



HEALTH EQUITY

in Hamilton County



**HAMILTON COUNTY
PUBLIC HEALTH**

PREVENT. PROMOTE. PROTECT.



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FOREWORD

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

-Centers for Disease Control and Prevention

A fair and just opportunity to attain a high level of health seems a reasonable aspiration for everyone. If only it were that simple.

What are the factors behind these disparities between racial groups? At Hamilton County Public Health, we have taken our second deep dive into some of the factors contributing to health disparity. Our previous Health Equity Report focused on “place” – that is, where you live having a profound effect on health outcomes.

This report focuses on the influences race has on health. While it is no secret that Blacks suffer disproportionately from a range of disease conditions, it is important to learn and identify these disparities if we are to move to attainment of our “highest level of health.”

Here in Ohio, Blacks have a lower life expectancy than Whites. This group is far more likely to die prematurely (prior to age 75) from heart disease or stroke. During the COVID-19 pandemic, many differences arose between races in terms of number of cases, vaccination uptake and access to care. The pandemic provided a real-time view of health disparities.

The pandemic also uncovered an opportunity to share the disparity message county-wide. In 2020, we had the opportunity to join with the Hamilton County Board of County Commissioners in calling racism a public health crisis. The statement began:

To our predominately Black communities, we know the pain is more than you can bear. We know that you have struggled with these issues

for generations. We hear you. We see you. We love you. And we stand with you. Hamilton County Public Health pledges to be an ally to our communities of color. We pledge to listen, learn, and do the work, even when it is uncomfortable.

This report tackles some of the “learning” that was promised in our declaration. As a public health agency, we are charged with studying health influences in the communities we serve. Our epidemiological functions are closely aligned with our commitment to diversity and inclusion. We are digging in to understand the influences surrounding inequities in health.

The influences are myriad and complex. There are no simple solutions. Achieving optimal health status for all will take a deep understanding, followed by carefully crafted remediation tactics to begin to chip away at these disparities. Public health can provide the data and help develop the roadmap to achieving equitable health solutions.

However, it will take time and many partners to undo generations of disparities. The work is detailed and critical. It will require changed mindsets and ultimately, a new look at our health institutions, practices and procedures.

Please read the data in this report with an open mind. Data-informed solutions hold the best chances for success. It is our job to provide the data. It will take all of us to interpret the data and then work together to incorporate learning into meaningful change.

Greg Kesterman
Hamilton County Health Commissioner



TECHNICAL NOTES

Data presented in this report are presented at a county level for Hamilton County. There are instances in which certain data are presented at a community or census tract group level. A map that shows the communities within Hamilton County can be found on page I of the Appendix.

DATA SOURCES/TIME FRAMES

Data presented in this report are presented over time to show trends over time and highlight disparities among groups, wherever possible. Trends over time may be presented during different periods of time based on the availability of the data indicators. Time periods are noted throughout the report. Data within this report were obtained from the following sources:

- U.S. Census Bureau/American Fact-Finder
- CDC Wonder
- Ohio Department of Health (ODH)

Death data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

Data tables for select data used in this report are presented in tables that can be found starting on page II of the Appendix.





HISTORIC
FINDLAY MARKET

EVENTS
OPEN 11AM-5PM WEDNESDAY-THURSDAY 11AM-4PM FRIDAY 11AM-4PM
FINDLAY MARKET
1000 1/2 N. 3RD ST. PITTSBURGH, PA 15206
412.261.1111

FINDLAY MARKET
PITTSBURGH, PA

CRAFT
BEER
FESTIVAL

OVER THE RHINE



WHAT IS HEALTH EQUITY?

Health equity is a term that is often used, however, there is often a common understanding of what health equity means that is lacking¹. The Robert Wood Johnson Foundation defines health equity as:

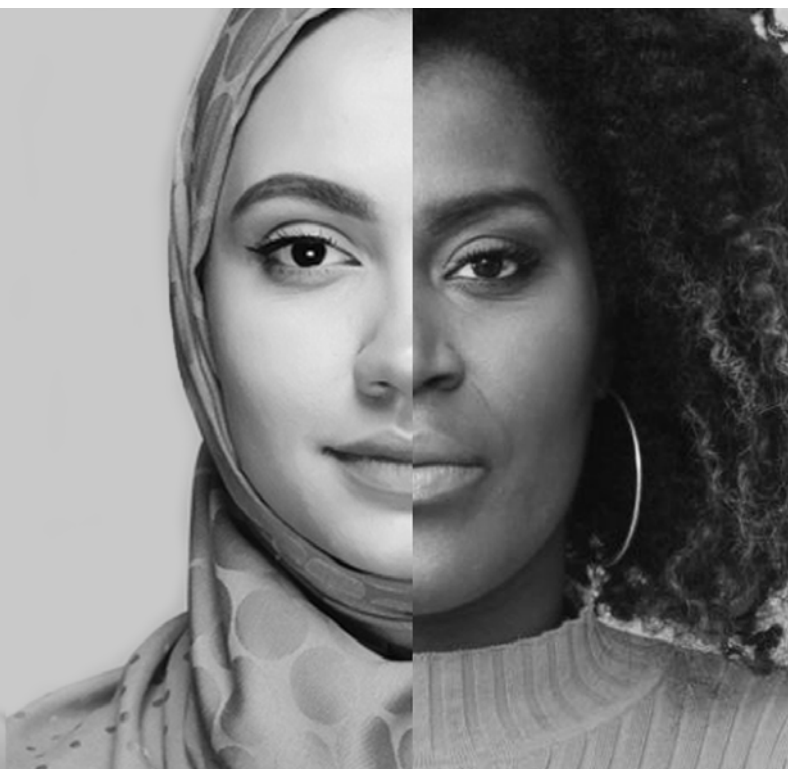
“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care².”

A basic principal and foundation of public health is that all people have the right to health³. Health means more than one's physical health. Health can refer to mental health status, well-being, social health, and economic health. The opportunity an individual has to be healthy can depend on various factors such as living or working conditions, and other resources that can either help or hinder an

individual's ability to be as healthy as they can².

We often look at what is known as the social determinants of health to measure an individual's opportunity to be healthy. Social determinants of health are “life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education, and health care, whose distribution across populations effectively determines length and quality of life³.”

In order to achieve health equity, actions need to be taken that increase opportunities for all individuals to be as healthy as they can. These actions include access to jobs with fair and equitable pay, high-quality education, safe physical and social environments, and access to affordable quality health care². While everyone should have the same access, it is important to focus on the communities who have often been excluded or marginalized and experience the highest health disparities.



“Health equity and health disparities are intimately related to each other. Health equity is the ethical and human rights principal that motivates us to eliminate health disparities in health or its key determinants (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity.”

-Robert Wood Johnson Foundation-

Health disparities and health equity go hand in hand. Health disparities are the differences in health or in key social determinants that have adversely affected marginalized or excluded groups². Often, most health disparities affect marginalized groups because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, where they live, or a combination of these³.

These marginalized or excluded groups often have suffered from discrimination, and are economically and/or socially disadvantaged². Suffering from discrimination, being economically or socially disadvantaged often causes individuals of marginalized groups to experience worse overall health. When health disparities are caused by the systematic and unjust distribution they are referred to as health inequities³. The impact of structural inequities often follows an individual from marginalized groups from “womb to tomb”⁴. Over time the structural inequities produce systemic

disadvantages that cause the social determinants of health to be experienced inequitably among groups, which ultimately impacts health outcomes, often adversely⁴.

Structural inequities are the “personal, interpersonal, institutional, and systemic drivers - such as racism, sexism, classism, ableism, xenophobia, and homophobia” that systematically disadvantage individuals from one group compared to another group⁴. It is the long term and modern inequities that have been created by “institutional and societal structures, policies, and norms” that have created the root causes of health inequities⁴.

To truly achieve health equity, it requires collaboration and coordination among many organizations. The excluded or marginalized groups also must be included in the planning and implementation². The planning and work needs to have a focus on addressing the root causes of the inequities that continue to cause worse health

outcomes in the groups². While equity should impact and benefit everyone in a community, programs should be targeted strategically to the excluded or marginalized groups, which will in turn create the greatest impact on their health.

Achievement of health equity and the reduction of health inequalities requires the tracking of health outcomes in excluded or marginalized groups². Measuring the disparities in health outcomes among the more and less advantaged groups, helps to document the trends over time of reaching greater health equity.

Work to advancing health equity allows us to improve the well-being of the excluded and marginalized individuals and communities throughout Hamilton County.



POPULATION TRENDS

Hamilton County, 2010-2019



COMMUNITY CONTEXT

In order to understand and effectively address health and health inequities, we have to understand the context in which the issues exist. Understanding the community context is the first, and one of the most important steps in effectively addressing health outcomes and health equity in a community. In this report, community context covers:

- Population trends
- Age
- Gender
- Race/ethnicity
- Foreign born
- Disability characteristics
- Residential racial segregation

Understanding the demographics of a community is important to program planning and program implementation⁶. Understanding the population helps to develop programs, and measure the health of a community. Characteristics of a population in a community can help determine the possible impact of health patterns and disease trends over time.

Hamilton County, located in the southwest corner of Ohio, is the third most populous county in Ohio. The demographics of the communities in Hamilton County are varied. Populations range from small villages with 745 to large cities with over 300,000 residents.

POPULATION CHARACTERISTICS

813,589

Hamilton County
Population, 2019

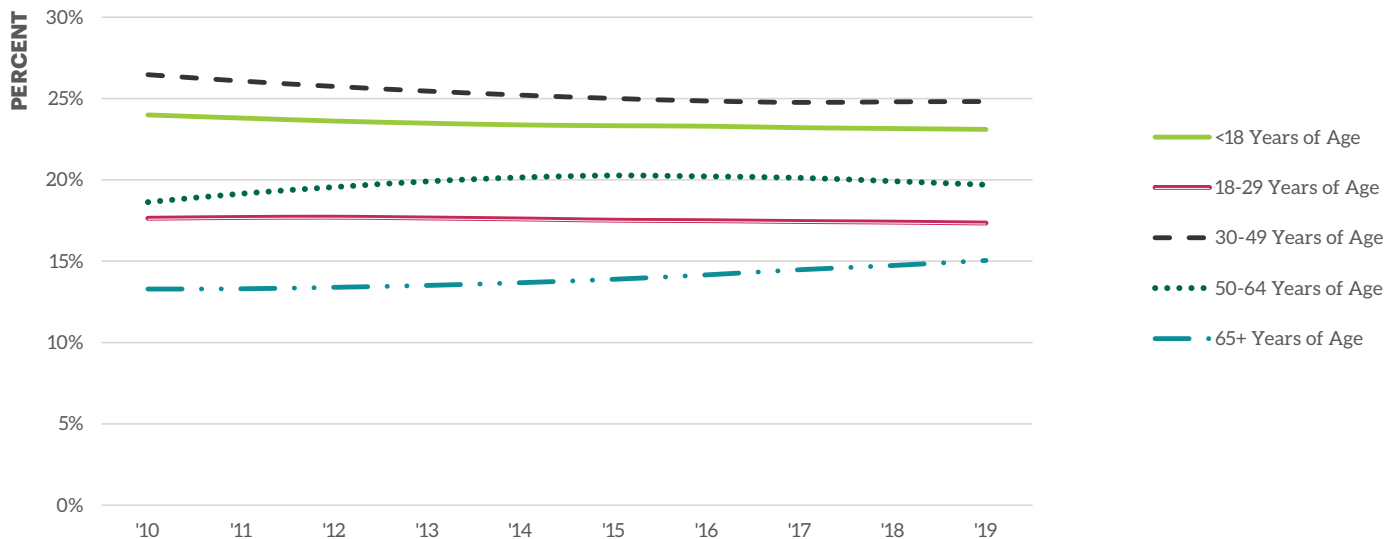
1.4%

Population
increase between
2010-2019

In 2019, 25% of Hamilton County's population was between 30-49 years of age.

POPULATION TRENDS BY AGE

Hamilton County, 2010-2019



Health inequities can be found in many groups. As we age, individuals become at an increased risk of poor health, along with having greater health care needs than their younger counterparts. Older individuals also experience disadvantages in accessing appropriate, affordable and quality health care⁶. While aging is impacted by our genes, it is also impacted by accumulated stress due to the exposure of external risks, such as poor diet, isolation and racism⁶.

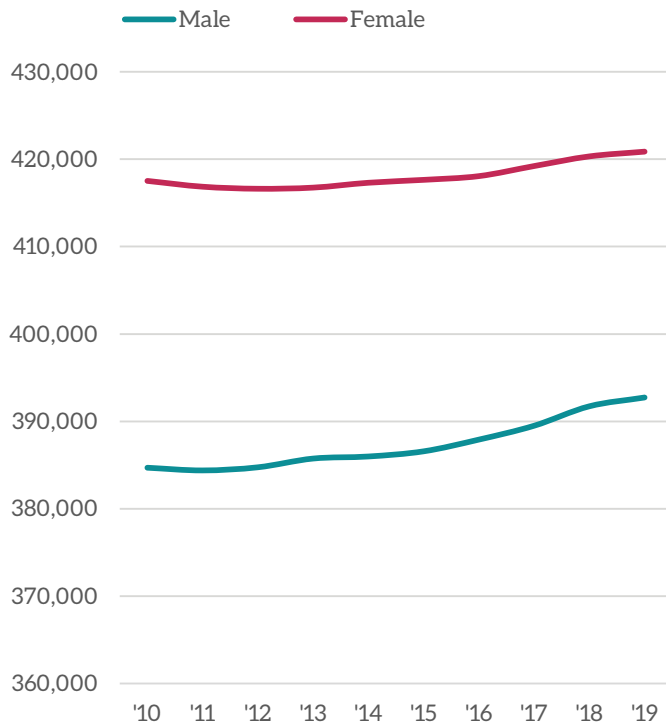
Aging brings its own unique disadvantages that individuals have to cope with, such as decreased physical and cognitive abilities/acuity, fixed income, and facing the myriad of health conditions and disorders that appear later in life⁷.

“Disparities in old age in health and other areas often reflect accumulated disadvantage, due to factors such as one’s location, gender and socio-economic status, as well as to ageist attitudes and practices and to lacking or inadequate laws and policies - or their enforcement - that provide for equality and the rights to health and social security.”

-The United Nations Department of Economic and Social Affairs-

POPULATION TRENDS BY GENDER

Hamilton County, 2010-2019

**392,738**Hamilton County Male
Population, 2019**2.1%** Male population
increase
2010-2019**420,851**Hamilton County female
Population, 2019**0.8%** Female population
increase
2010-2019

Inequities not only persist among racial groups, but also among genders. Gender inequality is the discrimination on the basis of sex or gender which causes one sex or gender to have privileges that the other doesn't⁸. These inequalities among gender accumulate over the life span, which impacts the health and well-being of males and females. "Within health care systems, unconscious gender bias - based on stereotypes - and sexism affect patient care⁹."



One of the fundamental drivers of racial and ethnic health inequities is racism. Racism itself is a system that consists of policies, practices and norms that, based on the color of a person's skin or the way they look, determines the opportunity that individual has¹⁰. There are many different types of racism that are present in society. Regardless of the type, racism negatively impacts the mental and physical health of people. The negative effects that culminate over the life of an individual often prevent them from being able to live a healthy life¹⁰.

The impact of centuries of racism on communities of color have been pervasive. The generations of structural and individual racism has caused people of color to be denied opportunities, and causes far too many people of color to die early due to preventable diseases¹¹. Often, people of color have higher risks of heart disease, diabetes, obesity, and stroke¹¹. Babies who are born to Black mothers, are also more likely to die within the first year of life compared to babies who are born to White mothers¹¹.

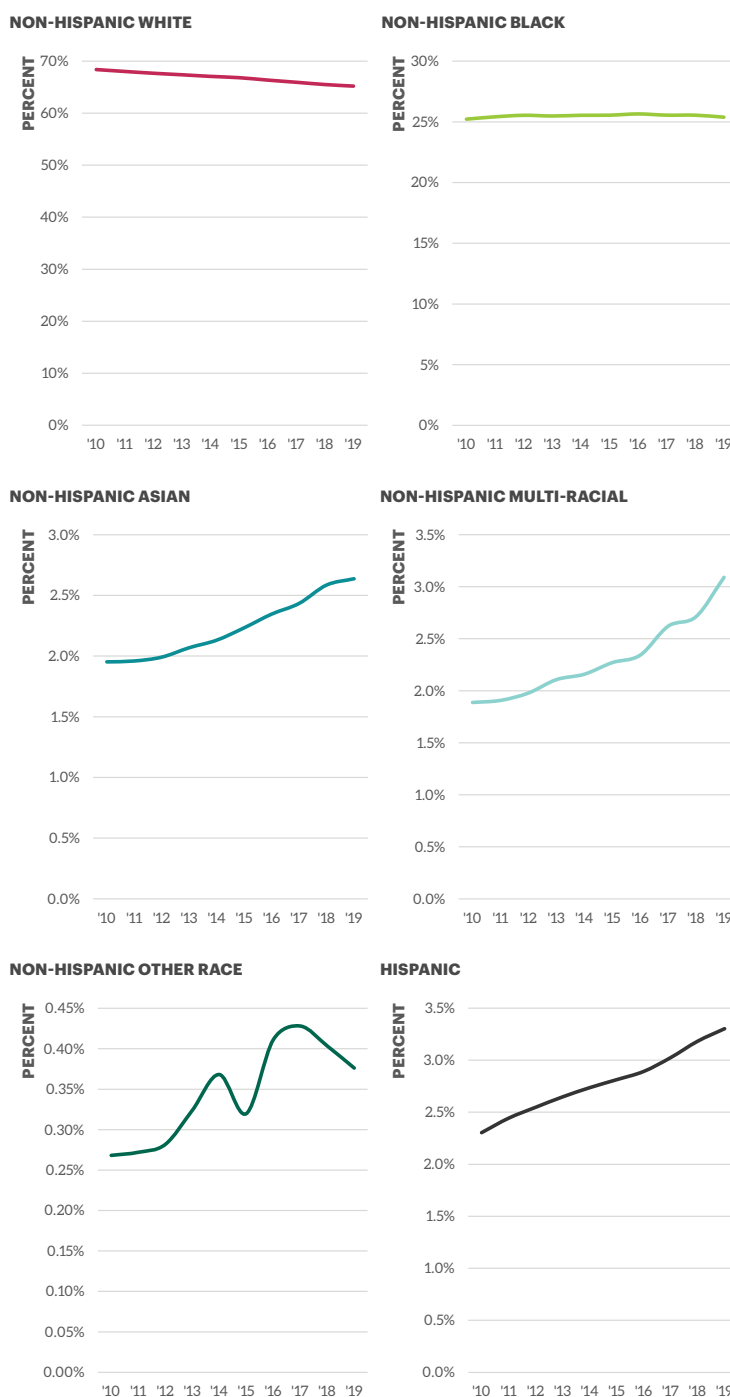
“These health inequities, and often the diseases themselves, stem in part from the stress of being silenced, ignored, oppressed, and targeted for violence.”

