



# OUR HEALTH, OUR OPPORTUNITY

**UNLOCKING POSSIBILITIES FOR A HEALTHY,  
THRIVING GREATER CINCINNATI**

**INTERACT  
FOR HEALTH**

**September 2024**



# EVERY PERSON DESERVES THE OPPORTUNITY TO LIVE THEIR HEALTHIEST LIFE.



Yet in our region—the Greater Cincinnati area and surrounding counties—underlying problems present significant barriers to health and well-being. Inequities, such as economic injustice, systemic racism, and other forms of marginalization, shape the experiences of some groups. This leads to wide disparities between different places and the health of the people who live in them.

**To achieve our region's potential for health and well-being, we, as a community, must commit to [advancing health justice](#). That means changing systems so that community conditions promote good health and so no group is exposed to environments that undermine health or well-being.**



Greater Cincinnati is home to 2.4 million people of various races, incomes, geographies, abilities, religions, political affiliations, sexual orientations, and so on.

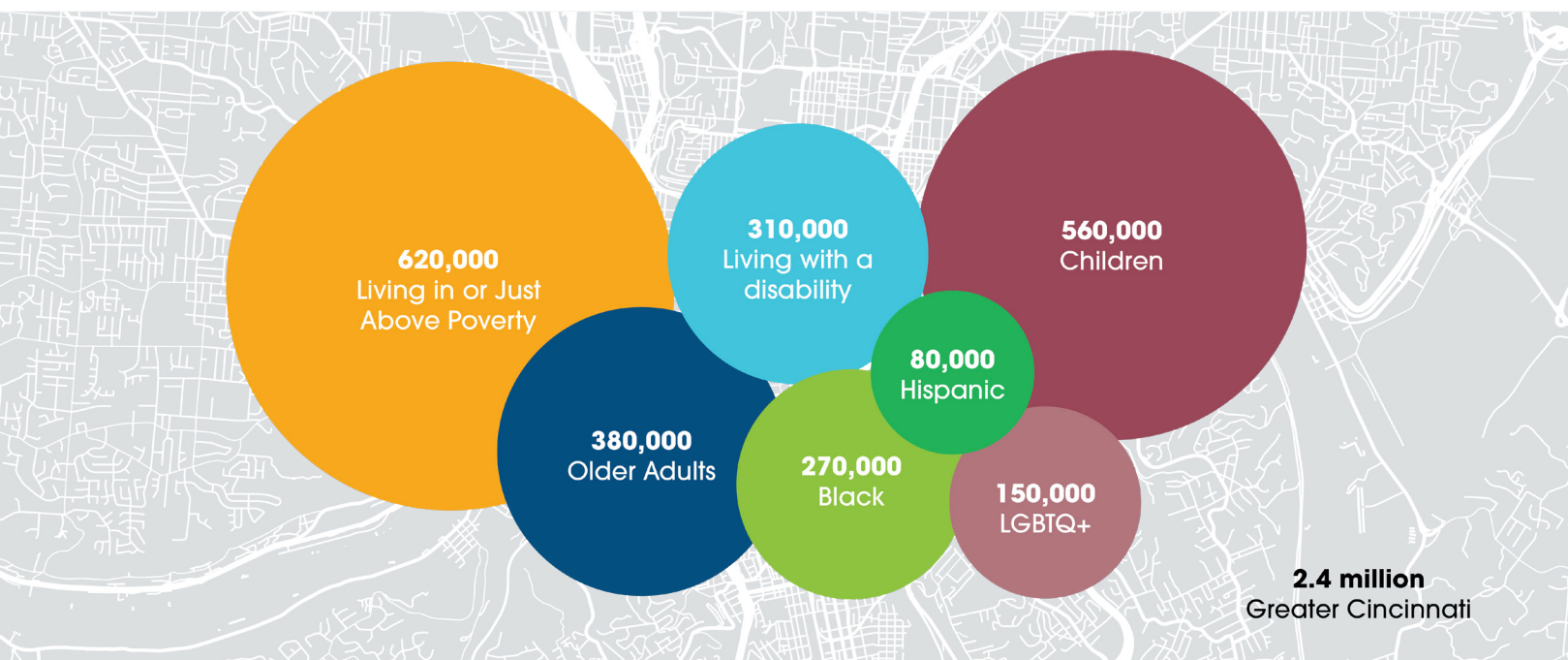


Figure 1. U.S. Census Bureau (2018-2022) ACS 5-Year Estimates; Interact for Health (2022) Community Health Status Survey.

**We are different—and yet we are the same.** (Fig. 1)<sup>1,2,3,4</sup> We have a shared humanity and deserve dignity, health, and well-being. The data shared in this report represents the experiences and challenges we have, collectively and individually, as people. The meaning we make from these numbers can encourage us to think of people facing health injustice as our neighbors—or as strangers.

## What are your hopes & dreams for a thriving community?

These quotes were collected from community members throughout our region.

“

A thriving community, in my opinion, is one where there is a sense of **unity**, **support**, and **equality** among community members. It is a place where everyone feels included and has access to essential resources and opportunities.

- K

”

“

I would personally hope to see **more opportunities for everyone**. Whether that is job opportunities, education, housing, health, and so on. Just opportunities and equal access for everyone.

- J

”

“

I envision a society where everyone has the opportunity to succeed and where **mutual respect** and **understanding** drive communal and individual growth.

- JD

”

“

Having a safer community will make me feel more **stress-free**. And bring a safe place for my kids to be able to openly go outside, ride their bikes up and down the street, have a little bit more independence.

- E

”

“

To me, a thriving community looks like a place where there's **equal access to resources** for all people...**abundant green spaces** that are accessible to everyone...**affordable health care**...**excellent education**...**affordable housing**...community spaces with lots of resources, like libraries...community programs where community members can come and get to know one another.

- MA

”

“

I envision a world where individuals can freely indulge in outdoor activities and play, fostering a sense of **well-being** and **joy**.

- R

”

# The people living in this region have big hopes and dreams for the future.

To meet these hopes and dreams, we have to tackle the biggest barriers getting in our way:



Many in our region do not have the **vital conditions for good health** in the places where they live, learn, work, and play.



Systemic **racism and discrimination** remain prevalent.



**Social isolation** and loneliness are taking a toll on mental health, especially for young people.



Too many people feel **powerless to effect change** in their community.

## It's our community's health.

We have the power to improve it today and for generations to come.





## We want the opportunity to thrive where we live, learn, work, and play.

**M**any of the stories we often tell blame individuals for their poor health, ignoring the larger forces that shape people's daily lives and opportunities for good health. In actuality, what surrounds us shapes us. To reach our individual and collective potential, all people need vital conditions for good health in the places where they live, learn, work, and play. However, the systems, environments, and resources that support health are not equally—or fairly—available to all people or all places in our region.

**Place shapes health in many ways.** For example, some neighborhoods have plenty of places to get affordable, nutritious food—a vital condition for good health. Others are cut off from the supply of fresh produce, which increases the risk for developing a condition like heart disease, the leading cause of death in our region.<sup>5</sup> Place affects diet, which affects health.

Other aspects of the places where people live matter, too. The map on the next page shows one measure of differences from place to place: the social vulnerability levels by census tract (Fig. 2). The social vulnerability index is a composite measure of local resources, conditions, and stresses like unemployment, poverty, and crowded housing.<sup>6</sup> This index also accounts for people who have specific needs, such as people without vehicles, people with disabilities, older people, children, and people with limited English proficiency.

The social vulnerability index was designed to assist in planning for public health emergencies requiring evacuation. However, it also highlights areas with varying levels of resilience necessary when external stresses arise.

## Vital Conditions for Health

The **Vital Conditions for Health** are the building blocks all people and communities need to thrive and reach their full potential. Organized into seven categories, they are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems that shape our daily lives and opportunities for good health.

- 
**Humane Housing**
- 
**Meaningful Work & Wealth**
- 
**Basic Needs for Health & Safety**
- 
**Belonging & Civic Muscle**
- 
**Lifelong Learning**
- 
**Reliable Transportation**
- 
**Thriving Natural World**



# The Vital Conditions for Good Health

**Some areas in our community—particularly those in the urban center and rural periphery—are more vulnerable to external stresses than others.**

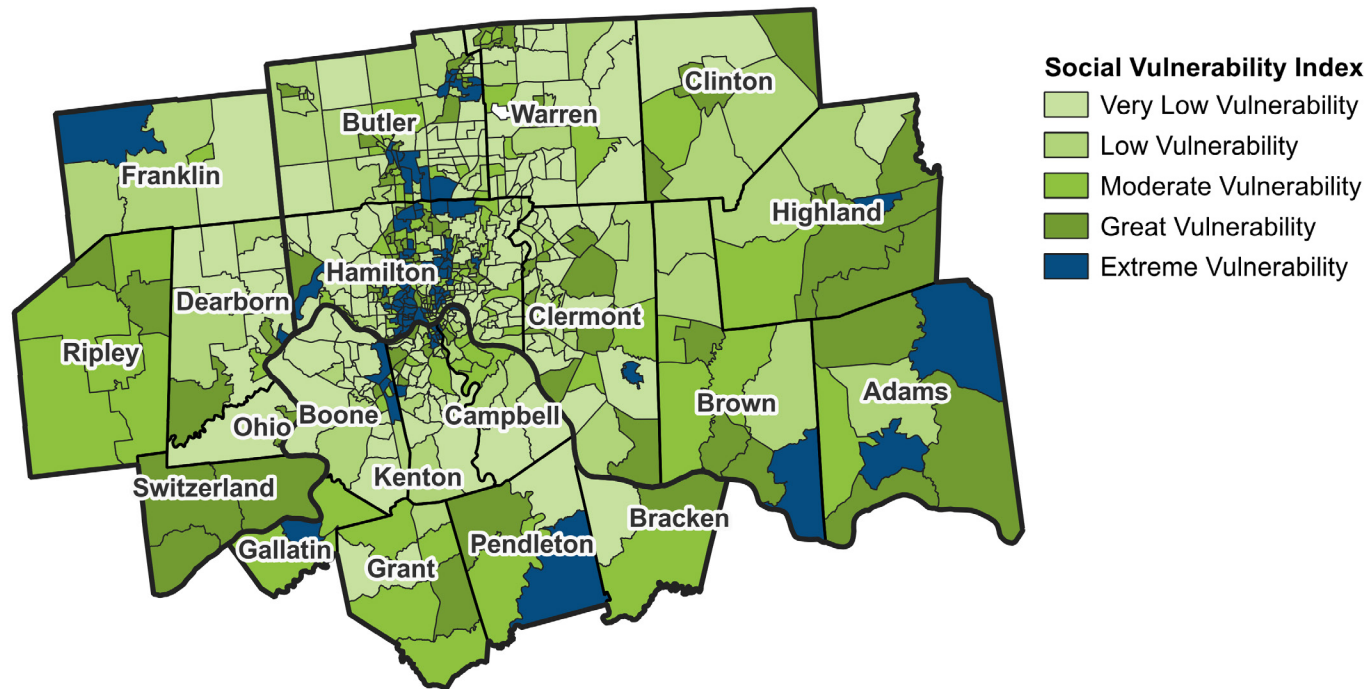



Figure 2. CDC (2022) CDC/ATSDR Social Vulnerability Index.

While the most vulnerable neighborhoods found in the urban center and rural periphery of our region may look quite different, residents experience similar struggles (Fig. 2. in blue).<sup>6</sup> What's more—few areas on this map are the lightest green color that suggest high levels of resilience, places that have the resources needed to prevent and manage adversity.



“

The problem I have right now is that my job... doesn't even pay me two grand a month, so how am I gonna pay my house and my car and my insurance?...The nearest large enough city to provide a stable income is 32 miles away.

- B, community member

Explore [data on the vital conditions for health in your community](#) and learn more about the [Social Vulnerability Index](#).

