



Facts about the 2013 survey

The Greater Cincinnati Community Health Status Survey (CHSS) gives an in-depth look at the self-reported health of Greater Cincinnati residents. Through comparisons, the 2013 CHSS shows how the region stacks up to the rest of the country and how our health is changing over time. The results give organizations, agencies, policymakers, and residents the local data they need as they work to improve the overall health of the Greater Cincinnati area.

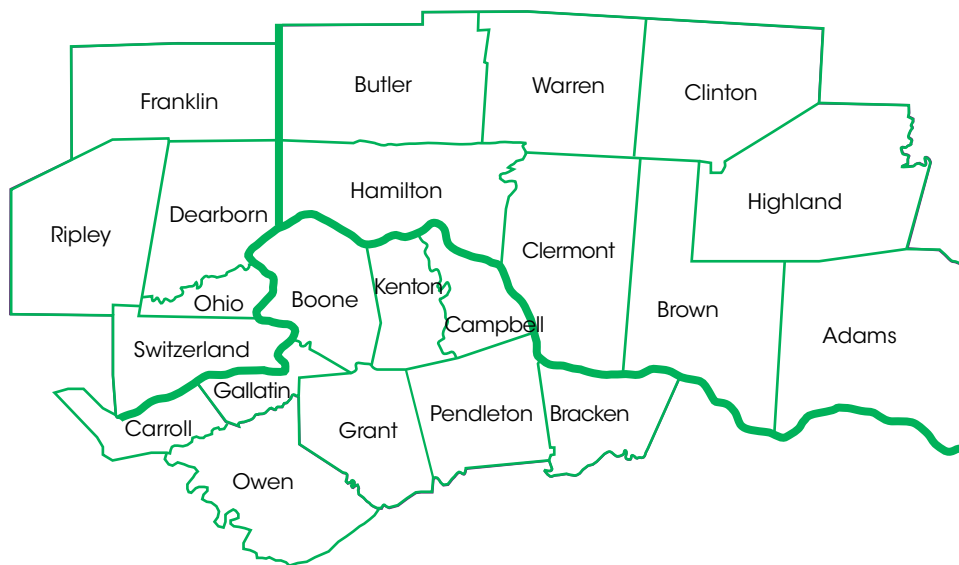
The CHSS is a project of Interact for Health and is conducted by the Institute for Policy Research at the University of Cincinnati. For more information, please visit our website at www.interactforhealth.org/greater-cincinnati-community-health-status-survey. For the complete survey dataset, which will be available in Fall 2014, visit www.oasisdataarchive.org.

Survey topics

Topics in the 2013 CHSS include:

- Access to healthcare
- Insurance coverage
- Physical and mental health
- Obesity
- Healthy eating
- Active living
- Smoking rates
- Alcohol use
- Presence of certain health conditions
- Dental health
- Community support
- Healthy neighborhoods
- Mental and emotional well-being
- Housing conditions

Survey region for the Community Health Status Survey



Methodology

A total of 4,929 randomly selected adults residing in a 22-county area (see map) were interviewed by telephone between Aug. 20, 2013, and Jan. 19, 2014. This included 4,324 landline and 605 cell phone interviews.

Statistical adjustments were made to correct any biases that exist because of households not having a telephone. The potential sampling error for the survey is $\pm 1.5\%$. Caution should be used when interpreting subgroup results because the margin of error for any subgroup is higher than that of the overall survey.

Features of the 2013 survey

African American and Hispanic oversamples

To get a more accurate picture of the health of African Americans in the

region, we interviewed 935 African American residents, some as part of the original survey and some as part of an oversample. The results for African American residents reported are based on this total sample. The potential sampling error for the oversample is $\pm 3.2\%$.

An oversample of Hispanics in the region was also conducted. A total of 232 Hispanic residents were interviewed in either Spanish or English, depending on the respondent preference. The potential sampling error for the Hispanic oversample is $\pm 6.4\%$.

First- and second-generation Appalachians

CHSS identified first- and second-generation White Appalachians. First-generation Appalachian was defined as

Continued on back

a respondent who was born in an Appalachian-designated county in the United States. Second-generation Appalachian was defined as a respondent with at least one parent born in an Appalachian-designated county in the United States.

County oversamples

In the past, CHSS typically combined responses from multiple counties outside of Hamilton and Butler counties for analysis purposes. In this iteration of the CHSS, we have invested in an oversample of Adams, Brown and Highland counties in Ohio in addition to Butler County. This allows us to talk about the health of these counties on a county-by-county basis.

Neighborhood oversamples

High-quality neighborhood-level data are difficult to find. In 2013, we oversampled five neighborhoods in the core of our region (Avondale, Madisonville, Price Hill and Walnut Hills in Ohio and Covington in Kentucky) to allow for neighborhood-level analysis.

Cell phone sample

The 2013 CHSS included a sample of 605 adults contacted via cell phone. Many of these adults might not have been otherwise captured in the survey. Nationally, nearly 4 in 10 adults (38%) live in households with only cell phones. Of adults that report having a landline telephone, nearly 2 in 10 (18%) report getting all or almost all calls on their cell phones.¹ Rates in Ohio, Kentucky and Indiana were similar to the national numbers.²

¹ Wireless Substitution: Early Release of Estimates From the National Health Interview Survey, January-June 2013. Centers for Disease Control, 2013. Blumberg, S.J., and Luke, J.V.

The full paper can be found at www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201312.pdf.

² Wireless Substitution: State-level Estimates From the National Health Interview Survey, 2012. Blumberg, S.J., Ganesh, N., Luke, J.V., and Gonzales, G. The full paper, and other state estimates, can be found at www.cdc.gov/nchs/data/nhsr/nhsr070.pdf.

Thanks to our community partners

Interact for Health would like to thank the following organizations for providing funding for several oversamples on the CHSS:

- Butler County Alcohol and Drug Addiction Services Board
- Butler County Mental Health Board
- United Way of Greater Cincinnati

And these organizations for their input on the Greater Cincinnati Community Health Status Survey:

- Butler County Alcohol and Drug Addiction Services Board
- Butler County Mental Health Board
- Center for Closing the Health Gap
- Cincinnati Children's Hospital Medical Center
- City of Cincinnati Health Department
- Community Building Institute at Xavier University
- Council on Aging
- Greater Cincinnati Foundation
- G.W. Consulting and Education
- The HealthCare Connection
- Health Charism, Franklin County Indiana
- The Health Collaborative
- Health Policy Institute of Ohio
- Institute for Policy Research at the University of Cincinnati
- Local Initiatives Support Corporation, Greater Cincinnati and Northern Kentucky
- Northern Kentucky Health Department
- Oldenberg Franciscan Center, Indiana
- Purdue Extension, Franklin County, Indiana
- Santa Maria Community Services
- Script Your Future
- TriHealth
- United Way of Greater Cincinnati
- University of Cincinnati Department of Public Health Science
- University of Cincinnati Planning Department
- Urban Appalachian Council
- Vision 2015

Interact would also like to thank the team that worked to collect, analyze, and disseminate 2013 CHSS results: Mary Beth Bauer, Gail Myers, Eric Rademacher, Toby Sallee, Sagar Shah, Susan Sprigg and Jeff Williams.



Education, poverty, age affect health in Greater Cincinnati

Adults' overall self-rated health status is an important indicator of well-being. To examine self-rated health status across our region, the 2013 Greater Cincinnati Community Health Status Survey (CHSS) asks, "In general, would you say your health is excellent, very good, good, fair or poor?" Research has made a strong and powerful link between a person's response to this question and their predicted length and quality of life.

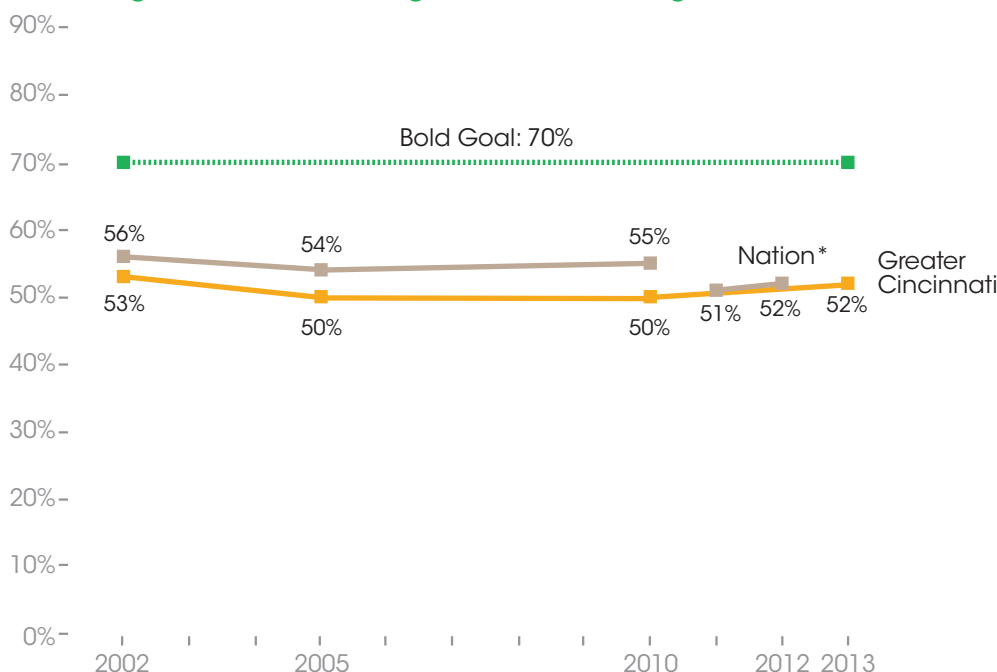
Half of Greater Cincinnati adults report excellent or very good health

About 5 in 10 adults in the Cincinnati region (52%) report excellent or very good health. That is a slight increase from 2010, placing Greater Cincinnati at the national average.

This important indicator of general health was adopted as one of our community's Bold Goals in health in 2011.¹ Though slightly more residents reported excellent or very good health in recent years, we are still well below the Bold Goal.

¹ The Bold Goal: By 2020, at least 70% of the community will report having excellent or very good health. For more information on the Bold Goals, please visit <http://www.uwgc.org/community-impact/bold-goals>.

Percentage of adults reporting excellent or very good health



* National data are from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). BRFSS has changed the way its data are weighted. Data 2011-present should not be directly compared to data before 2011. National data were available only up to 2012.

Education a factor in very good or excellent health

Adults with at least a college degree are more than twice as likely as adults who did not finish high school to report excellent or very good health. Nearly 7 in 10 adults (69%) with a college degree or higher report excellent or very good health. Only 3 in 10 adults (29%) with less than a

high school education report excellent or very good health.

People in poverty less likely to report excellent or very good health

About 3 in 10 adults (32%) living at or below 100% of the Federal Poverty

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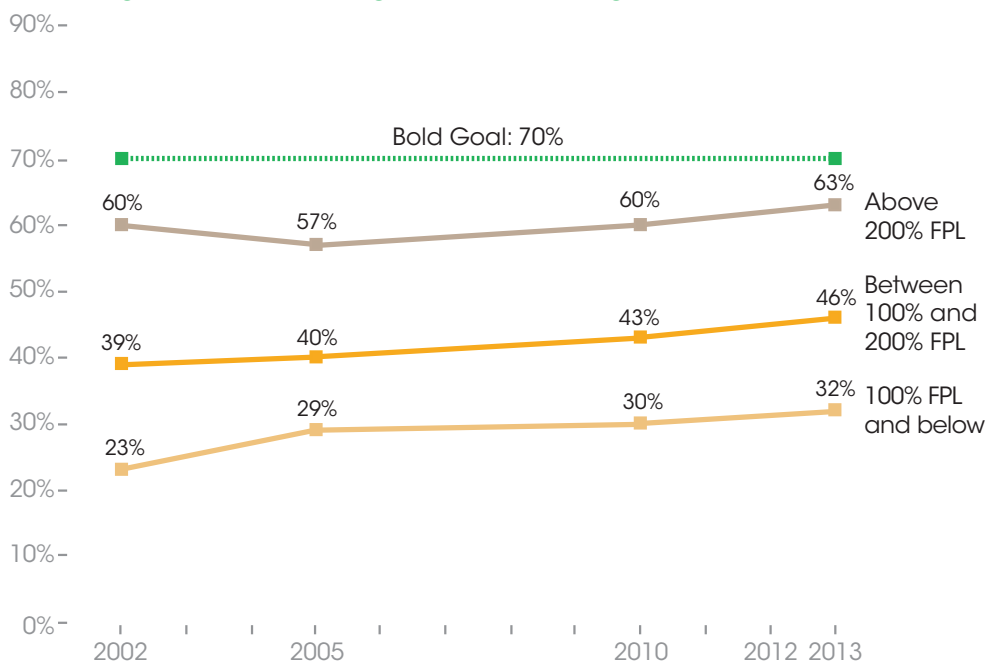
Level (FPL)² report excellent or very good health. This compares with nearly 5 in 10 adults (46%) living between 100% and 200% FPL and more than 6 in 10 adults (63%) living above 200% FPL. This disparity has been consistent in our community for the last decade and reflects the situation in many communities across the country.

Age and self-reported health linked

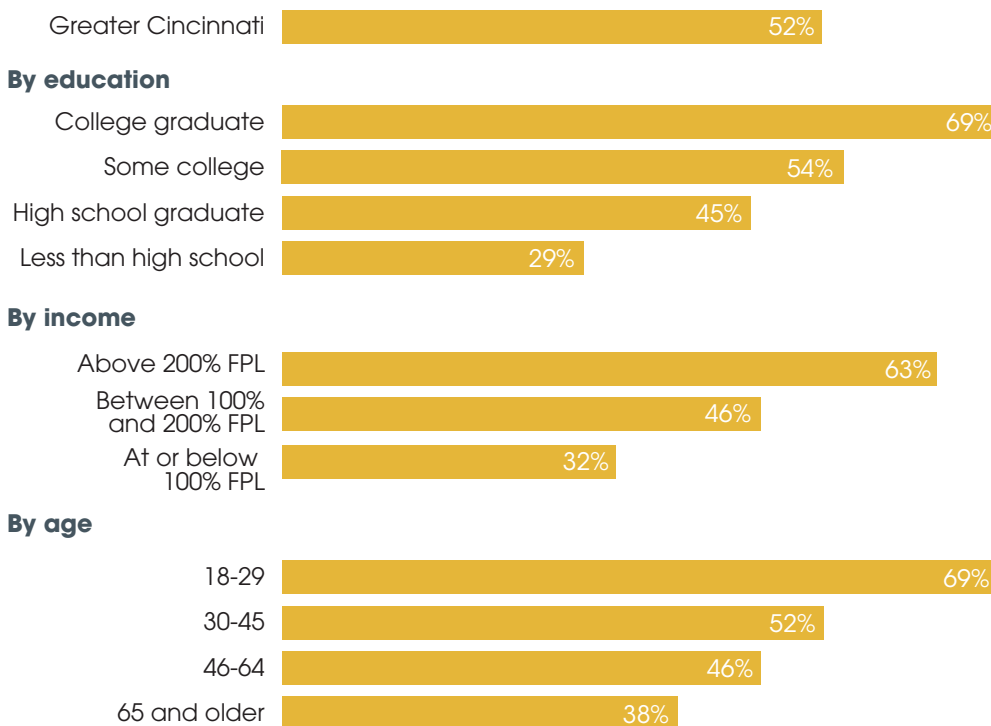
Age is also a factor in self-reported health. Nearly 7 in 10 adults (69%) age 18 to 29 report excellent or very good health. This compares with 5 in 10 adults (52%) age 30 to 45, 5 in 10 adults (46%) age 46 to 64 and 4 in 10 adults (38%) 65 years and older.

²The federal poverty level in 2012 was \$23,050 for a family of four; 200% FPL was \$46,100.

Percentage of adults reporting excellent or very good health by poverty status



Excellent or very good health





Rates of overweight, obesity rising in Greater Cincinnati

According to the Centers for Disease Control and Prevention (CDC), obesity is a major risk factor for certain types of cancer and preventable diseases such as cardiovascular disease and type 2 diabetes. Besides the negative health outcomes, being obese is costly to the public health system, especially Medicare and Medicaid. According to projections, Indiana, Kentucky and Ohio spent more than \$12 billion on health costs related to obesity in 2013.¹

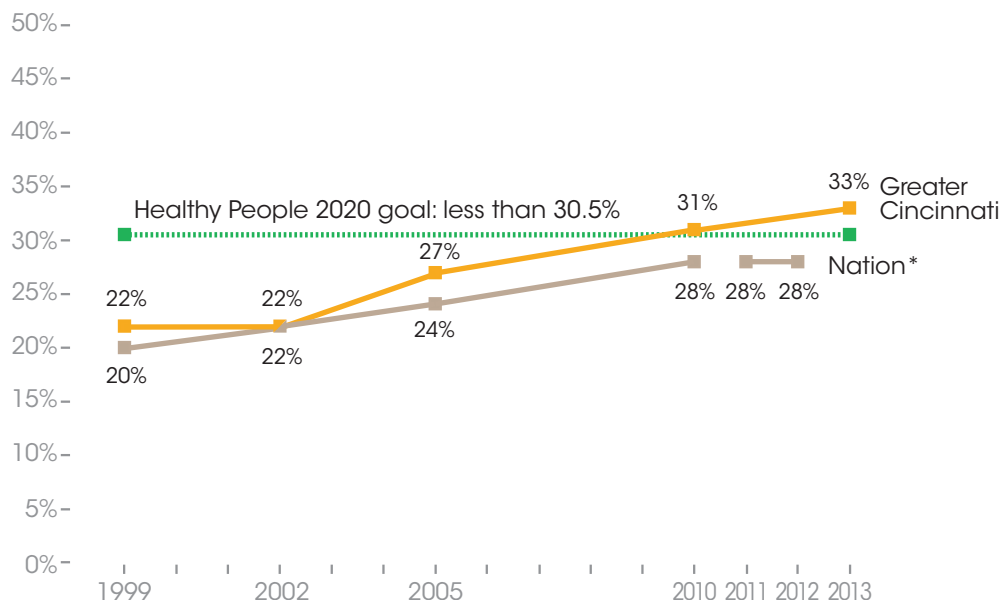
Weight ranges for being overweight and obese are calculated using the Body Mass Index (BMI)². Based on BMI, a person who is 5 feet 4 inches tall would be considered overweight at 150 pounds and obese at 180 pounds. Similarly, a person who is 6 feet tall would be considered overweight at 190 pounds and obese at 220 pounds. By 2020, if Indiana, Kentucky and Ohio each reduce their average BMI by 5% then

¹ United Health Foundation, American Public Health Association, and Partnership for Prevention. The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses. November 2009. Available at: www.nccor.org/downloads/CostofObesityReport-FINAL.pdf.

² BMI is calculated by dividing a person's weight in pounds by their height in inches squared, and then multiplying that result by 703. The CHSS asked for height and weight during the survey, and BMI was calculated for each respondent. Overweight is defined as a BMI of 25-29.9. Obesity is defined as a BMI of 30 or greater.

