



HAMILTON COUNTY
PUBLIC HEALTH

Community Health Assessment

2024

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From the Health Commissioner

When you think about public health, what comes to mind?

Perhaps you picture a clinic with doctors who are performing medical screenings. Or maybe you consider the environment, noting if there are allergens or chemicals nearby that may harm people you care about. You may even think about how you cover your mouth while sneezing in order to avoid spreading germs to colleagues or loved ones.

All of these — and more — are part of public health.

For me, public health in Hamilton County means working together to ensure that all of our residents have the opportunity to thrive both individually and collectively. When people are healthy, they can lead fuller, happier lives while also contributing to the local economy and culture.

But as we know, many residents and their communities are facing substantial obstacles. And because each community in Hamilton County is different, so are their health needs.

Where you live greatly affects how healthy you are. That's why Hamilton County Public Health performs regular community health assessments, a process that paints a comprehensive picture of the health of our communities. By investigating each community's strengths and challenges, we can identify action that could improve the health of everyone.

For this year's report, we collected government data, hospital data and — the key — insights from community members in 2024 to learn about the factors that contribute to higher health risks and poorer health outcomes. This clear picture of challenges and opportunities provides the information we need to fully address the region's public health.



Greg Kesterman

Health Commissioner,
Hamilton County Public Health

What's a Community Health Assessment?

Hamilton County Public Health's **Community Health Assessment (CHA)** paints a comprehensive picture of the community's current and past health status, factors contributing to higher health risks and poorer health outcomes, disparities, needs in the community, and community resources available to improve health.

The CHA helps aid community partners, stakeholders and residents in identifying priority health issues, developing goals, and selecting strategies to improve residents' health. The data comes from multiple sources, including surveys and surveillance systems. Using multiple data sources allows for a comprehensive picture of the health of the community.

The CHA is instrumental in developing the Community Health Improvement Plan (CHIP) for communities throughout Hamilton County. This plan will help guide health-related activities and will be created in consultation with community partners. It will also align with existing regional and state health improvement plans.

This CHA is based on data collected in 2024 and was developed alongside the regional Community Health Needs Assessment (CHNA) completed by hospital systems through The Health Collaborative, providing a deeper look at health outcomes and disparities in Hamilton County.

S E C T I O N 1

About Hamilton County Public Health



Hamilton County Public Health serves residents across 45 jurisdictions.



VISION STATEMENT

Healthy choices. Healthy lives. Healthy communities.

MISSION

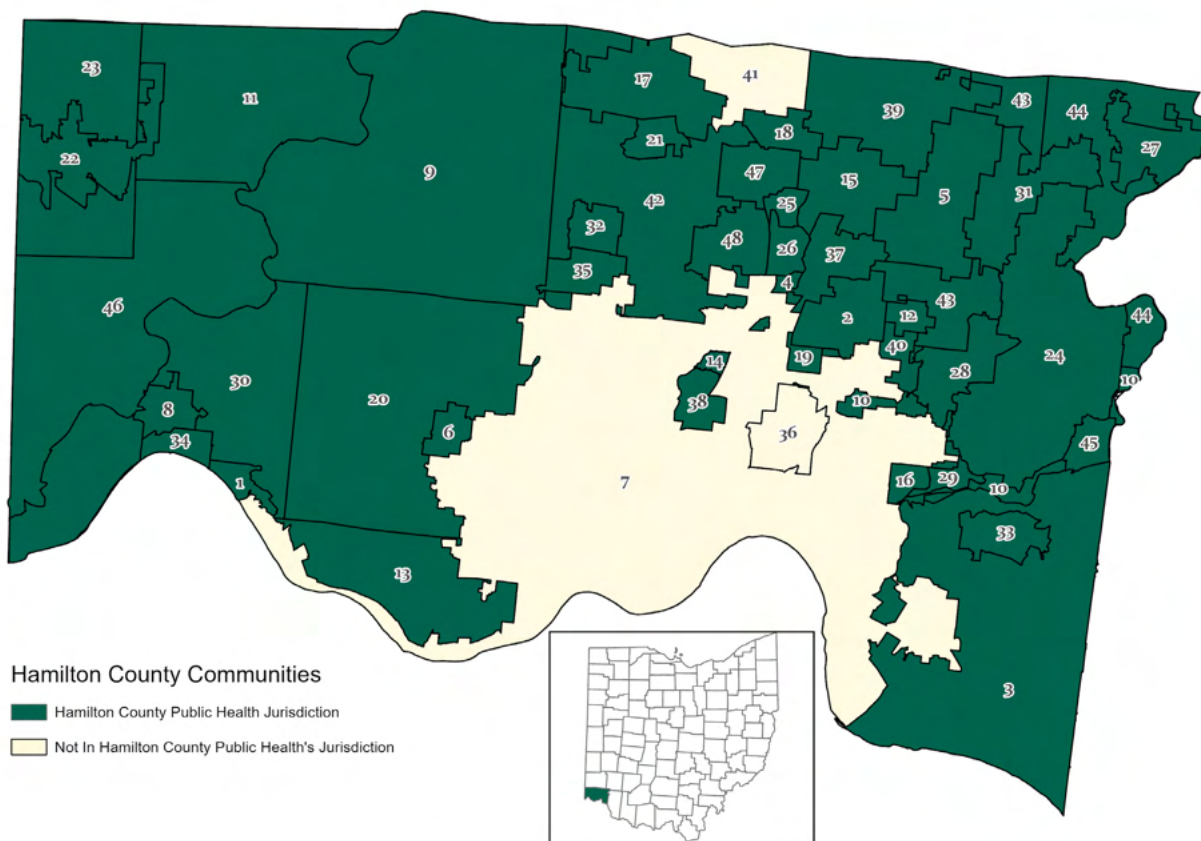
Hamilton County Public Health educates, serves and protects our community for a healthier future.

WHO HCPH SERVES

Hamilton County Public Health (HCPH) is proud to serve more than 488,000 residents across 45 villages, cities and townships in Hamilton County, Ohio. With more than 120 people on staff, the agency pursues its mission to educate, serve and protect the residents of Hamilton County, working towards a better, healthier future for all.

HCPH serves all communities within Hamilton County with the exceptions of Cincinnati, Norwood and Springdale, which operate their own health districts.

HAMILTON COUNTY PUBLIC HEALTH JURISDICTIONS



- | | | |
|-----------------------|-----------------------|--------------------------|
| 1. Addyston | 17. Forest Park | 33. Newtown |
| 2. Amberley 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. Madeira | 44. Symmes Township |
| 13. Delhi Township | 29. Mariemont | 45. Terrace Park |
| 14. Elmwood Place | 30. Miami Township | 46. Whitewater Township |
| 15. Evendale | 31. Montgomery | 47. Woodlawn |
| 16. Fairfax | 32. Mount Healthy | 48. Wyoming |

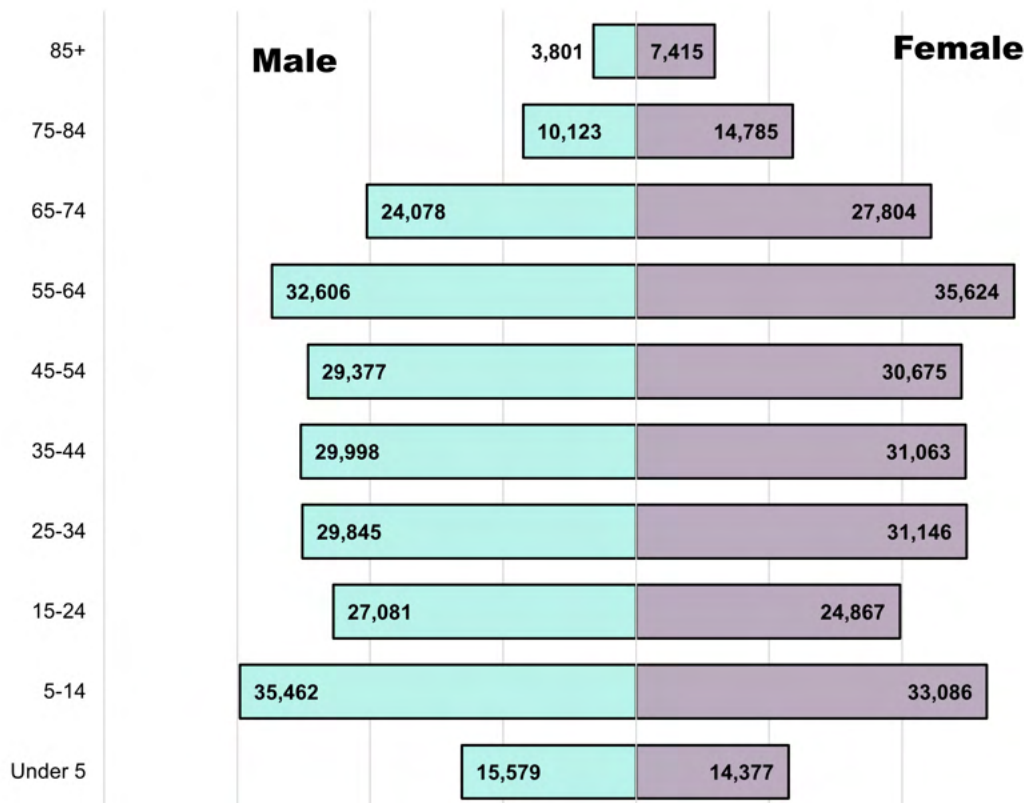
For more information about HCPH's jurisdictions, visit HamiltonCountyHealth.org/About.

HAMILTON COUNTY DEMOGRAPHICS

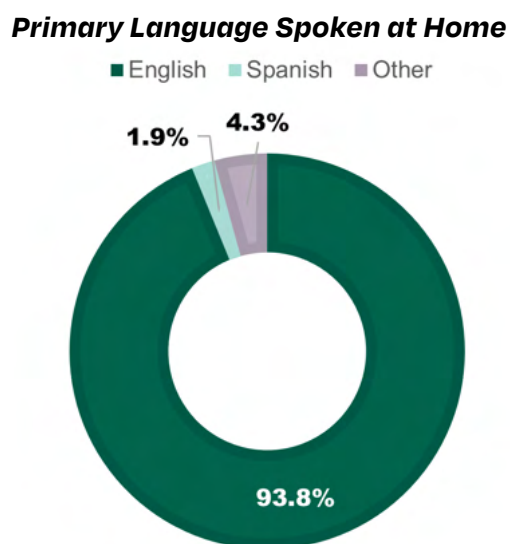
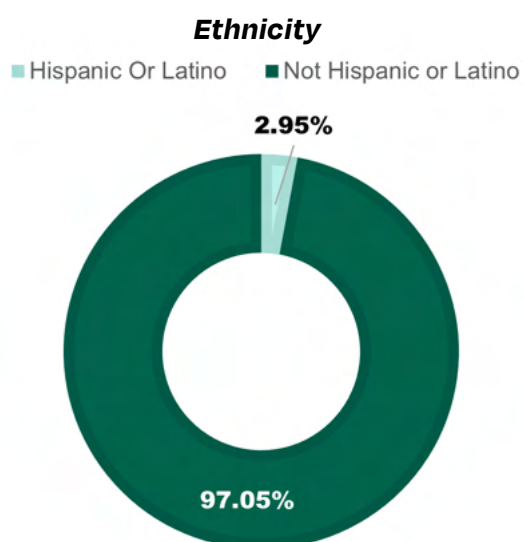
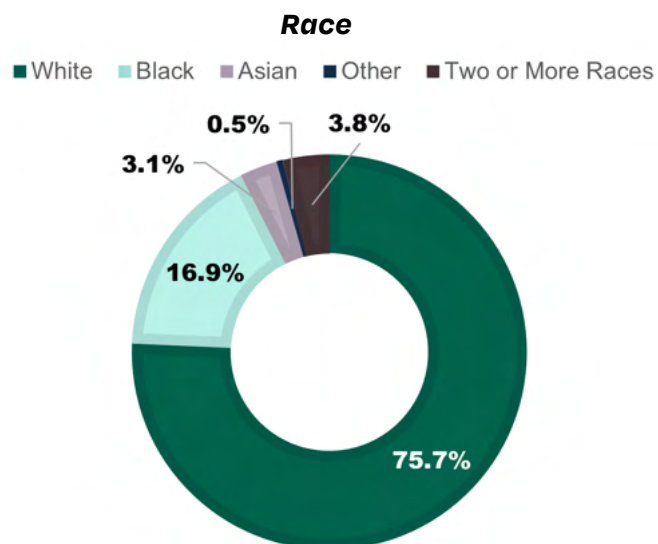
Hamilton County is located in the southwestern corner of Ohio and is the third-most populous county in the state. In 2022, there were 827,671 residents living in Hamilton County. Hamilton County Public Health serves more than half of the county's population: 488,792 residents, with 51.3% identifying as female and 48.7% identifying as male.

The demographics of the communities HCPH serves are varied. The largest age group is people ages 5-14 (14.0%), followed closely by people ages 55-64 (13.9%). Children under age 18 make up 24.2% of the residents served by HCPH.

Who Does HCPH Serve?



Source: American Community Survey, 2022



Source: American Community Survey, 2022

RACE, ETHNICITY AND LANGUAGE AMONG HCPH RESIDENTS

Within Hamilton County Public Health's jurisdiction:

- 75.7% of the population is White, 16.9% is Black, and 3.1% is Asian. A combined 4.3% identify as other races or multiple races.
- 2.95% of residents identify as Hispanic or Latino, while 97.05% do not.
- 93.8% of residents speak English as their primary language at home. Just 1.9% speak Spanish primarily, and 4.3% speak other languages.

S E C T I O N 2

Community Health Profile

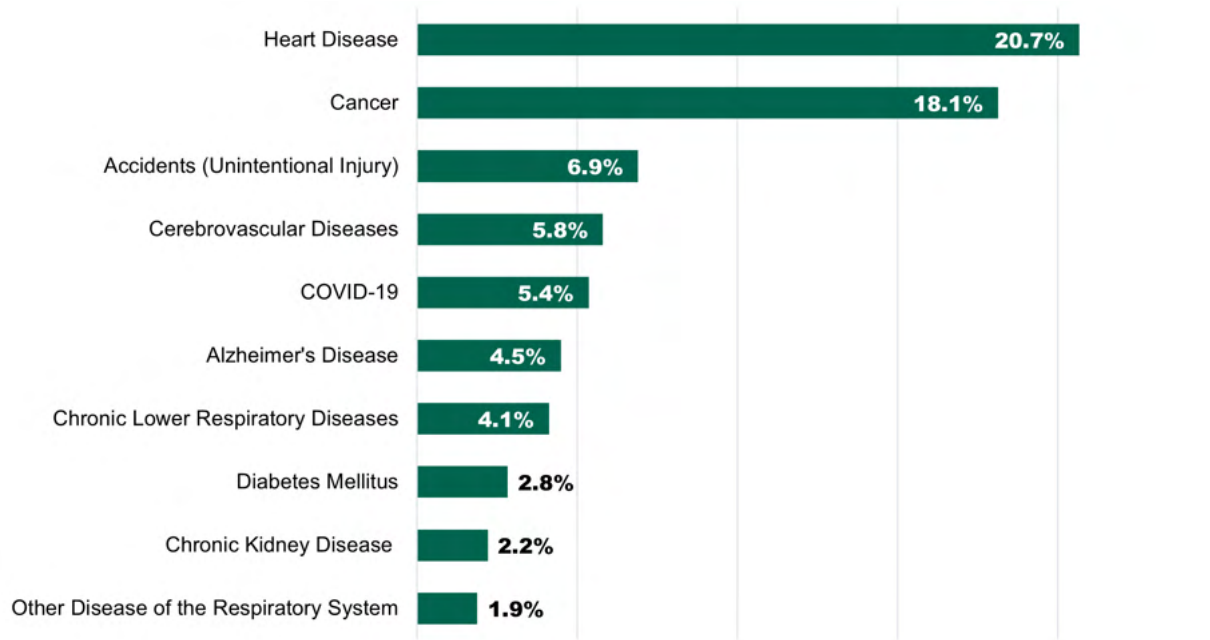


Hamilton County Public Health's data provides insight into the illnesses and activities that contribute to death or quality of life concerns for different groups of people within the agency's jurisdiction.

Leading Causes of Death

Mortality rates, or death rates, help Hamilton County Public Health identify **leading causes of death** in local communities. By tracking changes to these rates over time, HCPH can monitor evolving health trends to understand how premature deaths can be prevented.

HCPH Leading Causes of Death – Overall Population (2018 – 2022)



Source: Ohio Department of Health, 2018 – 2022

Heart disease was the leading cause of death within Hamilton County Public Health's jurisdiction, with 181.7 deaths per 100,000 people. While the agency cannot affect factors like age and family history, residents can help reduce their risk of heart disease by maintaining a healthy diet, staying active, and avoiding tobacco.

Cancer followed closely as the area's second leading cause of death, with 170.0 deaths per 100,000 people.

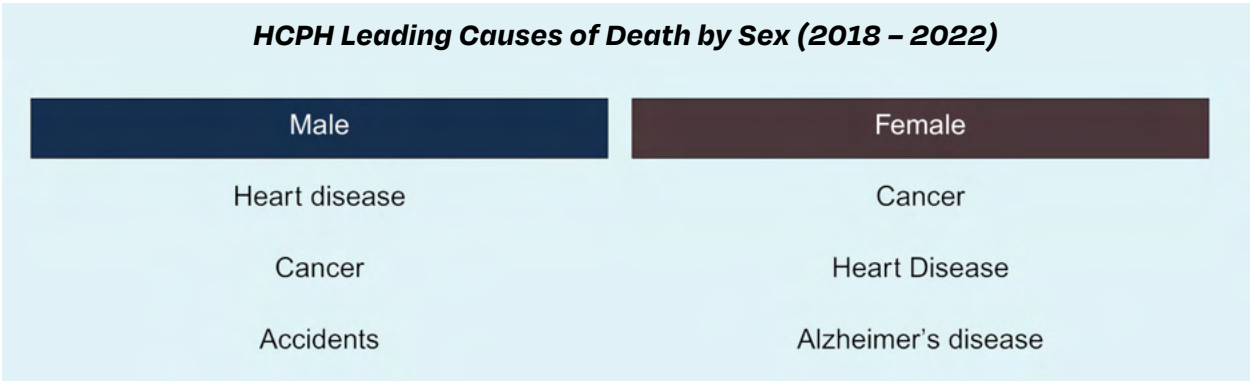
Chronic diseases remain a great concern in HCPH's jurisdictions. While deaths from infectious disease have decreased in the U.S. in recent decades, COVID-19 was the fifth leading causes of death here from 2018 to 2022, marking the only infectious disease in the top ten causes of death.

DEMOGRAPHICS

There were notable differences in the leading causes of death between males and females within HCPH’s jurisdiction.

In HCPH’s jurisdictions, men died at higher rates than women. Between 2018 and 2022, the death rate for males was 1,090.1 deaths per 100,000 people, compared to 764.1 per 100,000 people for females. Females were more likely to die from chronic conditions, while accidents were the third leading cause of death for males (accidents include unintentional injuries like motor vehicle crashes, falls, and overdoses). Suicide ranked tenth for men but did not appear in the top ten causes of death for women.

Moreover, there were notable differences in the leading causes of death between Hamilton County’s non-Hispanic Black and non-Hispanic White populations. Between 2018 and 2022, the mortality rate for the Black population was 1,070.4 deaths per 100,000 people — higher than the White population’s rate of 819.8. Heart disease and cancer were the top two leading causes of death for both groups. Diabetes was the third leading cause of death amongst Black residents in HCPH’s jurisdiction, while accidents were the third leading cause amongst white residents, reflecting a disparity in chronic disease outcomes.



YEARS OF POTENTIAL LIFE LOST

HCPH also looked at the impact of premature deaths by reviewing **years of potential life lost (YPLL)**. This indicator estimates the average time an individual would have lived if they had not died prematurely. Here, this refers to any death of an individual before age 75.

The majority of deaths in Hamilton County occurred among an older population, but YPLL helps to illustrate the impact of premature deaths in the younger population, whose deaths could have been related to preventable causes.

Overall, the number of YPLL increased between 2018 and 2022, with Hamilton County Public Health’s service area reaching 78,365 total person-years lost to premature deaths in 2021. The data suggests that there was an increase in premature deaths over this five-year period.

YEARS OF POTENTIAL LIFE LOST EXAMPLE

Person A dies at age 30. Person A would have 45 years lost due to premature death.

YPLL: 75 – 30 = 45

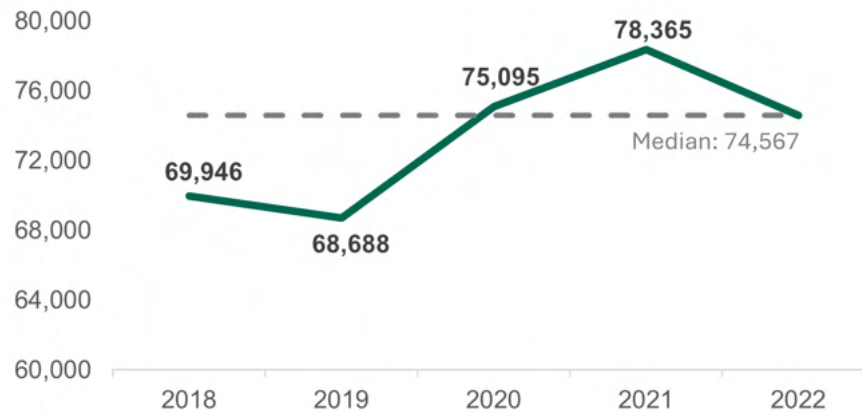
Person B dies at age 71. Person B would have 4 years lost due to premature death.

YPLL: 75 – 71 = 4

Between Person A and Person B, there are 49 total years lost due to premature death.

Total YPLL: 45 + 4 = 49

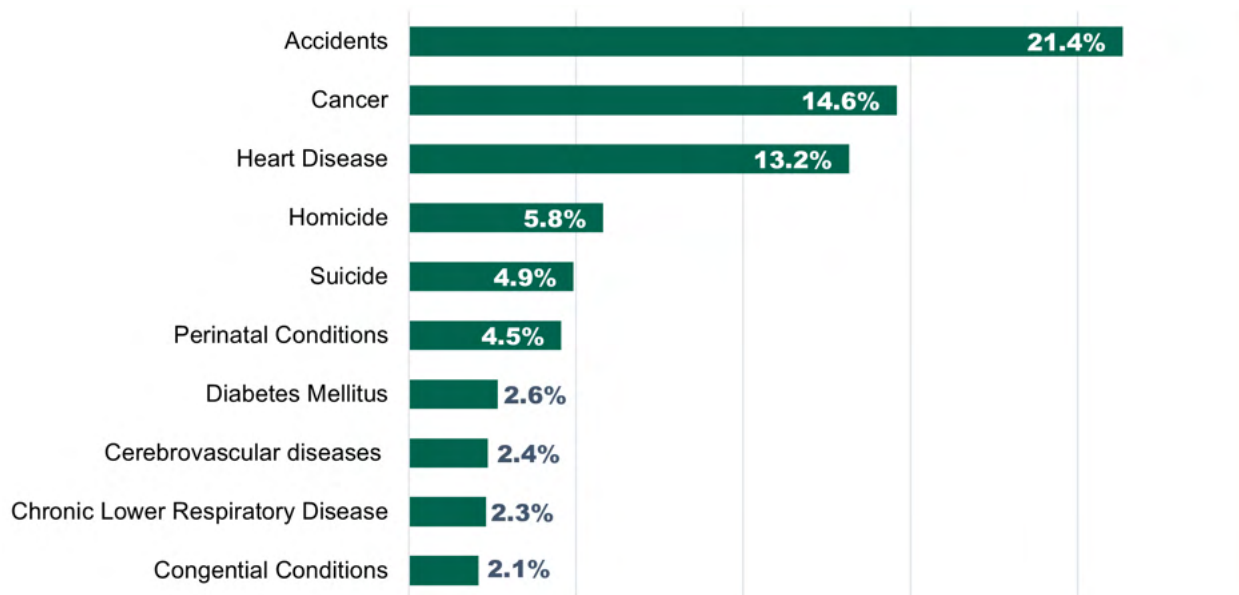
HCPH Years of Potential Life Lost (2018 – 2022)



Source: Ohio Department of Health, 2018 – 2022

There was significant overlap between the top ten leading causes of death by death rate and top causes by YPLL. Heart disease, cancer, and accidents consistently ranked as the top three causes of death. However, homicides and suicides emerged among the top five causes when examining YPLL. Additionally, deaths related to congenital conditions and those originating during the perinatal period (conception - 1 year postpartum) were prominent in the YPLL rankings, which indicates males had a higher burden from these causes of death.

