadvantage are also at an increased risk for higher rates of infant mortality[5].

0.2♦ per 1,000

Suspected Child Abuse-Related Injuries in Lincoln Heights, 2010-2014

Note: Suspected child abuse is based off the ICD-9 code for abuse by perpetrator captured by the hospital.

EDUCATIONAL ATTAINMENT

Living in communities with higher levels of concentrated disadvantage can affect an individual's level of educational attainment. Educational attainment is defined as the highest level of education that an individual has completed[6]. Educational attainment, like concentrated disadvantage, has an influence on the health of an individual. Higher educational attainment, such as a bachelor's degree or higher, is often associated with better health[7]. Educational attainment measured in this report is the highest level of educational attainment or highest degree earned for Lincoln Heights residents who are 25 years of age and older.

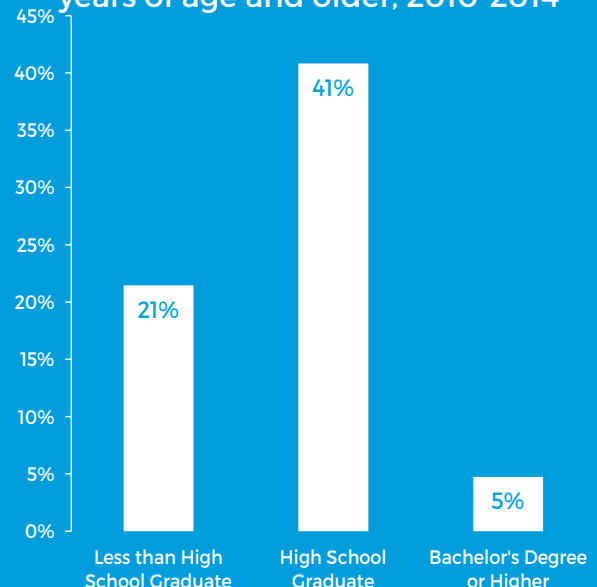
School Enrollment by Level of Schooling, 2014

Total Population Enrolled in School	944
Enrolled in Nursery/Pre-School	5%
Enrolled in Elementary & Middle School (K-8th Grade)	52%
Enrolled in High School (9-12th Grade)	22%
Enrolled in College (Undergraduate & Graduate School)	21%

High quality early childhood education can have significant long-term benefits for children[8]. Children who participate in established early childhood interventions, particularly low-income children, oftentimes have better educational and social outcomes[9]. Children who are enrolled in pre-school programs are often more likely to continue with schooling and graduate from high school[10].

Graduation from high school, or the equivalent, is required for any individual who seeks to obtain a college degree. Completing college, and obtaining a higher level of educational attainment contributes to an individual's occupational status and income[8]. Increasing the educational attainment of an individual can have lasting impacts on the health of an individual over the course of his/her lifetime[9].

Highest level of educational attainment among Lincoln Heights residents 25 years of age and older, 2010-2014



Note: Percentages do not equal 100% due to other educational attainment options (e.g., associates degree) and trade school.

DID YOU KNOW?

There is

ONE

public school district that serves children in Lincoln Heights

Increasing the graduation rates impact an individual's well-being, along with influencing his/her health[11]. To measure the graduation rate, the 4-year graduation rate of the public school district(s) that serves your community is monitored. The 4-year graduation rate for 2014 was the percentage of students who entered ninth grade in 2011 and graduated by 2014. Based on the percentage of students who graduate within 4-years, the Ohio Department of Education assigns a letter grade to each school district. To find out how the school district(s) that serves your community's children compared to other public school districts in Hamilton County, take a look at the 4-year graduation rate report card below. The school district(s) that serves your community's children is highlighted in pink.

REPORT CARD: 2014, 4-Year Graduation Rate

School District	Percent	Grade
Wyoming City Schools	98.2%	A
Madeira City Schools	98.2%	A
Indian Hill Schools	96.8%	A
Mariemont Local Schools	96.8%	A
Milford City Schools	95.5%	A
Forest Hills Local Schools	95.3%	A
Oak Hills Local Schools	94.5%	A
Sycamore Local Schools	94.2%	A
Three Rivers Local Schools	94.0%	A
Loveland City Schools	93.1%	A
Finneytown Local Schools	91.0%	B
Southwest Local Schools	89.9%	B
Norwood City Schools	89.0%	B
St. Bernard-Elmwood Place Schools	88.5%	C
Northwest Local Schools	88.0%	C
Deer Park City Schools	87.1%	C
Mount Healthy City Schools	86.5%	C
Reading City Schools	86.0%	C
Princeton City Schools	86.0%	C
Winton Woods Local	82.6%	D
North College Hill City	78.3%	F
Cincinnati Public Schools	71.2%	F
Lockland City Schools	67.2%	F

Grades are assigned by the Ohio Department of Education.
A=100.0-93.0% B=92.9-89.0% C=88.9-84.0%
D=83.9-79.0% F=78.9-0.0%

ECONOMIC STABILITY

The economic stability of individuals within a community can have a lasting impact on the overall health of a community. Economic stability means that individuals within a community have sufficient and reliable income to pay for expenses such as healthcare[12]. Economic stability can help individuals ensure better health outcomes for themselves[13].

34%
Lincoln Heights residents living in poverty, 2010-2014

54%
Lincoln Heights children living in poverty, 2010-2014

Living in poverty can significantly impact the health of an individual. Those living in poverty often have poor health, high levels of disease and disability, and limited access to healthcare[14]. When an individual living in poverty becomes ill, they can become engulfed in a downward spiral that includes loss of income and higher healthcare costs[14]. Living in poverty not only affects the access to healthcare, but can also greatly impact the overall health of children. Children who are living in poverty are at an increased risk for poor academic achievement, inadequate healthcare access, poor nutrition and food insecurity[15]. Living in poverty not only has been shown to impact the overall health of individuals, but also to increase high school drop-out rates. Educational attainment can impact the employment opportunities an individual receives. Individuals who have less than a high school diploma have the highest rates of unemployment[15]. Unemployment has been linked to a variety of adverse health outcomes[16]. This is often due to unemployment resulting in the availability of fewer resources for individuals and their families, including adequate access to healthcare[16].

20%
2010-2014 Lincoln Heights Unemployment Rate

DID YOU KNOW? FROM 2010-2014

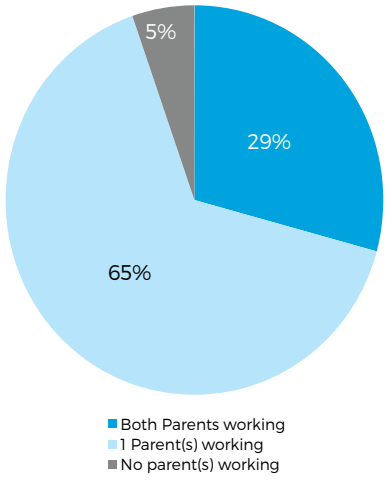
20% Of Lincoln Heights residents who were less than a high school graduate* were living in poverty

17% Of Lincoln Heights residents who were a high school graduate* were living in poverty

7% Of Lincoln Heights residents who had a Bachelor's Degree or higher* were living in poverty

*Note: Education level is the highest level of educational attainment an individual has completed.

Percent of Families by Number of Parents Working, 2010-2014



Employment oftentimes means more than just a steady job in a safe working environment, or a paycheck; employment can provide numerous benefits that are critical for individuals and families to maintain proper health[17].

Many families find that they need two wage earners to pay rent/mortgage, or to maintain the family budget[18]. When both parents are working, the family has an increased income which can lead to fewer financial stresses[18]. One financial strain that a family can experience is known as housing-cost burden. Housing-cost burden is when families or individuals spend 30 percent or more of their income on housing costs[19]. Families and individuals who spend more than 30 percent of their income on housing costs are considered housing cost-burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care[20].

DID YOU KNOW? FROM 2010-2014

51%

Of Lincoln Heights residents spend 30% or more of their monthly income on housing.

Another way to measure economic stability of individuals and a community, is to look at the per-capita income within that community. Per-capita income, more commonly known as income per person, is the average income received in the past 12 months for every man, women, and child[21].

$15,336

Average per-capita income in Lincoln Heights, 2010-2014

Per-capita income is often used as an indicator of a community's economic health[22]. Median household, another measure of a community's economic stability, is the household income that divides the income distribution into two equal groups[23]. Communities with higher median household incomes are more likely to have a higher percentage of residents with higher levels of educational attainment and lower unemployment rates[24]. Higher employment rates can often lead to better access to healthcare and better health outcomes for the residents of a community[24].

$24,020

Average median household income in Lincoln Heights, 2010-2014

There are, however, instances in which the level of income a family receives may make it difficult to afford necessities. In these instances, the family may qualify for cash assistance through Ohio Works First (OWF). Ohio Works First is the financial assistance portion of the State's Temporary Assistance to Needy Families (TANF) program, which provides cash benefits to needy families for up to 36 months[25]. Ultimately, OWF allows for families to work toward financial stability.

3.2%

Individuals who received cash assistance in Hamilton County from October 2014 - November 2015 and lived in the ZIP code for Lincoln Heights

Note: To see what additional communities are included in the ZIP code please see the map on page 2.

Quality child care enables parents to work or go to school while providing young children with the early childhood education experiences needed for healthy development[26]. Financial constraints on the family can limit the accessibility of child care for low income families. To help alleviate the burden this can place on families, subsidized child care is made available to help cover part of the cost of child care for children of eligible caretakers/parents who are either working or in school[27]. Subsidized child care is often linked to improved employment outcomes for parents, and when parents do better economically, their children do better as well[26].

DID YOU KNOW?

There are
36
licensed child care centers in the ZIP code for Lincoln Heights

There are
8
licensed child care centers in Lincoln Heights

Note: To see what additional communities are included in the ZIP code please see the map on page 2.

Access to healthy foods is an important factor in the overall health of a community, as poor food access can cause increased risk for malnourishment and other adverse health outcomes. To help low income families and individuals, the U.S. Department of Agriculture administers the Supplemental Nutrition Assistance Program (SNAP), which was formerly known as the Food Stamp Program. One way to ensure that food is accessible to children is through the participation in the National School Lunch and Breakfast program. The National School Lunch and Breakfast Program is a federally assisted meal program that can operate in public and nonprofit private schools and residential child care institutions to provide nutritionally-balanced, low-cost or free lunches to children each school day[28].

