GREEN TOWNSHIP

Does Place Matter?
A Community Health Assessment

FEBRUARY 2019

We THRIVE!
Community Wellness in Action

An Initiative of

HAMILTON COUNTY PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

ACKNOWLEDGMENTS

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TABLE OF CONTENTS

INTRODUCTION

One of the basic 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 unfair. These inequities are, in large part, driven by factors known as determinants of health, which include things such as social, economic and environmental conditions, health behaviors, disease, injury and ultimately, death.

This report includes the following topics relevant to health equity in Green Township, Ohio:

- Community Context (who makes up your community)
- Educational Attainment (highest level of education completed)
- Economic Stability (ability to afford basic necessities)
- Neighborhood and Built Environment (the environment of your community)
- Health and Healthcare Outcomes (specific illnesses and disease)

This report provides a starting point to guide you in making lasting changes that will have a positive impact 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 the 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.

TECHNICAL NOTES

GEOGRAPHY

Data in this report are presented at a community level when possible. However, there are instances in which data were not available or could not be calculated at a community level. In these cases, the data include residents from neighboring communities who share the same ZIP code(s) and/or census tract groups as your community. Maps that illustrate these communities can be found on page I of the Appendix.

DATA SOURCES / TIME FRAMES

Data presented in this report are presented for different periods of time based on the availability of finalized datasets. Time periods are noted throughout the report. Single year estimates for U.S. Census data are not available from the U.S. Census Bureau for most sub-county jurisdictions. Therefore, the American Community Survey (ACS) five-year estimates were used for calculating certain statistics/estimates for individual years. Data in this report were obtained from the following sources:

- Federal Bureau of Investigation (FBI)
- Hamilton County and Ohio Job and Family Services (JFS)
- Hamilton County Public Health (HCPH)
- Hamilton County Sheriff's Office
- Ohio Department of Education (ODE)
- Ohio Department of Health (ODH)
- Ohio Department of Public Safety (ODPS)
- U.S. Census Bureau/American Fact-Finder
- U.S. Department of Agriculture

Death, cancer and birth data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions. 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 asset and opportunity audit was completed on June 26, 2018.

TERMINOLOGY

For an explanation of the most common terminology used throughout this report, please refer to the common terminology sections on page XX of the Appendix.

SMALL NUMBERS

It should be noted that some data for Green Township are based on a small number of cases and should be interpreted with caution. When there are only a small number of cases, 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 on counts of less than 20 are particularly susceptible to this phenomenon. They have been footnoted throughout this report and are denoted by the ♦ symbol.

While death and injury 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.

COMMUNITY CONTEXT

In order to understand and effectively address health and health equity problems, 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 demographics (age, gender, race/ethnicity and language spoken at home), racial residential segregation and concentrated disadvantage.

Understanding the demographics of a community is important to program planning and program implementation[1]. Understanding who makes up 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 determine the possible impact of health patterns and disease trends over time[2].

58,614
Green Township Total Population, 2016

28,025
Male Population, 2016

30,589
Female Population, 2016

2016 Population by Age

<18 Years of Age	23%
18-29 Years of Age	13%
30-49 Years of Age	24%
50-64 Years of Age	22%
65+ Years of Age	18%

Understanding and valuing cultural diversity in a community are key to countering racism and discrimination[3]. One important aspect of diversity is race/ethnicity. Different racial groups can have different health challenges as well as different cultural norms around healthcare. These can be important factors to consider when trying to find solutions to health challenges in a community.

2016 Population by Race/Ethnicity

non-Hispanic White	92%
non-Hispanic Black	4%
non-Hispanic Multi Racial	1%
non-Hispanic Other Race	1.3%
Hispanic, Any Race	1%

Language Spoken at Home, Residents 5 Years of Age & Older, 2016

English Only	96%
Spanish	1%
Other Indo-European Languages	1%
Asian & Pacific Islander Languages	0.8%
Other Language(s)	0.6%

Language is fundamental to the expression of cultural identity[3]. It is important to know what languages are spoken in your community so that you can provide information in these languages when possible.

Racism and discrimination can contribute to the racial residential segregation of a community. 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 advance of minority groups by limiting education quality and employment[4]. It 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 also found to be associated with unequal access to healthcare resources, including the overall number and quality of healthcare settings and quality of treatment[5].

MODERATELY WELL INTEGRATED

The level of racial residential segregation in the majority of the census tract groups for Green Township in 2016

Health equity and the health status of an individual are influenced by many factors. One way to look at how multiple factors may influence the health of an individual or a community is to look at the level of concentrated disadvantage in a community. Concentrated disadvantage is an indicator that shows communities that may be 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 of the population who are unemployed
- Percent of the population who are less than 18 years of age[5]

MEDIUM LEVELS OF CONCENTRATED DISADVANTAGE

The level of concentrated disadvantage in Green Township in 2016

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

EDUCATIONAL ATTAINMENT

Educational attainment is defined as the highest level of education that an individual has completed[6]. Educational attainment, like concentrated disadvantage, can influence the health of an individual. An individual's level of education can impact their health. For example, having a bachelor's degree, is often associated with having better health[7]. Educational attainment in this report is the highest level of education completed or the highest degree earned for Green Township residents who are 25 years of age and older.

