

# State of the County Report: Health and Human Services

COMMUNITY COMPASS REPORT NO. 16-9

*Hamilton County, Ohio*



HAMILTON COUNTY  
Regional  
Planning  
Commission

November 2004



**The Planning Partnership** is a collaborative initiative of the Hamilton County Regional Planning Commission. The Partnership – open to all political jurisdictions in the County and to affiliate members in the public, private, and civic sectors – is an advisory board that works to harness the collective energy and vision of its members to effectively plan for the future of our County. Rather than engaging in the Planning Commission’s short-range functions such as zoning reviews, the Planning Partnership takes a long-range, comprehensive approach to planning, working to build a community that works for families, for businesses and for the region. The Partnership firmly believes that collaboration is the key to a positive, competitive, and successful future for Hamilton County.

Visit [planningpartnership.org](http://planningpartnership.org) and [communitycompass.org](http://communitycompass.org) for more information.

**Community COMPASS** (Hamilton County’s Comprehensive Master Plan and Strategies) is a long-range plan that seeks to address mutual goals related to physical, economic, and social issues among the 49 communities within Hamilton County. Through a collective shared vision for the future based on the wishes and dreams of thousands of citizens, Hamilton County now has direction to chart its course into the 21<sup>st</sup> century.

In developing a broad vision with broad support, Community COMPASS will help ensure that trends are anticipated, challenges are addressed, priorities are focused, and our collective future is planned and achieved strategically over the next 20 to 30 years. Through an in-depth analysis of all aspects of the County, the multi-year process will result in a comprehensive plan.

**The State of the County** report series outlines conditions, findings, opportunities, and key measures related to improving and sustaining quality of life in twelve major systems in our community. The individual reports lay the groundwork for an overall State of the County analysis or report card, and provide support for refining action strategies.

## Abstract

### Title:

State of the County Report: Health and Human Services Community COMPASS Report No. 16-9

### Subject:

Current conditions and findings regarding health and human services in Hamilton County.

### Date:

November 2004

### Synopsis:

This report presents existing conditions and trends in Hamilton County related to Health and Human Services. The report identifies eight important findings as well as the importance of trends associated with each finding, and provides key indicators for measuring progress toward the Vision for Hamilton County’s Future.

### Source of Copies:

Hamilton County Regional Planning Commission

138 East Court Street  
Room 807

Cincinnati, OH 45202

513-946-4500

[www.hamilton-co.org/hcrpc](http://www.hamilton-co.org/hcrpc)

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## Context

### COMMUNITY COMPASS COMPONENTS

- 1 **Vision**  
(What do we want?)
- 2 **Initiatives**  
(What strategies should we consider?)
- 3 **Indicators**  
(What should we measure?)
- 4 **Trends**  
(Where have we been?)
- 5 **Projections**  
(Where are we headed?)
- 6 **Research**  
(What’s the story behind the trend?)
- 7 **Partners**  
(Who can help?)
- 8 **Strategic Plans**  
(What can we do that works?)
- 9 **Action Plans**  
(How do we make it happen?)
- 10 **Performance Measures**  
(Are actions making a difference?)

This Report

### STATE OF THE COUNTY REPORTS

- Civic Engagement and Social Capital
- Community Services
- Culture and Recreation
- Economy and Labor Market
- Education
- Environment
- Environmental and Social Justice
- Governance
- Health and Human Services
- Housing
- Land Use and Development Framework
- Mobility

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- M. Larry Sprague
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- Jerry J. Thomas

## Project Staff

### *Principal Research:*

- Dean Niemeyer, AICP  
Senior Planner

### *Graphics and Layout:*

- Paul Smiley, Senior Planner
- Sam Hill, University of Cincinnati Planning Co-op Student

- Jesse Hartman, UC Planning Student

- Kevin Sewell, UC Planning Student

- Abhishek Dayal, UC Planning Student

### *Editing:*

- Caroline Statkus, AICP, Planning Services Administrator

- Ron Miller, FAICP, Executive Director

## Reviewers

- Nancy M. Strassel, Vice President, Communications Greater Cincinnati Health Council

- Carol Gibbs, President/CEO, Accountability and Credibility Together

- Steve Gibbs, President/CEO, FreeStore/FoodBank, Central Services and Administration

- Kathy Lordo, Director, Community Health Information Services, Hamilton County Health District

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## Planning Partnership Officers

- Steve Galster, Chair
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# STATE OF THE COUNTY REPORT: HEALTH AND HUMAN SERVICES

## Executive Summary

### Health

#### FINDING 1

### Hamilton County is growing as a nationally recognized medical research center.

- Total research funding for the UC Medical Center in 2003 was \$240.6 million, an increase of 28 percent from the previous year.
- UC Medical Center and Children's Hospital Medical Center initiated a joint project in 2003 called the Center for Computational Medicine, with a \$25.2 million grant from Ohio's Third Frontier Project. The UC Genome Research Institute, another Third Frontier Project, was dedicated in October 2003, and is expected to attract \$130 million in National Institutes of Health (NIH) grants by 2004 and \$500 million by 2009.
- In 2002, Children's Hospital Medical Center received a total of \$73 million in grants/contracts, with \$57 million coming from the NIH. With the completion of its research tower that will house the Center for Computational Research, Children's will be the nation's largest pediatric research center.

#### FINDING 2

### Hamilton County health care providers have consolidated to reduce costs and expanded facilities in suburban areas to remain competitive.

- Starting in the 1990s, area hospital groups were forced to close hospitals and consolidate with others.
- The transition to managed care health insurance resulted in reduced revenues to hospitals.
- All three hospital groups experienced major operating losses in the late 1990s to 2001. By 2002, the hospital groups' financial status had improved. However, they still have concerns about their long-term financial viability and are now devoting major resources to needed infrastructure and technology improvements.

- The hospital groups also made a strategic move to expand their presence in the suburban areas of the County, with expansion of existing facilities and development of new facilities.