3.6%
Percent of individuals who received food stamps in Hamilton County from October 2014 - November 2015 and lived in the ZIP code for Lincoln Heights

Note: To see what additional communities are included in the ZIP code please see the map on page 2.

63.9%
Of all students in participating schools in the school district that serves Lincoln Heights had free and reduced lunches.

Note: To see individual schools and the school district overall, please see page # of the appendix.

2
Stores in Lincoln Heights accept SNAP as a form of payment.

NEIGHBORHOOD & BUILT ENVIRONMENT

The built environment is the man-made space where individuals live, work, and play on a day-to-day basis, which includes buildings and spaces that are created or modified[29]. The neighborhood and built environment of a community can affect the potential for injuries related to pedestrian and motor vehicle crashes, and impact the ability of individuals in a community to exercise[29]. The way a community is built can affect the health of its residents.

DID YOU KNOW?

There are
TWO
parks in Lincoln Heights

There are
FOUR
playgrounds

For a complete list of all the parks in your community please reference page vi of the appendix.

The neighborhood and built environment of a community can include the incorporation of public transportation. Public transportation can help to reduce motor vehicle crashes that can result in injury or even death[30].

DID YOU KNOW?

There is
AVAILABLE
public transportation in Lincoln Heights

0%

Percent of car crashes in Lincoln Heights were fatal, 2010-2014

Motor vehicle crashes are a leading cause of death in the United States[31]. Motor vehicle crashes, particularly those that involve pedestrians, are a significant public health concern.

Number of Motor Vehicle Crashes in Lincoln Heights, 2010-2014

48

Age-Adjusted Motor Vehicle Accident Injury Rate in Lincoln Heights, 2010-2014

1,964.1 per 100,000

0%

Percent of Motor Vehicle Crashes Involving a Teen Driver (15-17 years), 2010-2014

Motor vehicle crashes can happen to anyone, however, new teen drivers are at a high risk for causing motor vehicle crashes[31]. Injuries due to motor vehicle crashes are a leading cause of death among children in the United States, many of which are preventable[32].

DID YOU KNOW? Between 2010-2014

10%♦

Of Motor Vehicle Crashes in Lincoln Heights Involved a Child as a Driver, Passenger or Pedestrian*

Note: Child is anyone younger than 18 years of age

The built environment, including road infrastructure and pedestrian infrastructure (side walks), have a strong influence on not only motor vehicle safety, but also pedestrian safety. Pedestrian injuries are injuries in which a person (not in a vehicle, or riding a bicycle or motorcycle) was struck by a car, truck, SUV, or van[33]. Built environmental features at intersections and crosswalks can have an impact on pedestrian-related injuries and motor vehicle crashes that involve a pedestrian[34]. The infrastructure of roads in a community can be associated with pedestrian related injuries and motor vehicle crashes[34].

0%

Percent of motor vehicle crashes in Lincoln Heights that involved a pedestrian, 2010-2014

Age-Adjusted Pedestrian Injury Rate in Lincoln Heights, 2010-2014

81.0♦ per 100,000

The built environment can also impact the rate of motor vehicle crashes that involve bicyclists. Bicycle related injuries are injuries in which an individual riding a bicycle collided, lost control and collided or crashed into either a moving vehicle or a pedestrian[33]. When communities provide facilities such as sidewalks, crosswalks, and bike lanes, it gives residents the option to choose how they want to travel[34]. Not installing these types of facilities can force residents to travel by their own personal cars or engage in unsafe walking and biking practices[34].

Age-Adjusted Bicycle Injury Rate in Lincoln Heights, 2010-2014

142.2♦ per 100,000

6%

Motor vehicle crashes in Lincoln Heights that involved a bicyclist, 2010-2014

The built environment can also influence the crime committed in a community. Zoning, street designs, housing, location of public transit and land use shape the built environment in ways that can increase or reduce crime[35]. Communities that have high levels of violent crime may also increase the risk of residents experiencing violence[36]. Violent crime is composed of four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault[37]. Homicides, also known as murders, are a serious public health problem and can have lasting effects on communities. Homicide is an extreme outcome of the broader public health problem of interpersonal violence[38]. Intentional injury is another form of interpersonal violence. Intentional injury is the type of injury that is sustained due to knowingly inflicting harm to oneself or another individual. Violence, such as intentional injuries and homicides, can be fostered by the built environment by promoting feelings of alienation and isolation or by sending signals to potentially violent individuals that their actions will not be observed[39]. However, the design of the built environment can also help to deter crime.

DID YOU KNOW?

In 2015, there were

28

violent crimes committed in Lincoln Heights.

Age-Adjusted Homicide Rate in Lincoln Heights, 2010-2014

73.6♦ per 100,000

238.4 per 100,000

Age-Adjusted Firearm-Related Injury Rate in Lincoln Heights, 2010-2014

Age-Adjusted Intentional Injury Rate in Lincoln Heights, 2010-2014

1,758.9 per 100,000

Age-Adjusted Intentional Injury Mortality Rate in Lincoln Heights, 2010-2014

68.2♦ per 100,000

There are multiple factors associated with the built environment that can influence drug use and drug overdoses[40]. Neighborhood deterioration, can also have an influence on drug usage and overdose[40]. A community with deteriorating neighborhoods can lack empowerment and collective efficacy, a critical way that communities inhibit the perpetration of violence[40,5]. Residents who are living in a deteriorating built environment may experience an increase in psychological distress which may encourage an increase in risk taking and more dangerous drug abuse activity[40].

0.0 per 100,000

Age-Adjusted Drug Overdose Mortality Rate in Lincoln Heights, 2010-2014

Age-Adjusted Overdose-Related Injury Rate in Lincoln Heights, 2010-2014

404.9♦ per 100,000

DID YOU KNOW?
From 2010 - 2014

10%♦ Of motor vehicle crashes in Lincoln Heights were drug related.

17%♦ Of motor vehicle crashes in Lincoln Heights were alcohol related.

A high quality built environment is essential for children to achieve optimal health and development[41]. The quality of the built environment in which children live can cause or prevent illness, disability and injury[41]. Sports-related injuries are more common in children in Hamilton County than in older adults[42]. Sports-related injuries are the type of injury that occur during exercise or sports, and oftentimes result from accidents, poor training practices, insufficient warm-up and stretching, lack of conditioning, or improper equipment[43]. Children are not only more likely to experience sports-related injuries, but they are also the most common victims of dog bites and are more likely to be severely injured by a dog bite[44]. Most of the time individuals who suffer dog bites are bitten by their own dog, or by a dog they know, such as a neighbor's or a family friend's dog[45]. Whether the dog bite is a small nip of a puppy or an attack from an adult dog, they are a public health concern. Approximately one in five dog bite victims require medical attention, and many more dog bites go unreported and untreated every year.

152.7 per 1,000
Child Injury Rate in Lincoln Heights, 2010-2014

16.3 per 1,000
Child Sports-Related Injury Rate in Lincoln Heights, 2010-2014

3.0♦ per 1,000
Child Dog Bite-Related Injury Rate in Lincoln Heights, 2010-2014

The built environment is often thought to be associated with health through physical activity. As illustrated previously, the built environment is connected to health through other aspects as well. The way a neighborhood and environment is created can directly impact the number of falls a community witnesses each year. Fall-related injuries can happen to people of all ages within a community. Young children often experience fall-related injuries while playing or participating in physical activities. For elderly adults, improper home environments, as well as decreased physical well-being, contribute greatly to the overall risk of experiencing a fall-related injury.

Age-Adjusted Fall-Related Injury Rate in Lincoln Heights, 2010-2014
3,235.6 per 100,000

Age-Adjusted Fall-Related Mortality Rate in Lincoln Heights, 2010-2014
0.0 per 100,000

"The built environment embraces a wide range of concepts, from the design and integrity of housing, to land-use and urban planning[41]." The built environment of a community significantly affects the health of its residents. Advocates can help shape the design of communities in ways that improve the health of its residents.

HEALTHCARE & HEALTH OUTCOMES

Access to Care

Access to comprehensive, quality healthcare services is important for the achievement of health equity and increasing the quality of a healthy life for everyone[45]. However, individuals may lack the financial security to afford health insurance, causing them to become uninsured. When an individual is uninsured, they may forgo preventative care and the necessary healthcare they need[46]. Delaying or forgoing healthcare places individuals at increased risk for being hospitalized for health conditions that could have been avoided or prevented[46]. Being uninsured can also negatively affect the health and well-being of children. Children who are uninsured may be prevented from receiving early preventative care, or necessary immunizations that provide a foundation for healthy childhood and a healthy life as an adult.

24%
Lincoln Heights residents who were uninsured, 2012-2014

14%
Lincoln Heights children who were uninsured, 2012-2014

Mortality

Health outcomes can be influenced by many of the social factors previously discussed in this report. These social factors can also adversely impact the rates of mortality in a community. Mortality rates are a powerful measure for assessing the overall health of a community. They are important because they provide a snapshot of health problems, identify potential patterns of risk within a community, and show trends in death over time[47]. Mortality rates also provide the opportunity to identify areas where premature death could have been prevented[47].

997.3 per 100,000
Age-Adjusted Mortality Rate in Lincoln Heights, 2010-2014

19.6◆ per 10,000
Child Fatality Rate in Lincoln Heights, 2010-2014

One indicator to measure the overall health of a community is the child fatality rate. A child fatality rate is a specific type of mortality rate that measures the number of child deaths over a specified time frame. The child fatality rate is the number of child deaths per 10,000 child residents.

While the overall mortality rate provides a glimpse into the health problems of a community, mortality rates for specific diseases and injuries provide more insight into the health problems of a community.

Chronic Obstruct Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease, or COPD, refers to the group of diseases that cause airflow blockage and breathing-related problems that include such diseases as emphysema, chronic bronchitis and in some cases asthma[48]. COPD is the third leading cause of death in the Unites States with more than 11 million people having been diagnosed with COPD, with an estimated 24 million people who may have the disease without even knowing it[49].