School Enrollment by Level of Schooling, 2016

Total Population Enrolled in School	14,093
Enrolled in Nursery/Preschool	9%
Enrolled in Elementary & Middle School (K-8th Grade)	45%
Enrolled in High School (9th-12th Grade)	26%
Enrolled in College (Undergraduate & Graduate School)	21%

THREE

The number of public school districts that serve children in Green Township

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, often have better educational and social outcomes[9]. Children who are enrolled in preschool 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 degree, 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 Green Township Residents 25 Years of Age and Older, 2012-2016

Less than High School Graduate	6%
High School Graduate or Equivalent	32%
Bachelor's Degree or Higher	32%

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

Increasing the graduation rate of a school may impact an individual's well-being and his/her health[11]. The 4-year graduation rate of the public school district(s) that serves your community is monitored by the state. The 4-year graduation rate for 2016 was the percentage of students who entered ninth grade in the 2012-2013 school year and graduated by the end of the 2015-2016 school year.

Based on the percentage of students who graduate within the 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 are highlighted in pink.

REPORT CARD
2016 4-Year Graduation Rate

SCHOOL DISTRICT	GRADE	
Wyoming City Schools	98.8%	A
Three Rivers Local Schools	98.0%	A
Mariemont City Schools	97.6%	A
Madeira City Schools	97.3%	A
Indian Hill Schools	96.8%	A
Milford City Schools	96.5%	A
Loveland City Schools	96.3%	A
Sycamore Local Schools	96.0%	A
Southwest Local Schools	95.7%	A
Forest Hills Local Schools	94.9%	A
Oak Hills Local Schools	94.6%	A
Deer Park City Schools	94.5%	A
Northwest Local Schools	91.5%	B
Reading City Schools	90.5%	B
Finneytown Local Schools	90.4%	B
Princeton City Schools	85.3%	C
St. Bernard - Elmwood Place Schools	84.9%	C
North College Hill City Schools	83.2%	D
Winton Woods Local Schools	83.2%	D
Norwood City Schools	82.4%	D
Mount Healthy City Schools	79.3%	D
Lockland City Schools	74.5%	F
Cincinnati Public Schools	72.8%	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 that community. Economic stability means that individuals 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].

6%
Green Township residents living in poverty, 2012-2016

Living in poverty can significantly impact the health of individuals and families. 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].

10%
Green Township Children living in poverty, 2012-2016

Living in poverty 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].

Green Township Residents Living in Poverty by Educational Attainment, 2012-2016

Less than High School Graduate	10%
High School Graduate or Equivalent	7%
Bachelor's Degree or Higher	3%

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

A community's poverty level is also linked to high school drop-out rates. The more people who live in poverty in a community, the higher the high school drop out rate. Individuals who have less than a high school diploma have some of 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].

5%
Green Township Unemployment Rate, 2012-2016

Employment often means more than just a steady job, a safe working environment or a paycheck. Employment can also provide numerous benefits that are critical for individuals and families to maintain proper health[17]. Some of these benefits include access to health insurance, the ability to afford high-quality childcare, and access to better neighborhoods.

Percent of Families by Number of Parents Working, 2012-2016

Both Parents Working	68%
One Parent Working	31%
No Parent(s) Working	1%

Poverty levels are not the only way to assess the economic stability of a family. Another method is to look at the number of working individuals in a household or family. Sometimes only one individual in a family works outside the home. However, many families find that they need two wage earners to pay for housing and maintain the family budget[18]. When both parents are working, income may increase, which may lead to fewer financial stresses or strains[18].

21%
Green Township residents who are housing-cost burdened, 2012-2016

One financial strain that a family may experience is known as housing-cost burden. Housing-cost burden is when a family or individual spends 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].

$68,142
Average median household income in Green Township, 2012-2016

Another way to measure economic stability of 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, woman, and child[21]. Per-capita income is often used as an indicator of a community's economic health[22].

$33,182
Average per-capita income in Green Township, 2012-2016

Median household income, 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 high levels of educational attainment and low unemployment rates[24]. High employment rates can often lead to better access to healthcare and better health outcomes for the residents of a community[24].

2.7%
Percent of individuals who received cash assistance (OWF) and lived in the ZIP codes for Green Township, October 2014-November 2015

Sometimes, however, a family's income may not be enough for them to afford the necessities. In these instances the family may qualify for cash assistance through Ohio Works First (OWF). OWF is the financial assistance portion of the State's Temporary Assistance to Needy Families (TANF) program. OWF provides cash benefits to needy families for up to 36 months[25]. Ultimately, OWF allows for families to work towards financial stability.

Another financial stress on a family is the ability to afford quality child care. 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 places on families, subsidized child care is available to help cover some of the cost of child care. This assistance is available for children of eligible caretakers who are 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].

Child Care Centers in Green Township

Number of licensed child care centers	41
Number of licensed child care centers that serve children in publicly funded child care	30

19.6%

Individuals who received SNAP and lived in the ZIP codes for Green Township, October 2014-November 2015

33

Stores in Green Township that accept SNAP as a form of payment

Access to healthy foods is another important factor in the overall health of a community. Poor food access can increase the risk for malnutrition and other adverse health outcomes.

The ability to afford healthy foods is another common financial strain for families. 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. This program is meant to supplement the food budgets of low income families to help them feed their families.

31.4%

Percent of students in Oak Hills Local Schools that had free & reduced lunches, 2018 Fiscal School Year

Food access is also important for children's health. One way to ensure children have enough to eat is through 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 breakfasts and lunches to children each school day[28]. For many children living in poverty, most of their meals are eaten at school. When a school participates in the National School Lunch and Breakfast Program, the children in those institutions get healthy, low cost meals every school day.

NEIGHBORHOOD & BUILT ENVIRONMENT

The built environment is the man-made space where individuals live, work and play on a day-to-day basis. This includes buildings, parks, sidewalks, streets, and other spaces that have been created or modified[29]. The built environment of a community also includes public transportation. It can affect the potential for injuries related to pedestrian and motor vehicle crashes and impact the ability of individuals in a community to exercise[29,30].