Differences in vital conditions across places in the region are connected to the health of the people living in those places. (Fig. 3)<sup>7,8,9,10,11</sup>

**Neighborhoods where people rate their own physical health the highest experience fewer barriers to many of the vital conditions for good health than those who rate their physical health lowest.**

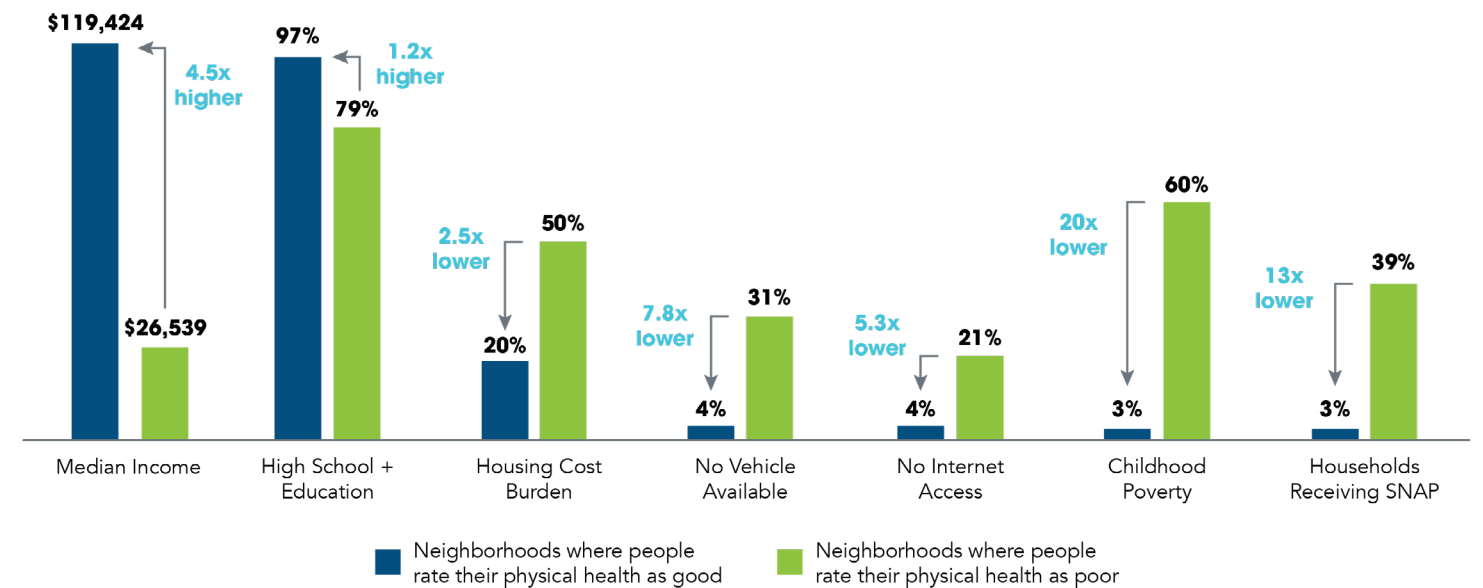


Figure 3. U.S. Census Bureau (2018-2022) ACS 5-Year Estimates

<sup>6</sup>Households are considered cost-burdened if they spend 30% of more of their monthly income on mortgage or rent

## CHANGE IS POSSIBLE

There is a place for every person, institution, and community to strengthen the vital conditions for health across our region. For example, addressing reliable transportation may open opportunities to jobs that pay a living wage, which in turn generates resources for housing, nutritious food, and health-care.

We must rethink the ways we have historically designed communities—and the laws that govern them. By intentionally redesigning our communities and laws to ensure that the vital conditions for health are in place for everyone, we can break down persistent barriers and build resilient communities where all people have the opportunity to thrive. Such solutions include:

- Support **locally led, proven public policies** that build healthier communities such as legal support for renters facing eviction, smoke-free indoor air, paid sick leave, complete streets, and public green space.
- Ensure **fair allocation of community resources and opportunities across neighborhoods** for health, such as public greenspaces like parks and trails, neighborhood capital improvements, and pothole repair. This is especially important for the health of neighborhoods where unfair barriers have resulted in less investment over time.
- Use **health impact assessments** across sectors—such as transportation, housing, education, and law enforcement—to consider the potential health and well-being effects of policy decisions on a community and systematically disadvantaged groups.



*The first [priority] for me is housing, because once you have a place to lay your head and you are not worried about where you are going to sleep, a lot of things fall into place, 'cause that's what a lot of families worry about.*

- D, community member

## STORIES of PROGRESS

Access to quality, affordable, and stable housing is a foundational need that has implications for individual and community health. Recognizing this, there has been a growing movement within the region to improve the conditions for those struggling with housing in our communities.

### CITY OF CINCINNATI

In late 2023, the City of Cincinnati passed an ordinance providing access to counsel for renters facing eviction in the city. The ordinance connects eligible renters with legal representation in eviction court and provides rent assistance to prevent some eviction filings entirely. These are both vitally important, as many renters are only one unexpected expense away from facing eviction and because tenants without legal representation are significantly more likely to lose their housing.

In just six months, **the program has provided \$600,000 in rental assistance and prevented numerous families from losing their homes and uprooting their lives.** As the movement continues to gain momentum, the City plans to provide additional services. For example, starting in September of 2024, tenants will have access to same-day legal representation.

### NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT

In 2023, the Northern Kentucky Area Development District (NKADD) released a **study** on the current and projected future state of housing in Northern Kentucky. Born out of workforce development initiatives, the study found a need for more than 1,300 housing units per year over the next five years to support expected economic growth. This outpaces current housing development by a wide margin, particularly for housing units affordable to families earning lower and middle incomes, a group that comprises about 60% of Northern Kentucky's workforce.

**Recognizing an opportunity to prevent a major economic and housing crisis, partners across Northern Kentucky are coming together in search of solutions.** While initiatives to address this issue remain in the brainstorming phase, the NKADD recently created a new Community Development Division. As part of its charge, this team will work to facilitate any new housing initiatives that arise in the region.



*Affordable housing is a must if we want our community to thrive. Many people are living paycheck to paycheck because expenses are increasing, but the wages are not and that's not fair to residents. Livable wages will also help the fact that there's so many people that cannot afford good, healthy foods to eat. I think if we tackle these things, we can help the overall community thrive and be a place people love to call home.*

- J, community member





**We want to be treated with dignity and respect, no matter who we are.**

**T**o achieve our region's potential for health and well-being, every person must be valued for who they are and treated with dignity. Racism, ableism, anti-LGBTQ+ bias, and other forms of discrimination have shaped the communities, institutions, and systems around us, often by design. When people are unfairly deprived of resources or opportunities, their financial, emotional, and physical health suffer—and the results can reverberate across generations. We can redesign our communities, institutions, and systems so that every person can be free from the burden of racism and discrimination and have the opportunity to live their healthiest life.

We may think of racism and other forms of discrimination as sets of individual beliefs or actions, but they are far more pervasive. Discrimination shows up in our lives in many ways—including in personal interactions, cultural and media representation, and our institutions and systems. We hear stories about marginalized groups in popular culture and on the news. We may have grown accustomed to unfair structures and policies. The reality is that these stories, structures, and policies play a major role in shaping the experience of many people in our communities, often unfairly advantaging certain groups over others.<sup>12</sup>

For generations, people of color were blocked, by law, from obtaining a quality education and jobs paying livable wages. These same people were also prevented from purchasing property or even living in neighborhoods with high-quality housing and access to nutritious food. **Over the years, these unfair practices and policies have resulted in families of color deprived of good health and the ability to earn and pass on intergenerational wealth.**<sup>13</sup>

**Racism and its generational effects are evident in our communities today.**



**Unfair housing practices** have shaped the design of our neighborhoods and resulted in racial segregation that persists today. This racial segregation has negatively impacted the **financial** health of our Black neighbors.

Check out **The State of Black Cincinnati** for an in depth look at the circumstances facing Black people in our region today.



Learn more about **The Structural Racism Effect Index** and explore how racism has affected your community.

# Freedom from Racism and Discrimination





**The Structural Racism Effect Index** measures how racism impacts our communities, taking into account housing, criminal justice, education, employment, income, social cohesion, transportation, and wealth.<sup>14</sup> **Neighborhoods in our region experience the effects of racism very differently.**

- » The highest concentration of problems rooted in structural racism are found in the few neighborhoods where Black residents were historically permitted to buy property and which remain majority-Black neighborhoods today.
- » The lowest concentration of problems rooted in structural racism are found in neighborhoods where, historically, Black residents were prohibited from purchasing property.

The effects of racism and discrimination can be seen in differences in opportunities and access to resources in our community. (Fig. 4)<sup>4,7,8,11</sup>

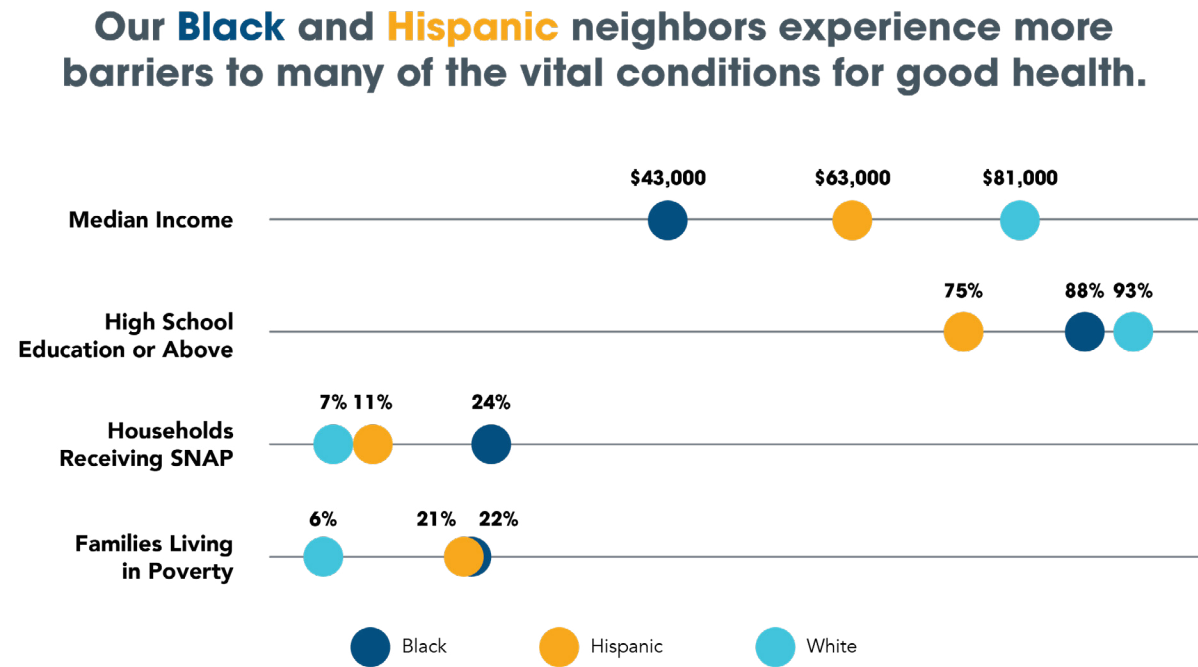


Figure 4. U.S. Census Bureau (2018-2022) ACS 5-Year Estimates

**When it comes to health, differences between groups are also the effect of discriminatory systems and policies.** For instance, the tobacco industry has a well-documented history of intentionally targeting certain groups such as people who are Black and Hispanic, people who identify as LGBTQ+, youth and young adults, and low-income communities.<sup>15,16</sup> Due to tobacco industry lobbying efforts, menthol—the preferred flavor of many in these groups—has been repeatedly exempted from laws on flavored tobacco products.<sup>17,18</sup> It turns out that menthol flavoring makes nicotine more addictive and makes it easier for people to start using tobacco products and harder to quit.<sup>19</sup>

“Clearly the sole reason for B&W’s interest in the black and Hispanic communities is the actual and potential sales of B&W products within these communities and the profitability of these sales...this relatively small and often tightly knit [minority] community can work to B&W’s marketing advantage, if exploited properly.”  
Brown & Williamson (B&W), a tobacco company, Sept. 7, 1984<sup>23</sup>

Other uneven policies allow tobacco companies to flood Black communities with discounts and ads that keep deadly tobacco products cheap and visible, whereas other communities are protected from targeted tobacco industry marketing.<sup>20,21,22,23</sup> The industry also uses unfair tactics like predatory advertising campaigns to popularize the idea that tobacco use is a normal part of **queer** culture.<sup>24,25</sup>

The tobacco industry’s playbook<sup>26</sup> is taking a toll on the health of these groups. (Fig. 5)

While there is no difference in the smoking rate between Black and white residents in the region, *Black residents are more likely to die from smoking-related diseases.*<sup>27,28</sup>

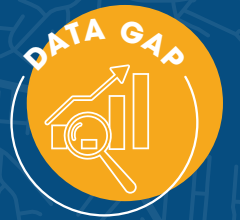
Smokers who are Black in the region are nearly *four times more likely to smoke menthol cigarettes than smokers who are white.*<sup>29</sup>

Nationally, LGBTQ+ folks, including adolescents, report using tobacco at higher rates than those who do not identify as queer.<sup>30</sup>

In our region, about twice as many LGBTQ+ adults (25%) report using e-cigarettes compared to straight adults (11%).<sup>31</sup>

Figure 5. CDC (2022) Smoking & Tobacco Use; CDC (2022) LGBTQ+ People Experience a Health Burden from Commercial Tobacco; Interact for Health (2018, 2022) Greater Cincinnati Adult Tobacco Survey

**These patterns aren’t random, and the communities experiencing these problems aren’t to blame. These disparities reflect the way our systems and institutions fail to work for marginalized groups and lead to troubling differences in health outcomes, differences that have been shaped by systemic racism and discrimination.** For example, Black and white residents in our region are diagnosed with cancer at about the same rate,<sup>32</sup> but Black residents are more likely to die from cancer. (Fig. 6)<sup>5</sup> Similarly, about the same percentage of Black and white adults in the region report that they have been diagnosed with at least one cardiovascular disease, but Black adults are 1.6 times more likely to die from heart disease before the age of 75 and about 2.6 times more likely before the age of 35. (Fig. 6)<sup>3,5</sup>



Our region’s Hispanic population is likely undercounted and underrepresented in traditional data systems, like the Census and local surveys. Unfair structural inequities—such as language barriers, documentation issues, and harmful rhetoric—hinder participation.<sup>33,34</sup> Improving the quality and representativeness of data will lead to a better understanding of the nuanced experiences and challenges our Hispanic neighbors face.