Heart Disease

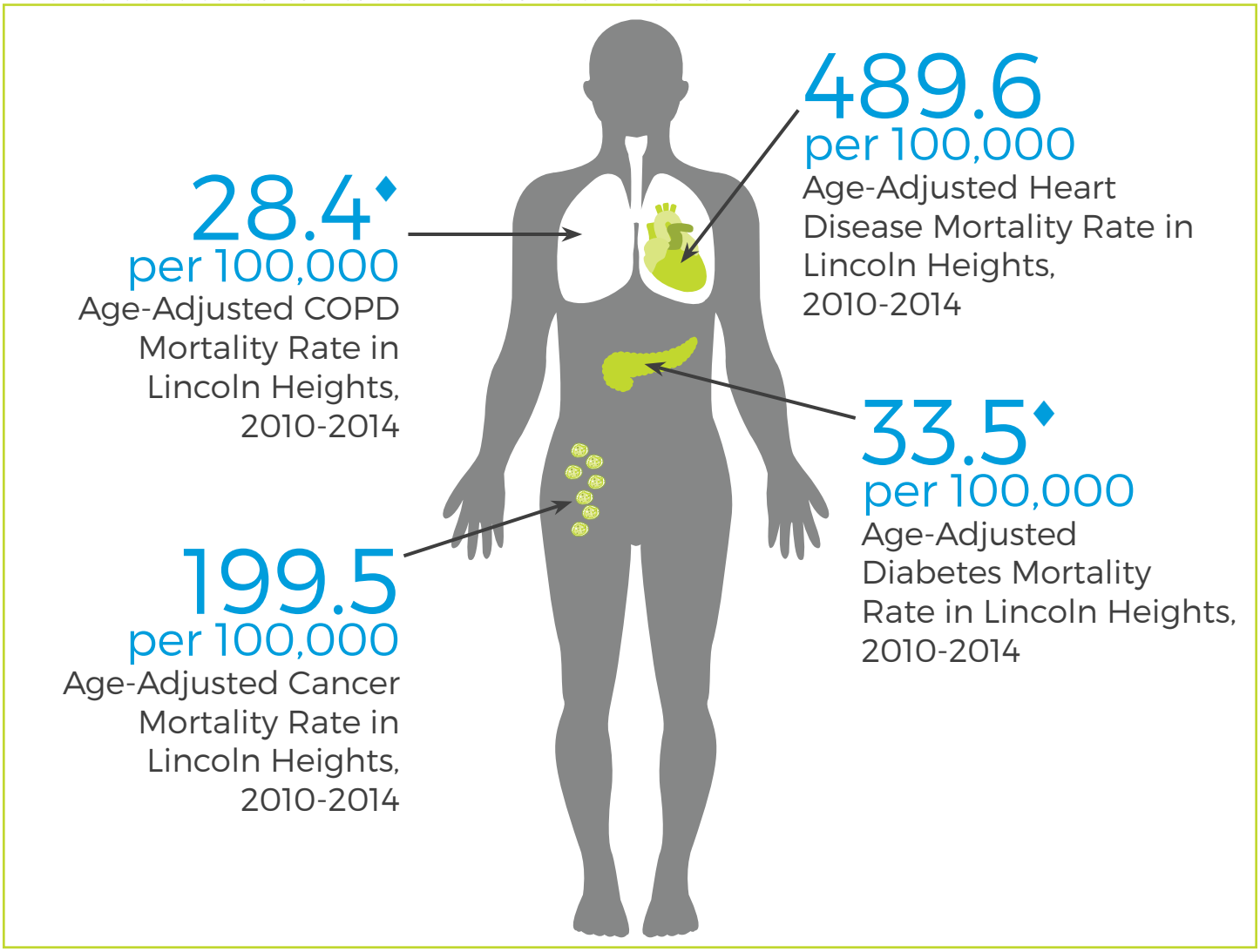
Heart Disease, like COPD, when left untreated can cause death. Heart disease is the general term that refers to several types of heart conditions. The most common type of heart disease in the United States is coronary artery disease, which can cause heart attacks and heart failure[50]. Heart disease can be caused by multiple reasons, including diabetes[51].

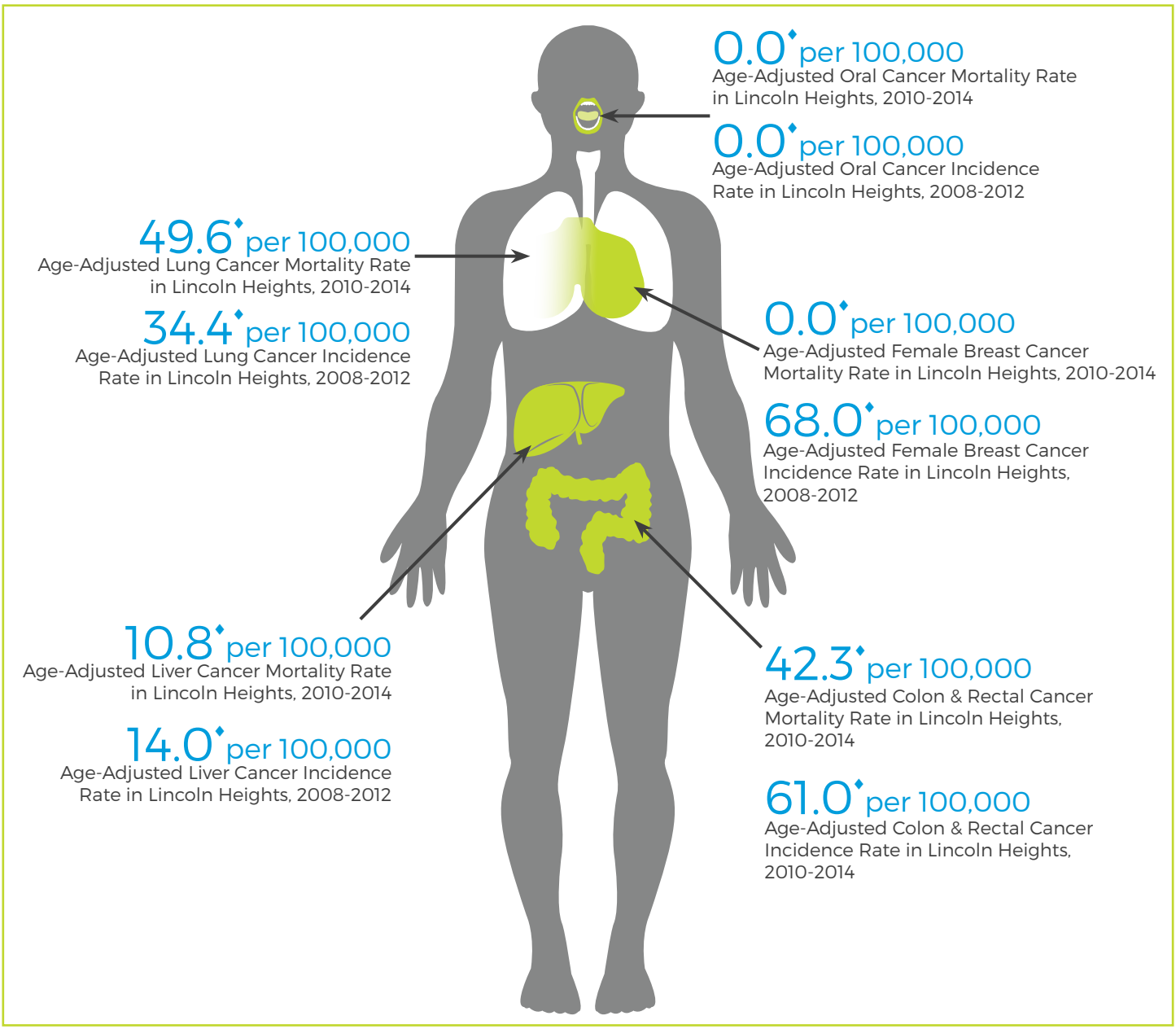
Diabetes

Diabetes is a disease that causes the blood glucose (sugar) levels in the body to be higher than normal[51]. This is caused when your body is not able to make enough insulin (used to break down the sugar) or cannot use its own insulin as it should[51]. Diabetes is the seventh leading cause of death in the United States[51].

Cancer

The second leading cause of death in the United States is cancer, and many cancer deaths can be prevented[52]. Cancer is the name that is given to describe over 100 different types of diseases[53]. While there are many different types of cancer, all cancers start the same way, and when left untreated can cause illness and even death[53].

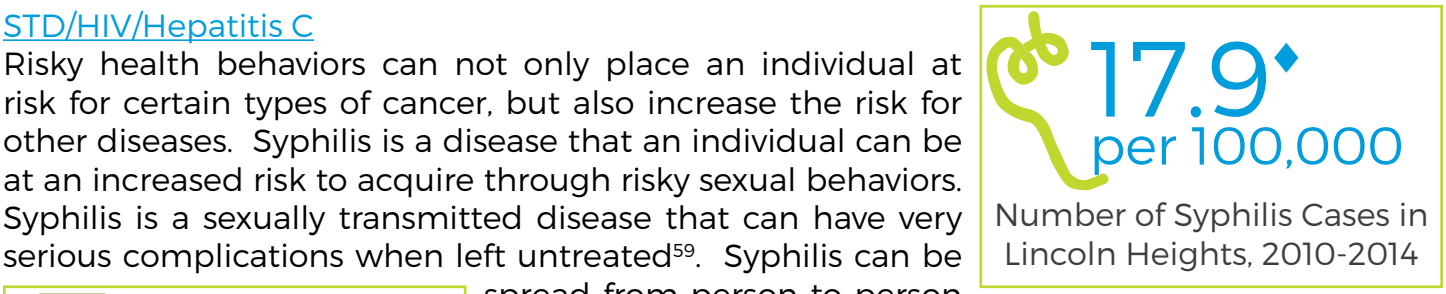




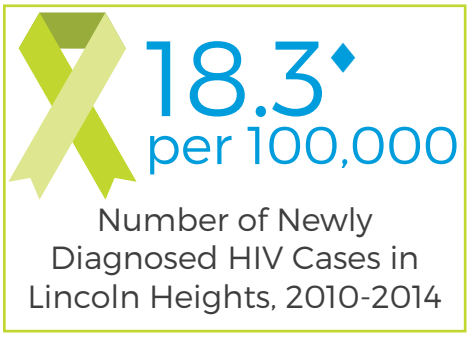
Cancer is a complex group of diseases with many possible causes, however, lifestyle factors such as lack of physical activity and tobacco usage can cause certain types of cancer[54]. The majority of lung cancer cases are caused by smoking cigarettes[55]. Smoking cigarettes can cause cancer almost anywhere in your body including the liver, colon and rectum, and the mouth (often referred to as oral cancer)[55]. Heavy alcohol drinking can also increase the risk an individual has for developing cancer[56]. Long-term alcohol use has been linked to an increased risk for liver cancer[56]. Regular, heavy alcohol use can damage the liver, leading to inflammation, which can increase the risk for liver cancer[56]. Some types of cancer can run in certain families, and having a family history of certain types of cancer, such as breast cancer, can increase the risk an individual has for developing certain types of cancer, however, most cancers are not directly linked to the genes we inherit from our parents[54,57]. While cancer is a serious health issue, many of the new cancer cases can be reduced and many cancer deaths can be prevented[58]. Early and regular screenings for certain types of cancer (e.g., cervical, colorectal and breast cancers), as recommended, can help prevent disease through early diagnosis and treatment[58]. Maintaining a healthy lifestyle, such as avoiding tobacco and maintaining a healthy weight, can reduce the risk of developing cancer[58].