Parks and Playgrounds in Green Township

Number of parks	6
Number of playgrounds	8

There is **AVAILABLE** public transportation in Green Township

Motor vehicle crashes are a leading cause of death in the United States[31]. Motor vehicle crashes, particularly those that involved pedestrians, are a significant public health concern. They can happen to anyone, but new teen drivers are at a higher risk for causing motor vehicle crashes than the general population[31]. Injuries due to motor vehicle crashes are also a leading cause of death among children in the United States[32].

Elements of the built environment including roads, bike infrastructure and sidewalks have a strong influence on motor vehicle, bicycle and pedestrian safety.

13,395 Number of motor vehicle crashes in Green Township, 2012-2016

0% Percent of motor vehicle crashes in Green Township that were fatal, 2012-2016

6% Percent of motor vehicle crashes in Green Township involving a teen driver (15-17 years), 2012-2016

620.7 PER 100,000 Age-adjusted motor vehicle accident injury rate in Green Township, 2010-2014

1% Percent of motor vehicle crashes in Green Township involving a pedestrian, 2012-2016

12% Percent of motor vehicle crashes in Green Township that involved a child as a driver/passenger/pedestrian, 2012-2016

32.5
PER 100,000
Age-adjusted pedestrian injury rate in Green Township, 2010-2014

Pedestrian injuries are injuries where a person not in a vehicle or riding a bicycle or motorcycle was struck by a car, truck, SUV, or van[33]. 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 also be associated with pedestrian related injuries and motor vehicle crashes[35].

0%
Percent of motor vehicle crashes in Green Township involving a bicyclist, 2012-2016

75.6
PER 100,000
Age-adjusted bicycle injury rate in Green Township, 2010-2014

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 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 ability to choose how they want to travel[34]. Not installing these types of facilities can force residents to either drive or engage in unsafe walking and biking practices[34].

39
Violent crimes in Green Township in 2016

The built environment can also influence the crime committed in a community. Zoning, street design, housing, location of public transit and land use all shape the built environment in ways that can increase or decrease crime[35]. Communities that have high levels of violent crime may also increase the risk that residents experience violence[36]. Violent crime is composed of four offenses:

- Homicide
- Rape
- Robbery
- Assault

19.7
PER 100,000
Age-adjusted firearm related injury rate in Green Township, 2010-2014

Homicides, also known as murders, are a serious health problem and can have lasting effects on communities. Homicide is an extreme outcome of the broader public health problem of interpersonal violence[38].

2.8
PER 100,000
Age-adjusted homicide rate in Green Township, 2012-2016

Violence is enabled 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].

10.6
PER 100,000
Age-adjusted intentional injury mortality rate in Green Township, 2010-2014

525.5
PER 100,000
Age-adjusted intentional injury rate in Green Township, 2010-2014

Intentional injury is another form of interpersonal violence. Intentional injuries are injuries sustained by knowingly inflicting harm to oneself or someone else.

Factors associated with the built environment, including neighborhood deterioration, can also influence drug use and drug overdoses[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].

30.5
PER 100,000
Age-adjusted drug overdose mortality rate in Green Township, 2012-2016

233.8
PER 100,000
Age-adjusted drug overdose related injury rate in Green Township, 2010-2014

1%
Percent of motor vehicle crashes in Green Township that were drug related, 2012-2016

2%
Percent of motor vehicle crashes in Green Township that were alcohol related, 2012-2016

A high quality 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 injuries that occur during exercise or sports and often 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 than adults, 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

102.1
PER 1,000
Child injury rate in Green Township, 2010-2014

10.5
PER 1,000
Child sports-related injury rate in Green Township, 2010-2014

1.5
PER 1,000
Child dog bite-related injury rate in Green Township, 2010-2014

of the time individuals who suffer dog bites are bitten by their own dog or by a dog they know, such as a dog owned by a neighbor or family friend[45].

All dog bites, both large and small, are a public health concern. Approximately one in five dog bite victims require medical attention. While the most severe bites may require treatment and will get reported, many more bites go unreported and untreated every year.

The built environment can also directly impact the number of falls a community experiences 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 older adults, improper home environments and decreased physical well-being, contribute to the overall risk of experiencing a fall-related injury.

"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.

2,594.7
PER 100,000
Age-adjusted fall-related injury rate in Green Township, 2010-2014

0.0
PER 100,000
Age-adjusted fall-related mortality rate in Green Township, 2010-2014

HEALTHCARE & HEALTH OUTCOMES

ACCESS TO CARE

Access to comprehensive, quality healthcare services is important to increase the quality of life for everyone[45]. However, individuals may be unable to afford or unable to obtain health insurance, causing them to become uninsured. When an individual is uninsured they may put off preventative care and other necessary healthcare[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.

Green Township Residents Uninsured, 2012-2016

Total residents	5%
Children (<18 years of age)	3%

Children who are uninsured may be prevented from receiving early preventative care or necessary immunizations that provide a foundation for a healthy childhood and a healthy life as an adult.

MORTALITY

Mortality rates, also known as death rates, are a powerful measure for assessing the overall health of a community. 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].

Green Township Mortality Rates, 2012-2016

Age Adjusted Mortality Rate	678.1 PER 100,000
Child Fatality Rate	3.7♦ PER 10,000

Another indicator to measure the overall health of a community is the child fatality rate. The child fatality rate is a specific type of mortality rate that measures the number of child deaths over a specific 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 overall health of a community, mortality rates for specific diseases and injuries provide more insight into the specific health problems of a community.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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

38.2
PER 100,000
Age-adjusted COPD mortality rate in Green Township, 2012-2016

HEART DISEASE

Like COPD, heart disease may cause death when left untreated. 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 has multiple causes, including diabetes[51].