#### FINDING 3:

### A shortage of health care workers in Hamilton County hospitals threatens the quality of care and safety of patients.

- A recent, crucial trend in Hamilton County, reflecting a similar national trend, is a shortage of hospital nurses and physicians in some specialties.
- The *Hospital Data & Trends Study* (August 2003) found that in the Cincinnati metropolitan region there were fewer physicians, both in general and in some specialties, and fewer nurses than in comparable nearby metro areas.
- The recent increase in emergency room diversions is indicative of the worker shortage and the reduced capacity of hospitals.

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FINDING 4

**Hamilton County's uninsured population continues to be exposed to health and financial risk, while their care puts additional financial stress on health care providers.**

- In 2004, the estimated national figure for uninsured persons is 45 million (15.6 percent). In Hamilton County, the estimate is 76,000 uninsured person (9.1 percent). In 2002, uncompensated care given at area hospitals reached \$100 million.
- Hamilton County and the City of Cincinnati have long helped in the provision of health care for citizens who could not afford it: the County with the hospital levy and the City with funding for community health clinics and social service agencies.

FINDING 5

**Public health agencies have expanded their role to include preparedness for bioterrorism, disease threats, and implementation of injury prevention/health promotion programs.**

- Since 9-11 and the bio-terrorism-related anthrax events that same year, preparedness has become a major focus of state and local public health agencies. Overall, the states have received a total of \$2.6 billion in 2002 and 2003 from federal grants for this purpose.
- The Hamilton County General Health District is initiating programs designed to help strengthen seniors in order to lessen falls and moderate the onset of cardiovascular disease.
- Health promotion programs are teaching about healthier and safer lifestyles to all age groups.
- A national trend to link public health and land use planning/community design is also occurring in Hamilton County.

FINDING 6

**Community health indicators and related strategic goals, both nationally and locally, are improving public policy and reducing unhealthful behavior.**

- Healthy People is a program of the Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services. It presents a set of disease prevention and health promotion objectives for the nation for the first decade of the new millennium.
- At the local level, *Indicators of Healthy Communities of Greater Cincinnati 2003* includes 46 health indicators organized under nine primary areas: 1) demographic overview of greater Cincinnati; 2) environmental factors influencing health; 3) maternal, child and infant health; 4) health behaviors; 5) behavioral and mental health; 6) infectious diseases; 7) health services utilization; 8) mortality; and 9) injury deaths.

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## Human Services

### FINDING 1

#### Welfare Reform is moving many at-risk families from dependence to self-support.

- Welfare reform, also known as the national “Welfare-to-Work” program, has successfully moved many welfare recipients into the workplace. The national welfare caseload declined from 5 million families in 1994 to 2.2 million in 2000.
- The welfare caseload for cash assistance in Hamilton County was 17,863 in 1996 but dropped to 8,000 in 2002 - a 45 percent reduction.
- In Hamilton County some welfare candidates are “diverted,” and instead referred to Accountability & Credibility Together (ACT). ACT offers educational programs including budgeting classes, general educational development (GED), computer learning center, career preparedness, job search assistance, and job retention services.
- ACT has been successful in helping 98.2 percent of their clients who got off welfare, from 1998 through 2000, stay off (as of 2001).
- Cincinnati Public Schools is taking a comprehensive, integrative approach in planning for the renovation or rebuilding of their schools. To plan for each school (or Community Learning Center), a civic engagement process is implemented that includes local residents/parents and other concerned partners, as well as social service agencies and businesses in the neighborhood. This process develops a shared vision for the desired continuous learning activities of each local school/community learning center. Some examples could include wellness programs with clinics operating at schools or innovative after-school activities with an on-site YMCA.

### FINDING 2

#### The human services community in Hamilton County is taking a more integrated, comprehensive approach for planning and providing human services.

- Instead of concentrating on the needs of individuals, social service providers, the public sector, non-profit funders, and local citizens are now recognizing the importance of considering individuals within the context of their families, neighborhoods, and communities.
- This integrative framework is used by the United Way of Greater Cincinnati with their present program emphasis areas which include the more traditional *Helping Children Thrive*, *Keeping People Healthy*, and *Maximizing People’s Self-Sufficiency*, along with the new *Building Vibrant Neighborhoods & Communities*.
- Community Investment Partners (CIP) is a five-year (1999-2004) grantmaking initiative that targeted economic, physical, and social issues collaboratively with key partners in specific, declining city neighborhoods. Its successor, Alliance for Building Communities (ABC), will invest in Community Development Corporations (CDCs) involved in comprehensive revitalization efforts in inner city and first suburb neighborhoods.



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# STATE OF THE COUNTY REPORT:

# Health and Human Services

*THE VISION FOR HAMILTON COUNTY'S FUTURE:  
Affordable, quality, community based services and facilities that  
address the needs of all residents.*

## INTRODUCTION

This report presents existing conditions and trends in Hamilton County related to public health and human services. The report identifies eight important findings as well as the importance of trends associated with each finding, and provides key indicators for measuring progress toward the Vision for Hamilton County's Future.

The report is divided into two major sections. Part I provides an analysis of local health trends including those involving growth in medical research, changes in health-care providers and workers, the growth of uninsured populations, post 9-11 public health roles, and evolving concerns about the health of our population. Part II addresses human services including the impacts of the revolutionary transformation of welfare reform and important changes in social service provision.

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## PART I: HEALTH

The quality of health of Hamilton County residents can be gauged by the effectiveness of the health care provider system and the general level of health of the overall population. The health care provider system has recently experienced major trends including consolidation of hospital facilities (resulting in the closing of two hospitals: Jewish and Bethesda Oak), the expansion of older facilities, and the development of new facilities in suburban areas. Another substantial trend has been the evolution of the metropolitan region as a nationally recognized medical research center specializing in genome research and biotechnology undertaken by the UC Medical Center and Cincinnati Children's Hospital Medical Center.

Since 2001, area hospitals have increasingly seen more patients, including a rising number of uninsured patients, in their emergency rooms. This increase in patients is partly attributed to an aging of the large baby-boomer sector; however, there has also been a concurrent, detrimental trend with a medical workforce shortage, including hospital staff nurses and some physician specialties. These trends are driving the rising

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The Vision Statement for Health and Human Services, a component of *The Vision for Hamilton County's Future*, is based on recommendations from 12 Community Forums in the Fall of 2001 and the Countywide Town Meeting held January 12, 2002.