The Greater Cincinnati Community Health Status Survey (CHSS) is a project of Interact for Health. The CHSS is conducted by the Institute for Policy Research at the University of Cincinnati. A total of 4,929 randomly selected adults residing in 8 Ohio counties, 9 Kentucky counties, and 5 Indiana counties were interviewed by telephone between Aug. 20, 2013, and Jan. 19, 2014. This included 4,324 landline interviews and 605 cell phone interviews. The potential sampling error for the survey is ±1.5%. For more information, including other topics and the list of community partners, please visit our web site at www.interactforhealth.org/greater-cincinnati-community-health-status-survey. For the complete survey dataset, visit www.oasisdataarchive.org. If you have further questions, email Jennifer Chubinski at jchubinski@interactforhealth.org.

Rate of obesity (BMI ≥ 30) in Greater Cincinnati and the nation



* National data are from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). BRFSS has changed the way its data are weighted. Data 2011-present should not be directly compared to data before 2011. National data were available only up to 2012.

about 875,000 fewer people would have diseases such as diabetes, heart disease, stroke and hypertension.³

Greater Cincinnati more obese than nation

Similar to the national trend, local overweight and obesity rates have climbed in the last 15 years. More

³ Trust for America's Health and Robert Wood Johnson Foundation. F as in Fat: How Obesity Threatens America's Future 2012. September 2012. Available at: <http://healthyamericans.org/assets/files/TFAH-2012FasInFatFnlRv.pdf>.

than 6 in 10 adults (65%) in the Greater Cincinnati region are overweight or obese, compared with 6 in 10 adults (63%) in the nation.⁴ Though the overall rates are comparable, the obesity rate is higher in Greater Cincinnati. In 2002, the obesity rate in the region was similar to the nation (2 in 10 adults). The

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⁴ National data are from the 1999, 2002, 2005, 2010, 2011 and 2012 Behavioral Risk Factor Surveillance System, available at www.cdc.gov/brfss/.

rate has increased since then. More than 3 in 10 adults (33%) in Greater Cincinnati were obese in 2013. Nationally, fewer than 3 in 10 adults (28%) were obese in 2012. The national rate is within the Healthy People 2020 goal of 30.5%, but the regional percentage exceeds that goal.

Obesity associated with poor health

In Greater Cincinnati, nearly 8 in 10 adults (76%) with poor health are overweight or obese, while 6 in 10 adults (56%) with excellent or very good health are overweight or obese. A person with poor health is more likely to be obese than overweight. Out of every 10 adults with poor health in our region, five are obese and three are overweight. But among 10 adults with excellent or very good health, only two are obese and four are overweight. Because obesity is a major risk factor for various diseases, this illustrates its crucial role in influencing overall health.

Race influences obesity

Obesity is not evenly distributed across all groups in Greater Cincinnati. African Americans have higher overweight and obesity rates than Whites. Almost 8 in 10 African Americans (76%) are overweight or obese, compared with 6 in 10 Whites (64%). Unlike other races, African Americans are also more likely to be obese than overweight. Out of every 10 African American adults in our region, four are obese and three are overweight. Among every 10 White people, only three are obese and three are overweight.

Obesity rates differ based on income, age

Adults living below 200% of the Federal Poverty Level (FPL)⁵ are more obese (38%) than adults living above 200% FPL (31%). With respect

Overweight and obesity in Greater Cincinnati

By health status



By race



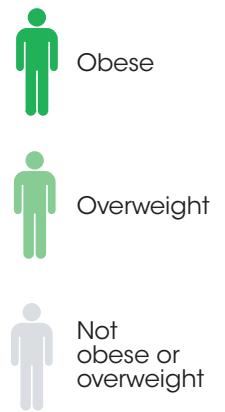
By income



By age



Key



to age, younger adults between the ages of 18 and 29 are less obese (19%) than adults older than 65 (30%), while adults between the ages of 30 and 64⁶ are most obese (39%).

⁶ 38% of adults between the ages of 30 and 45 are obese, while 39.4% of adults between the ages of 46 and 64 are obese

⁵ In 2013, 200% FPL was \$47,100 for a family of four.

Perceptions of neighborhood health in Greater Cincinnati

Living in a healthy neighborhood has a positive impact on personal health.¹

To assess if adults in Greater Cincinnati feel our community is a healthy place to live, the Greater Cincinnati Community Health Status Survey (CHSS) asks questions about neighborhood and regional health.

3 in 10 think Greater Cincinnati is a healthy place to live; regional differences present

CHSS asks, “How would you rate the Greater Cincinnati Region as a healthy place to live? Would you say excellent, very good, good, fair or poor?” About 3 in 10 residents (31%) rate Greater Cincinnati excellent or very good as a healthy place to live. However, responses vary by region.

Residents of Hamilton County suburbs are most likely to say the region is a healthy place to live, with 36% rating the region excellent or very good. Residents of the Indiana² (18%) and rural Kentucky³ (20%)

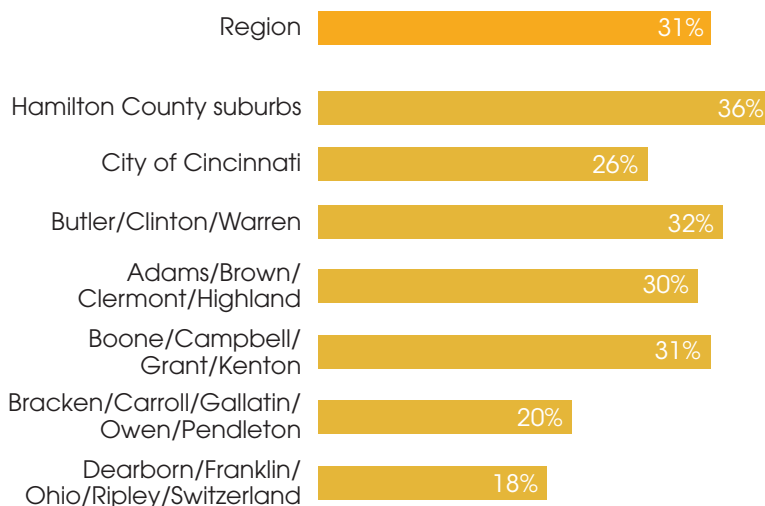
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¹ For more about healthy communities, please see www.cdc.gov/nccdphp/dch/index.htm

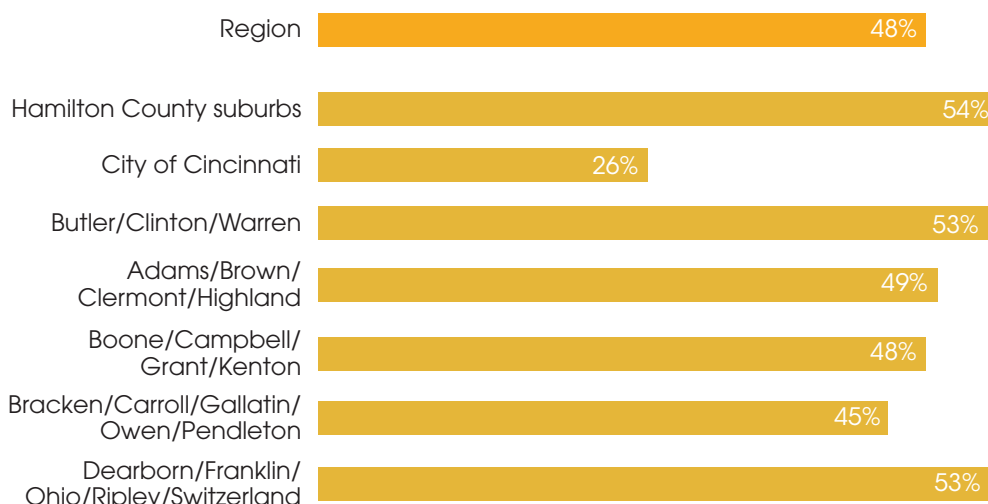
² Dearborn, Franklin, Ohio, Ripley and Switzerland counties.

³ Bracken, Carroll, Gallatin, Owen and Pendleton counties.

Percentage of people who say the region is a healthy place to live (Graph shows adults who rated the region excellent or very good as a healthy place to live.)



Percentage of people who say their neighborhood is a healthy place to live (Graph shows adults who rated their neighborhood excellent or very good as a healthy place to live.)



parts of the region are least likely to say the region is a healthy place to live.

Half say their neighborhood is a healthy place to live

CHSS also asks, “How would you rate your neighborhood as a healthy place to live? Would you say excellent, very good, good, fair or poor?”

Nearly 5 in 10 adults (48%) in Greater Cincinnati rate their own neighborhood as a healthy place to live. City of Cincinnati residents are the least likely to report their neighborhood as excellent or very good (26%), while Hamilton County suburban residents (54%) are the most likely.

Healthier residents report healthier region, neighborhood

Adults reporting excellent or very good personal health⁴ report the region and their neighborhood as a healthy place to live more often than those who are less healthy.

Adults who rate their neighborhood as a healthy place to live are more likely than those who rate their neighborhoods poorly to report that the region is a healthy place to live.

⁴ CHSS asks, “In general, would you say your health is excellent, very good, good, fair or poor?”

Race, poverty status, education play role in perception of regional, neighborhood health

African Americans in our region are less likely than other racial groups to report that the region or their neighborhood is a healthy place to live.

Adults living at or below 100% of the Federal Poverty Level (FPL)⁵ are less likely than adults living above 100% FPL to rate the region or their neighborhood as a healthy place to live.

As education levels increase, the percentage of adults who report that the region and their neighborhood is a healthy place to live also increases.

⁵ In 2013, 100% FPL for a family of four was an annual income of \$23,550.



Most adults have a usual and appropriate place for healthcare

An appropriate place for healthcare¹ is more than just a regular place to go. It is where the patient and his or her health history is known to the provider. This allows for regular and preventive care and can help catch minor problems before they become serious.

To assess if people in our region have a usual and appropriate place for healthcare, the Greater Cincinnati Community Health Status Survey (CHSS) asks a series of questions about source of care.²

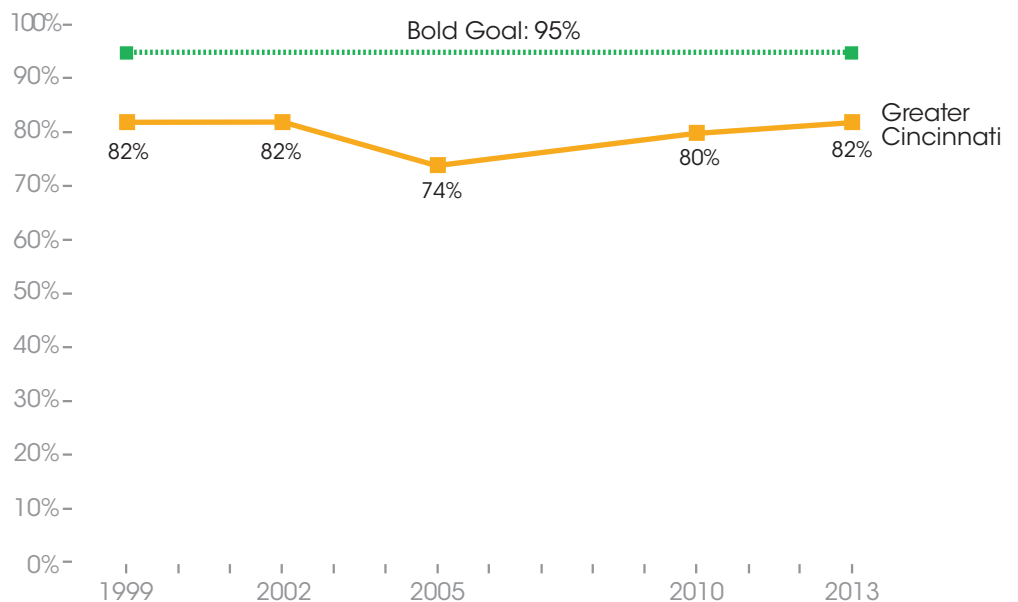
Majority reports a usual and appropriate place for healthcare

About 8 in 10 Greater Cincinnati adults (82%) report having a usual and appropriate place for healthcare. This is an increase from previous years, but

¹ For this analysis private doctors' offices, community-based health clinics, public health clinics, clinics at retail stores, and hospital outpatient departments are considered appropriate sources of healthcare.

² CHSS asks, "Is there one particular clinic, health center, doctor's office or other place that you usually go to if you are sick or need advice about your health?" and "When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say a private doctor's office other than a public health clinic or community-based health center, a community-based health center or public health clinic, a clinic at a retail store, a hospital outpatient department, a hospital emergency room, urgent care center or some other kind of place?"

Percentage of adults in Greater Cincinnati who have a usual and appropriate place for healthcare



is still below the community's Bold Goal³ of 95%.

Age, education, insurance play a role in having a usual source of care

Older adults are more likely than younger adults to report having a usual and appropriate place for healthcare. More than 9 in 10 (94%) Greater Cincinnati adults age 65 and older report having a usual and

appropriate place for healthcare, compared with 7 in 10 (70%) adults age 18 to 29. (See chart on back.)

Greater Cincinnati adults with at least a college degree are more likely than residents with less education to report having a usual and appropriate place for healthcare. Nine in 10 adults (90%) with a college degree or higher report having a usual and appropriate place for healthcare. This compares with 8 in 10 adults (81%) with some

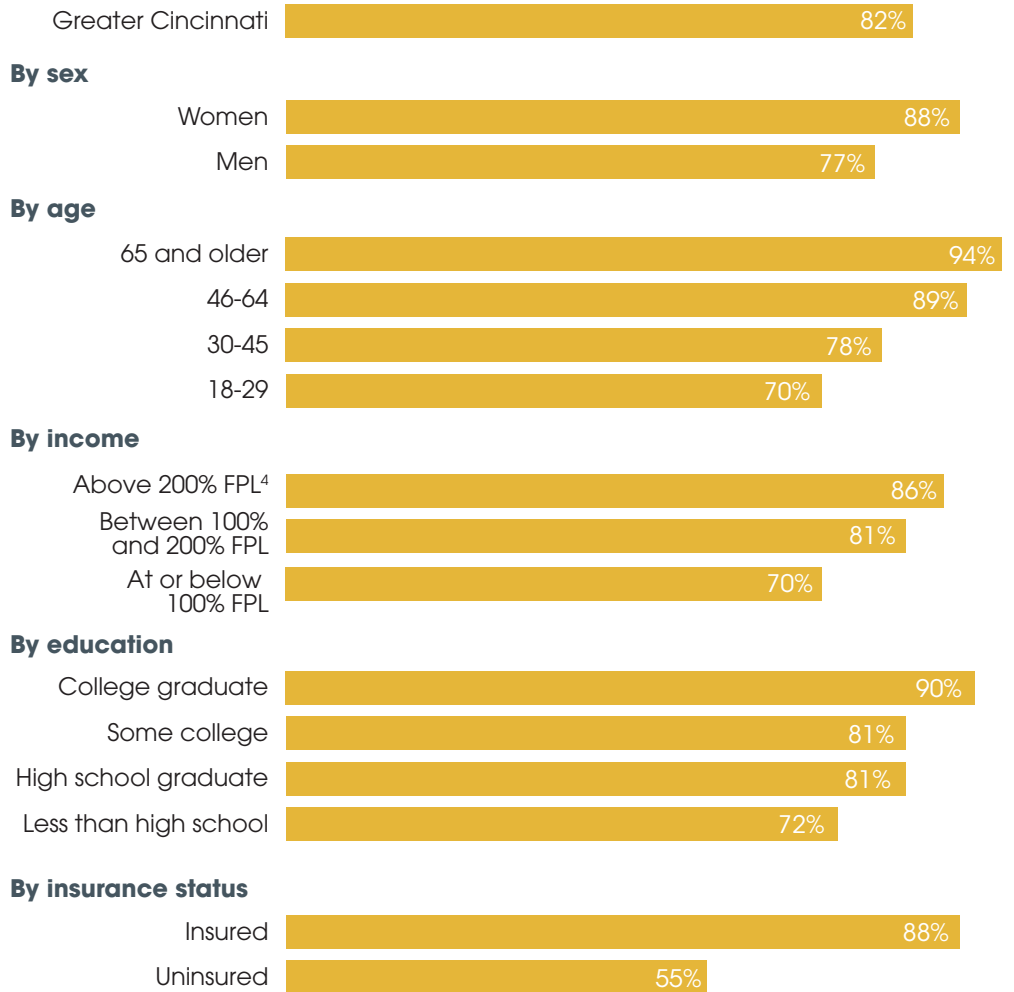
³ To learn more about the Bold Goals, visit www.uwgc.org/community-impact/bold-goals

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college or a high school diploma and 7 in 10 adults (72%) with less than a high school education.

A person's insurance status plays a major role in having a usual and appropriate place for healthcare. Fewer than 6 in 10 uninsured adults (55%) report a usual and appropriate place for healthcare. Nearly 9 in 10 insured adults (88%) have a usual and appropriate place for healthcare.

Percentage of adults who report a usual and appropriate place for healthcare



⁴ In 2013, 100% FPL for a family of four was an annual income of \$23,550.

Uninsured rate remains stable in Greater Cincinnati in 2013

Having health insurance is a main factor in whether someone seeks appropriate healthcare in a timely manner. Those without insurance are less likely to get care when they need it.

The Greater Cincinnati Community Health Status Survey (CHSS) asks two questions about insurance status. The first asks whether the person currently has health insurance. The second asks whether a person has been without health insurance at any time during the past 12 months. This indicates the stability of the person's insurance. These questions provide a more complete regional picture of insurance-related barriers to healthcare.

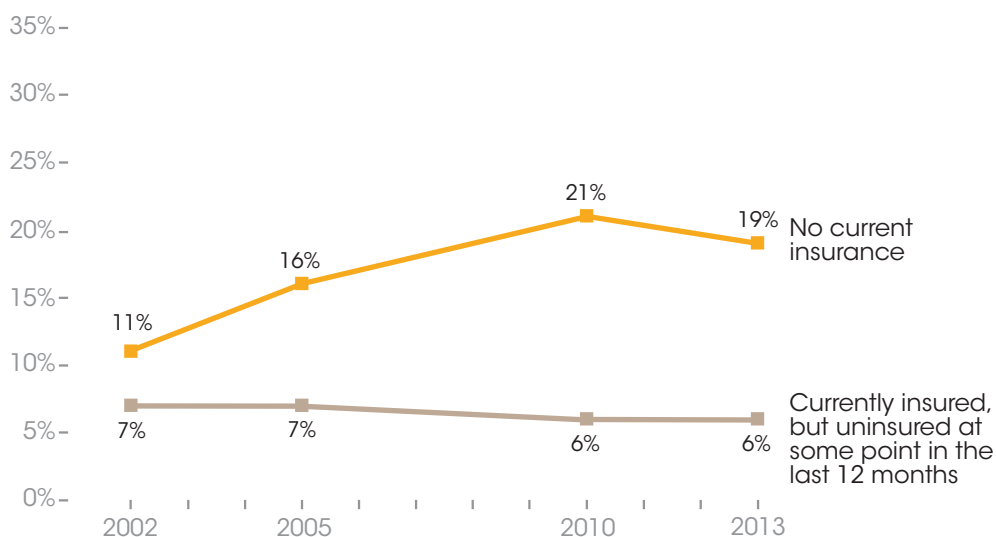
Because nearly all adults in our region age 65 and older (99.6%) are insured, this summary focuses on adults age 18 to 64.