370.3
PER 100,000
Age-adjusted heart disease mortality rate in Green Township, 2012-2016

DIABETES

Diabetes, the seventh leading cause of death in the United States, is a disease that causes the blood glucose (sugar) levels in the body to be higher than normal[51]. High blood glucose is caused when your body is not able to break down the sugar or cannot make insulin, the substance that is used to break down the sugars[51].

13.0
PER 100,000
Age-adjusted diabetes mortality rate in Green Township, 2012-2016

CANCER

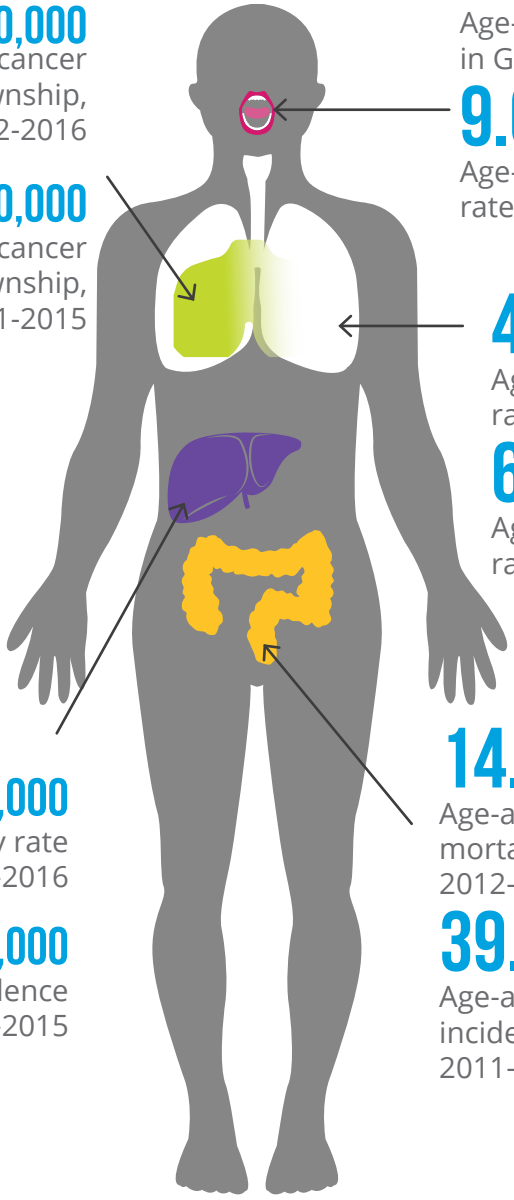
The second leading cause of death in the United States is cancer. Cancer is the name given to over 100 different diseases[53]. While there are many different types of cancer, all cancers start the same way and, when left untreated, can cause illness and even death[53]. However, many cancer deaths can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

164.7
PER 100,000
Age-adjusted cancer mortality rate in Green Township, 2012-2016

Cancer is a complex group of diseases with many possible causes, however, lifestyle factors including physical activity or tobacco use can increase your risk of developing certain cancers[54]. The majority of lung cancers are caused by smoking cigarettes[55]. Smoking can also increase your risk of developing cancer almost anywhere in the 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].

Green Township Selected Cancer Rates



11.7 PER 100,000
Age-adjusted female breast cancer mortality rate in Green Township, 2012-2016

82.1 PER 100,000
Age-adjusted female breast cancer incidence rate in Green Township, 2011-2015

6.2 PER 100,000
Age-adjusted liver cancer mortality rate in Green Township, 2012-2016

7.5 PER 100,000
Age-adjusted liver cancer incidence rate in Green Township, 2011-2015

2.4* PER 100,000
Age-adjusted oral cancer mortality rate in Green Township, 2012-2016

9.69 PER 100,000
Age-adjusted oral cancer incidence rate in Green Township, 2011-2015

42.9 PER 100,000
Age-adjusted lung cancer mortality rate in Green Township, 2012-2016

62.2 PER 100,000
Age-adjusted lung cancer incidence rate in Green Township, 2011-2015

14.7 PER 100,000
Age-adjusted colon & rectal cancer mortality rate in Green Township, 2012-2016

39.1 PER 100,000
Age-adjusted colon & rectal cancer incidence rate in Green Township, 2011-2015

Some types of cancer can run in families. Having a family history of certain types of cancer, such as breast cancer, can put an individual at an increased risk for developing those cancers. 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 new cancers can be avoided and many cancer deaths can be prevented[58]. Early and regular screenings for certain types of cancer including cervical, colorectal and breast cancers can help prevent disease through early diagnosis and treatment[58]. Maintaining a healthy lifestyle can also reduce the risk of developing cancer[58].

STI/HIV/HEPATITIS C

Risky sexual behavior increases an individual's risk for sexually transmitted infections (STIs). Syphilis is one such infection. It 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. It can also be spread from an infected mother to her unborn baby[59].

4.4 PER 100,000
Syphilis rate in Green Township, 2012-2016

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

3.4 PER 100,000
Rate of new HIV diagnoses in Green Township, 2012-2016

Sharing needles or other equipment used to inject drugs can also increase an individual's risk of becoming 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].

99.3 PER 100,000
Hepatitis C rate in Green Township, 2012-2016

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 a community's overall health and well-being.

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]." The infant mortality rate is the number of infant deaths for every 1,000 live births during a period of time. Infant mortality is often associated with factors such as maternal health, access to and quality of healthcare and socioeconomic conditions.

5.2 PER 1,000
Infant mortality rate in Green Township, 2012-2016

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 that community, especially when the size of the population 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.

QUALITY OF LIFE

Many of the health outcomes and socioeconomic indicators presented in this report can have lasting effects on an individual's quality of life. They may also lead to individuals having difficulty doing everyday tasks. One way to measure the quality of life of an individual is to look at individuals with independent living difficulties. Individuals are considered to have an independent living difficulty when they are 18 years of age and older and, 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].