-Robert Wood Johnson Foundation-

These racial and ethnic disparities across a variety of health outcomes has persisted and continues to persist to this day. Racial residential segregation is one of the root causes of the racial inequities in health outcomes¹². Racial residential segregation is the degree to which two or more racial groups live separately from one another in a geographic area¹³. Racial residential segregation impacts the health outcomes of minority groups through multiple avenues including constraining the socioeconomic advancement of minority groups by limiting education quality and employment, as well as diminishing the benefits of home ownership because disadvantaged neighborhoods have lower school quality, fewer job opportunities, and diminished property values¹³. Racial residential segregation's

POPULATION TRENDS BY RACE/ETHNICITY

Hamilton County, 2010-2019



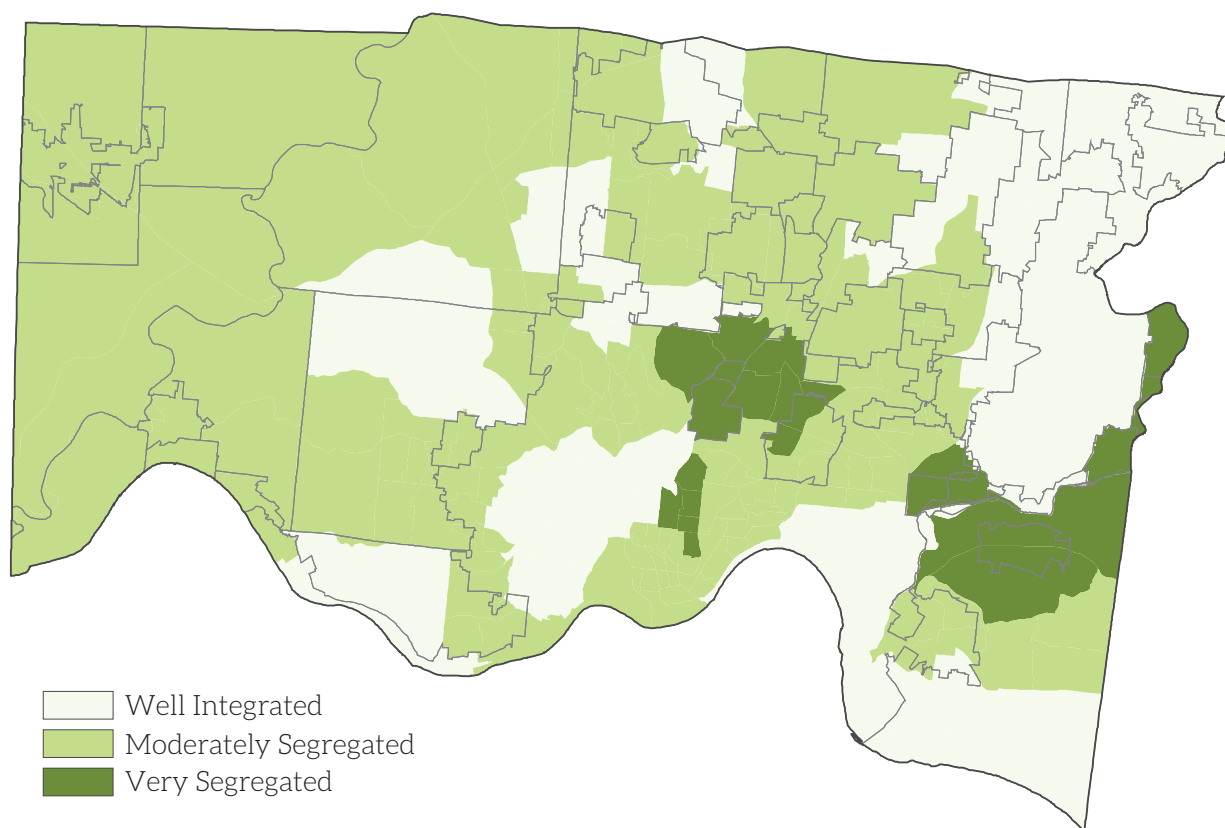
origins and persistence in the United States are rooted in the manifestation of discrimination and racism, which makes it a potential measure of institutional racism¹³.

Minority groups who experience racial residential segregation are also exposed to unfavorable neighborhood environments which include crime,

In 2019, 25% of Hamilton County's population was non-Hispanic black.

RACIAL RESIDENTIAL SEGREGATION*

Hamilton County, 2019



environmental hazards, inferior municipal services, and food deserts¹³. Exposure to neighborhood conditions affects the health and well-being of individuals of all ages. However, childhood exposure to disadvantaged neighborhood conditions are particularly harmful to overall health, as the cumulative effects of the exposure can continue into adulthood¹³.

Understanding and valuing cultural diversity in a community are key to countering racism and discrimination. Different racial and ethnic groups have different health challenges as well as different cultural norms around healthcare. These different cultural norms are important factors to consider when trying to find solutions to health challenges in a community.

***Note:** A dissimilarity index (DI) score was calculated to illustrate racial residential segregation between non-Hispanic Black and non-Hispanic White residents in Hamilton County. A DI score of <0.3 is considered well integrated. A DI score between 0.3 - 0.6 is considered moderately segregated, and a DI score above 0.6 is considered very segregated.



In 2019, 12% of Hamilton County's population were living with a disability.

Individuals with disabilities make up 12 percent of Hamilton County's population. People living with disabilities often face various challenges in obtaining health care and achieving optimal health¹⁴. When compared to people without disabilities, people living with disabilities are often:

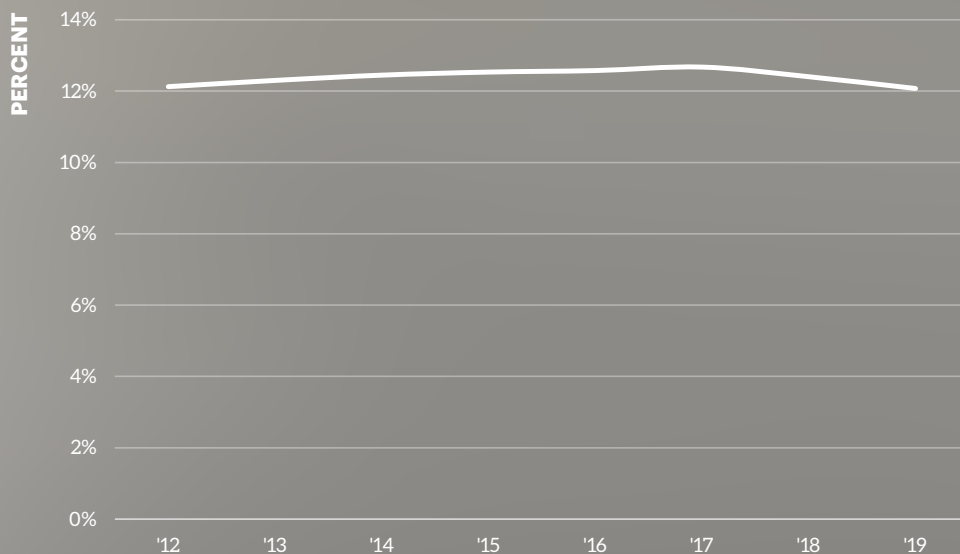
- Less likely to receive preventive care such as cancer screenings or routine dental checks;
- At a higher risk for poor health outcomes such as obesity or hypertension;
- More likely to participate in behaviors that are high risk to their health¹⁵.

These often cause people living with disabilities to experience health disparities. Health disparities are even more noticeable for people who are both living with disabilities and are people of color¹⁶.

Disabilities come in all forms; some are visible, while others are invisible. Disabilities can occur at any stage in an individual's life. Some individuals are born with a disability, such as Down's syndrome, while others develop a disability later in life. Conditions that cause an individual's disability can range from mild to severe, even among those with the same diagnosis¹⁵.

POPULATION TRENDS BY PEOPLE LIVING WITH A DISABILITY

Hamilton County, 2012-2019

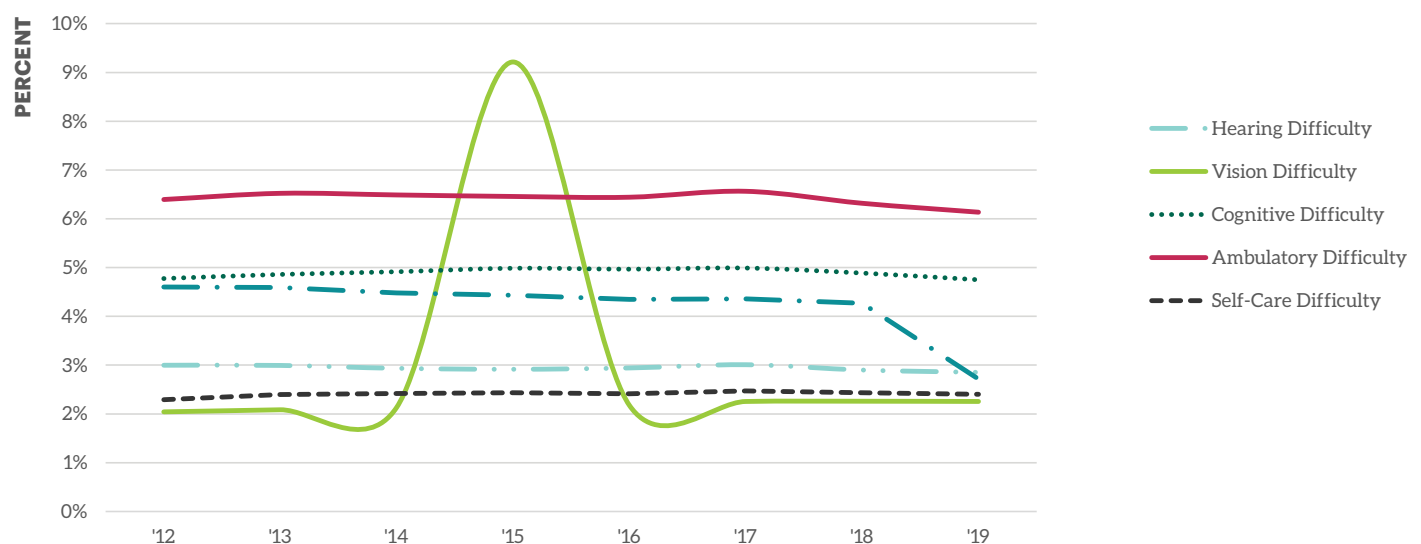


Accessing health care and visiting a primary care provider for individuals with disabilities can be harder than for people without disabilities¹⁷. Often exam rooms at health care offices do not have exam tables or chairs that are adjustable, or scales that are unable to accommodate wheelchairs¹⁷. Inadequate training among health care providers that ensure individuals with disabilities receive appropriate care only furthers the health inequities and disparities people with disabilities experience¹⁷.

Historically, people with disabilities were often overlooked in public health surveys, and reports which makes highlighting health disparities for people with disabilities difficult¹⁵. Healthy People 2020 and the recently released Healthy People 2030 objectives contain strategies to increase the public health surveillance of people with disabilities to better highlight health inequities and health disparities¹⁸.

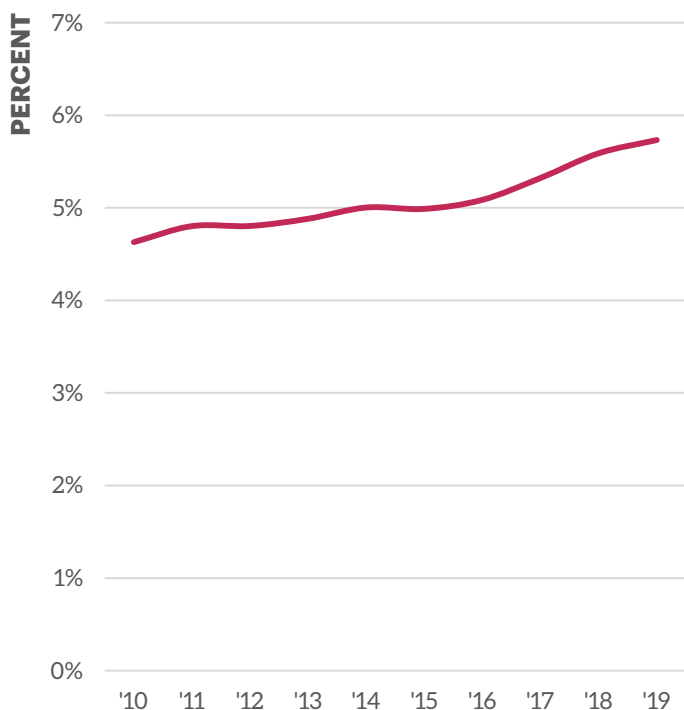
POPULATION TRENDS BY TYPE OF DISABILITY

Hamilton County, 2012-2019



POPULATION TRENDS BY FOREIGN BORN

Hamilton County, 2010-2019



Foreign born refers to an individual “who is not a U.S. citizen at birth, including those who become U.S. citizens through naturalization¹⁹” such as immigrants and refugees. There are disparities within access to health care, which subsequently impacts the health of an individual, between foreign born and native-born individuals²⁰. There are many reasons for these disparities, such as fear of deportation, language proficiency, and the lack of culturally appropriate and sensitive health information²⁰.

The fear of deportation contributes to the toxic stress that foreign born individuals may experience. The toxic stress experienced has lasting effects on an individual’s long-term physical and mental health²¹. The fear of deportation also has an impact on the usage of other non-medical services that are key to long-term improved health, such as food assistance programs²¹.



HOUSEHOLD INCOME TRENDS

Hamilton County, 2010-2019

**ECONOMIC WELL-BEING**

The economic well-being of individuals within a community can have a lasting impact on the overall health of that community. Economic well-being is defined as “having present and future financial security²².” An individual who has present financial security means that they have the financial ability to afford their everyday basic needs, which include food, housing, health care, transportation²². An individual who has future financial security means that they have the financial ability to pay for large financial surprises that arise, such as medical bills or car repairs, can build financial goals and maintain an adequate income throughout their life²².

In this report, economic well-being covers:

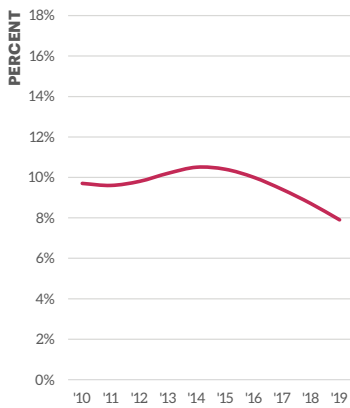
- Income trends
- Poverty trends
- Childhood poverty
- Unemployment
- Public assistance
- Rental/owner home
- Housing cost burden
- Concentrated disadvantage
- Social vulnerability index

ECONOMIC CHARACTERISTICS**\$83,247**Average Hamilton County
Household Income, 2019**21%** Average
household income
increase between
2010-2019

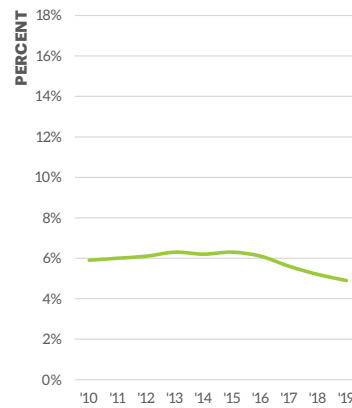
INCOME TRENDS BY LEVEL OF INCOME

Hamilton County, 2010-2019

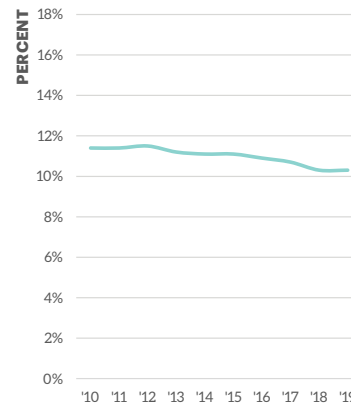
LESS THAN \$10,000 A YEAR



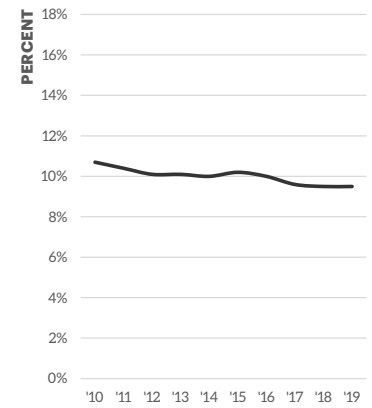
\$10,000 - \$14,999 A YEAR



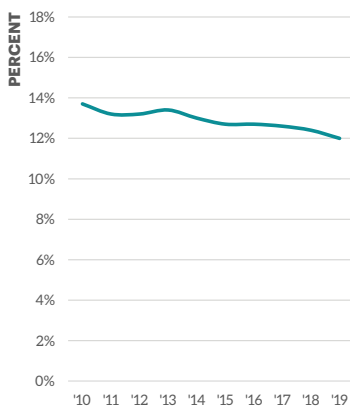
\$15,000 - \$24,999 A YEAR



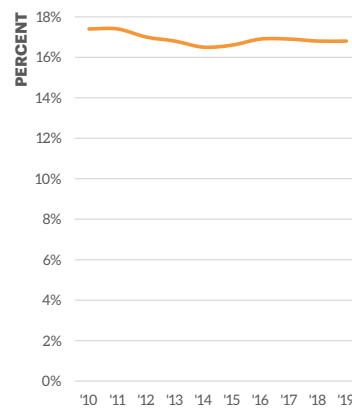
\$25,000 - \$34,999 A YEAR



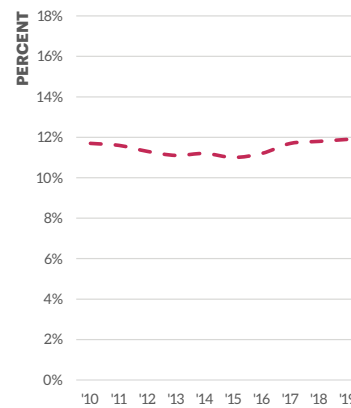
\$35,000 - \$49,999 A YEAR



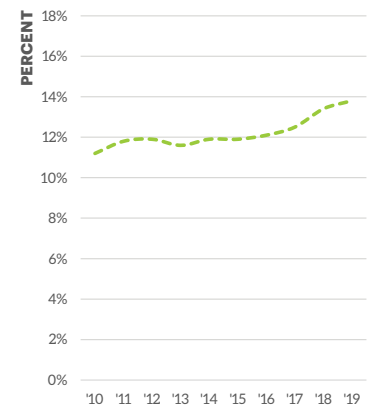
\$50,000 - \$74,999 A YEAR



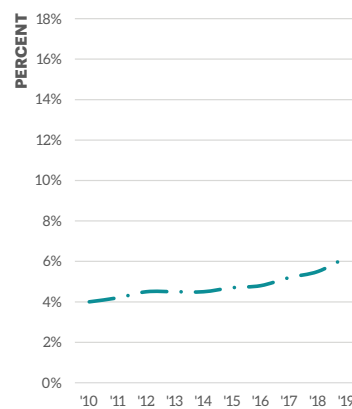
\$75,000 - \$99,999 A YEAR



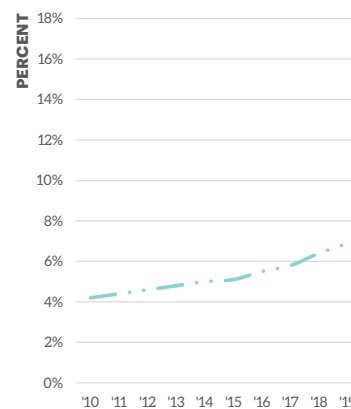
\$100,000 - \$149,999 A YEAR



\$150,000 - \$199,999 A YEAR



\$200,000 OR MORE A YEAR



Income is defined as “any item an individual receives in cash or in-kind that can be used to meet his or her need for food or shelter²³.” When income is unevenly distributed among groups, whether intentional or unintentional, income gaps or income inequality is created.

