City of Cincinnati Health Profile

Executive Summary

Cincinnati Health Department

2016
According to the 2010-2014 U.S. Census, the City of Cincinnati’s population is 297,117, with 52.5% female and 47.5% male, similar to Hamilton County and the state of Ohio. Cincinnati has a slightly younger population than the state of Ohio overall, with 11.2% of residents over the age of 65, compared to 14.7% of Ohioans. Cincinnati is more diverse compared to the state of Ohio; just under half of the city 45.6% self-report as African American and 52.9% report as White. Cincinnati’s foreign-born population appears to be immigrating predominantly from Asia (34.2%), Latin America (26.2%) and Africa (21.5%).

**Poverty and Unemployment**
The median family income for the City of Cincinnati is $34,002 as compared to Hamilton County ($48,927) and Ohio ($48,849) overall. Approximately, 30.9% of Cincinnati families earned below the Federal Poverty Level (FPL), twice the Ohio rate. Between 2010-2014 Childhood poverty rates in Cincinnati (47.2%) were twice the rate in the state of Ohio (23.1%). In Cincinnati in 2014, among people aged 16 years and older, 13.3% reported being unemployed in the past year. Access to health care is a key social determinant of health. Among adults 18-64 years of age in Cincinnati, 23.1% are uninsured, 18.5% could not afford a physician and 17.2% could not afford medications. Thirty-six percent of adults 18-64 years are uninsured for dental care.

Transportation, access to fresh food and employment is a significant disparity in terms of the health of Cincinnatians. Approximately, 8.1% of those in Cincinnati lack a vehicle. Furthermore, evaluating access to oral health care and needs associated with those in poverty, among individuals from Cincinnati with household income at or below the FPL, 51.1% self-reported mouth and teeth in poor condition, and 53.7% report delayed access to dental care in the past year.

A Community Need Index (CNI) assessment to determine vulnerable communities in Hamilton County determined that neighborhoods of greatest need were within the City of Cincinnati limits, with Millvale, Price Hill and Winton Hills being the highest need neighborhoods based on socio-economic factors such as income, education, insurance and housing status. According to the VESTA Community Data 2014 Report, approximately 7,810 individuals in Cincinnati report as homeless. Homelessness is associated with many other health risk factors, such as chronic mental illness, drug or alcohol abuse and children in poverty.

An analysis of the age-adjusted death rates for top 10 causes of death in Cincinnati determined Heart disease (187.1 per 100,000) is the leading cause of death consistent
with national rates, followed by cancer (177.8 per 100,000) and stroke (49.8 per 100,000). Overall, African Americans have greater mortality rates associated with the leading causes of death, and among youth, young African American males have the highest mortality rates. For all youth aged 10-14 years, the top cause of death is unintentional injuries (6.57 per 100,000) and for youth aged 15-19 years, homicide is the leading cause of death (28.97 per 100,000). The most common chronic diseases in Cincinnati include hypertension, obesity and current smokers. Cincinnati also rates higher for diabetes and asthma compared to Ohio.

**Violence**
The death rate due to homicide in Cincinnati from 2001-2007 was 19.1/100,000, more than twice the rate in Ohio large metropolitan regions (9.0), and more than three times the homicide rate in the US (5.9). The majority of these deaths were due to firearms. The total number of adult hospital admissions in Cincinnati for gunshot wounds has increased dramatically since 2000, particularly for African-Americans. In 2010, there were 72 reported homicides; in 2011, there were 66. The ratio of survivable gunshot injuries to gunshot deaths is 8:1.

**Life Expectancy**
The average Cincinnati resident lives about 76.7 years, two years less than the national US average, suggesting that we are not as healthy as the rest of the nation, with a gap between the life expectancy for men (73.6 years) and for women (79.6 years) in Cincinnati. African American men and women in Cincinnati have lower life expectancy than their counterparts. On average, Life expectancy for African American men in Cincinnati is ten years less than White men (63.8 years vs. 73.8 years), and African American women is six and a half years less than White women (72.4 years vs. 79 years). While disparities exist at the state and national level, African American women have lower life expectancy at birth in Cincinnati (72.4 years) than in Ohio (76.5 years) and the US (77.4 years) as a whole, and the same holds true for African American men (63.8 years vs. 69.8 years) for Ohio overall and 70.9 years for the US. These findings suggest significant health inequities.

**Infant Mortality Rate**
Infant mortality rate (IMR), the proportion of babies that die before their first birthday, is another indicator of the overall health of a community. Unfortunately, Cincinnati has long suffered from excessively high IMRs. The IMR for 2006-2010 in Cincinnati was calculated as 13.3 deaths per 1000 live births, twice the US IMR in 2010, which was 6.8. Although, Cincinnati’s infant mortality rate has improved since then, there is significant progress yet to be made. Cincinnati’s 2011-2015 IMR was 10.8 deaths per 1000 live births, significantly higher than both Ohio’s and the national IMRs. In 2015, the IMR for the City of Cincinnati
decreased to 7.9 per live births. Additionally, there are significant racial disparities in the burden of infant mortality in Cincinnati. The IMR for African American families in Cincinnati from 2010-2014 was 15.6, while the IMR for White families in Cincinnati was 6.1 per 1000 live births. Infant mortality in Cincinnati and elsewhere is largely attributable to premature birth. Many factors are associated with prematurity, including maternal age (too young or too old), the family’s level of poverty, stress, smoking or drug use and the mother’s pre-existing chronic health conditions (i.e. obesity). Early enrollment into prenatal care can decrease risk of adverse pregnancy outcomes.