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.

5%
Green Township residents (18 and older) with an independent living difficulty, 2012-2016

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. It summarizes the mortality patterns that prevail across all age groups[65]. Factors such as access to healthcare, healthy lifestyles and disease all impact 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 overall, individuals living in poverty and in poor communities tend to have shorter life expectancies than those living in more affluent communities.

79.75 YEARS
Average life expectancy in Green Township, 2012-2016

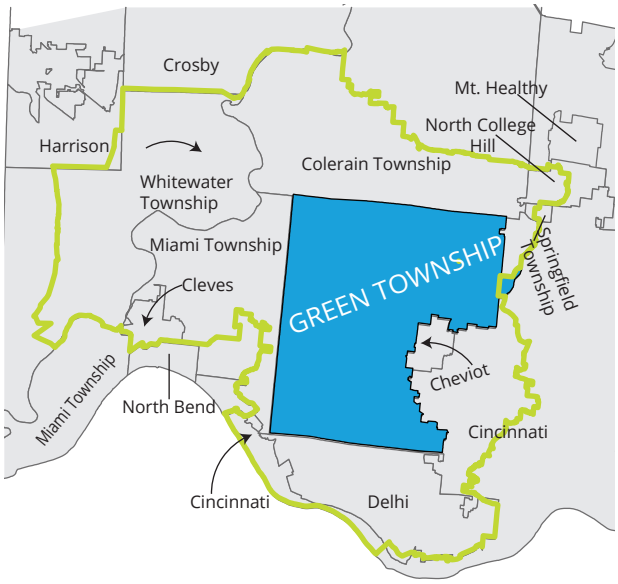
The information presented throughout this report shows the connections between health outcomes, socioeconomic status, and life expectancy. In order to achieve health equity, targeted interventions and policy change are needed, otherwise disparities will only continue to increase. We hope this report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

APPENDICES

GEOGRAPHY NOTES

The following maps illustrate the communities that share ZIP code(s) and/or census tract groups with your community.

ZIP CODES FOR GREEN TOWNSHIP



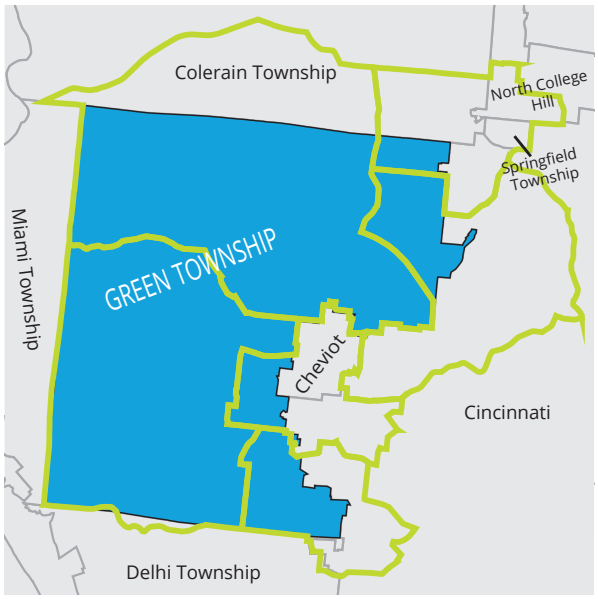
= ZIP Code

= Green Township

The following are the ZIP code(s) that make up your community.

- 45002, 45211, 45233, 45238, 45239, 45247, 45248

CENSUS TRACT GROUP FOR GREEN TOWNSHIP



= Census Tract Group

= Green Township

Census tract groups are a group of approximately 5-6 census tracts based on their location.

A census tract is an area that contains between 1,200 and 8,000 people assigned by the U.S. Census Bureau.

ASSETS & OPPORTUNITIES

This section of the report provides assets and opportunities identified from a review of the data and an asset and opportunity audit. Assets and opportunities identified from the data are the top 10 (or less) assets and opportunities that are statistically significant when compared to Hamilton County as a whole. Other assets are identified from the asset and opportunity audit. Please see the Frequently Asked Questions on 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 were identified by Hamilton County Public Health and may differ from what you see in your community.

ASSETS

- The percent of Green Township's total population living in poverty is 3 times lower compared to Hamilton County.
- The percent of Green Township residents living in poverty, whose highest level of educational attainment is less than a high school graduate, is about 5 times lower compared to Hamilton County.
- The percent of Green Township families having no parents working in the household is 7 times lower than Hamilton County.
- The rate at which Green Township residents suffer from fire-arm related injuries is over 3 times lower than Hamilton County.
- The rate at which Green Township residents die from intentional injuries is 2 times lower than Hamilton County.
- The rate at which Green Township residents die from homicide related crime is over 3 times lower than Hamilton County (♦).
- The child fatality rate in Green Township is lower than Hamilton County (♦).
- The rate at which Green Township female residents die from female breast cancer is lower than Hamilton County.
- The rate of Green Township residents with syphilis is 7 times lower than Hamilton County (♦).
- The rate of Green Township residents with newly diagnosed cases of HIV is 4 times lower than Hamilton County (♦).
- Green Township has a prescription drug drop box for residents to dispose of any unwanted prescription drugs.
- There is an updated Community Points of Dispensing (POD) plan for Green Township.
- Green Township has a good network of accessible parks with playgrounds, ballfields, and recreation spaces.