The health of an individual has been shown to be strongly influenced by income. Individuals with low levels of income often face many barriers to

accessing needed health care. Individuals with low levels of income are often less likely to have health insurance, which can lead to postponing needed treatments²⁴. Income inequality has also been shown to adversely impact life expectancy, infant mortality, mental health, obesity, drug and alcohol addiction²⁵.

Individuals who have higher levels of income and economic resources are able to purchase homes

50%**Lower average income
among Black residents** than
White residents in 2019**47%****Lower average income
among Hispanic residents**
than White residents in 2019**65%****Lower average income
among Multi Racial residents**
than White residents in 2019

that are free from hazards such as lead and mold, and are in safe neighborhoods with low rates of crime and violence²⁶.

Income inequalities are also influenced by race and ethnicity. Compared to their White counterparts, Black individuals continue to have lower levels of income and shorter life expectancies²⁴. These inequities between racial and ethnic groups are rooted in a sordid past of practices and policies that were explicitly discriminatory and intentionally developed into policies and laws²⁶. Inequities in income and wealth still persist to this day among racial and ethnic groups because of the “deeply rooted, unfair systems that continue to operate²⁶.” Racial residential segregation, as highlighted earlier, is one of these systems that continues to play a role in income and wealth inequities.

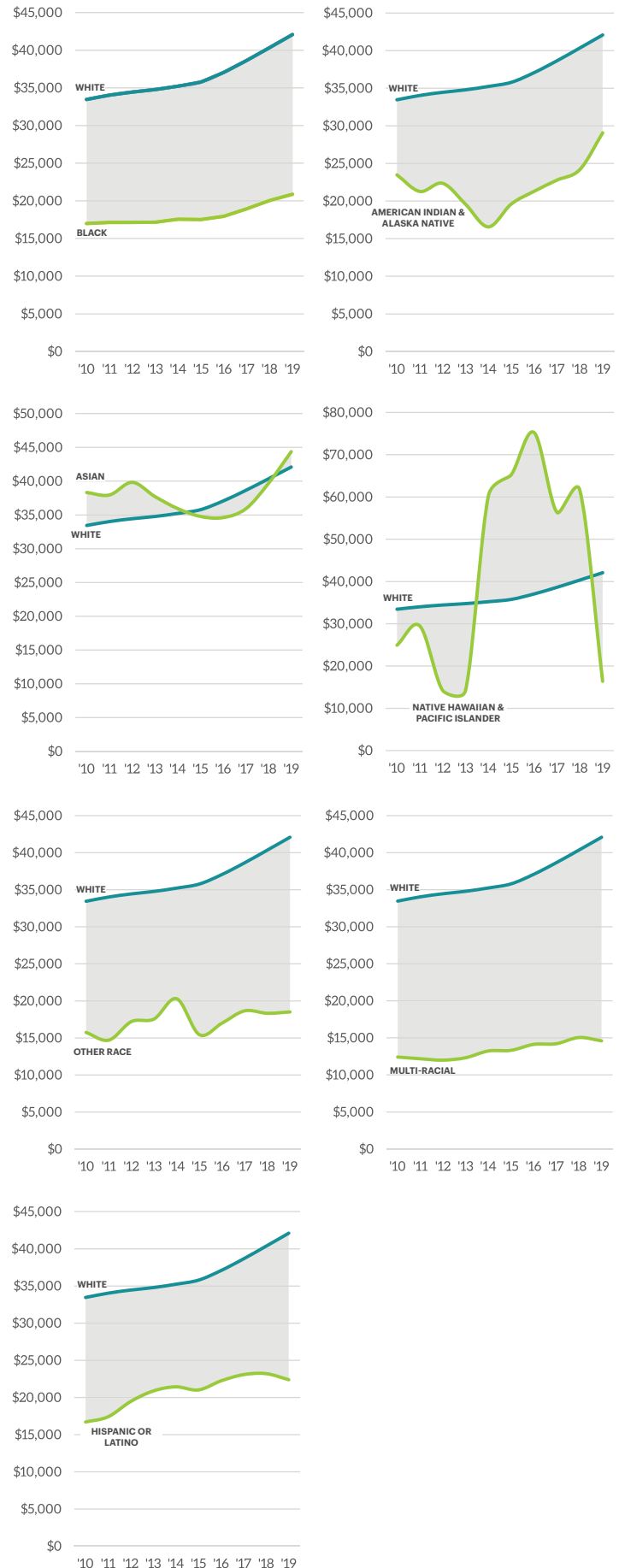
***“Building wealth where opportunities
have been historically limited is essential
for advancing health equity.”***

-Robert Wood Johnson Foundation-

Communities that are segregated are more likely to have a higher percentage of residents living in poverty, and contain limited opportunities for residents. This is because these communities often lack access to high quality schools and jobs. Income inequality can be measured at a community and county level through the use of the Gini Index or Gini coefficient.

AVERAGE INCOME BY RACE

Hamilton County, 2010-2019



INCOME INEQUALITY - GINI INDEX

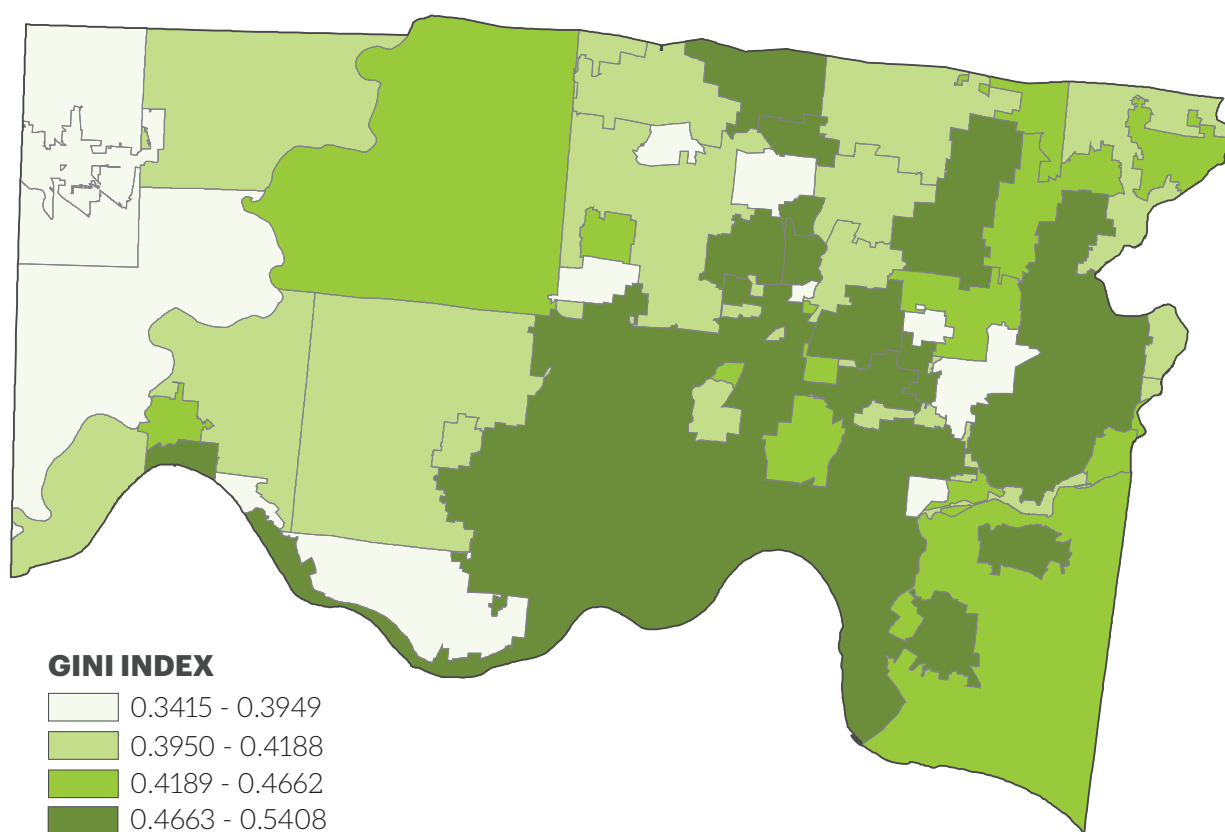
Hamilton County, 2010-2019



Income inequality in Hamilton County increased 1.6% from 2010 to 2019.

INCOME INEQUALITY - GINI INDEX

Hamilton County, 2019



The Gini Index is a summary of multiple indicators that measure income inequality in a community. The Gini Index is a measure of income across a population. The Gini Index is based on the difference between what is known as the Lorenze curve (the observed cumulative income distribution) and the idea of a perfectly income distribution²⁷.

The Gini Index ranges from zero to one. A Gini Index of zero means that the community has perfect equality, where everyone receives an equal amount of income. A Gini Index of one means that the community has perfect inequality, where only one group receives all or majority of the income²⁷. A higher Gini Index means that individuals who have higher levels of income receive a much larger percentage of the total income.



In 2019, 23% of Hamilton County children were living in poverty.

Poverty is a complex social determinant of health whose effects can have longstanding negative impacts on a family²⁸. Those living in poverty often have poor health, high levels of disease and disability, and limited access to healthcare. This is because those living in poverty often cannot afford to purchase health insurance, medications or treatment/care for health conditions²⁴.

Poor health, can also cause an individual to experience poverty²⁹. Individuals who seek out health care when sick may include out of pocket costs, high costs for medications²⁹. 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.

Those who are living in neighborhoods with higher levels of poverty experience an increased risk for mental health illnesses, chronic diseases, higher rates of mortality and lower overall life expectancy³⁰. The risk for chronic conditions such as diabetes and heart disease are higher in those who are

2019 FEDERAL POVERTY LEVELS

\$12,490

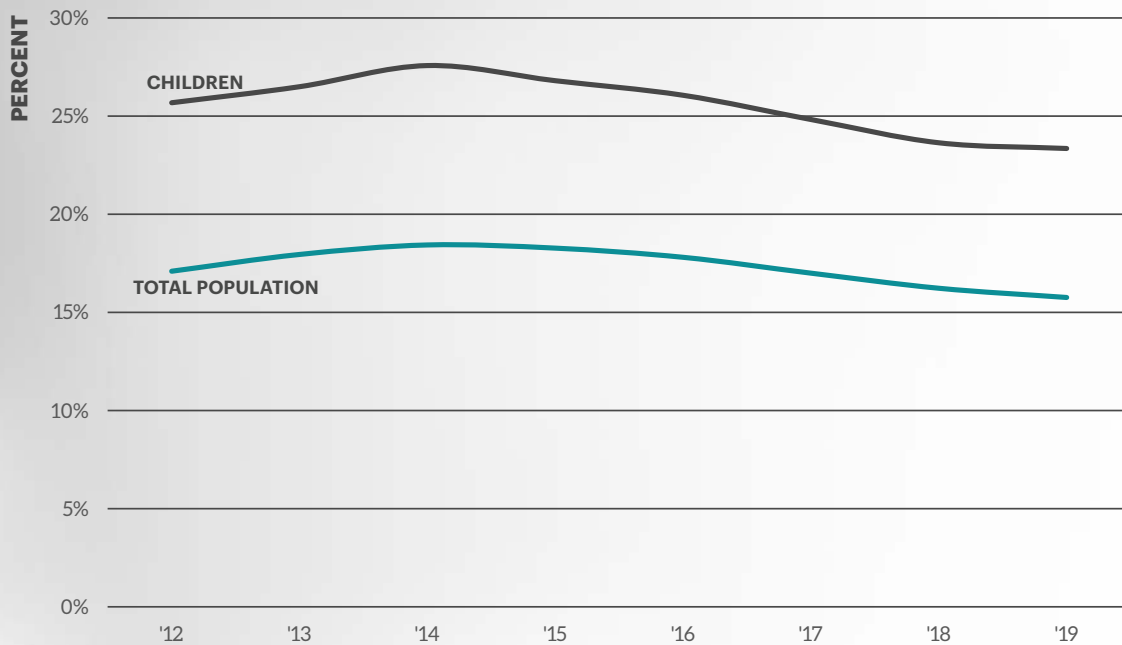
2019 poverty level
for individuals in the
United States

\$25,750

2019 poverty level for
a family of four in the
United States

POVERTY TRENDS

Hamilton County, 2012-2019

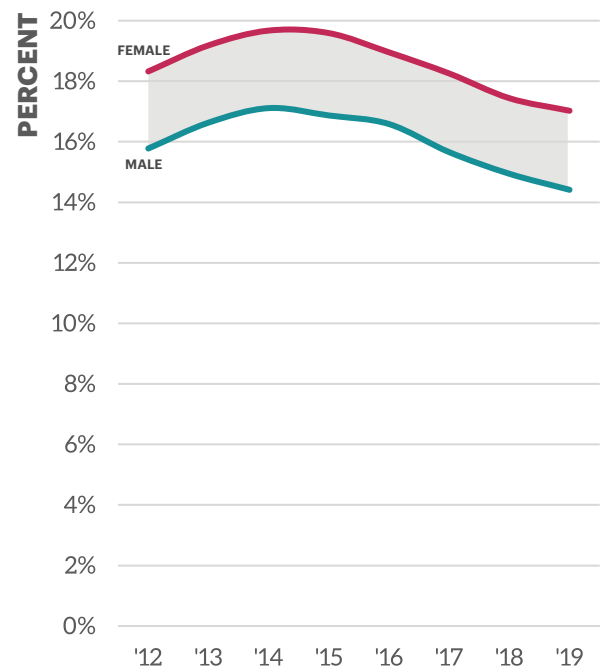


living in poverty³⁰. When poverty is experienced during childhood, it often sets up individuals on a trajectory of being exposed to higher rates of intra- and inter-personal physical, emotional, and mental stress, poor health behaviors, and unequal access to support systems that accumulate over the course of their life³¹.

When compared to their male counterparts, women face a higher risk of living in poverty³². Often women are paid less than their male counterparts when working the same amount of hours, even though they have the same qualifications³². Women are often pushed towards jobs that are considered to be “pink-collar” or occupations that are dominated by females³². These are jobs such as child care, cleaning, waitressing, teaching that usually pay less than occupations that are dominated by males³².