Data from the Cincinnati Public Schools system (CPS) provides a window into the health of our young people ($n = 21,218$ health records available out of $n = 32,453$ students enrolled). For those CPS students with school health records, one in five is reported to be asthmatic (20.5%). Nearly one in ten students were reported to have an Attention Deficit Disorder (ADD / ADHD) (9.2%). Additionally, one in ten students were reported to have dental problems (10.5%), which includes visible decay or infection. Of concern, an additional 16% of students have reported other chronic illnesses. School nurses in Cincinnati Public Schools screen students in grades kindergarten, 3rd, 5th and 9th for healthy body weight. More than one in three students has a weight above average for their height, age and gender, 18.4% are obese and another 16.4% are overweight. Obesity during childhood increases the risk of adult obesity, and can often become a lifelong struggle, and can predispose individuals to the development of other chronic illnesses including diabetes, high blood pressure and high cholesterol later in life.

To address the health disparities within the City of Cincinnati, the Cincinnati Health Department (CHD) has developed many interventions. Regarding childhood poverty, many organizations are collaborating on the Child Poverty Collaborative, our Interim Health Commissioner, Dr. O’Dell Owens serves on the committee. Poverty rates in Cincinnati are measured by the annual US Census American Community Survey.

The Maternal and Infant Health Division provides mothers, children, and families access to health services, education, care coordination and home visitation regardless of income and insurance status. Specific interventions include services in safe sleep education, family planning, home visitation, access to health care, health insurance, depression screening, WIC nutritional support services and infant cribs. The MIH Division also addresses poverty and health inequity by providing preventative reproductive health services. These services promote economic self-sufficiency, family stability, and social mobility by cultivating a culture of reproductive responsibility. The MIH Division has several measures for assessing maternal and child health including (1) number of women breastfeeding, (2) number of clients served for preventative reproductive health services, (3) number of families receiving education around safe sleep, (4) number of families
served by home visits, (5) number of men receiving education around fatherhood and reproductive health, (6) men and women with documented reproductive life plan, (7) numbers of low birth weight and premature infants delivered, and (8) infant mortality rate.

The CHD will calculate trends in life expectancy for each neighborhood in the city. The Creating Health Communities Coalition works with three target neighborhoods in Cincinnati through Policy, Systems and Environmental Changes to help advocate and promote healthy eating, tobacco free living and healthy life styles. Members of CHD including Dr. Camille Jones, Assistant Health Commissioner worked with Youth Violence Task Force to provide recommendations to city council in the Spring of 2016. In addition, the Cincinnati Police Department City Camp provides teen mentoring for at risk youth. The seven CHD Primary Care Health Centers and eleven CPS School-Based Health Centers managed by the CHD help improve access to overall health and dental care for adults and children throughout the city of Cincinnati serving over 45,000 individuals per year.

The CHD Strategic Plan for 2016 includes goals and initiatives as we move forward to make Cincinnati the healthiest city in which to live, work and play (see supporting document).
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<th>Issue identified in Motion 201400501</th>
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| Child Poverty                        | School Based Health Centers provide access to health care for children*  
  -Lead Poisoning Prevention Program**  
  -CLEAR Program - Healthy Home inspections for children hospitalized with asthma who report potential environmental triggers*  
  -Creating Healthy Communities Coalition: urban gardens, *Produce Perks*, smoke free campuses** | Cincinnati Child Poverty Collaborative Creating Healthy Communities Coalition: Smoke free multi-unit housing initiative** | -Adult and child poverty rates estimated by annual Census Bureau American Community Survey  
-Number of children with elevated blood lead levels  
-Asthma hospitalization rates  
-Homes with environmental health hazards |
| Infant Mortality                     | First Steps Program (e.g., skilled nursing and community health workers),  
  -Reproductive Health and Wellness Program*,  
  -Women Infants and Children (WIC)**,  
  -Cribs for kids* |  | -Infant Mortality Rate (IMR),  
-low birth weight and prematurity rates  
-Evidence of reproductive life plan,  
-Number of women breastfeeding,  
-Men receiving education on fatherhood,  
-Families served by home nurses or community health workers,  
-Sleep related deaths in children |
| Life expectancy                      | Analysis of life expectancy by neighborhood in Cincinnati*  
  -Cincinnati Health Department Primary Health Care Centers with sliding scale payment for health services | Health Collaborative Collective Impact on Health Initiative (Regional)* | -Age specific mortality rates by neighborhood  
-Number of citizens served / % of city population served  
-% reporting very good or excellent health  
-% reporting a usual and appropriate source of healthcare |
| Youth Violence                       | 2010-2012 Youth Violence Data Report requested by Councilmember Young (not released due to new trend in violence in 2014) | Youth Violence Task Force  
Cincinnati Police Department CITI Camp involvement* | -Number and type of reported crimes by and against juveniles,  
-Number of arrests, convictions, and juvenile justice interactions |
| Unemployment                         | Lead Poisoning Prevention Program training of Lead Workers, requirement for Section 3 hiring** |  | -Number of adults unemployed and underemployed reported on American Community Survey |

*Partially City funded/partially grant funded,  ** Totally grant funded