**LEARN MORE**



Cradle Cincinnati's report, *Because We Love Her: Fighting for Racial Equity in Maternal and Infant Health*, details the racial disparities in maternal and infant health in Hamilton County. On average, Black babies are 3x more likely than white babies to die before their first birthday.

**Black adults die at higher rates than white adults from many of the leading causes of premature death.**

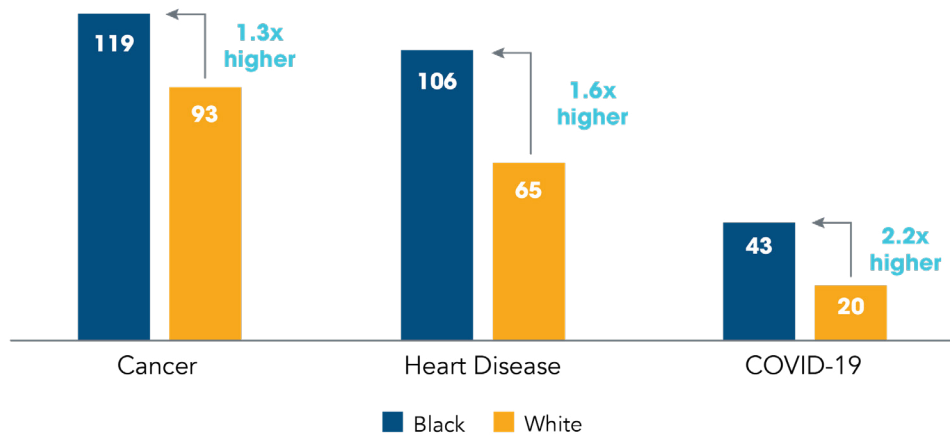


Figure 6. Premature death rate (before age 75) per 100,000 population. CDC Wonder (2015-2020) Underlying Cause of Death

**Experiences of racism and discrimination also have a direct impact on mental health.** Individuals who report experiencing discrimination in their daily lives are more likely to report problems with stress and feelings of loneliness, anxiety, and depression.<sup>35,36</sup> Nationally, about 8 in 10 students who identify as LGBTQ+ report feeling sad or hopeless all the time (78%) and more than half report seriously considering suicide (58%) and not being able to get the mental health care they needed (56%).<sup>37,38</sup> We see similar mental health disparities for LGBTQ+ adults in our region (Fig 7).<sup>3</sup>

**LGBTQ+ adults in the region are more likely to experience poor mental health and less access to care.**

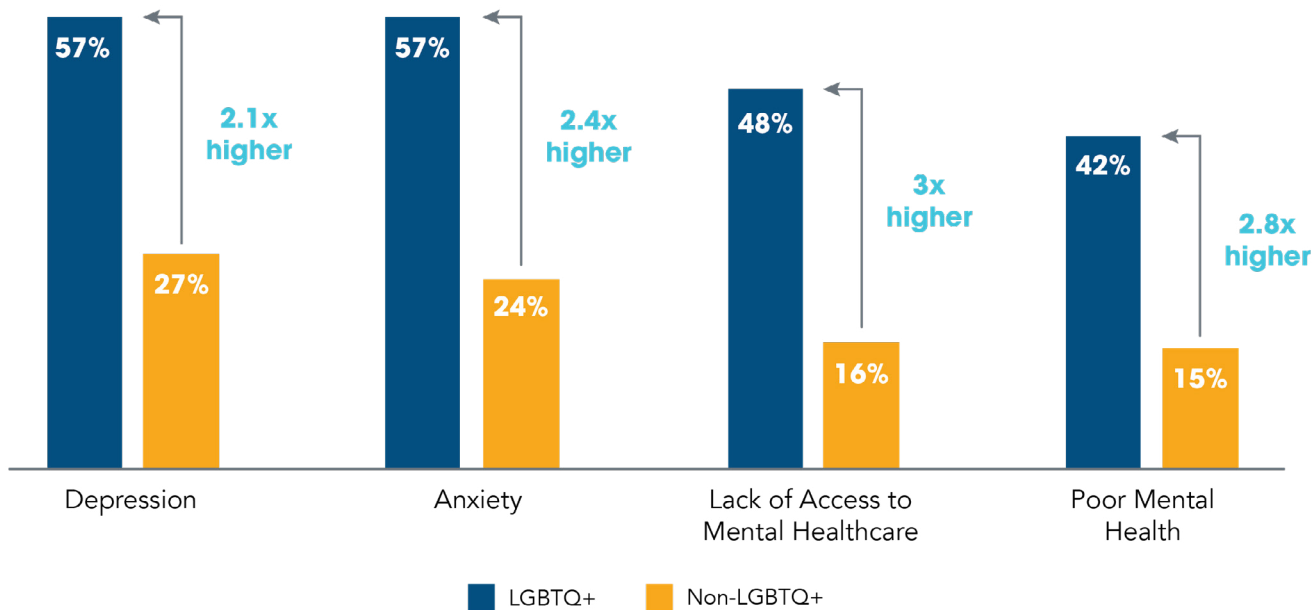


Figure 7. Percent of Greater Cincinnati adults reporting mental health indicators. Interact for Health (2022) Community Health Status Survey

**Harmful rhetoric and policies that attack, dismiss, or further marginalize our neighbors have hindered progress toward reaching our full health potential.** In 2023, a record number of anti-LGBTQ+ policies, more than 500, were introduced to state legislatures across the country.<sup>39</sup> This includes almost 40 bills which were introduced in Indiana, Kentucky, and Ohio (Fig. 8).<sup>40</sup> While many of these bills will not be passed into law, their introduction alone is harmful. Across the nation, queer young people report that the introduction of discriminatory anti-LGBTQ+ legislation makes their mental health worse.<sup>38</sup>

**The number of anti-LGBTQ+ policies introduced to state legislatures in Indiana, Kentucky, and Ohio was 7x higher in 2023 compared to 2018.**

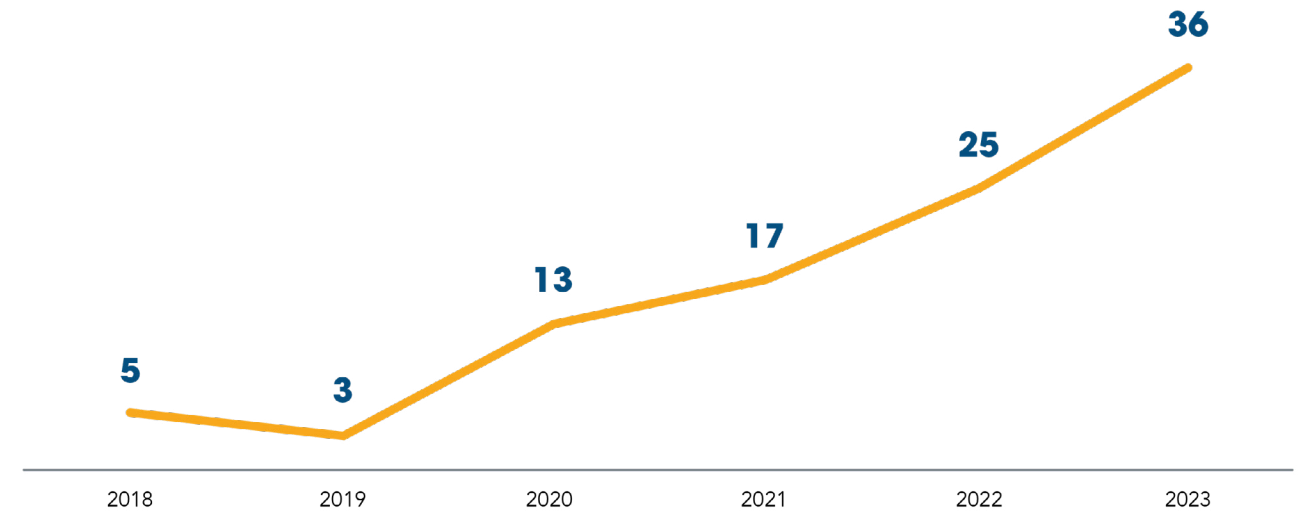


Figure 8. Number of anti-LGBTQ+ policies introduced in Indiana, Kentucky, and Ohio. ACLU (2024) Mapping Attacks on LGBTQ Rights in U.S. State Legislatures in 2024

**DATA GAP**

Data about the region's LGBTQ+ population is relatively scarce. The 2022 Community Health Status Survey offers a limited snapshot of the health of the LGBTQ+ community, with most data available only at the national level. Engaging with and learning about our LGBTQ+ neighbors will offer a more robust understanding of our community's health.

Examples of recent efforts to learn about the community include the LGBTQ+ Community Needs Assessments in **Greater Akron** and **Greater Cleveland** and the **2023 U.S. National Survey on the Mental Health of LGBTQ Young People**.

“ I think about our time here [as African Americans] in the United States, that inherent trauma of coming here as a slave... We're still dealing with so much, we're still hearing so much negativity about African American people, we're still viewed as – in my opinion – sub-human by a lot of people. ”

- SB, community member

## CHANGE IS POSSIBLE

Racism and other forms of discrimination are preventing our community from fully thriving. As a community, we can choose to reimagine our systems, institutions, and laws so that racism and discrimination no longer undermine health. If we do this, every person—no matter who they are—will be treated with the dignity and respect they deserve. Such solutions include:

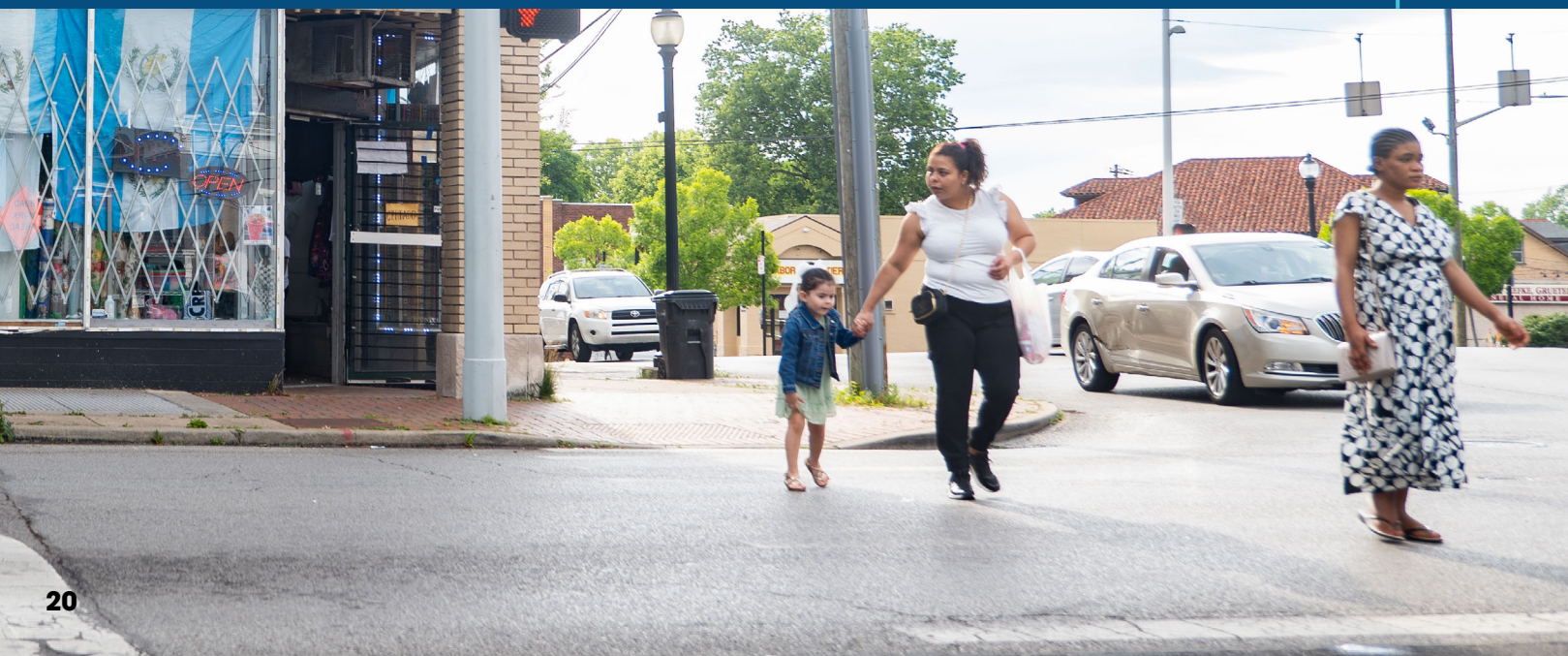
- Address **structural racism and discrimination in our institutions**—banking, education, criminal justice, housing, employment, and **healthcare**.
- Amplify the **historical and present-day stories and disaggregated data** that help us better understand the experiences, unique needs, and gaps in community conditions among groups that have been **historically overlooked in data collection** (e.g., people who identify as LGBTQ+, people with disabilities, and people of different races and ethnicities).
- Support **federal, state, and local** policies that **prohibit discrimination based on sexual orientation and gender identity** in areas such as employment, housing, credit, and public accommodations.