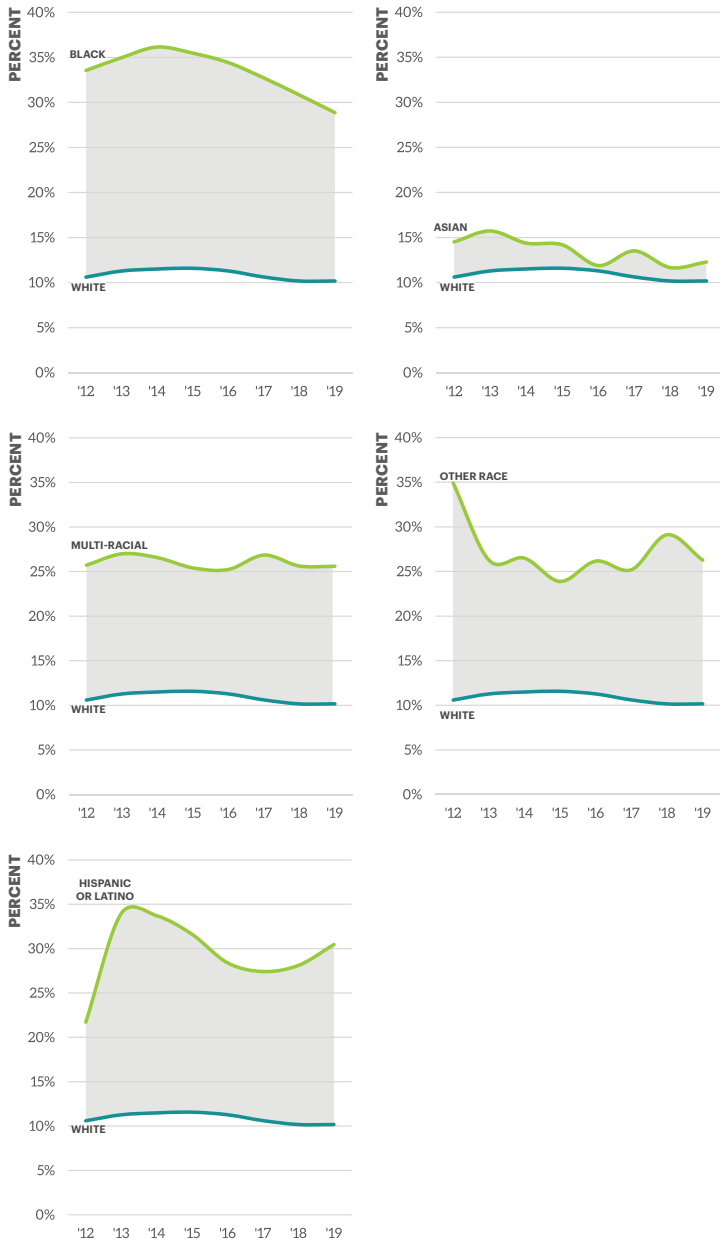
POVERTY TRENDS BY GENDER

Hamilton County, 2012-2019



POVERTY TRENDS RACE

Hamilton County, 2012-2019



184% Higher poverty rates among Black residents than White residents in 2019

200% Higher poverty rates among Hispanic residents than White residents in 2019

152% Higher poverty rates among Multi Racial residents than White residents in 2019

“Parents who are stuck in a cycle of intergenerational poverty due to their economic and social circumstances are unfortunately doomed to pass those circumstances on to their children.”

-Tricia Young, JD, DePaul University-

This concept of not being able to pass on advantages to future generations is commonly known as intergenerational poverty³⁶. Intergenerational poverty often creates the cycle of poverty, in which children who grow up in families living in poverty are more likely to remain in poverty as they enter adulthood³⁷. Approximately one-fourth of Black adults who had parents who were living in poverty were able to “make it” to middle class status, while there are two times more White adults who had parents that were living in poverty were able to “make it” to middle class status³⁶.

This cycle of poverty, and limiting of Black family’s ability to create wealth has its roots in historically racist policies, such as redlining and Jim Crow segregation laws³⁹. It is this history of poverty, and the increased risk for poor health outcomes and access to high quality care that is passed on to future generations³⁶.

Disparities in poverty among races are a result of disadvantages that have accumulated over time³³. In the United States, the wealth of Black families is on average approximately one-twentieth of their White counterparts³⁴. Having less wealth, and living in poverty, provides individuals fewer opportunities for upward mobility and fewer chances to pass on the wealth to future generations³⁵.



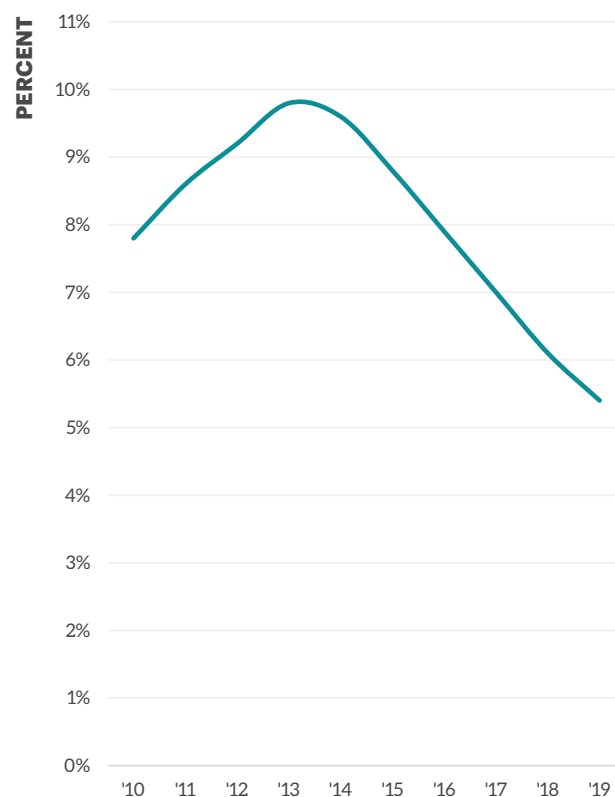
Being unemployed can cause ripples through an individual's life along with those dependent on the individual. When an individual is unemployed, it can put increased stress on their financial situation. This can lead to the individual being unable to afford health insurance, causing them to become uninsured. Long-term unemployment or even brief periods of unemployment can impact the economic experiences of individuals and families³⁹.

When an individual experiences unemployment, it can cause them to have reduced material and psychosocial resources for not only themselves, but also their family³⁹. These resources include access to health care and financial resources. When an individual is uninsured, or unable to access affordable health care, they may forgo preventable care and obtaining the necessary care they may need.

Unemployment has been found to be linked with many adverse health outcomes³⁹. Adverse health outcomes and conditions that stem from unemployment occur from multiple sources. This includes the lack of resources, social isolation, and loss of self-esteem³⁹.

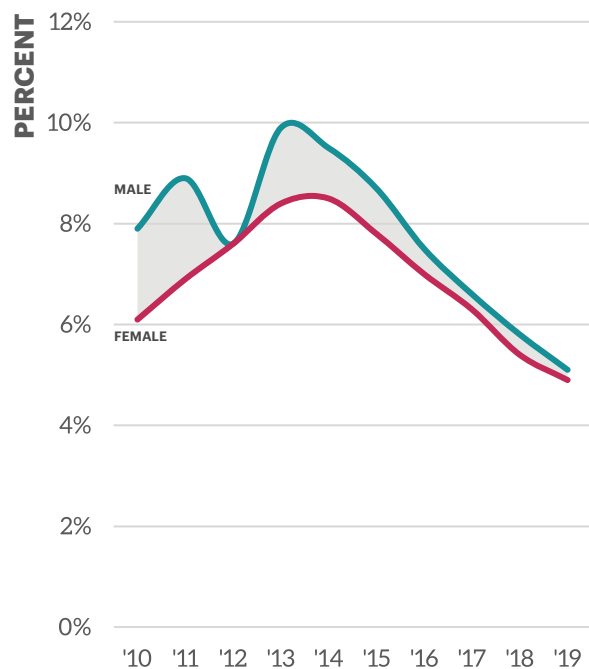
UNEMPLOYMENT TRENDS

Hamilton County, 2010-2019



UNEMPLOYMENT TRENDS BY GENDER

Hamilton County, 2010-2019



This decrease in the overall satisfaction that unemployment can cause an individual to experience can also increase insecurities about their future, subsequently impacting their emotional and mental health³⁹.

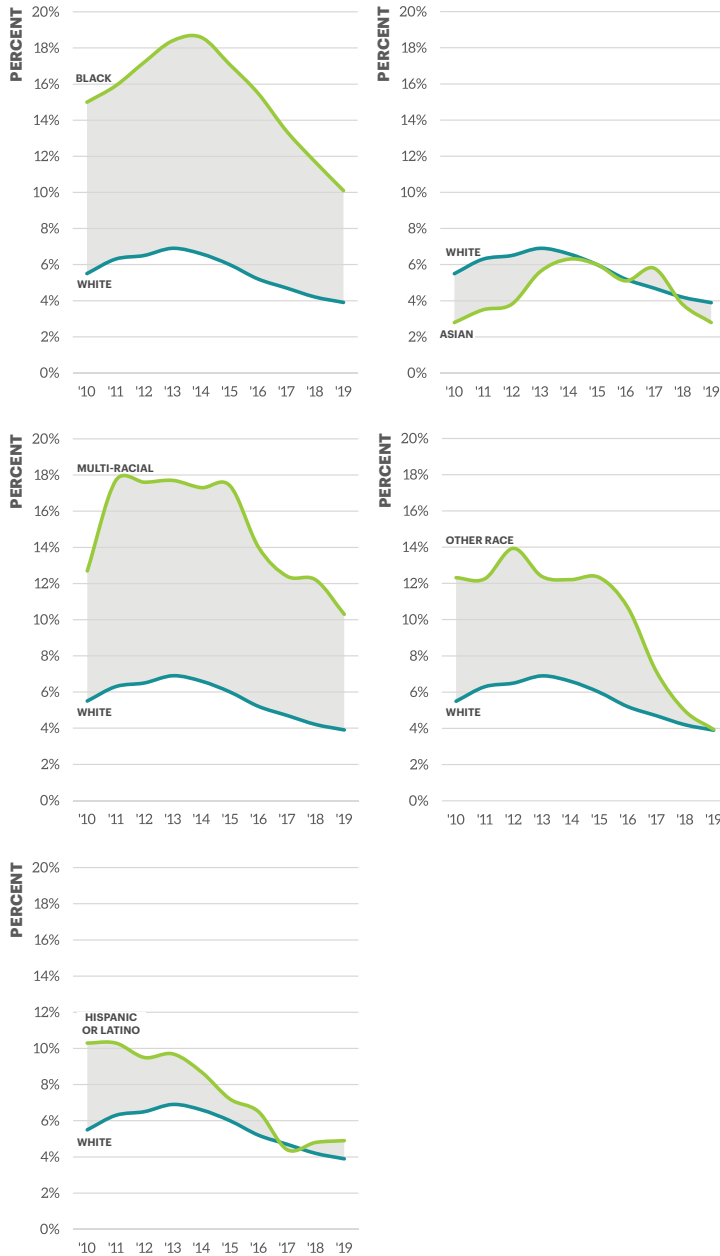
Unemployment can also impact an individual's physical health. Individuals who are unemployed are at an increased risk for acute myocardial infarction, early stroke, cardiovascular disease, and early death³⁹.

The health and well-being of children can be impacted by the unemployment of their parents. The unemployment of a child's parent has been found to increase the risk of a child experiencing abuse³⁹. Children can also experience lower self-esteem, and increase self-destructive behavior as the child reaches adolescence when their parent(s) are unemployed³⁹. Unemployment of women, particularly mothers, has been found to increase the risk of their children to have an increased BMI³⁹. The risk of a preterm birth also increases when both parents are unemployed³⁹.



UNEMPLOYMENT TRENDS BY RACE

Hamilton County, 2010-2019



Inequities among unemployment rates have been witnessed for decades. In the United States, the unemployment rate for Blacks is nearly double that of their White counterparts⁴⁰. Historic, and often

159%

Higher unemployment rates among Black residents than White residents in 2019

164%

Higher unemployment rates among Multi Racial residents than White residents in 2019

intentional restrictions, have excluded African Americans from many opportunities that allow an individual to gain wealth⁴¹. One role in disparities in unemployment is mass incarceration. After an arrest, African Americans are more likely to be incarcerated compared to their White counterparts⁴¹. Individuals who have been incarcerated experience difficulties in gaining unemployment or finding employer who will hire an individual who was formerly incarcerated⁴¹.

Individuals who experience long-term unemployment are often caught in a cycle of unemployment⁴². The longer an individual is unemployed, the harder it becomes for them to find a job, which only furthers the length of time they are unemployed⁴². The longer an individual is unemployed, the likelihood of experiencing and living in poverty increases. Living in poverty makes it difficult for individuals to afford transportation to a job interview, and if they were able to obtain employment, poverty makes it difficult to pay for child care⁴².

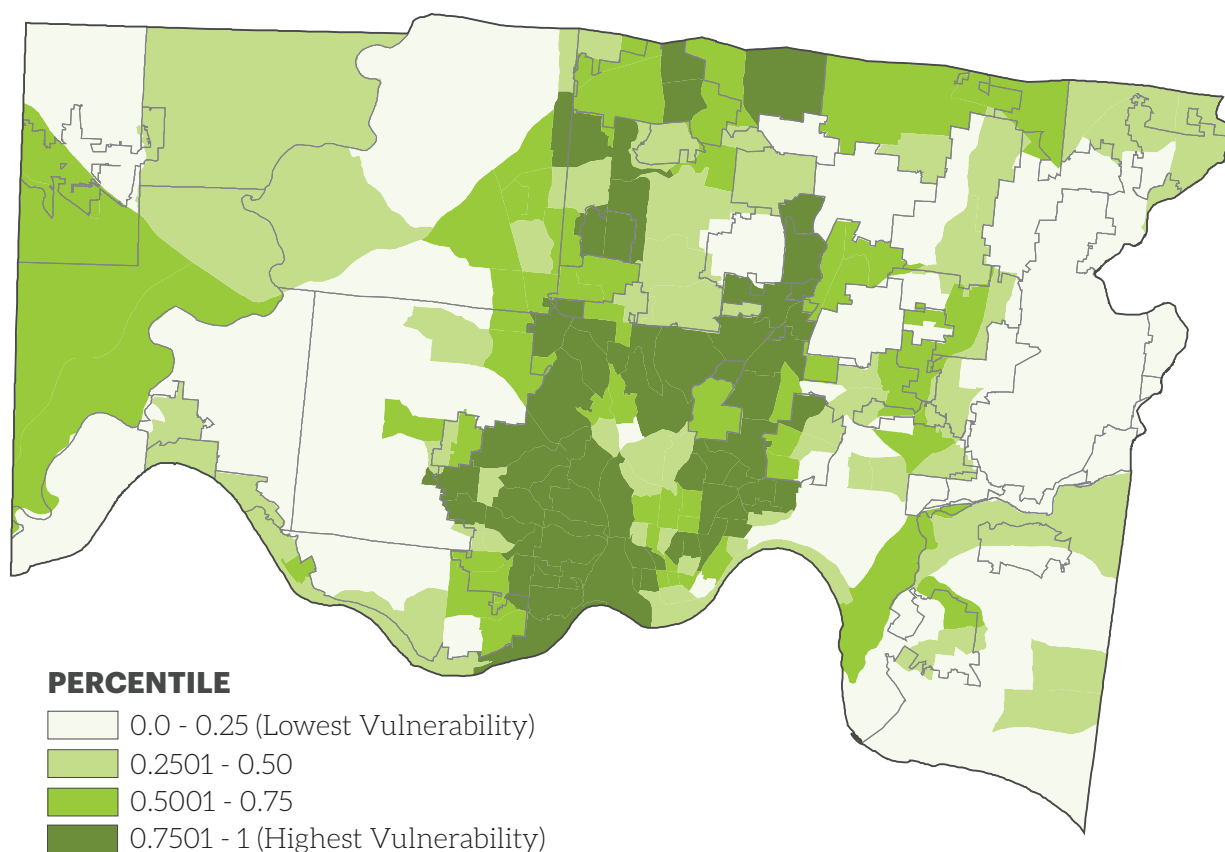
“Depreciation of human capital increases as time passes, meaning the potential wages the unemployed can earn on finding a new job and even the chances of finding a job decrease the longer they are out of work.”

-The Urban Institute-

In 2019, 44% of those unemployed in Hamilton County were Black residents.

SOCIAL VULNERABILITY INDEX

Hamilton County, 2018



Social vulnerability of a community refers to the negative effects that are caused by external stresses on the health of residents of a community⁴³. Populations that are socially vulnerable are at an increased risk for poor health outcomes or increased assistance during a public health crisis due to many factors such as socioeconomic status, household composition, transportation, etc⁴⁴. Populations who are socially vulnerable are populations such as individuals with disabilities, elderly, and individuals with limited English proficiency⁴⁴.

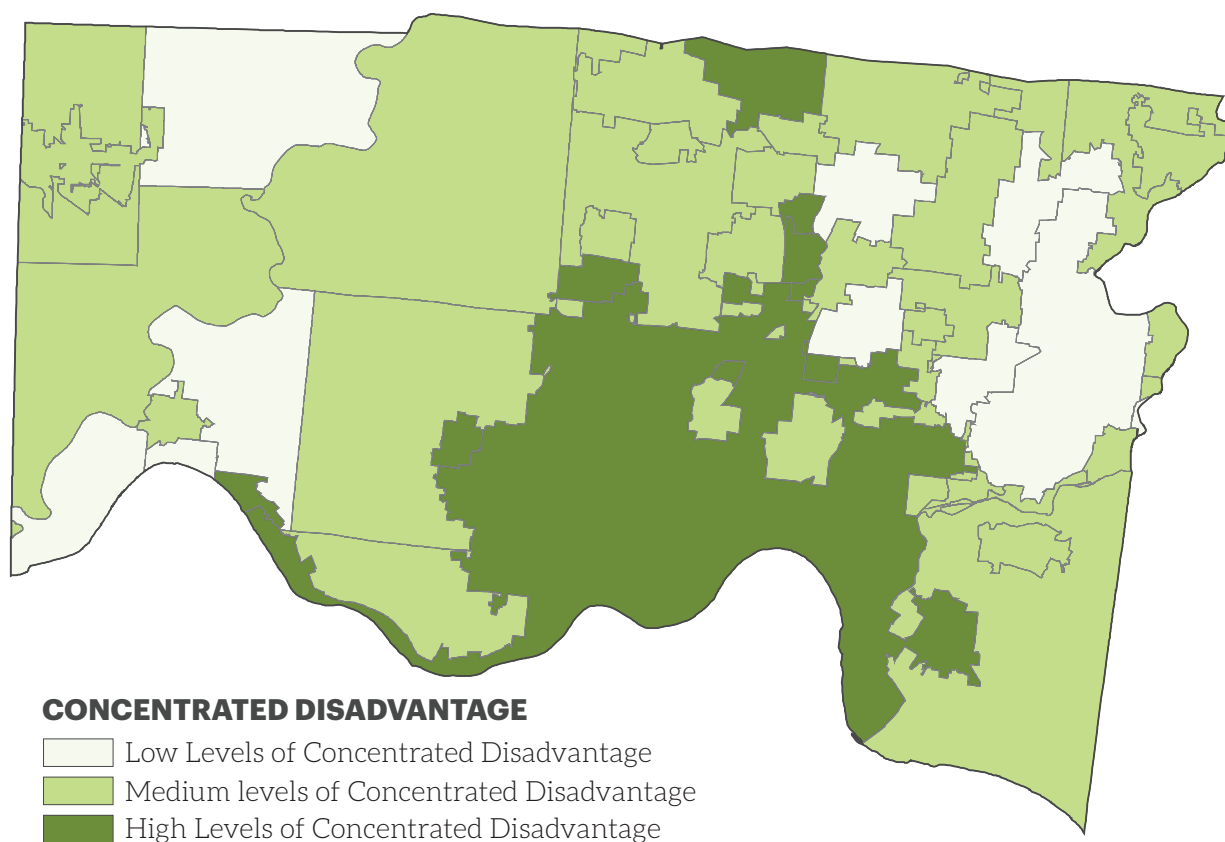
The Social Vulnerability Index (SVI) was developed by the Centers for Disease Control and Prevention using 15 census variables aggregated into four different themes, with the goal to identify the relative vulnerability of a community.