Rate of currently uninsured remains stable

Just fewer than 2 in 10 Greater Cincinnati adults (19%) report being currently uninsured, about the same as in 2010 (21%). This compares with the national rate of 21%.¹

¹ National rate is for January through September 2013 from National Health Interview Survey conducted by the Centers for Disease Control and Prevention. www.cdc.gov/nchs/data/nhis/earlyrelease/insur201403.pdf

Percentage of adults age 18 to 64 who have been uninsured at any point in the last 12 months, including currently



It is important to note that the CHSS was conducted before open enrollment for the Patient Protection and Affordable Care Act (ACA) ended. Therefore it does not include those who signed up for coverage under the ACA. It also does not include those who are now covered by Medicaid expansion in Ohio and Kentucky. (Indiana did not expand Medicaid.)² On April 17, the White House announced that more than

² The ACA expands coverage for the poorest Americans by creating an opportunity for states to provide Medicaid eligibility, effective Jan. 1, 2014, for people younger than 65 with incomes up to 133 percent of the Federal Poverty Level (FPL). www.medicaid.gov/AffordableCareAct/Provisions/Eligibility.html

8 million Americans signed up for private insurance through the Health Insurance Marketplace during the ACA's open-enrollment period, which ended March 31. Though insurance coverage changes for our region are not known, we expect that the ACA will have increased insurance coverage.

Some groups more likely to be uninsured

Adults age 18 to 64 in our region who are more likely than other subgroups to report being uninsured include those who:

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- have less than a high school degree (44%)
- are living at or below 100% of the Federal Poverty Level (FPL)³ (37%)
- are living between 100% and 200% FPL (28%)
- are age 18 to 29 (28%)
- report fair or poor health (27%)

Rate of adults with unstable insurance remains steady

The stability of health insurance coverage is also a factor in access to healthcare. A measure of stability is whether a person has been covered continuously for the past 12 months. About 6% of currently insured adults in our region report having been without insurance at some point in the last 12 months. This remains unchanged from 2010.

³In 2013, 100% FPL was \$23,550 for a family of four; 200% FPL was \$47,100.

Area's smoking rate declines, but still higher than nation's

According to the Centers for Disease Control and Prevention's *Behavioral Risk Factor Surveillance System* (BRFSS), 20% of adults in the United States were current smokers in 2012.¹ This number is higher than the Healthy People 2020 goal of 12%.

The smoking rate in Greater Cincinnati continues to be higher than the national average. In 2013, 25% of adults in this region were current smokers. However, this rate has been steadily decreasing over the past 14 years, down from 35% in 1999.

Smoking rates highest in rural areas

Rural areas in our region generally have higher smoking rates than urban areas. The past three years have shown some improvement, with the smoking rate in rural Kentucky counties² declining from 43% in 2010 to 33% in 2013. The rate in rural Ohio counties³ dropped from 37% in 2010 to 30% in 2013. Urban Kentucky counties⁴ also showed a significant drop, from 33% in 2010 to 25% in 2013.

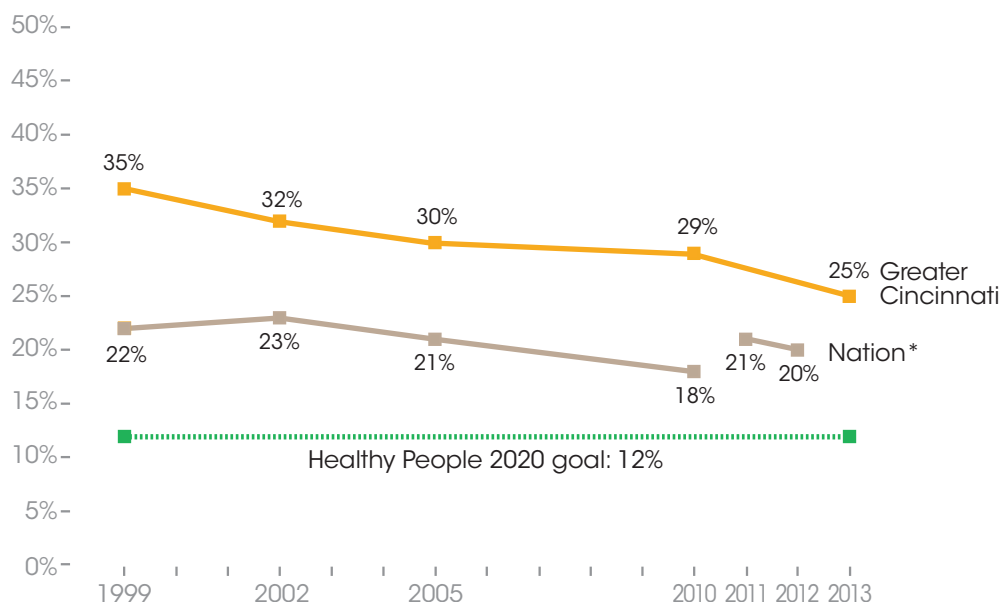
¹ National data are from the 1999, 2002, 2005, 2010, 2011 and 2012 Behavioral Risk Factor Surveillance System, available at <http://apps.nccd.cdc.gov/brfss/>.

² Bracken, Carroll, Gallatin, Owen and Pendleton counties.

³ Adams, Brown, Clermont, and Highland counties.

⁴ Boone, Campbell, Grant and Kenton counties.

Percentage of adults age 18 and older who are current smokers



* National data are from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). BRFSS has changed the way its data are weighted. Data 2011-present should not be directly compared to data before 2011. National data were available only up to 2012.

Higher smoking rates among those with lower income, less education

Nearly 5 in 10 (48%) adults living below 100% of the Federal Poverty Level (FPL)⁵ are current smokers. This compares with only 2 in 10 adults living above 100% FPL (20%). (See graph on back.) These rates have consistently declined over the past 14 years. However, smoking rates

⁵ In 2013, 100% FPL for a family of four was an annual income of \$23,550.

among those with less than a high school education have increased from a low of 47% in 2005 to 54% in 2013. Smoking rates have declined for all other education levels since 2010. (See graph on back.)

Counseling by healthcare provider

Support from a doctor or other healthcare provider can play an

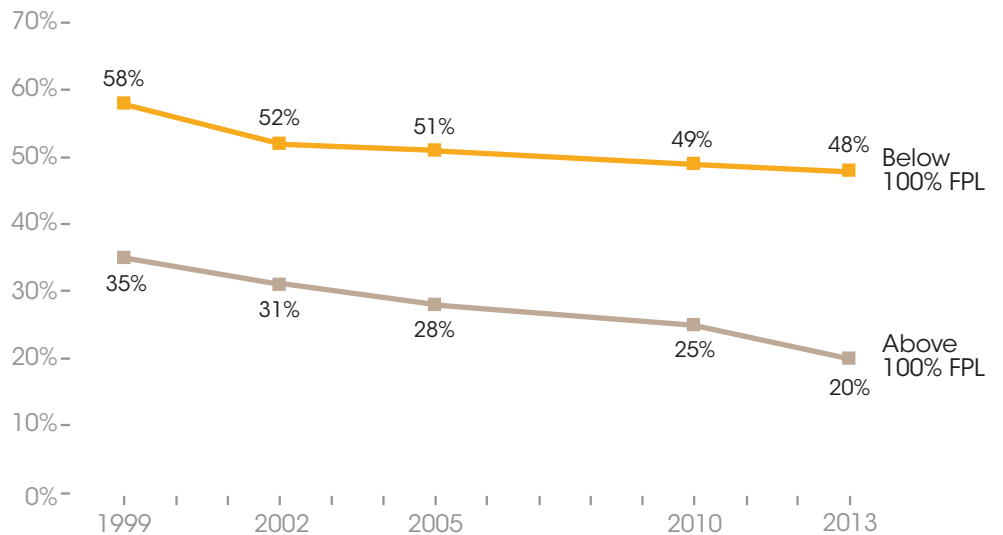
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important role in helping adults to quit smoking. The 2013 CHSS asked current smokers if a doctor or other healthcare provider had ever offered help or counseled them to quit smoking. Responses varied widely across the region. The lowest rates of offered help were in Indiana counties (49%)⁶ and Hamilton County suburbs (60%). The highest reported rates of offered help were in Kentucky (74%), the City of Cincinnati (70%) and Butler/Clinton/Warren counties (70%).

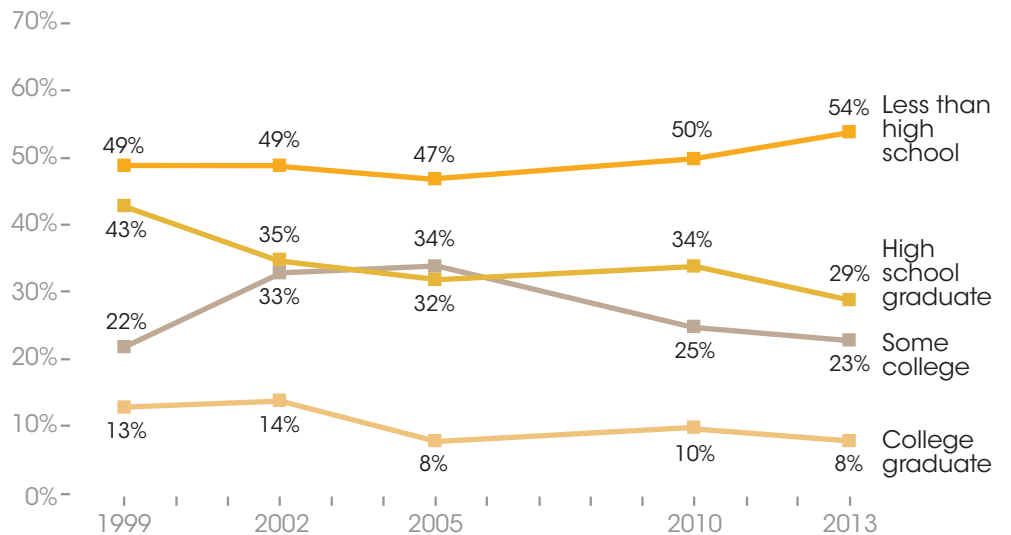
Women reported being offered support to quit (73%) more often than men (58%). This rate was also higher among low-income adults. About 7 in 10 adults (71%) living below 100% FPL were offered help. That compares with 6 in 10 adults (63%) living above 100% FPL. Older people and people with poor health were also more likely to report being offered help to quit. Because smoking cessation is important at any age or state of health, it is useful for clinicians to be aware of demographic groups that might benefit from increased assistance to quit using tobacco.

⁶ Dearborn, Franklin, Ohio, Ripley and Switzerland counties.

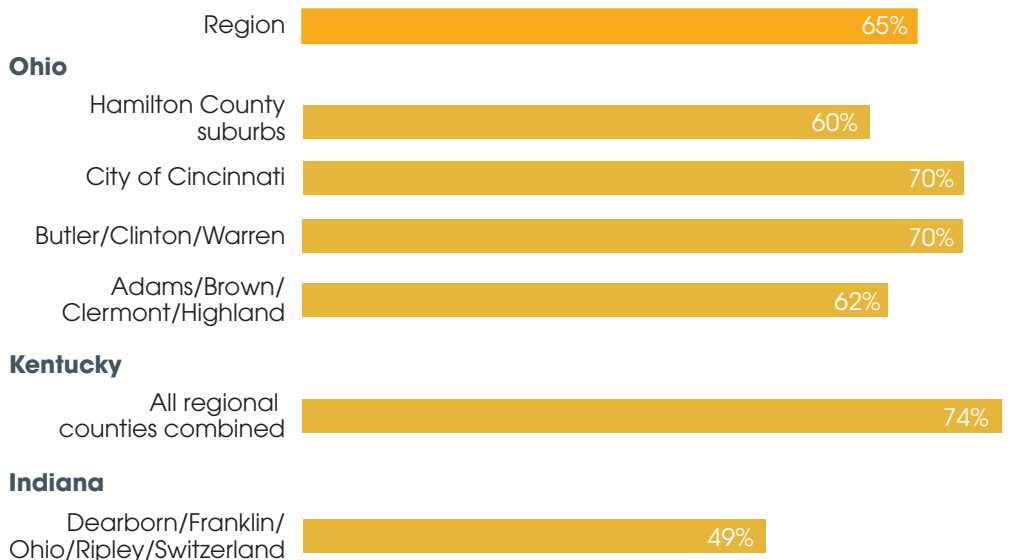
Smoking rates by poverty level



Smoking rates by education level



Percentage of current smokers who report that a doctor/other healthcare provider has ever offered help or counseled them to quit smoking, by region





Income, race pose barriers to finding trusted providers

Research has shown that trust between a patient and provider is important for creating an effective care environment. Trust leads to increased patient satisfaction and better compliance with treatment recommendations. However, finding a trusted healthcare provider is not always easy. The 2013 Greater Cincinnati Community Health Status Survey asked adults about barriers that might make it difficult to find a healthcare provider they could trust: type of health insurance, lack of health insurance, and race or ethnicity.

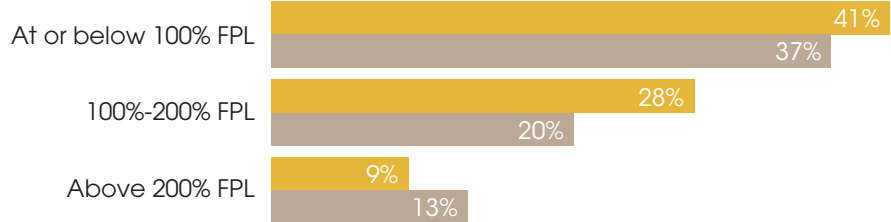
Young, poor, less educated more likely to report insurance as barrier

The survey asks if either a *lack* of health insurance or the *type* of health insurance has been a barrier to finding a trusted healthcare provider. Responses to these questions are similar. About 2 in 10 adults (19%) in Greater Cincinnati say that the lack of insurance or the type of insurance prevents them from finding a trusted provider.

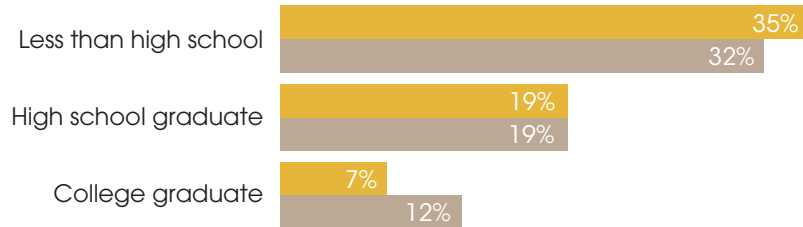
However, health insurance coverage is more of a barrier for some groups. As age increases, the percentage of

Lack of or type of insurance as a barrier to finding a trusted provider

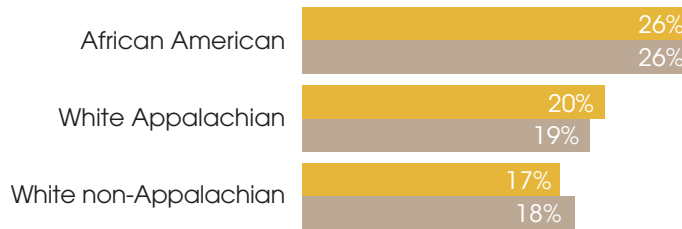
Poverty level



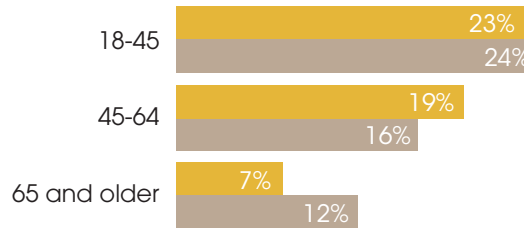
Education



Race



Age



■ Lack of health insurance ■ Type of health insurance

Continued on back

people reporting insurance as a barrier decreases (see graph). Among adults living at or below 100% of the Federal Poverty Level (FPL)¹, about 4 in 10 report a lack of insurance (41%) or type of insurance (37%) as a barrier to finding a provider they trust. Only about 1 in 10 adults who live above 200% FPL report a lack of insurance (9%) or type of insurance (13%) as a barrier. The same trend is seen with education: as education increases, the number of people reporting insurance as a barrier decreases.

African Americans more likely to report insurance as barrier to finding trusted provider

There are significant differences among racial groups when seeking a trusted provider. Almost 3 in 10 African American adults (26%) report that their type of insurance or a lack of insurance is a barrier to finding a provider they trust. That compares with fewer than 2 in 10 White respondents (18%). (Data not shown in graph).

¹ In 2013, 100% FPL for a family of four was an annual income of \$23,550.

African Americans, other races more likely to say race or ethnicity is barrier

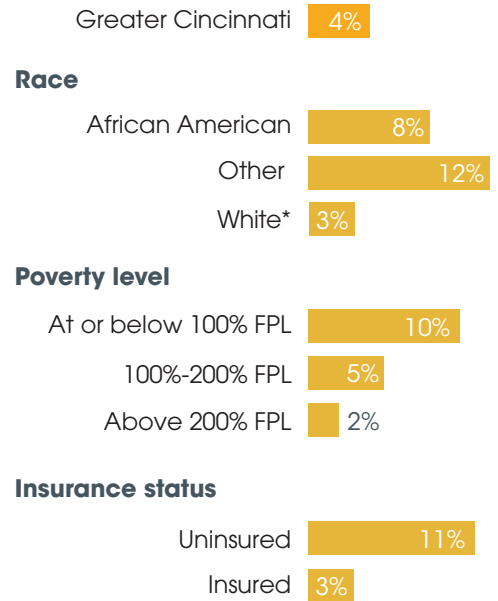
Another possible barrier to finding a trusted provider is race and/or ethnicity. Though only 4% of Greater Cincinnati adults report that race or ethnicity is a barrier, this rate varies among specific groups.

African Americans (8%) are more than twice as likely as both White Appalachians and white non-Appalachians (3%) to report race or ethnicity as a barrier. Other non-White groups are more than four times as likely (12%) to report this barrier. This may indicate a need for more racially and ethnically diverse healthcare providers, as well as a need for more culturally competent providers.

Poor, uninsured more likely to report race or ethnicity as barrier

Adults living at 100% FPL or below (10%) were five times more likely than people living above 200 FPL (2%) to report race or ethnicity as a barrier to finding a trusted provider. The difference was similar when comparing adults without insurance (11%) with those who have insurance (3%).