HCPH Years of Potential Life Lost – Overall Population (2018 – 2022)



Source: Ohio Department of Health, 2018 – 2022

Overall, males had a higher number of YPLL than females in Hamilton County Public Health's jurisdiction. For both populations, accidents, heart disease and cancer were in the top three for number of YPLL due to a specific cause of death; however, the number was higher for males. This suggests that males suffered more premature deaths than females did for the same causes of death. Additionally, homicide and suicide were in the top five for males and not for females, which indicates that they had a higher burden from these causes of death.

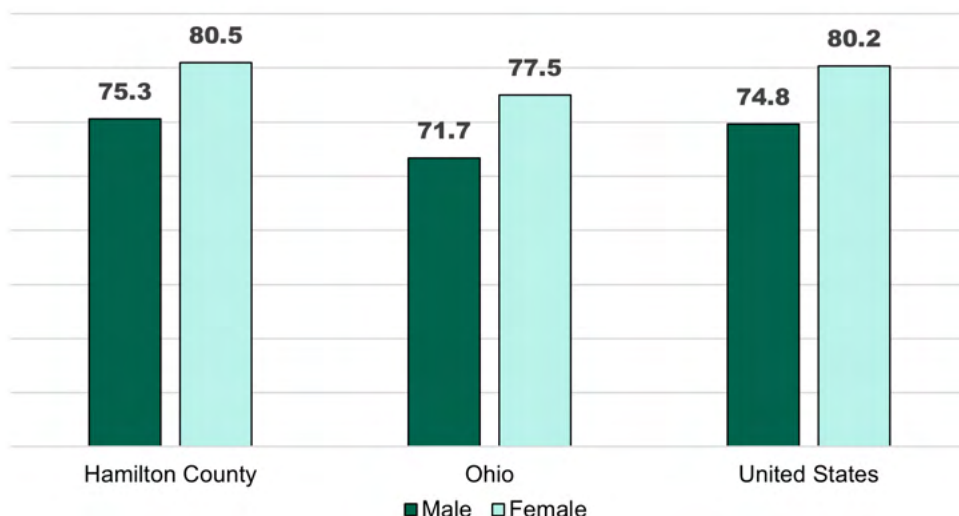
There also were notable differences in the total YPLL between the non-Hispanic Black and non-Hispanic White population. The White population in Hamilton County Public Health's jurisdiction experienced a higher number of premature deaths compared to the non-Hispanic Black population. However, this aligns with the demographic composition of the agency's jurisdiction, where the White population is larger. Still, examining the leading causes of death remains crucial to identifying potential disparities between these groups.

For both the non-Hispanic Black and non-Hispanic White populations, accidents and cancers were the top causes of premature death, but notable differences emerged. Homicide ranked as the third leading cause of premature death for the non-Hispanic Black population, compared to 11th for the non-Hispanic White population. Conversely, chronic lower respiratory disease and chronic liver disease posed a greater burden of premature deaths among the non-Hispanic White population.

Life Expectancy

Life expectancy is defined as the estimated number of years an individual can expect to live, based on the death statistics for a given time. During the study period, Hamilton County had a higher life expectancy compared to both the United States and the state of Ohio, with the overall life expectancy for Hamilton County hitting 76.2 years in 2022. However, significant disparities persisted within the county itself. For example, females in Hamilton County had a life expectancy that was five years higher than that of males.

Local, State and National Life Expectancy (2018 – 2022)

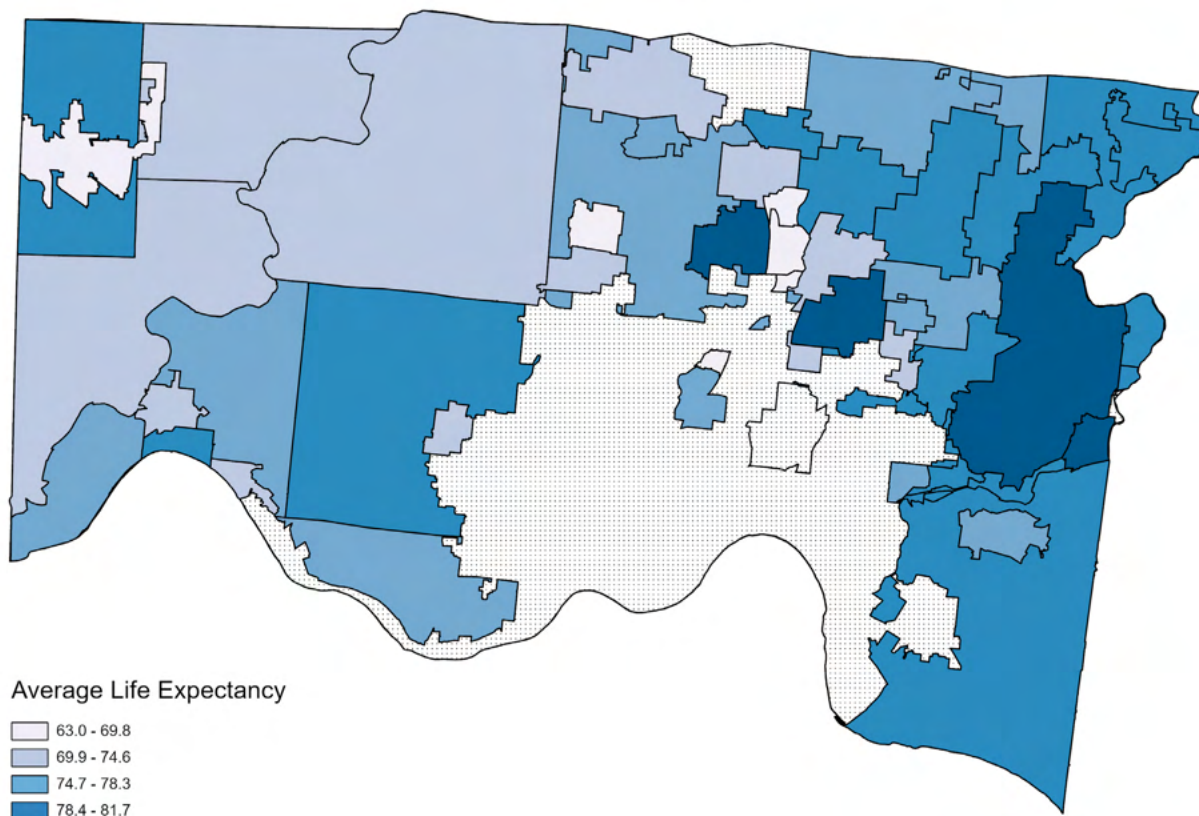


Source: Ohio Department of Health, 2022. Center for Disease Control and Prevention, 2024

The differences among jurisdictions within Hamilton County were even more striking. The highest life expectancy, found in Wyoming, was 85.3 years; the lowest, in Arlington Heights, was just 63.0 years — a gap of nearly 22 years.

These disparities highlight the complex interplay of social, economic, and environmental factors that influence health outcomes, underscoring the need for targeted interventions and policies to reduce inequities across the county.

HCPH Life Expectancy by Jurisdiction (2018 - 2022)



Source: Ohio Department of Health, 2018 - 2022

Additional Social Determinants of Health

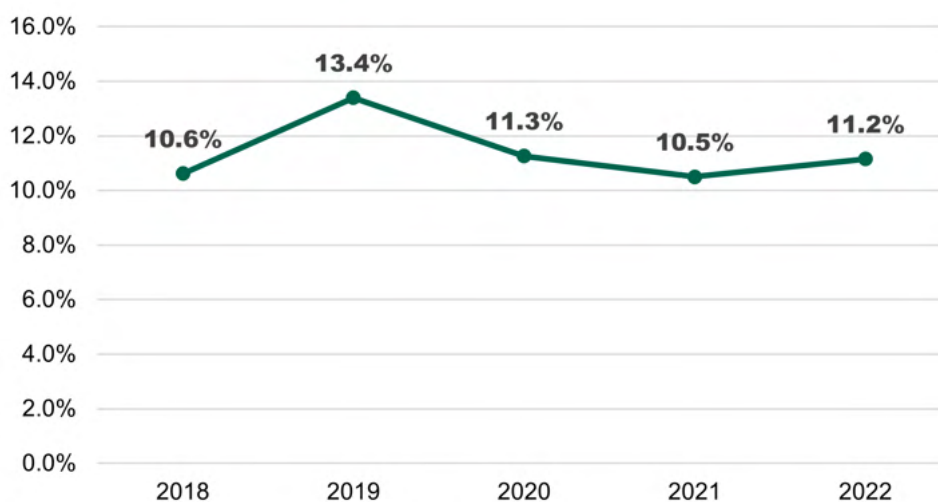
There are additional considerations for health issues within Hamilton County, including several that are preventable or manageable with support.

TOBACCO-ASSOCIATED DEATHS

While **tobacco** usage has decreased over the past few decades, it is still a significant public health concern that contributes to various preventable diseases. Cigarette smoke, in particular, is known to cause cancer, heart disease, stroke and various lung diseases.

The percentage of tobacco related deaths within HCPH's jurisdiction increased slightly between 2018 and 2022, rising from 10.6% of deaths to 11.2% of deaths.

HCPH Percent of Tobacco Associated Deaths (2018 – 2022)

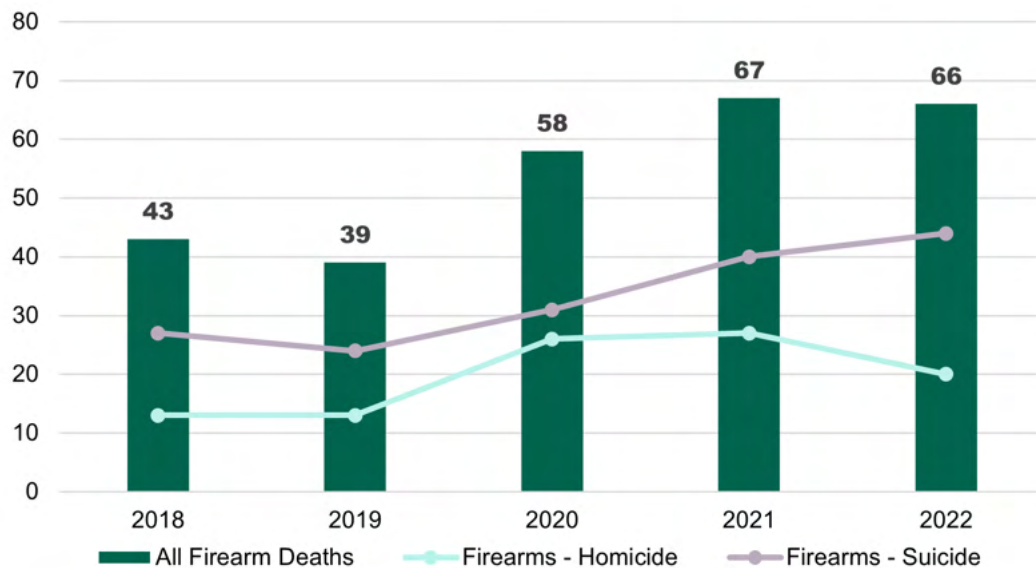


Source: Ohio Department of Health, 2018 – 2022

FIREARM-ASSOCIATED DEATHS

In Hamilton County Public Health's jurisdiction, **firearm-related deaths** have been on the rise, with a 53% increase reported between 2018 and 2022. A significant driver of this increase was the 63% rise in firearm-related suicides, which became a leading factor in the overall upward trend. While firearm-related homicides also increased, the rise was less pronounced.

HCPH Firearm Associated Deaths (2018 – 2022)



Source: Ohio Department of Health, 2018 – 2022

This growing local issue reflects a broader trend of firearm violence in the United States. Addressing this requires a multidisciplinary approach involving diverse stakeholders, including firearm owners, healthcare professionals, policymakers and community leaders.

Prevention strategies such as community-based interventions and educational programs focused on the safe storage of firearms hold significant potential to reduce these tragic deaths. Collaborative efforts are essential to implement evidence-based solutions and create safer environments for everyone in our community.

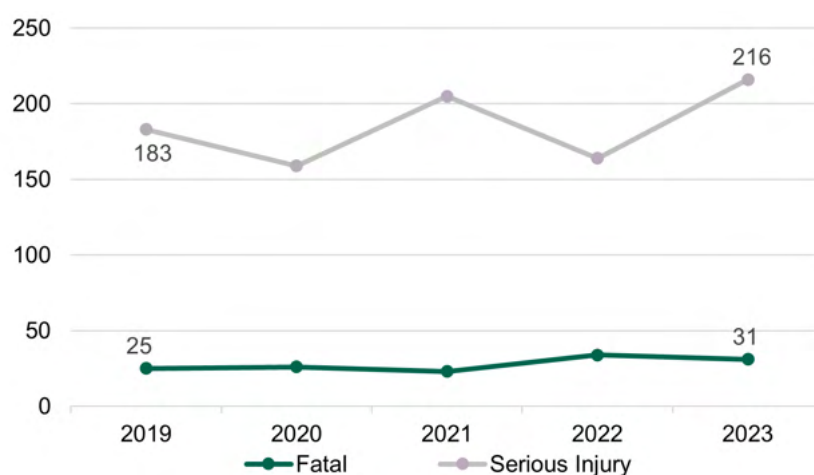


MOTOR VEHICLE CRASHES

As of 2023, **motor vehicle crashes** within Hamilton County Public Health's jurisdiction decreased by 12.2% since 2019, dropping from 14,391 to 12,635. There was a decrease in the number of crashes related to drugs and alcohol, the number of crashes involving pedestrians and bicyclists, and the number of crashes involving youth or teenagers.

However, crashes involving fatalities increased by almost 35% from 23 to 31 during this time period. Similarly, crashes resulting in serious injuries increased by almost 20%, from 181 to 217.

HCPH Motor Vehicle Crashes – Fatal and Serious Injury Crashes (2019 – 2023)



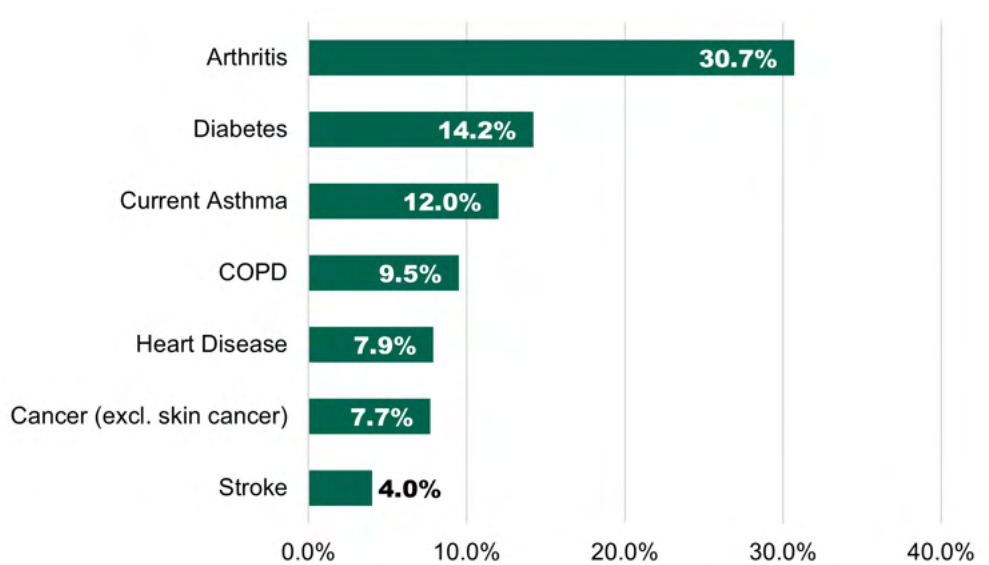
Source: Ohio Department of Public Safety, 2019 - 2023

CHRONIC DISEASES

Chronic diseases are one of the most important health factors that affect our population. These are broadly defined as conditions that last for more than a year and often require ongoing medical interventions or limit daily activities. Many chronic diseases are preventable and are commonly associated with behavioral risk factors such as poor nutrition or smoking.

In HCPH's jurisdiction, the top three chronic conditions are arthritis, diabetes and asthma. Heart disease, another major chronic illness, was the leading cause of death here.

HCPH Jurisdiction Age-Adjusted Prevalence of Leading Chronic Diseases in Adults Ages 18+ (2022)



Source: CDC, National Center of Chronic Disease Prevention and Health Promotion, 2022

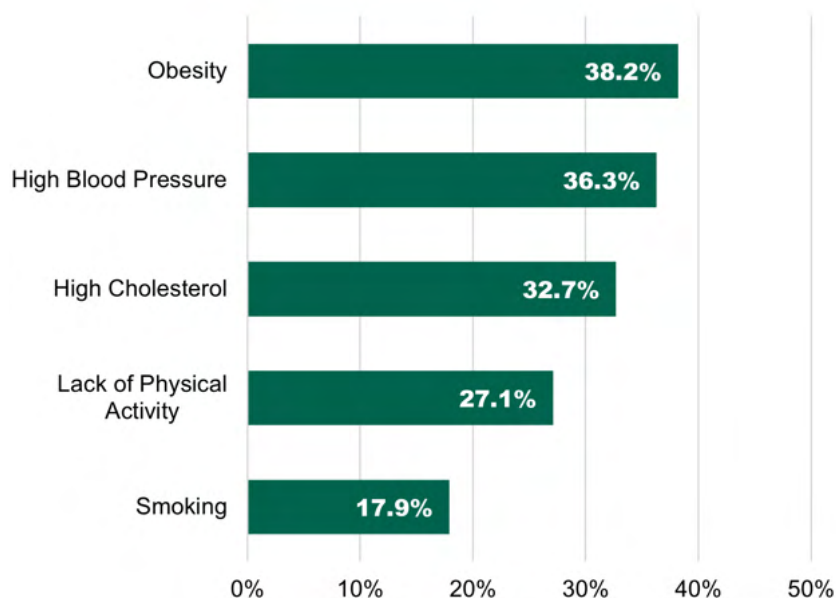
Arthritis describes many conditions that cause swelling in one or more joints, and the risk for developing arthritis increases with age. The Hamilton County jurisdictions with the highest prevalence of arthritis were Lincoln Heights (39.9%), Harrison Township (35.5%) and Mt. Healthy (34.2%).

Diabetes is when an individual's blood glucose levels are too high due to the body not properly making or using insulin. Type 1 diabetes is not preventable, but Type 2 diabetes can be prevented through healthy eating and regular physical activity. Diabetes was the third-leading cause of death amongst non-Hispanic Black residents between 2018 and 2022. The jurisdictions with the highest prevalence of diabetes were Lincoln Heights, Golf Manor and Elmwood Place.

Asthma causes the airways to swell and narrow, making breathing difficult. Asthma generally is caused by a combination of environmental and genetic factors. The jurisdictions with the highest prevalence of asthma were Lincoln Heights, Elmwood Place and North College Hill.

Heart disease was the fifth-most prevalent chronic disease in Hamilton County and was the top cause of death in HCPH's jurisdiction. Many clinical signs and behavioral patterns can increase the likelihood of developing heart disease, including high blood pressure, high cholesterol, smoking, lack of physical activity and obesity.

Hamilton County Crude Prevalence of Risk Factors for Heart Disease (2022)



Source: CDC, National Center of Chronic Disease Prevention and Health Promotion, 2022

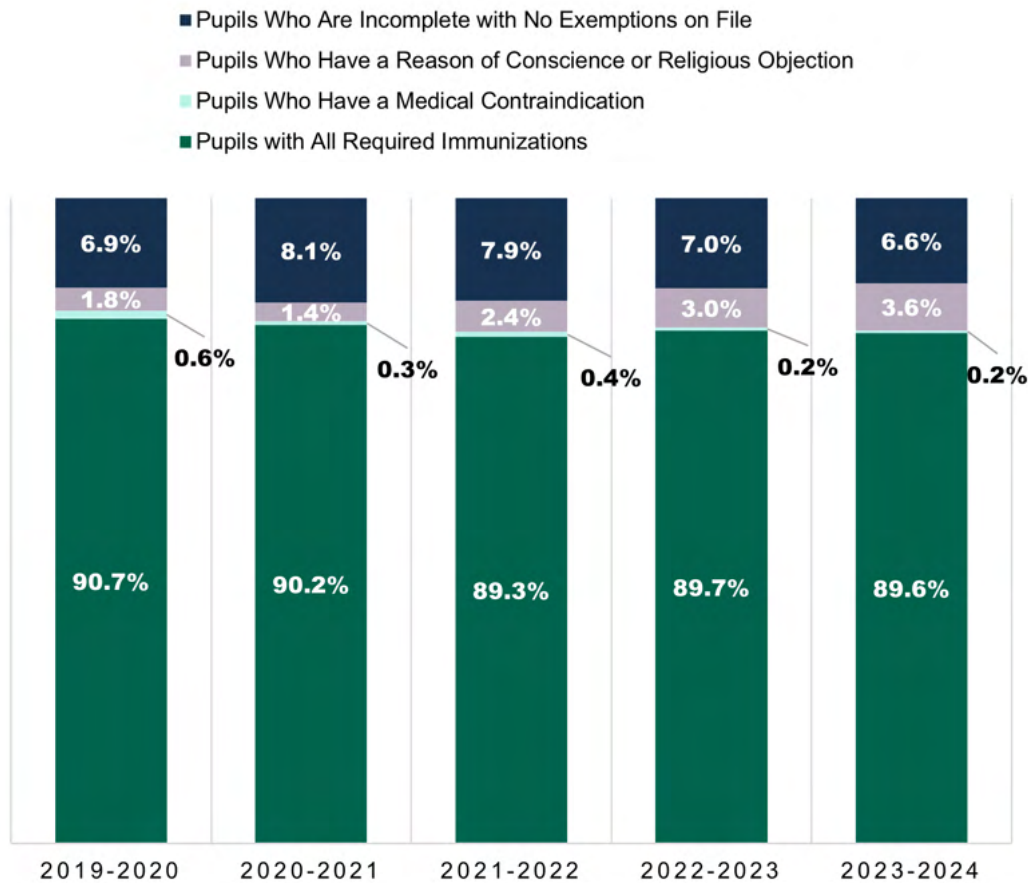
CHILDHOOD IMMUNIZATIONS

In the state of Ohio, most schools are required to report **immunization** summaries to the Ohio Department of Health by providing a breakdown of students who report a full course of required vaccination, have exemptions on file, or are not fully vaccinated (incomplete) without exemptions. With some exceptions, Ohio laws require students be fully protected against 10 vaccine-preventable diseases.

For schools within HCPH's jurisdiction, the percentage of kindergarten students with all required immunizations decreased slightly between 2019 and 2023, from 90.7% to 89.6%. For the same period, exemptions increased from 1.8% to 3.6% (a national trend that was not unique to HCPH's jurisdiction).