STD/HIV/Hepatitis C

Risky health behaviors can not only place an individual at risk for certain types of cancer, but also increase the risk for other diseases. Syphilis is a disease that an individual can be at an increased risk to acquire through risky sexual behaviors. Syphilis is a sexually transmitted disease that can have very serious complications when left untreated[59]. Syphilis can be spread from person to person by having unprotected sex with an infected individual, but it can also be spread from an infected mother to her unborn baby[59].



Number of Syphilis Cases in Lincoln Heights, 2010-2014



Number of Newly Diagnosed HIV Cases in Lincoln Heights, 2010-2014

Risky sexual behavior not only places individuals at a risk for exposure to syphilis, but also increases the risk for Human Immunodeficiency Virus (HIV) infection. HIV is the virus that when not treated, can lead to Acquired Immunodeficiency Syndrome (AIDS)[60]. HIV is most commonly transmitted through risky sexual behaviors, but can also be transmitted from sharing a needle or syringe with an individual who is HIV positive[61].

Number of Hepatitis C Cases in Lincoln Heights, 2010-2014

Sharing needles or other equipment that is used to inject drugs can also increase the risk an individual has to become infected with hepatitis C[62]. Hepatitis C is a virus that can result in long-term health problems, including death[62]. The majority of individuals who are infected with hepatitis C may not be aware of their infection because they do not feel sick[62]. The best way an individual has to reduce their risk for syphilis, HIV and hepatitis C is to avoid the behaviors that can spread the diseases, like risky sexual behavior, and sharing needles while injecting drugs.

Infant Mortality

While the mortality rates presented thus far provide a snapshot of health issues that impact communities, infant mortality is a very specific type of mortality that is often considered to be one of the most important indicators of the overall health and well-being of a community. This is because factors that affect the health of the community as a whole can also greatly impact the rate at which infants die within a community[63]. Infant mortality is often associated with other factors such as maternal health, access to and quality of healthcare, and socioeconomic conditions. Infant mortality is defined by the Centers for Disease Control and Prevention (CDC) as the "death of a baby before his or her first birthday[63]." An infant mortality rate is the number of infant deaths for every 1,000 live births during a period of time. While infant mortality is one of the most important health indicators for a community, an infant mortality rate is highly sensitive to changes in the number of live births within a community. This is often the case when the size of the population within a given community is relatively small. For example, a community that experiences several infant deaths during a given year, but also only saw a small number of births during that same year, will have an elevated infant mortality rate. Also, when the typical number of infant deaths in a community is small (fewer than 20 deaths), it may be difficult to distinguish a

Infant Mortality Rate in Lincoln Heights, 2010-2014

random fluctuation in the number of deaths from true changes in the underlying risk for the community. This is because small changes in the number of deaths may result in large changes in the corresponding infant mortality rate. Therefore, while it is important to show if infant deaths are occurring within a community, infant mortality rates derived from a small number (fewer than 20) of births and/or deaths should be interpreted with caution.

Quality of Life

Many of the health outcomes and socioeconomic indicators presented throughout the report can have lasting effects on an individual's quality of life and can lead to having difficulty doing everyday tasks. One way to measure the quality of life of an individual is to look at independent living difficulties. Individuals with independent living difficulties are the percent of individuals in a community, 18 years of age and older who, due to a physical, mental, or emotional problem, have difficulty doing errands alone such as visiting a doctor's office or shopping for necessities[64].

10%

Lincoln Heights Residents (18 and Older) with an Independent Living Difficulty, 2012-2014

Life Expectancy

Throughout this report, various health outcomes, and socioeconomic indicators have been presented. Each is important and can impact the overall health of a community in different ways. However, all of the indicators work together to collectively impact the average life expectancy of an individual. Average life expectancy is the estimated number of years an individual would expect to live, if they were born today, based on mortality statistics. Life expectancy is an important indicator of the overall health of a community when compared to other areas. This is because life expectancy summarizes the mortality patterns that prevail across all age groups[65]. Factors such as access to healthcare, healthy lifestyle, and disease occurrence all have an impact on the life expectancy of an individual. With the help of improved medical and public health practice, life expectancy has dramatically increased during the twentieth century[66]. However, while life expectancy has been increasing, individuals living in poverty and in poor communities tend to have shorter life expectancies.

73.0 years

Average Life Expectancy in Lincoln Heights, 2010-2014

The information presented throughout this report shows the connections between health outcomes, socioeconomic status, and life expectancy. In order to achieve health equity, targeted interventions and policy change are needed, otherwise the disparities will only increase. It is hoped that this report will serve as a tool that can be used to inform and empower community change to improve upon the health of the residents in Lincoln Heights.

"Knowledge is power. With it you can create a healthier life for your community."

APPENDICES

ASSETS & OPPORTUNITIES

This section of the report provides assets and opportunities identified as a result of a review of the data and an asset and opportunity audit. Please see Frequently Asked Questions page xvi for an explanation of the asset and opportunity audit. Assets are areas or outcomes that positively impact your community. Opportunities are areas or outcomes that we view as areas for improvement to better the health, safety, and vitality of your community. Assets and opportunities identified by Hamilton County Public Health may differ from what you see in your community. For each asset and opportunity, the data table number is referenced where available.

Assets

- Strong community pride in Lincoln Heights.
- Strong community partners (e.g., churches, businesses) supporting Lincoln Heights Elementary School.
- There are 6 outdoor physical activity spaces including parks, playgrounds, and basketball and volleyball courts in Lincoln Heights (Assets & Opportunity Results).
- There is open green space within Lincoln Heights for residents to use (Asset & Opportunity Results).
- There is a recreation center (St. Monica's) in Lincoln Heights that provides programs for children and physical activity opportunities for residents (Assets & Opportunity Results).
- There is a health center (Lincoln Heights Health Center) in Lincoln Heights (Asset & Opportunity Results).
- All Village owned property in Lincoln Heights are Tobacco-Free property (Asset & Opportunity Results).
- The Hamilton County Sheriff's office removed 18 guns in January & February of 2016 compared to 14 guns total in 2015 (Asset & Opportunity Results).
- There are three WeTHRIVE! child care centers and four WeTHRIVE! faith-based organizations in Lincoln Heights (Asset & Opportunity Results).
- Lincoln Heights is part of the Hamilton County Storm Water District (Asset & Opportunity Results).
- There is public transportation available in Lincoln Heights for residents to use (Asset & Opportunity Results).
- Throughout Lincoln Heights there are benches and trashcans available to residents (Asset & Opportunity Results).
- Lincoln Heights has an Ohio Department of Transportation approved School Travel Plan which outlines safe routes to school strategies for the Village.
- To increase safety in Lincoln Heights, residents can participate in Respect my Block.
- To prevent injury to children in Lincoln Heights, there is a partnership with Cincinnati Children's Hospital Medical Center through the Building Safety on Your Block program.
- Lincoln Heights has one community recycling location.

Opportunities

- Lincoln Heights Elementary School received a "C" rating for its overall performance (Ohio Department of Education).
- The rate at which Lincoln Heights residents are living in poverty is two times higher than Hamilton County (Table 10).
- Over half of the children living in Lincoln Heights are living in poverty (Table 11).
- The unemployment rate in Lincoln Heights is three times higher than Hamilton County (Table 13).
- Half of the residents in Lincoln Heights suffer from housing-cost burden (Table 15).
- Lincoln Heights residents suffer from higher rates of injuries due to motor vehicle crashes (Table 26).
- The homicide rate in Lincoln Heights is nearly eight times higher than Hamilton County (Table 35)♦.
- Lincoln Heights residents suffer from higher rates of injuries due to guns (Table 36).
- Lincoln Heights residents suffer from higher rates of intentional injuries (Table 37).
- The percent of car crashes that occur in Lincoln Heights that are drug-related is 10 times higher than Hamilton County (Table 41)♦.
- The percent of car crashes that occur in Lincoln Heights that are alcohol-related is nearly six times higher than Hamilton County (Table 42)♦.
- The rate at which children living in Lincoln Heights are injured is nearly 1.5 times higher than Hamilton County (Table 43).
- There are low community recycling rates in Lincoln Heights (Asset & Opportunity Results).
- Community Points of Dispensing (POD) are not fully staffed with the necessary volunteers in Lincoln Heights (Asset & Opportunity Results).
- There is low or limited access to healthy food in Lincoln Heights (Assets & Opportunity Results).
- The majority of the sidewalks in Lincoln Heights have overgrown trees and shrubs, reducing the visibility of the sidewalks (Assets & Opportunity Results).
- The majority of children in Lincoln Heights are within one mile of their school, but are bused to school.

The ♦ symbol indicates an opportunity which is based on a small number of cases (less than 20)

RECOMMENDATIONS

The following recommendations are based on opportunities identified for your community, as well as the corresponding WeTHRIVE! pathways that address the recommendations.