“

*In my [Hispanic] community...in the group I was working with, we conducted a survey [during the pandemic] and many said 'we are scared, but we have to work because if we don't we cannot care for ourselves and our immigrant families. We have to lock in our stress so we can fight for our lives.*

– M, community member

”



## STORIES of PROGRESS

Many communities and organizations in our region have taken on the issues of racism and discrimination directly. Addressing these issues can take many forms, from elevating the voices of and returning power to those most affected, to organizing and advocating, to passing policies that codify protections for historically discriminated groups.

### MAMA CERTIFIED

**Mama Certified**—a collective impact approach led by Cradle Cincinnati, Queens Village, and The Health Collaborative—aims to reduce racial health disparities by tackling the racist beliefs, structures, and policies in healthcare that have created unacceptable disparities in maternal and infant mortality. The maternal equity certificate program for Greater Cincinnati birthing hospitals is the first of its kind in the nation, by which Black parents-to-be can assess and understand the maternal equity-related efforts of local hospital networks.

Mama Certified directly addresses the effects of racism in our communities by sharing birthing hospital data and returning power and agency to Black families who are most impacted by poor birth outcomes. The initiative aims to increase accountability within hospitals, to improve the birthing experience, and increase transparency so Black families have the power to make informed decisions about their own healthcare. **While Mama Certified launched in early 2024, its impact on the community has been felt deeply.** Meredith Smith, Executive Director of Cradle Cincinnati, says Black moms have stated that while they used to feel fear when they got pregnant, they now feel empowered by the information they have.

### CITY OF DAYTON, KY

The City of Dayton in Northern Kentucky took a bold step toward fighting anti-LGBTQ+ discrimination through policy change. In 2019, Dayton became the 12<sup>th</sup> community in Kentucky and the 2<sup>nd</sup> in Northern Kentucky to pass a **Fairness Ordinance**, legislation that prevents discrimination in employment, housing, and public accommodations. The ordinance was widely supported by the community, including the local United Church of Christ, and passed city council unanimously.

While cities in Kentucky began passing Fairness Ordinances in 1999, progress slowed by the mid-2010s. **The City of Dayton recognized an opportunity to be a leader in this area, renewing and building momentum to prevent discrimination against queer residents across the Commonwealth.** Since Dayton passed this legislation, 12 other Kentucky cities, including nine in Northern Kentucky, have passed Fairness Ordinances of their own.



Photo Credit: Often Seen Rarely Spoken



We want to be seen and heard for who we are.

**C**ommunities thrive and people are healthier when we make room for all of us to fully belong. When we belong, we are deeply connected to others and the places around us.<sup>41</sup> We feel safe, supported, and seen—a stable foundation on which to build good overall health. However, social isolation and loneliness are taking a toll on mental health, especially for young people in our region.

Residents living in connected and supportive communities are empowered to take the steps they need to live healthy and fulfilling lives. When people are supported and can turn to those around them for advice or help, it can be easier to resolve life's problems. When neighborhoods are thoughtfully planned out and well-maintained—with good parks, well-lit streets, and inviting communal spaces—people are more likely to get to know each other. There are more opportunities to walk, talk, and laugh together.

**Connected and supportive communities directly impact our physical health.** Lack of social connection and isolation leads to an increased risk of dying early—even higher than the risk associated with behaviors like cigarette smoking, excessive alcohol use, and physical inactivity.<sup>41</sup> On the other hand, residents living in communities that they find supportive generally live longer and experience better overall health.<sup>41</sup>



The 2023 Surgeon General's Report, *[Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community](#)*, outlines the ways in which social connection and community affect overall health and well-being. The report also highlights troubling increases in social isolation, particularly in recent years.



# Belonging and Connection



**Unfortunately, many aspects of our communities are not as connected or supportive as they could be.** Nationally, division has increased and trust in our neighbors and institutions has decreased steadily over the past several years.<sup>41</sup> In the same period, people began spending less time interacting with family, friends, and neighbors and more time alone.<sup>41</sup> While these data are not available locally, a glimpse into the data that are available indicate that these national trends are likely happening here as well. (Fig 9,10)<sup>42,43</sup>

**The number of people in our region who live alone has been steadily increasing in the last decade.**

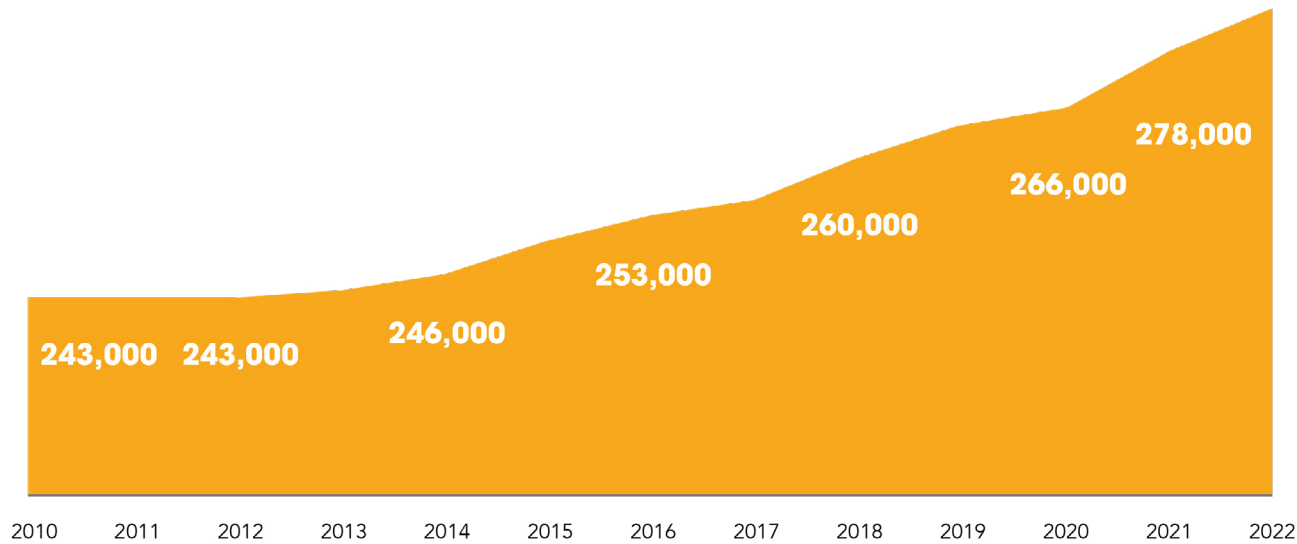


Figure 9. Number of Greater Cincinnati adults who live alone. U.S. Census Bureau (2018-2022) ACS 5-Year Estimates

**Memberships to civic, religious, recreational, and professional organizations have steadily decreased, both in the region and in the nation.**

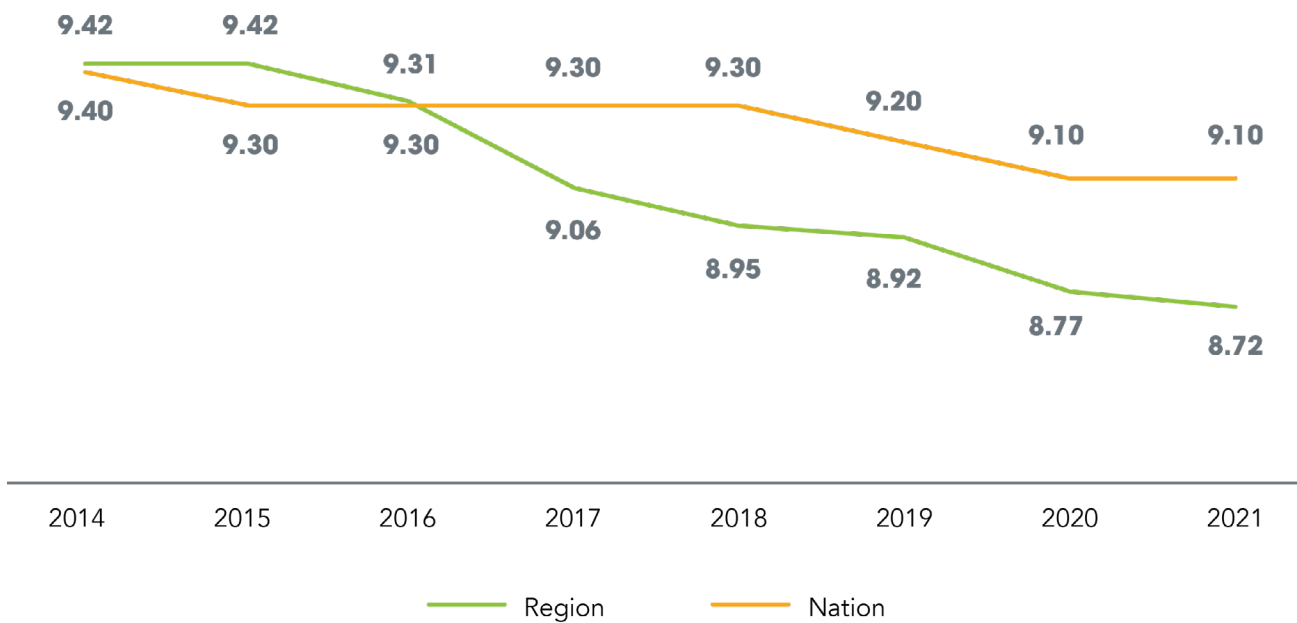


Figure 10. County Health Rankings & Roadmaps (2024) Social Associations

Nationally, young adults report some of the highest rates of isolation.<sup>41</sup> In 2020, young people spent about 70% less time with friends, family, and neighbors compared to 2003—a trend likely worsened by the COVID-19 pandemic.<sup>41,44</sup> Locally, more than half of students report they can discuss their personal problems with at least one friend (63%) or an adult at home (56%), but far fewer have a trusted adult at school (32%) or outside home and school (37%).<sup>45</sup>

In 2017, just over half of adults in our region felt their communities were highly-dependable, secure, or supportive (Fig. 11)<sup>46</sup>. Recent events—like the COVID-19 pandemic, rising toxic polarization, and gun violence—have likely negatively affected community support.