*The Vision for Hamilton County's Future* was reviewed and approved by:

- Community COMPASS Steering Team, July 30, 2002
  - Hamilton County Planning Partnership, Dec. 3, 2002
  - Hamilton County Regional Planning Commission, Feb. 6, 2003
  - Hamilton County Board of County Commissioners, Nov. 26, 2003
-

number of emergency room diversions, where ambulances are diverted from emergency rooms because hospital resources are fully committed.

After 9-11, public health agencies expanded their role to include preparedness for bioterrorism and

emerging diseases primarily by running coordinated mock emergency events in collaboration with fire departments and hospitals. Public health agencies have recently offered health promotion programs such as walking programs and resistance training for seniors in

order to curtail falls, and auto safety classes for teen drivers. Finally, both nationally and locally, health indicator projects have been developed to measure and track the overall health of populations and to improve public policy programming.

**Finding 1**

## HAMILTON COUNTY IS GROWING AS A NATIONALLY RECOGNIZED MEDICAL RESEARCH CENTER.

The University of Cincinnati (UC) Medical Center and Cincinnati Children’s Hospital Medical Center, together, have seen extraordinary growth in medical research funding in recent years. Total research funding for the UC Medical Center in 2003 was \$241 million, an increase of 28 percent from the previous year. A substantial amount of UC’s grants are coming

from the National Institutes of Health (NIH) (see Figure 1). Children’s Hospital received \$73 million in total funding for research in 2002, with \$57 million of that coming from the NIH (see Figure 2).

A joint project of the UC Medical Center and Cincinnati Children’s Hospital Medical Center is the October 2003 launch of

the \$115 million research tower to house the Center for Computational Medicine. With a \$25.2 million grant from the State of Ohio’s Third Frontier Project, the Center will utilize high-powered computers that can analyze thousands of genes at once and point to possible cures or causes of disease. The Center will build on the work of the federally-funded Human Genome Project, which identified the 30,000 genes in human DNA. With the completion of the research tower, Children’s will be the nation’s largest pediatric research center.<sup>1</sup>

The Genome Research Infrastructure Project (GRIP) is a partnership of the University of Cincinnati, Cincinnati Children’s Hospital Medical Center, Procter & Gamble Pharmaceuticals, Wright State University, Acero Inc., and Wright Patterson Air Force Base. GRIP was awarded

**Figure 1**  
NHI RESEARCH GRANT SUPPORT TO THE UNIVERSITY OF CINCINNATI, 1985 - 2000

Note: All NIH grants to UC were for the UC Medical Center

Source: National Institutes of Health, Office of Extramural Research

Fiscal Year	National Rank	Total Support (in dollars)	Number of Research Grants
2003	59	\$ 89,877,000	229
2002	58	\$ 84,429,000	223
2001	64	\$ 72,605,000	202
2000	62	\$ 69,381,000	193
1999	66	\$ 58,161,000	179
1998	66	\$ 47,876,000	161
1997	66	\$ 43,511,000	152
1996	71	\$ 38,450,000	125
1995	67	\$ 39,799,000	132
1994	63	\$ 40,791,000	133
1993	57	\$ 42,345,000	137
1992	57	\$ 41,405,000	143
1991	50	\$ 42,208,000	149
1990	56	\$ 34,501,000	139
1989	52	\$ 36,075,000	143
1988	49	\$ 33,868,000	148

a \$9 million grant in 2002 from the Ohio Biomedical Research and Technology Transfer Commission that will be used to help fund some of the core facilities of the UC Genome Research Institute (GRI). The GRI was officially dedicated in 2003 and is a prime example of the kind of projects Ohio wants to support and grow through its Third Frontier Project. It is expected that the GRI will attract \$130 million in NIH projects in 2004 and by 2009 more than \$500 million in NIH projects.<sup>2</sup>

There has also been fervent local collaborative efforts to leverage and advance medical research to create new bio-tech companies for the metropolitan area. BIO/START is the Cincinnati region's bio/medical business incubator with extensive laboratory and computer support facilities. Emerging Concepts Inc. is a local company that assists start-up companies with management and financial concerns, along with administering a venture capital fund for biomedical investments in the Cincinnati metropolitan region. These individual companies are supported in their efforts by Cincy Tech USA, the Greater Cincinnati Chamber of Commerce's technology-based economic development initiative.

The UC Medical Center has also been looking outside

the region for collaborative opportunities in promoting and expanding a life science/bio-medical consortium for the Kentucky and Ohio "super region." To this end, the Ohio Valley Affiliates for Life Sciences (OVALS) was created as a partnership among the Universities of Cincinnati, Kentucky, Louisville, and Wright State, along with the Air Force Research Laboratory at Wright-Patterson, BIO/START, CincyTechUSA, Dayton Development Coalition, the Health Enterprises Network, and Lexington United. OVALS plans to facilitate and promote scientific collaboration related to the bio-tech industry and economic development.

Both the UC Medical Center and Cincinnati

Children's Hospital Medical Center have recently completed economic development impact reports for 2002 showing an impressive economic impact on the metro region. The UC Medical Center report shows that the Center has a direct impact on the Tri-State economy of \$1.56 billion a year and an indirect impact of \$2.3 billion. The direct impact includes expenditures for employment, research, education and charity care. Indirect impacts include business done by companies as a result of the presence of the Medical Center and revenues from out-of-town patients. Cincinnati Children's Hospital Medical Center contributed a total annual economic impact of \$1.34 billion that includes expenditures for hospital

Fiscal Year	National Rank	Total Support (in dollars)	Number of Research Grants
2003	7	\$ 62,787,000	173
2002	7	\$ 57,110,000	174
2001	9	\$ 39,309,000	139
2000	8	\$ 35,033,000	105
1999	10	\$ 26,629,000	84
1998	8	\$ 28,129,000	83
1997	12	\$ 18,174,000	66
1996	13	\$ 17,008,000	57
1995	13	\$ 12,640,000	49
1994	14	\$ 10,663,000	43
1993	18	\$ 8,516,000	36
1992	18	\$ 8,727,000	34
1991	20	\$ 7,796,000	37
1990	22	\$ 5,832,000	32
1989	23	\$ 4,719,000	28
1988	21	\$ 5,759,000	36
1987	20	\$ 5,754,000	43
1986	20	\$ 4,589,000	33
1985	18	\$ 4,798,000	27

**Figure 2**  
NIH RESEARCH GRANT SUPPORT TO CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, 1985 - 2002

Source: National Institutes of Health, Office of Extramural Research

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operations, capital expenditures, and visitor spending. This impact further generated \$56 million in state and local taxes.