Race/ethnicity as a barrier to finding a trusted provider



* Includes White Appalachian and White non-Appalachian

Few adults eat recommended amount of fruits, vegetables

According to the Centers for Disease Control and Prevention (CDC), people who eat a healthy diet with many fruits and vegetables have a reduced risk of chronic conditions such as stroke, cardiovascular diseases and certain cancers compared with those who eat few fruits and vegetables.¹

The *Dietary Guidelines for Americans 2010*,² a joint project of the U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS), recommends that each meal include half a plate of fruits and vegetables. Adults meeting this recommendation would eat at least 2 servings of fruits *and* 3 servings of vegetables per day.

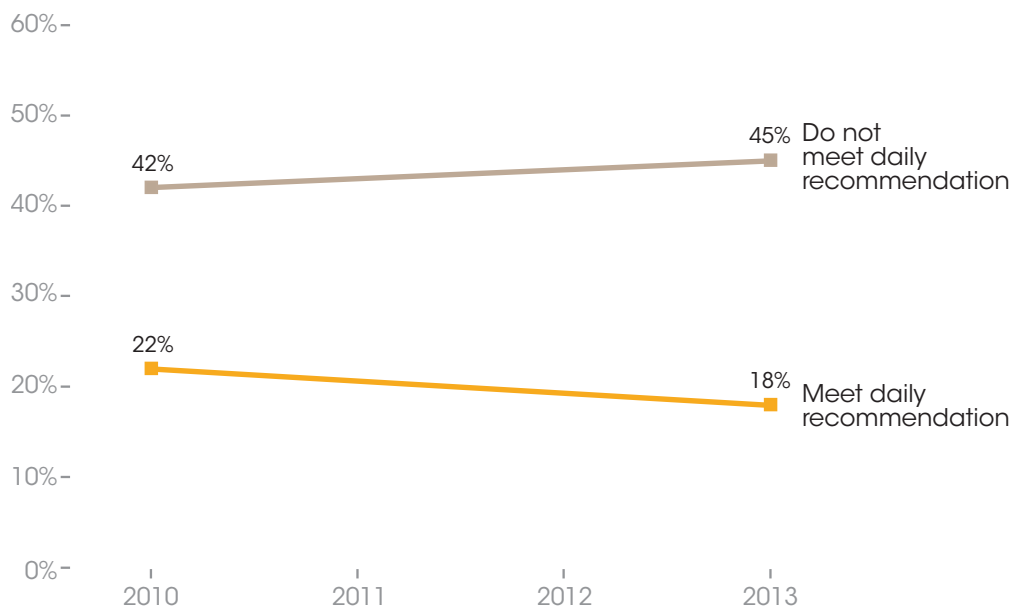
Fewer than 2 in 10 Greater Cincinnati adults meet recommendations

Most local adults fall far short of eating the recommended daily amount of fruits and vegetables. In fact, 45% of adults do not eat the recommended daily amount of fruits and vegetables, more than double the percentage of adults who do (18%).

¹ For more information about the benefits of fruits and vegetables, visit www.fruitsandveggiesmatter.gov/benefits/index.html.

² For more information on the Dietary Guidelines, please visit: www.health.gov/dietaryguidelines/.

Fruit and vegetable consumption in Greater Cincinnati



Consumption of fruits and vegetables has also declined over time. In 2010, 22% of Greater Cincinnati adults reported eating the recommended daily amount of fruits and vegetables. In 2013 this declined to 18%. Adults are more likely to eat the recommended daily amount of fruits (28%) than vegetables (9%).

Adults with a college education (23%) are more likely to report eating the recommended amount of fruits and vegetables than adults with less than a college education (17%). Eating a healthy diet directly affects an

individual's overall health. Only 15% of adults who reported poor or fair health eat the recommended daily amount of fruits and vegetables, while 20% of adults who reported excellent or very good health eat the recommended amount.

More than 8 in 10 adults have healthy food options in their neighborhood

To eat a healthy diet, it is crucial that people can easily buy healthy food such as whole grains, low-fat

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food items, and fruits and vegetables without having to travel far. A large majority of Greater Cincinnati adults (81%) report that it is easy to purchase healthy foods in their neighborhood.

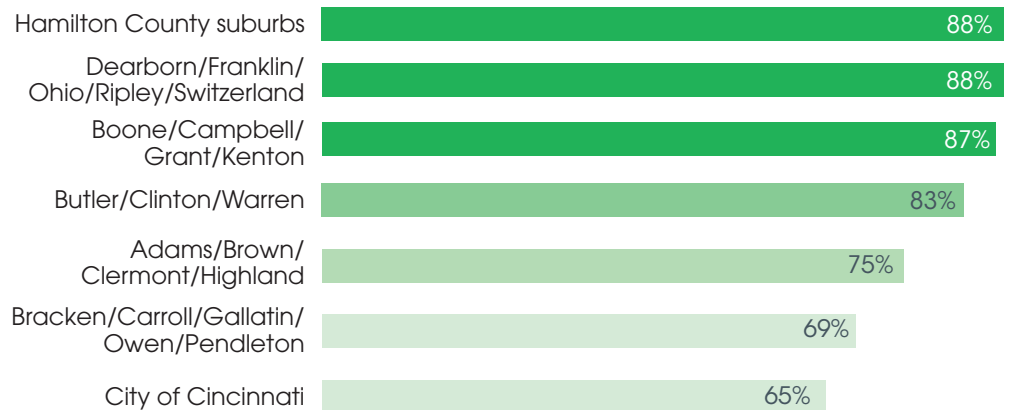
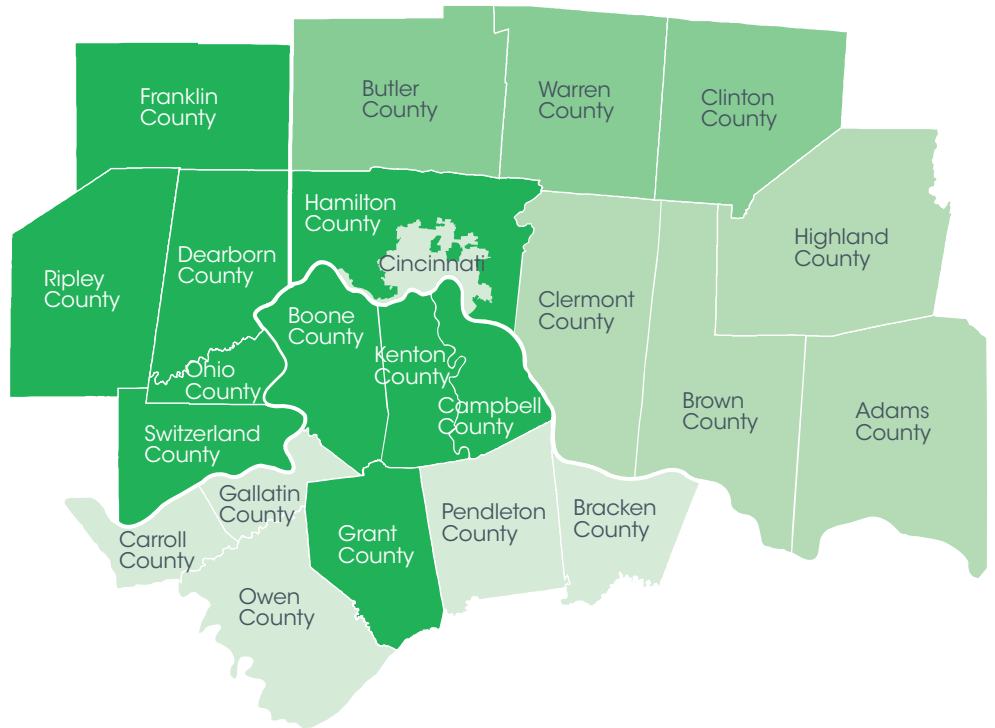
However, easy access to healthy food is not evenly distributed. Adults living in Hamilton County's suburbs (88%) are more likely to report that it is easy to buy healthy foods in their neighborhood than adults living in the City of Cincinnati (65%) and some rural counties³ in Kentucky (69%).

Access to healthy food also differs by income and race. More than 8 in 10 adults (83%) living above 100% of the Federal Poverty Level (FPL)⁴ report that it is easy to buy healthy foods in their neighborhood. That compares with more than 7 in 10 adults (74%) living below 100% FPL. Similarly, only about 7 in 10 African-American adults (66%) report having healthy food options in their neighborhood, compared with more than 8 in 10 adults (83%) of other races.

³ Bracken, Carroll, Gallatin, Owen and Pendleton counties.

⁴ In 2013, 100% FPL was \$23,550 for a family of four. counties.

Percentage of adults who agree that it is easy to buy healthy foods such as whole grain foods, low-fat options and fruits and vegetables in their neighborhoods



Alcohol consumption by Greater Cincinnati adults

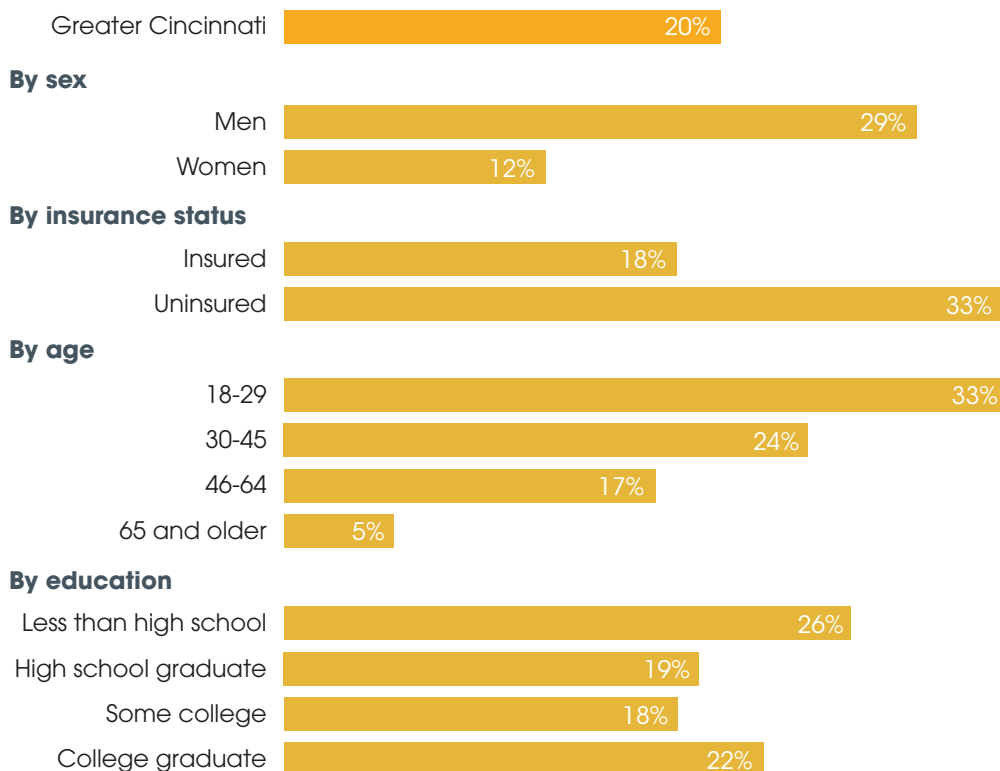
About half of Greater Cincinnati adults (52%) report drinking at least one alcoholic drink in the month before the Greater Cincinnati Community Health Status Survey (CHSS), similar to the national percentage of 55%.¹

As education increases, the percentage of adults in Greater Cincinnati who report drinking in the last 30 days also increases. As age increases, however, the percentage of adults who report drinking in the last month decreases. Men (62%) are more likely to drink than women (43%). Adults living above 200% of the Federal Poverty Level (FPL²) (62%) are more likely to drink than those living between 100% and 200% FPL (49%) and those living at or below 100% FPL (41%).

Drinking rates lowest in rural Kentucky counties

Nearly 3 in 10 adults (28%) in the rural Kentucky counties in our region had a drink in the month before the CHSS, the lowest reported rate of any area in the region. Two of these counties, Owen and Pendleton, have

Percentage of Greater Cincinnati adults who reported binge drinking* in the last 30 days



* Binge drinking is defined as having five or more alcoholic drinks on one occasion for men or four or more alcoholic drinks for women.

strict limits on the sale of alcohol, which may account for the lower rates of drinking.

having more than one or two drinks per day increases the risk of health problems.³

2 in 10 area adults report binge drinking

While drinking in moderation poses no or low health risks for most adults,

Continued on back

³ For more information on drinking and the health effects of drinking, please see www.cdc.gov/alcohol/faqs.htm#moderateDrinking

¹ National data are from the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), available at <http://apps.nccd.cdc.gov/brfss/>. The most recent year for national data is 2012.

² The federal poverty level in 2013 was \$23,550 for a family of four; 200% FPL was \$47,100.

Binge drinking is defined as having five or more drinks on one occasion for men and four or more drinks for women. Two in 10 Greater Cincinnati adults (20%) report binge drinking in the 30 days before the CHSS, compared with 17% of adults in the nation. The binge drinking rate has remained relatively stable for both the region and the nation.⁴

Some adults in our region are more likely to report binge drinking in the last month, including adults who:

- are uninsured (33%)
- are 18 to 29 years old (33%)
- are male (29%)
- have less than a high school education (26%)

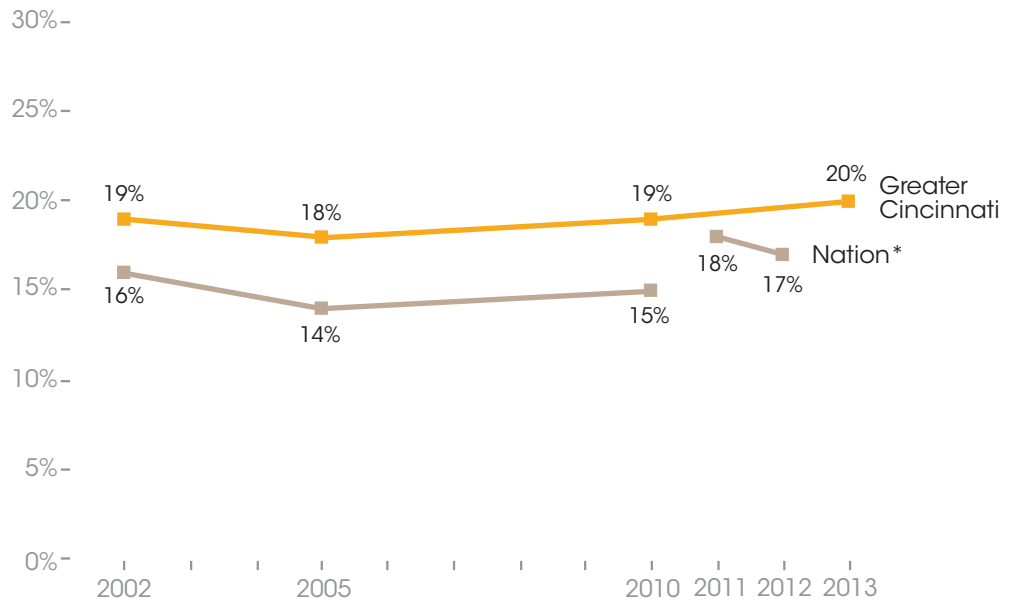
Majority of Cincinnati area adults thinks binge drinking is harmful

Adults were asked “How harmful do you think it is for a person to consume five or more drinks of alcohol once or twice per week?”

Seven in 10 Greater Cincinnati adults (73%) say it is very or somewhat harmful. Women (81%) are more likely than men (65%) to say that drinking five or more drinks is

⁴ Before 2006, the standard for binge drinking was five or more drinks on one occasion for both men and women. In 2006, the standard was revised to five or more drinks on one occasion for men and four or more drinks for women. Therefore, making comparisons to surveys before 2006 is difficult. The data in the graph reflect the definitions of binge drinking that were in place at the time of the surveys.

Percentage of adults who report binge drinking⁴ at least once in the last 30 days



*National data are from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS). BRFSS has changed the way its data are weighted. Data 2011-present should not be directly compared to data before 2011. National data were available only up to 2012.

harmful. African-American adults (78%) are more likely than adults of other races (other, 72%; White, 72%) to view it as harmful.

Fewer than 1 in 10 report heavy drinking

Heavy drinking is defined by the Centers for Disease Control and Prevention as having more than an average of one drink per day for a woman and two drinks per day for a man.⁵

⁵ For more information about heavy drinking, see <http://www.cdc.gov/alcohol/faqs.htm#heavyDrinking>.

Heavy drinking over time is associated with medical problems such as liver, kidney and pancreas disease; cancers; ulcers and digestive problems; premature aging; memory and cognitive problems; and birth defects.⁶

About 6% of Greater Cincinnati adults reported heavy drinking in the last month. The national rate was also 6%.

⁶ For more information about the health effects of drinking, see <http://rethinkingdrinking.niaaa.nih.gov/WhatsTheHarm/WhatAreTheRisks.asp> or <http://www.cdc.gov/alcohol/faqs.htm#healthProb>.



Chronic illness more likely among less educated, poor

Chronic illness can be a heavy burden for an individual and a household. This toll may be physical, emotional and financial, affecting many aspects of a person's life. The 2013 Greater Cincinnati Community Health Status Survey asked respondents if they had ever been diagnosed with one of several chronic conditions.

Asthma, diabetes, cancer, depression increase

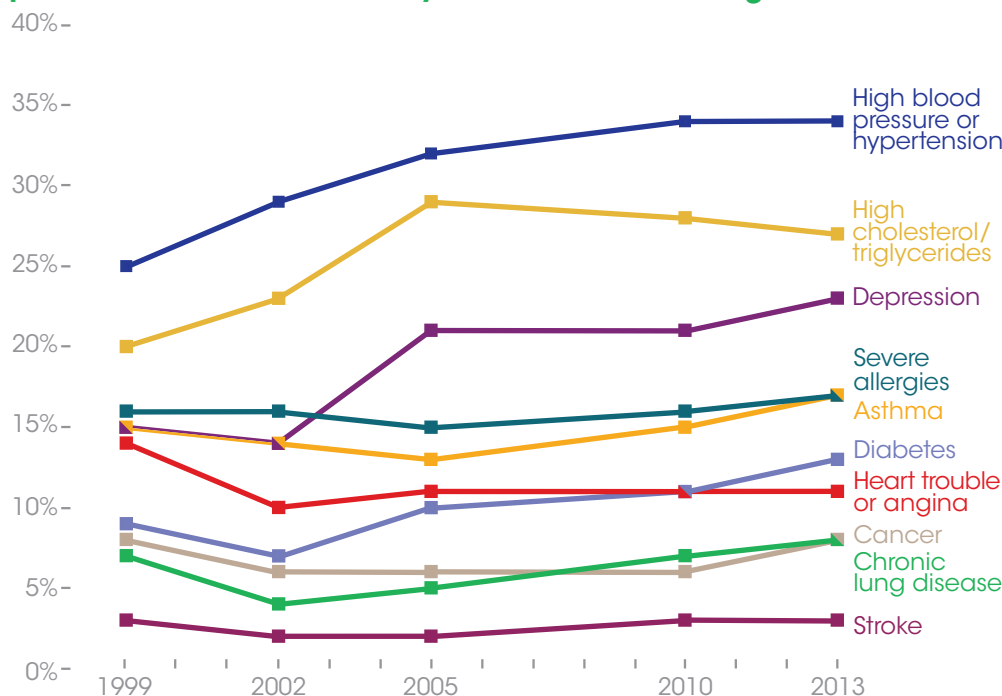
Since 2010, Greater Cincinnati saw an increase in the percentage of people who had been told they had asthma, diabetes, cancer and depression:

- Asthma (15% to 17%)
- Diabetes (11% to 13%)
- Cancer (6% to 8%)
- Depression (21% to 23%)

Percentages of people who had been told they have severe allergies or chronic lung disease also increased slightly. However, the percentage of people being told they had high cholesterol or triglycerides continued to decline, from 29% in 2005 to 27% in 2013.