 = Chronic Disease Pathway

 = Emergency Preparedness Pathway

 = Environmental Health Pathway

 = Injury Prevention Pathway

 = Substance Use/Abuse Pathway

 = Social Health Pathway

Recommendation	WeTHRIVE! Pathway
Implement idle free policy on Village property.	
Improve the conditions and visibility of sidewalks.	
Actively pursue property maintenance violations.	
Educate residents on their rights as a renter.	
Promote resources available to residents from Hamilton County Public Health.	
Increase awareness of lead prevention activities within the home.	
Partner with Lincoln Heights Elementary School to enhance mentoring programs available to students and families.	
Offer GED and job readiness trainings within the village.	
Partner with Lincoln Heights Elementary School to implement the approved School Travel Plan (Safe Routes to School).	
Implement strategies to improve safety and decrease violence.	
Continue to partner with Cincinnati Children's Hospital to improve safety in the home for children 0-5 years of age (Building Safety on Your Block).	
Develop community gardens.	
Increase the volunteers trained to respond in an emergency.	
Increase safe physical activity opportunities for children and adults.	
Implement strategies to enhance visual aesthetics of the Village.	
Identify partnerships to help develop strategies that will reduce the number of residents (adults and children) who live in poverty within the Village.	
Increase the community recycling rate.	

DATA TABLES

Please Note: Some percentages may not equal 100 percent due to rounding.
Hamilton County comparison percentages and rates are provided where available/applicable.

Table 1: Population	2014
Total Population	3,345
Male Population	1,491
Female Population	1,854

Source: U.S. Census Bureau/FactFinder, 2014 American Community Survey 5-Year Estimates

Table 2: Population by Age	2014	
<18 Years of Age	904	27%
18-29 Years of Age	585	17%
30-49 Years of Age	692	21%
50-64 Years of Age	771	23%
65+ Years of Age	393	12%

Source: U.S. Census Bureau/FactFinder, 2014 American Community Survey 5-Year Estimates

Table 3: Population by Race/Ethnicity	2014	
non-Hispanic white	12	0.4%
non-Hispanic black	3,152	94.2%
non-Hispanic multi-racial	106	3.2%
non-Hispanic other race	0	0%
Hispanic, Any Race	75	2.2%

Source: U.S. Census Bureau/FactFinder, 2014 American Community Survey 5-Year Estimates

Table 4: Language Spoken at Home in Residents 5-Years-of-Age and Older	2014	
Speaks English Only	3,087	97.4%
Speaks Spanish	70	2.2%
Speaks Other Indo-European Languages	12	0.4%
Speaks Asian & Pacific Islander Languages	0	0%
Speaks Some Other Language(s)	0	0%

Source: U.S. Census Bureau/FactFinder, 2014 American Community Survey 5-Year Estimates

Table 5: Racial Residential Segregation	2012
Level of Racial Residential Segregation	Very Segregated

Source: U.S. Census Bureau/FactFinder, 2012 American Community Survey 5-Year Estimates. Methodology: Association of Maternal and Child Health Programs

Table 6: Concentrated Disadvantage	2013
Level of Concentrated Disadvantage	High Level

Source: U.S. Census Bureau/FactFinder, 2013 American Community Survey 5-Year Estimates. Methodology: Association of Maternal and Child Health Programs

Table 7: School Enrollment by Level of Schooling	2014	
Total Population Enrolled in School	944	
Enrolled in Nursery/Pre-School	48	5%
Enrolled in Elementary & Middle School (K-8th Grade)	489	52%
Enrolled in High School (9-12th Grade)	205	22%
Enrolled in College (Undergraduate & Graduate School)	202	21%

Source: U.S. Census Bureau/FactFinder, 2013 American Community Survey 5-Year Estimates

Table 8: Highest Level of Educational Attainment, Residents 25 Years and Older		2010-2014
Lincoln Heights	Less than High School Graduate	21%
	High School Graduate	41%
	Bachelor's Degree or Higher	5%
Hamilton County	Less than High School Graduate	11%
	High School Graduate	27%
	Bachelor's Degree or Higher	34%

Source: U.S. Census Bureau/FactFinder, 2010-2014 American Community Survey 5-Year Estimates

Table 9: Public School District(s) & 4-Year Graduation Rate	2014	
Princeton City Schools	86.0%	C

Source: Ohio Department of Education, School District Report Cards

Table 10: Percent of Total Population Living in Poverty	2010-2014
Lincoln Heights	34%
Hamilton County	17%

Source: U.S. Census Bureau/FactFinder, 2010-2014 American Community Survey 5-Year Estimates

Table 11: Percent of Children (<18-Years-of-Age) Living in Poverty	2010-2014
Lincoln Heights	54%
Hamilton County	25%

Source: U.S. Census Bureau/FactFinder, 2010-2014 American Community Survey 5-Year Estimates

Table 12: Percent Living in Poverty by Highest Level of Educational Attainment		
		2010-2014
Lincoln Heights	Less than High School Graduate	20%
	High School Graduate	17%
	Bachelor's Degree or Higher	7%
Hamilton County	Less than High School Graduate	30%
	High School Graduate	35%
	Bachelor's Degree or Higher	13%

Source: U.S. Census Bureau/FactFinder, 2010-2014 American Community Survey 5-Year Estimates

Table 13: Unemployment Rate	2010-2014
Lincoln Heights	20%
Hamilton County	6%

Source: U.S. Census Bureau/FactFinder, 2009-2013 American Community Survey 5-Year Estimates

Table 14: Percent of Families with Children, by Number of Parents Working		
		2010-2014
Lincoln Heights	Both Parents Working	29%
	One Parent(s) Working	65%
	No Parent(s) Working	5%
Hamilton County	Both Parents Working	51%
	One Parent(s) Working	42%
	No Parent(s) Working	7%

Source: U.S. Census Bureau/FactFinder, 2009-2013 American Community Survey 5-Year Estimates

Table 15: Percent of Residents who Spend 30% or More of Income on Housing	2010-2014
Lincoln Heights	51%
Hamilton County	32%

Source: U.S. Census Bureau/FactFinder, 2009-2013 American Community Survey 5-Year Estimates

Table 16: Average Per-Capita Income	2010-2014
Lincoln Heights	$15,336
Hamilton County	$29,448

Source: U.S. Census Bureau/FactFinder, 2009-2013 American Community Survey 5-Year Estimates

Table 17: Average Median Household Income	2010-2014
Lincoln Heights	$24,020
Hamilton County	$48,815

Source: U.S. Census Bureau/FactFinder, 2009-2013 American Community Survey 5-Year Estimates

Table 18: Percent of Individuals Receiving Cash Assistance by Community ZIP Code	
	October 2014 - November 2015
45215	3.2%

Source: Hamilton County Job and Family Services

Table 19: Percent of Individuals Receiving Food Stamps by Community ZIP Code	
	October 2014 - November 2015
45215	3.6%

Source: Hamilton County Job and Family Services

Table 20: Number of Stores that Accept SNAP as a Form of Payment	
	2015
Lincoln Heights	2

Source: U.S. Department of Agriculture

Table 21: Percent of Students who Receive Free & Reduced Lunch by Participating School District & Individual Schools	
	2013 School Year
Princeton School District	63.9%
Lincoln Heights Elementary School	92.6%
Princeton High School	51.6%

Source: Ohio Department of Education

Table 22: Number of Licensed Child Care Centers in by Community ZIP Code	
	2015
45215	36

Source: Hamilton County Job and Family Services

Table 23: Percent of Licensed Child Care Centers that Serve Children in Publicly Funded Child Care by Community ZIP Code	
	2015
45215	75%

Source: Hamilton County Job and Family Services

Table 24: Outdoor and Physical Activity Spaces	
	Playground?
Villa of the Valley	Yes
Serenity Park	No
LH Missionary Baptist Church	Yes
Memorial Field	Yes
LH Basketball Court	No
Oak Park Apartment	Yes

Source: Lincoln Heights Community

Table 25: Number of Motor Vehicle Crashes	
	2010-2014
Lincoln Heights	48

Source: Ohio Department of Public Safety, Crash Data Extracts

Table 26: Age-Adjusted Motor Vehicle Accident Injury Rate, per 100,000	
	2010-2014
Lincoln Heights	1,964.1
Hamilton County	752.6

Source: Hamilton County Injury Surveillance System

Table 27: Percent of Motor Vehicle Crashes that were Fatal	
	2010-2014
Lincoln Heights	0%
Hamilton County	0.2%

Source: Ohio Department of Public Safety, Crash Data Extracts

Table 28: Percent of Motor Vehicle Crashes Involving a Teen Driver (15-17 years of age)	
	2010-2014
Lincoln Heights	0%♦
Hamilton County	5%

Source: Ohio Department of Public Safety, Crash Data Extracts

Table 29: Percent of Motor Vehicle Crashes Involving a Child Driver, Passenger or Pedestrian	
	2010-2014
Lincoln Heights	10%♦
Hamilton County	11%

Source: Ohio Department of Public Safety, Crash Data Extracts

Table 30: Percent of Motor Vehicle Crashes Involving a Pedestrian	
	2010-2014
Lincoln Heights	0%♦
Hamilton County	2%

Source: Ohio Department of Public Safety, Crash Data Extracts

Table 31: Age-Adjusted Pedestrian Injury Rate, per 100,000	
	2010-2014
Lincoln Heights	81.0♦
Hamilton County	56.5

Source: Hamilton County Injury Surveillance System

Table 32: Age-Adjusted Bicycle Injury Rate, per 100,000	
	2010-2014
Lincoln Heights	142.2♦
Hamilton County	111.9

Source: Hamilton County Injury Surveillance System

Table 33: Percent of Motor Vehicle Crashes Involving a Bicyclist	
	2010-2014
Lincoln Heights	6%♦
Hamilton County	0.5%

Source: Ohio Department of Public Safety, Crash Data Extracts

Table 34: Number of Violent Crimes	
	2015
Lincoln Heights	28

Source: Hamilton County Sheriff

Table 35: Age-Adjusted Homicide Rate, per 100,000	
	2010-2014
Lincoln Heights	73.6 ♦
Hamilton County	9.5

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

Table 36: Age-Adjusted Firearm-Related Injury rate	
	2010-2014
Lincoln Heights	238.4
Hamilton County	65.5

Source: Hamilton County Injury Surveillance System

Table 37: Age-Adjusted Intentional Injury Rate, per 100,000	
	2010-2014
Lincoln Heights	1,758.9
Hamilton County	871.2

Source: Hamilton County Injury Surveillance System

Table 38: Age-Adjusted Intentional Injury Mortality Rate, per 100,000	
	2010-2014
Lincoln Heights	68.2♦
Hamilton County	21.4

Source: Hamilton County Injury Surveillance System

Table 39: Age-Adjusted Drug Overdose Mortality Rate, per 100,000	
	2010-2014
Lincoln Heights	0.0
Hamilton County	24.9