OPPORTUNITIES

- The percentage of motor vehicle crashes involving a teen driver (15-17 years of age) is 2 times higher compared to Hamilton County.
- The percentage of motor vehicle crashes involving a child driver, passenger, or pedestrian is higher compared to Hamilton County.
- Less than one-third of students in the Oak Hills School District receive free and reduced lunch; however, not all schools in the District participate.
- There are no schools in Green Township that are 100% tobacco-free.
- There are few Green Township owned properties that have smoke-free signage and supporting policies.
- There are few idle-free zones in Green Township.
- There are no schools in Green Township with approved School Travel Plans through the Ohio Department of Transportation.
- Key areas of Green Township lack sidewalks (i.e. near parks, connecting the business district to other areas, etc.).
- There is a low community recycling rate in Green Township.
- Not all storm drains are labeled in Green Township.

RECOMMENDATIONS

The following recommendations are based on the opportunities identified for your community. The corresponding WeTHRIVE! pathway or pathways for each recommendation are indicated to the right of each recommendation.

= CHRONIC DISEASE PATHWAY

= INJURY PREVENTION PATHWAY

= ENVIRONMENTAL HEALTH PATHWAY

= SUBSTANCE USE & ABUSE PATHWAY

= EMERGENCY PREPAREDNESS PATHWAY

= SOCIAL HEALTH PATHWAY

Recommendation	WeTHRIVE! Pathway
Identify partnerships to help develop strategies that will reduce the number of motor vehicle crashes in the township.	
Identify problem areas and install traffic calming measures to prevent motor vehicle crashes.	
Work with local schools to educate teens on safe driving practices.	
Partner with schools within Green Township to develop a School Travel Plan and implement Safe Routes to School.	
Continue to implement a sidewalk master plan to help connect points of interest in the community and improve safety.	
Partner with local schools to increase participation in the free and reduced school lunch program.	
Adopt policies to make outdoor township owned properties smoke-free.	
Partner with local schools to support 100% tobacco-free policies.	
Encourage local schools (grades 7-12) to participate in the PreventionFIRST! PRIDE Student Drug Use Survey.	
Implement idle-free zones at all township properties; partner with local schools, churches and businesses to promote idle-free zones.	
Increase the community recycling rate and educate residents on local cleanup efforts.	
Continue labeling storm drains throughout the community and increase education on illicit discharge to reduce pollution.	
Educate residents on how to prepare their families for an emergency.	

DATA TABLES

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

Green = statistically better compared to Hamilton County
Red = statistically worse compared to Hamilton County

	Green Township	Hamilton County
Total Population - 2016	**58,614**	**805,965**
Male Population	**28,025**	**387,906**
Female Population	**30,589**	**418,059**
Age - 2016		
<18 Years of Age	**23%**	**23%**
18-29 Years of Age	**13%**	**17%**
30-49 Years of Age	**24%**	**25%**
50-64 Years of Age	**22%**	**20%**
65+ Years of Age	**18%**	**18%**
Race/Ethnicity - 2016		
non-Hispanic White	**92%**	**66%**
non-Hispanic Black	**4%**	**26%**
non-Hispanic Multi-Racial	**1%**	**2%**
non-Hispanic Other Race	**1.3%**	**3%**
Hispanic, Any Race	**1%**	**3%**
Language Spoken at Home (Residents 5 and Older) - 2016		
English Only	**96%**	**93%**
Spanish	**1%**	**2%**
Other Indo-European Languages	**1%**	**1%**
Asian & Pacific Islander Languages	**0.8%**	**1%**
Other Language(s)	**0.6%**	**1%**
Concentrated Disadvantage - 2016		
Level of Concentrated Disadvantage	**MEDIUM LEVELS**	-

Source: U.S. Census Bureau/FactFinder, 2016 American Community Survey 5-Year Estimates. Concentrated Disadvantage Methodology from the Association of Maternal and Child Health Programs.

Green = statistically better compared to Hamilton County
Red = statistically worse compared to Hamilton County

	Green Township	Hamilton County
Racial Residential Segregation - 2016		
Level of Racial Residential Segregation	MODERATELY WELL INTEGRATED	-
School Enrollment by Level of Schooling - 2016		
Total Enrolled in School	14,093	209,850
Enrolled in Nursery/Pre-School	9%	7%
Enrolled in Elementary & Middle School (K-8th Grade)	45%	44%
Enrolled in High School (9th-12th Grade)	26%	20%
Enrolled in College (Undergraduate & Graduate School)	21%	29%
Highest Level of Educational Attainment (Residents 25 Years of Age and Older) - 2012-2016		
Less than a High School Graduate	6%	11%
High School Graduate or Equivalent	32%	27%
Bachelor's Degree or Higher	32%	34%
Poverty - 2012-2016		
Total Population Living in Poverty	6%	18%
Children Living in Poverty	10%	27%
Less than a High School Graduate Living in Poverty	10%	49%
High School Graduates, or Equivalent, Living in Poverty	7%	41%
Bachelor's Degree or Higher Living in Poverty	3%	16%
Unemployment - 2012-2016		
Unemployment Rate	5%	7%
Families with Children by Number of Parents Working - 2012-2016		
Both Parents Working	68%	50%
One Parent Working	31%	43%
No Parent(s) Working	1%	7%
Housing Cost Burden - 2012-2016		
Percent Spending 30% or More of Income on Housing	21%	32%

Source: U.S. Census Bureau/FactFinder, 2012-2016 American Community Survey 5-Year Estimates. Racial Residential Segregation Methodology from the Association of Maternal and Child Health Programs.

Green = statistically better compared to Hamilton County
Red = statistically worse compared to Hamilton County

	Green Township	Hamilton County
Income - 2012-2016		
Average Per Capita Income	$33,182	$30,182
Average Median Household Income	$68,142	$49,207
Insurance - 2012-2016		
Total Residents Uninsured	5%	10%
Children Uninsured	3%	4%
Independent Living Difficulty - 2012-2016		
Percent of Residents with an Independent Living Difficulty	5%	6%

Source: U.S. Census Bureau/FactFinder, 2012-2016 American Community Survey 5-Year Estimates.