Continued on back

Adults in Greater Cincinnati reporting a doctor or other healthcare provider has ever told them they had one of the following health conditions



Percentage of Greater Cincinnati adults reporting a doctor or other healthcare provider has ever told them they have...

	1999	2002	2005	2010	2013
Asthma	15%	14%	13%	15%	17%
Cancer	8%	6%	6%	6%	8%
Chronic lung disease	7%	4%	5%	7%	8%
Diabetes	9%	7%	10%	11%	13%
Heart trouble or angina	14%	10%	11%	11%	11%
High blood pressure or hypertension	25%	29%	32%	34%	34%
High cholesterol or triglycerides	20%	23%	29%	28%	27%
Stroke	3%	2%	2%	3%	3%
Severe allergies	16%	16%	15%	16%	17%
Depression	15%	14%	21%	21%	23%

Those with less education, lower income more likely to be told they have chronic condition

For nine of these conditions, people with less education were more likely to have been told they had the condition. This was true for asthma, diabetes, high blood pressure, chronic lung disease, heart trouble or angina, stroke, severe allergies, high cholesterol and depression.

- Respondents with less than a high school education had been told they had these conditions more often than people with a high school education or higher.
- These percentages again dropped for people who had

some college or a college degree, when compared with people with only a high school diploma. (See graphs below.)

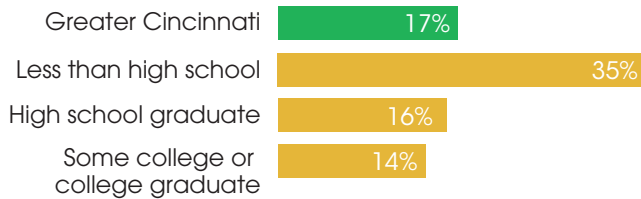
For eight of these conditions, people living at or below 100% of the Federal Poverty Level (FPL¹) were more likely to have been told they had that condition. The rates decreased as income increased. (See graphs on next page.)

The exceptions were cancer and high cholesterol or triglycerides. People with higher incomes were more likely to have been told they had these conditions than people with lower incomes.

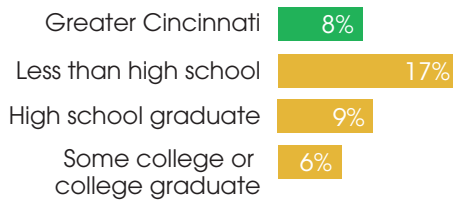
¹ In 2013, 100% FPL for a family of four was an annual income of \$23,550.

Greater Cincinnati adults, by education level, who reported a doctor or other healthcare provider had ever told them they had ...

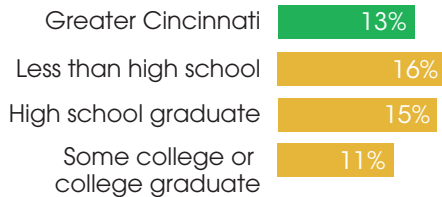
Asthma



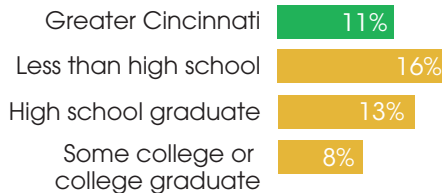
Chronic lung disease



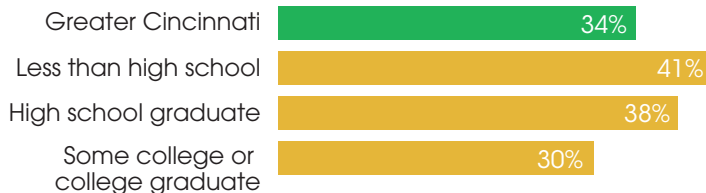
Diabetes



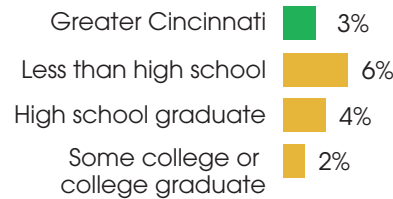
Heart trouble/angina



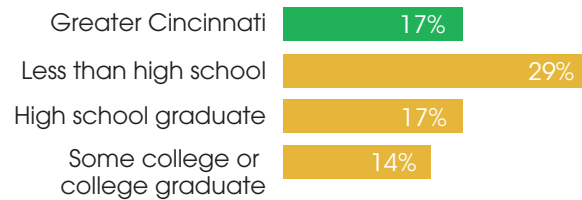
Hypertension



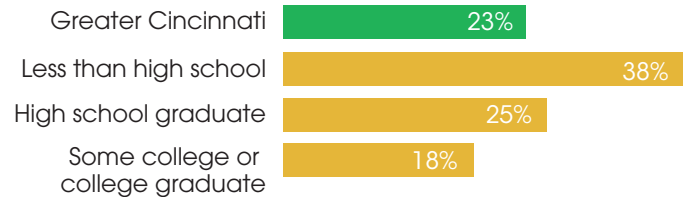
Stroke



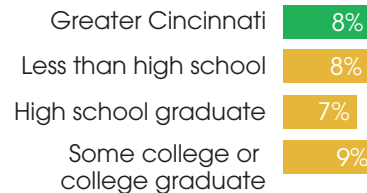
Severe allergies



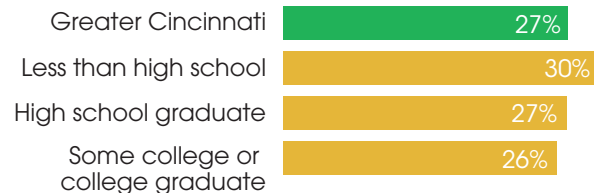
Depression



Cancer



High cholesterol/triglycerides



White Appalachians, African Americans more likely to have been told they have high blood pressure, diabetes

African Americans and White Appalachians² reported higher rates of being told they had diabetes or high blood pressure than White non-Appalachians. These results are consistent with 2010. (See graphs on next page.)

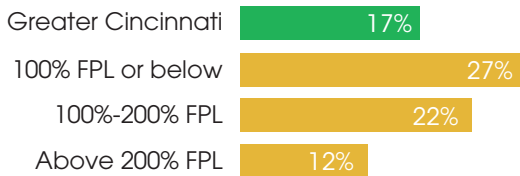
² White Appalachian adults are adults who indicated they were white and that either themselves or one of their parents were born in any Appalachian-designated county in the U.S.

White Appalachians more likely to have been told they have asthma, cancer, chronic lung disease, depression

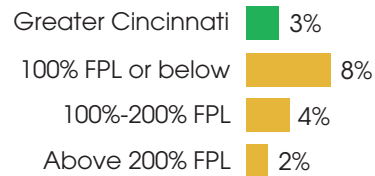
White Appalachians reported being told they had asthma, cancer, chronic lung disease or depression more frequently than either African Americans or White non-Appalachians. White Appalachians also reported higher smoking rates (29%) than White non-Appalachians (24%), which may be associated with asthma and chronic lung disease. (See graphs on next page.)

Greater Cincinnati adults, by poverty level, who reported a doctor or other healthcare provider had ever told them they had ...

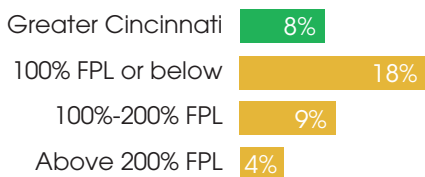
Asthma



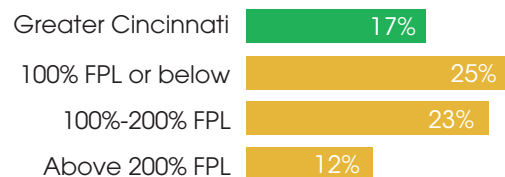
Stroke



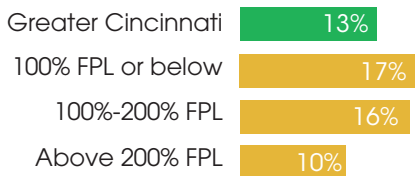
Chronic lung disease



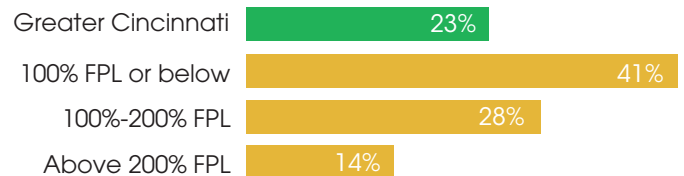
Severe allergies



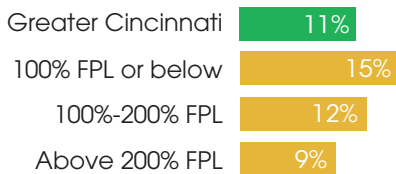
Diabetes



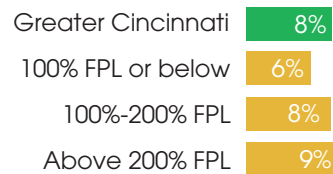
Depression



Heart trouble/angina



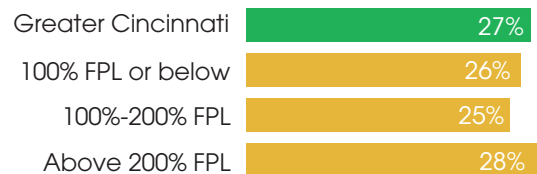
Cancer



Hypertension



High cholesterol/triglycerides

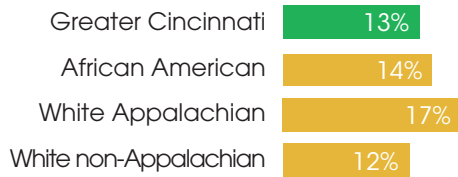


Greater Cincinnati adults, by race or ethnicity, who reported a doctor or other healthcare provider had ever told them they had ...

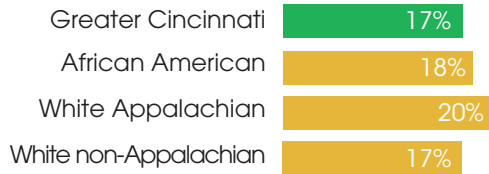
High blood pressure



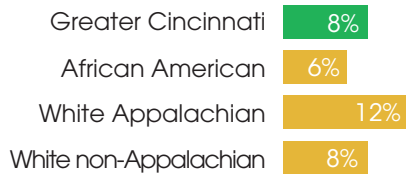
Diabetes



Asthma



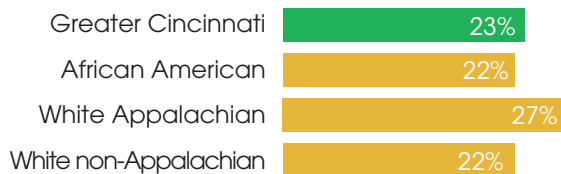
Cancer



Chronic lung disease



Depression

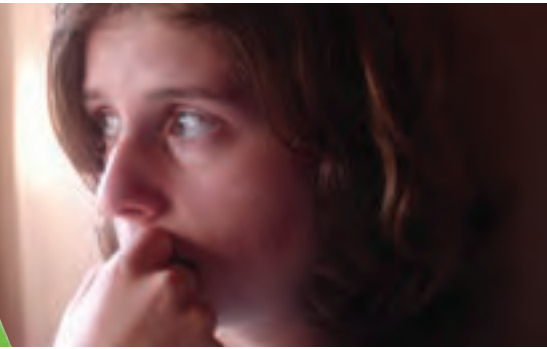


Rates of most chronic conditions increase as age increases

For seven of these conditions, rates increased, sometimes dramatically, as age increased. This was true for chronic lung disease, diabetes, heart trouble or angina, hypertension, stroke, cancer, and high cholesterol or triglycerides. This will have important consequences for our healthcare system as the proportion of our population older than 60 continues to increase.

Percentage of Greater Cincinnati adults in each age category reporting a doctor or other healthcare provider has ever told them they have...

	18-29	30-45	46-64	65 and older
Asthma	24%	17%	17%	12%
Cancer	<1%	3%	10%	24%
Chronic lung disease	5%	5%	11%	14%
Diabetes	4%	9%	17%	26%
Heart trouble or angina	3%	6%	13%	27%
High blood pressure or hypertension	8%	23%	46%	64%
High cholesterol or triglycerides	5%	19%	38%	51%
Stroke	1%	2%	4%	9%
Severe allergies	17%	15%	18%	17%
Depression	20%	26%	24%	18%



Who in our area is more likely to go without healthcare?

Timely, appropriate healthcare has been repeatedly shown to have a positive impact on health outcomes. If not treated early, a minor health issue can turn into a serious, chronic and costly health condition. Unfortunately, many people are forced to choose between healthcare and other essential items. Such decisions may have long-term effects on health.

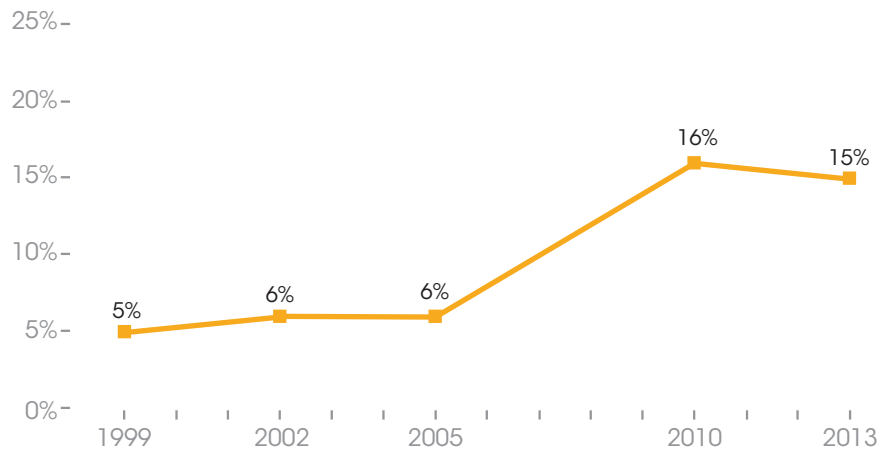
In 2013, more than 1 in 7 Greater Cincinnati adults (15%) reported that they or someone in their household had gone without a doctor's care in the past 12 months because the household needed the money to buy food, clothing or to pay for housing. This number has remained steady since 2010 after nearly tripling between 2005 and 2010.

Less-educated, lower-income, uninsured adults more likely to report going without care

The percentage of adults going without care because of cost varies by level of education. Three in 10 adults (30%) with less than a high school education report going without care because of cost, compared with about 1 in 10 adults with at least a high

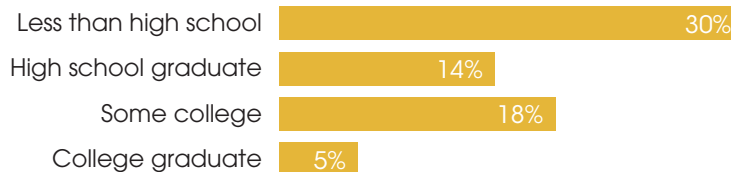
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Greater Cincinnati adults who reported that someone in their household went without a doctor's care during the last year because the household needed the money to buy food, clothing or to pay for housing

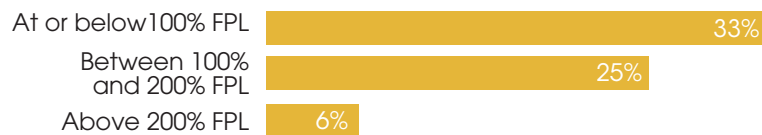


Percentage of Greater Cincinnati adults who reported in 2013 that someone in their household went without a doctor's care during the last year because the household needed the money to buy food, clothing or to pay for housing

By education



By income



The Greater Cincinnati Community Health Status Survey (CHSS) is a project of Interact for Health. The CHSS is conducted by the Institute for Policy Research at the University of Cincinnati. A total of 4,929 randomly selected adults residing in 8 Ohio counties, 9 Kentucky counties, and 5 Indiana counties were interviewed by telephone between Aug. 20, 2013, and Jan. 19, 2014. This included 4,324 landline interviews and 605 cell phone interviews. The potential sampling error for the survey is ±1.5%. For more information, including other topics and the list of community partners, please visit our web site at www.interactforhealth.org/greater-cincinnati-community-health-status-survey. For the complete survey dataset, visit www.oasisdataarchive.org. If you have further questions, email Jennifer Chubinski at jchubinski@interactforhealth.org.

school education (16%). Only 5% of adults with a college degree report choosing between healthcare and other basic needs.

Lower-income adults and those without health insurance are more likely to report going without care. Adults living below 200% of the Federal Poverty Level (FPL¹) are nearly five times more likely (29%) to report going without care for financial reasons than adults living above 200% FPL (6%). More than 4 in 10 uninsured Greater Cincinnati adults report going without care in the past year (43%), compared with only 1 in 10 insured adults (10%)

People with poor, fair health more likely to go without care

Nearly 3 in 10 adults (27%) in poor or fair health report going without care because of cost, compared with only about 1 in 10 adults with excellent, very good or good health (12%). This may reflect the consequences of being forced to neglect health needs in favor of other basic needs.

Older adults less likely to report going without care

Consistent with survey responses in previous years, only 1 in 25 adults age 65 and older (4%) report going without a doctor's care for financial reasons. This compares with about 1 in 6 adults age 18-64 (17%).

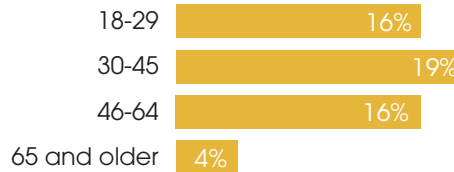
¹ In 2013, 100% FPL for a family of four was an annual income of \$23,550.

Percentage of Greater Cincinnati adults who reported in 2013 that someone in their household went without a doctor's care during the last year because the household needed the money to buy food, clothing or to pay for housing

By insurance status



By age





Recreation more available in some area neighborhoods

Being physically active is one of the most important things people can do to improve their health. Access to shoulders or sidewalks, parks, playgrounds and trails influence physical activity levels.¹ To assess neighborhood conditions related to physical activity, the Greater Cincinnati Community Health Status Survey (CHSS) asked about neighborhood features.