### Why Is This Important?

The evolution of the UC Medical Center and the Cincinnati Children's Hospital Medical Center into nationally recognized medical research centers has made a demonstrably positive impact on the economic "health" of Hamilton County and the Cincinnati metropolitan

region. Local, state and regional collaborative efforts to leverage and increase the translation of new technology and discoveries from medical research into commercially viable bio-tech/life sciences companies are significant for growing and sustaining a bio-tech industry cluster for Hamilton County. A long-term, sustainable bio-tech industry cluster would provide health enhancing technologies and products, a stronger tax base and high-wage jobs for Hamilton County residents.

### Key Indicators:

- *NIH grant funding levels (Figures 1 and 2)*
- *Number of jobs created by BIO/START tenant companies (100 jobs have been generated as of 2004)*
- *Revenues generated by BIO/START tenant companies (\$30 million generated in equity investments, small business innovation research grants, sales revenue, and other grants and research contracts as of 2004)*

#### Finding 2

## HAMILTON COUNTY HEALTH CARE PROVIDERS HAVE CONSOLIDATED TO REDUCE COSTS AND EXPANDED FACILITIES IN SUBURBAN AREAS TO REMAIN COMPETITIVE.

Historically, the major hospitals in Cincinnati developed in a small area within a 1 mile radius of the Clifton and Avondale neighborhoods (Figure 3). Over the past decade several hospitals have joined together in hospital corporate groups to provide more efficient services as well as to function more profitably. At the same time, as more affluent population continues its move outward, two central city hospitals have closed while more hospital facilities have been constructed in the suburbs (see Figure 4).

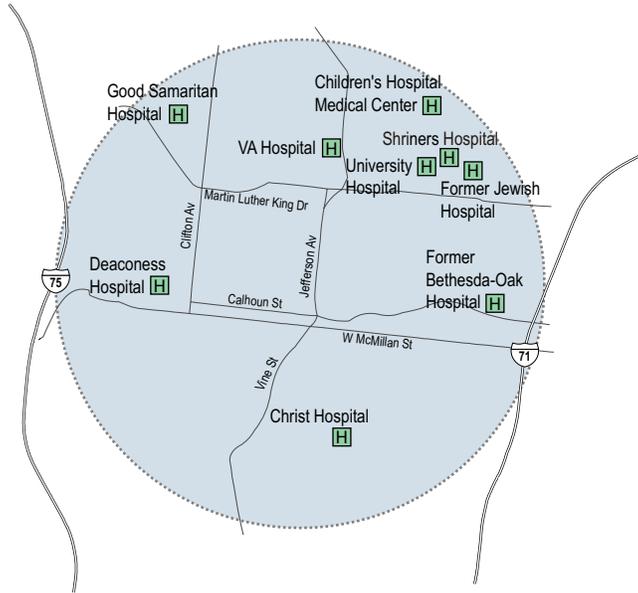
The Cincinnati region experienced a 48 percent reduction in the number of inpatient hospital beds over a recent 15 year period, from 7,414 beds in 1984 to 3,855 beds in 2000, according to a recent Greater Cincinnati Health Council report<sup>3</sup>. In Hamilton County the greatest loss of hospital beds came with the closing of two hospitals: Jewish in 1997 with 351 beds and Bethesda Oak in 2000 with 375 beds.

Jewish Hospital in Avondale was also closed for cost savings through the

elimination of 350 jobs. Many of the services originally provided at Jewish Hospital in Avondale were moved to the Kenwood hospital. Jewish Hospital Kenwood increased from 60 to 175 hospital beds with the closing of the Avondale hospital. At the time of its closing, operating losses for Bethesda Oak had reached \$19 million a year and the average patient count dropped from more than 250 a day in 1989 to just 42 a day in 1999<sup>4</sup>.

Although Pill Hill has lost two major hospitals, some of the remaining facilities are expanding.