Between the 2019-2020 and 2020-2021 school years, the percent of students with incomplete immunization and no exemptions on file increased from 6.9% to 8.1%. However, this percent decreased between the 2021-2022 and 2023-2024 school years, dropping to 6.6%. From 2020 through 2022, the number of students labeled as incomplete with no exemptions on file increased but dropped again in 2023.

HCPH Kindergarten Vaccination Rates (2019 – 2023)



Source: Ohio Department of Health, 2019 - 2023

DISABILITY

Between 2018 and 2022, the percentage of residents who had a **disability** in HCPH's jurisdiction held steady at around 11.5%, which was lower than the state of Ohio (14.1%) and the United States (12.9%). However, there was an increasing trend in the percentage of local children with a disability.

The rates of childhood disability here increased from 4.58% in 2018 to 5.61% in 2022. This likely was led by a 2018 to 2022 increase in the percentage of children with vision difficulty, cognitive difficulty or self-care difficulty. Vision difficulties saw the greatest increase in children by 27% between 2018 and 2022.

» KEY TAKEAWAYS «



While tobacco usage has decreased over the past few decades, it is still a significant public health concern that contributes to various preventable diseases. In 2022, 11.2% of deaths in HCPH's jurisdiction were associated with tobacco usage — a slight increase over the previous five years. Here, firearm-related deaths also have been rising, with a 53% overall increase between 2018 and 2022 and a 63% rise in firearm-related suicides during the same period. This growing issue reflects the broader public health crisis of firearm violence in the United States.

Motor vehicle crashes overall decreased between 2019 and 2023, as did the number of crashes related to drugs and alcohol and the number of crashes that involved pedestrians and bicyclists. The number of fatal crashes increased by almost 35%, though, and the number of serious injury crashes increased by almost 20%. While there's been a positive trend in the reduction of crashes overall, there also is an increase in serious negative health outcomes related to motor vehicle crashes.

Chronic diseases have a significant impact on health and are often linked to behavioral risk

factors that can be mitigated or prevented. In Hamilton County, arthritis, diabetes, and asthma are the most prevalent chronic conditions. Heart disease is another major chronic illness, as it remains the leading cause of death in our jurisdiction. These conditions highlight the importance of addressing modifiable risk factors to reduce the burden of chronic disease in the community.

Local vaccination rates for children attending kindergarten have slightly decreased. As the rate of pupils with all required immunizations has gone down, the percentage of children with an exemption for the requirements due to reason of conscience or religious objection has increased.

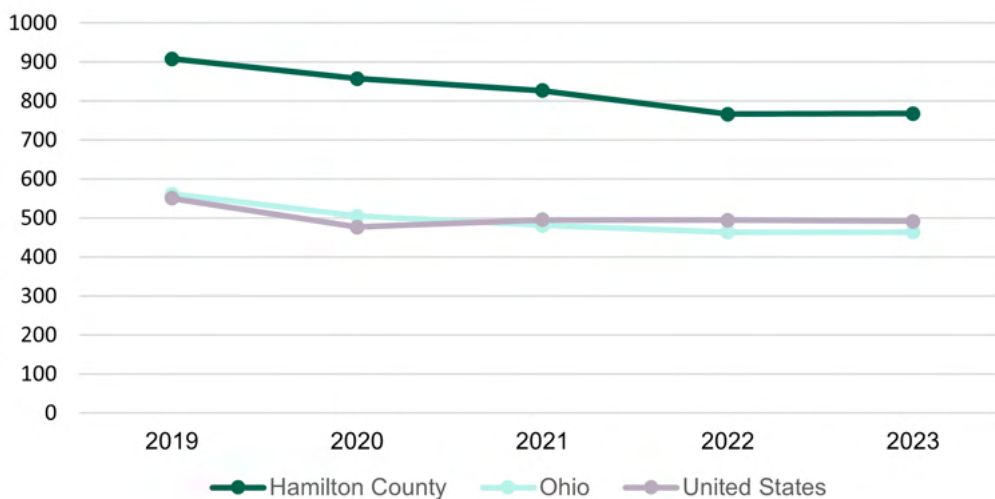
In HCPH's jurisdiction, 11.5% of residents have a disability — lower than the percentages for both Ohio and the United States, and a stable rate over the past five years. However, the percentage of children with disabilities has increased during this time, with the percentage of children with a disability here surpassing the rates for both Ohio and the United States in 2022. This increase appears to be primarily driven by a rise in vision difficulties.

Sexually Transmitted Infections

CHLAMYDIA AND GONORRHEA

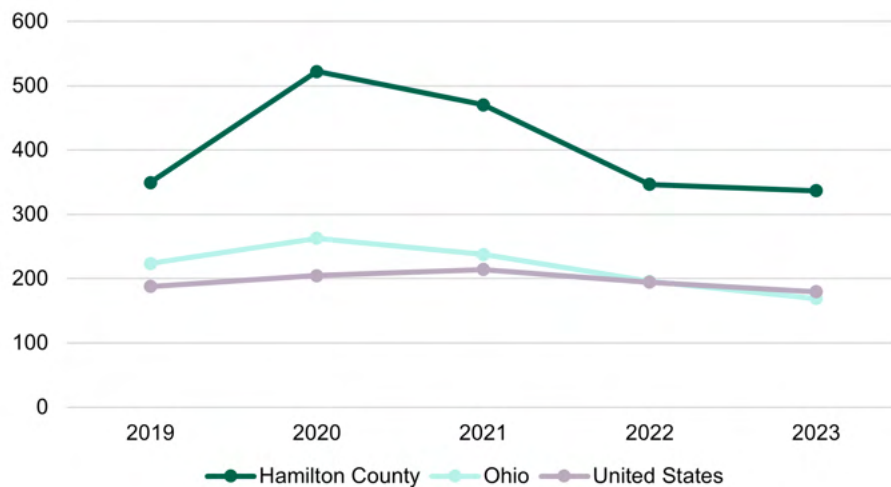
Chlamydia had the highest number of diagnoses of all the reportable sexually transmitted infections (STI) in Hamilton County, while **gonorrhea** was the second-most diagnosed infection. For both, the overall rate of newly diagnosed infections within Hamilton County was greater than the overall rate when compared to those for Ohio and the United States. However, the rate of chlamydia cases in Hamilton County decreased between 2019 and 2023, and the rate for gonorrhea remained the same in 2023 as it was in 2019.

Overall Chlamydia Age-Adjusted Rates Per 100,000 (2019 – 2023)



Source: Ohio Department of Health, 2019 - 2023. Center for Disease Control and Prevention, 2024

Overall Gonorrhea Age-Adjusted Rates Per 100,000 (2019 – 2023)



Source: Ohio Department of Health, 2019 - 2023. Center for Disease Control and Prevention, 2024

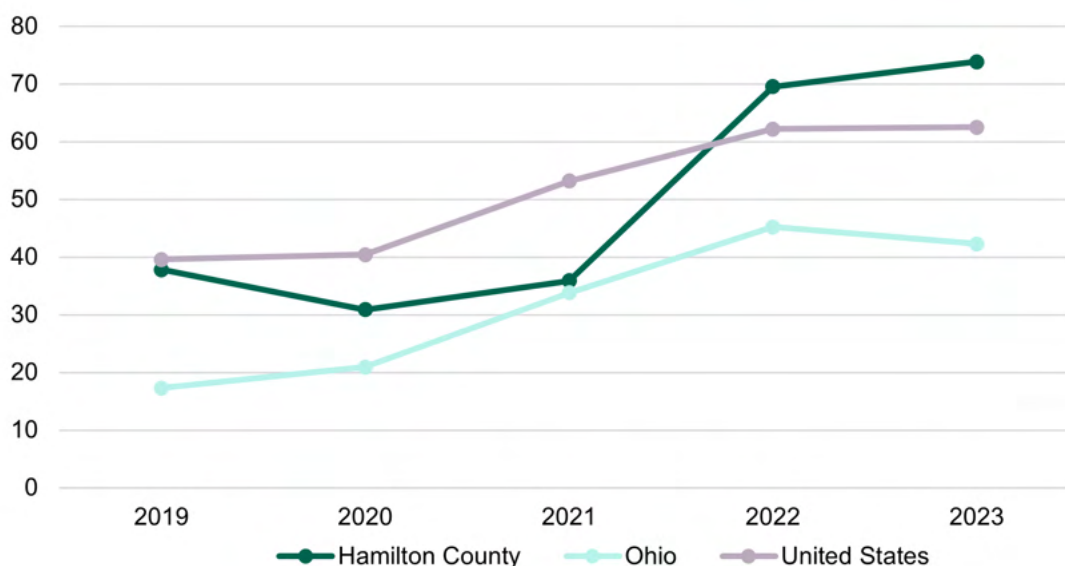
Year-over-year, females had a higher rate for newly diagnosed chlamydia infections and for gonorrhea infections compared to males. For both infections, the rates for females and males decreased between 2019 and 2023. For chlamydia, the disparity was notable, with females having a significantly higher rate of infection compared to males; this disparity was not significant in the rates for gonorrhea.

Non-Hispanic Black individuals had a higher rate for newly diagnosed chlamydia and gonorrhea infections compared to non-Hispanic White individuals. For both infections, the rate decreased in both races between 2019 and 2023. However, in 2023, non-Hispanic Black individuals still had a rate of chlamydia infections **7.6 times** higher than non-Hispanic White individuals and a rate of gonorrhea infections more than **13.9 times** higher than non-Hispanic White individuals.

SYPHILIS

The number of newly diagnosed **syphilis** infections has risen in the United States, across Ohio and here in Hamilton County. Hamilton County had higher rates than Ohio for every year between 2019 to 2023. From 2019 to 2021, Hamilton County's syphilis infection rates were consistently lower than the national rates. However, in 2022, Hamilton County's syphilis rates surpassed those of the United States as a whole.

Overall Syphilis Age-Adjusted Rates Per 100,000 (2019 – 2023)



Source: Ohio Department of Health, 2019 – 2023. Center for Disease Control and Prevention, 2024

Year-over-year, males had a higher rate for newly diagnosed syphilis infections compared to females. The rates for both males and females increased in 2022, and the disparity of males having a higher rate of diagnoses compared to females also increased in 2022. In 2023, the rate of newly diagnosed syphilis infections for men was **2.7 times** higher than for females.

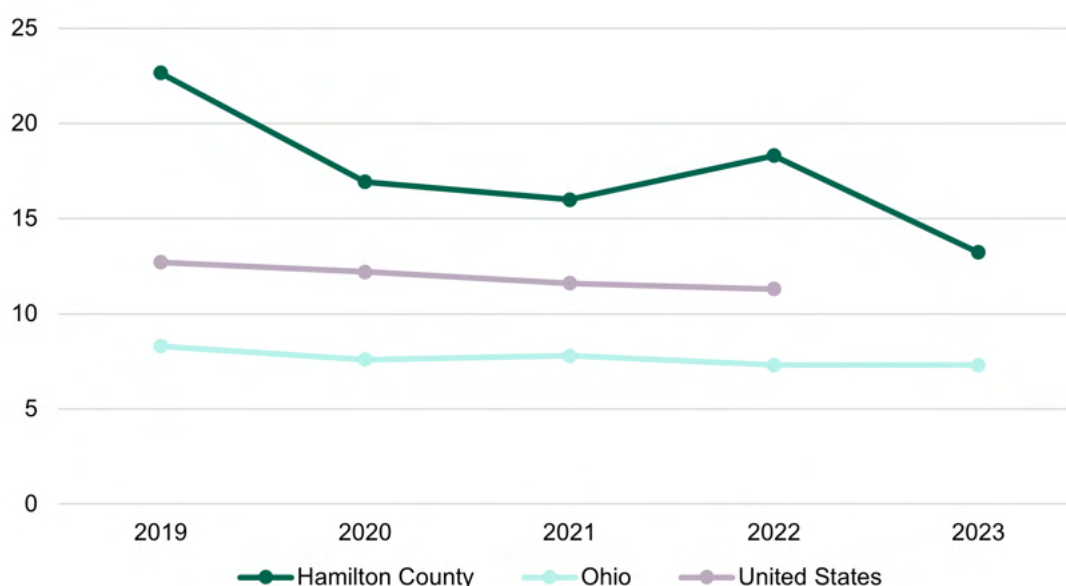
Non-Hispanic Black individuals had a higher rate for newly diagnosed syphilis infections compared to non-Hispanic White individuals. The rates for non-Hispanic Black and non-Hispanic White individuals decreased between 2019 and 2020, but the number of cases among non-Hispanic Black individuals almost doubled between 2021 and 2022. In 2023, the rate of newly diagnosed syphilis infections for non-Hispanic Black individuals was **6.2 times** higher than for non-Hispanic White individuals.

Additionally, the number of congenital syphilis cases has risen in Hamilton County. The congenital syphilis case definition includes (but is not limited to) when syphilis is transferred from mother to infant during pregnancy or delivery, or when the mother of a child had untreated or inadequately treated syphilis at delivery regardless of signs in the infant. The number of new cases of congenital syphilis in HCPH's jurisdiction increased every year from 2019 to 2023, from zero cases in 2019 to eight cases in 2023.

HIV

Between 2019 and 2023, newly diagnosed **HIV** infections in Hamilton County generally declined. The highest rate of infections during this period occurred in 2019. Overall, the rate of newly diagnosed HIV infections in Hamilton County was higher than the rates in both Ohio and the United States in the most recent data available.

Newly Diagnosed HIV Age-Adjusted Rates Per 100,000 – Overall (2019 – 2023)



Source: Ohio Department of Health, 2019 - 2023. Center for Disease Control and Prevention, 2024

Year-over-year, males had a higher rate for newly diagnosed HIV infections compared to females. The rates for males and females both decreased in 2022 before slightly increasing in 2023, when males had a rate of newly diagnosed HIV infections that was **4.1 times higher** than females.

Non-Hispanic Black individuals had a higher rate of newly diagnosed HIV infections compared to non-Hispanic White individuals. Since 2019, the rate for both non-Hispanic Black and non-Hispanic White individuals decreased, but in 2023, the rate for non-Hispanic Black individuals was **3.7 times higher** than that for non-Hispanic White individuals.

» KEY TAKEAWAYS «



Chlamydia and gonorrhea are the two most common STIs in HCPH's jurisdiction. The rates of diagnosed STIs here consistently exceed those of both Ohio and the United States. Despite this, the overall rates of most STIs have been decreasing locally, but significant disparities remain in terms of who is contracting these infections.

When analyzing local infection rates by race, Black individuals experience notably higher rates of chlamydia, gonorrhea, syphilis and newly diagnosed HIV compared to White individuals. In terms of sex differences,

females have higher rates of chlamydia and gonorrhea, while males have higher rates of syphilis and HIV.

Although the rates of chlamydia, gonorrhea and newly diagnosed HIV are decreasing, the rate of syphilis has been on the rise within HCPH's jurisdiction. This trend is concerning, as untreated syphilis can lead to severe and potentially life-threatening complications, making it a critical issue to address. Additionally, congenital syphilis has been going up every year between 2019 and 2023.

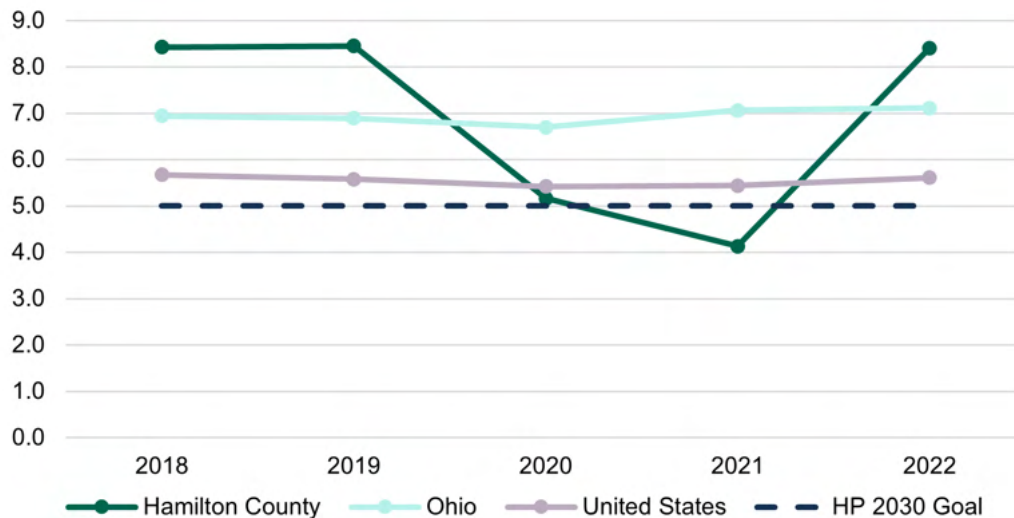
Maternal and Child Health

INFANT MORTALITY RATES

Many public health goals surrounding maternal and child health focus on increasing access to prenatal care and resources for birthing people while reducing poor health outcomes and conditions and decreasing infant mortality rates.

Infant mortality is the death of an infant before their first birthday. An infant mortality rate (IMR) is the number of infant deaths for every 1,000 live births. The infant mortality rate is highly sensitive to changes in the number of births within a community. While there are broad goals for all birthing people and infants, there are clear disparities among different populations. Between 2018 and 2022, Hamilton County's infant mortality rates often were higher than those in Ohio and the United States, despite the decrease in 2020 and 2021.

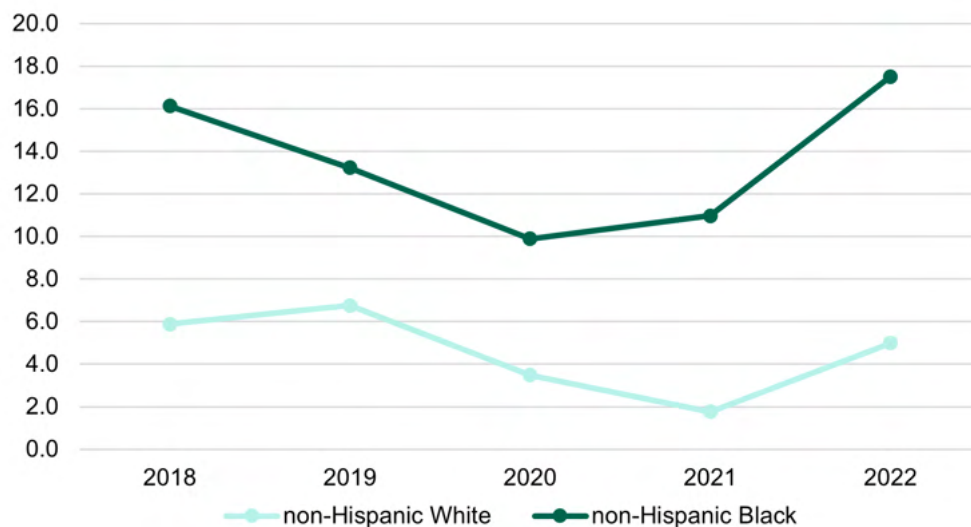
Infant Mortality Rates (2018 – 2022)



Source: Ohio Department of Health, 2019 - 2023. Center for Disease Control and Prevention, 2024

When taking a deeper look at local infant mortality rates, there is a clear disparity between non-Hispanic White and non-Hispanic Black mortality rates. non-Hispanic Black infants died at a rate at least 2 times higher every year when compared to non-Hispanic White infants.

HCPH Infant Mortality Rates Per 1,000 Live Births - Population by Race (2018 – 2022)



Source: Ohio Department of Health, 2019 - 2023. Center for Disease Control and Prevention, 2024

PRETERM BIRTH RATES

Preterm birth — any birth that occurs before 37 weeks of pregnancy — increases the risk for infant death and other poor health outcomes.

Preterm births can be very preterm (babies who are born before the start of the 32nd week of pregnancy) and extreme preterm (babies who are born before the start of the 28th week of pregnancy).

The percentage of preterm births in Hamilton County were consistently higher than the national percentage but slightly lower than Ohio's. Many infant deaths in Hamilton County each year were from babies who are born extremely preterm.

Environmental Health Factors

HOUSING AND LEAD EXPOSURE

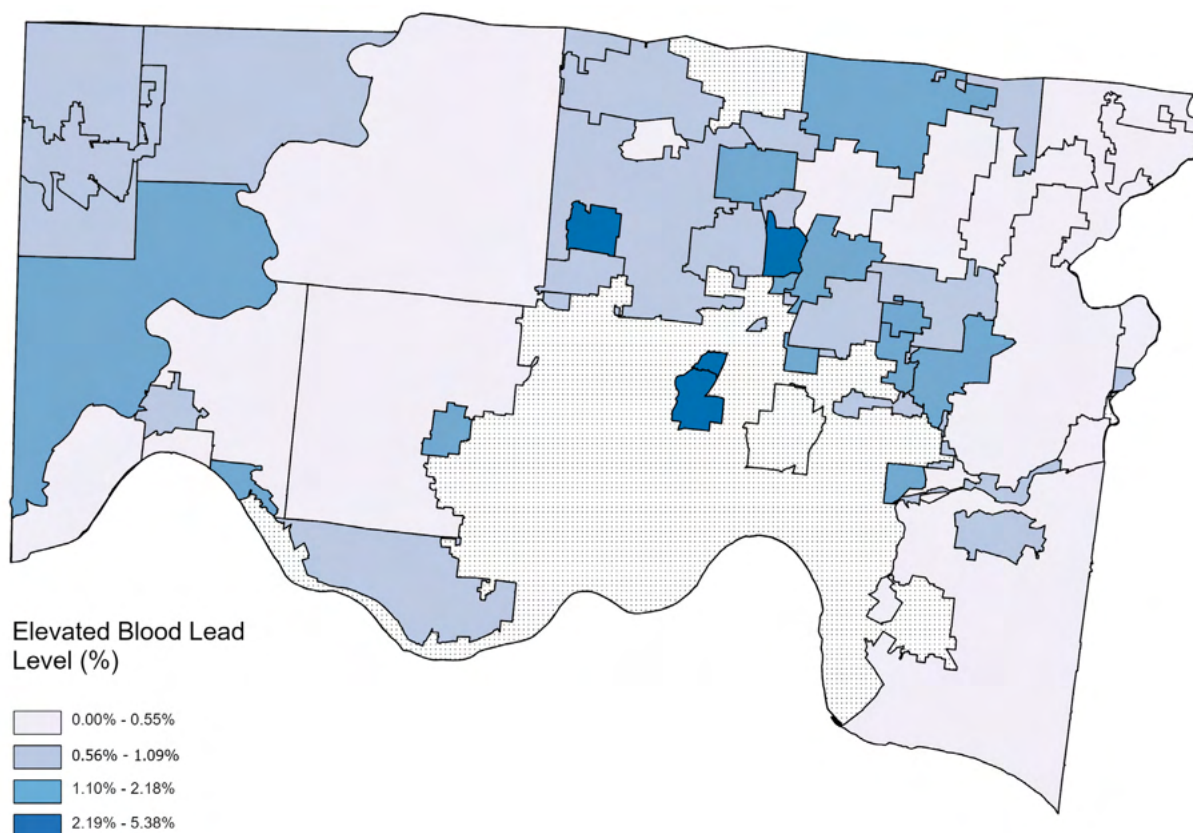
Houses built before 1979 may have lead-based paint present both inside and outside the home. Children living in these homes may be exposed to the toxin through the inhalation or ingestion of lead dust, which could result in lead poisoning and serious consequences for health and development. While no amount of **lead exposure** is considered safe for children, an elevated blood lead level (EBLL) is defined as 3.5 µg/dL or greater.

HCPH's lead poisoning prevention program provides funding to assist residents in reducing lead paint hazards in homes and address housing issues such as ventilation and moisture control.

Between 2019 and 2023, the total number of EBLL cases within HCPH's jurisdiction decreased by almost 20%. There was a slight increase in 2023 after consistent decreases from 2019 through 2022.