More than 7 in 10 adults report good availability of recreation facilities

More than 7 in 10 Greater Cincinnati adults (74%) report the availability of recreation facilities such as parks, pools, soccer fields, bike trails and recreation centers in their neighborhood as excellent, very good or good.

Nearly 9 in 10 residents of Hamilton County suburbs (85%) report that they have excellent, very good or good access to recreation facilities. This compares with just 5 in 10 residents in rural Kentucky² (53%) and fewer than 6 in 10 in rural Ohio³ (59%).

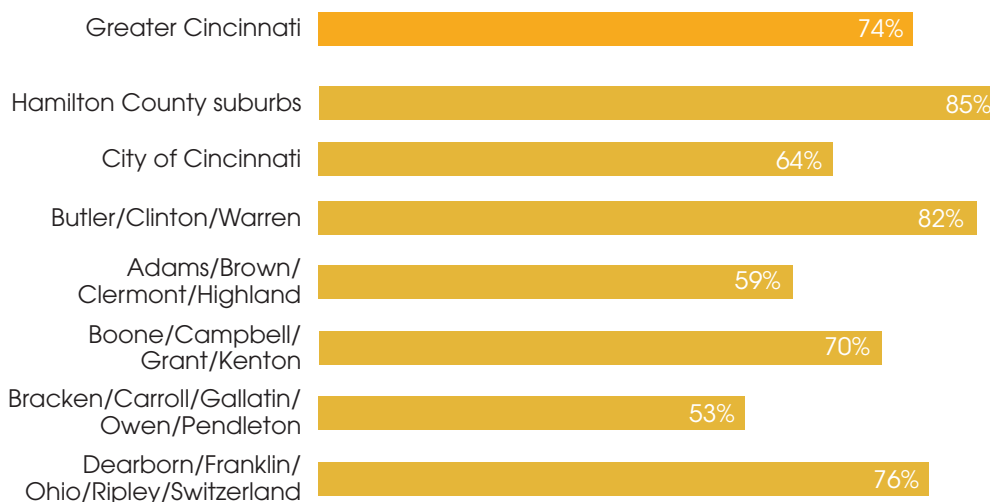
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¹ From <http://www.cdc.gov/healthyplaces/health-topics/physactivity.htm>

² Bracken, Carroll, Gallatin, Owen and Pendleton counties.

³ Adams, Brown, Clermont and Highland counties.

Percentage of adults reporting excellent, very good or good availability of recreation facilities



7 in 10 Greater Cincinnati adults report good availability of recreation facilities in their neighborhood ...



... but only 3 in 10 Greater Cincinnati adults report visiting a recreation facility in their neighborhood at least once a week.



Availability of recreation facilities also varies by poverty status, health status and education level. Adults living at or below 100% of the Federal Poverty Level (FPL) report less availability than adults living between 100% and 200% FPL or above 200% FPL.⁴ People with more education and those who report better health are more likely to report good access to recreation facilities.

One-third of adults visit neighborhood recreation facilities weekly or more

Though 74% of residents report good availability of recreation facilities, only 3 in 10 Greater Cincinnati adults (31%) report visiting a recreation facility in their neighborhood at least once a week. About 2 in 10 (18%) report visiting once or twice a month. Three in 10 (28%) visit a few times a year or seldom and 2 in 10 (23%) report never visiting.

Majority reports safe sidewalks or shoulders in community

CHSS also asked about sidewalks and shoulders. Because walking is the most popular form of physical activity,⁵ safe and accessible sidewalks or shoulders are important for a healthy community.

Nearly 7 in 10 Greater Cincinnati adults (68%) report having sidewalks or shoulders in their community that allow for safe walking, jogging or biking. This remains stable from the 2010 CHSS (69%).

Residents in the core of our region⁶ are more likely than residents in outlying counties to report having access to quality sidewalks and shoulders.

Percentage of adults reporting excellent, very good or good availability of recreation facilities

By income



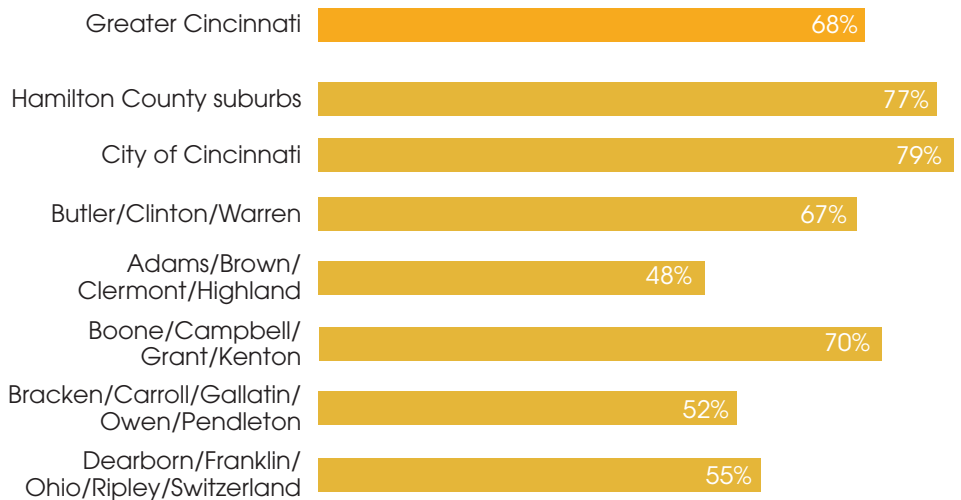
By education



By health status



Percentage of adults who report having sidewalks or shoulders in their community that allow for safe walking, jogging or biking



⁴ The federal poverty level in 2012 was \$23,050 for a family of four; 200% FPL was \$46,100.

⁵ For more information on walking, visit <http://www.cdc.gov/vitalsigns/Walking/>

⁶ City of Cincinnati, Hamilton County suburbs, Boone, Campbell, Grant and Kenton counties.



Mental and emotional health of Greater Cincinnati adults

According to the U.S. Surgeon General, mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively and make meaningful contributions to their communities.¹ Mental and emotional well-being is one of the seven priority areas of the National Prevention Strategy.²

The Greater Cincinnati Community Health Status Survey (CHSS) asked several questions about mental and emotional well-being.

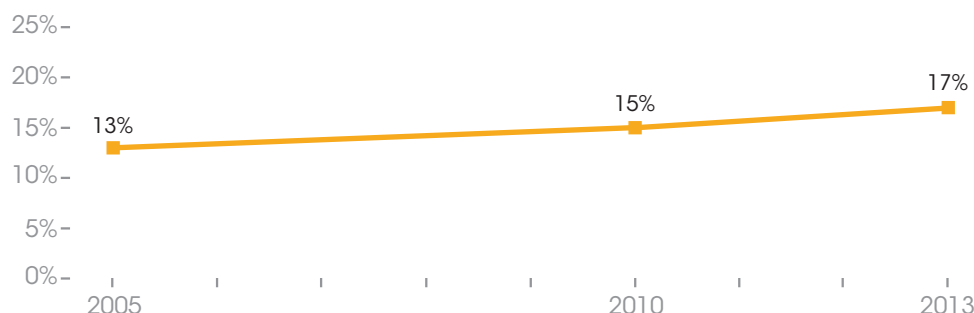
Adults reporting poor mental health increasing

CHSS asked, “Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?” Overall, nearly 2 in 10 adults in Greater Cincinnati (17%) said their mental health was not good for 14 or more of the past 30 days. This percentage has steadily increased from 13% in 2005, the first year it was measured by CHSS.

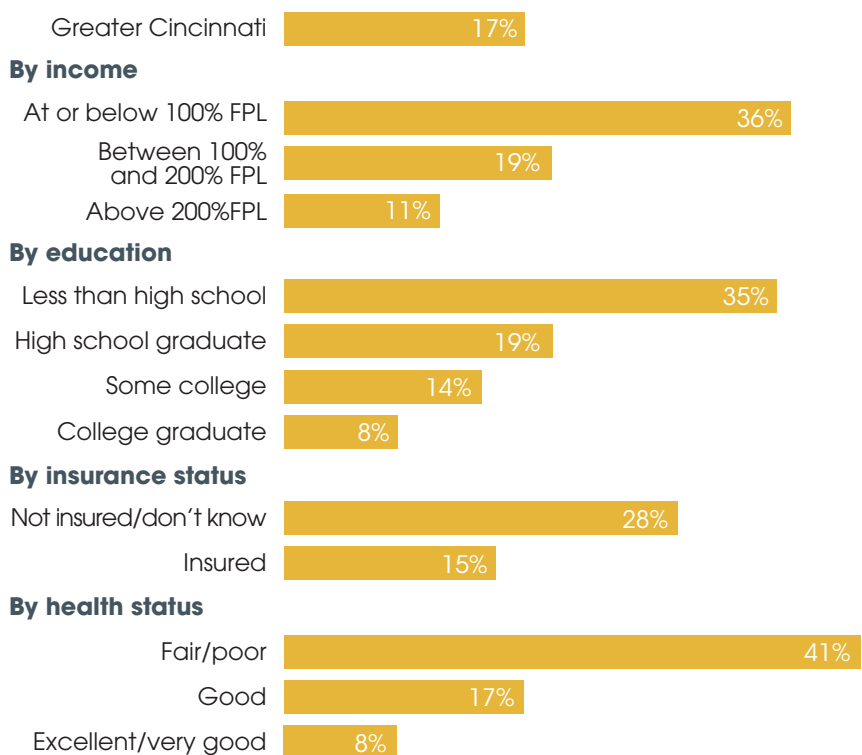
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¹ www.surgeongeneral.gov/initiatives/prevention/strategy/mental-and-emotional-well-being.html
² www.surgeongeneral.gov/initiatives/prevention/strategy/

Percentage of adults reporting that their mental health was not good 14 or more days in past 30 days



Percentage of adults reporting that their mental health was not good 14 or more days in past 30 days (2013)



Poor, less educated, uninsured, less healthy adults more likely to report poor mental health

CHSS found that those who lived in poverty, were less educated, uninsured or in poor health were much more likely to report that their mental health was not good for 14 or more of the past 30 days. Adults living at 100% or less of the Federal Poverty Level (FPL)³ were three times more likely (36%) than adults living above 200% FPL (11%) to report this.

Similarly, adults with less than a high school education (35%) were more than four times as likely as college graduates (8%) to report 14 or more days of poor mental health. Uninsured adults (28%) were almost twice as likely as insured adults (15%) to report this, while adults in fair or poor health were more than five times as likely (41%) as those in excellent or very good health (8%) to say this.

Depression diagnoses rise; rate higher than nation's

Since 1999, CHSS has asked “Has a doctor or healthcare provider ever told you that you had depression?” The rate rose sharply from 14% in 2005 to 21% in 2010 and has continued to rise. In 2013, 23% of Greater Cincinnati adults said they had been told they had depression. This compares with 18% of adults nationwide in 2012, the most recent year for which data are available.⁴

Women (29%) are nearly twice as likely as men (16%) to report a depression diagnosis. This is similar to the nation.⁵

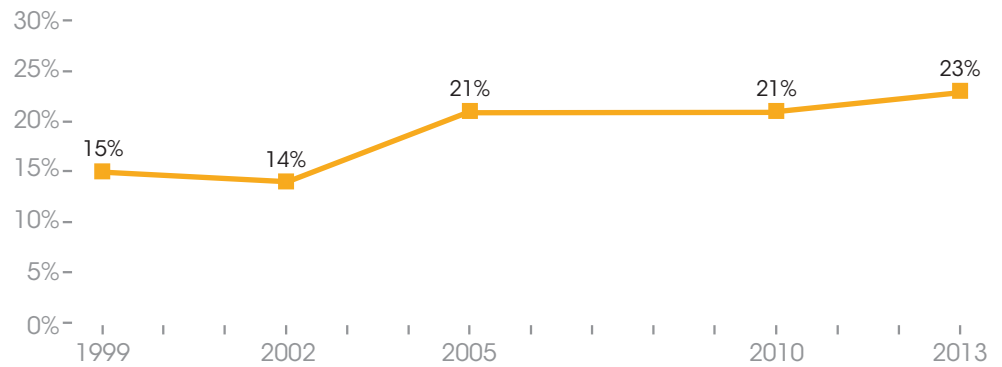
Adults living in poverty, with less education, without health insurance or in fair or poor health were much more likely to report having been diagnosed with depression. (See graph above.)

³ The federal poverty level in 2012 was \$23,050 for a family of four; 200% FPL was \$46,100.

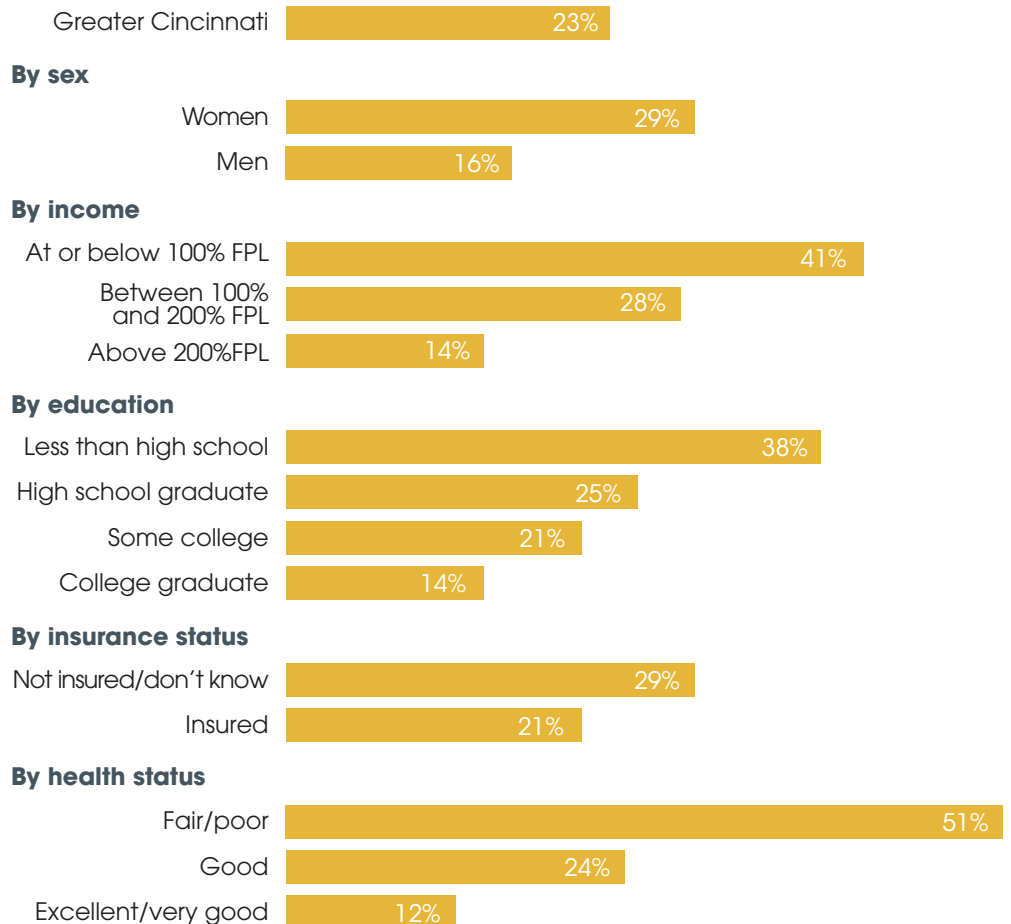
⁴ National data are from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS): <http://apps.nccd.cdc.gov/brfss/display.asp?cat=CH&yr=2012&qkey=8441&state=UB>

⁵ <http://www.ncbi.nlm.nih.gov/pubmed/10404710>

Percentage of adults reporting they had ever been told that they had depression



Percentage of adults reporting they had ever been told that they had depression (2013)



Half of area adults calm and peaceful all or most of the time; few often downhearted and blue

Since 1999, CHSS has asked three questions about how respondents felt during the previous four weeks:

- “How much of the time have you felt calm and peaceful?”
- “How much of the time did you have a lot of energy?”

- “How much of the time did you feel downhearted and blue?”

Regional trends in all these measures have remained stable since 1999.

In 2013, about 5 in 10 area adults (51%) reported being calm and peaceful all or most of the time. Nearly 4 in 10 adults (39%) reported having a lot of energy all or most of the time. More than 7 in 10 adults (73 percent)

Continued on next page

Percentage of adults who reported:



Being calm and peaceful all or most of the time

Greater Cincinnati 51%



Having a lot of energy all or most of the time

39%



Being downhearted and blue little or none of the time

73%

By income



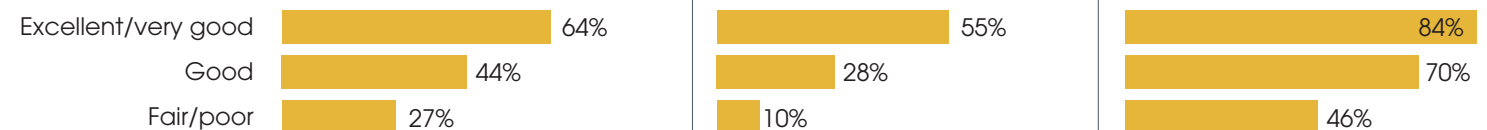
By education



By insurance status



By health status



reported that they felt downhearted and blue little or none of the time.

However, as with other mental health measures, the results varied by income, education and health status. Adults living above 200% FPL were much more likely than those living at

or below 100% FPL to report:

- being calm and peaceful all or most of the time (55% vs. 38%)
- having a lot of energy all or most of the time (43% vs. 30%)
- being downhearted and blue little or none of the time (82% vs. 54%)

Education and health status also affected how people reported feeling calm and peaceful, having a lot of energy or feeling downhearted and blue. College graduates and those reporting excellent or very good health were much more likely to report positive feelings.



September 2014

Oral health varies by income and education level, location

According to the 2013 Greater Cincinnati Community Health Survey (CHSS), about 3 in 4 adults (76%) in Greater Cincinnati report that the condition of their mouth and teeth, including false teeth and dentures, is good or very good. This percentage has remained stable since 2005, but is lower than the 79% who reported good or very good oral health in 2002.