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

Table 40: Age-Adjusted Drug Overdose Injury Rate, per 100,000	
	2010-2014
Lincoln Heights	404.9♦
Hamilton County	301.8

Source: Hamilton County Injury Surveillance System

Table 41: Percent of Motor Vehicle Crashes that were Drug Related	
	2010-2014
Lincoln Heights	10%♦
Hamilton County	1%

Source: Ohio Department of Public Safety, Crash Data Extracts

Table 42: Percent of Motor Vehicle Crashes that were Alcohol Related	
	2010-2014
Lincoln Heights	17%♦
Hamilton County	3%

Source: Ohio Department of Public Safety, Crash Data Extracts

Table 43: Child Injury Rate, per 1,000	
	2010-2014
Lincoln Heights	152.7
Hamilton County	117.3

Source: Hamilton County Injury Surveillance System

Table 44: Child Sports-Related Injury Rate, per 1,000	
	2010-2014
Lincoln Heights	16.3
Hamilton County	10.6

Source: Hamilton County Injury Surveillance System

Table 45: Child Dog Bite-Related Injury Rate, per 1,000	
	2010-2014
Lincoln Heights	3.0♦
Hamilton County	2.0

Source: Hamilton County Injury Surveillance System

Table 46: Age-Adjusted Fall-Related Injury Rate, per 100,000	
	2010-2014
Lincoln Heights	3,235.6
Hamilton County	2,942.37

Source: Hamilton County Injury Surveillance System

Table 47: Age-Adjusted Fall-Related Mortality Rate, per 100,000	
	2010-2014
Lincoln Heights	0.0
Hamilton County	0.8

Source: Hamilton County Injury Surveillance System

Table 48: Percent Uninsured		
		2012-2014
Lincoln Heights	Total Residents	24%
	Children	14%
Hamilton County	Total Residents	11%
	Children	5%

Source: U.S. Census Bureau/FactFinder, 2012-2014 American Community Survey 5-Year Estimates

Table 49: Age-Adjusted Mortality Rate, per 100,000	2010-2014
Lincoln Heights	997.3
Hamilton County	822.8

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

Table 50: Child Fatality Rate, per 10,000	2010-2014
Lincoln Heights	19.6♦
Hamilton County	7.7

Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System

Table 51: Age-Adjusted COPD Mortality Rate, per 100,000	2010-2014
Lincoln Heights	28.4♦
Hamilton County	44.8

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

Table 52: Age-Adjusted Heart Disease Mortality Rate, per 100,000	2010-2014
Lincoln Heights	489.6
Hamilton County	421.3

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

Table 53: Age-Adjusted Cancer Mortality Rate, per 100,000	2010-2014
Lincoln Heights	199.6
Hamilton County	181.1

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

Table 54: Age-Adjusted Diabetes Mortality Rate, per 100,000	2010-2014
Lincoln Heights	33.5♦
Hamilton County	27.1

Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System

Table 55: Age-Adjusted Lung Cancer Mortality Rate, per 100,000	2010-2014
Lincoln Heights	49.6♦
Hamilton County	53.03

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

Table 56: Age-Adjusted Lung Cancer Incidence Rate, per 100,000	2008-2012
Lincoln Heights	34.4♦
Hamilton County	76.18

Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System

Table 57: Age-Adjusted Liver Cancer Mortality Rate, per 100,000	2010-2014
Lincoln Heights	10.8♦
Hamilton County	5.96

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

Table 58: Age-Adjusted Liver Cancer Incidence Rate, per 100,000	2008-2012
Lincoln Heights	14.0♦
Hamilton County	6.58

Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System

Table 59: Age-Adjusted Oral Cancer Mortality Rate, per 100,000	2010-2014
Lincoln Heights	0.0♦
Hamilton County	2.12

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

Table 60: Age-Adjusted Oral Cancer Incidence Rate, per 100,000	2008-2012
Lincoln Heights	0.0♦
Hamilton County	9.29

Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System

Table 59: Age-Adjusted Female Breast Cancer Mortality Rate, per 100,000	2010-2014
Lincoln Heights	0.0♦
Hamilton County	13.85

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

Table 60: Age-Adjusted Female Breast Cancer Incidence Rate, per 100,000	2008-2012
Lincoln Heights	68.0♦
Hamilton County	71.30

Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System

Table 61: Age-Adjusted Colon & Rectal Cancer Mortality Rate, per 100,000	2010-2014
Lincoln Heights	42.3♦
Hamilton County	16.29

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

Table 62: Age-Adjusted Colon & Rectal Cancer Incidence Rate, per 100,000	2008-2012
Lincoln Heights	61.0♦
Hamilton County	41.90

Source: Ohio Department of Health, Ohio Cancer Incidence Surveillance System

Table 63: Number of Syphilis Cases, per 100,000	2010-2014
Lincoln Heights (2010-2014)	17.9♦
Hamilton County (2014)	14.5

Source: Ohio Department of Health, Ohio Disease Reporting System

Table 64: Number of Newly Diagnosed HIV Cases, per 100,000	2010-2014
Lincoln Heights (2010-2014)	18.3♦
Hamilton County (2014)	18.3

Source: Ohio Department of Health, Ohio Disease Reporting System

Table 65: Number of Hepatitis C Cases, per 100,000	2010-2014
Lincoln Heights (2010-2014)	133.9♦
Hamilton County (2014)	142.4

Source: Ohio Department of Health, Ohio Disease Reporting System

Table 66: Infant Mortality Rate, per 1,000	2010-2014
Lincoln Heights	12.0♦
Hamilton County	9.5

Source: Ohio Department of Health,Public Health Information Warehouse Death and Birth Data Set

Table 67: Percent of Residents with an Independent Living Difficulty	2012-2014
Lincoln Heights	10%
Hamilton County	6%

Source: U.S. Census Bureau/FactFinder, 2012-2014 American Community Survey 5-Year Estimates

Table 68: Average Life Expectancy in Years	2010-2014
Lincoln Heights	73.0
Hamilton County	76.9

Source: Ohio Department of Health,Public Health Information Warehouse Death Data Set

ASSET & OPPORTUNITY AUDIT PHOTOS

Serenity Park
Steffen Ave

Lincoln Heights Municipal Building
Steffen Ave

Lincoln Heights Health Center
Steffen Ave

Welcome Signs
Steffen Ave & Mangham Dr

Villas of the Valley
S. Legget Ct

Lincoln Heights Missionary Baptist Church South Campus
Wayne Ave

Lincoln Heights Basketball Court
Steffen Ave & Magee Ave

Lincoln Heights Elementary School
Adams Street

FREQUENTLY ASKED QUESTIONS

The following provides answers to some of the most frequently asked questions about the WeTHRIVE! Community Health Assessment.

How are you determining if someone lives in my community?

We have access to the address of every injury, death, birth and reported cases of notifiable cancer and infectious diseases. We geocode, or map out, each address to determine the exact location within Hamilton County to determine if that individual resides within your community.

What is a rate?

A rate is the measure of an outcome of interest (e.g., injury, death, etc.) over a specific time frame within your community.

Why is the rate per 100,000 residents?

In order to compare your community to Hamilton County, rates are typically standardized (e.g., per 100,000 residents) to allow them to be compared to other communities and geographic areas. It allows for a more "apples-to-apples" comparison.

What is a mortality rate?

A mortality rate is a specific type of rate that measures the number of deaths in your community's population over a specific time frame.

What is an incidence rate?

An incidence rate is a specific type of rate that measures the number of NEW cases of a disease within your community.

What are age-adjusted rates and why do we use them?

Age-adjusted rates are a specific type of rate that takes into account the age structure of your community to help get a better picture of how a certain disease or injury is affecting your community.

Age-adjusted rates are important to use because it allows us to compare your community with other areas that may be very different in terms of the age of their residents. This allows for an "apples-to-apples" comparison of your community with another area. For example, a community with more young residents is able to be compared to a community with more older residents.

Why are you indicating when a rate is based on less than 20 cases, and why is it a concern?

When a rate is based on a small number of cases (less than 20), it can be difficult to determine if there was a true change in the underlying risk for the disease/injury, or if it was due to random changes in the disease/injury. It is a concern because it is difficult to make assumptions about an entire community's problem when the incidence of the disease/injury is sporadic and/or infrequent.

Why is my community grouped with other communities using census tracts?

Certain indicators are only available at the census tract level. In order to perform the necessary calculations, the indicator groupings of the census tracts had to be done. The grouping of the census tracts was done by grouping census tracts that were in the same area.

What is racial residential segregation, why is it important and what does it mean?

Racial residential segregation is the degree to which two or more racial groups live separately from one another in a geographic area. Racial residential segregation is important because it can constrain the socioeconomic advancement of minority groups by limiting education quality and employment. Racial residential segregation is associated with unequal access to healthcare resources including healthcare settings and quality of treatment.

In this report racial residential segregation is calculated using non-Hispanic white and non-Hispanic black populations. When an area is highly segregated this means that whites live in white only census tracts and blacks live in black only census tracts. When an area is well integrated, white and black residents live in the same census tracts in nearly equal numbers. Areas that are moderately segregated means that there are census tracts in which both white and black residents live together in and census tracts in which only white residents live and census tracts in which only black residents live.

What is concentrated disadvantage and how is it calculated?

Concentrated disadvantage is an indicator that shows areas that are at an economic disadvantage. Communities that have higher levels of concentrated disadvantage oftentimes have less mutual trust and willingness among community members to intervene for the common good, often known as collective efficacy. Collective efficacy is a critical way that communities inhibit the perpetration of violence; children who live and grow in disadvantage areas are more likely to experience violence. Communities with high levels of concentrated disadvantage are also at an increased risk for higher rates of infant mortality.

Concentrated disadvantage is calculated using five indicators:

1. Percent of individuals living below the poverty line;
2. Percent of individuals on public assistance;
3. Percent of female-headed households;
4. Percent of the population who are unemployed;
5. Percent of the population who are less than 18 years of age

Concentrated disadvantage shows how the indicators interact with each other to influence the overall health of individuals living in a particular community.

What do you mean by educational attainment?

Educational attainment is the highest level of education that an individual has completed. For example, the percent of individuals who are less than a high school graduate means that those individuals did not finish and graduate from high school.

What is an asset and opportunity audit?