**In 2017, about half of the adults in our region rate their own communities as highly dependable, secure, or supportive.**

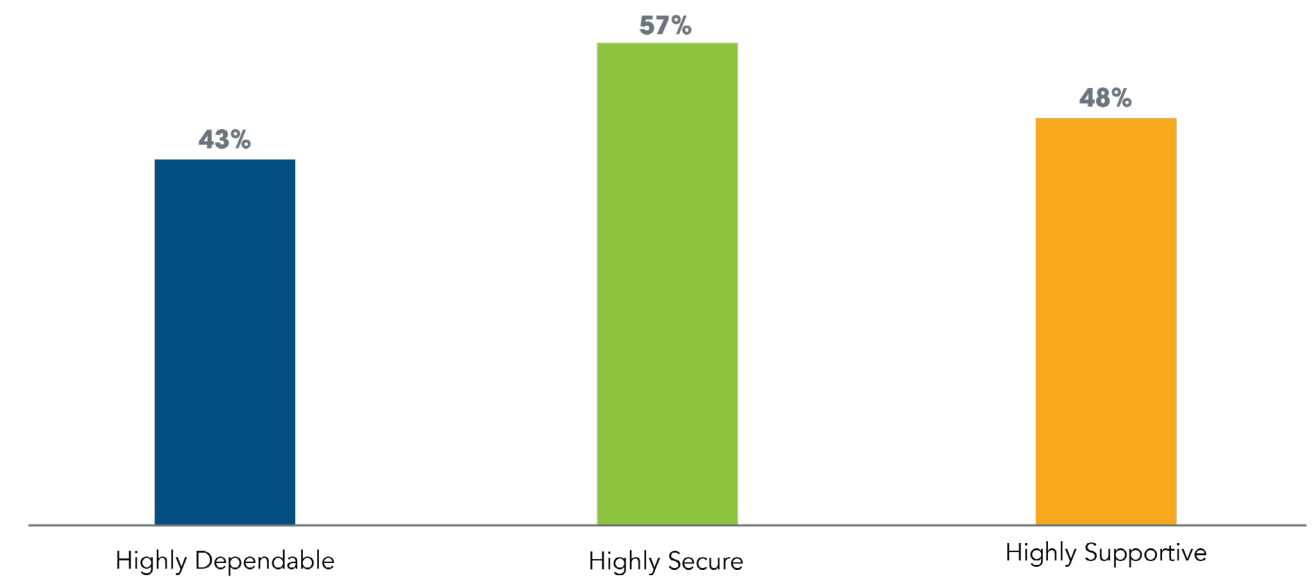


Figure 11. Interact for Health (2017) Community Health Status Survey

**Connected and supportive communities are also critical to our mental health—and it matters at every stage of life.** People who feel lonely or isolated are much more likely to develop depression or anxiety, while strong social connections can protect against these conditions.<sup>41</sup>



In response to the rise of youth mental health challenges in the region, a diverse coalition of community groups, healthcare providers, educators, policymakers, families, and most importantly, young people themselves, came together in 2023 to identify barriers and craft solutions to the crisis. **Learn more** about the state of mental health and well-being for young people in our region, and the role we can all play to create a community that supports the well-being of all youth.

## Many of our family, friends, and neighbors are struggling with mental health challenges.

In our region, 17% of adults report that their mental health was not good on at least half of the days in the last month, compared to about 14% nationwide.<sup>3, 47</sup> The percentage of adults reporting a depression diagnosis (29%) has doubled since 1999 (15%), with a similar percentage (26%) reporting an anxiety diagnosis. (Fig 12)<sup>3</sup> Despite most people with a mental health diagnosis having a treatment plan, about 1 in 5 adults in the region (17%) delayed or did not receive needed mental health care in the past year.<sup>3</sup>

### Depression diagnosis in the region doubled between 1999 and 2022.

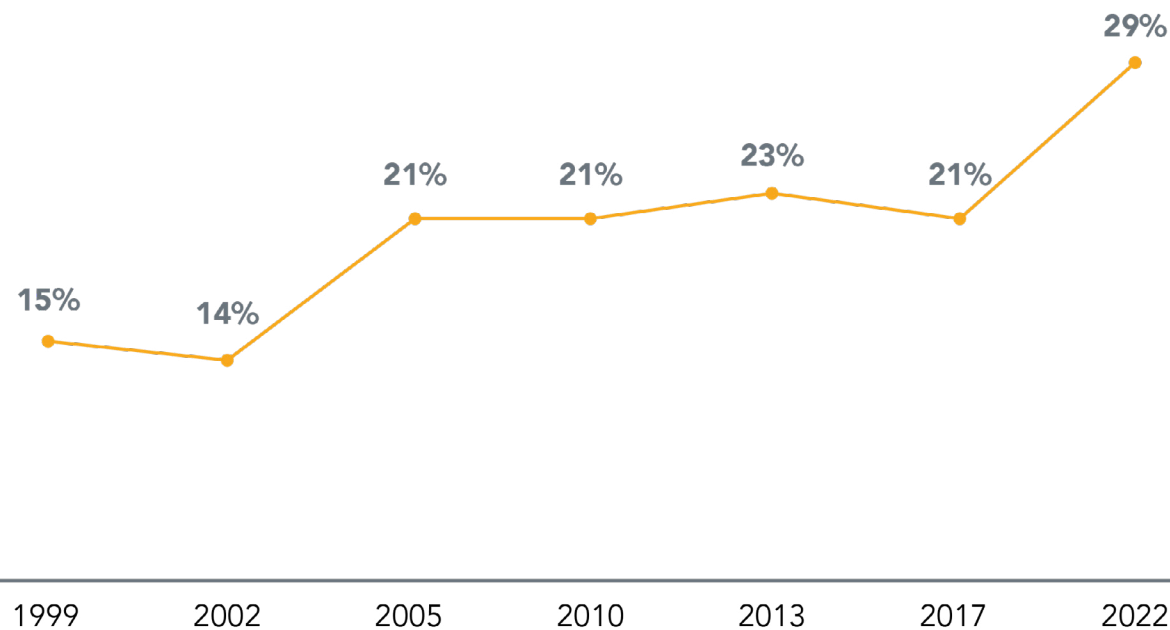


Figure 12. Percent of Greater Cincinnati adults reporting a depression diagnosis. Interact for Health (1999-2022) Community Health Status Survey

Positive mental health gives young people a sense of security and happiness, fosters positive relationships, and promotes steady development of life skills.<sup>44</sup> However, **mental health trends among youth reveal significant challenges**. Nationally, the percentage of high school students who report feeling sad or hopeless (42%), seriously considering suicide (22%), creating a suicide plan (18%), or attempting suicide (10%) have all increased since 2003.<sup>37</sup>

“...A thriving community looks like to me, togetherness, keeping the community safe and well for everyone.”  
- V, community member



While premature death is not an inevitable outcome of mental health struggles, deaths of despair—including alcohol-related liver disease, homicide, overdose, and suicide—serve as a key indicator of the problem’s magnitude. These deaths have steadily risen since 2002, driven largely by an increase in overdoses. (Fig. 13)<sup>5</sup> What’s more—between 1999-2021, firearms were used in about 1 out of 2 suicides and 3 out of 4 homicides. In our region, deaths from firearms (including accidental deaths) have risen by more than 50% since 2002.<sup>5</sup>

### In the region, death rates due to deaths of despair have increased 3x in the past two decades—driven mostly by overdose deaths.

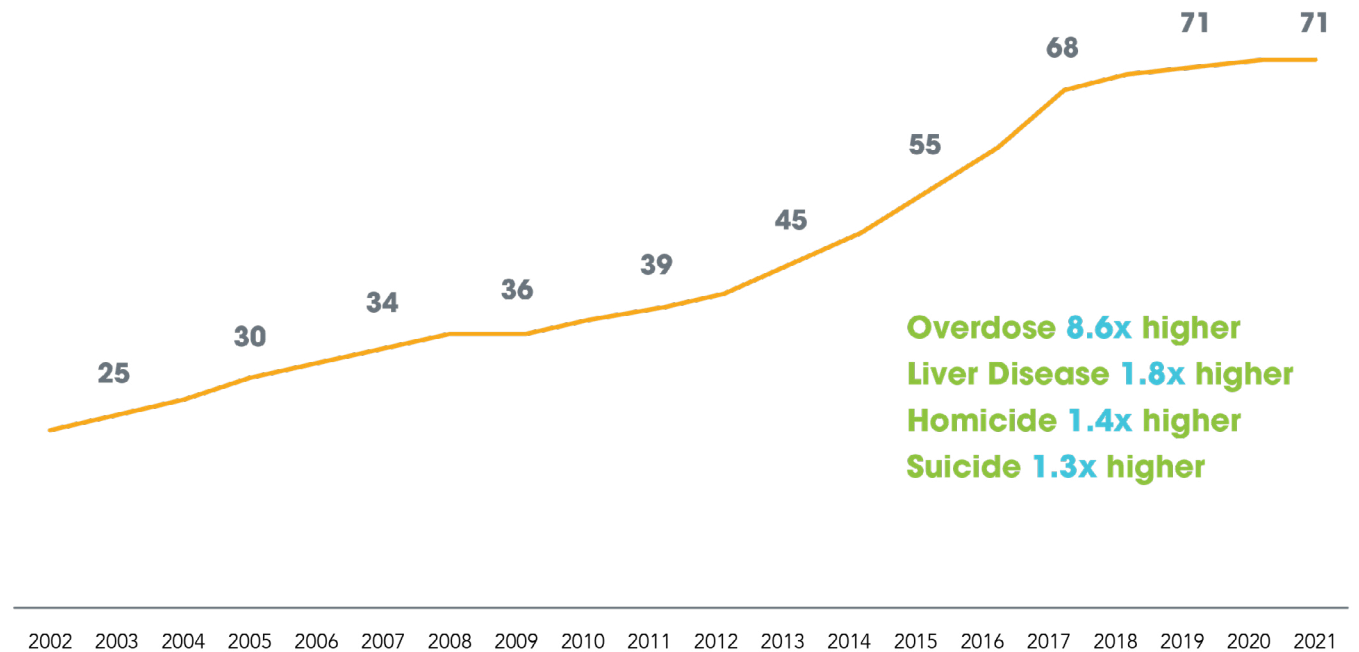


Figure 13. Death rate per 100,000 population - 4-year rolling average CDC Wonder (1999-2022) Underlying Cause of Death

In 2021, suicide was the leading cause of death for teens and young adults age 10-14 and 20-34 in the nation.<sup>48</sup> Recognizing this, the 988 National Suicide Prevention Lifeline was launched in the summer of 2022. As of 2023, only about 18% of adults in the region had heard of this resource, and, of those, just 10% knew someone who had used it.<sup>49</sup>



If you or someone you know is in distress or needs help immediately, please call or text 988 or visit [www.988lifeline.org](http://www.988lifeline.org).



While we know that connected and supportive communities where people feel like they belong are important to physical and mental health, local data is relatively limited. More comprehensive data, particularly about young people, may help uncover how different people across the region experience social connection and isolation unequally, and identify communities and people in need of additional support.

## CHANGE IS POSSIBLE

To achieve community conditions that promote mental health and well-being, we must work together to foster communities of belonging where people feel connected, supported, and secure. This will require widespread, urgent action by all of us—as individuals, institutions, and communities—leading to more resilient communities for generations to come. Such solutions include:

- Strengthen **safe and supportive spaces, people, and systems around youth** in schools, at home, and in communities—**amplifying the voices and solutions of young people along the way.**
- Encourage **social connection** by establishing physical spaces and social and community groups where people can gather, support one another, and experience joy together. These may include spaces and groups that focus on fitness, a hobby, religion, community service, or professional interests.
- **Support public policies** that make **mental health support and care** more accessible, affordable, and culturally relevant. Such policies include mental health parity, behavioral health workforce, evidence-based prevention, and **988 lifeline** and mobile crisis response.
- Invest time **learning** about mental health and **nurturing relationships** with friends, family, **co-workers**, and neighbors.



*To me, mental health encompasses that wholesome understanding of what you've been through, what you're going through, where you're trying to go, and approaching that in the most holistic way possible... I think mental health is the basis of all health.*

- D, community member

## STORIES of PROGRESS

Long-term, positive, and supportive relationships among young people, and between youth and trusted adults, are crucial to building a sense of connection and belonging, and can lead to better mental health outcomes.

### FINNEYTOWN LOCAL SCHOOL DISTRICT

The Finneytown Local School District has committed to building community and a sense of belonging among the students in their district. Over the past several years, the district has changed practices and implemented several new programs to ensure all students have opportunities to build connections with their peers, the ability to authentically engage with leadership, and ultimately, to provide a space where students feel they belong. Most notably, the district has implemented a house system, convened a Youth Advisory Council, and provided open forums for students and community members to come together to discuss issues they find relevant.

**Each of these initiatives were co-designed by district leadership and students, and as a result, the changes have been embraced by the students and are leading to transformational change.** In 2024, more than a dozen students attended **The American Youth Foundation's National Leadership Conference**—an opportunity they would not have had previously. Students have shared that they now feel comfortable bringing questions and concerns to leadership, have built the confidence and skills necessary to lead meetings and facilitate conversations, and feel more connected to their peers.



### FOUND VILLAGE

**Found Village** is creating the right conditions for young people to thrive in our city. With a team of coaches and mentors, they're surrounding young people with community and creating a safe space that engages the mind, body, and spirit of every young person who walks through their doors. Nearly all young people in Found Village have been involved in foster care or the juvenile justice system. Found Village believes these systems were never designed to raise and develop young people. Youth can leave these interventions further traumatized by their experiences. Without support and community, this cycle might continue to repeat from one generation to the next.

Found Village's mission is to "ensure that every young person and their future generations are no longer system-involved and thriving in their communities." While they offer programs designed to stabilize and mobilize young people into future success, they say it's the relationship that drives progress that they're seeing. **The young people who come to Found Village, many of whom begin with only a few or no close and supportive relationships, now have a village of supporters surrounding them as they navigate life.**



We want to know that we matter, have a voice, and can contribute.