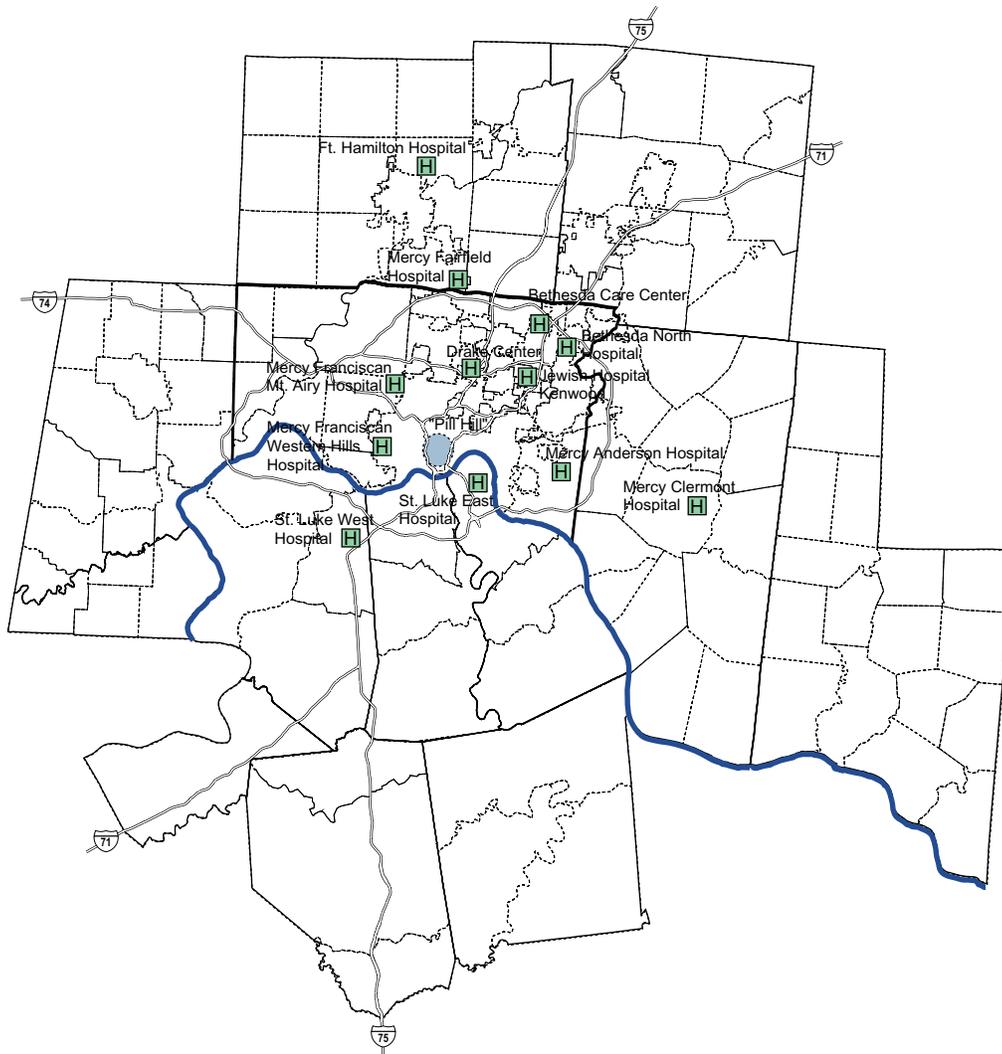
- Christ Hospital has a recently opened \$77 million heart center.
- Good Samaritan Hospital has plans for a \$122 million expansion that will increase bed capacity from 404 to 575, increase operating rooms from 18 to 22, and expand maternity services.



**Figure 3**  
"PILL HILL"  
HOSPITAL AREA

Source: Hamilton Regional Planning Commission

**Figure 4**  
HOSPITALS IN  
HAMILTON COUNTY  
AND THE NEARBY  
REGION, 2004



Hospital  
 See Figure 3

Source: Hamilton Regional Planning Commission

During the early 1990's, health planning groups and major employers in the greater Cincinnati region contended that there was an over-capacity of hospital beds and critical "waste in the system" that was contributing to increasing health premium costs. As a strategic initiative, several major employers in Hamilton County significantly expanded managed care plans for their employees in order to reduce their health care costs. This significant change resulted in appreciably reduced revenues to area hospitals and physicians. At the same time, the newly consolidated hospital groups were also impacted by cutbacks in Medicare payments and continual increases in health care costs from new technologies and new drugs. Several hospitals banded together to provide more efficient and cost-effective health care delivery systems (see Figure 5).

Since 2001, all three hospital groups have "stopped bleeding red ink" and their financial picture has improved. This can be credited to internal cost cutting, more favorable managed

care plan contracts, fewer cuts from Medicare and a growing demand for services with the aging population.<sup>5</sup> However, there is still concern within the "industry" for the long term. The current capacity expansion is only happening now because resources were not available in previous years to devote to infrastructure improvements.

There is still great emphasis in the healthcare community for expanding health care facilities in the northern suburban areas of Hamilton County, as well as the rapidly developing areas of Warren and Butler Counties. Bethesda North Hospital has recently expanded its number of operating room suites from 13 to 17 and also expanded its cardiac catheterization lab and nuclear medicine capacity.

In 2001, Mercy Fairfield in Butler County completed a \$23 million expansion for an open-heart surgery unit that involved 42 new hospital beds including cardiac intensive care beds. In 2002, Mercy Fairfield started another expansion, this time worth \$54.6 million,

that includes additional facilities for cardiac care with two new operating rooms and an 18 room coronary intensive-care unit.

### Why Is This Important?

Health care providers, in the form of the major hospital groups, are responding to the migration of the population to the suburban areas of Hamilton County and nearby counties with expansion of existing facilities and development of new medical facilities. The providers are allowed to implement these expansions due to a change in State law in 1998 that eliminated the Certificate of Need previously required for justification of additional hospital beds.

The market will be the final arbiter of whether all the development of new medical facilities, either in the suburban areas or on "Pill Hill", will be viable in the long run. However, the usual rules do not apply. Many specialist services, such as MRI's, dialysis, special testing, and outpatient surgeries, are now being offered by large physician groups in direct competition with the hospital groups.

There is a growing concern among hospital executives that these specialist services and/or physician-owned outpatient surgeries have an unfair advantage by

**Figure 5**  
HOSPITALS IN  
CINCINNATI  
METROPOLITAN  
REGION, 2004

Source: Hamilton Regional Planning Commission

Hospital Group	Member Hospitals						
Mercy Health Partners	Mercy Hospital Anderson	Mercy Hospital Clermont	Mercy Hospital Fairfield	Mercy Hospital Mt. Airy	Mercy Hospital Western Hills		
Health Alliance	University Hospital	Christ Hospital	Jewish Hospital	St. Luke East Hospital	St. Luke West Hospital	Fort Hamilton Hospital	
Tri Health	Bethesda North Hospital	Good Samaritan Hospital					

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only offering high-revenue generating services, without the need to offer a full-range of health care services and uncompensated care like area hospital groups.