The themes and variables that comprise the Social Vulnerability Index are:

- **Socioeconomic status**
 - ▣ Below poverty
 - ▣ Unemployed
 - ▣ Income
 - ▣ No high school diploma
- **Household composition & disability**
 - ▣ Age 65 or older
 - ▣ Age 17 or younger
 - ▣ Disability status
 - ▣ Single-parent households
- **Minority status & language**
 - ▣ Minority
 - ▣ Ability to speak English "less than well"
- **Housing type & transportation**
 - ▣ Multi-unit structures
 - ▣ Mobile homes
 - ▣ Crowding
 - ▣ No vehicle
 - ▣ Group quarters

CONCENTRATED DISADVANTAGE*

Hamilton County, 2019



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

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

The five factors that comprise concentrated disadvantaged have been found to be highly associated with one another⁴⁶. Concentrated disadvantage is often associated with worse overall health⁴⁶. Communities with high levels of concentrated disadvantage often have less mutual trust and willingness among community members to intervene for the common good, commonly known as collective efficacy⁴⁶. Collective efficacy is a critical way that communities can inhibit the perpetration of violence⁴⁶. Children who live and grow in these disadvantaged communities are more likely to experience violence⁴⁶. Communities that have high levels of concentrated disadvantage are also at an increased risk for higher rates of infant mortality⁴⁶.

***Note:** A z-score for each indicator is calculated and then a z-score transformation is completed. Areas that scored in the 75th percentile are considered to have high concentrated disadvantage.



HEALTHCARE & HEALTH OUTCOMES

Access to comprehensive, quality health care is important to increase the quality of life for everyone⁴⁷. Quality and comprehensive health care allows for individuals to maintain their health, prevent and manage diseases, and decrease their risk for premature death⁴⁷. It is also an important driver to achieving health equity for all.

In this report, healthcare and health outcomes covers:

- Uninsured trends
- Child uninsured trends
- Mortality trends
- Top 10 causes of death
- Years of potential life lost
- Life expectancy

HEALTH CHARACTERISTICS

6%

Uninsured Hamilton
County residents, 2019

51% ✓

Percent uninsured
decrease between
2012-2019

3%

Uninsured Hamilton
County children, 2019

35% ✓

Percent uninsured
children decrease
between
2012-2019

In 2019, 25% of Hamilton County's Hispanic residents were uninsured.

When individuals are unable to afford, or are unable to obtain health insurance, it can cause them to become uninsured. When individuals are uninsured, they often will delay or not seek preventative care⁴⁸. Delaying or forgoing healthcare places an individual at an increased risk for being hospitalized for health conditions that could have been avoided or prevented⁴⁸. When individuals who are uninsured seek care, they can be left with large bills that they are unable to afford, which results in the accumulation of medical debt that can place even more financial constraints on an individual or family⁴⁹.

“Access to quality healthcare is essential to everyone’s ability to achieve and maintain good health - and is not possible without affordable, quality health insurance coverage.”

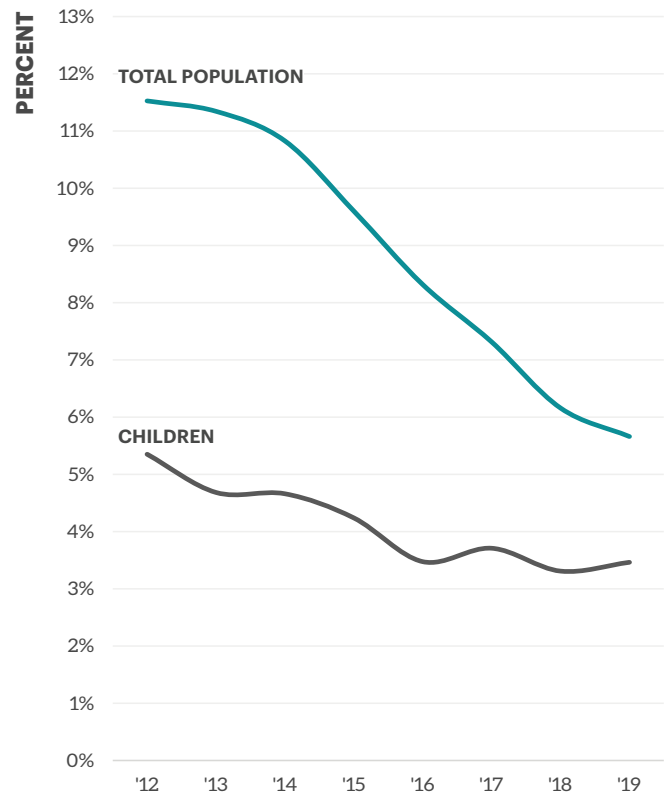
-Robert Wood Johnson Foundation-

Clinical preventative services, which include things such as immunizations or screenings for certain types of diseases, are a key aspect to prevent premature death and disability⁴⁹. Uninsured adults and children, often have less access to these preventive health services, which places individuals at increased risk for undiagnosed conditions such as hypertension and diabetes⁴⁹.

Being uninsured can negatively affect the health and well-being of children. To thrive, children need access to comprehensive and affordable health coverage. Children who are uninsured may be prevented from receiving early preventative care

UNINSURED TRENDS

Hamilton County, 2012-2019

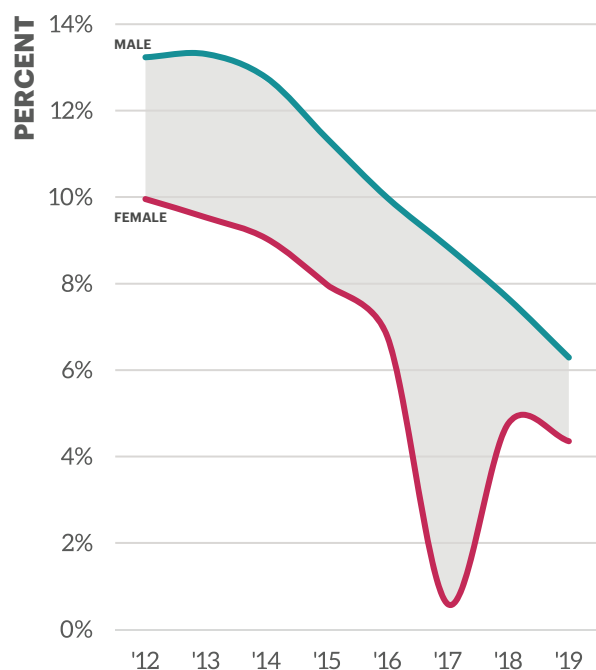


or the necessary immunizations that provide a foundation for a healthy childhood and a healthy life as an adult. Children and families who have insurance and seek regular preventive care have increased access to health care services when needed, and the utilization rate is higher compared to those who are uninsured⁵⁰. Having regular preventative care increases the continuity of care that a child or individual receives⁵⁰. This is because their health care providers are familiar with the health history of the individual, which increases the likelihood of monitoring the progression of the individual's health and treatments from additional follow-up visits⁵⁰.



UNINSURED TRENDS BY GENDER

Hamilton County, 2010-2019



Rates of uninsured have historically been higher among males than compared to their female counterparts⁵¹. Pregnant women who are uninsured often obtain fewer or forego accessing prenatal care⁵². The lack of quality prenatal care places pregnant women at an increased risk for poorer outcomes, including low birth weight, preterm birth, and infant mortality⁵².

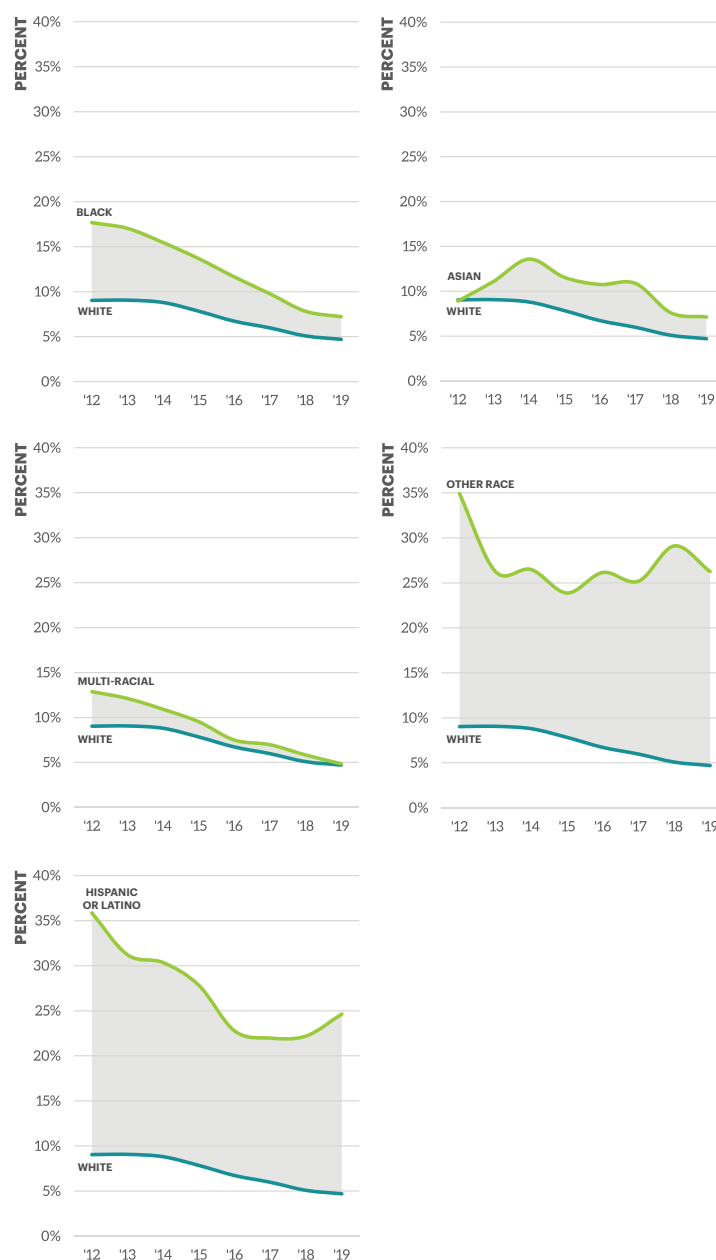
When compared to their female counterparts, males are also less likely to have Medicaid and other forms of public insurance coverage⁵³. Black and Hispanic men are at a higher risk for being uninsured when compared to white males⁵³.

Uninsured rates have varied among racial and ethnic groups, often with large disparities. African American and Hispanic individuals are more likely to be uninsured when compared to their white counterparts⁵⁴. The disparity in health insurance status reflects economic inequities that minority communities, particularly the black and Hispanic



UNINSURED TRENDS BY RACE

Hamilton County, 2010-2019



53% Higher uninsured rates among Black residents than White residents in 2019

81% Higher uninsured rates among Hispanic residents than White residents in 2019

458% Higher uninsured rates among residents of Other Races than White residents in 2019

communities have faced for decades⁵⁴. This due to the issue that these communities are less likely to receive health insurance through their employer, along with immigration policies that limit families or individuals from accessing health insurance coverage⁵⁴. With the implementation of the Affordable Care Act in 2013, health insurance coverage was made available to individuals, many

who were unable to gain access to health insurance in the past⁵⁴. This allows for a reduction in the racial and ethnic disparities in health insurance coverage, which has allowed for easier access to care⁵⁴. However, while the implementation helped to reduce the disparity, racial and ethnic inequities still exist with health insurance coverage. This can lead to individuals postponing care for health conditions that could have been avoided or prevented.

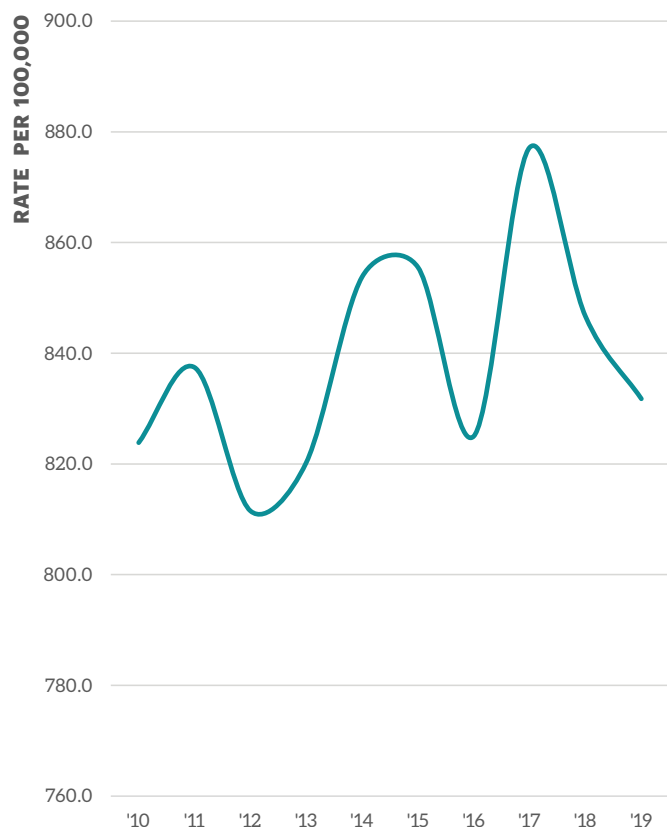
In 2019, approximately 22 Hamilton County residents died each day.

Health outcomes can be influenced by many of the socioeconomic factors discussed in this report. These factors can also negatively impact the rates of mortality or death in a community. Mortality rates, also known as death 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.

AGE-ADJUSTED MORTALITY RATE

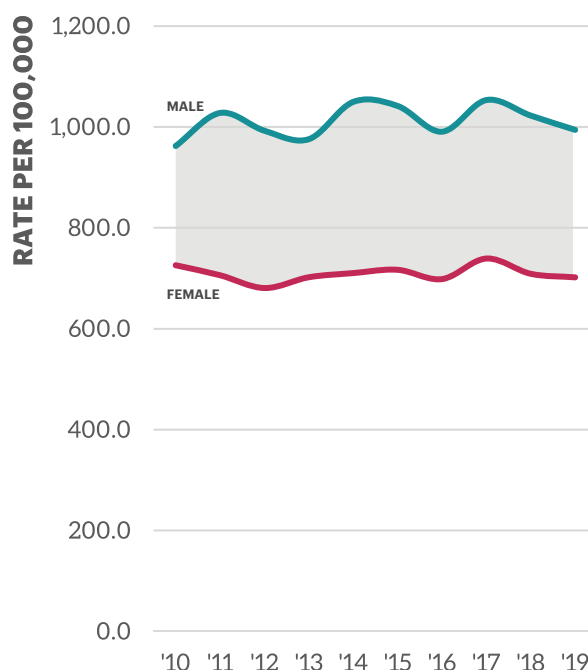
Hamilton County, 2010-2019



Mortality rates also provide the opportunity to identify areas where premature death could have been prevented.