# Power to Shape the World We Want to Live In



**O**ur communities are better able to achieve their full potential when people feel like an important part of a larger community and that their voice matters. Members of these communities harness and expand their power to make their neighborhoods healthier by proactively addressing issues facing the community, and ensuring policies and systems are thoughtfully and democratically designed. And yet, many of our neighbors are unable to exercise their power to make positive and lasting change in their community. This leads to an uneven distribution of power and resources within and across neighborhoods, ultimately resulting in poorer health in areas with the least ability to exercise power.

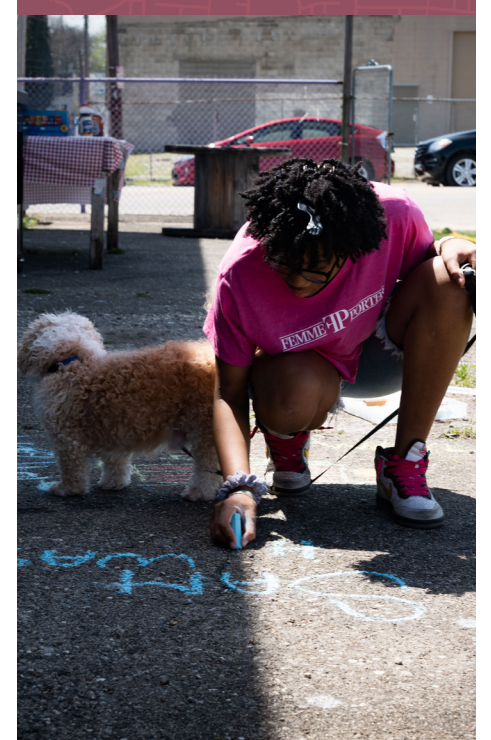
**In communities with a strong and inclusive civic muscle, people are equipped to collectively shape the community conditions that affect their health and the well-being of their neighbors.** They may participate in activities—such as voting, organizing neighborhood groups, participating in the census, attending a school board meeting, donating blood, volunteering at community events, or even community gardening—that allow residents to connect on issues and use their power to influence decisions that affect the health and well-being of their neighbors.<sup>50</sup> Cultivating a sense of purpose, agency, and voice is the mechanism by which the vital conditions for health can be achieved.

**Unfortunately, many in our community do not have the agency or power to make their voice heard.** While those who live each day working to overcome the obstacles to good health in their communities are best positioned to propose solutions, they also often lack the power and resources needed to implement those solutions. As a result, they may feel powerless to improve their communities and choose not—or face unfair barriers—to participate in civic activities.

The availability and quality of both information—made possible through reliable broadband internet and local news—and spaces designed for communities to come together—such as schools, libraries, and parks—are vitally important to fostering a sense of agency and power, tools that can be used to improve our community's health.<sup>51,52</sup>



Check out the California Endowment's work on **Supporting People Power** and **Building Healthy Communities** for more information on how communities across the nation are fostering civic engagement.

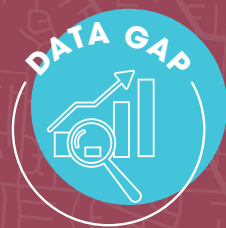






[My] ideal community would be characterized by increased cooperation and shared prosperity. Residents would feel a deep sense of belonging and empowerment.

- J, community member



In 2018, the **Kentucky Health Issues Poll** found that about half of Northern Kentucky residents had volunteered at a church or nonprofit (51%), about a quarter had worked on a community project (27%), 1 in 5 had signed a petition (20%), and about 1 in 10 had donated blood (12%) in the past year.<sup>57</sup> While this data provides a snapshot of civic participation in one part our region, it would be useful to collect this information for the entire region and dig deeper to uncover the factors that promote or hinder participation.

While people access information in many formal and informal ways,<sup>52</sup> over the last two decades, there has been a sharp decline in the number of local news media outlets across the nation.<sup>54</sup> In our region, more than 20 local news outlets have closed since 2005, leaving only 28. (Fig. 14)<sup>55</sup>

**Most counties in our region have only one local news outlet, while two have none.**

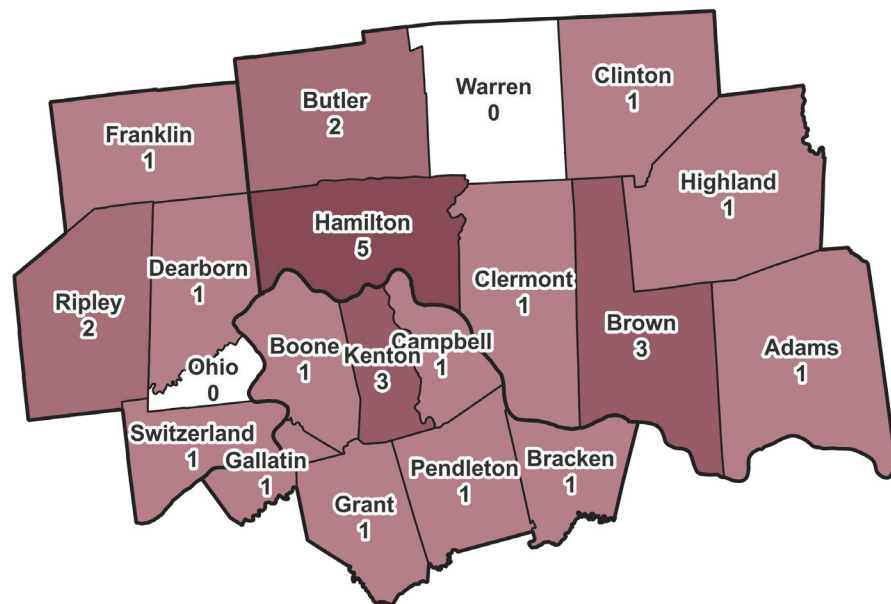


Figure 14. Number of local news outlets in each county. Northwestern Local News Initiative (2023) State of Local News Outlook

In addition, broadband internet that allows access to information outside of the local community, is not available in some parts of our region. (Fig. 15)<sup>56</sup>

**Access to broadband internet is limited in some areas of our region, particularly in rural areas.**

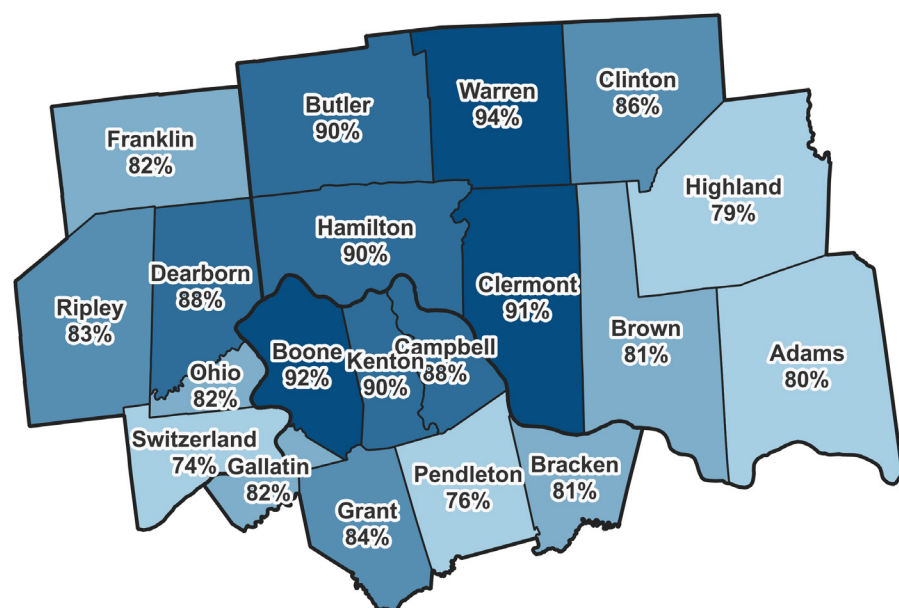


Figure 15. Percent of population with access to broadband internet. County Health Rankings & Roadmaps (2024) Broadband Access

**Voting and participating in the census are important ways that people exercise their power and make their voices heard.** Expanded access to voting has been linked to better health compared to communities with more restrictive voting laws and inaccessible practices.<sup>58</sup> But some people in our community have been prevented, by law, from voting. (Fig. 16) For example, voting rights are often stripped from those who are or have been incarcerated.<sup>59</sup> Even those who are able to vote may choose not to because unfair practices, like partisan redistricting or state preemption, make it difficult to see the benefit of participating in elections.<sup>59,60</sup>

**Indiana, Kentucky, and Ohio are among the most difficult states in the nation for voters to make their voices heard.**

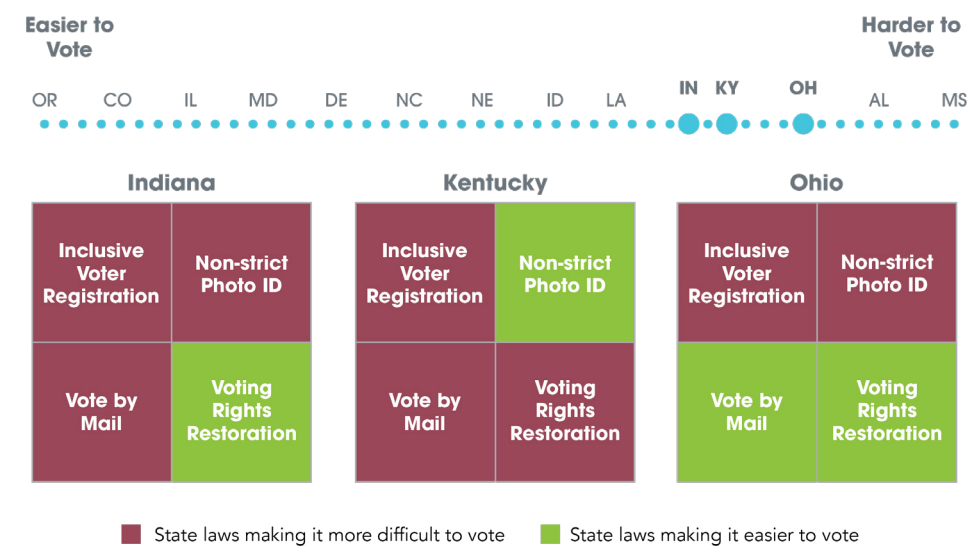


Figure 16. Healthy Democracy Healthy People (2021) Health & Democracy Index

Data gathered by the census is used to determine how resources get distributed across the nation, making participation vitally important to the health of communities.<sup>61</sup> In 2020, only about 70% of households in both the region and the nation responded to the decennial census, a major decline from both the 2010 (98%, national) and 2000 (95%, national) censuses.<sup>62,63</sup> While it is likely that some of this decline was due to the COVID-19 pandemic, the percentage of people that responded in 2021 and 2022 did not rebound to pre-pandemic levels.<sup>63</sup>

**Civic participation is directly linked to health.**

In our region, counties with high participation in both the 2020 census and the 2020 presidential election have better health outcomes on average than those with low participation. (Fig. 17)<sup>64</sup>



Check out the **County Health Rankings & Roadmaps** report on how civic infrastructure and participation affect health and actions that local communications can take to strengthen civic health.



What healthy looks like is when everyone... is getting like equitable representation and access to things that are going on like just having stuff available isn't enough if people can't get to it.

- A, community member



Areas of the region with **higher census participation** have better health outcomes.