	Green Township	Hamilton County
Food Access - 2018		
Number of Stores that Accept SNAP as a Form of Payment	33	-

Source: U.S. Department of Agriculture

	Green Township	Hamilton County
Family Assistance - October 2014-November 2015		
Percent of Individuals Receiving Cash Assistance (OWF) by Community Zip Code	2.7%	-
Percent of Individuals Receiving SNAP by Community Zip Code	19.6%	-

Source: Hamilton County Job and Family Services (See page I of the Appendix for a list of Community ZIP codes).

	Green Township	Hamilton County
Child Care - 2017		
Number of Licensed Child Care Centers	41	-
Number of Licensed Child Care Centers that Serve Children in Publicly Funded Child Care	30	-

Source: Hamilton County Job and Family Services

Green = statistically better compared to Hamilton County
Red = statistically worse compared to Hamilton County

	Green Township	Hamilton County
Motor Vehicle Crashes - 2012-2016		
Total Motor Vehicle Crashes	13,395	-
Fatal Motor Vehicle Crashes	0%	0.2%
Motor Vehicle Crashes involving a Teen Driver (15-17 Years of Age)	6%	3%
Motor Vehicle Crashes involving a Child Driver, Passenger or Pedestrian	12%	9%
Motor Vehicle Crashes Involving a Pedestrian	1%	1%
Motor Vehicle Crashes Involving a Bicyclist	0%	0.4%
Drug Related Motor Vehicle Crashes	1%	1%
Alcohol Related Motor Vehicle Crashes	2%	3%

Note: Motor vehicle crashes are those that occurred within the community limits regardless if the individual was a resident.
Source: Ohio Department of Public Safety, 2012-2016 Crash Data Extracts

	Green Township	Hamilton County
Injury - 2010-2014		
Age-Adjusted Motor Vehicle Accident Injury Rate, per 100,000	620.7	746.5
Age-Adjusted Pedestrian Injury Rate, per 100,000	32.5	56.0
Age-Adjusted Bicycle Injury Rate, per 100,000	75.6	111.2
Age-Adjusted Firearm-Related Injury Rate, per 100,000	19.7	64.9
Child Dog Bite-Related Injury Rate, per 1,000	1.5	2.0
Age-Adjusted Fall-Related Injury Rate, per 100,000	2,594.7	2,935.9
Age-Adjusted Intentional Injury Rate, per 100,000	525.5	861.4
Age-Adjusted Drug Overdose Injury Rate, per 100,000	233.8	298.9
Child Injury Rate, per 1,000	102.1	117.3
Child Sports-Related Injury Rate, per 1,000	10.5	10.6
Death/Mortality - 2010-2014		
Age-Adjusted Fall-Related Mortality Rate, per 100,000	0.0	0.8
Age-Adjusted Intentional Injury Mortality Rate, per 100,000	10.6	21.3

Source: 2010-2014 Hamilton County Injury Surveillance System

Green = statistically better compared to Hamilton County
Red = statistically worse compared to Hamilton County

	Green Township	Hamilton County
Violent Crimes - 2016		
Number of Violent Crimes	39	-

Source: Hamilton County Sheriff.

	Green Township	Hamilton County
Death/Mortality - 2012-2016		
Age-Adjusted Mortality Rate, per 100,000	678.1	831.6
Age-Adjusted Homicide Rate, per 100,000	2.8♦	9.4
Age-Adjusted Drug Overdose Mortality Rate, per 100,000	30.5	34.7
Child Fatality Rate, per 10,000	3.7♦	7.3
Age-Adjusted COPD Mortality Rate, per 100,000	38.2	42.7
Age-Adjusted Heart Disease Mortality Rate, per 100,000	370.3	436.3
Age-Adjusted Cancer Mortality Rate, per 100,000	164.7	179.6
Age-Adjusted Diabetes Mortality Rate, per 100,000	13.0	25.8
Age-Adjusted Lung Cancer Mortality Rate, per 100,000	42.9	51.7
Age-Adjusted Liver Cancer Mortality Rate, per 100,000	6.2	6.6
Age-Adjusted Oral Cancer Mortality Rate, per 100,000	2.4♦	2.3
Age-Adjusted Female Breast Cancer Mortality Rate, per 100,000	11.7	13.6
Age-Adjusted Colon & Rectal Cancer Mortality Rate, per 100,000	14.7	39.9

Source: 2012-2016 Ohio Department of Health, Public Health Information Warehouse Death Data Set

Green = statistically better compared to Hamilton County
Red = statistically worse compared to Hamilton County

	Green Township	Hamilton County
Cancer Incidence - 2011-2015		
Age-Adjusted Lung Cancer Incidence Rate, per 100,000	62.2	76.7
Age-Adjusted Liver Cancer Incidence Rate, per 100,000	7.5	8.1
Age-Adjusted Oral Cancer Incidence Rate, per 100,000	9.69	10.9
Age-Adjusted Female Breast Cancer Incidence Rate, per 100,000	82.1	138.8
Age-Adjusted Colon & Rectal Cancer Incidence Rate, per 100,000	39.1	39.9

Source: 2011-2015 Ohio Department of Health, Ohio Cancer Incidence Surveillance System

	Green Township	Hamilton County
Sexually Transmitted Infections - 2012-2016		
Syphilis Rate, per 100,000	4.4♦	32.2
Newly Diagnosed HIV Case Rate, per 100,000	3.4♦	13.6
Hepatitis C Rate, per 100,000	99.3	175.2