The asset and opportunity audit is when Hamilton County Public Health, health educators gathered information about your community using a variety of methods, including internet searches, data review, making visual observations while driving and walking and taking photographs to illustrate the story. The asset and opportunity audit focused on the physical environment, nutrition environment, air and water quality, housing, waste management, and emergency preparedness. Information gathered

as part of the asset and opportunity audit is used to provide a snapshot of existing risk and protective factors in your community, as well as to shape recommendations for interventions that can directly be tied back to your community. Assets and opportunities identified provide context on how the community's social, economic, and physical environment may impact its health, safety, and vitality.

How did you determine what was a park in my community?

A park was determined through an assets and opportunities audit of your community where our Health Educators went out into your community. Parks were classified if they had signs that indicated the open green space (area with grass and/or trees and plants), there were signs it was a park or contained a playground.

How did you determine if there was public transportation in my community?

Through an assets and opportunities audit of your community, our Health Educators went out into your community to find bus stops. If there were bus stops in your community, it was determined that there was public transportation in your community. If no bus stops were found in your community, it was determined that there was no public transportation in your community.

How did you know how many car accidents occurred in my community?

Access to crash data was obtained from the Ohio Department of Public Safety that contained community-level data.

Do motor vehicle injuries include those where a person was hit by a car?

No. Motor vehicle injuries are only those injuries where a person was inside the car, either as the driver or passenger, and was involved in a car accident. If a person is riding their bike and is hit by a car, it is classified as a bicycle-related injury. If the person was walking across the street and was hit by a car, it is classified as a pedestrian-related injury.

Why are you only reporting the number of people who died from a chronic disease and not how many people are living with the disease in my community?

Unfortunately, there is no way to determine the number of individuals living with a chronic disease such as diabetes or heart disease within your community. This is because there is no national, or state reporting database that will allow us to see how many people are currently living with the disease below a county level. Providing death information on chronic disease gives some insight into whether a chronic disease is a problem within your community. If your community has higher rates of death due to chronic diseases such as diabetes or heart disease, it can be expected that a community may have a large number of residents currently living with the chronic disease.

Is there a way to find rates for other types of cancer in my community?

Yes. The rates presented in this report are for the most frequently reported types of cancer, or cancer that can be associated with certain health behaviors. Rates for additional types of cancer may be available upon request.

What can I do to improve the health of my community?

There are many things you can do to improve the health of your community. Throughout the health assessment of your community, assets (areas of positive outcomes) and opportunities (areas for improvement) were identified. Recommendations on how to address the opportunities or elevate the assets in your community to better the health of residents are provided. Also be sure to join your WeTHRIVE! team to find additional ways you can help to improve the health of your community.

COMMON TERMINOLOGY

The following provides information on some of the terms used throughout the WeTHRIVE! Community Health Assessment.

4-Year Graduation Rate:
The 4-year graduation rate is the percentage of students who entered high school as a freshman and graduated in four years.

Age-Adjusted Mortality Rate:
An age-adjusted mortality rate is a type of mortality rate that has been statistically modified to eliminate the effect of different age distributions among different populations.

Bicycle-Related Injury:
Injury to a bicyclist from a collision, loss of control crash, or some other event involving a moving vehicle or pedestrian.

Cause-Specific Mortality Rate:
A cause-specific mortality rate is a rate calculated as the number of deaths attributed to a specific cause during a specified time period among a population, divided by the size of the population.

Census:
The census is a measurement of a population's demographics performed by the United States Census Bureau.

Concentrated Disadvantage:
Concentrated disadvantage is an indicator that shows areas/communities that are at an economic disadvantage.

Demographic Information:
Demographic information are the characteristics of a person or group (i.e., age, sex, race/ethnicity, residence, and occupation). Demographic information is used to characterize individuals or populations.

Educational Attainment:
Educational attainment is the highest level of education that an individual has completed.

Frequency:
A frequency is the amount or number of occurrences of an attribute or health outcome in a population.

Health Indicator:
A health indicator is any of a variety of measure (e.g., mortality rate) that indicates the state of health of a population.

High-Risk Group:

A high risk group is a group of persons whose risk for a particular disease, injury or other health condition is greater than that of the rest of their community or population.

Incidence:

Incidence is a measure of the frequency with which new cases of illness, injury, or other health condition occurs among a population during a specified period.

Incidence Rate:

An incidence rate is a measure of the frequency with which new cases of illness, injury, or other health conditions occur, expressed explicitly per a time frame, usually per 100,000 population.

Infant Mortality Rate:

An infant mortality rate is a type of mortality rate for infants, children less than one year of age, and is calculated as the number of infant deaths divided by the number of live births during the same period, and is expressed per 1,000 live births. An infant mortality rate is a universally accepted indicator of the health of a nation's population and adequacy of its health-care system.

Intentional Injury:

Intentional injury is a type of injury that is sustained due to knowingly inflicting harm to oneself or another individual.

Life Expectancy:

Life expectancy is a statistical projection of the average number of years a person of a given age is expected to live, if the current mortality rates continue to apply.

Mean:

The mean is also known as the average.

Median Household Income:

The amount of income that divides all income in a community into two equal groups, half having income above that amount, and half having income below that amount.

Mortality Rate:

A mortality rate is a measure of the frequency of occurrence of death among a defined population during a specified time interval.

Notifiable Disease:

A notifiable disease is a type of disease that, by law, must be reported to public health authorities upon diagnosis.

Pedestrian-Related Injury:

Injury to a person involved in a collision, where the person was not, at the time of the collision, riding in or on a motor vehicle, motorcycle, bicycle, or streetcar. This also includes individuals who were struck by cars, pick-up trucks, vans, buses and SUVs.

Per-Capita Income:

The average money income received in the past 12 months for every man, woman, and child in a geographic area. Per-capita income is more commonly known as income per person.

Population:

The population is the total number of inhabitants of a geographic area or the total number of persons in a particular group (e.g., the number of persons engaged in a certain occupation).

Prevalence:

Prevalence is the number or proportion of cases, events, or attributes among a given population.

Prevalence Rate:

A prevalence rate is the proportion of a population that has a particular disease, injury, other health condition, or attribute at a specified point in time, or during a specified period.

Racial Residential Segregation:

Racial residential segregation is the degree to which two or more racial groups live separately from one another in a geographic region.

Rate:

A rate is an expression of the relative frequency with which an event occurs among a defined population per unit of time, calculated as the number of new cases or deaths during a specified period per the population and/or the time period in which the population was at risk.

Risk Factor:

A risk factor is an aspect of personal behavior or lifestyle, an environmental exposure, or a hereditary characteristic that is associated with an increase in the occurrence of a particular disease, injury, or health condition.

Trend:

A trend is the movement or change in frequency over time, usually upward or downward.

Vital Statistics:

Vital statistics are data about recorded births and deaths.

REFERENCES

1. University of Arkansas, Division of Agriculture. (n.d). Understanding Demographics. Retrieved June 29, 2015, from https://www.uaex.edu/business-communities/Understanding%20Community%20Demographics.pdf
2. Centers for Disease Control and Prevention. (2012, August 24). Population Characteristics. Retrieved June 29, 2015, from http://ephtracking.cdc.gov/showPcMain.action
3. New South Wales Government, Department of Education. (2015). Understanding Racism. Retrieved November 20, 2015, from http://www.racismnoway.com.au/about-racism/understanding/culture-language-identity.html
4. Association of Maternal & Child Health Programs. (2013, January 1). Life Course Indicator: Racial Residential Segregation, by Community. Retrieved October 22, 2014, from http://www.amchp.org/programsandtopics/data-assessment/LifeCourseIndicatorDocuments/LC-16_Racial%20Residential%20Segregation_9-4-2014.pdf
5. Association of Maternal & Child Health Programs. (2013, January 1). Life Course Indicator: Concentrated Disadvantage. Retrieved October 22, 2014, from http://www.amchp.org/programsandtopics/data-assessment/LifeCourseIndicatorDocuments/LC-06_ConcentratedDisad_Final-4-24-2014.pdf
6. New Zealand Ministry of Education. (2010, February 1). Effects of Poverty, Hunger, and Homelessness on Children and Youth. Retrieved October 22, 2014, from http://www.educationcounts.govt.nz/indicators/main/education-and-learning-outcomes/1903
7. Centers for Disease Control and Prevention. (2012, May 16). Higher Education and Income Levels Key to Better Health, According to Annual Report on Nation's Health. Retrieved February 19, 205 from http://www.cdc.gov/media/releases/2012/p0516_higher_education.html
8. National Education Association. (n.d.) Early Childhood Education. Retrieved November 20, 2015, from: http://www.nea.org/home/18163.htm
9. Reynolds, A., Temple, J., Robertson, D., Mann, E. (2001, May 9). Long-term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest. The Journal of the American Medical Association. 285(18), 2339-2346. doi:10.1001/jama.285.18.2339. Retrieved November 23, 2015, from http://jama.jamanetwork.com/article.aspx?articleid=193816#RESULTS
10. National Education Association. (2008). An NEA Policy Brief: Early Childhood Education and School Readiness. Retrieved November 23, 2015, from http://www.nea.org/assets/docs/HE/mf_PB03_EarlyChildhood.pdf
11. Association of Maternal & Child Health Programs. (2013, January 1). Life Course Indicator: High School Graduation Rate. Retrieved October 22, 2014, from http://www.amchp.org/programsandtopics/data-assessment/LifeCourseIndicatorDocuments/LC-20_HS_gradrate_Final_3-26-2014.pdf