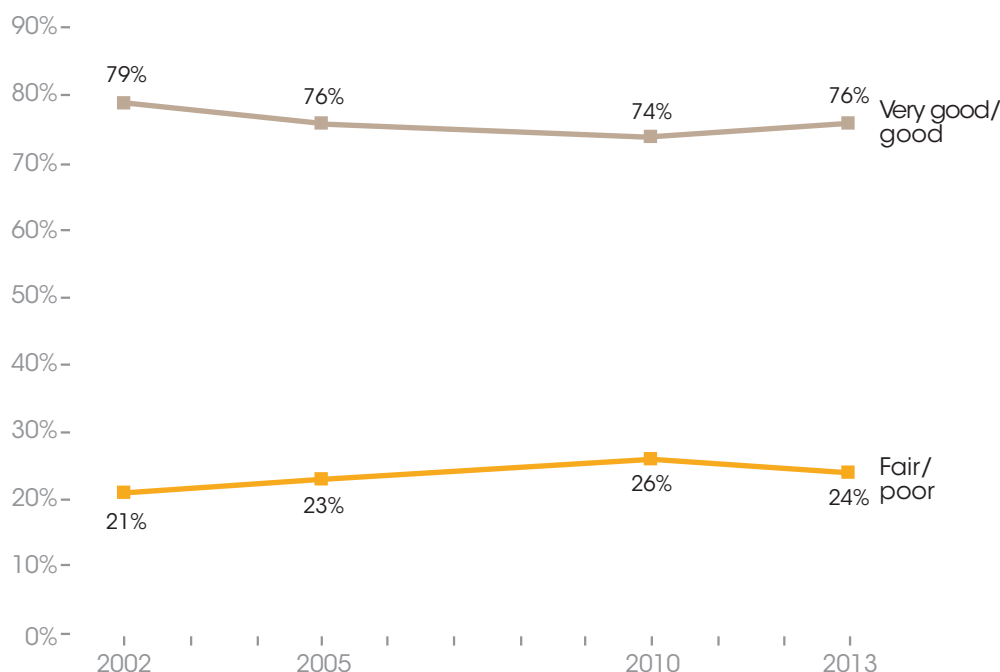
Poorer, less educated adults more likely to report poor oral health

Adults with lower income are much more likely to report that they have poor oral health. About 5 in 10 Greater Cincinnati adults (51%) living at or below 100% of the Federal Poverty Level (FPL)¹ report fair or poor oral health. Only 3 in 10 adults (28%) living between 100% and 200% FPL and about 1 in 10 adults (14%) living above 200% FPL report fair or poor oral health.

Poor oral health is also more likely among adults with less education. Five in 10 adults with less than a high school diploma (47%) report fair or poor oral health. This compares with 3 in 10 high school graduates (29%)

¹ The Federal Poverty Level (FPL) in 2012 was \$23,050 for a family of four; 200% FPL was \$46,100.

Percentage of adults reporting that their mouth and teeth, including false teeth and dentures, were in very good/good or fair/poor condition



and only 1 in 10 college graduates (10%).

White Appalachians, African Americans report poorer oral health

About 3 in 10 African-American adults (32%) and White Appalachian adults (31%) report fair or poor oral health. This compares with only 2 in 10 White non-Appalachian adults (19%).

Rural Kentucky adults more likely to report poor oral health

Reported oral health varies across our region. Adults in rural Kentucky counties² (36%) are most likely to report fair or poor oral health, followed by adults in rural Ohio counties³ (28%), the City of

Continued on back

² Bracken, Carroll, Gallatin, Owen and Pendleton counties.

³ Adams, Brown, Clermont and Highland counties.

Cincinnati (28%), and urban Kentucky counties⁴ (26%). Only 23% of adults in Hamilton County suburbs and Indiana counties⁵ report fair or poor oral health. The percentage in Indiana declined from 32% in 2010. In Butler, Clinton and Warren counties, only 19% of respondents report fair or poor oral health.

3 in 10 adults delayed or did not get dental care

Among Greater Cincinnati adults, 32% report that sometime in the past 12 months they thought they needed dental care but did not get it or delayed getting it. This percentage is about the same as in 2010 (31%), but has been rising since 1999.

Adults with poorer oral health more likely to delay dental care

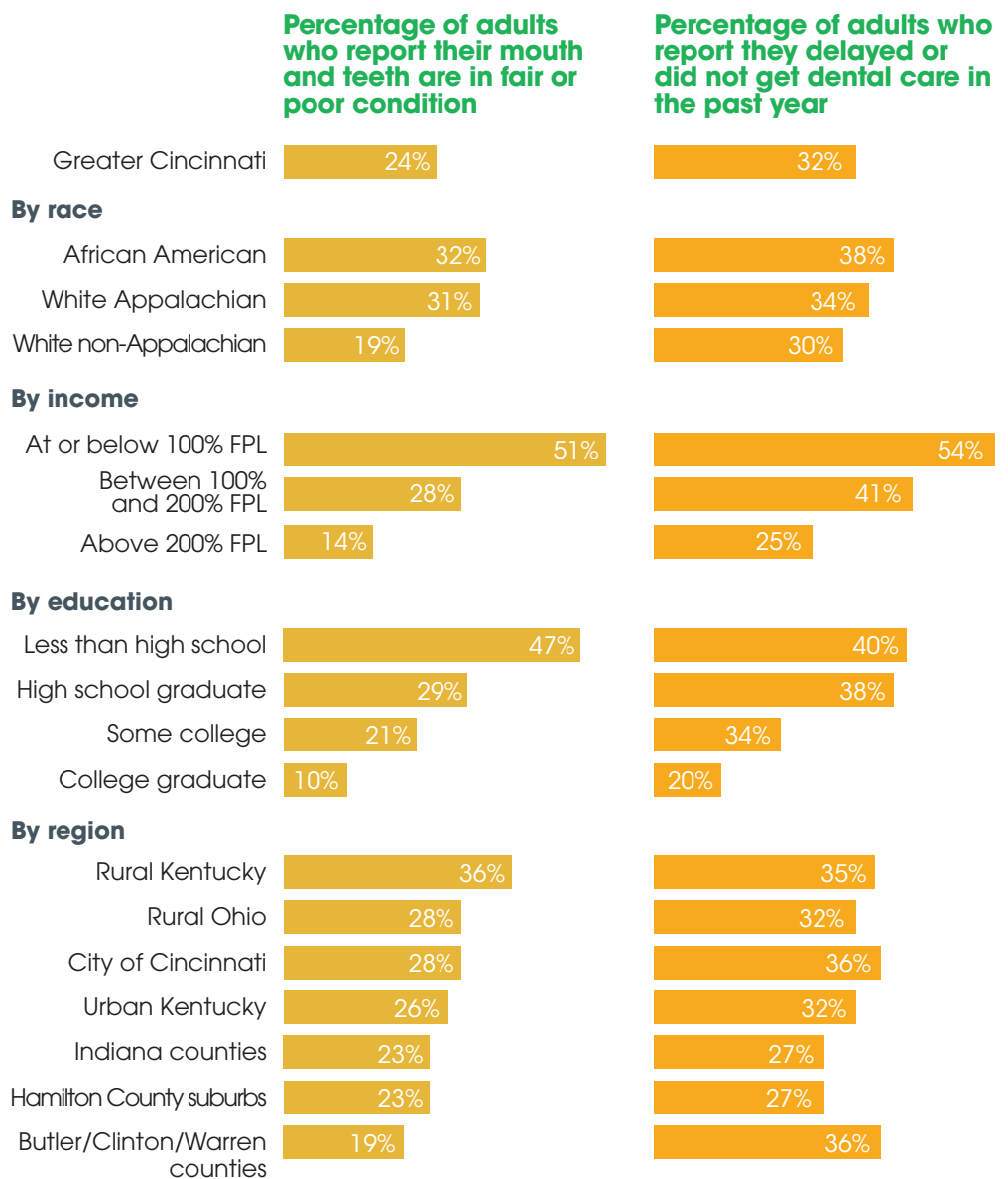
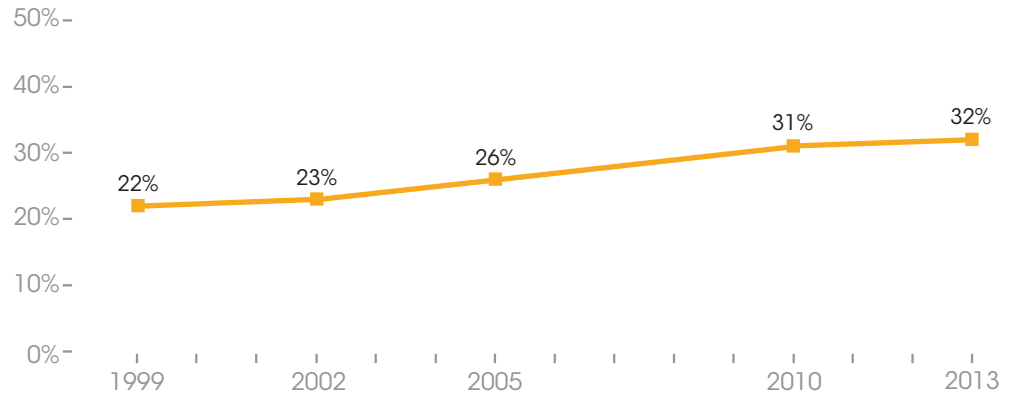
Many of the same groups that report fair or poor oral health are also more likely to report delaying dental care in the past year. These include:

- **Low-income adults:** More than half of adults living below 100% FPL (54%) report delaying dental care, compared with only one-quarter of adults living above 200% FPL (25%).
- **Adults who are not White non-Appalachians:** Both African Americans (38%) and White Appalachians (34%) are more likely than White non-Appalachians (30%) to report delaying dental care.
- **Less-educated adults:** 4 in 10 adults with a high school diploma (38%) or less (40%) report delaying dental care, compared with only 2 in 10 adults (20%) with a college degree.

⁴ Boone, Campbell, Grant and Kenton counties.

⁵ Dearborn, Franklin, Ohio, Ripley and Switzerland counties.

Percentage of adults who report that in the past 12 months there was a time they thought they needed dental care but did not get it or delayed getting it





September 2014

How adults rate the support offered in their communities

Social supports such as help with problems and access to resources and knowledge have been linked to better emotional and physical well-being. The Greater Cincinnati Community Health Status Survey (CHSS) asks adults if they agree with three statements about support in their communities:

- Living in my community gives me a secure feeling.
- People in my community know they can get help from the community if they are in trouble.
- People can depend on each other in my community.

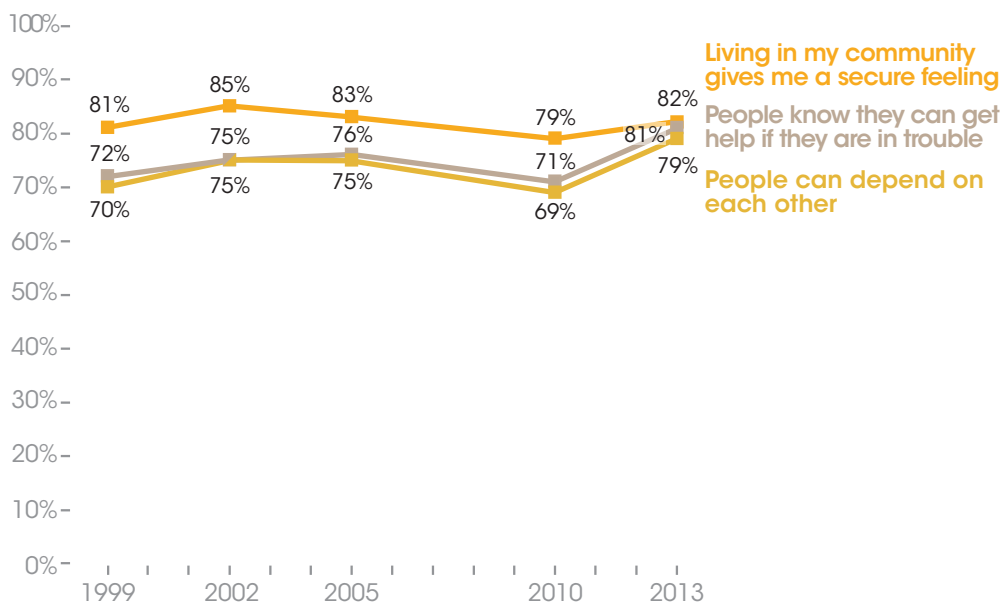
In general, large majorities of Greater Cincinnati adults say that their community is supportive. The percentage of positive responses for all three measures rose from 2010 to 2013.

Adults' feelings about their communities vary by group

While majorities of all groups say that their community is supportive, reported levels of support vary based on poverty status, race, education and geography.

- **Poverty status:** Adults living above 200% of the Federal

Percentage of Greater Cincinnati adults who reported they agreed with the following statements about their community (Graph presents the combined total of adults who said they agreed strongly, agreed somewhat, or leaned toward agreeing with the statement.)



Poverty Level (FPL) report having more social support in their communities than people living at or below 100% FPL or between 100% and 200% FPL.¹

- **Race:** Whites are more likely than African Americans to report having supportive communities. Adults who report a race other than African American or White report community support at a

rate similar to White adults.

- **Education:** Adults with more education report having more social support in their communities.
- **Geography:** Adults living in the Indiana counties of our region are most likely to report having supportive communities;² adults living in the City of Cincinnati are least likely to report this.

¹ The Federal Poverty Level (FPL) in 2012 was \$23,050 for a family of four; 200% FPL was \$46,100.

² Dearborn, Franklin, Ohio, Ripley and Switzerland counties.



Most adults rate own homes, neighborhood housing highly

The home and community in which a person lives can affect all aspects of health. Houses in poor condition may increase the risk of injury or exposure to environmental hazards. The Greater Cincinnati Community Health Status Survey (CHSS) asked adults about the condition of neighborhood housing and their own home.

8 in 10 adults rate housing in neighborhood well; responses differ by region

More than 8 in 10 Greater Cincinnati adults (84%) rated the condition of houses and apartments in their neighborhood as excellent, very good or good. But responses varied by region.

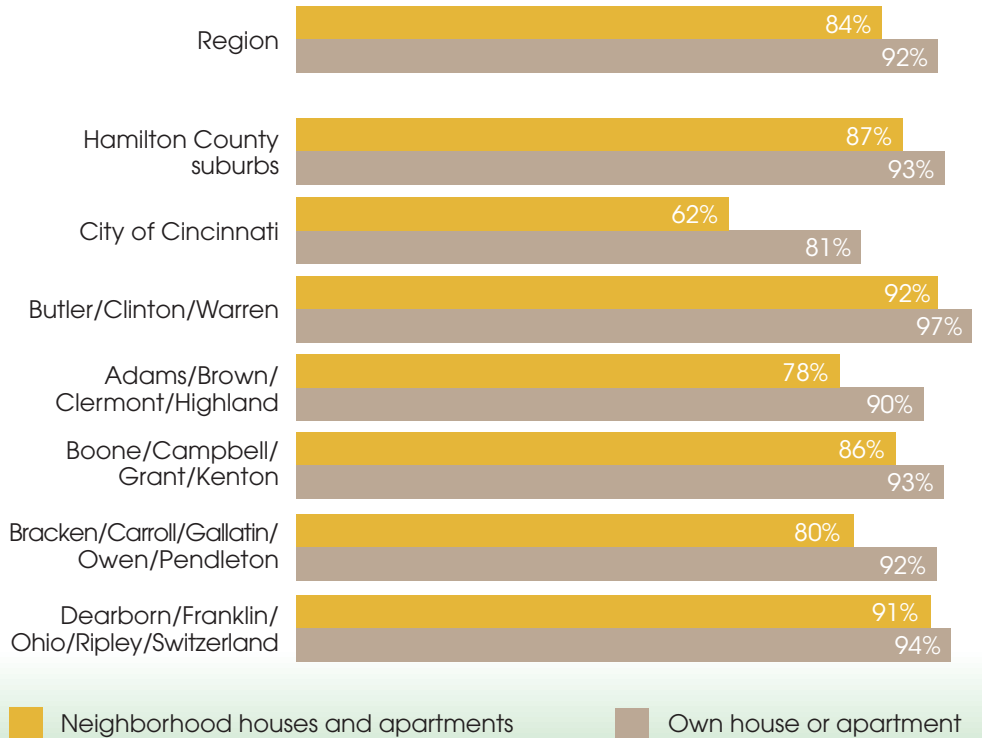
Residents of Butler, Clinton and Warren counties in Ohio (92%) and the region's Indiana counties (91%)¹ were most likely to rate neighborhood housing as excellent, very good or good. This compares with 62% of City of Cincinnati residents.

9 in 10 adults rate own home well; Cincinnatians give lower ratings

More than 9 in 10 Greater Cincinnati adults (92%) rated the condition of their

Continued on back

Percentage of adults who rate houses and apartments in their neighborhood or their own house or apartment as excellent, very good or good



¹ Dearborn, Franklin, Ohio, Ripley and Switzerland counties.

own house or apartment as excellent, very good or good. More than 90% of adults in all regions except the City of Cincinnati rated their own homes well. In the City of Cincinnati 81% of adults rated their own homes well.

African American adults less likely to rate own home, neighborhood homes well

Fewer than 7 in 10 African American adults (67%) rated the condition of houses and apartments in their neighborhood as excellent, very good or good. This compares with more than 8 in 10 White adults (85%). Likewise, fewer than 8 in 10 African American adults (78%) rated their own home as excellent, very good or good, compared with more than 9 in 10 White adults (93%). Home ownership may be a factor. Only 35% of African American households in the Cincinnati-Middletown Metropolitan Statistical Area (MSA)² are owned by the resident, compared with 74% of White households.³

Adults with more income, education more likely to rate homes highly

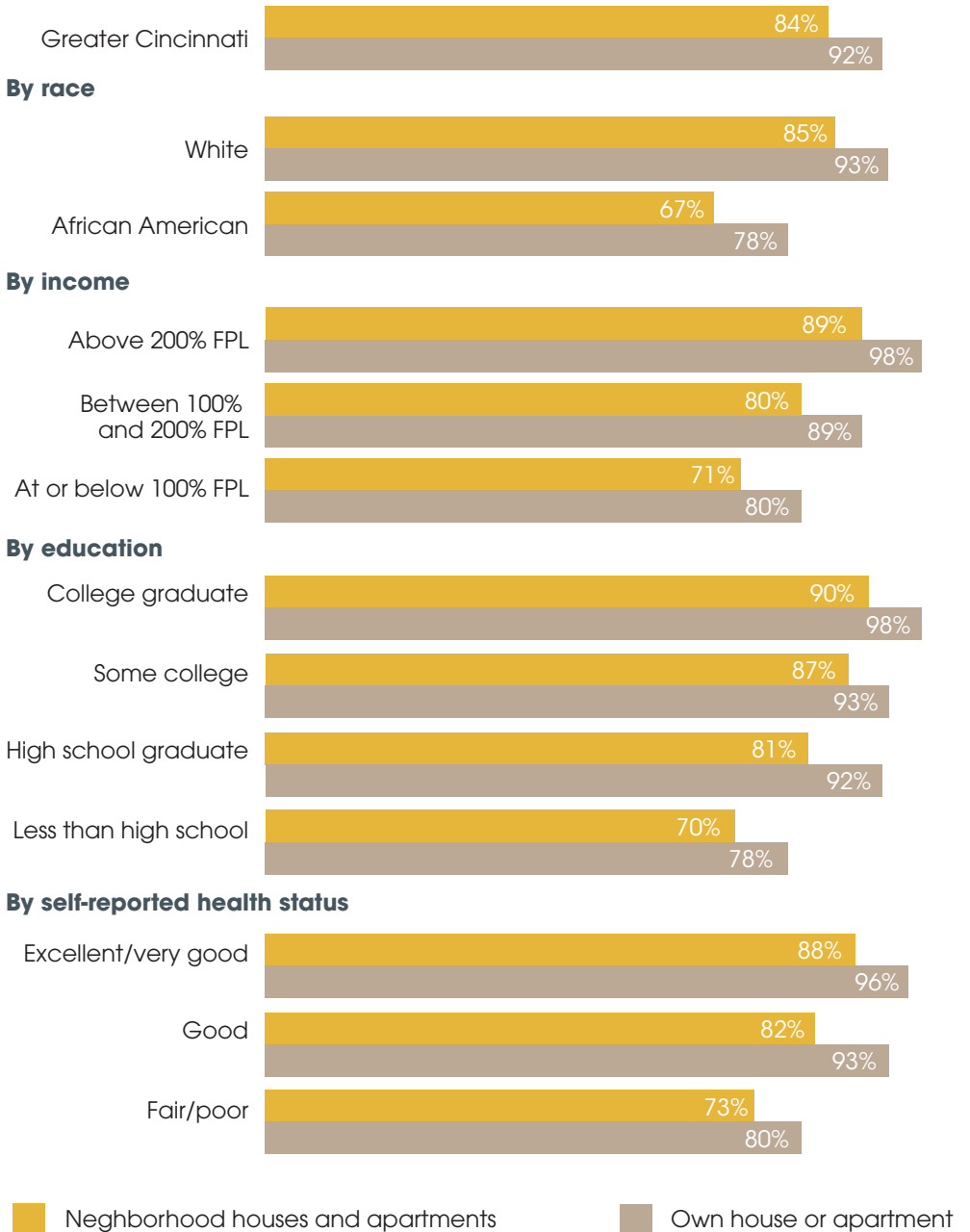
As income rises, the percentage of adults who rate neighborhood housing and their own home positively rises as well. Among adults living at or below 100% of the Federal Poverty Level (FPL)⁴, 71% rated neighborhood homes as excellent, very good or good; 80% rated their own homes this way. Among adults living above 200% FPL, 89% rated neighborhood homes highly, and 98% rated their own home highly. Similarly, as education increases so does the percentage of adults rating housing highly. (See graph.)