About 5% of children had an EBLL in each of the communities of Elmwood Place, Lockland, Mount Healthy and St. Bernard between 2019 and 2023. More than 85% of the housing stock within these communities was built prior to 1979, a common risk factor for childhood EBLL. There appears to be some overlap in areas with a high density of older housing stock and a higher percentage of children with EBLL, but it is not a consistent pattern and could suggest that there are more factors that should be analyzed further.

Children Ages 5 and Under with a Confirmed EBLL Test (2019 – 2023)



Source: Ohio Department of Health, 2019 - 2023

VECTOR-BORNE ILLNESS

Infectious diseases can be transmitted through various means, including direct exposure to infected individuals, contact with contaminated surfaces or environments, and through vectors. Vectors, or organisms such as animals or insects, can carry and transmit infectious agents to humans without necessarily being infected themselves. The majority of vector-borne diseases are spread by insects like ticks and mosquitoes, which transmit pathogens to humans through bites and introduce infectious agents into the bloodstream.

Lyme disease was the most prevalent vector-borne illness in Hamilton County in recent years. Between 2019 and 2023, there were 46 cases of Lyme disease among residents in HCPH's jurisdiction, with more than two-thirds of these cases occurring in 2022 and 2023. Between 2021 and 2023, there was a 240% increase in cases, with the most recent highs surpassing even pre-pandemic levels. This trend is consistent with the rest of Ohio, where reported Lyme disease cases have steadily increased over the past decade.

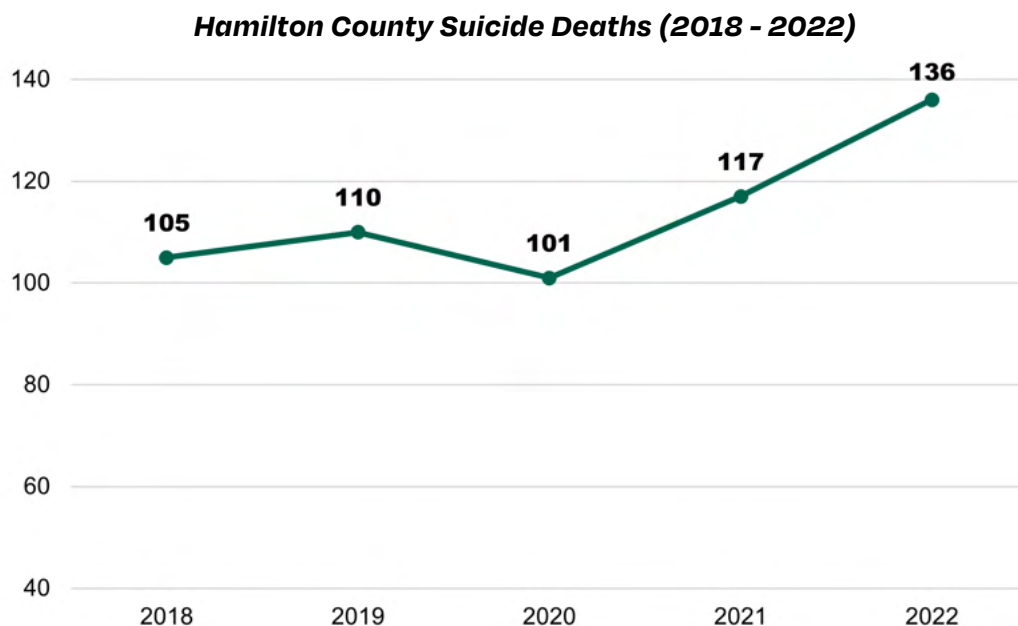
Between 2019 and 2023, two cases of **West Nile virus** infection were observed among HCPH residents; one was acquired locally, and the location of exposure could not be determined for the other. While this was unusual, no connections between the cases were identified, and HCPH residents were not determined to be at increased risk.

Mental Health and Addiction

SUICIDE AND MENTAL HEALTH

Mental health issues can have negative consequences for an individual's ability to lead a healthy and fulfilling life, and the issue affects all age groups.

In Hamilton County, the number of suicide deaths increased by nearly 30% from 2018 to 2022. The highest year recorded was 2022, when there were 136 suicide deaths. Males accounted for almost 80% of all suicide deaths here. White individuals accounted for 75.6% of decedents, while Black or African-American individuals accounted for 20.9%.



Source: Ohio Department of Health, 2018 - 2022

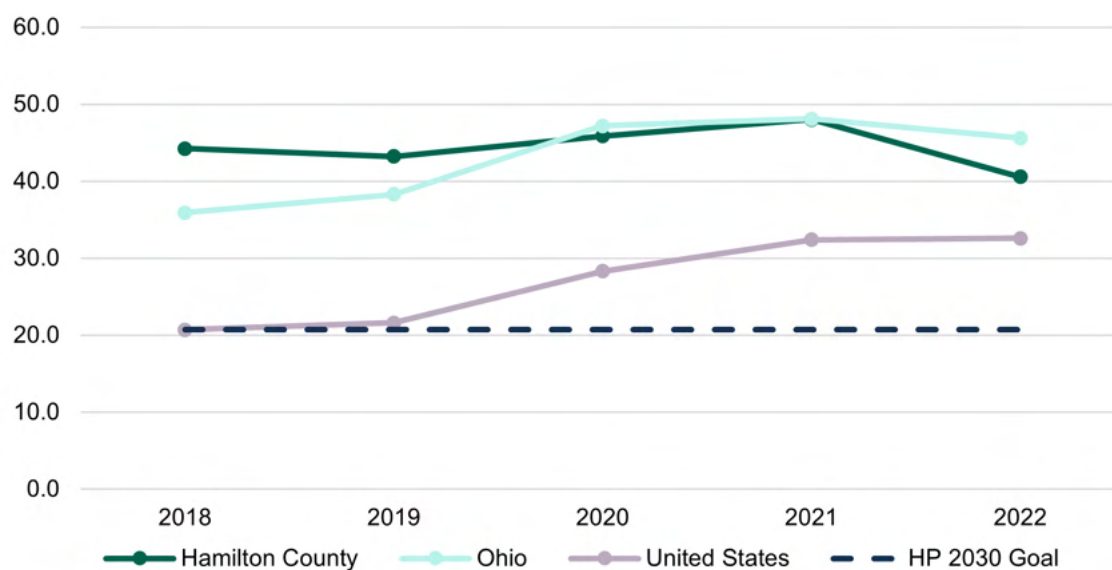
SUBSTANCE USE AND OVERDOSE

Substance use disorder (SUD) is a disorder that affects an individual's brain and behavior, characterized by the persistent pattern of substance use despite adverse effects from such activity.

Hamilton County Public Health focuses on **overdose prevention** for those with SUD, and the agency's harm reduction division provides services such as fentanyl and xylazine test strip distribution and training, naloxone distribution and training, and community drug-checking events. As a result of these efforts and many others, overall overdose deaths decreased 21.2% from 2021 to 2023, and overdose deaths from fentanyl decreased 4.9% for the same period.

From 2018 to 2022, Hamilton County saw an 8% decrease in the rate of **fatal overdoses**, compared to a 57% increase nationally and a 27% increase in Ohio. Throughout this period, Hamilton County's fatal overdose rates were higher than the national average each year; however, between 2020 and 2022, the county's rates were lower than those of Ohio. The impact of these deaths was not evenly distributed across different demographic groups.

Overall Hamilton County Overdose Fatality Rates Per 100,000 (2018 – 2022)



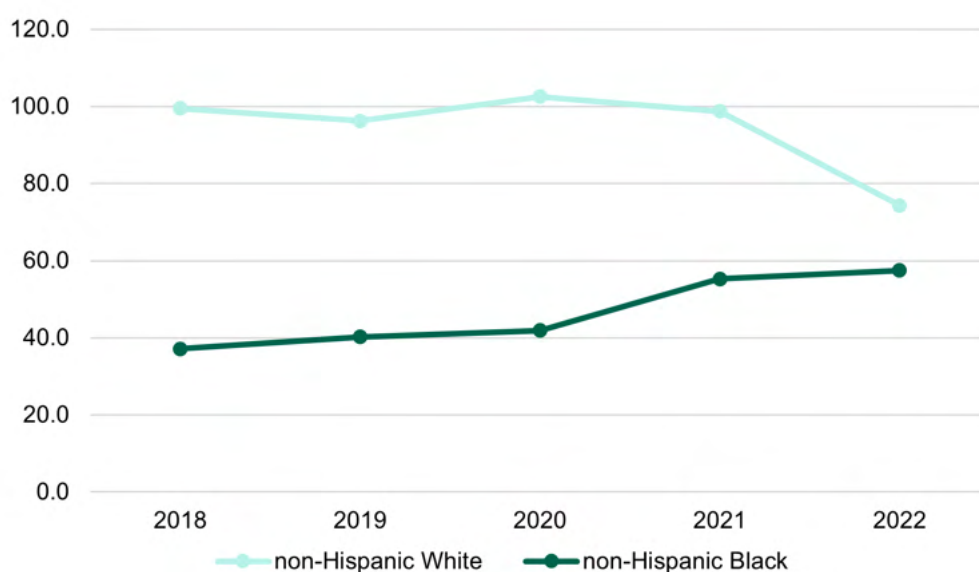
Source: Ohio Department of Health, 2018 - 2022. Center for Disease Control and Prevention, 2024

Fatal overdose rates were consistently higher among males than females from 2018 to 2022. During this time, the rate for males decreased by 13.2%, while the rate for females increased slightly by 2.6%.

Between 2018 and 2022, fatal overdose rates were consistently higher among non-Hispanic White individuals compared to non-Hispanic Black individuals. During this time, there was a 25% decrease in the rate of fatal overdose among non-Hispanic White individuals compared to a 55% increase among non-Hispanic Black individuals.

While overall overdose deaths have decreased, there has been a notable increase in the rate of overdose deaths for non-Hispanic Black individuals in Hamilton County. This is significant as it represents the only demographic group that saw an increase in fatal overdose rates during this period.

Hamilton County Overdose Fatality Rates – Population by Race (2018 – 2022)



Source: Ohio Department of Health, 2018 - 2022

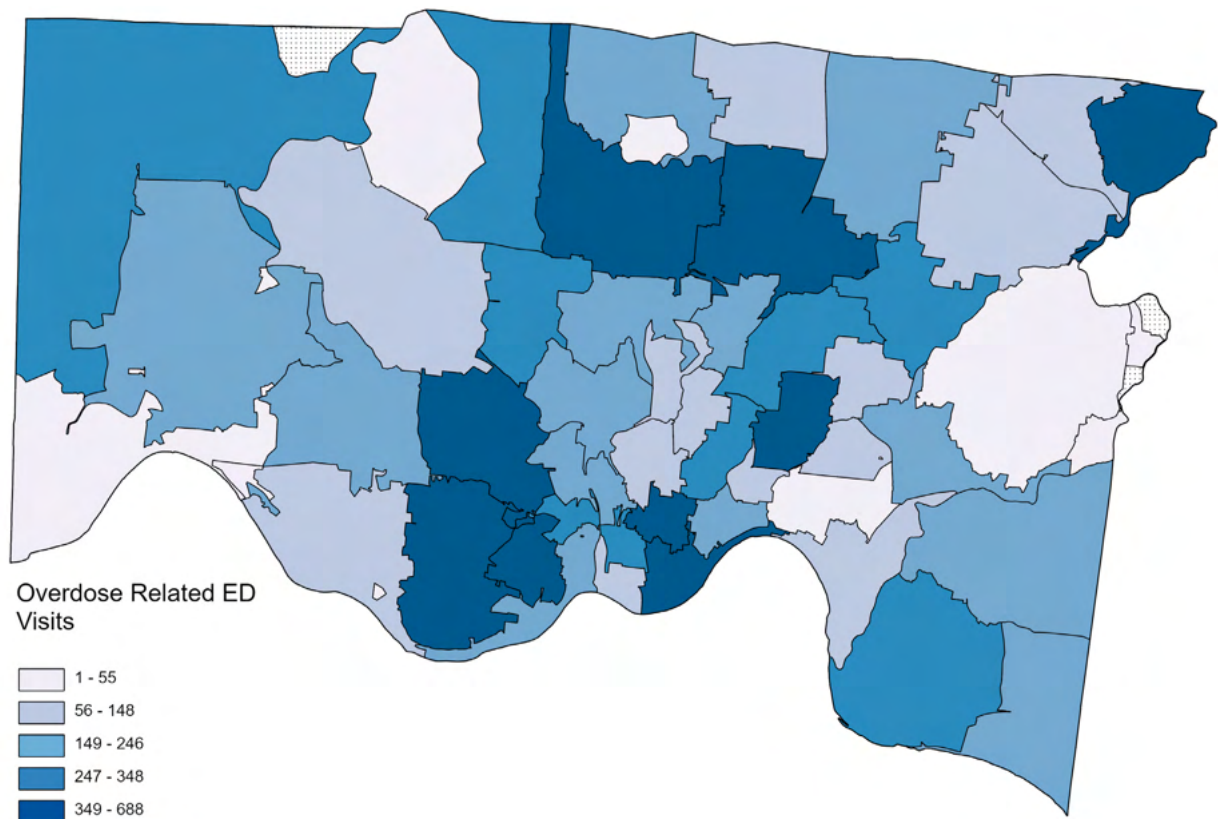
NON-FATAL OVERDOSES

Overdose-related emergency department visits in Hamilton County are tracked using syndromic surveillance. Emergency department data is updated daily, while fatal overdose data (death data) has a reporting lag of up to three months. Non-fatal overdose data provides timely insights, helping us detect the emergence of new substances or increased overdose activity more quickly.

Year over year, HCPH saw a decrease in the number of overdose-related emergency department visits. There was a 23% decrease overall between 2019 and 2023.

From 2019 to 2023, the top home ZIP codes of patients visiting an emergency department for overdose-related reasons were 45212, 45211, and 45238. ZIP code 45212, which makes up all of Norwood and part of Cincinnati, was among the top three resident ZIP codes each year.

Hamilton County Overdose Emergency Department Visits (2019 – 2023)



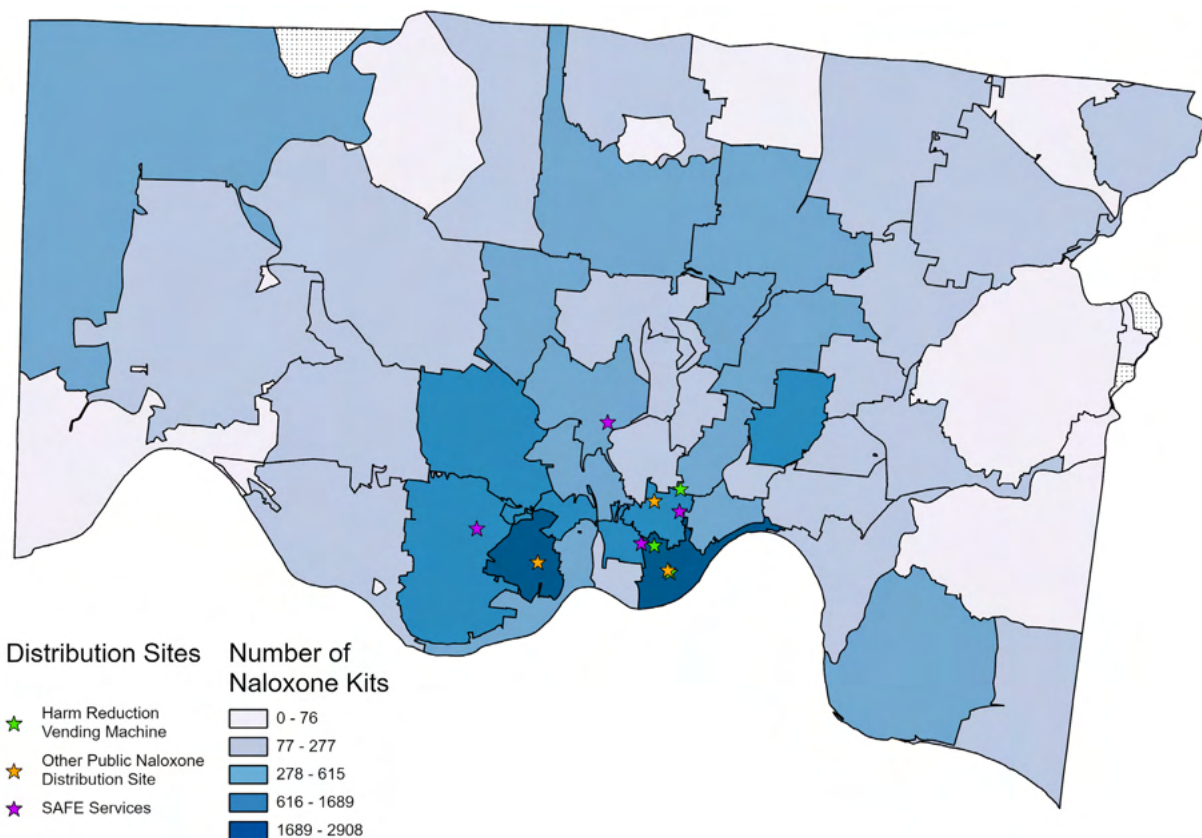
Source: Health Monitoring Systems, 2019 - 2023

NALOXONE DISTRIBUTION

Hamilton County Public Health distributes naloxone as a part of the agency's SAFE (Stigma-free Access For Everyone) services initiative to prepare individuals to rapidly reverse opioid overdoses. Naloxone is a medicine, primarily administered through a nasal spray, that rapidly reverses an opioid overdose. Naloxone distribution through the initiative increased 124% from 2020 to 2023. The increase coincided with the reduction in overdose deaths and a 23% decrease in overdose emergency department visits over the same period.

From 2020 to 2023, the Hamilton County zip codes with the highest naloxone distribution were 45205, 45202, 45238, 45211 and 45219. Among these, 45205 (which primarily covers the Price Hill neighborhood in Cincinnati) had the largest distribution, with 2,908 kits distributed. The zip codes with the highest rates of overdose-related emergency department visits in Hamilton County generally showed a positive correlation with the zip codes receiving the most naloxone distribution from HCPH.

Hamilton County Naloxone Distribution (2020 – 2023)



Source: Hamilton County Public Health, 2020 - 2023

SECTION 3

Social Determinants of Health



Environmental, economic and social issues greatly affect residents within Hamilton County Public Health's jurisdiction.

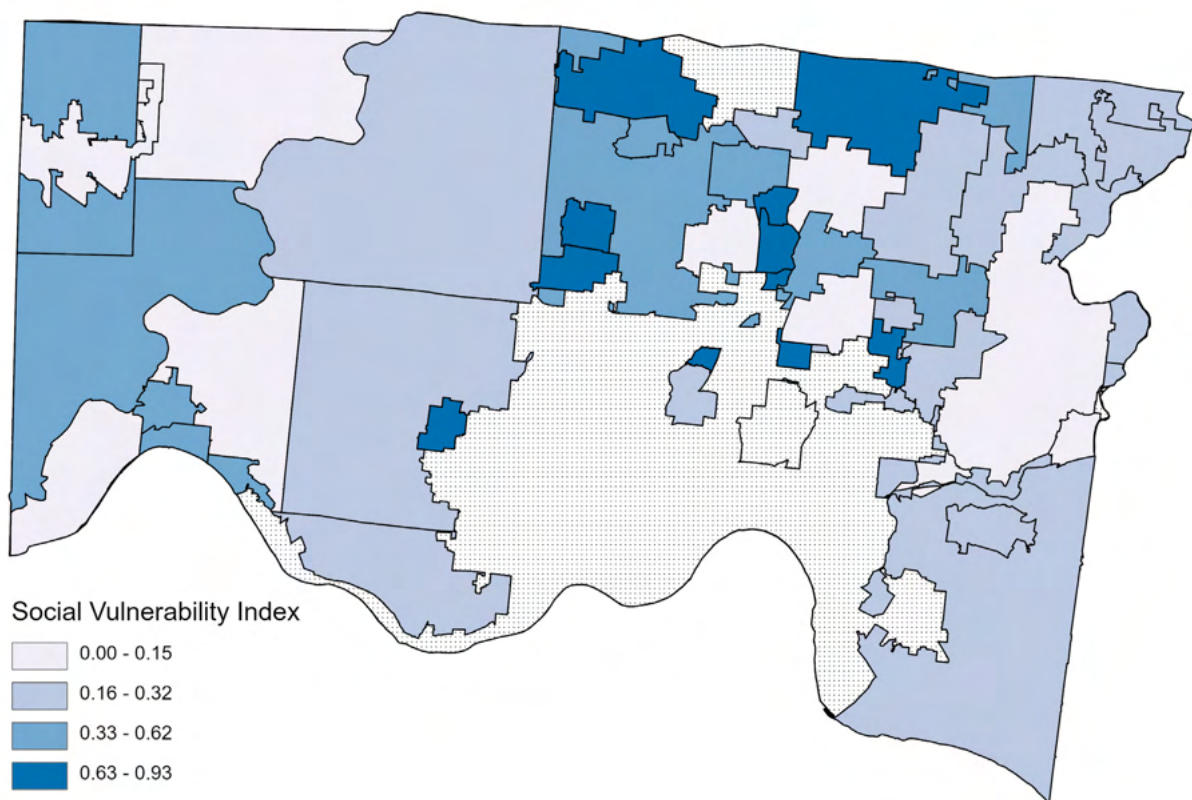
Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Hamilton County Public Health looks at these determinants to measure an individual's opportunity to be healthy.

The **social vulnerability index (SVI)** measures a community's vulnerability to natural disasters or disease outbreaks. It uses 16 metrics across four areas—socioeconomics, household characteristics, racial and ethnic minority status, and housing/transportation access—to assess vulnerability. The SVI helps identify areas that may require additional resources and support during crises.

The SVI ranges from 0 to 1, with the higher values indicating greater vulnerability. Six jurisdictions within Hamilton County have an SVI above 0.80, making them a priority for targeted support, supplies and emergency services during public health emergencies.

HCPH Social Vulnerability Index (2022)



Source: Centers for Disease Control / Agency for Toxic Substances and Disease Registry, 2022

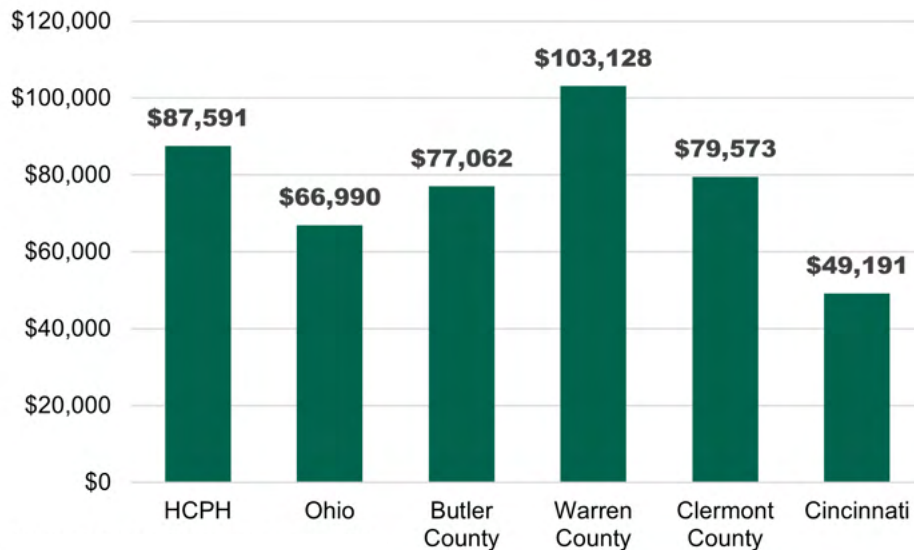
Economic Factors

Economic factors play a key role in health outcomes. Limited financial resources can hinder access to healthcare and healthy behaviors, while increasing stress that may lead to unhealthy habits. In contrast, a stronger economic environment supports healthier behaviors and better access to resources for maintaining a healthy lifestyle.