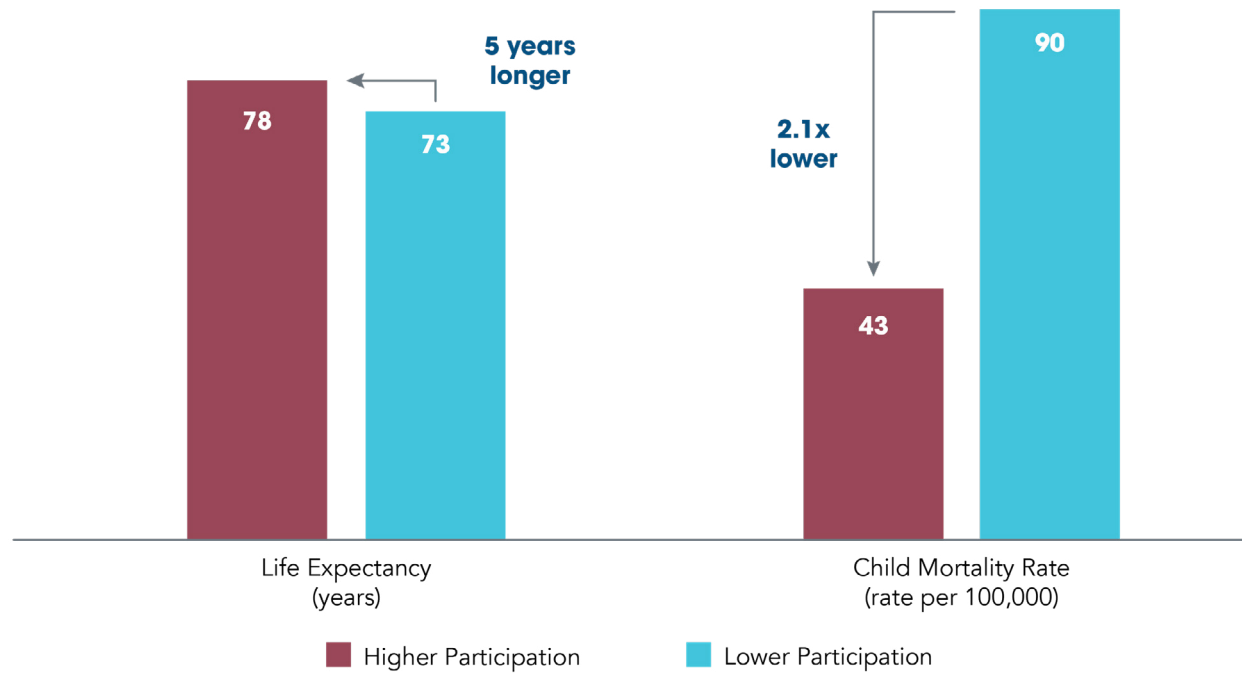


Figure 17. County Health Rankings & Roadmaps (2024) Measures

## CHANGE IS POSSIBLE

Our communities—and our democracy—are strongest when people participate, have a say, and work together to improve conditions that make their neighborhoods healthier. It requires reimagining the policies, practices, and spaces that exclude people from participating and seed divisiveness. And it starts by listening to and amplifying the voices of those who face unfair barriers to participation and resources. Such solutions include:

- Ensure **decision-making bodies represent the diverse communities they serve** by equipping community members—including **youth**—with the **knowledge, networks, and resources** to organize and get civically engaged (e.g., on a **school board**, city council, or **civic board**).
- Support **access to accurate and timely information** across communities, including access to **high-speed internet, local news**, and opportunities for people to **participate in the newsgathering process**.
- Join with others who are participating in **positive, constructive conversations** with neighbors, elected officials, and others about the future of our community.

“so with a thriving community...that means like those who are sitting on our community boards, those who are in charge of making decisions for the community is just more diverse, is more inclusive, our voices are being heard, it's not, you know, those who have more are making all the choices that benefit those like them, but it's benefiting everyone of the community.”

- MF, community member

## STORIES of PROGRESS

Throughout our region, community-led organizations are amplifying community voices through organizing efforts, listening sessions, and bringing decision-makers into a new way of thinking—or in both cases below—encouraging and supporting citizens to run for and win office in their own communities.

### THE HEIGHTS MOVEMENT

In 2020, residents of Lincoln Heights started advocacy to end gunfire noise pollution from a nearby Cincinnati Police Department gun range. **The Heights Movement**, an organization with a vision to restore Lincoln Heights to its former status as a hub for the Black community and entrepreneurship, organized residents to apply pressure on decision-makers. After decades of organizing from the community, the Hamilton County Commission agreed to move the gun range by 2026.

The Heights Movement then looked for opportunities for healing and resident empowerment and began a community garden. Now, that effort has grown to a fully operational urban farm, a commercial composting facility, and an Innovation Hub, which offers Hamilton County workforce development programs to train the next generation of agricultural workers.

**The Heights Movement's progress to make their community more connected and peaceful has garnered national attention, and reminds us that we hold the power to transform our surroundings for a healthier, thriving community.**

### MIDDLETOWN CONNECT

**Middletown Connect** is restoring neighborhood pride, one connection at a time. The organization began as a pilot project to develop a strategy to improve community health.

Through resident-led tours, leaders and decision-makers saw their community with a new lens. These conversations led to improvements that impact people's everyday lives: trash clean-ups, new playgrounds, a community garden, and support for criminal record expungement.

Previously, decisions were often made without community input. Middletown Connect has successfully increased the power of residents, resulting in a surge of resident engagement in community change. **Their work continues to evolve as they remove barriers, provide access, and align resources that benefit the community based on resident-led strategies.**



Photo Credit: Middletown Connect



# Our Community's Lost Potential

**A**s a community, we are only as healthy as our least healthy neighbor. By not taking action to improve the vital conditions for health, we are tolerating lower levels of health, well-being, and longevity in our communities.

One way to illustrate the cumulative negative effect of unhealthy conditions is by looking at **how long people live** on average, known as life expectancy. Overall, people are living longer lives.<sup>65</sup> For more than a century, life expectancy in the United States went steadily upward to its peak of almost 79 years before it declined by almost 2 years between 2019 and 2021, mostly as a result of deaths due to COVID-19. It rebounded slightly in 2022 to 77.5 years.<sup>66</sup>

**For too long though, people in the Greater Cincinnati region have lagged behind the nation—**dying two years earlier, on average.<sup>67</sup> This suggests that the foundations of health in our communities need improvement. The effect is magnified for some groups:

- Up to **5** years less for people who are Black: 71.9 years compared to 76.8 years for people who are white.<sup>67</sup>
- Up to **7** years less from one county to another: 71.4 years in Adams County, OH compared to 78.4 years in Warren County, OH.<sup>67</sup>
- Up to **10** years less from areas with the highest poverty rates: 69.6 years compared to 80.4 for the areas with the lowest poverty rates.<sup>68,69</sup>
- Up to **26** years less from one neighborhood to another: 62.4 years in the west part of Newport compared to 88.2 years in parts of Indian Hill, Montgomery, and Loveland. (Fig. 18)<sup>69</sup>

**In our region, local living conditions create up to 26 years difference in average life expectancy.**

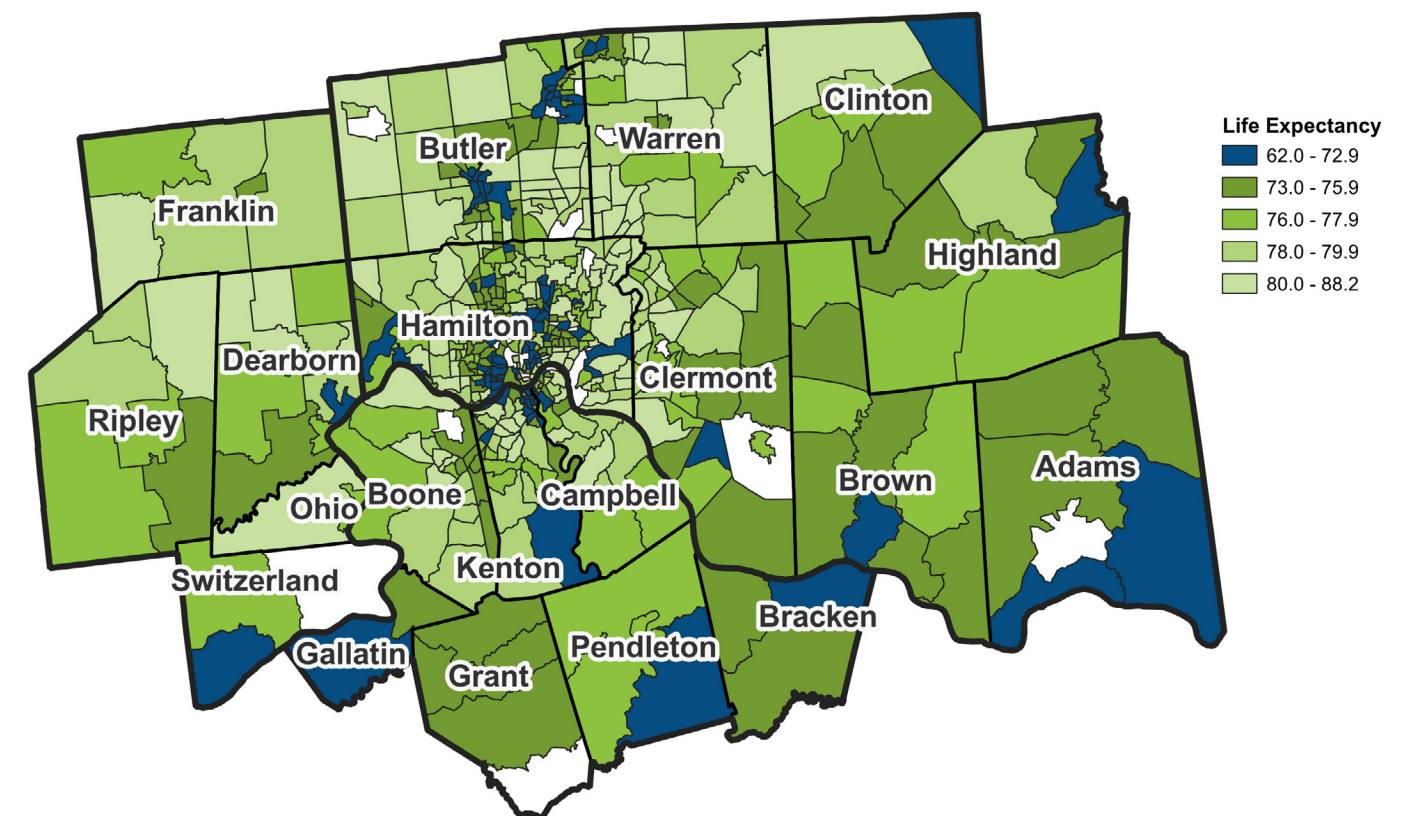


Figure 18. CDC (2010-2015) Life Expectancy at Birth

How healthy people say they are at any given time—known as self-reported health—gives us a pulse on **how well people are living** throughout their lives. When the vital conditions for health are not met, quality of life often suffers.

For over 20 years, self-reported health has not improved in our region—putting our communities at more risk for disease and early death. (Fig. 19)<sup>70</sup>

**Since 1999, almost 1 in 5 people in the region have reported living in fair or poor health.**

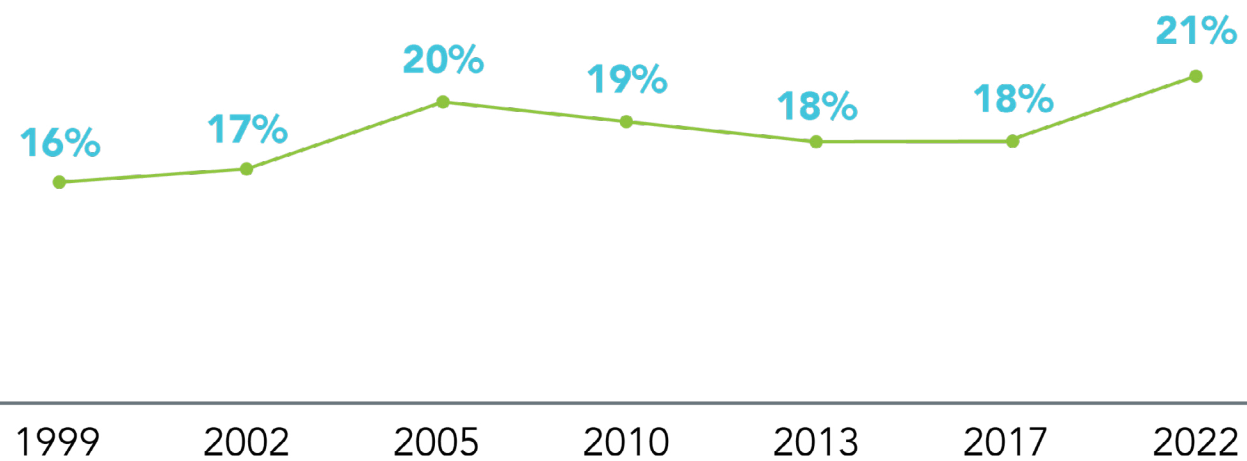


Figure 19. Percent of Greater Cincinnati adults reporting fair or poor health. Interact for Health (1999-2022) Community Health Status Survey

**Our life stories are still being written. What meaningful moments are our family, friends, and neighbors missing when we tolerate lower levels of health, well-being, and longevity in our communities?**





# Unlocking Possibilities for a Healthy, Thriving Community

**W**hile our communities have been designed over many generations to meet the needs of some, and not all, of our neighbors, we can choose to come together and redesign them to meet the needs of all people. Remaking our community so that everyone has a full, fair, and just opportunity for good health is critical to improving the health of ourselves and our communities. We can achieve this by tackling unfair policies, systems, and structures, and removing barriers to good health in our communities.

All people—regardless of where they live, their race or ethnicity, or how much money they make—need:

- The vital conditions for good health in the places where they live, learn, work, and play.
- Freedom from racism and discrimination.
- A sense of belonging and connection to those around them.
- The power to make positive and lasting change in their community.

As a community, we can make this our reality—from challenging our own individual assumptions and beliefs, to supporting our neighbors through difficult times, to organizing and advocating for policy change.