AGE-ADJUSTED MORTALITY RATE BY GENDER

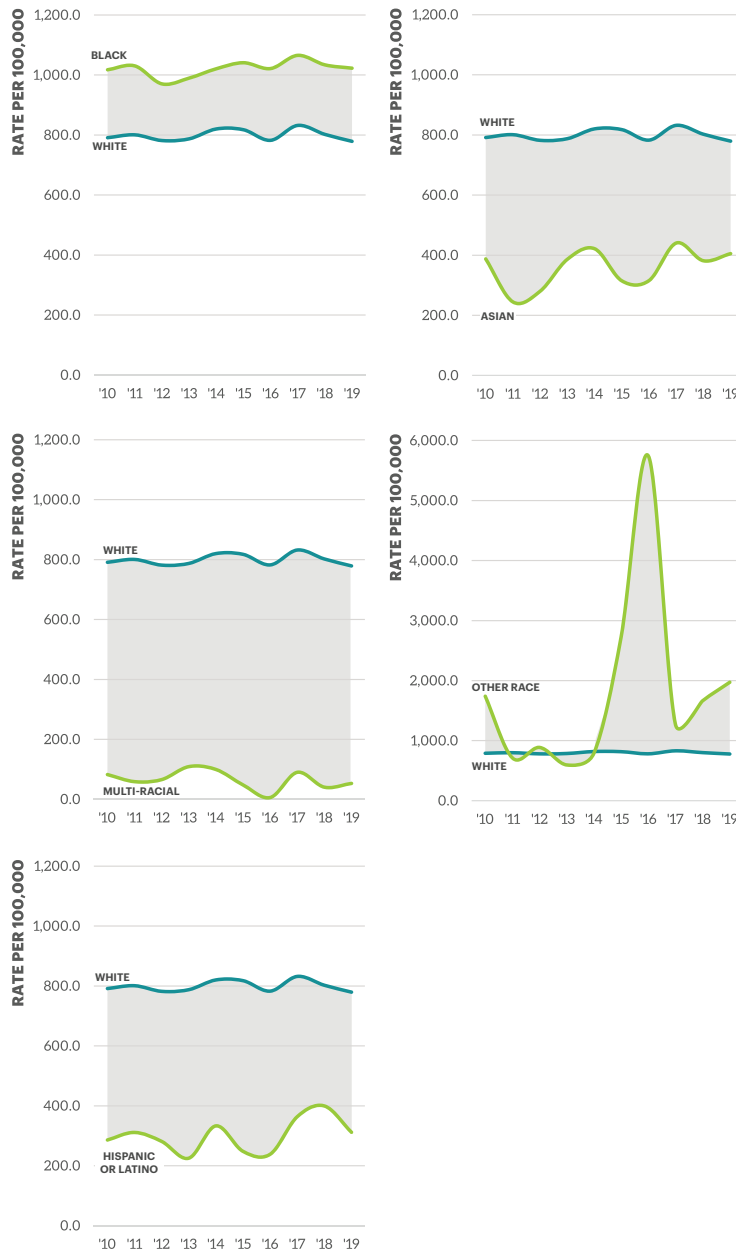
Hamilton County, 2010-2019



Many of the various causes of death could be prevented or treated allowing an individual to live longer. While mortality rates can be a powerful indicator of community health, they can impact the overall age of a community. Elderly populations, often have higher rates of chronic diseases and experience overall higher mortality rates. To account for these differences, the mortality rates shown in this report have been age-adjusted. Age-adjusting rates, such as mortality rates, allow

AGE-ADJUSTED MORTALITY RATE BY RACE

Hamilton County, 2010-2019



31%

Higher mortality rates among black residents than white residents in 2019

153%

Higher mortality rates among residents of other races than white residents in 2019

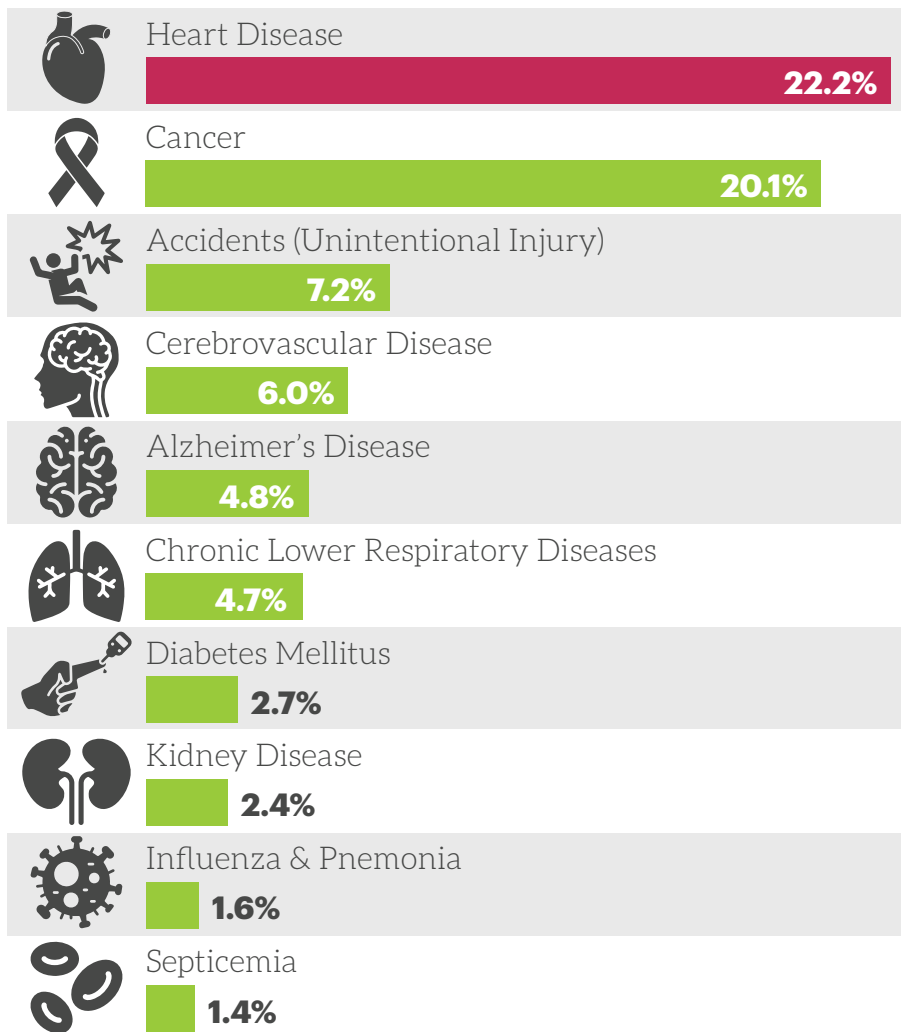
for the equal comparison between two group or communities, such as comparing mortality rates by gender or race. It also allows for the identification of disparities that are driven by environmental or behavioral risk factors instead of age.

Comparing mortality rates between communities or groups, such as by race, can highlight further the health inequities that individuals face. When compared to their White counterparts, Black individuals have consistently had higher rates of mortality. The stress that has persisted in the African American community of being marginalized and experiencing discrimination and racism transcend generations and impacts the overall health and well-being of individuals⁵⁵. The impacts these stressors have ultimately impacts the overall quality of life and life expectancy an individual has. The chronic stress that an individual experiences due to racial discrimination can cause a cascade of physiological and psychological responses⁵⁵. This cascade can become present in higher rates of high blood pressure, cardiovascular disease, Type 2 diabetes and overall lower life expectancy⁵⁵.



TOP 10 CAUSES OF DEATH

Hamilton County, 2019



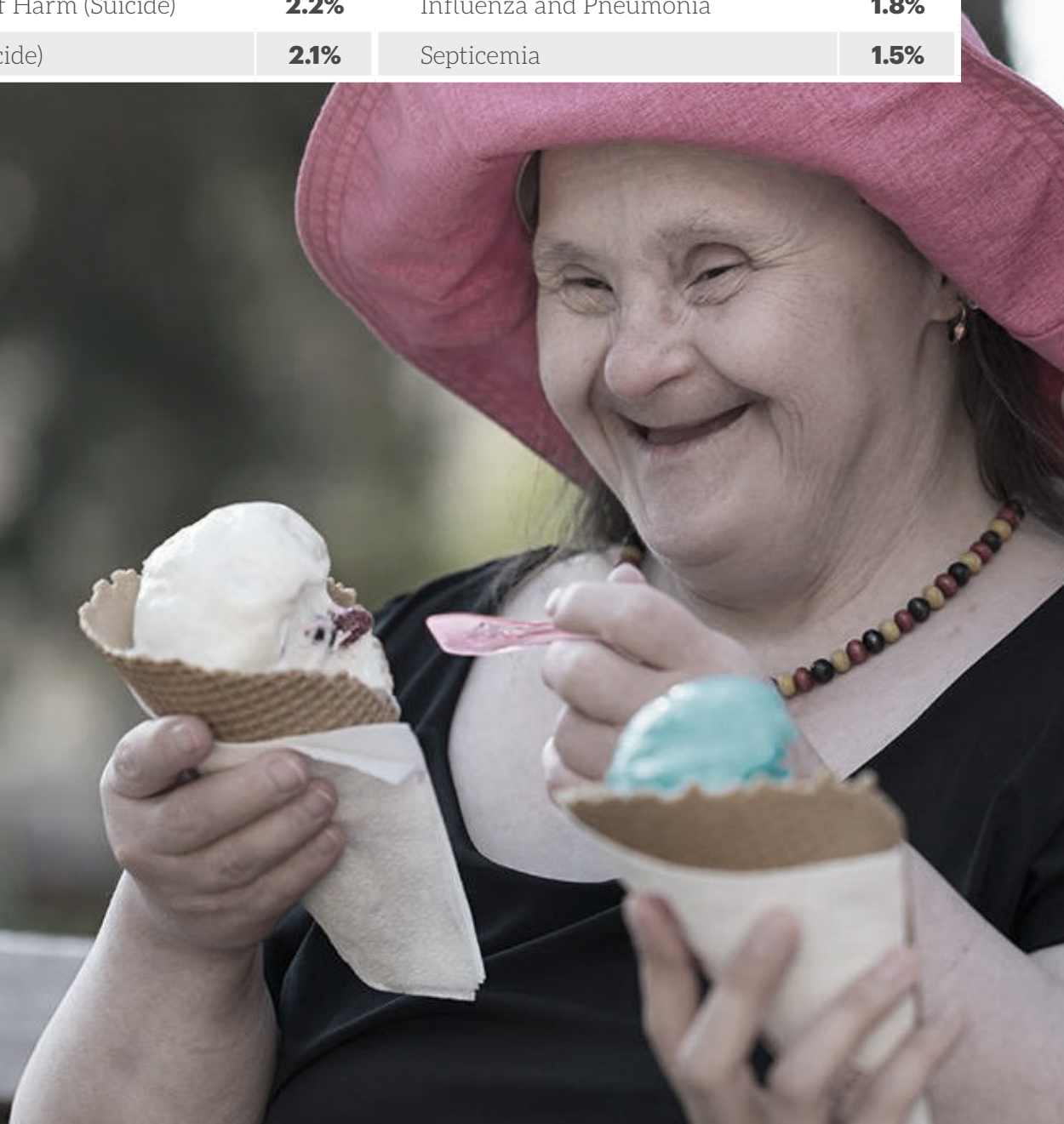
Identifying trends in mortality, including leading causes of death, are important to help identify potential shifts in deaths⁵⁶. The leading cause of death is the underlying cause of death category or major ICD (International Cause of Death) groupings. In the past 100 years, the leading cause of death in the United States have moved from infectious disease(s) being the leading cause to chronic diseases becoming the leading causes of death⁵⁷.

In 2020, the COVID-19 pandemic began, which became the third leading cause of death in the United States⁵⁸. The leading causes of death in this report are from 2019, due to the availability of U.S. Census data for age-adjusting. Due to this limited availability of data, COVID-19 deaths do not appear in this report. In future iterations of this report, COVID-19 disparities will be highlighted as a leading cause of death.

TOP 10 CAUSES OF DEATH BY GENDER

Hamilton County, 2019

Male		Female	
Heart Disease	23.0%	Heart Disease	21.3%
Cancer	20.2%	Cancer	20.0%
Accidents (Unintentional Injury)	10.1%	Alzheimer's Disease	7.0%
Cerebrovascular Disease	5.2%	Cerebrovascular Disease	6.8%
Chronic Lower Respiratory Diseases	4.2%	Chronic Lower Respiratory Diseases	5.2%
Diabetes Mellitus	3.0%	Accidents (Unintentional Injury)	4.4%
Alzheimer's Disease	2.7%	Kidney Disease	2.5%
Kidney Disease	2.3%	Diabetes Mellitus	2.4%
Intentional Self Harm (Suicide)	2.2%	Influenza and Pneumonia	1.8%
Assault (Homicide)	2.1%	Septicemia	1.5%



TOP 10 CAUSES OF DEATH BY RACE

Hamilton County, 2019

non-Hispanic White		non-Hispanic Black	
Heart Disease	22.3%	Heart Disease	22.8%
Cancer	20.0%	Cancer	20.4%
Accidents (Unintentional Injury)	7.3%	Accidents (Unintentional Injury)	6.8%
Cerebrovascular Disease	5.8%	Cerebrovascular Disease	6.5%
Alzheimer's Disease	5.6%	Kidney Disease	3.8%
Chronic Lower Respiratory Disease	5.1%	Diabetes Mellitus	3.5%
Diabetes Mellitus	2.4%	Assaults (Homicide)	3.5%
Kidney Disease	2.0%	Chronic Lower Respiratory Disease	3.4%
Influenza and Pneumonia	7.7%	Alzheimer's Disease	2.8%
Intentional Self Harm (Suicide)	1.5%	Primary Hypertension and Hypertensive Renal Disease	1.7%



non-Hispanic Other Race*		Hispanic or Latino	
Cancer	20.0%	Accidents (Unintentional Injury)	16.7%
Heart Disease	9.5%	Cancer	14.3%
Conditions Originating in the Perinatal Period	7.4%	Conditions Originating in the Perinatal Period	11.9%
Cerebrovascular Disease	7.4%	Alzheimer's Disease	7.1%
Accidents (Unintentional Injury)	7.4%	Heart Disease	7.1%
Intentional Self Harm (Suicide)	7.4%	Septicemia	4.8%
Alzheimer's Disease	4.2%	Chronic Lower Respiratory Diseases	4.8%
Chronic Lower Respiratory Diseases	4.2%	Chronic Liver Disease	4.8%
Diabetes Mellitus	3.2%	Tuberculosis	2.4%
Influenza and Pneumonia	3.2%	Diabetes Mellitus	2.4%

***Note:** Due to small numbers non-Hispanic Asian, non-Hispanic Multi Racial are included in the top ten causes of death for non-Hispanic Other Race.



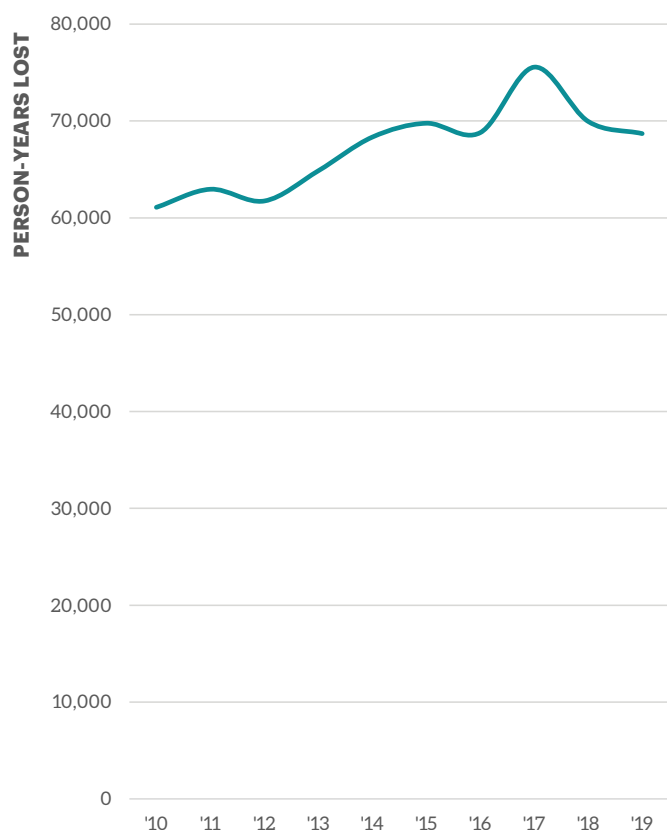
In 2019, Hamilton County witnessed 68,688 person-years lost due to premature death.

While mortality rates highlight the health of a community, and identify what health conditions are impacting a community the most, they often do not tell the complete story of changes in death over time⁵⁹. A majority of deaths within a community occur in the older/elderly population, which can cause the top causes of death to be overwhelming diseases that are a part of the aging process⁵⁹. One way to see how premature death is impacting individuals in a younger community is to look at what is known as Years of Potential Life Lost (YPLL).

Years of Potential Life Lost is an indicator that estimates the average time an individual would have lived had they not died prematurely⁶⁰. For the purposes of this report, YPLL, or premature death, is defined as the death of an individual before the age of 75. The age of 75 was chosen as in 2019, the average life expectancy in the United States was 78.79 years. Accordingly, the population in Hamilton County at risk for premature death are those individuals who are between 0 and 74 years of age.

YEARS OF POTENTIAL LIFE LOST

Hamilton County, 2010-2019



HOW DO I INTERPRET YPLL?

Years of Potential Life Lost is measured by using the person's age at the time of death. Their age in years is then subtracted from 75. The resulting number is the years of potential life lost by the individual. This is done for every individual who died prematurely, and then added together. This final number is the total years of potential life lost by all Hamilton County residents during the year.

EXAMPLES



This is Martin. He was 26 when he died. This means that Martin had 49 person-years lost due to premature death.

Martin's YPLL: $75 - 26 = 49$



This is Regina. She was 68 when she died. This means that Regina had 7 person-years lost due to premature death.

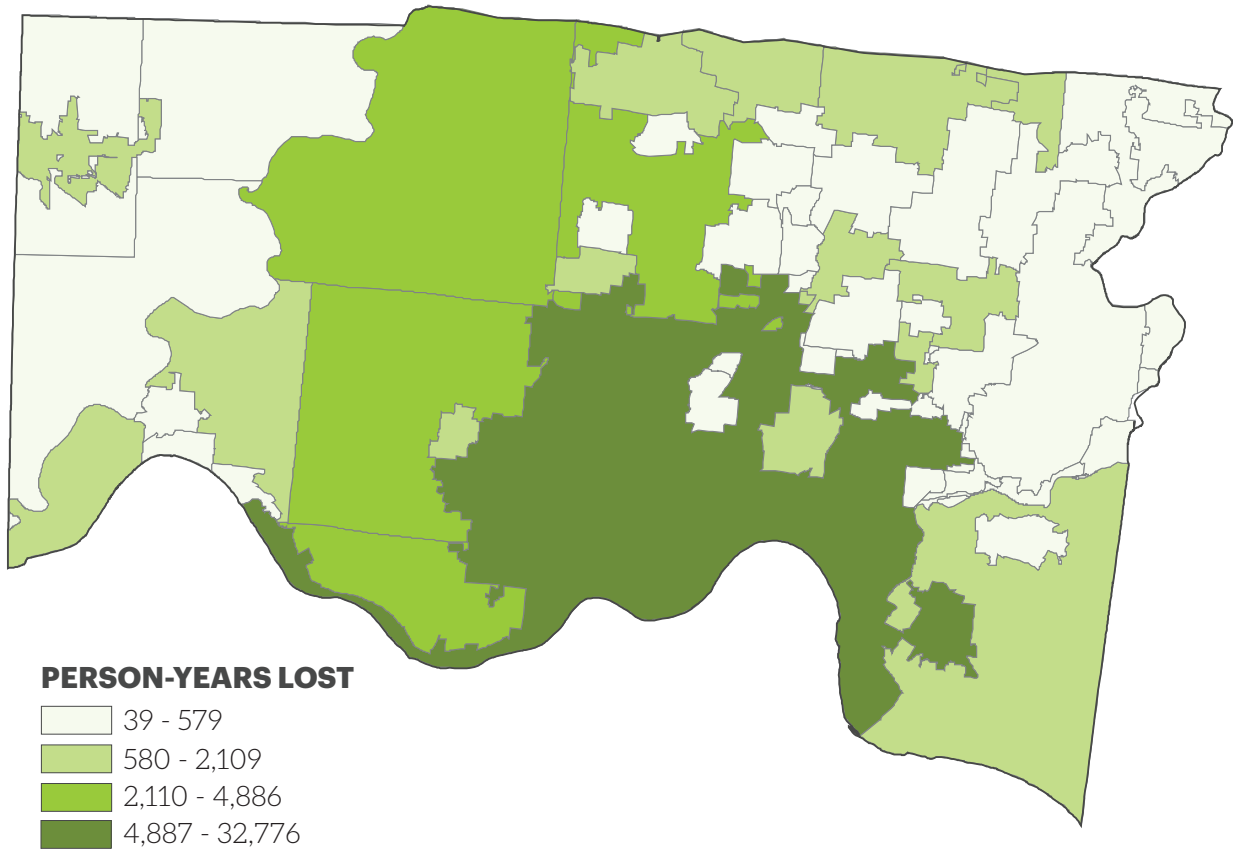
Regina's YPLL: $75 - 68 = 7$

Between Martin and Regina, there was a total of 55 person-years lost due to premature death.