HOUSEHOLD INCOME

Within Hamilton County Public Health's jurisdiction, the median **household income** increased from \$73,220 in 2018 to \$87,591 in 2022. This was higher than Ohio's state average and surpassed most neighboring counties and cities, except for Warren County.

Median Household Income (2022)



Source: American Community Survey, 2022

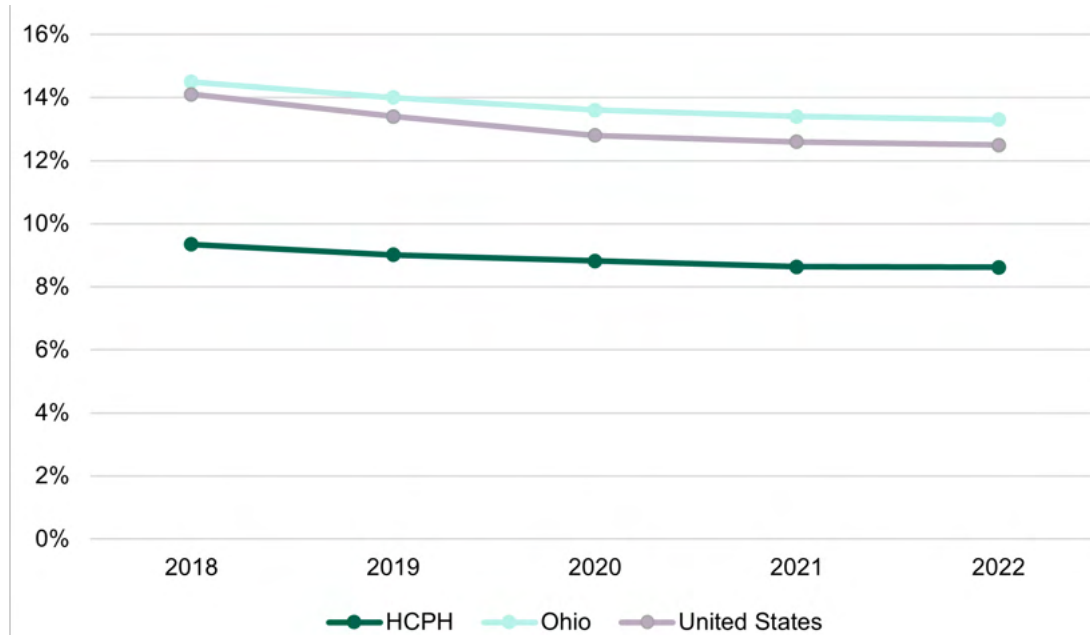
While this increase in median income was a positive trend for Hamilton County, it is important to consider income distribution. The Gini Index of Income Inequality, which ranges from 0 (perfect equality) to 1 (maximum inequality), helps measure this.

Hamilton County's Gini Index score is 0.51, which is higher than both the national average (0.48) and Ohio's state average (0.47), indicating greater income disparity. To fully understand the impact of this inequality, further analysis of economic well-being factors is needed.

POVERTY

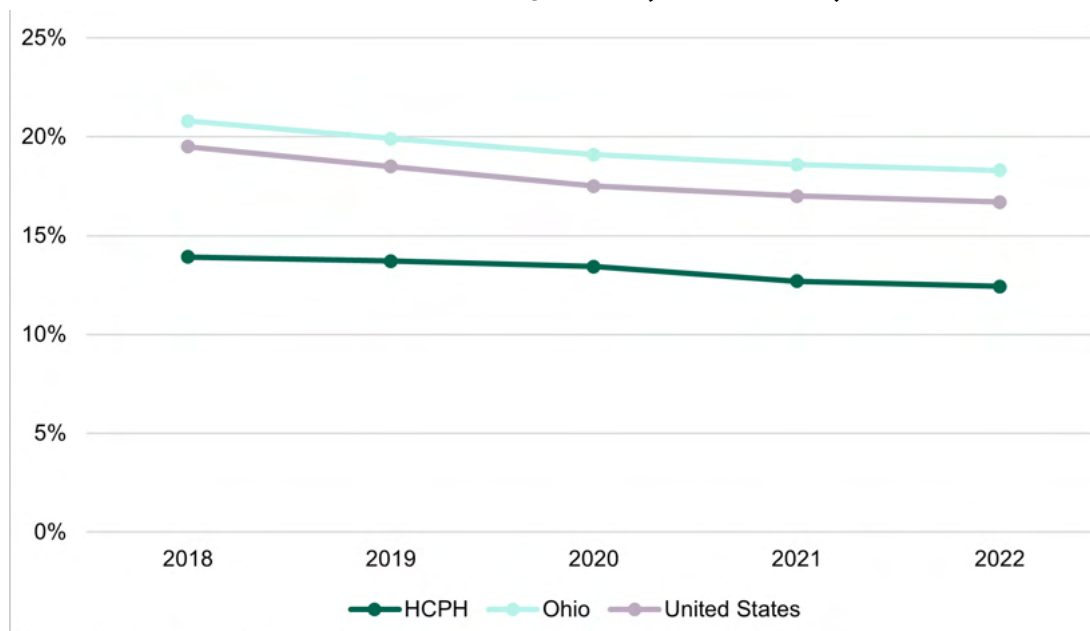
Poverty significantly impacts health, as those living in poverty often cannot afford health insurance, medications or treatments, leading to higher rates of disease, disability and limited healthcare access. Children in poverty face unequal access to support and healthcare systems, which can have long-term negative effects on their health and well-being.

Poverty Rates (2018 – 2022)



Source: American Community Survey, 2018 – 2022

Childhood Poverty Rates (2018 – 2022)



Source: American Community Survey, 2018 – 2022

Poverty rates, including childhood poverty, have declined in HCPH's jurisdiction, mirroring trends across Ohio and the United States. Between 2018 to 2022, Hamilton County's poverty rates were lower than those of both Ohio and the United States.

The ALICE threshold (Asset Limited, Income Constrained, Employed) is another key metric, measuring households that earn above the federal poverty level but still struggle to afford basic necessities. ALICE households do not qualify for many assistance programs, but face tough choices, such as between paying for healthcare and rent.

For a single adult in Hamilton County in 2022, ALICE would apply to someone that made more than the federal poverty level of \$13,590 but less than \$28,638, the minimum cost of living in Hamilton County. This range is different for different households. In HCPH's jurisdictions, 22.6% of households were within the ALICE threshold.

HOUSING

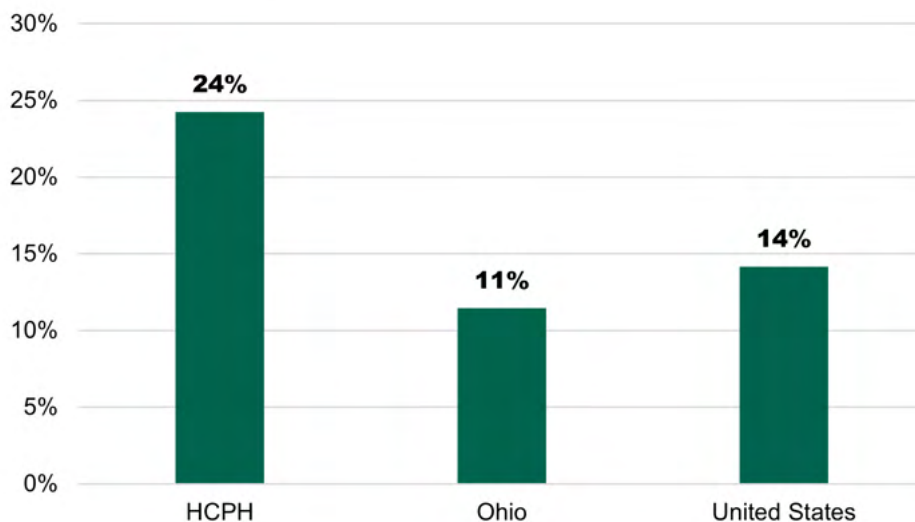
Housing is a key factor in economic well-being, and the physical condition of a home can affect health. The presence of hazards like lead, asbestos and unsanitary living conditions contribute to negative health outcomes.

Housing instability affects many people due to affordability issues. In Hamilton County, an estimated 13.8% of adults experienced housing instability, while 10.2% faced the threat of utility shutoffs in the past year.

Housing ownership also can play a role in avenues for health. In Hamilton County Public Health's jurisdiction, the percentage of owner-occupied housing units rose slightly from 73.0% in 2018 to 74.1% in 2022. During the same period, renter-occupied housing units decreased from 27.0% to 25.9%.

Equally important is the cost of housing and its impact on health. Housing cost burden is defined as spending more than 30% of income on rent and utilities. Seniors and individuals with disabilities are most affected by this burden. HCPH's jurisdiction had a higher proportion of housing cost burden compared to Ohio and the United States.

Housing Cost Burden (2022)



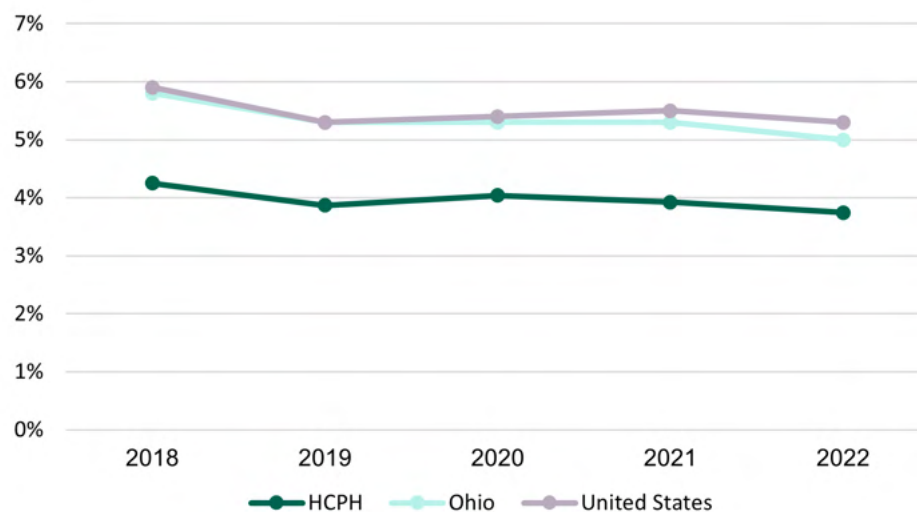
Source: American Community Survey, 2022

EMPLOYMENT

Employment status significantly impacts people's health outcomes. Unemployed individuals often report higher levels of anxiety, depression, and stress-related illnesses like high blood pressure and heart disease. Employment also plays a key role in healthcare access. A National Institute for Occupational Safety and Health study found that adverse health outcomes worsened with longer unemployment, and those with short-term unemployment faced the greatest difficulty accessing healthcare.

Unemployment rates decreased overall, with HCPH's jurisdiction rate consistently lower than those of Ohio and the United States. From 2018 to 2022, HCPH's unemployment rate dropped from 4.25% to 3.75%.

Unemployment Rates (2018 – 2022)

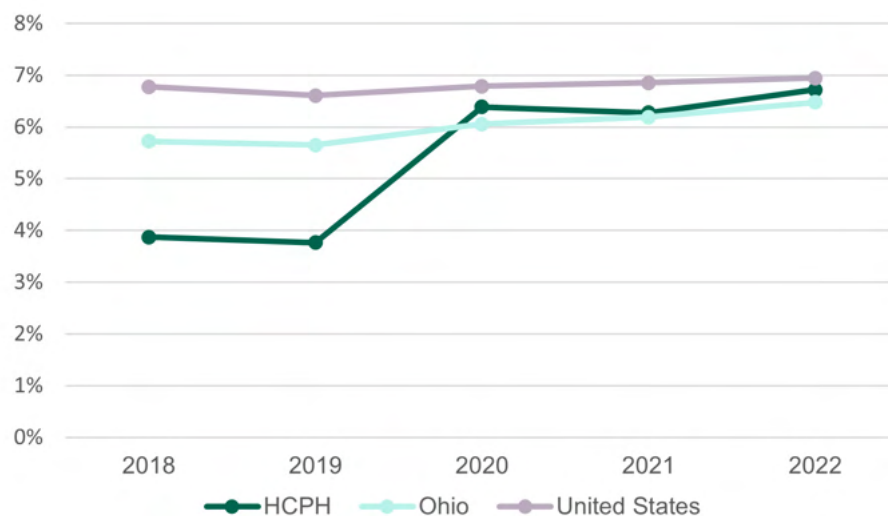


Source: American Community Survey, 2018 – 2022

Though unemployment rates in HCPH's jurisdiction were lower than state and national averages, the percentage of disconnected youth (identified as individuals ages 16-19 who were neither in school nor working) increased. This population faces higher risks of poor mental health, poverty and chronic unemployment.

Although Hamilton County Public Health’s jurisdiction had a lower percentage of disconnected youth than the United States, there was a concerning rise between 2018 and 2022. Data shows a 73% increase during this period, with the largest spike occurring between 2019 and 2020, possibly due to the impact of the COVID-19 pandemic that began in 2020.

Disconnected Youth (%) (2018 – 2022)



Source: American Community Survey, 2018 - 2022

» KEY TAKEAWAYS «

Economic Strengths: Median household income has increased over the past five years, surpassing most neighboring areas. Poverty rates, including child poverty, are lower than state and national averages and have been declining since 2018. Unemployment remains below state and national averages.

Challenges with Youth: Since 2020, rates of disconnected youth have risen locally and nationally. Disconnected youth face greater

mental health risks, which can lead to further issues affecting their well-being.

Housing Affordability: Housing cost burdens in HCPH’s jurisdiction are nearly double the Ohio and U.S. averages. Despite rising incomes, many families still struggle with housing costs, impacting their ability to afford other essentials like healthcare and groceries. Addressing this is key for equitable economic growth.

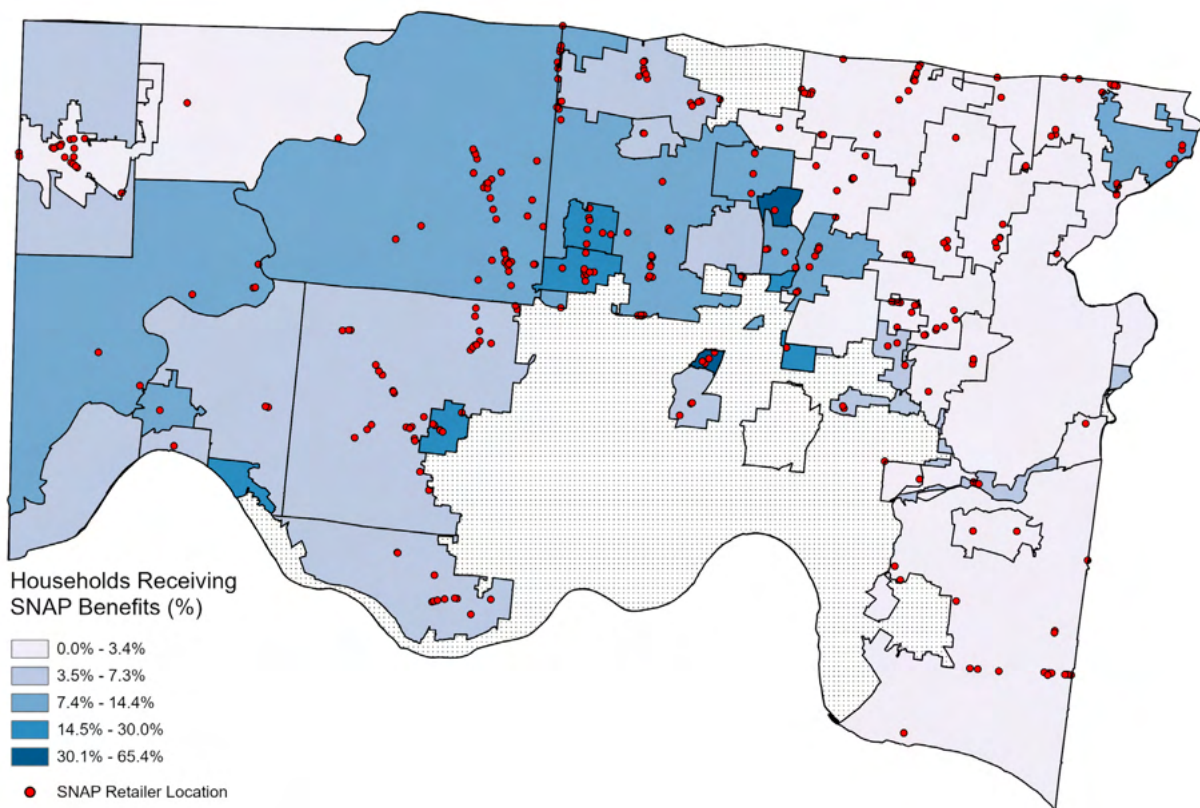
Food Access

Access to healthy food is crucial for community health. Limited access and poor diets contribute to chronic diseases and other health outcomes. Improving access to affordable, nutritious foods gives individuals more opportunities to make healthy choices. Financial constraints often make it difficult for families to afford healthy foods, adding additional strain.

SNAP BENEFITS

The **Supplemental Nutrition Assistance Program (SNAP)** provides assistance to qualified low-income individuals and households to help purchase food at local retailers. In 2022, almost 8,000 households in Hamilton County Public Health's jurisdiction received SNAP benefits. There were 327 retailers in HCPH jurisdiction that accepted these benefits.

HCPH Locations of SNAP Retailers and Households Receiving SNAP (%) (2022)



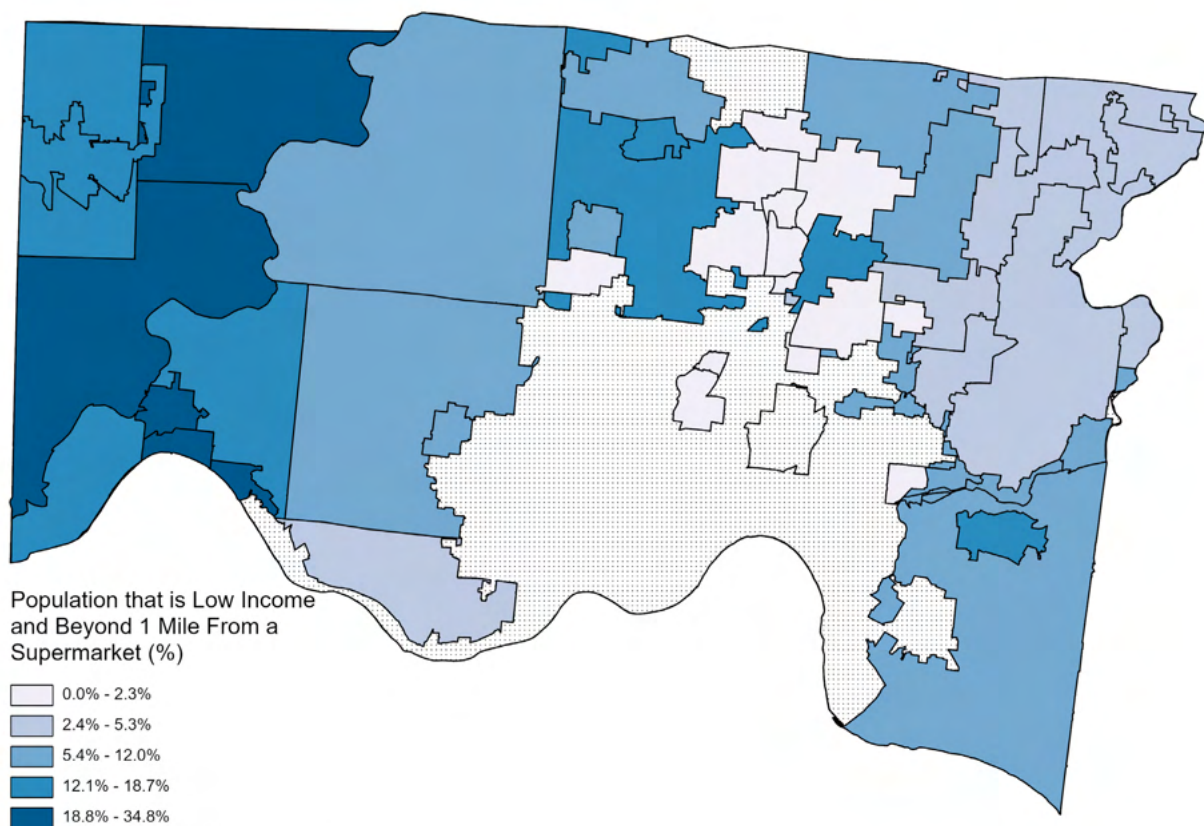
Source: American Community Survey, 2022. U.S. Department of Agriculture, 2022

FOOD DESERTS

Access to healthy food choices depends not only on financial resources but also on the availability and convenience of healthy options in the community. The Food Empowerment Project defines **food deserts** as “geographic areas where access to affordable, healthy food options is restricted or nonexistent due to the absence of a grocery store within reasonable traveling distance.”

Rural areas within HCPH’s jurisdiction had higher percentages of low-income residents living more than one mile from a food retailer. In a food desert, reliable transportation is critical to access food and other resources. For residents without reliable transportation, the impact of living in a food desert is especially pronounced.

HCPH Low Income Households That Live 1+ Mile from a Supermarket (%) (2019)



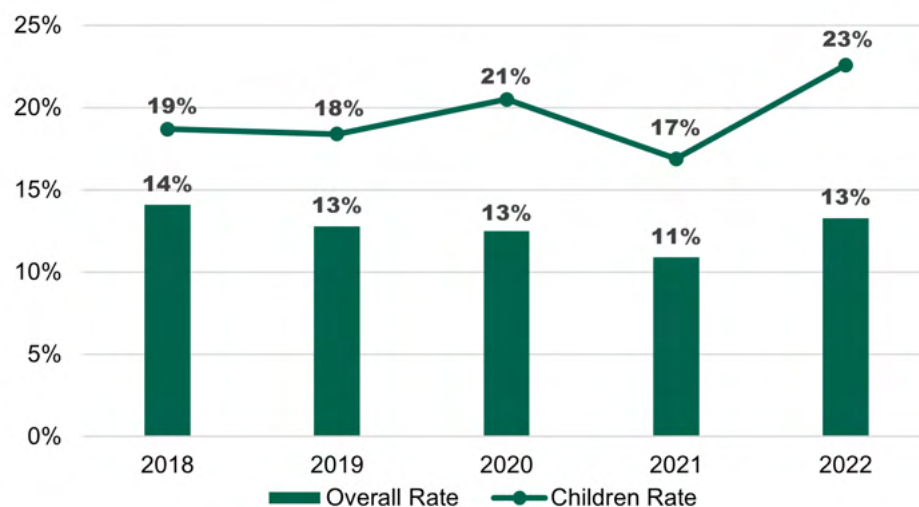
Source: U.S. Department of Agriculture, 2021

FOOD INSECURITY

Food insecurity is defined by the U.S. Department of Agriculture (USDA) as the lack of consistent access to enough food for an active, healthy life and refers to a lack of available financial resources for food within the household. Food insecurity reflects broader issues related to financial stability, as people who struggle to access enough food often also face difficulties affording adequate housing, healthcare, and other basic necessities.

From 2020 to 2021, food insecurity among children and adults significantly decreased, likely due to expanded federal and local programs addressing the economic impacts of COVID-19. While some communities are more affected, hunger and food insecurity are present in every community.

Hamilton County Overall and Childhood Food Insecurity (%) (2018 – 2022)



Source: Feeding America, 2022

» KEY TAKEAWAYS «

Access to healthy food is essential for overall health and well-being, but the cost of food can be a barrier for some individuals and families. For those who qualify, SNAP benefits play a vital role in helping households afford food, with roughly 11% of households in Hamilton County receiving this assistance. Physical access to grocery stores can be an additional challenge, as living in a food desert can make it difficult for individuals without reliable transportation or access to public

transit to purchase fresh, nutritious food.