² The 15-county Cincinnati-Middletown MSA includes Brown, Butler, Clermont, Hamilton and Warren counties in Ohio; Boone, Bracken, Campbell, Gallatin, Grant, Kenton and Pendleton counties in Kentucky; and Dearborn, Ohio and Union counties in Indiana. This area is slightly smaller than the region covered by the CHSS.

³ American Community Survey, 2012 five-year estimates: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

⁴ The Federal Poverty Level (FPL) in 2012 was \$23,050 for a family of four; 200% FPL was \$46,100.

Percentage of adults who rate houses and apartments in their neighborhood or their own house or apartment as excellent, very good or good



Higher housing ratings linked to better health

Among adults who reported their own health as fair or poor, 73% rated neighborhood housing positively. This compares with 88% of adults who reported their own health as excellent or very good. Likewise, 80% of adults reporting fair or poor health rated their own home positively, compared with 96% of adults who reported excellent or very good health.



Greater Cincinnati adults report fewer healthy days

The World Health Organization defines health as "... a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity." This definition has not changed since it was developed in 1948.

The Centers for Disease Control and Prevention (CDC) created the Health-Related Quality of Life Index to measure a person's complete physical, mental and social well-being. One part of this index is the Healthy Days Measures. These estimate the number of days in the last month when a person's physical or mental health was not good.¹

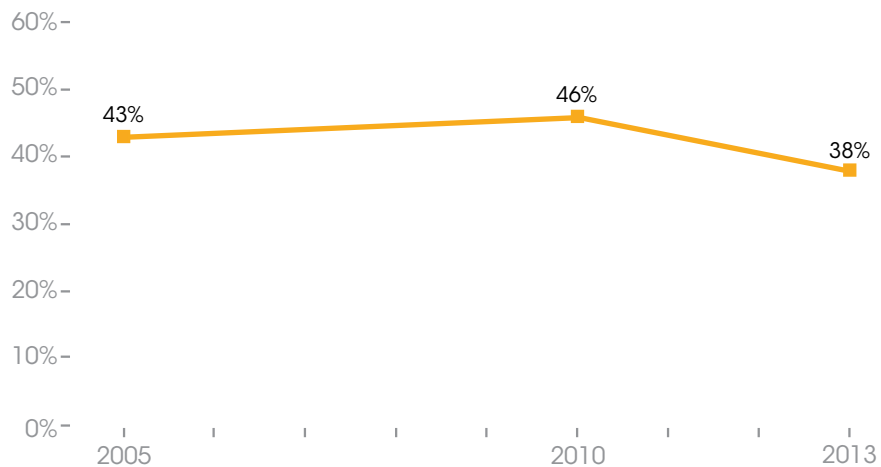
Number of unhealthy days experienced by adults rose in 2013

In 2013, fewer than 4 in 10 (38%) Greater Cincinnati adults reported that they had no physically or mentally unhealthy days in the past month. This is less than the nearly 5 in 10 (46%) adults who reported this in 2010.

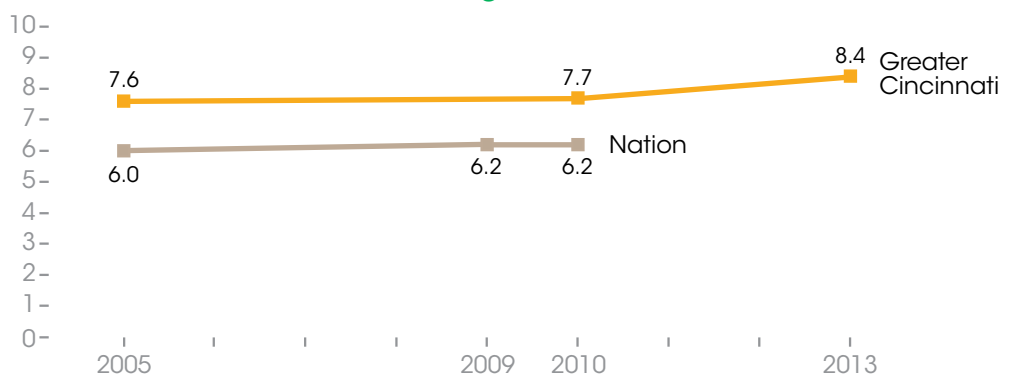
The number of unhealthy days experienced by an average Greater Cincinnati adult in the past month

¹ Physical health includes physical illness or injury. Mental health includes stress, depression or problems with emotions.

Percentage of adults reporting no physically or mentally unhealthy days in the past month



Average number of days in the past 30 days that adults felt their physical or mental health was not good



has increased since 2010. In 2013, the average number of unhealthy days per adult was 8.4. This is up from 7.7 days in 2010 and 7.6 days in 2005. This compares with 6.2 days per adult nationwide in 2010, the

most recent year for which data are available.²

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² National data are from the CDC's Health-Related Quality of Life Index: <http://apps.nccd.cdc.gov/HRQL/TrendV.asp?State=1&Category=1&Measure=5>

Uninsured, lower income, less educated adults more likely to report unhealthy days

Nearly 4 in 10 uninsured Greater Cincinnati adults (37%) reported 14 or more unhealthy days in the past month. That compares with more than 2 in 10 insured adults (24%).

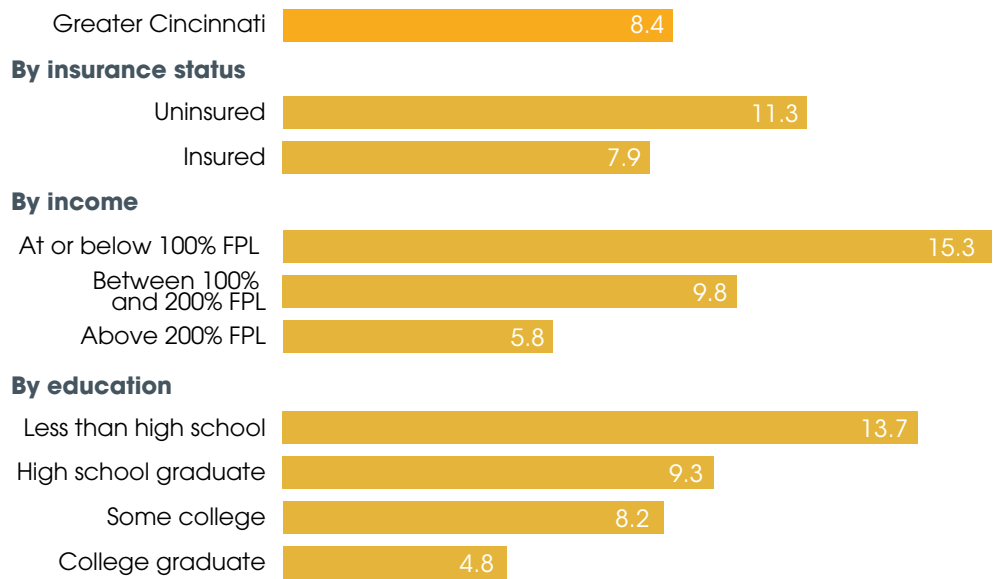
Among adults living at 100% of the Federal Poverty Level (FPL)³ or below, more than half (52%) reported at least 14 unhealthy days in the last month. This compares with 3 in 10 adults living between 100% and 200% FPL (31%), and fewer than 2 in 10 adults (16%) living above 200% FPL.

Only 1 in 10 college graduates (13%) had 14 or more unhealthy days, compared with 3 in 10 high school graduates (30%) and 5 in 10 adults without a high school diploma (47%).

Health limits usual activities for 1 in 4 adults

Another important aspect of health is how it affects usual daily activity. Among Greater Cincinnati adults, 26% reported that poor physical or mental health limited their usual activities, such as self-care, work or recreation, for at least one day during the previous month. More than 1 in 10 adults (11%) were limited for at least 14 or more days in the past 30 days.

Average number of days in the past 30 days that Greater Cincinnati adults felt their physical or mental health was not good



³The Federal Poverty Level (FPL) in 2012 was \$23,050 for a family of four; 200% FPL was \$46,100.

Alcohol consumption by adults in Butler County

About half of Butler County adults (52%) had at least one alcoholic drink in the month before the Greater Cincinnati Community Health Status Survey (CHSS). This is similar to Greater Cincinnati (52%) and the nation (55%).¹

These results also are similar to the results for 2010, when 55 percent of Butler County adults reported having at least one drink in the past 30 days.

One standard alcoholic drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of spirits or liquor.² Many cocktails and mixed drinks contain more than one standard drink of alcohol.

While drinking in moderation poses no or low risks for most adults,³ having more than one or two drinks per day increases the risk of health problems. Risky drinking takes one of two forms: heavy drinking, which is the steady

¹ National data are from the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), available at <http://apps.nccd.cdc.gov/brfss/>. The most recent year for national data is 2012.

² For more information on standard alcoholic drinks, please see www.cdc.gov/alcohol/faqs.htm#standDrink.

³ For more information on low-risk drinking, visit www.lowriskdrinking.com, developed by the Alcohol and Chemical Abuse Council in Butler County, or <http://rethinkingdrinking.niaaa.nih.gov>.

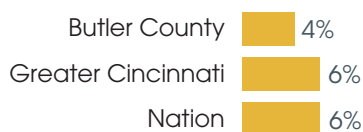
Percentage of adults who reported that they had at least one alcoholic drink in the last 30 days



Percentage of adults who reported binge drinking in the last 30 days (four or more drinks on one occasion for women, five or more drinks on one occasion for men)



Percentage of adults who reported that they drank heavily in the last 30 days (had more than an average of one drink per day for women or more than two drinks per day for men)



use of alcohol over time, or binge drinking, which is having four or five drinks or more on one occasion.

More than 1 in 4 Butler County adults reported binge drinking

Binge drinking is defined as five or more drinks on one occasion for men and four or more drinks on one

occasion for women. Besides causing health problems, binge drinking can impair decision-making, which can lead to motor vehicle accidents and other accidents and injuries. It can also lead to aggressive behavior and to being the victim of such behavior.⁴

Continued on back

⁴ For more information about binge drinking, see www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm.

More than 1 in 4 Butler County adults (26%) reported binge drinking in the month before the survey. This is higher than Greater Cincinnati (20%) and the nation (17%). (See graph on front page.) It is similar to the percentage of Butler County adults who reported binge drinking in 2010 (23%).

Most Butler County adults think binge drinking is harmful

Adults were asked “How harmful do you think it is for a person to consume five or more drinks of alcohol once or twice per week?” Seven in 10 Butler County adults (74%) said it is very or somewhat harmful. This is similar to the percentage of Greater Cincinnati adults who said binge drinking is harmful (73%).

Butler County women (84%) were more likely than men (63%) to say that drinking five or more drinks is harmful.

1 in 20 adults in Butler County reported heavy drinking

Heavy drinking is defined by the Centers for Disease Control and Prevention (CDC) as having more than an average of one drink per day for a woman and two drinks per day for a man.⁵ Heavy drinking over time is associated with medical problems such as liver, kidney and pancreas disease; cancers; ulcers and digestive problems; premature aging; memory and cognitive problems; and birth defects.⁶ About 1 in 20 adults in Butler County (4%) reported heavy drinking in the last 30 days. Butler County’s heavy drinking percentage is similar to that of Greater Cincinnati (6%) and the nation (6%). (See graph on front page.) The percentage of heavy drinkers in Butler County also was similar to 2010, when it was 7%.

⁵ For more information about heavy drinking, see www.cdc.gov/alcohol/faqs.htm#heavyDrinking.

⁶ For more information about the health effects of drinking, see <http://rethinkingdrinking.niaaa.nih.gov/WhatsTheHarm/WhatAreTheRisks.asp> or contact the Butler County Alcohol and Drug Addiction Services Board at 513-867-0777 or John Bohley jbohley@adasbc.org.



Mental and emotional health of adults in Butler County

According to the U.S. Surgeon General, mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively and make meaningful contributions to their communities.¹ Mental and emotional well-being has been identified as one of the seven priority areas of the National Prevention Strategy.²

The Greater Cincinnati Community Health Status Survey (CHSS) asked several questions about mental and emotional well-being.

2 in 10 Butler County adults report mental health was not good

CHSS asked, “Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?” Overall, nearly 2 in 10 Butler County adults (18%) said their mental health was not good

Percentage of adults reporting that their mental health was not good 14 or more days in past 30 days



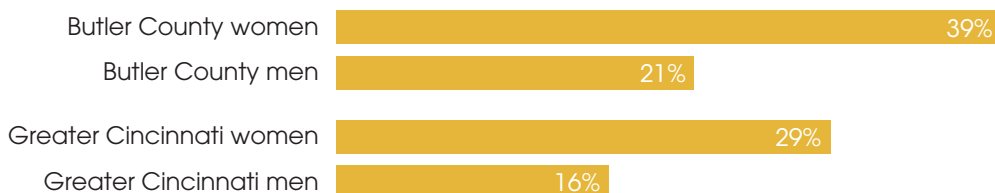
By sex



Percentage of adults reporting they had ever been diagnosed with depression



By sex



for 14 or more of the past 30 days. This is similar to Greater Cincinnati (17%) and to Butler County in 2010 (16%). Butler County women (24%) were twice as likely as men (12%) to report that their mental health was not good 14 or more days in the past 30 days.

Depression diagnoses in Butler County higher than region and nation

CHSS asked, “Has a doctor or healthcare provider ever told you that you had depression?” In 2013, 30%

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¹ www.surgeongeneral.gov/initiatives/prevention/strategy/mental-and-emotional-well-being.html

² www.surgeongeneral.gov/initiatives/prevention/strategy

of adults in Butler County said yes. This compares with 23% of Greater Cincinnati adults in 2013 and 18% of adults nationwide in 2012, the most recent year for which data are available.³ (See graph on front page.) In 2010, 26% of Butler County adults reported being diagnosed with depression, compared with 21% in Greater Cincinnati.

Butler County women (39%) are nearly twice as likely as men (21%) to report that they had ever been diagnosed with depression. This is similar to Greater Cincinnati and the nation.⁴

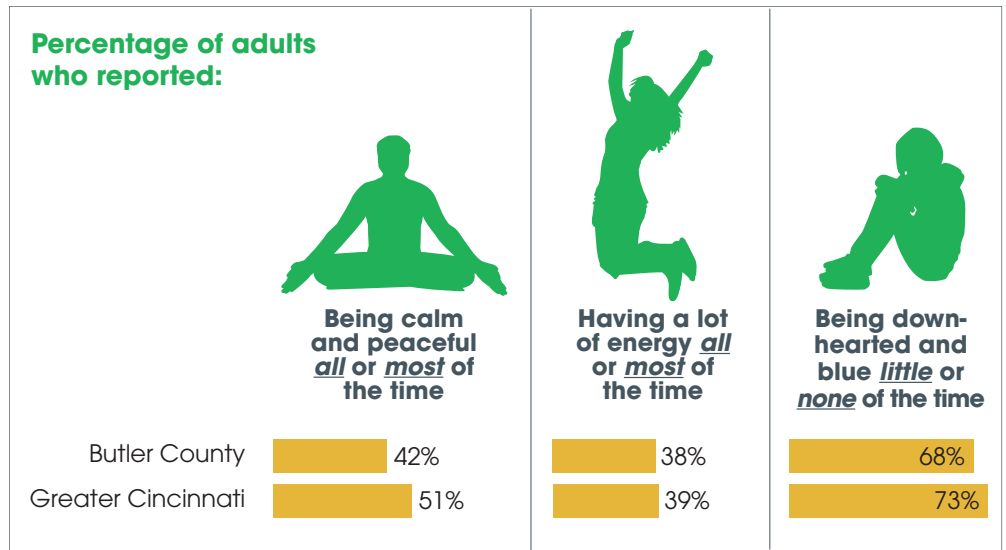
4 in 10 Butler County adults say they feel calm and peaceful all or most of the time

CHSS asks three questions about how respondents felt during the previous four weeks:

- “How much of the time have you

³ National data are from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS): <http://apps.nccd.cdc.gov/brfss/display.asp?cat=CH&yr=2012&qkey=8441&state=UB>

⁴ www.ncbi.nlm.nih.gov/pubmed/10404710



felt calm and peaceful?”

- “How much of the time did you have a lot of energy?”
- “How much of the time did you feel downhearted and blue?”

More than 4 in 10 Butler County adults (42%) reported being calm and peaceful all or most of the time. That compares with 5 in 10 Greater Cincinnati adults (51%). In 2010, 56% of Butler County adults reported feeling calm and peaceful all or most of the time.

Nearly 4 in 10 Butler County adults

(38%) reported having a lot of energy all or most of the time, down from 44% in 2010. Among Greater Cincinnati adults, 39% reported feeling a lot of energy all or most of the time in 2013, compared with 45% in 2010.

Nearly 7 in 10 Butler County adults (68%) said they felt downhearted and blue little or none of the time. In 2010, 73% of Butler County adults said they felt downhearted and blue little or none of the time. Butler County was similar to Greater Cincinnati in both 2013 and 2010.