### Key Indicators:

- *New hospital beds in suburban areas (Greater Cincinnati Health Council)*
- *Loss of hospital beds on “Pill Hill” (Greater Cincinnati Health Council)*
- *New health facilities in suburban areas (Greater Cincinnati Health Council)*
- *New specialty hospitals built (Greater Cincinnati Health Council)*

#### Finding 3

## A SHORTAGE OF HEALTH CARE WORKERS IN HAMILTON COUNTY HOSPITALS THREATENS THE QUALITY OF CARE AND SAFETY OF PATIENTS.

A recent, crucial health care trend in Hamilton County, which reflects a similar national trend, is a workforce shortage. This is particularly so with hospital staff nurses and physicians in specific specialties. The American Hospital Association declared there were 126,000 nursing positions unfilled in hospitals across the country in 2002. The Greater Cincinnati Health Council reported a 17 percent nursing vacancy rate with more than 1,100 open positions in the Cincinnati region at the end of 2002.<sup>6</sup>

Increased patient loads, resulting in rising nurse to patient ratios, is often attributed to job burnout and dissatisfaction for nurses. Present day patients have shorter hospital stays but are usually sicker during these shorter stays, thus requiring closer attention and care. Because of the nurs-

ing shortage, hospital staff nurses are more frequently asked to work overtime. A year 2000 national survey of registered nurses (RNs) estimated that 500,000 RNs have left the nursing profession.<sup>7</sup> Others have taken jobs in other areas of the medical arena, such as insurance companies, same-day surgery clinics, and managed care companies. These alternatives to hospital work offer a regular work schedule with no shift work or weekends.

The National Sample Survey of Registered Nurses also documented the continuing trend in the aging RN population in 2000. In 1980, the majority (53 percent) of the RN population was under the age of 40, while in 2000 less than 33 percent were under 40. The major drop was among those under the age of 30. In 1980, 25 percent of RNs

were under the age of 30 compared to only 9 percent in 2000.<sup>8</sup>

Area hospitals are finding it difficult to fill open positions for radiology technicians, pharmacists, and medical laboratory technicians. Also of great concern is the dwindling supply of physicians in specific medical specialties including anesthesiology, neurology, and orthopedics.

In Hamilton County, high medical malpractice premiums paid by physicians along with reductions in reimbursement required by managed care are reasons cited by some area physicians for their retiring early or leaving the area to practice elsewhere.<sup>9</sup> Cincinnati physicians claim they consistently get paid less than their counterparts in nearby cities and research by the Academy of Medicine of

Cincinnati has verified that claim for some procedures (Figure 6).<sup>10</sup>

An August 2003 study that evaluated factors impacting the health care environment of the Cincinnati region found fewer nurses

per capita and fewer physicians, (both in general and in some specialties) than in other metropolitan regions in the Tri-State and Midwest. (see Figures 7, 8, and 9).<sup>11</sup> The study compared the Cincinnati area to

“Tri-State Metro Regions”: Dayton, Columbus, Indianapolis, Lexington and Louisville. and “Midwest Metro Regions”: Pittsburg, St. Louis, Nashville, Milwaukee, and Minneapolis.

Important findings from the study show the Cincinnati metropolitan region has:

- Substantially fewer physicians per capita:
- Substantially fewer specialists per capita
- Fewer physicians in fourteen specialties<sup>12</sup>
- Substantially older physicians in seven specialties, and substantially younger physicians in five specialties<sup>13</sup>
- Fewer primary care physicians per capita
- Higher malpractice insurance rates for physicians in the Ohio cities than all the other comparison cities except St. Louis
- Substantially fewer RNs per capita than the comparison cities
- Fewer RNs working in a hospital setting than the comparison cities

An apparent sign of a health care crisis is the recent increase of diversions at area emergency rooms. Diversions are when hospitals temporarily close their emergency room doors to ambulances because their emergency departments are already fully committed

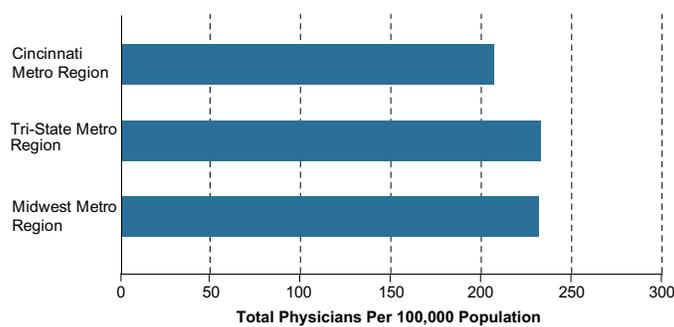
**Figure 6**  
AVERAGE PHYSICIAN REIMBURSEMENT COSTS BY INSURANCE PROVIDERS FOR, 2002

Source: Academy of Medicine of Cincinnati - V4 Consulting  
Cincinnati Enquirer: M. Royer

Procedure:	Lexington	Columbus	Indianapolis	Cincinnati	Average
New Patient Office Visit	\$45	\$43	\$47	<b>\$43</b>	\$45
Established Patient Visit	\$32	\$32	\$35	<b>\$30</b>	\$33
Inpatient Hospital Consult	\$75	\$71	\$82	<b>\$70</b>	\$76
Hospital Discharge Service	\$46	\$47	\$50	<b>\$45</b>	\$48
Neurosurgery/ Craniectomy	\$1,585	\$1,487	\$2,282	<b>\$1,527</b>	\$1,785
Ortho/ Knee Replace	\$2,168	\$2,031	\$2,818	<b>\$2,031</b>	\$2,239
Neurology/ 8 Channel EEG	\$186	\$210	\$342	<b>\$195</b>	\$246

**Figure 7**  
TOTAL PHYSICIAN SUPPLY PER 100,000 POPULATION, 2004

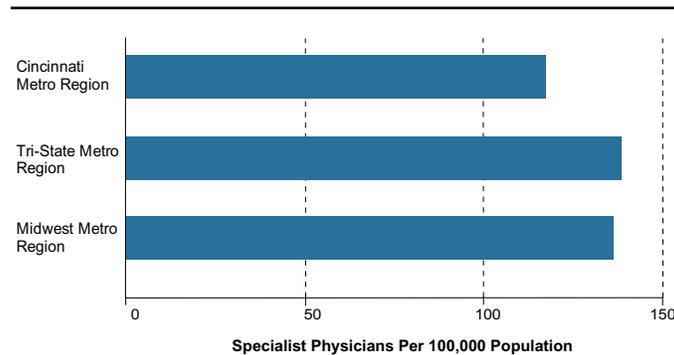
Source: American Medical Association; Cincinnati Health Care Data Collection and Analysis



**Figure 8**  
SPECIALIST PHYSICIAN SUPPLY PER 100,000 POPULATION, 2002

Note: All specialties except Family Practice, General Practice, Internal Medicine and Pediatrics.