Source: 2012-2016 Ohio Department of Health, Ohio Disease Reporting System

	Green Township	Hamilton County
Infant Mortality - 2012-2016		
Infant Mortality Rate, per 1,000	5.2♦	8.9

Source: 2012-2016 Ohio Department of Health, Public Health Information Warehouse Birth and Death Data Set

	Green Township	Hamilton County
Life Expectancy - 2012-2016		
Average Life Expectancy, Years	79.75	76.65

Source: 2012-2016 Ohio Department of Health, Public Health Information Warehouse Birth and Death Data Set

	Green Township
Parks/Outdoor and Physical Activity Spaces	
Number of Parks and Green Spaces	6
Number of Playgrounds	8

Source: Green Township Community Asset and Opportunity Audit

Four Year High School Graduation Rates - 2016		
Oak Hills Local Schools	94.6%	A
Northwest Local Schools	91.5%	B
Cincinnati Public Schools	72.8%	F

Source: Ohio Department of Education

Percent of Students Receiving Free and Reduced School Lunch by School District - 2018 Fiscal School Year	
Oak Hills Local Schools	31.4%

Source: Ohio Department of Education

ASSET AND OPPORTUNITY AUDIT

The following are from the Asset and Opportunity Audit that was completed by Hamilton County Public Health. For more information about the Asset and Opportunity Audit, please refer to the Frequently Asked Questions on page XVI.

	Playground?
Parks/Outdoor and Physical Activity Spaces	
Bicentennial Park	YES
Blue Rock Park	YES
Bosken Park	YES
Kuliga Park	YES
Veterans Park	YES
West Fork Park	YES
Montford Heights Elementary	YES
Scottie Yard (Oakdale Elementary)	YES

	Green Township
Public Transportation	
Type of Public Transportation Available	METRO STOPS

	Green Township
Tobacco/Smoke-Free	
Tobacco-Free Properties	NO
Smoke-Free Outdoor Areas	FEW
Tobacco-Free Outdoor Areas	NO

	Green Township
Recycling	
Recycling Program	CONTRACTED & DROP-OFF SITE
Community Recycling Rate - 2017	9.11%

	Green Township
Points of Dispensing (POD)	
Designated POD for Community?	YES
Updated POD Plan?	YES

	Green Township
Storm Water	
Member of the Hamilton County Storm Water District?	YES

ASSET AND OPPORTUNITY PHOTOS

GREEN TOWNSHIP MUNICIPAL BUILDING
6303 HARRISON AVE

GREEN TOWNSHIP SENIOR CENTER
3620 EPLEY LANE

MONFORT HEIGHTS ELEMENTARY SCHOOL
711 W. FORK ROAD

VETERANS PARK
6231 HARRISON AVE

ASSET AND OPPORTUNITY PHOTOS

OAK HILLS HIGH SCHOOL
3200 EBENEZER ROAD

WEST FORK PARK
4764 W. FORK ROAD

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 disease. We map out each address to determine the exact location within Hamilton County. We then determine what community that individual resides in.

What is a rate?

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

Why is the rate per 100,000 residents? We don't have that many people living in our community.

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 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 take 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 because they 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 to other areas. 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 rate is due to random changes in the disease/injury. It is difficult to make assumptions about an entire community's problems 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, 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 at an economic disadvantage. Communities that have higher levels of concentrated disadvantage may 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 tool communities can use to prevent 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. In this report, educational attainment is calculated for all individuals over the age of 25 in a community.

What is an asset and opportunity audit?

The asset and opportunity audit is one way for Hamilton County Public Health to gather information about your community that wouldn't show up in the mortality and injury data. Health educators used a variety of methods to gather information about your community including internet searches, data review, and visual observations. Time was spent driving and walking in the community and taking photographs to illustrate the story.

The 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 the assets and opportunities audit. Spaces were considered parks if they had signs that indicated the space was open to public use. They may or may not contain playgrounds, shelters, walking paths, picnic tables, or other pieces of equipment.

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

During the 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.

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

Access to crash data was obtained from the Ohio Department of Public Safety.

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, 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. Currently there is no national or state reporting database that will allow us to see how many people are living with a particular disease at a sub-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 this report assets (areas of positive outcomes) and opportunities (areas for improvement) were identified. Recommendations on how to address some of the opportunities in your community are provided in the "Recommendations" section. You may also want 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 percentage of students who entered high school as a freshman and graduated within four school years.

Age-Adjusted Mortality Rate:
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 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:
A measurement of a population's demographics performed by the United States Census Bureau once every 10 years.

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

Demographic Information:
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:
The highest level of education that an individual has completed.

Frequency:
The amount or number of occurrences of an attribute or health outcome in a population.

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

High-Risk Group:
A group of people whose risk for a particular disease, injury or other health condition is greater than that of the rest of their community or population.

Incidence:
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:
A measure of the frequency with which new cases of illness, injury, or other health conditions occur, expressed for a particular time frame, usually per 100,000 population.

Infant Mortality Rate:
A type of mortality rate for children less than one year of age. It 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:
A type of injury that is sustained due to knowingly inflicting harm to oneself or another individual.

Life Expectancy:
A statistical projection of the average number of years a person is expected to live, if they were born today.

Mean:
The average of a set of numbers.

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 measure of the frequency of occurrence of death among a defined population during a specified time interval.

Notifiable Disease:
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 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:
The number or proportion of cases, events or attributes among a given population.

Prevalence Rate:
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:
The degree to which two or more racial groups live separately from one another in a geographic region.

Rate:
An expression of the relative frequency with which an event occurs among a defined population per unit of time. It is 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:
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:
The movement or change in frequency over time, usually upward or downward.

Vital Statistics:
Data about recorded births and deaths. This information is recorded on a birth or death certificate for an individual.

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