In Hamilton County, there is a concerning rise in the percentage of children experiencing food insecurity. Many food access issues are closely tied to broader financial struggles, as some people make food choices based on limited budgets. Low-income households typically spend the fewest dollars on food, but they spend the highest proportion of their income on food costs.

Built Environment

Built environment refers to the physical spaces where we live, learn, work and play, including homes, roads, sidewalks and essential utilities like electricity and clean water.

ACTIVE TRANSPORTATION

An environment built for walking, biking and rolling makes it easier to access key destinations like stores, green spaces and recreational areas. These **active transportation** communities promote health and wellness, boost the economy, improve the environment and strengthen social connections and community bonds.

Communities with active transportation typically have better human-centered infrastructure, like sidewalks and crosswalks. They often feature main streets or historic downtowns with shops and other attractions that encourage exploration.

GREEN SPACE

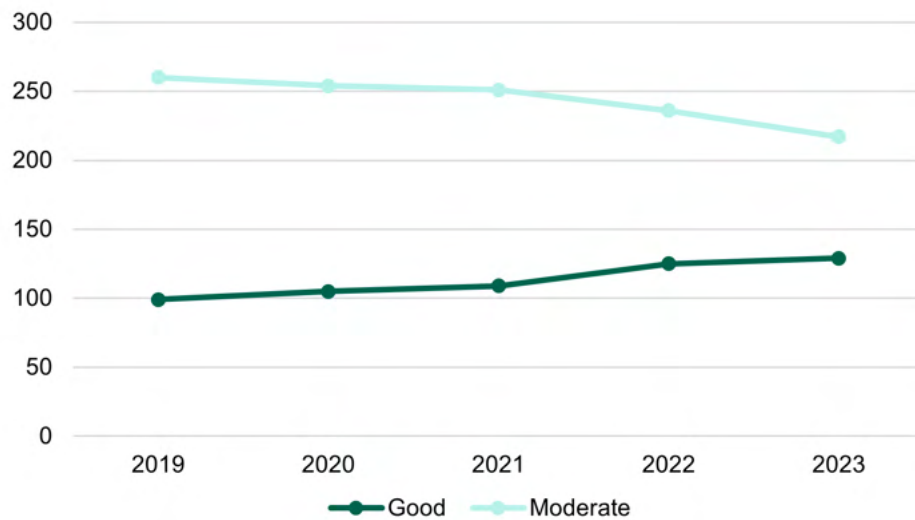
Green spaces are essential for environmental and physical health, helping to reduce heat and manage stormwater in urban areas. They also provide spaces for recreation, promote physical health and offer calming environments that support mental well-being.

AIR QUALITY

Air pollution negatively impacts health, especially in disadvantaged areas. Local proximity to industrial activities or highways and global issues such as forest fires can expose people to air pollution. The **Air Quality Index (AQI)** reports daily pollution levels and serves as a warning for potential health risks.

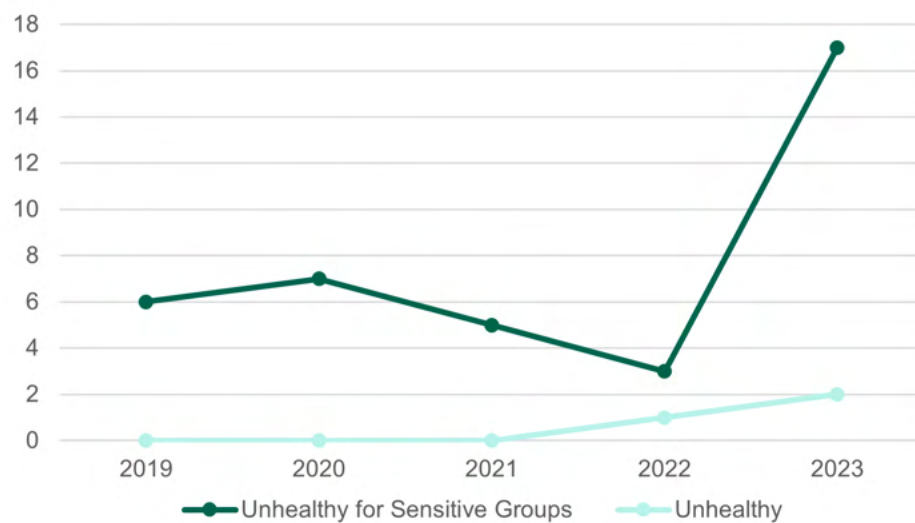
Hamilton County data indicates both positive and concerning trends on this subject. From 2019 to 2023, “good” air quality days increased by 33%. However, “unhealthy for sensitive groups” days also rose sharply, more than doubling from 2022 to 2023. This increase mainly was due to Canadian wildfires, which affected air quality across much of the eastern United States.

**Hamilton County Air Quality Index –
Number of Days with a Good or Moderate Rating (2019 – 2023)**



Source: National Oceanic and Atmospheric Administration, 2019 – 2023

**Hamilton County Air Quality Index – Number of Days with an
Unhealthy for Sensitive Groups or Unhealthy Rating (2019 – 2023)**



Source: National Oceanic and Atmospheric Administration, 2019 – 2023

VIOLENT CRIME

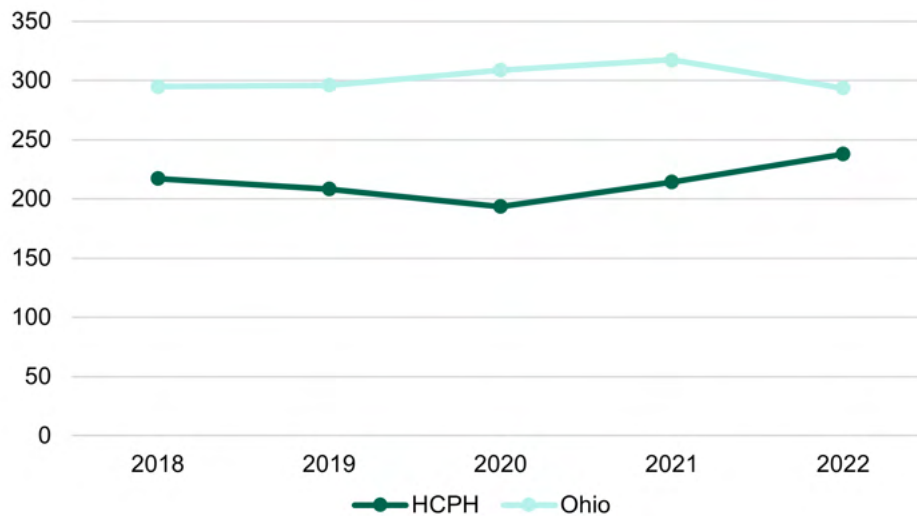
Violent crime, including assault, robbery, rape and murder, significantly affects community health and the built environment. With heightened national attention on this issue, it is essential to understand the impact of violent crime on the local community.

Violent crime can cause physical injury, disability or death for victims, as well as mental distress for both direct victims and witnesses. Research shows that childhood exposure to violence is linked to lifelong health challenges, including chronic diseases and mental health concerns.

Additionally, violent crime reduces community safety, discouraging the use of parks and increasing feelings of insecurity when walking through neighborhoods. These effects further harm residents' physical and mental health, amplifying the broader impact on the community.

Overall, the violent crime rate within the Hamilton County Public Health jurisdiction was consistently lower than Ohio's statewide rate, but between 2018 and 2022, Hamilton County saw a slight increase. While Ohio's rate decreased from 2021 to 2022, the local rate rose by nearly 11%.

Violent Crime Rate Per 100,000 People (2018 – 2022)



Source: U.S. Federal Bureau of Investigation, 2018 – 2022

» KEY TAKEAWAYS «



HCPH's jurisdiction has many communities that focus on active transportation. Communities on the western side of the county have lower active transportation scores, but the amount of green space is higher here. It is likely that these two metrics go hand in hand.

Data shows that air quality affects Hamilton County residents, with a majority of days classified as "good" to "moderate" quality and the number of "good" days increasing between 2019 and 2023. There was a large spike in days that were classified as "unhealthy

for sensitive groups" in 2023, but this was predominantly due to environmental disasters occurring outside HCPH's jurisdiction. Geography plays a role in clean air, and people living near major roadways and industrial areas will experience poorer air quality.

Safety is an important component to the environment people live in, and living in areas where safety is a concern could lead to both physical harm and mental distress. Between 2018 and 2022, the violent crime rate within HCPH's jurisdiction increased slightly but remained below the overall rate for Ohio.

Access to Healthcare and Insurance

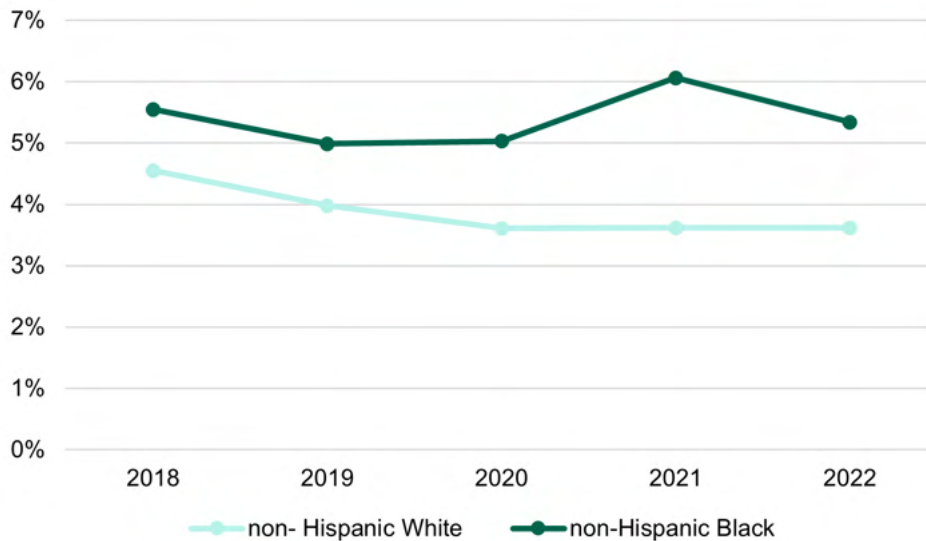
Access to **high-quality healthcare** is vital for improving and maintaining the health and well-being of Hamilton County residents. Barriers like gaps in insurance coverage can delay preventive care and treatment, leading to preventable diseases and premature deaths. Disparities in healthcare access disproportionately affect marginalized communities, particularly racial and ethnic minorities. Achieving health equity starts with ensuring everyone has fair access to necessary care.

COVERAGE IN HAMILTON COUNTY

Health insurance is crucial for equitable access to care. Among HPCCH residents, the uninsured rate has steadily declined since 2018, reaching 4.18% in 2022, compared to 6.40% in Ohio and 8.70% nationwide. Children in HPCCH's jurisdiction were also better covered during the monitoring period, with a rate of 2.34% in 2022, compared to 4.63% in Ohio and 5.34% in the United States.

Racial disparities in health insurance rates are widespread across the United States. In Hamilton County, non-Hispanic Black residents were more likely to be uninsured than non-Hispanic White residents.

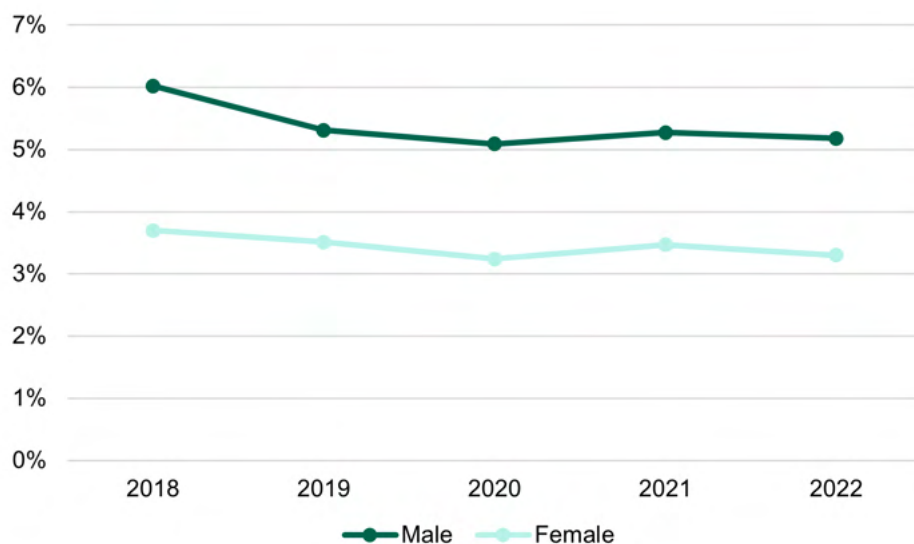
HCPH Residents Uninsured by Race (%) (2018 – 2022)



Source: American Community Survey, 2018 - 2022

Locally, men also were more likely to be uninsured than women, largely due to differences in Medicaid coverage. This is in line with national trends.

HCPH Residents Uninsured by Sex (%) (2018 – 2022)



Source: American Community Survey, 2018 - 2022

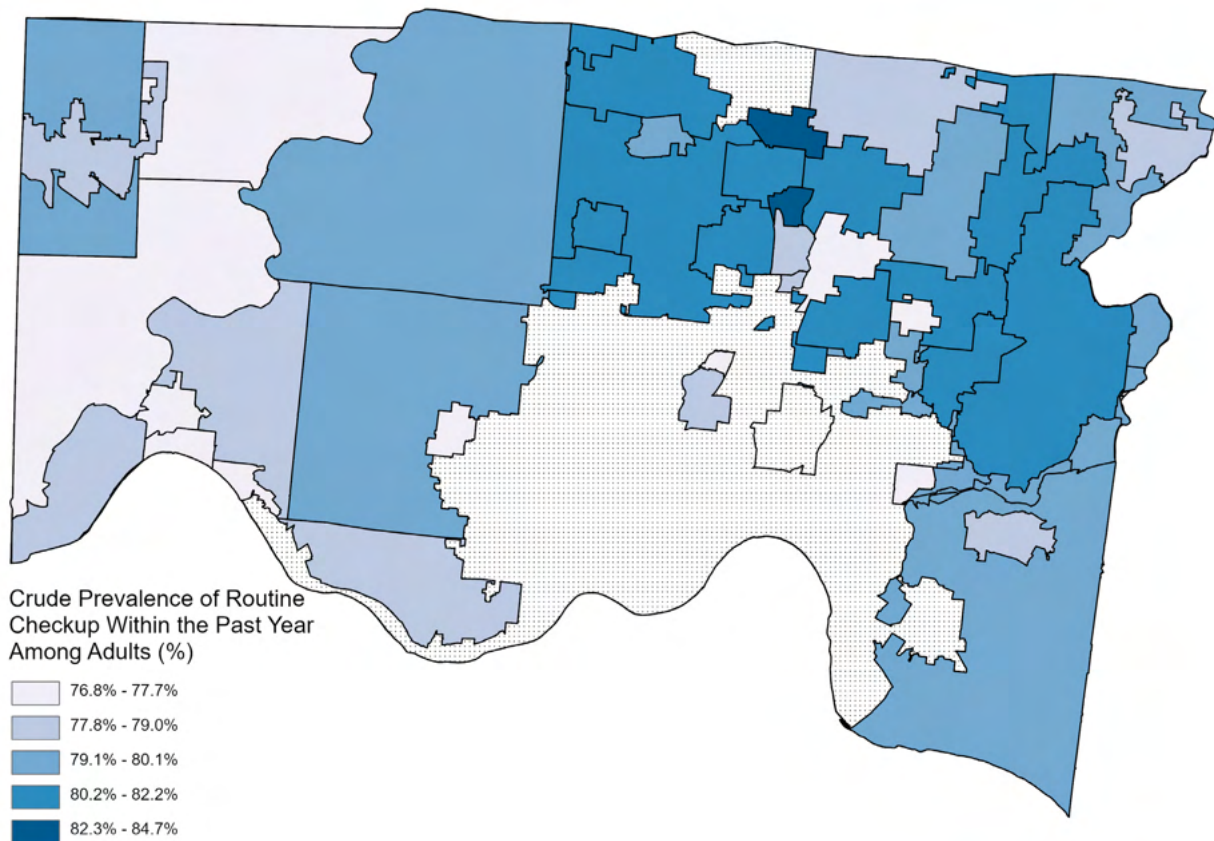
TYPES OF INSURANCE

In 2022, most Hamilton County residents had private or combined health insurance. Of these, 65.68% were covered by employer plans, 12.01% paid out-of-pocket, and 1.03% were insured through TRICARE. Government-provided insurance also played a key role, with 18.62% covered by Medicare, 15.41% by Medicaid, and 1.57% through Veterans Affairs. (Since some residents combined different sources of insurance, these percentages may not add up to 100%.)

ACCESS TO ROUTINE HEALTHCARE

Preventive health services like check-ups, screenings and dental cleanings are essential to reducing disease, disability and death. Barriers to care include cost, lack of a primary care provider, distance from healthcare services and limited knowledge about preventive measures. In 2022, 78.7% of Hamilton County residents aged 18 and older had an annual check-up, while only 59.8% received a routine dental visit.

HCPH Prevalence of Routine Checkup Within the Past Year Among Adults (2022)

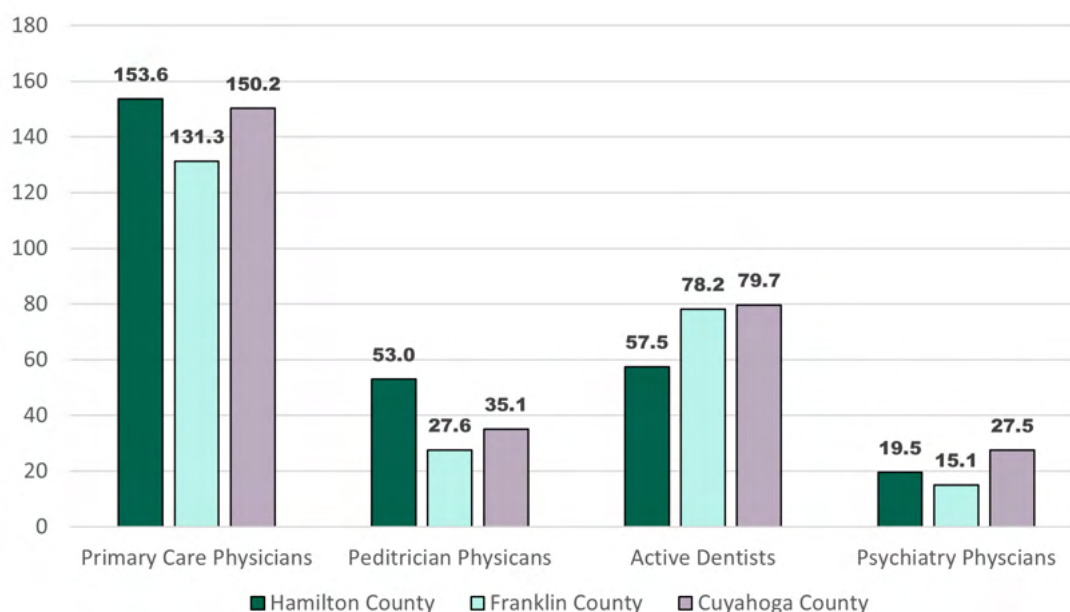


Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2022

Achieving equitable access to healthcare in Hamilton County requires increasing the proportion of physicians in the population. Having a primary care provider helps individuals prevent and manage diseases, build long-term relationships and get appropriate referrals.

Hamilton County has relatively strong access to medical care compared to similar-sized Ohio counties like Franklin (Columbus) and Cuyahoga (Cleveland). It has a higher proportion of primary care physicians and pediatricians. However, Franklin and Cuyahoga counties have better access to dental care, and Cuyahoga offers better access to psychiatric care.

Physicians and Dentists Per 100,000 People in Hamilton County Compared to Franklin and Cuyahoga County (2022)



Source: U.S. Department of Health and Human Services, 2022

» KEY TAKEAWAYS «

Barriers to healthcare delay treatment and prevent access to preventative care, increasing the risk of disease and negative health outcomes.

There has been positive progress in healthcare access within HCPH's jurisdiction. Uninsured rates have steadily declined from 2018 to 2022, with the uninsured rate for children at just 2.3% in 2022. Non-Hispanic Black residents in Hamilton County are more likely to be uninsured than non-Hispanic White residents, and men are more likely

to be uninsured than women. The majority of insured people in Hamilton County are covered under an employer plan.

In Hamilton County, an estimated 78.7% of adults have an annual checkup, and 58.9% have had a routine dental visit in the past year—both essential for reducing the risk of serious illnesses. The county has a higher rate of primary care physicians and pediatricians compared to similar counties in Ohio, especially in pediatric care. However, Hamilton County has fewer dentists.

S E C T I O N 4

Community Voice Survey Results



Residents shared the assets and conditions that affect their health, wellbeing and safety.

Every three years, Hamilton County Public Health participates in a **community health assessment (CHA)** process as part of the agency's national public health accreditation. Creating a CHA involves a careful process of collecting data and information that helps HCPH make decisions and take action. It also helps the agency understand what makes people healthy and why some groups of residents have different health outcomes than others.

For this reason, it is important that community members and organizations representing populations that are at-risk or have been historically excluded or marginalized participate in the health assessment process and receive the key findings in a digestible way.

SURVEY DESIGN

One strategy HCPH used to gather input from residents was through a **community voice survey**. Survey responses were collected from June 1, 2024, through August 31, 2024. The survey was made available in six languages: Arabic, English, French, Nepali, Russian, and Spanish. Digital responses were collected via Qualtrics, a secure web-based survey platform, and paper copies of the survey were available in all six languages for residents who preferred a non-digital format.

The survey featured 19 questions, including five demographic questions. Its purpose was to collect information about how residents of Hamilton County viewed the health and well-being of themselves, their families, and their community. Survey questions addressed topics like access to health care, community connections, and other factors that may impact personal and public health.

DATA COLLECTION

In an effort to gain representation from diverse demographics that make up Hamilton County, HCPH staff and five student surveyors from the University of Cincinnati attended various community events aimed at increasing participation and accessibility. HCPH staff entered paper survey responses into Qualtrics for analysis. All survey responses were anonymous.

In addition to in-person efforts, the agency also made the survey accessible at HamiltonCountyHealth.org and social media platforms. Community partners shared the survey link with their networks via email contact lists, meeting participants and social media audiences.

Key partners for data collection included:

- WeTHRIVE!SM partner implementation team
- WeTHRIVE!SM community teams
- Hamilton County 513 Relief Bus
- Cincinnati & Hamilton County Public Library
- HCPH jurisdictions
- Hamilton County Job & Family Services

After completing the survey, participants residing within HCPH's 45 public health jurisdictions had the option to enter a drawing for a \$100 Kroger gift card. Although the survey was open to all Hamilton County residents, the gift cards were only available to those living in HCPH's jurisdictions.