**It's our community's health, and it's our opportunity to ensure our neighbors can live their healthiest lives.**



## WE HAVE DONE THIS BEFORE

Our region has worked together to tackle complex issues in the past, providing a roadmap for sustainable, community-wide change. Here are two recent examples:

Over the past decade, partners from diverse sectors have come together to collectively address the opioid epidemic in our region.<sup>71</sup> As a result, life-saving naloxone, syringe-services programs, and medication assisted treatments are more accessible, and overdose deaths have dropped since their peak in 2017.<sup>5,72</sup>

During the same time period, hundreds of partners in Hamilton County rallied to tackle our high infant mortality rate—the second worst in the country.<sup>73</sup> By addressing the issue in a holistic way and putting Black women at the center of decision-making and change, rates of infant mortality have fallen to historic lows.

While there is still work to do to fully address these issues in our region, the positive impact of these community-wide efforts has been undeniable.

# References

1. U.S. Census Bureau. (2018-2022). 2022: ACS 5-Year Estimates Data Profiles – ACS Demographic and Housing Estimates. <https://cite.interactforhealth.org/5avTmh>
2. U.S. Census Bureau. (2018-2022). 2022: ACS 5-Year Estimates Subject Tables - Disability Characteristics. <https://cite.interactforhealth.org/psl7eB>
3. Interact for Health. (2022). 2022 Community Health Status Survey. <https://cite.interactforhealth.org/zTp2kQ>
4. U.S. Census Bureau. (2018-2022). 2022: ACS 5-Year Estimates Subject Tables – Poverty Status in the Past 12 Months. <https://cite.interactforhealth.org/AH5pAB>
5. Interact for Health analysis of CDC Wonder data, Centers for Disease Control & Prevention, Underlying Cause of Death, 1999-2020 Request. <https://cite.interactforhealth.org/H9dQMD>
6. Centers for Disease Control and Prevention. (2022). CDC/ATSDR Social Vulnerability Index. <https://cite.interactforhealth.org/d0j7a8>
7. U.S. Census Bureau. (2018-2022). 2022: ACS 5-Year Estimates Subject Tables – Educational Attainment. <https://cite.interactforhealth.org/KTNNMq>
8. U.S. Census Bureau. (2018-2022). 2022: ACS 5-Year Estimates Subject Tables – Financial Characteristics. <https://cite.interactforhealth.org/PdMIxB>
9. U.S. Census Bureau. (2018-2022). 2022: ACS 5-Year Estimates Data Profiles – Selected Housing Characteristics. <https://cite.interactforhealth.org/pHCCGx>
10. U.S. Census Bureau. (2018-2022). 2022: ACS 5-Year Estimates Subject Tables – Types of Computers and Internet Subscriptions. <https://cite.interactforhealth.org/uoTpbw>
11. U.S. Census Bureau. (2018-2022). 2022: ACS 5-Year Estimates Subject Tables – Food Stamps/Supplemental Nutrition Assistance Program (SNAP). <https://cite.interactforhealth.org/1QOWRx>
12. Roberts, S. O., & Rizzo, M. T. (2021). The psychology of American racism. *The American psychologist*, 76(3), 475–487. <https://doi.org/10.1037/amp0000642>
13. Horn, D. (2022). Segregation in Cincinnati’s neighborhoods: A brief history. <https://cite.interactforhealth.org/9yjsia>
14. Dyer, Z. (2023). The Structural Racism Effect Index. <https://www.sreindex.com/map>
15. Center for Disease Control and Prevention. (2021). Tobacco Industry Marketing. <https://cite.interactforhealth.org/VbfnJq>
16. American Lung Association. (2024). Tobacco Industry Marketing. <https://cite.interactforhealth.org/yCdGH4>
17. Public Health Law Center at Mitchell Hamline School of Law. Commercial Tobacco Control Countering the Tobacco Epidemic. <https://cite.interactforhealth.org/4arIAk>
18. Campaign for Tobacco-Free Kids. (2024). States & Localities That Have Restricted the Sale of Flavored Tobacco Products. <https://cite.interactforhealth.org/DyfloI>
19. Center for Disease Control and Prevention. (2023). Menthol Tobacco Products. <https://cite.interactforhealth.org/rqvwZn>
20. Campaign for Tobacco-Free Kids. (2023). Tobacco Company Marketing to African Americans. <https://cite.interactforhealth.org/Cashrl>
21. Stanford Research into the Impact of Tobacco Advertising. Category: African Americans. <https://cite.interactforhealth.org/TMaXuy>
22. Center for Disease Control and Prevention. (2022). Unfair and Unjust Practices and Conditions Harm African American People and Drive Health Disparities. <https://cite.interactforhealth.org/fvm8J9>
23. Your Design Friend. Black Lives/Black Lungs. <https://cite.interactforhealth.org/qWeT5V>
24. Truth Initiative. (2021). Tobacco use in LGBT communities. <https://cite.interactforhealth.org/7OtEia>
25. American Cancer Society Action Network. (2022). Big Tobacco Targets the LGBTQ+ Community. <https://cite.interactforhealth.org/OGhEux>
26. University of California San Francisco. Truth Tobacco Industry Documents. <https://cite.interactforhealth.org/YRY8Vg>
27. Interact for Health. (2019). Tobacco Use in Greater Cincinnati: Envisioning a tobacco-free community. <https://cite.interactforhealth.org/i8Mswv>
28. Centers for Disease Control and Prevention. (2022). Smoking & Tobacco Use – African American Communities Experience a Health Burden from Commercial Tobacco. <https://cite.interactforhealth.org/qLn8nL>
29. Interact for Health. (2023). Menthol Cigarette Use in Greater Cincinnati, 2018-2022. <https://cite.interactforhealth.org/gblBXX>
30. Center for Disease Control and Prevention. (2022). LGBTQ+ People Experience a Health Burden from Commercial Tobacco. <https://cite.interactforhealth.org/tK6FzB>
31. Interact for Health. (2022). Greater Cincinnati Adult Tobacco Survey. <https://cite.interactforhealth.org/TnERR4>
32. PolicyMap. (n.d.) Annual cancer incidence per 100,000 people in 2015-2019 [Map based on data from CDC]. <http://www.policymap.com>
33. National Research Center on Hispanic Children & Families. (2018). How Well Do National Surveys Measure Hispanic Families and Households? <https://cite.interactforhealth.org/mAAcZX>
34. Rodríguez-Lainz, A., McDonald, M., Penman-Aguilar, A., & Barrett, D.H. (2016). Getting Data Right – and Righteous to Improve Hispanic or Latino Health. *Journal of healthcare, science and the humanities*. 6(3), 60-83.
35. Artiga, S., Hamel, L., Gonzalez-Barrera, A., Montero, A., Hill, L., Presiado, M., Kirzinger, A., & Lopes, L. (2023). Survey on Racism, Discrimination and Health: Experiences and Impacts Across Racial and Ethnic Groups. <https://cite.interactforhealth.org/HU3IOf>
36. Vargas, S., Huey, S., Miranda, J. (2020). A critical review of current evidence on multiple types of discrimination and mental health. *The American journal of orthopsychiatry*, 90(3), 374-390. <https://cite.interactforhealth.org/jwwpSc>
37. Centers for Disease Control and Prevention. (2021). YRBS Explorer. <https://cite.interactforhealth.org/boCsw2>
38. The Trevor Project. (2023). 2023 U.S. National Survey on the Mental Health of LGBTQ Young People. <https://cite.interactforhealth.org/wvT1cX>
39. Alfonseca, K. (2023). Record number of anti-LGBTQ legislation filed in 2023. <https://cite.interactforhealth.org/mweSjH>
40. American Civil Liberties Union. (2024). Mapping Attacks on LGBTQ Rights in U.S. State Legislatures in 2024. <https://cite.interactforhealth.org/CPu1fA>
41. Office of the Surgeon General. (2023). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community. <https://cite.interactforhealth.org/6FLW5I>
42. U.S. Census Bureau. (2018-2022). 2022: ACS 5-Year Estimates Data Profiles – Selected Social Characteristics in the United States. <https://cite.interactforhealth.org/HHwi2E>
43. County Health Rankings & Roadmaps. (2024). Social Associations. <https://cite.interactforhealth.org/kUtF9T>
44. Office of the Surgeon General. (2021). Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory. US Department of Health and Human Services. <https://cite.interactforhealth.org/E6v1MQ>
45. PreventionFirst!. (2024). Regional PF! Student Survey Findings. <https://cite.interactforhealth.org/YDeGrI>
46. Interact for Health. (2017). Greater Cincinnati Community Health Status Survey. <https://cite.interactforhealth.org/dgfMDW>
47. County Health Rankings & Roadmaps. (2024). Frequent Mental Distress. <https://cite.interactforhealth.org/6TTZJ3>
48. Centers for Disease Control and Prevention. (2023). Suicide Prevention. <https://cite.interactforhealth.org/JbbH9T>
49. Interact for Health. (2023). Greater Cincinnati Survey. <https://cite.interactforhealth.org/BmyoWj>
50. Vaidya, A., Poo, A.J., & Brown, L. (2022). Why Community Power is Fundamental to Advancing Racial and Health Equity. <https://cite.interactforhealth.org/BEw9IE>
51. County Health Rankings & Roadmaps. (2024). 2024 National Findings Report. <https://cite.interactforhealth.org/FGbxGq>
52. The University of Texas, at Austin. (2022). Even in “News Deserts,” people still get news. <https://cite.interactforhealth.org/Z0XfkZ>
53. Abernathy, PM. (2023). The State of Local News Project. <https://cite.interactforhealth.org/jGMTPI>
54. Northwestern Local News Initiative. (2023). State of Local News Outlook – Metro Areas. <https://cite.interactforhealth.org/R4n5rc>
55. Northwestern Local News Initiative (2023). State of Local News Outlook – Local News Landscape. <https://cite.interactforhealth.org/EQ4gr8>
56. County Health Rankings & Roadmaps. (2024). Broadband Access. <https://cite.interactforhealth.org/c7ShVJ>
57. Foundation for a Healthy Kentucky & Interact for Health. (2018). The Kentucky Health Issues Poll. <https://cite.interactforhealth.org/kegbsI>
58. Healthy Democracy Healthy People (2021). Health & Democracy Index. <https://cite.interactforhealth.org/islzaz>
59. Brennan Center for Justice. (2024). Voting Rights Restoration. <https://cite.interactforhealth.org/oPd7dJ>
60. Center for American Progress. (2020). How Partisan Gerrymandering Limits Voting Rights. <https://cite.interactforhealth.org/mFs8N9>
61. United States Census Bureau. (2022). Our Censuses – Decennial Census. <https://cite.interactforhealth.org/g7Ohfc>
62. County Health Rankings & Roadmaps. (2023). Census Participation. <https://cite.interactforhealth.org/r5tx47>
63. United States Census Bureau. (n.d.) Response Rates. <https://cite.interactforhealth.org/W7mlxx>
64. County Health Rankings & Roadmaps. (2024). 2024 Measures. <https://cite.interactforhealth.org/KxgVWC>
65. National Center for Health Statistics. (2020). Mortality Trends in the United States, 1900-2018. <https://cite.interactforhealth.org/kMu71N>
66. National Center for Health Statistics. (2023). Life Expectancy Increases, However Suicides Up in 2022. <https://cite.interactforhealth.org/CEx1hx>
67. County Health Rankings & Roadmaps. (2024). Life Expectancy. <https://cite.interactforhealth.org/hcH8ho>
68. PolicyMap. (n.d.). Estimated percent of all people that are living in poverty as of 2018-2022 [Map based on data from Census: US Bureau of the Census, American Community Survey]. <http://www.policymap.com>
69. PolicyMap. (n.d.). Life expectancy at birth, as of 2010-2015 [Map based on data from CDC]. <http://www.policymap.com>
70. Dramé, M., Cantegrit, E., & Godaert, L. (2023). Self-Rated Health as a Predictor of Mortality in Older Adults: A Systematic Review. <https://cite.interactforhealth.org/7IXpLD>
71. Chubinski, J. & Lydenberg, M. (2020). Philanthropic strategy in the face of an opioid epidemic. *Health Affairs*, 39(1), 155-160. <https://cite.interactforhealth.org/XnJclg>
72. DeMio, Terry. (2023, April 20). What’s prompting a drop in overdose deaths? Experts give a few reasons for the decline. *Cincinnati Enquirer*. <https://cite.interactforhealth.org/eclWg7>
73. Cradle Cincinnati. (n.d.) The Issues. Cradle Cincinnati. <https://cite.interactforhealth.org/VoLcGy>

# INTERACT FOR HEALTH

**This report was developed by Interact for Health. It was produced by Dimalanta Design Group with photography by Kailah Ware of SunnyBlu Art Agency. Ultimately though, it represents our community's data, stories, and collective potential.**



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