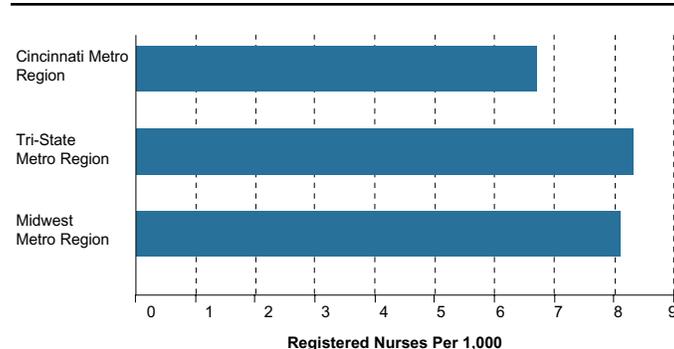
Source: American Medical Association; Cincinnati Health Care Data Collection and Analysis



**Figure 9**  
TOTAL ACTIVE REGISTERED NURSE SUPPLY PER 1,000 POPULATION, 2002

Note: FTE: Full-Time Equivalent. Two part-time nurses were counted as one full-time Registered Nurse

Source: 2000 National Sample Survey of Registered Nurses, Department of Health and Human Services



or because of lack of beds or staff capacity. If emergency rooms or intensive care units are understaffed, whether with physicians or nurses or both, it is more likely that hospitals will need to put emergency rooms on diversion.

In the past, this was an unusual situation. Now, as indicated in Figure 10, it is becoming a much more common situation. The Greater Cincinnati Health Council (GCHC) identified only 27 emergency department shifts on diversion from May to December in 1998 for the Cincinnati area. However, GCHC counted a total of 796 shifts on diversion in 2001, and 613 shifts on diversion for the first seven months of 2002.

To address the workforce shortage, in 2002 GCHC broadened its scope and created the Health Care Workforce Center. Prime goals for this initiative are to assist area hospitals in the retention of their current workforce and assist in recruiting hard-to-fill positions. The initiative is promoting health care careers to middle school, high school, and college level students, along with those pursuing second careers.

### Why Is This Important?

If the region’s health care facilities cannot maintain an adequate number of health care providers, our historically high quality of health care may be in jeopardy. With fewer specialty physicians and hospital nurses, Hamilton County patients would have fewer health care options. For some medical procedures, patients might be delayed for a long period of time or have to travel outside the area to receive the needed care.

Much more distressing is evidence that the nursing workforce shortage could contribute to a critical lessening of patient safety. A recent national study found that for every increase of one patient in the nurse to patient ratio there is a 23 percent increase in the likelihood of nurse burnout and a seven percent increase in risk of patient mortality.<sup>14</sup>

### Key Indicators:

- *Vacancy rate for nurses at hospitals compared to national average (Greater Cincinnati Health Council)*
- *Number of general physicians per capita compared to Tri-State and Midwest comparable regions (Figure 7)*
- *Number of specialty physicians per capita compared to Tri-State and Midwest comparable regions (Figure 8)*
- *Hospital emergency room shifts on diversion (Figure 10)*

Year	Shifts on Diversion
1998	27 (May-Dec. only)
1999	139
2000	345
2001	796
2002	613 (Jan.-July only)
<b>Total</b>	<b>1,919</b>

**Figure 10**  
HOSPITAL EMERGENCY DEPARTMENT SHIFTS ON DIVERSION IN CINCINNATI REGION 1998 - 2002

Source: Greater Cincinnati Health Council

Finding 4

## HAMILTON COUNTY'S UNINSURED POPULATION CONTINUES TO BE EXPOSED TO HEALTH AND FINANCIAL RISK, WHILE THEIR CARE PUTS ADDITIONAL FINANCIAL STRESS ON HEALTH CARE PROVIDERS.

Hamilton County and the City of Cincinnati have maintained a long tradition of providing health care to those who cannot afford it themselves. In the 19<sup>th</sup> century, the City of Cincinnati helped pay for health care in areas it identified as medically underserved. In the present day, Cincinnati continues to operate a number of community health clinics and social services agencies where uninsured persons can receive health care.<sup>15</sup> Since 1824, Hamilton County indigent have received care at University Hospital, previously known as Cincinnati General Hospital, then a city-owned teaching hospital. As health care has

come increasingly more expensive and affordable only with medical insurance, it is becoming difficult for many persons to manage rising costs.

A large and expanding uninsured population persists as a definitive health care trend both nationally and locally. The U.S. Census Bureau estimates the number of uninsured people nationally at 45 million or 15.6 percent in 2003, an increase of 1.4 million uninsured over the 2002 total.<sup>16</sup> In Hamilton County it is estimated there are 9.1 percent or approximately 76,000 uninsured persons in 2002.<sup>17</sup>

Since most health insurance is employer-based, when workers are laid-off they also lose their health insurance benefits. Their options are to continue their health insurance through the Consolidated Omnibus Budget Reconciliation Act<sup>18</sup> (COBRA) or risk going uninsured.

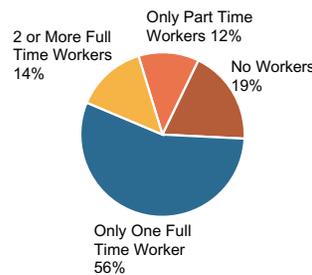
Many go uninsured because of the high cost of COBRA. With the recent economic downturn and the high-level of inflation in health insurance premiums, many workers have lost jobs and their health insurance benefits. Some companies have decreased their health coverage for workers due to escalating premiums. Many low-paying service jobs do not offer insurance coverage to their entry-level employees.