Total YPLL: $49 + 7 = 56$

YEARS OF POTENTIAL LIFE LOST

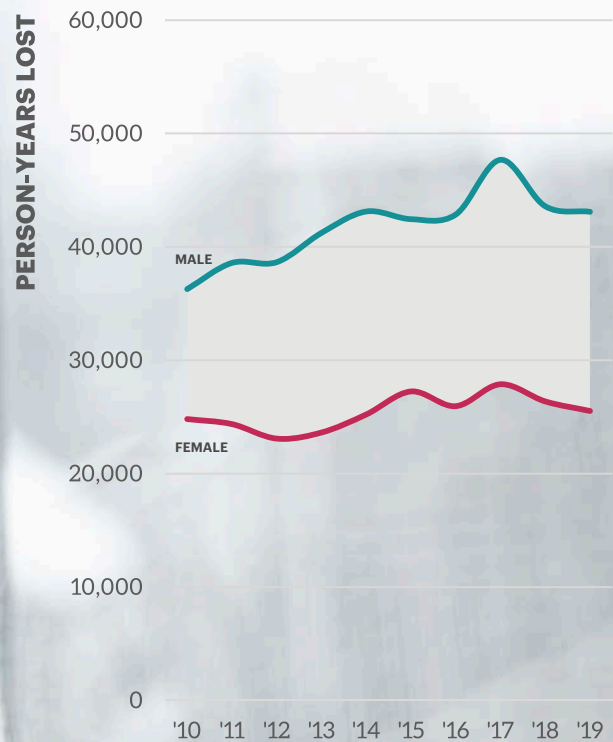
Hamilton County, 2019





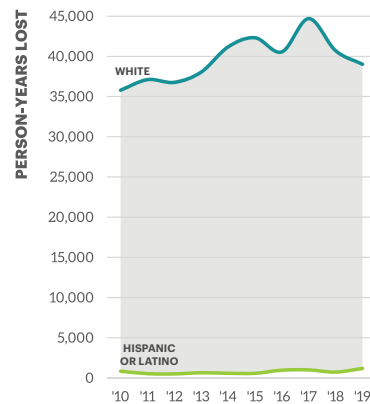
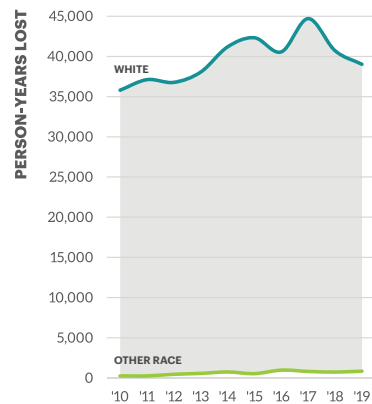
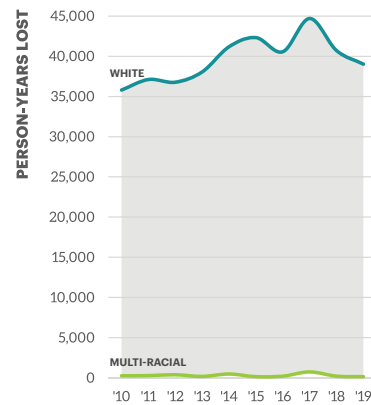
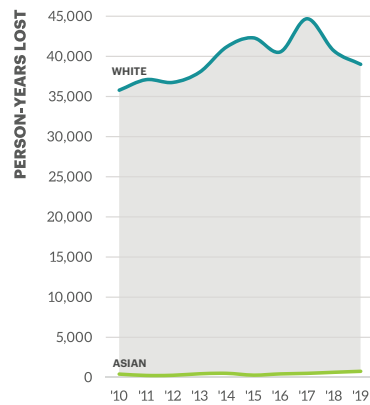
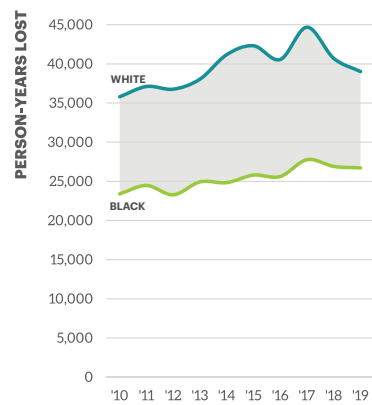
YEARS OF POTENTIAL LIFE LOST BY GENDER

Hamilton County, 2010-2019



YEARS OF POTENTIAL LIFE LOST BY RACE

Hamilton County, 2010-2019



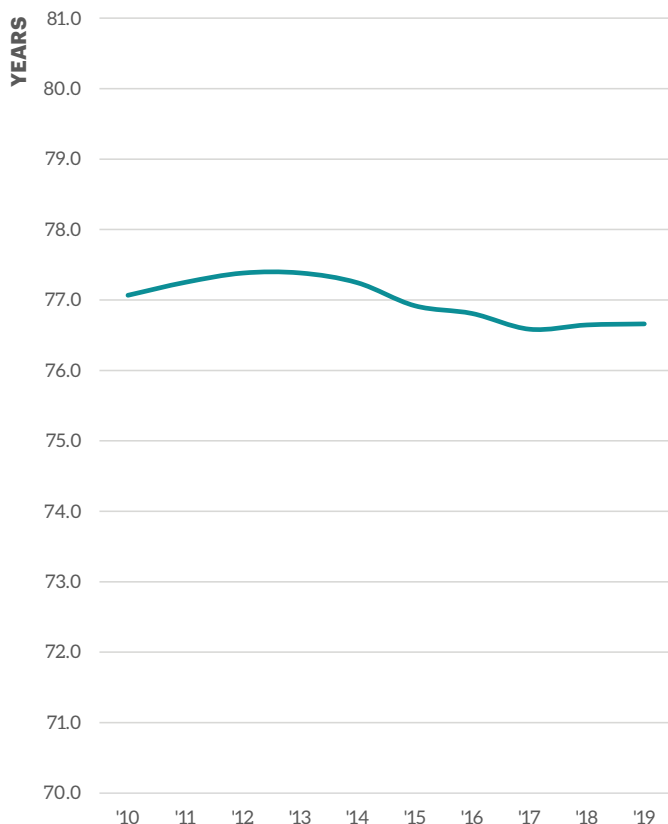
In 2019, the average life expectancy in Hamilton County was 76.7 years.

Another key health indicator that can be used to assess the overall health and well-being of a community is the average life expectancy. Life expectancy is the estimated number of years an individual can expect to live, based on death statistics for a given time⁶¹. While average life expectancy provides an estimated number of years an individual is anticipated to live, it's important to remember that few people will die at the exact age indicated by the life expectancy.

The average life expectancy is considered to be one of the most important indicators of the health and well-being of a community⁶². Disparities in life expectancy, much like any health condition, exist and stem from historical inequities.

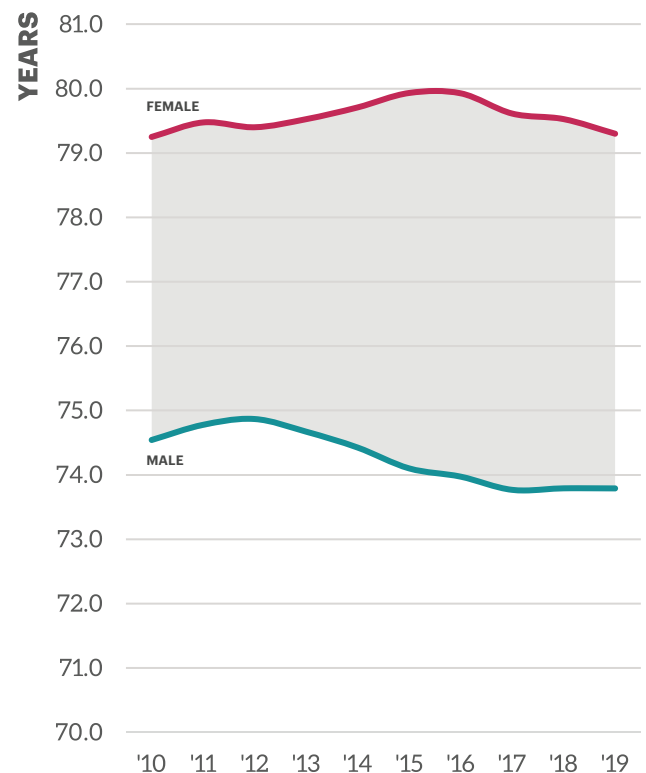
AVERAGE LIFE EXPECTANCY

Hamilton County, 2010-2019



AVERAGE LIFE EXPECTANCY BY GENDER

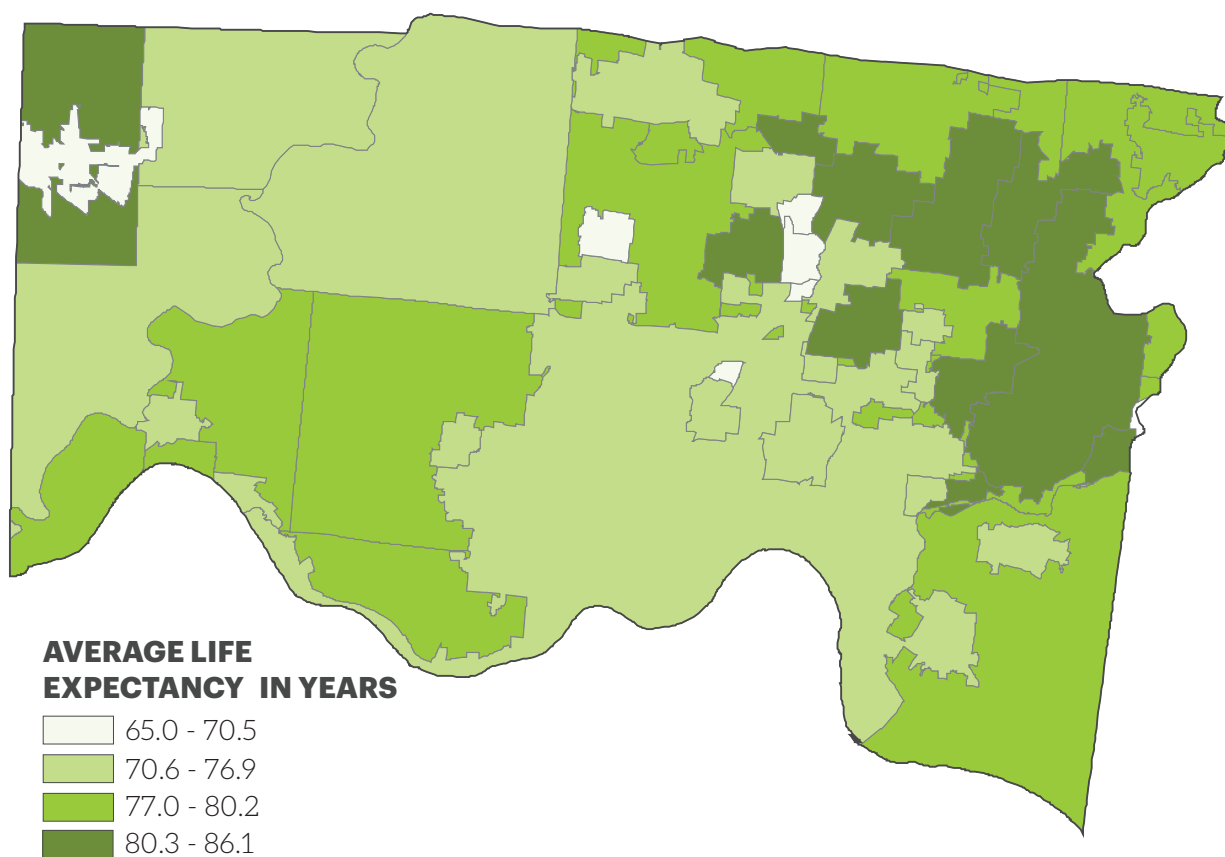
Hamilton County, 2010-2019



Gender inequities among life expectancy exist. On average, women live longer than their male counterparts⁶³. While women are seen living longer than men, they report overall poorer health when compared to men.

AVERAGE LIFE EXPECTANCY*

Hamilton County, 2019

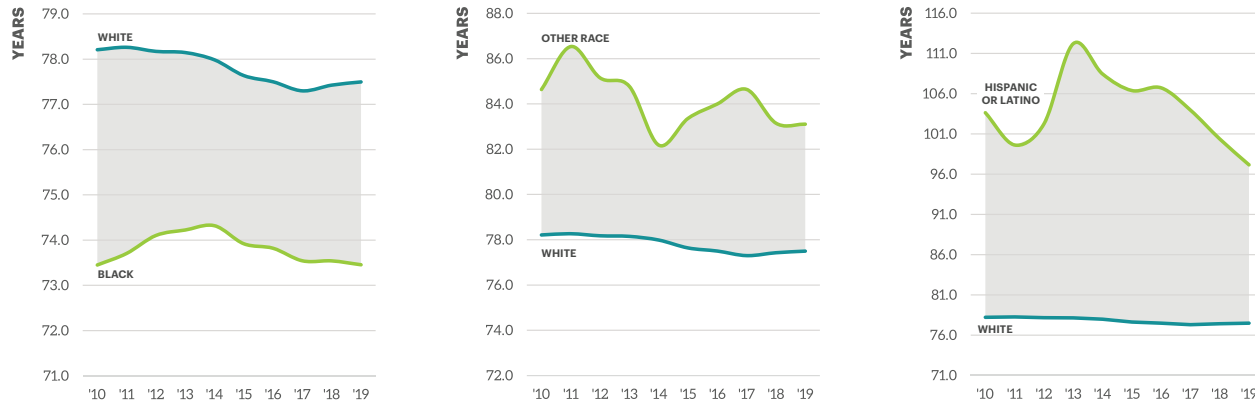


***Note:** Due to small numbers the average life expectancy uses the average number of deaths from 2015-2019 for each community.



AVERAGE LIFE EXPECTANCY BY RACE*

Hamilton County, 2010-2019



Black residents continue to have lower average life expectancy when compared to their White counterparts. This disparity stems from health inequities that African Americans have experienced that are largely in part due to discrimination and racism that has spanned multiple decades⁵⁵. Over time, the constant exposure to these stressors impacts the overall quality of life, which can lower the life expectancy of individuals.

Work to advancing health equity allows us to improve the well-being of the excluded and marginalized individuals and communities throughout Hamilton County. In order to achieve health equity, targeted interventions and policy changes are needed. Otherwise, the disparities among excluded and marginalized individuals and communities will only increase.

***Note:** Due to small numbers non-Hispanic Asian, non-Hispanic Multi Racial are included in the average life expectancy for non-Hispanic Other Race.



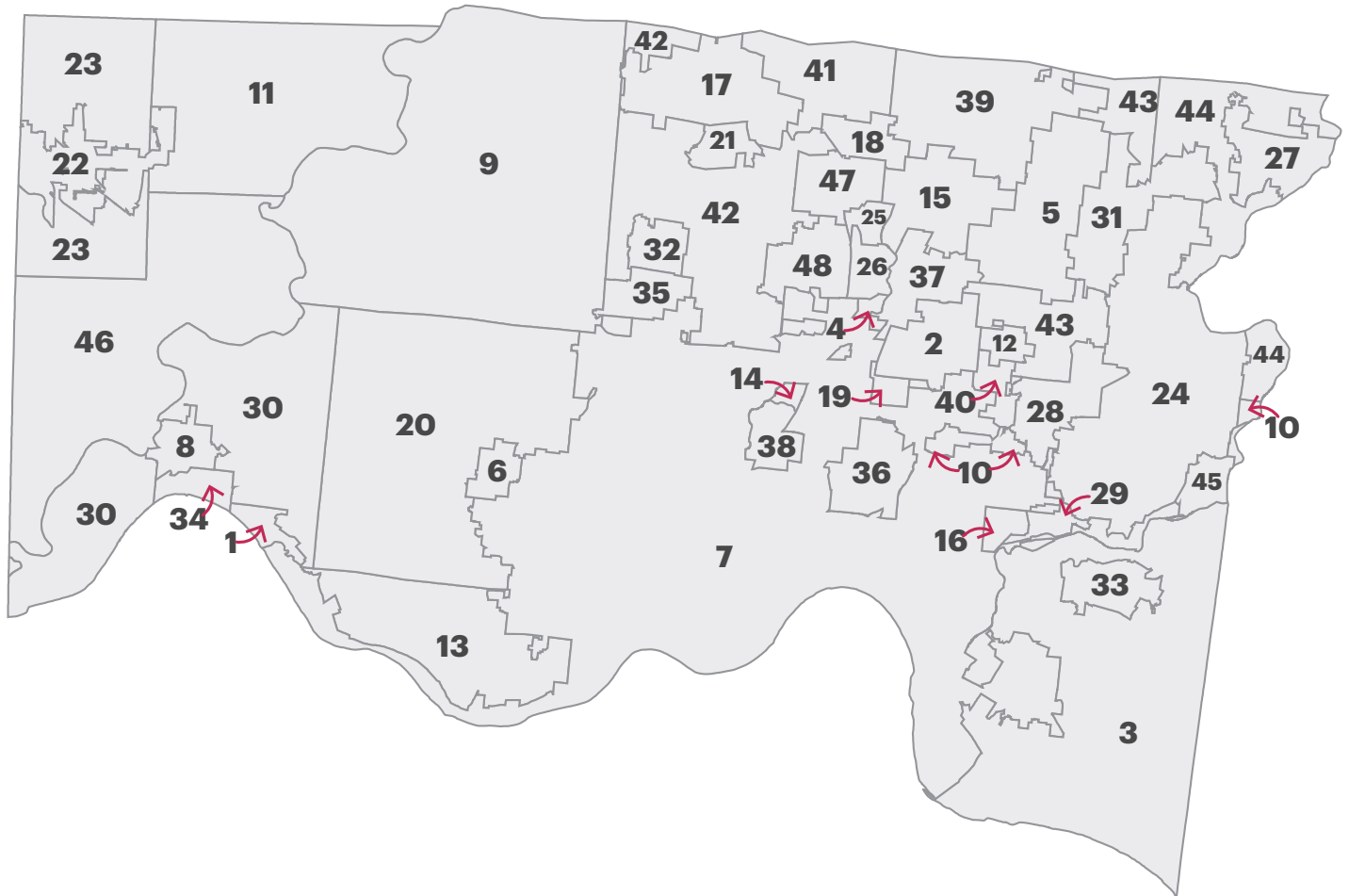
APPENDIX

- I** Community Map
- II** Data Tables
- VIII** References



COMMUNITY MAP

Within Hamilton County there are 48 communities comprised of cities, villages, and townships. Below is a map that shows the location of each community in Hamilton County.