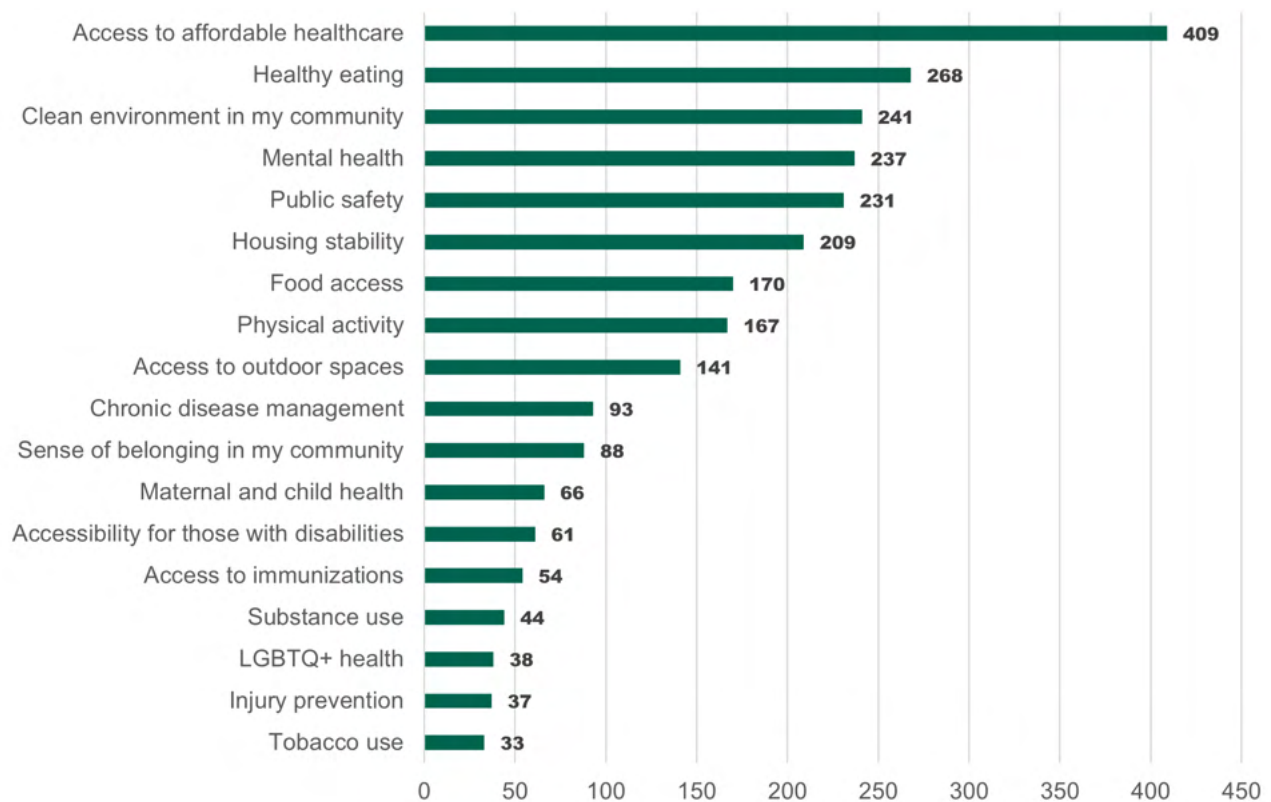
SURVEY ANALYSIS

A total of 1,099 surveys were completed, with 863 responses coming from residents who reported living in one of the jurisdictions that HCPH serves. The agency's analysis shown here includes only the responses from individuals within HCPH's jurisdiction. Not all respondents answered all survey questions.

Efforts were made to gather responses from all 45 communities, succeeding in reaching all but one. The communities with the most responses were Colerain Township (66), St. Bernard (56), Madeira (56), Anderson Township (53), and Forest Park (39). No survey responses were received from Glendale.

Residents were first asked to identify the **top three factors affecting their health and their families' well-being**. The most common response was access to healthcare (47.7%). Other leading factors included healthy eating (31.3%), clean environment in my community (28.1%), and mental health (27.7%).

Please rank the most important factors that affect the health of you and your family. (n = 857)



Respondents then answered a range of questions addressing topics like access to and quality of healthcare, housing, food, recreation, and perceptions of community connectedness.

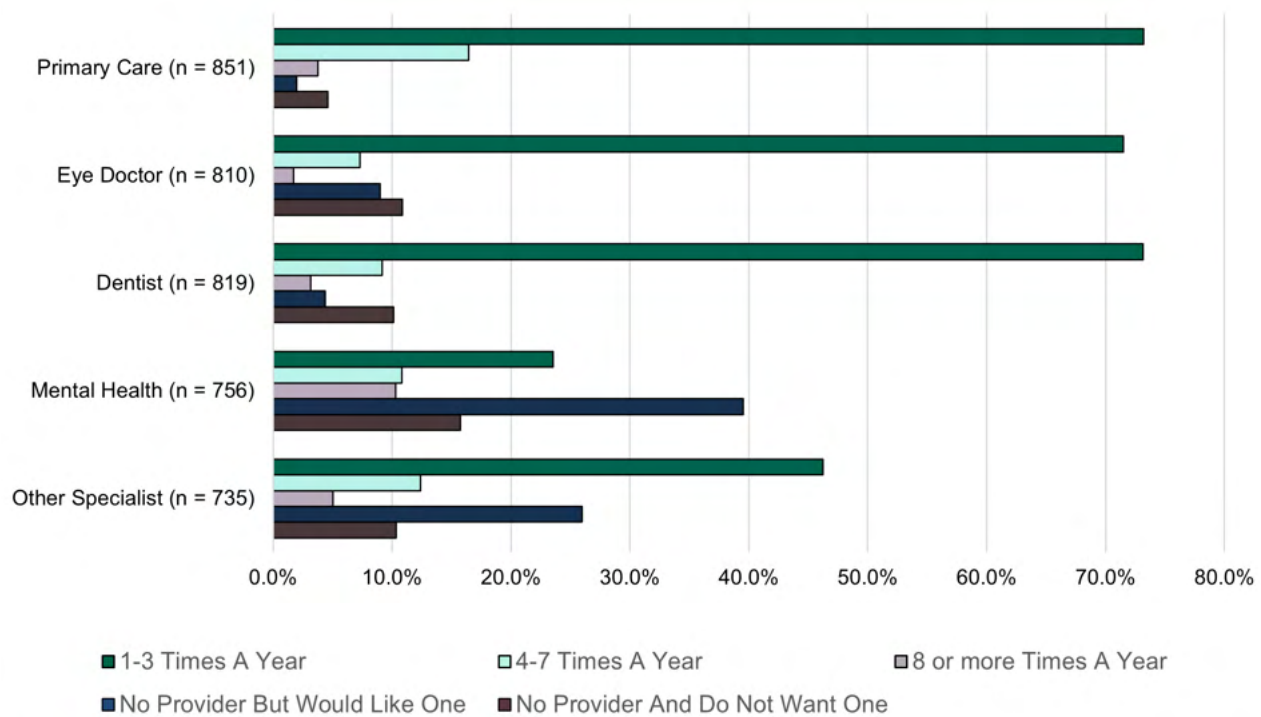
HEALTH CARE

Survey respondents had differing routines when it came to seeing medical providers.

Most respondents said that at least once in the past year, they'd visited their **primary care provider** (93.4%), **eye doctor** (80.5%) and/or **dentist** (85.5%).

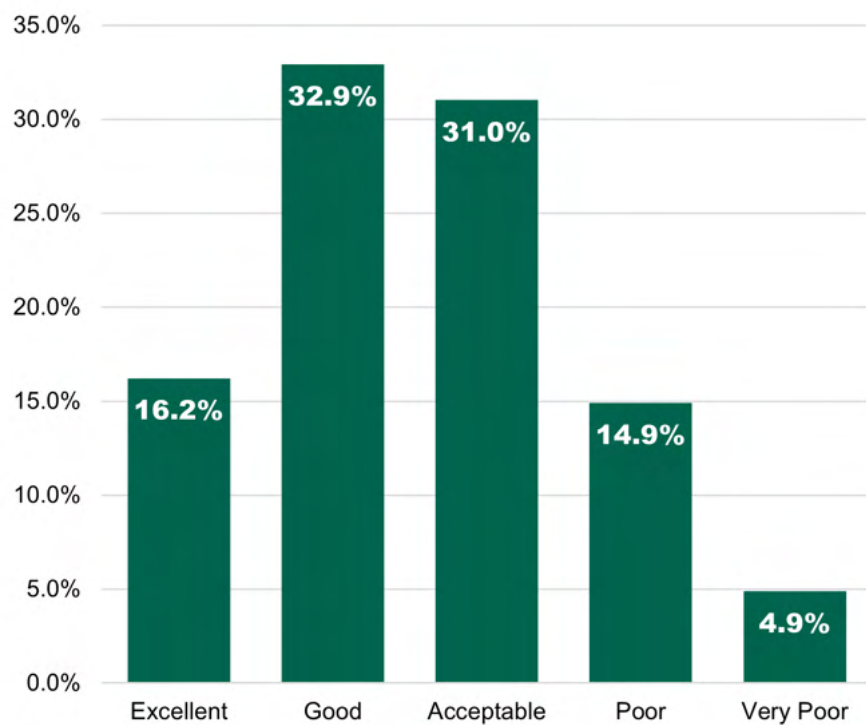
In contrast, only 44.7% saw a **mental health specialist** during the same period. However, 39.6% of respondents expressed a desire to see a mental health professional, even if they were not currently doing so.

Over the past 12 months, how often would you say you visited the following medical providers?



Most respondents had a positive or neutral opinion on access to **basic healthcare facilities**, with most respondents rating their access as good (32.9%) or acceptable (31.0%).

Overall, how would you rate access to basic healthcare facilities? (n = 838)



HOUSING

Most respondents were **homeowners** (66.9%) or **renters** (24.4%). A smaller percentage **lived with someone else in Hamilton County** (7.1%) or were **homeless but living in Hamilton County** (1.6%).

People who answered the survey were most concerned about finding affordable housing in Hamilton County. Most respondents felt that access to affordable housing was either acceptable (37.9%) or poor (24.5%), and this was one of the biggest concerns among those surveyed.

Participants expressed fewer concerns about the quality and conditions of housing, as most responses rated the housing quality as either good (40.0%) or acceptable (30.3%).

Overall, how would you rate housing conditions/quality (n = 849) and access to affordable housing (n = 849) within your community?

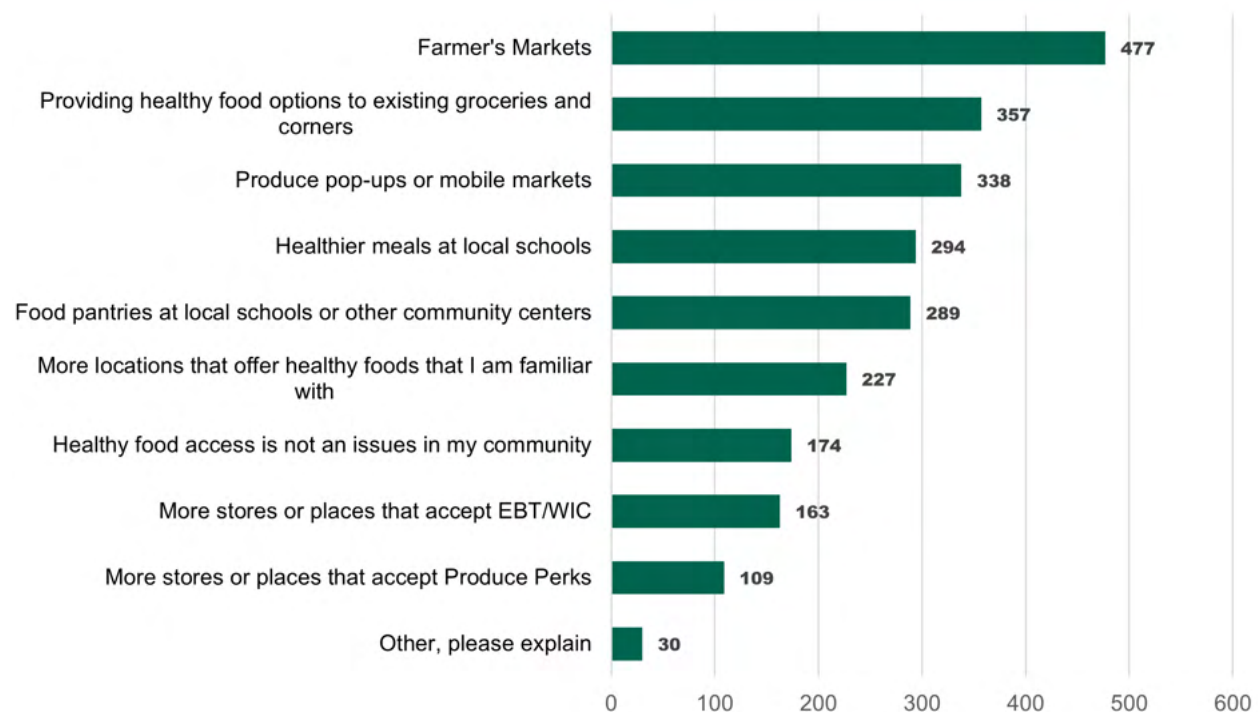


FOOD ACCESS

Survey respondents were asked to identify strategies they believed would improve access to healthy food in their community, with the option to select multiple answers. The most popular strategy was **farmer's markets**, selected by 58.3% of respondents. Other popular strategies included **providing healthy food options at existing grocery and corner stores** (43.6%), **produce pop-ups or mobile markets** (41.3%), and **healthier meals at local schools** (35.9%).

Moreover, 3.7% of respondents selected “other” and shared their own concerns. Common themes identified by participants included difficulties accessing transportation to grocery stores, the high cost of food, and the need for free school lunches for children.

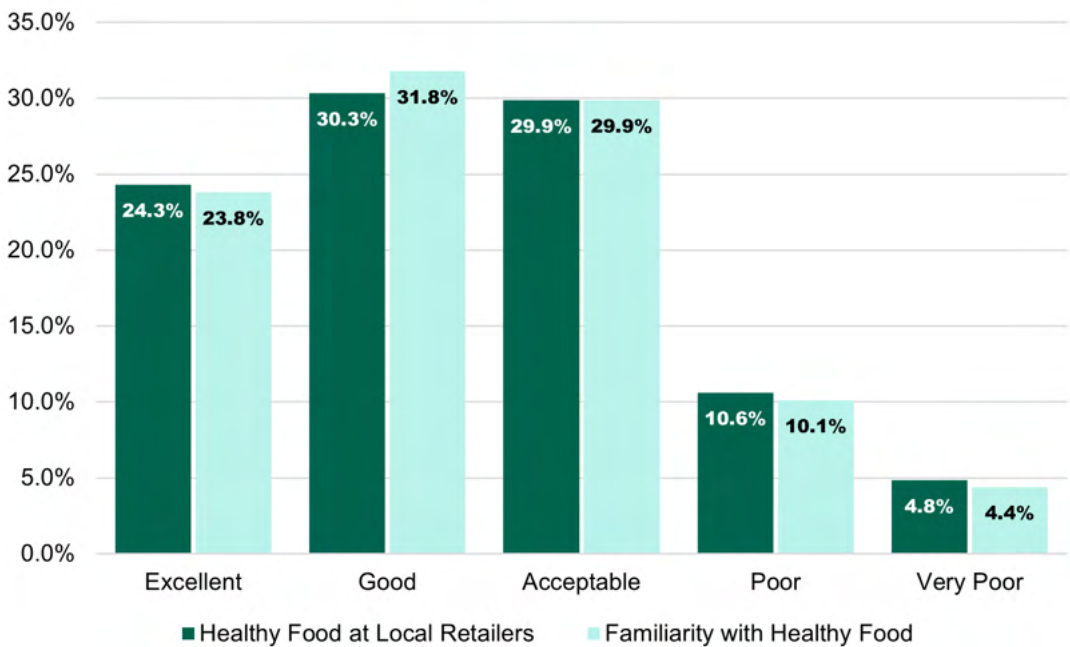
***What would improve access to healthy food in your community?
Please select all that apply. (n = 818)***





Respondents generally had a positive view of **accessibility to healthy foods**, commonly choosing “good” regarding access to healthy foods at grocery stores, corner stores, or other outlets (30.3%). Still, a smaller number of respondents felt negatively about access to healthy foods, with 10.6% and 4.8% saying access was poor or very poor, respectively.

Overall, how would you rate access to healthy food at a grocery store, corner store or other outlets (n = 847) and access to healthy food that you want and are familiar with? (n = 840)



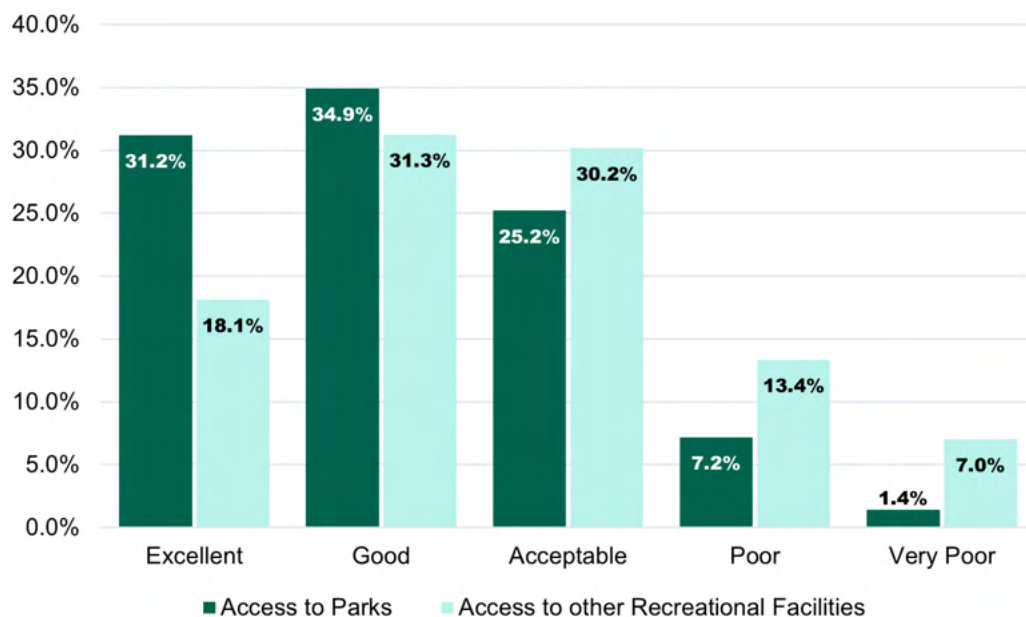
BUILT ENVIRONMENT

Built environment refers to the physical spaces where people live, learn, work and play. It includes homes, roads, sidewalks and essential utilities like electricity and clean water.

Respondents expressed overwhelmingly positive views about their **access to safe and clean parks**, with the most common response being “good” (34.9%), followed by “excellent” (31.2%). Only 1.4% rated park access as “very poor.”

In contrast, access to **other recreational opportunities**, besides parks, received more mixed but still generally positive feedback, with the two most common responses being “good” (31.3%) and “acceptable” (30.2%).

Overall, how would you rate access to safe/clean parks (n = 833) and access to other recreational facilities including community centers or gyms? (n = 838)



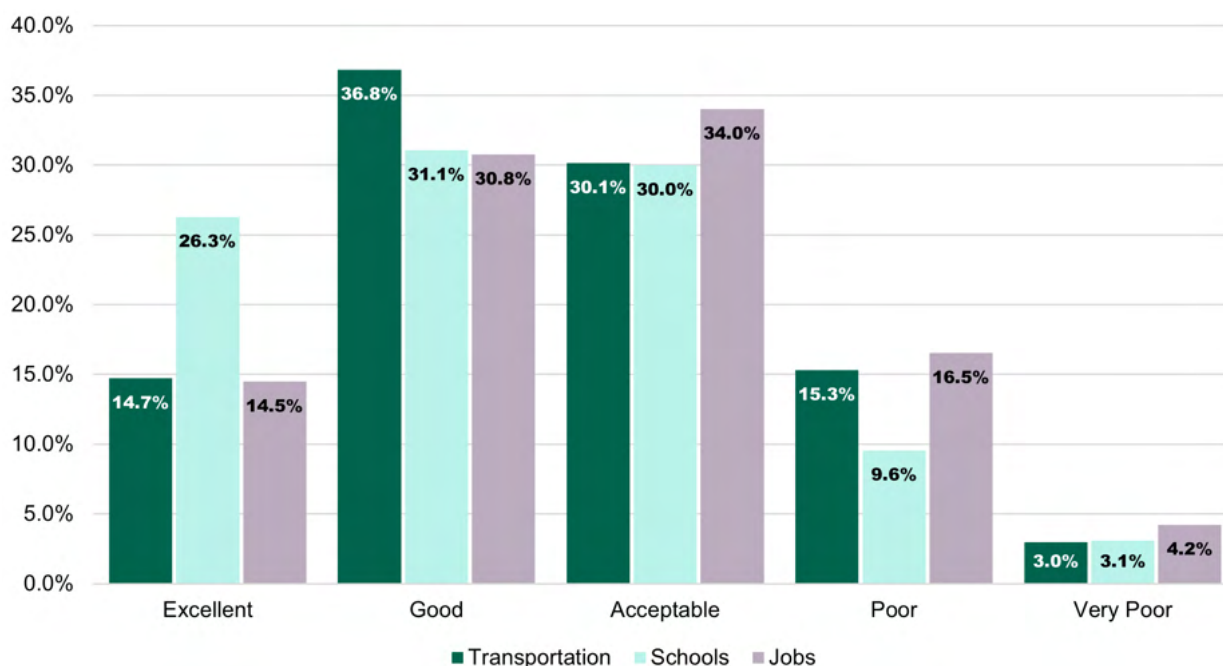


Community feelings around local schools were overwhelmingly positive, with most saying **access to good schools** was “good” (31.1%), “acceptable” (30%) or “excellent” (26.3%).

Similarly, opinions about **access to local transportation** were positive, with the two most common responses being “good” (36.8%) and “acceptable” (30.1%).

Finally, respondents expressed generally positive views about **access to meaningful job opportunities**, with “acceptable” (34%) and “good” (30.8%) being the most frequent responses.

Overall, how would you rate access to reliable transportation (n = 836), access to good schools (n = 837) and access to meaningful job opportunities? (n = 829)



COMMUNITY ENGAGEMENT

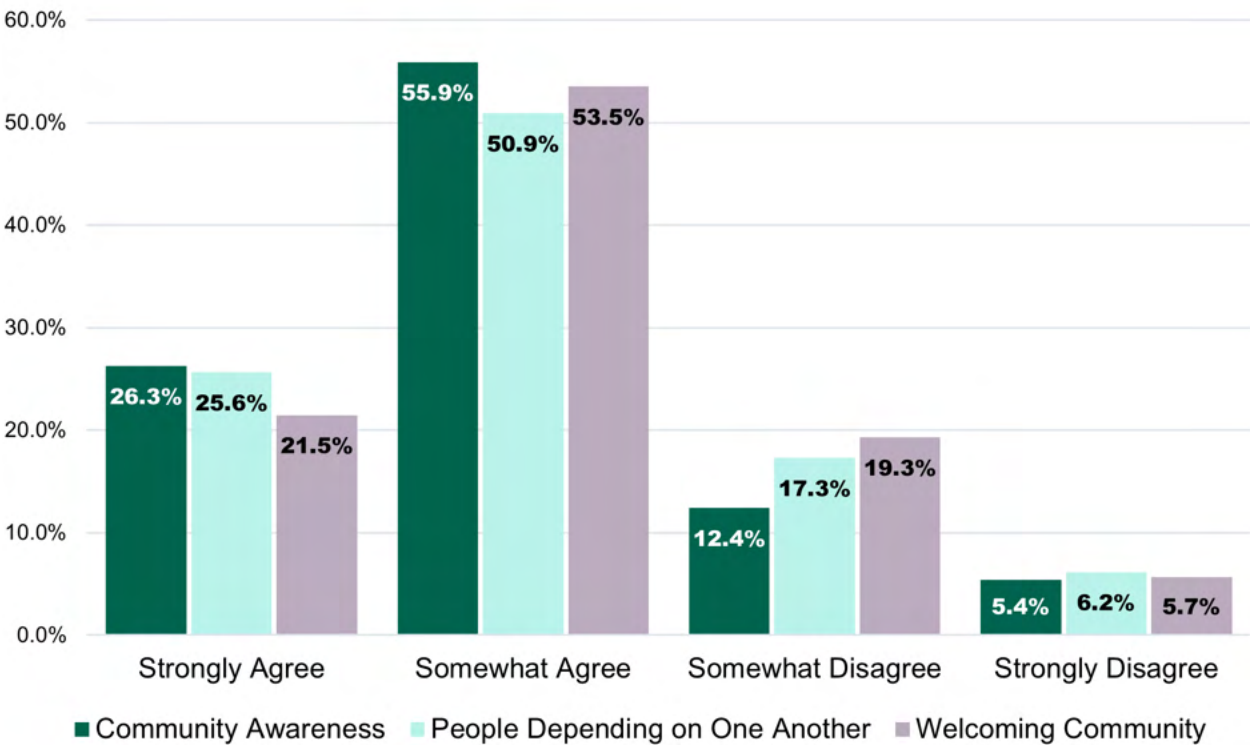
Community engagement plays a key role in fostering a sense of belonging, with one element being staying informed about local events and news. Respondents generally felt positive about **community organizations keeping them aware**, with the most common responses being “somewhat agree” (55.9%) and “strongly agree” (26.3%).