12. Partners for a Hunger-Free Oregon. (n.d.) Goal 1: Increase Economic Stability for People. Communities, and the State. Retrieved December 1, 2015, from https://oregonhunger.org/increase-economic-stability
13. Michael & Susan Dell Foundation. (n.d.). Family Economic Stability. Retrieved December 1, 2015, from http://www.msdf.org/programs/family-economic-stability/
14. World Health Organization. (2003, January 1). DAC Guidelines and Reference Series: Poverty and Health. Retrieved October 22, 2014, from http://www.who.int/tobacco/research/economics/publications/oecd_dac_pov_health.pdf
15. U.S. Department of Labor. (2015, April 2). Earnings and Unemployment Rates by Educational Attainment. Retrieved April 14, 2015, from http://www.bls.gov/emp/ep_chart_001.htm
16. Association of Maternal & Child Health Programs. (2013, January 1). Life Course Indicator: Unemployment. Retrieved October 22, 2014, from http://www.amchp.org/programsandtopics/data-assessment/LifeCourseIndicatorDocuments/LC-22_Unemployment_Final-11-6-2013.pdf
17. Robert Wood Johnson Foundation. (2013, March). Health Policy Snapshot: How Does Employment - or Unemployment - Affect Health?. Retrieved December 3, 2015, from http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf403360
18. American Academy of Pediatrics:: Healthy Children.org. (2015, November 21). Working Parents. Retrieved December 3, 2015, from https://www.healthychildren.org/English/family-life/work-play/Pages/Working-Parents.aspx
19. U.S. Census Bureau. (n.d.). Who Can Afford to Live in a Home?: A Look at Data From the 2006 American Community Survey. Retrieved December 4, 2015, from http://www.census.gov/housing/census/publications/who-can-afford.pdf
20. U.S. Department of Housing and Urban Development. (n.d.). Affordable Housing. Retrieved July 6, 2015, from http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/
21. U.S. Census Bureau. (n.d.). Per Capita Income. Retrieved December 4, 2015, from http://quickfacts.census.gov/qfd/meta/long_INC910213.htm
22. Berger. M., (n.d.). Kentucky's Per Capita Income: Catching Up to the Rest of the Country. Retrieved December 10, 2015, from http://cber.uky.edu/Downloads/berger97.htm
23. U.S. Census Bureau. (n.d.). Median Household Income. Retrieved December 10, 2015, from http://quickfacts.census.gov/qfd/meta/long_INC110213.htm
24. Rhode Island Health Care Matters. (n.d.). Median Household Income. Retrieved December 10, 2015, from http://www.rihealthcarematters.org/modules.php?op=modload&name=NS-Indicator&file=indicator&id=14094769
25. Hamilton County Job & Family Services. (n.d.). Cash Assistance. Retrieved December 29, 2015, from https://www.hcjfs.org/services/cash-assistance/
26. CLASP: Policy Solutions That Work for low-Income People. (2015, June). Child care Assistance: A Vital Support for Working Families. Retrieved January 6, 2016, from http://www.clasp.org/resources-and-publications/publication-1/CCDBG-Advocacy-Fact-Sheet.pdf

27. Hamilton County Job & Family Services. (n.d.) Child Care. Retrieved January 6, 2016, from https://www.hcjfs.org/services/child-care/

28. U.S. Department of Agriculture. (2016, January 7). National School Lunch Program. Retrieved January 7, 2016, from http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp

29. Roof, K., Oleru, Ngozi., (2008). Public Health: Seattle and King County's Push for the Built Environment. Journal of Environmental Health. 71(1). 24-27. Retrieved January 7, 2016, from http://www.cdc.gov/nceh/ehs/docs/jeh/2008/july-aug_w_case_studies/jeh_jul-aug_08_seattle.pdf

30. U.S. Department of Transportation, Federal Transit Administration. (n.d.). Alternative Transportation and Your Health. Retrieved January 7, 2016, from http://www.fta.dot.gov/14504.htm

31. The National Center for Review & Prevention of Child Deaths. (.n.d.). Motor Vehicle. Retrieved November 13, 2015, from https://www.childdeathreview.org/reporting/motor-vehicle/

32. Centers for Disease Control and Prevention. (2015, December 29). Injury Prevention & Control: Motor Vehicle Safety - Cost data and Prevention Policies. Retrieved January 7, 2016, from http://www.cdc.gov/motorvehiclesafety/costs/index.html

33. Centers for Disease Control and Prevention. (2007, March 17). Definitions for WISQARS Nonfatal Injury. Retrieved December, 28, 2015, from http://www.cdc.gov/ncipc/wisqars/nonfatal/definitions.htm#pedestrian

34. U.S. Department of Transportation, Federal Highway Administration. (n.d.). Pedestrian and Bicycle Information Center. Retrieved December, 28, 2015, from http://www.pedbikeinfo.org/data/factsheet_social.cfm

35. MacDonald, J. (2015, September). Community Design and Crime: The Impact of Housing and the Built Environment. Retrieved January 4, 2016, from http://www.jstor.org/stable/10.1086/681558?seq=1#page_scan_tab_contents

36. Curry, A., Latkin, C., Davey-Rothwell, M. (2009, July 1). Pathways to Depression: The Impact of Neighborhood Violent Crime on Inner-City Residents in Baltimore, Maryland, U.S.A. Social Science & Medicine. 67(1). 23-30. Retrieved January 4, 2016, from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2684449/

37. The Federal Bureau of Investigation. (n.d.). Violent Crime. Retrieved January 6, 2016, from https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2014/crime-in-the-u.s.-2014/offenses-known-to-law-enforcement/violent-crime

38. Centers for Disease Control and Prevention. (2014, December 24). Suicide: Consequences. Retrieved April 14, 2015, from http://www.cdc.gov/violenceprevention/suicide/consequences.html

39. Dannenberg, A., Frumkin, H. (2012, September 18). *Making Healthy Place: Designing and Building for Health, Well-being, and Sustainability,* Washington:Island Press.

40. Hembree, C., Galea, S. Ahern, J., Tracy, M., Markham Piper, T., Miller, J., Vlahov, D.k, Tardiff, KD. (2005). The Urban Built Environment and Overdose Mortality in New York City Neighborhoods. Health & Place 11(2005). 147-156. Retrieved January 6, 2016, from https://pubweb.bnl.gov/~frenkel/BTO/weill.pdf

41. Cummins, S., Jackson, R. (n.d.). The Built Environment and CHildren's Health. Retrieved January, 6, 2016, from http://www.cdc.gov/healthyplaces/articles/the_built_environment_and_children_health.pdf
42. Hamilton County Public Health. (2014, January 9). Sports-Related Injuries, 2004-2011. Retrieved January 6, 2016, from http://www.hamiltoncountyhealth.org/files/files/Reports/Sports_Related_Injury.pdf
43. National Institute of Arthritis and Musculoskeletal and Skin Diseases. (2013, November). Handout on Health: Sports Injuries. Retrieved January 6, 2016, from http://www.niams.nih.gov/Health_Info/Sports_Injuries/default.asp#ra_2
44. Hamilton County Public Health. (2015, September). Dog Bite-Related Injuries. Retrieved January 6, 2016 from http://www.hamiltoncountyhealth.org/files/files/Forms/EPI/Dog_Bite_Related_Injuries.pdf
45. Healthy People.gov. (.n.d). Access to Health Services. Retrieved January 7, 2016, from http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
46. PBS.org. (n.d.). The Uninsured. Retrieved October 22, 2014, from http://www.pbs.org/healthcarecrisis/uninsured.html
47. Centers for Disease Control and Prevention. (2011, April). Census Tract Level State Maps the Modified Retail Food Enviroinment Index (mRFEI). Retrieved May 26, 2015, from http://www.cdc.gov/obesity/downloads/childrensfoodenvironment.pdf
48. Centers for Disease Control and Prevention. (2015, March 1). Chronic Obstructive Pulmonary Disease (COPD). Retrieved January 7, 2016, from http://www.cdc.gov/copd/index.html
49. American Lung Association. (n.d.). How Serious is COPD. Retrieved January 7, 2016, from http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/copd/learn-about-copd/how-serious-is-copd.html
50. Centers for Disease Control and Prevention. (2009, November 16). About Heart Disease. Retrieved October 22, 2014, from http://www.cdc.gov/heartdisease/about.htm
51. Centers for Disease Control and Prevention. (2015, March 31). Basics About Diabetes. Retrieved January 7, 2016, from http://www.cdc.gov/diabetes/basics/diabetes.html
52. Centers for Disease Control and Prevention. (2015, September 30). Leading Causes of Death. Retrieved January 7, 2016 , from http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm
53. American Cancer Society. (n.d.). What Causes Cancer?. Retrieved April 13, 2015, from http://www.cancer.org/cancer/cancercauses/index
54. Centers for Disease Control and Prevention. (2016, January 18). Retrieved January 7, 2016, from http://www.cdc.gov/tobacco/campaign/tips/diseases/cancer.html
55. American Cancer Society. (n.d.). Alcohol Use and Cancer. Retrieved January 7, 2016 from http://www.cancer.org/cancer/cancercauses/dietandphysicalactivity/alcohol-use-and-cancer
56. American Cancer Society. (n.d.). What are the risks for breast cancer?. Retrieved January 7, 2016, from http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-risk-factors

57. Centers for Disease Control and Prevention. (2015, July 21). Retrieved January 7, 2016 from http://www.cdc.gov/cancer/dcpc/prevention/index.htm
58. Centers for Disease Control and Prevention (2015, November 12). Syphilis - CDC Fact Sheet.Retrieved January 7, 2016 from http://www.cdc.gov/std/syphilis/stdfact-syphilis.htm
59. Centers for Disease Control and Prevention. (n.d.). General HIV Information. Retrieved January 7, 2016, from https://wwwn.cdc.gov/hivrisk/what_is/what_is_hiv.html
60. Centers for Disease Control and Prevention. (n.d.). Can I get or transmit HIV from...?. Retrieved January 7, 2016, from https://wwwn.cdc.gov/hivrisk/transmit/
61. Centers for Disease Control and Prevention. (2015, May 31). Viral Hepatitis-Hepatitis C Information. Retrieved January 7, 2016 from http://www.cdc.gov/hepatitis/hcv/
62. Centers for Disease Control and Prevention. (2016. January 12). Infant Mortality. Retrieved January 7, 2016, from http://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm
63. United States Census Bureau. (2014, June 9). American Community Survey. Disability Methodology. Retrieved January 8, 2016 from https://www.census.gov/people/disability/methodology/acs.html
64. Government of Canada. (2010, January 11). Life Expectancy. Retrieved October 22, 2014 from http://www.statcan.gc.ca/pub/82-229-x/2009001/demo/lif-eng.htm
65. National Institutes of Health. (2011, October). Global Health and Aging: Living Longer. Retrieved April 14, 2015, from https://www.nia.nih.gov/research/publication/global-health-and-aging/living-longer

We THRIVE!℠

Community Wellness in Action℠

CONTACT US.

Address

250 William Howard Taft Road
2nd Floor
Cincinnati, Ohio 45219

Phone Number

(513) 946.7800

Fax Number

(513) 946.7890

Website

WatchUsThrive.org

Follow us on Social Media

@WatchUsThrive