- | | | |
|-----------------------|-----------------------|--------------------------|
| 1. Addyston | 17. Forest Park | 33. Newtown |
| 2. Amberly Village | 18. Glendale | 34. North Bend |
| 3. Anderson Township | 19. Golf Manor | 35. North College Hill |
| 4. Arlington Heights | 20. Green Township | 36. Norwood |
| 5. Blue Ash | 21. Greenhills | 37. Reading |
| 6. Cheviot | 22. Harrison City | 38. Saint Bernard |
| 7. Cincinnati | 23. Harrison Township | 39. Sharonville |
| 8. Cleves | 24. Indian Hill | 40. Silverton |
| 9. Colerain Township | 25. Lincoln Heights | 41. Springdale |
| 10. Columbia Township | 26. Lockland | 42. Springfield Township |
| 11. Crosby Township | 27. Loveland | 43. Sycamore Township |
| 12. Deer Park | 28. Maderia | 44. Symmes Township |
| 13. Delhi Township | 29. Mariemont | 45. Terrace Park |
| 14. Elmwood Place | 30. Miami Township | 46. Whitewater Township |
| 15. Even Dale | 31. Montgomery | 47. Woodlawn |
| 16. Fairfax | 32. Mount Healthy | 48. Wyoming |

DATA TABLES

The following data tables for select indicators that were used in this report. The % Δ column is the percent change from the first year (i.e., 2010 or 2012) and 2019. Each percent change includes an arrow indicating if the percent change increased (green arrow), decreased (red arrow), or remained the same (orange dash).

	% Δ	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total Population	1.4% ↑	802,194	801,223	801,350	802,481	803,272	804,194	805,965	808,703	812,037	813,589
Gender											
Male	2.1% ↑	384,680	384,371	384,730	385,732	385,969	386,561	387,906	389,496	391,728	392,738
Female	0.8% ↑	417,514	416,852	416,620	416,749	417,303	417,633	418,059	419,207	420,309	420,851
Age											
<18 Years of Age	2.3% ↓	192,419	190,650	189,197	188,406	187,740	187,545	187,730	187,626	187,979	187,899
18-29 Years of Age	0.3% ↓	141,488	141,694	141,863	141,669	141,330	140,875	140,940	141,011	141,281	141,087
30-49 Years of Age	4.9% ↓	212,234	208,865	206,250	204,244	202,478	201,074	200,254	200,230	201,356	201,898
50-64 Years of Age	7.2% ↑	149,444	153,427	156,705	159,734	161,848	162,999	162,903	162,744	161,731	160,254
65+ Years of Age	14.9% ↑	106,609	106,587	107,335	108,428	109,876	111,701	114,138	117,092	119,690	122,451
Race/Ethnicity											
non-Hispanic White	3.3% ↓	548,406	544,845	542,177	540,615	538,689	537,298	534,797	533,253	531,958	530,525
non-Hispanic Black	2.1% ↑	202,354	203,643	204,691	204,511	205,189	205,489	206,765	206,653	207,494	206,538
non-Hispanic Asian	37.0% ↑	15,665	15,705	15,962	16,608	17,124	17,963	18,913	19,690	21,001	21,463
non-Hispanic Multi-Racial	66.0% ↑	15,144	15,286	15,855	16,909	17,343	18,259	18,876	21,190	22,023	25,135
non-Hispanic Other Race	42.2% ↑	2,152	2,180	2,258	2,599	2,958	2,572	3,314	3,463	3,277	3,061
Hispanic	45.4% ↑	18,473	19,564	20,407	21,239	21,969	22,613	23,300	24,454	25,836	26,867

	% Δ	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Population Living with a Disability	0.0% ▬	-	-	12.1%	12.3%	12.4%	12.5%	12.6%	12.7%	12.4%	12.1%
Type of Disability											
Hearing Difficulty	4.9% ↓	-	-	3.0%	3.0%	2.9%	2.9%	2.9%	3.0%	2.9%	2.9%
Vision Difficulty	10.4% ↑	-	-	2.0%	2.1%	2.1%	9.2%	2.2%	2.3%	2.3%	2.3%
Cognitive Difficulty	0.5% ↓	-	-	4.8%	4.9%	4.9%	5.0%	5.0%	5.0%	4.9%	4.7%
Ambulatory Difficulty	4.0% ↓	-	-	6.4%	6.5%	6.5%	6.5%	6.4%	6.6%	6.3%	6.1%
Self-Care Difficulty	5.0% ↑	-	-	2.3%	2.4%	2.4%	2.4%	2.4%	2.5%	2.4%	2.4%
Independent Living Difficulty	41.0% ↓	-	-	4.6%	4.6%	4.5%	4.4%	4.4%	4.4%	4.3%	2.7%
Native/Foreign Born											
Foreign Born	23.8% ↑	4.6%	4.8%	4.8%	4.9%	5.0%	5.0%	5.1%	5.3%	5.6%	5.7%
Income Trends											
Average Household Income	21.1% ↑	\$68,719	\$69,853	\$70,463	\$70,632	\$71,440	\$71,723	\$73,587	\$76,575	\$79,912	\$83,247
Income Level											
Less than \$10,000	18.6% ↓	9.7%	9.6%	9.8%	10.2%	10.5%	10.4%	10.0%	9.4%	8.7%	7.9%
\$10,000 - \$14,999	16.9% ↓	5.9%	6.0%	6.1%	6.3%	6.2%	6.3%	6.1%	5.6%	5.2%	4.9%
\$15,000 - \$24,999	9.6% ↓	11.4%	11.4%	11.5%	11.2%	11.1%	11.1%	10.9%	10.7%	10.3%	10.3%
\$25,000 - \$34,999	11.2% ↓	10.7%	10.4%	10.1%	10.1%	10.0%	10.2%	10.0%	9.6%	9.5%	9.5%
\$35,000 - \$49,999	12.4% ↓	13.7%	13.2%	13.2%	13.4%	13.0%	12.7%	12.7%	12.6%	12.4%	12.0%
\$50,000 - \$74,999	3.4% ↓	17.4%	17.4%	17.0%	16.8%	16.5%	16.6%	16.9%	16.9%	16.8%	16.8%
\$75,000 - \$99,999	1.7% ↑	11.7%	11.6%	11.3%	11.1%	11.2%	11.0%	11.2%	11.7%	11.8%	11.9%
\$100,000 - \$149,999	23.2% ↑	11.2%	11.8%	11.9%	11.6%	11.9%	11.9%	12.1%	12.5%	13.4%	13.8%
\$150,000 - \$199,999	55.0% ↑	4.0%	4.2%	4.5%	4.5%	4.5%	4.7%	4.8%	5.2%	5.5%	6.2%
\$200,000 +	64.3% ↑	4.2%	4.4%	4.6%	4.8%	5.0%	5.1%	5.5%	5.8%	6.4%	6.9%

	% Δ	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Average Income by Race											
White	25.8% ↑	\$33,454	\$34,028	\$34,448	\$34,779	\$35,229	\$35,776	\$37,065	\$38,640	\$40,346	\$42,083
Black	22.8% ↑	\$17,002	\$17,143	\$17,145	\$17,165	\$17,555	\$17,509	\$17,937	\$18,956	\$20,030	\$20,884
American Indian & Alaska Native	23.8% ↑	\$23,476	\$21,281	\$22,357	\$19,581	\$16,577	\$19,603	\$21,298	\$22,783	\$24,178	\$29,055
Asian	15.8% ↑	\$38,318	\$37,951	\$39,830	\$37,725	\$35,942	\$34,774	\$34,601	\$35,900	\$39,680	\$44,371
Native Hawaiian and Other	34.3% ↓	\$24,922	\$29,451	\$14,201	\$14,225	\$60,269	\$65,257	\$75,240	\$56,356	\$61,615	\$16,384
Other Race	17.6% ↑	\$15,728	\$14,691	\$17,197	\$17,545	\$20,282	\$15,431	\$16,983	\$18,644	\$18,318	\$18,496
Multi-Racial	17.6% ↑	\$12,421	\$12,191	\$12,004	\$12,327	\$13,234	\$13,323	\$14,124	\$14,213	\$15,052	\$14,604
Hispanic	34.0% ↑	\$16,708	\$17,412	\$19,470	\$20,878	\$21,436	\$21,019	\$22,235	\$23,075	\$23,204	\$22,395
Income Inequality											
Gini Index	1.6% ↑	0.4930	0.4932	0.4974	0.5031	0.5067	0.5084	0.5082	0.5047	0.5021	0.5009
Poverty											
Total Population	7.8% ↓	-	-	17.1%	18.0%	18.4%	18.3%	17.8%	17.0%	16.2%	15.8%
Children	9.1% ↓	-	-	25.7%	26.5%	27.6%	26.8%	26.1%	24.8%	23.6%	23.4%
Poverty by Gender											
Male	8.6% ↓			15.8%	16.6%	17.1%	16.9%	16.6%	15.7%	14.9%	14.4%
Female	7.1% ↓			18.3%	19.2%	19.7%	19.6%	19.0%	18.3%	17.4%	17.0%

	% Δ	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Poverty by Race											
White	4.1% ↓	-	-	10.6%	11.3%	11.5%	11.6%	11.3%	10.6%	10.2%	10.2%
Black	13.9% ↓	-	-	33.6%	35.0%	36.1%	35.5%	34.4%	32.7%	30.8%	28.9%
Asian	15.4% ↓	-	-	14.5%	15.7%	14.4%	14.2%	11.9%	13.5%	11.7%	12.3%
Multi-Racial	0.5% ↓	-	-	25.7%	27.0%	26.6%	25.4%	25.2%	26.9%	25.6%	25.6%
Other Race	24.7% ↓	-	-	34.9%	26.3%	26.5%	23.9%	26.2%	25.2%	29.1%	26.3%
Hispanic	40.3% ↑	-	-	21.7%	34.0%	33.7%	31.6%	28.4%	27.4%	28.1%	30.5%
Unemployment											
Total Population	30.8% ↓	7.8%	8.6%	9.2%	9.8%	9.6%	8.8%	7.9%	7.0%	6.1%	5.4%
Unemployment by Gender											
Male	35.4% ↓	7.9%	8.9%	7.6%	9.9%	9.5%	8.7%	7.5%	6.6%	5.8%	5.1%
Female	19.7% ↓	6.1%	6.9%	7.6%	8.4%	8.5%	7.8%	7.0%	6.3%	5.4%	4.9%
Unemployment by Race											
White	29.1% ↓	5.5%	6.3%	6.5%	6.9%	6.6%	6.0%	5.2%	4.7%	4.2%	3.9%
Black	32.7% ↓	15.0%	15.9%	17.2%	18.4%	18.6%	17.1%	15.5%	13.4%	11.7%	10.1%
Asian	0.0% -	2.8%	3.5%	3.8%	5.6%	6.3%	6.0%	5.1%	5.8%	3.8%	2.8%
Multi-Racial	18.9% ↓	12.7%	17.7%	17.6%	17.7%	17.3%	17.4%	14.0%	12.4%	12.2%	10.3%
Other Race	68.0% ↓	12.3%	12.3%	13.9%	12.4%	12.2%	12.3%	10.7%	7.1%	5.0%	3.9%
Hispanic	52.4% ↓	10.3%	10.3%	9.5%	9.7%	8.7%	7.2%	6.5%	4.4%	4.8%	4.9%
Uninsured											
Total Population	50.9% ↓	-	-	11.5%	11.3%	10.8%	9.6%	8.3%	7.3%	6.2%	5.7%
Children	35.3% ↓	-	-	5.4%	4.7%	4.7%	4.2%	3.5%	3.7%	3.3%	3.5%

	% Δ	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Uninsured by Gender											
Male	52.5% ↓	-	-	13.2%	13.3%	12.8%	11.4%	10.0%	8.8%	7.7%	6.3%
Female	56.3% ↓	-	-	10.0%	9.5%	9.0%	8.0%	6.8%	0.6%	4.8%	4.4%
Uninsured by Race											
White	47.9% ↓	-	-	9.0%	9.1%	8.8%	7.8%	6.7%	6.0%	5.1%	4.7%
Black	59.1% ↓	-	-	17.7%	17.0%	15.5%	13.7%	11.6%	9.8%	7.8%	7.2%
Asian	19.9% ↓	-	-	8.9%	11.1%	13.6%	11.6%	10.8%	10.9%	7.6%	7.1%
Multi-Racial	62.3% ↓	-	-	12.9%	12.1%	10.9%	9.5%	7.5%	7.0%	5.8%	4.9%
Other Race	24.7% ↓	-	-	34.9%	26.3%	26.5%	23.9%	26.2%	25.2%	29.1%	26.3%
Hispanic	31.3% ↓	-	-	35.9%	31.2%	30.3%	27.8%	22.8%	22.0%	22.2%	24.6%
Age-Adjusted Mortality Rate - per 100,000											
Total Population	1.0% ↑	823.8	837.4	811.5	820.2	853.8	855.5	825.0	877.2	846.6	831.8
Age-Adjusted Mortality Rate by Gender - per 100,000											
Male	3.3% ↑	962.1	1,027.9	992.4	975.7	1,049.9	1,041.8	990.5	1,053.6	1,022.6	994.2
Female	3.3% ↓	725.7	706.0	680.8	702.1	710.3	716.7	698.4	738.9	708.9	701.9
Age-Adjusted Mortality Rate by Race - per 100,000											
non-Hispanic White	1.5% ↓	791.2	800.7	781.8	787.4	820.1	817.6	782.5	831.9	802.2	779.2
non-Hispanic Black	0.5% ↑	1017.4	1,030.4	970.2	989.5	1,020.7	1,041.0	1,021.5	1,065.6	1,033.9	1,022.7
non-Hispanic Asian	4.6% ↑	387.6	244.6	280.3	386.6	421.7	314.9	315.5	440.5	381.6	405.3
non-Hispanic Multi-Racial	35.7% ↓	82.6	59.0	65.8	109.0	99.6	48.1	6.1	90.1	40.6	53.1
non-Hispanic Other Race	13.4% ↑	1,741.2	714.3	888.5	597.0	793.2	2,725.8	5,745.7	1,273.7	1,665.1	1,974.1
Hispanic	9.0% ↓	285.7	310.9	281.0	225.1	332.8	247.8	238.1	363.5	399.2	311.5

	% Δ	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Years of Potential Life Lost - Person Years Lost											
Total Population	12.5% ↑	61,081	62,946	61,734	64,851	68,327	69,757	68,788	75,550	69,946	68,688
Years of Potential Life Lost by Gender - Person Years Lost											
Male	18.8% ↑	36,270	38,579	38,645	41,226	43,113	42,437	42,841	47,671	43,579	43,089
Female	2.9% ↑	24,811	24,367	23,089	23,625	285,214	27,245	25,947	27,879	26,367	25,524
Years of Potential Life Lost by Race - Person Years Lost											
non-Hispanic White	9.0% ↑	35,790	3,701	36,760	38,043	41,178	42,312	40,558	44,692	40,702	39,014
non-Hispanic Black	14.2% ↑	23,399	24,472	23,279	24,931	24,837	25,797	25,624	27,771	26,911	26,720
non-Hispanic Asian	83.9% ↑	411	244	265	451	506	287	434	504	636	756
non-Hispanic Multi-Racial	44.2% ↓	260	282	388	181	485	150	219	753	211	145
non-Hispanic Other Race	214.4% ↑	271	268	468	576	754	549	978	819	741	852
Hispanic	40.1% ↑	851	549	521	662	597	591	975	1,011	745	1,192
Average Life Expectancy											
Total Population	0.5% ↓	77.1	77.3	77.4	77.4	77.2	76.9	76.8	76.6	76.6	76.7
Average Life Expectancy by Gender											
Male	1.0% ↓	74.5	74.8	74.9	74.7	74.4	74.1	74.0	73.8	73.8	73.8
Female	0.1% ↑	79.2	79.5	79.4	79.5	79.7	79.9	79.9	79.6	79.5	79.3
Average Life Expectancy by Race											
non-Hispanic White	0.9% ↓	78.2	78.3	78.2	78.1	78.0	77.6	77.5	77.3	77.4	77.5
non-Hispanic Black	0.0% —	73.5	73.7	74.1	74.2	74.3	73.9	73.8	73.5	73.5	73.5
non-Hispanic Other Race	1.8% ↓	84.6	86.5	85.1	84.8	82.2	83.4	84.0	84.6	83.1	83.1
Hispanic	6.2% ↓	103.6	99.6	102.2	112.2	108.4	106.4	106.7	104.0	100.4	97.2

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