Another important factor in community connection is being able to depend on other community members. Most respondents (50.9%) said they “somewhat agree” that **people in their community can rely on each other**, followed by 25.6% who “strongly agree.”

Finally, respondents largely felt that their **community is welcoming to new people and ideas**, with 53.5% saying they “somewhat agree” and 21.5% saying they “strongly agree.” However, this question also had the highest percentage of negative responses: 19.3% said “somewhat disagree” and 5.7% said “strongly disagree.”

Do you agree or disagree with the following statements about your community?

Community organizations keep me aware of what is going on in the community (n = 830); People can depend on each other in my community (n = 827); My community is a place that welcomes new people and new ideas. (n = 824)



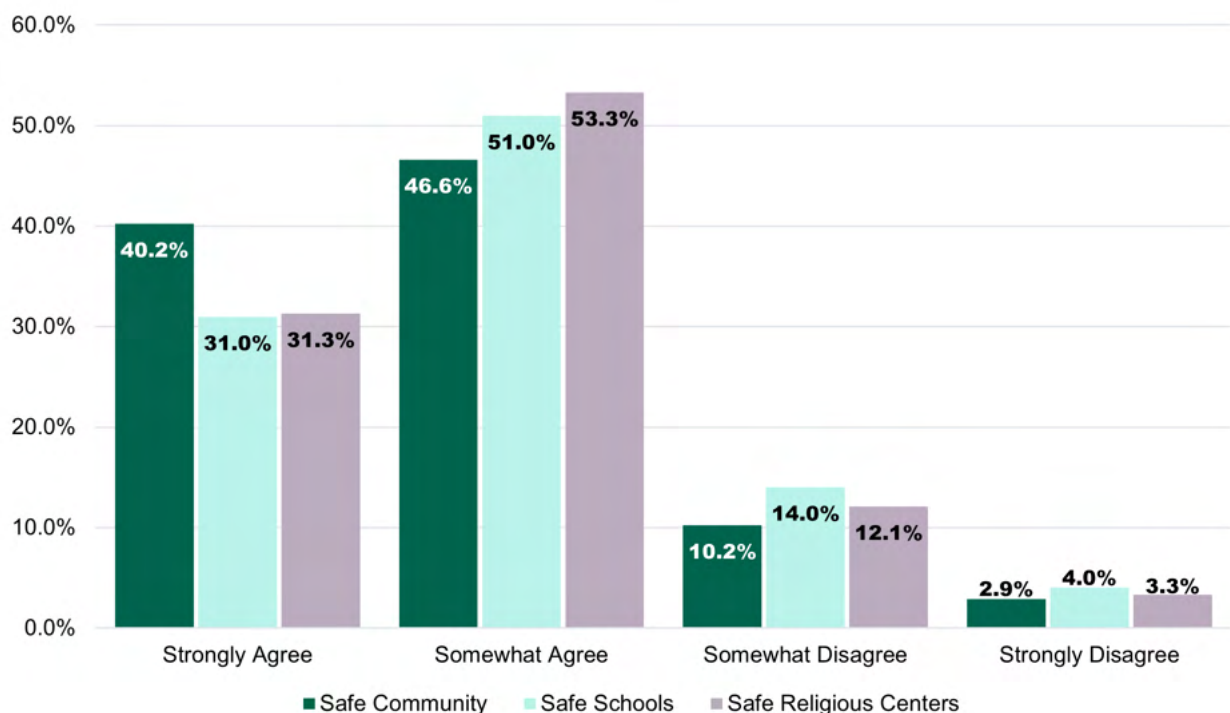
COMMUNITY SAFETY

The survey included questions about community safety, and the responses were largely positive. Most respondents responded **felt safe in their community**, with 46.6% stating they “somewhat agree” and 40.2% saying they “strongly agree” with this statement.

Regarding **safety and support within schools and religious centers**, most respondents also expressed positive views (school-related responses were collected from adults aged 18 and older). The majority of respondents felt that schools were safe, saying “somewhat agree” (51%) and “strongly agree” (31%). Similarly, most respondents noted that religious centers offered a supportive and safe environment: 53.3% said “somewhat agree” and 31.3% said “strongly agree.”

How do you feel about the following statements?

I feel safe in my community (n = 830); Schools offer support and a safe space within my community (n = 820); Religious centers offer support and a safe space within my community. (n = 818)



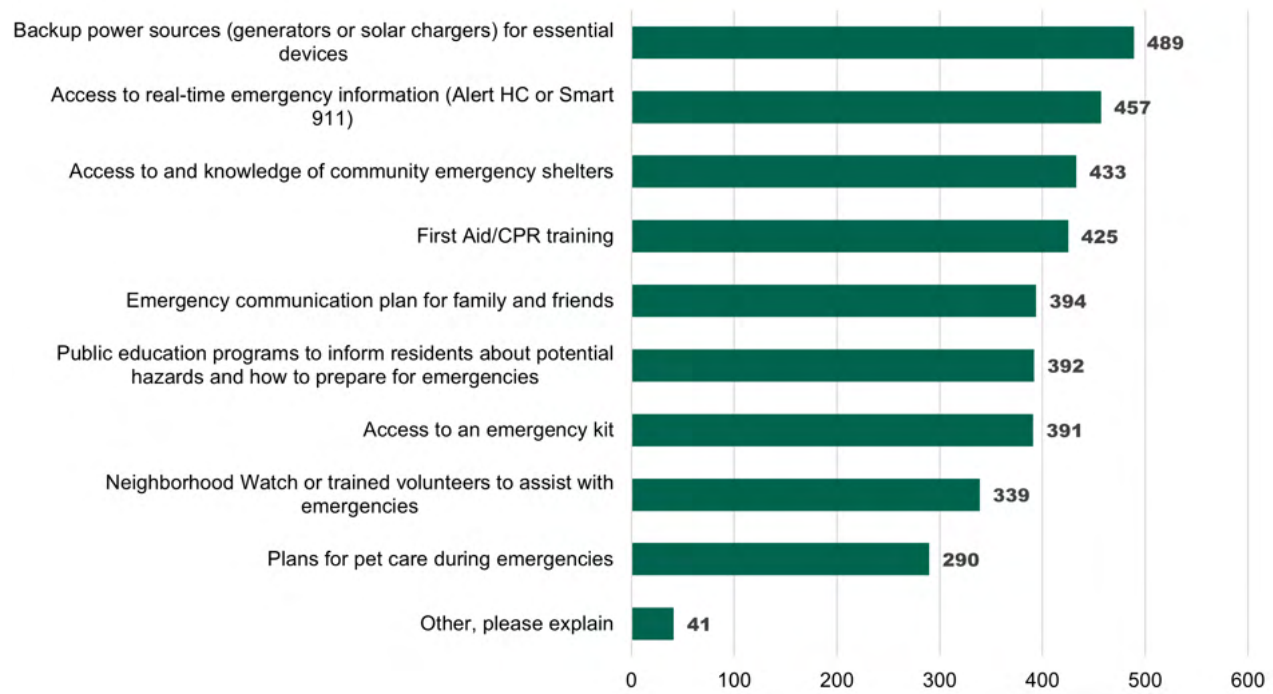
HCPH also asked participants how often they or their neighbors **help each other with routine tasks**, such as lawn care or childcare. Most respondents reported engaging in these activities to some extent, with the most common responses being “sometimes” (37.3%), “often” (27.3%) or “all the time” (22%). However, 13.5% of respondents indicated that these types of neighborly interactions never occurred in their community.

EMERGENCY PREPAREDNESS

The agency asked respondents about their preparedness for **emergency situations**, offering a range of response options. Many respondents indicated that they would benefit from multiple emergency resources. The most commonly selected resource was backup power sources (62.5%), followed by real-time emergency information (58.4%), community emergency shelters (55.3%), and first aid/CPR training (54.3%).

Respondents also selected “other” and provided their own suggestions (5.25). Common themes included concerns about receiving timely information about weather-related emergencies, knowledge about community shelter locations, and the need for more resilient infrastructure capable of withstanding weather-related emergencies.

What resources do you and your community need to be fully prepared for future emergencies? Check all that apply. (n = 783)



OPEN-ENDED SURVEY QUESTIONS

In addition to the previous questions, survey respondents were asked a series of open-ended questions to gather deeper insights into what they considered to be the most **positive aspects of their community** as well as the **key factors influencing their health and wellbeing**. Those questions along with several responses are below.



Question: What do you think might help people feel more connected with one another in your community?

Respondents emphasized the importance of **personal outreach and meaningful interactions** to build trust and strengthen community bonds. The majority expressed a desire for more neighborhood-based events that foster personal connections. Common suggestions included festivals, sports activities and events that cater to all ages to encourage multi-generational engagement. Other responses emphasized the need for more proactive efforts in reaching neighbors.

- “Community events are a great start! Festivals with music, food, and fun bring everyone together. Sports activities like basketball tournaments or soccer matches encourage teamwork and friendship.”
- “The township is so large that the connections need to be created within the township neighborhoods. My neighborhood personally only has one event per year, and I feel like we could do more to increase connectedness.”

“Don’t forget the power of a simple smile and hello.”

- “...don’t forget the power of a simple smile and hello.”
- “Getting out and talking to your neighbors, finding out who lives on your street — it all starts there.”

Some respondents cited **public safety** as a barrier to feeling connected within their community. Those who did not feel safe were less likely to go out, limiting their opportunities to engage with others.

Additionally, several respondents mentioned that their communities lacked **walkability**, which contributed to a sense of disconnection. Others — particularly seniors — highlighted the lack of reliable transportation as a key obstacle to attending community events.

- “If we care about our community, we need to care about keeping the members in it — not losing their family homes to economic downturn or leaving because they feel unsafe.”
- “More walkability connecting neighborhoods to businesses would maybe encourage people to get out of their cars. If you’re walking, you can talk to others!”
- “Safe and affordable transportation so seniors can attend after-dark events and activities.”

Other common responses included improving the parks system, expanding community centers, addressing around housing concerns, offering more events for specific groups (like kids and seniors), increasing community assistance programs and promoting volunteer opportunities.



Question: In your opinion, what are the greatest factors that impact the health, safety and wellbeing of your community (such as access to health care, economic stability, public safety, etc.)?

The majority of respondents identified the **cost of services and financial instability** as the greatest factors affecting their health and well-being. Many expressed that insufficient income or job loss negatively impacted their ability to access essential services, particularly healthcare.

- “It’s difficult to find affordable healthcare providers in the area.”
- “For low-income people like myself, it [healthcare] isn’t affordable. Also, I have a hard time finding doctors and, most of all, dentists around here being on Medicaid.”

Affordability of food and housing emerged as a primary concern. Many respondents expressed a need for more access to affordable, healthy food, whether through farmers markets or better options at local stores. There was a consensus that healthy food is often expensive, creating a barrier for many. Similarly, housing costs were seen as a major factor affecting wellbeing, with many respondents feeling that high rent or housing expenses forced difficult trade-offs, such as cutting back on other necessities.

- “I think education on healthy eating habits is needed for all age groups here. Parents need to learn to make cheap, healthy meals, and children will grow up being used to eating better and cheaper.”
- “Inflation in groceries has been problematic, although I suppose no less than elsewhere in the country. Price gouging at the grocery store seems prevalent.”
- “I wish there were more affordable housing options. Every year rent is going up. Most families are struggling just to make ends meet. The choice between buying groceries or paying a bill...”

Safety was a common concern, especially regarding unsafe walking conditions due to busy roads and a lack of sidewalks. Some respondents also mentioned feeling uncomfortable while biking because of fast, dense traffic. On the other hand, many respondents expressed feeling safe in their communities, noting that this sense of security positively impacted their wellbeing.

- “Far too much of Hamilton County is focused on the needs of cars. We need our community to be safe for pedestrians and cyclists, and we need better transit so it can be the mode of choice to move between communities.”
- “Lack of sidewalks, bike lanes, and SAFE crosswalks”
- “Safety lately has been something I have been thinking about. Hearing a lot about break-ins.”
- “The green spaces in our community are one of the greatest assets. Kids have safe places to go and just play — the woods, parks, green spaces. Everyone looks out for each other, and if any safety issues arise with kids, someone would step in.”

Other common responses included the importance of strong police and fire departments, public transportation, accessible recreation, substance use, schools, access to public assistance programs, mental health concerns, and trust in local government.

“Getting out and talking to your neighbors, finding out who lives on your street — it all starts there.”



Question: What is the best thing going on in your community? Provide examples.

Hamilton County Public Health's survey also focused on the positive aspects of community, seeking to understand what's working well for residents and their families. Many respondents highlighted the value of **community events and gathering spaces**, such as neighborhood block parties, parks, recreation centers and schools. Several noted that schools not only provided quality education but also fostered a strong sense of community.

- "The parks are beautiful and offer a variety of programming for the community to participate in."
- "The different events offered within the community to help people have access to things they may need help with."
- "School district is pretty good, and parents seem involved."

Consistent with other responses, many emphasized the importance of safety, noting the vital role of local police, fire departments, and EMS. **Feeling safe in their communities** was a key priority for respondents.

- "The community still provides a feeling of safety and belonging. I feel very comfortable in my neighborhood and feel safe being close to the schools."
- "Our police, fire and EMS are among the very best around!"

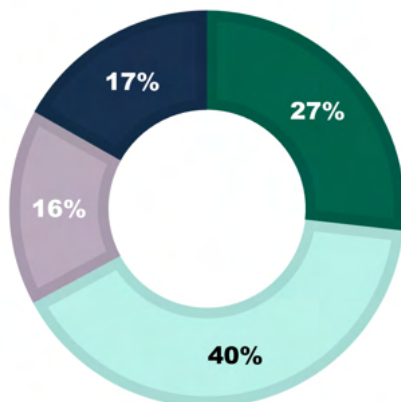
Additionally, many highlighted **strong neighborhood connections** and a community spirit of mutual support as the best aspects of their area, fostering a sense of belonging and security.

- "It feels like a community. I've gotten to know more of my neighbors here in a month than I did in two years in my previous city. My kids can walk to school and have lots of neighborhood friends."

RESPONSES TO DEMOGRAPHIC QUESTIONS

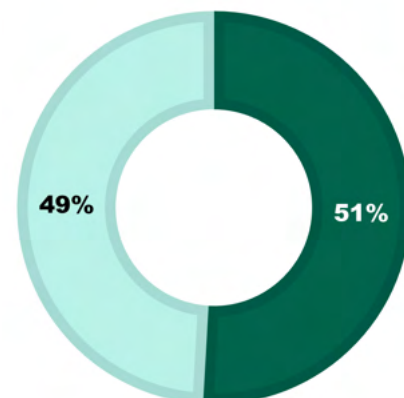
Please select your age group. (n = 784)

■ 18-34 years old ■ 35 - 54 years old
■ 55 - 64 years old ■ 65 and older

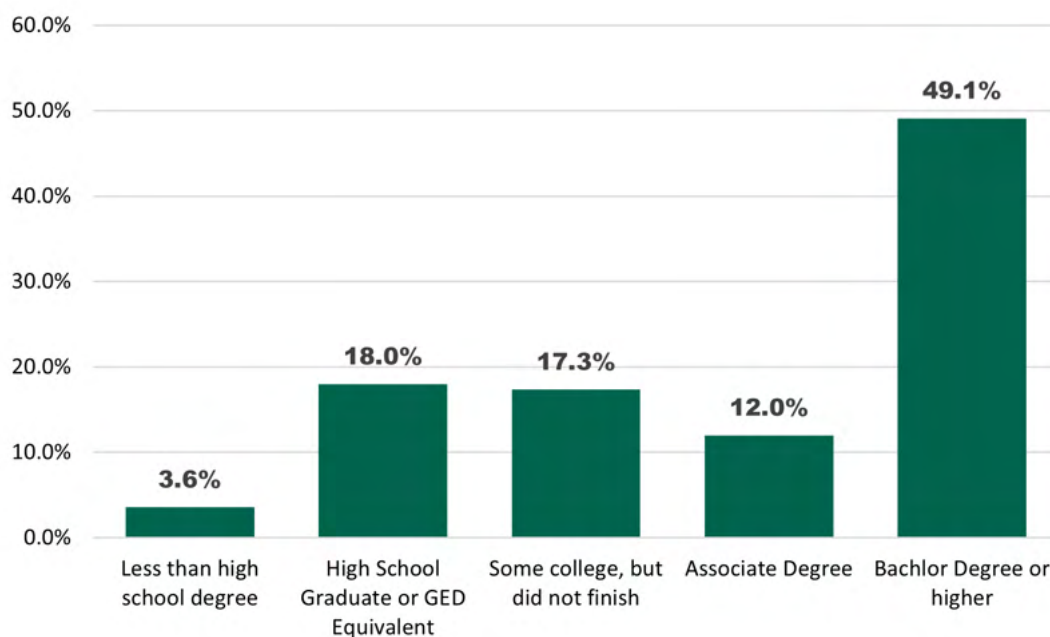


Are there children under 18 years old that live in your house? (n = 782)

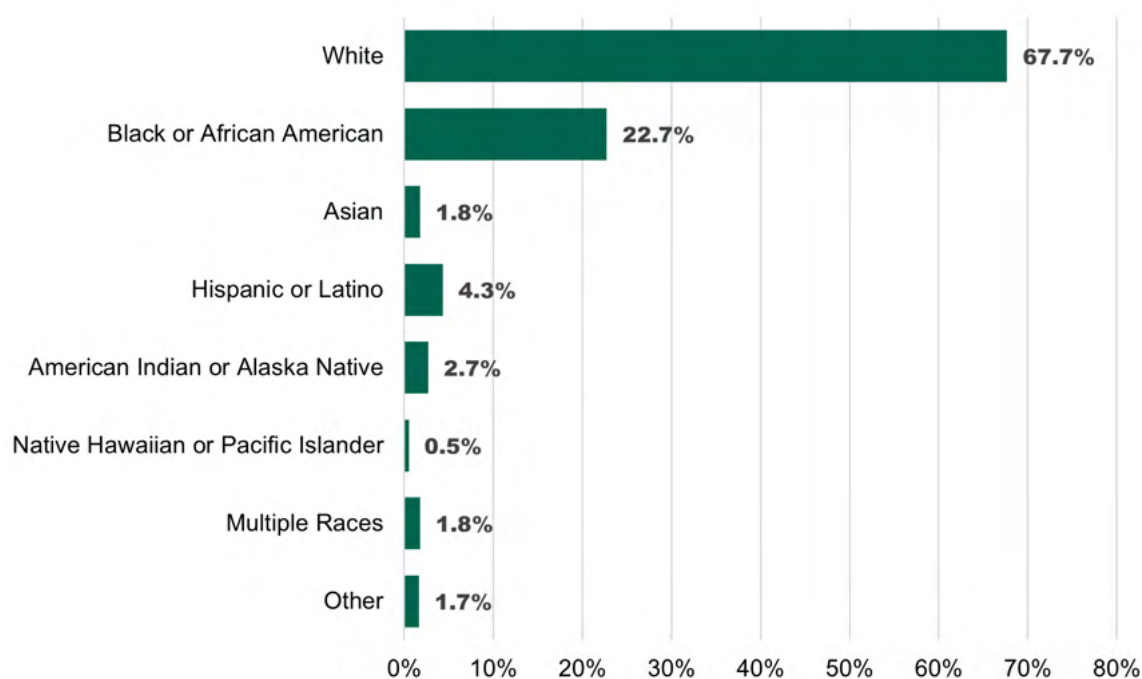
■ Yes ■ No



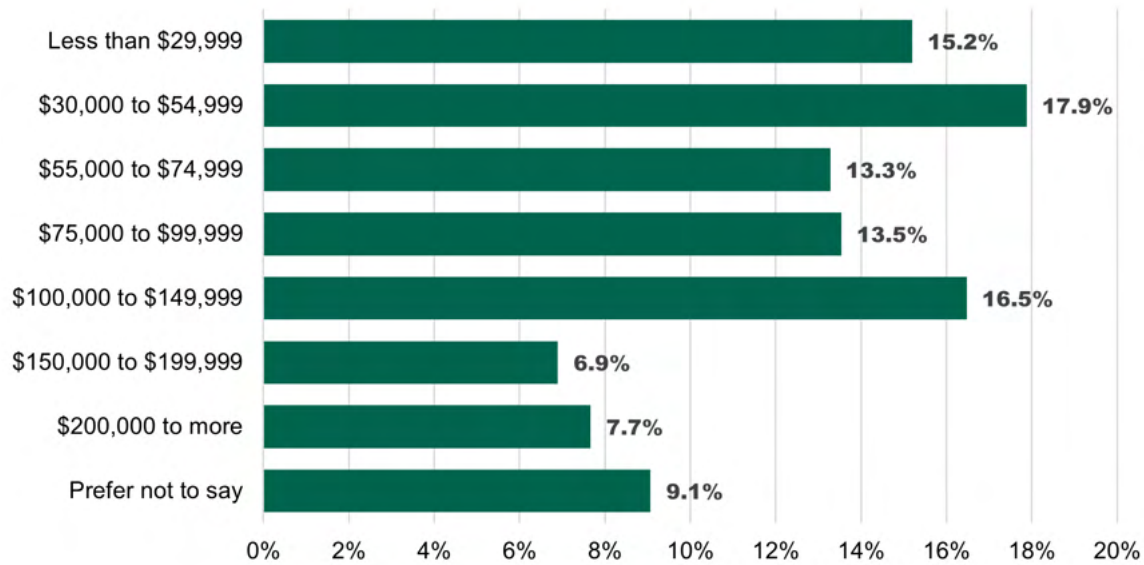
Please select your level of education. (n = 784)



Please select your race or ethnicity (check all that apply). (n = 783)



Please select your annual household income level. (n = 783)



Community Resources and Appendix

WE THRIVE!

WeTHRIVE!SM, an initiative of Hamilton County Public Health, works with community leaders, schools, and childcare providers to create a culture of health, safety and wellbeing. The initiative's team members identify local assets and opportunities in order to develop action plans and strategies that are meaningful and relevant. To do this, staff members use tools such as landscape assessment, community mapping activities, focus area assessments and policy review. The team then provides public health recommendations and best practices.

For more information or to join the WeTHRIVE! initiative, visit WatchUsThrive.org.

211

The United Way has collected a variety of local resources within its 211 program. By dialing 211, 513-721-7900 or 1-800-233-4357 from their phone, area residents can speak to a trained professional who can link them to resources for basic needs, housing assistance, mental health services, utility services and employment services.

For more information about the 211 program, visit UWGC.org/Find-Help/United-Way-211.

APPENDIX

More information related to HCPH's 2024 Community Health Assessment is available online. There, readers can find a glossary of key terms used throughout the CHA as well as notes about data sources and limitations. To see this information, scan the QR code below.



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