The Kaiser Commission on Medicaid and the Uninsured has revealed that the uninsured are not just the very poor. In fact, nearly 70 percent are from working families with full-time workers.<sup>19</sup> Part-time workers account for 12 percent thus leaving only 19 percent of the uninsured unemployed (see Figure 11).<sup>20</sup>

Though many workers are uninsured, it is more likely that if you are non-work-

**Figure 11**  
NON-ELDERLY UNINSURED BY FAMILY WORK IN THE U.S., 2002

Source: Kaiser Commission on Medicaid and the Uninsured (KCMU) and the Urban Institute analysis of the March 2003 Current Population Survey



**Figure 12**  
UNEMPLOYMENT RATES AND MEDIAN HOUSEHOLD INCOMES, 1999

Source: Economic Research Service

County/ City	Unemployment Rates						Median Household Income (1999)	% of State Median HH Income
	1997	1998	1999	2000	2001	2002		
Cuyahoga County/ Cleveland	4.9%	4.5%	4.6%	4.5%	4.6%	6.7%	\$39,168	95.6%
Jefferson County/ Louisville	4.6%	3.6%	3.8%	3.5%	4.6%	5.6%	\$39,457	117.2%
Marion County/ Indianapolis	3.2%	2.9%	2.8%	2.8%	3.8%	5.3%	\$40,421	97.2%
<b>Hamilton County/ Cincinnati</b>	<b>3.6%</b>	<b>3.5%</b>	<b>3.6%</b>	<b>3.5%</b>	<b>3.7%</b>	<b>5.1%</b>	<b>\$40,964</b>	<b>100.0%</b>
Allegheny County/ Pittsburgh	4.4%	4.1%	3.9%	3.6%	3.8%	4.9%	\$38,329	95.6%
Franklin County/ Columbus	2.7%	2.5%	2.5%	2.4%	2.7%	4.4%	\$42,734	104.3%

ing you are also uninsured. Low-income persons have a greater likelihood of being uninsured. In Ohio and nationally, the uninsured rates for young adults 18-24 are the highest among all age groups (see Figure 14).

Medicaid provides health-care coverage for low-income children and their parents, for persons with disabilities, and indigent seniors. The elderly are guaranteed health insurance coverage through the federal Medicare program. However, for years area hospitals have grappled with shortfalls for Medicare payments. Some area hospitals have even stopped their participation in Medicare managed care plans because of insufficient reimbursement. A revised Medicare Bill was signed into law in December 2003 and included a long-awaited drug coverage for seniors. It is yet to be seen how that program will provide relief to seniors for prescription drug coverage.

To moderate the impact of the uninsured on area hospitals, Hamilton County has the benefit of non-profit community health centers that serve poor and uninsured populations. These centers in Cincinnati include Crossroads, East End, Mt. Auburn, West End, Winton Hills, and Walnut Hills/Evanston Family Practice.

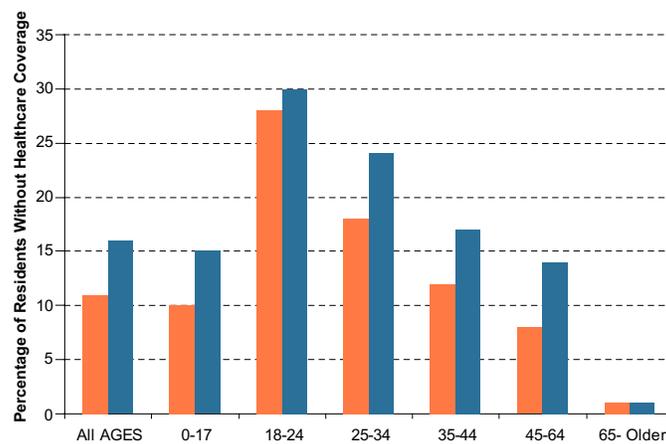
They serve approximately 12,000 patients annually and receive funding from both the City of Cincinnati (\$900,000) and the U.S. Department of Health and Human Services. Additionally, the City of Cincinnati operates six Health Centers: Ambrose Clement, Price Hill, Millvale, Northside, Braxton Cann, and Elm Street. Approximately 45,000 patients are seen annually at these facilities, which have a 2004 budget of approximately \$15 million. Outside of Cincinnati, the Lincoln Heights Health Center serves about 11,700 patients per year and also receives federal funding for uninsured care.

Some constructive steps have recently been taken to address the problems of the uninsured in Hamilton County. The Southern Ohio Community Access Program (SOCAP) has been moving forward to meet its goal of bringing more of the uninsured into the current health care system, including improved access to minority populations. In 2001, the Legal Aid Society of Greater Cincinnati initiated the Health Access Advocacy Project to help uninsured people enroll in existing programs for which they were unaware they were eligible, including Medicaid.

County/ City	All People in Poverty	
	Percentage in 1989	Percentage in 1999
Cuyahoga County/ Cleveland	13.8%	13.1%
Jefferson County/ Louisville	13.7%	12.4%
<b>Hamilton County/ Cincinnati</b>	<b>13.3%</b>	<b>11.8%</b>
Franklin County/ Columbus	13.0%	11.6%
Marion County/ Indianapolis	12.1%	11.4%
Allegheny County/ Pittsburgh	11.5%	11.2%

**Figure 13**  
POVERTY RATES, BY COUNTY, 1989 - 1999

Source: Economic Research Service



**Figure 14**  
UNINSURED RATES BY AGE GROUP, 1999

Source: U.S. Census Bureau; Current Population Survey, 1999

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## Why Is This Important?

For the working poor of Hamilton County who are uninsured, a catastrophic illness requiring long-term hospital care is an equation for financial ruin. But this risk does not just confront the working poor. For the middle class with a good job and health insurance, the loss of that job and the inability to afford the cost of COBRA could result in losing their savings and homes.

Recent studies, both local and national, have shown that lack of health insurance is a major barrier to obtaining needed medical care. Primary causes for this barrier are that the uninsured delay or avoid

care and many have no usual source for health care so use hospital emergency rooms instead. The uninsured are more likely to be sicker when they do seek care and are more likely to die sooner than those with insurance.

Hamilton County has maintained a tax levy for the uninsured since 1966 to provide hospital care for the poor and provide for inmates' health care, drug treatment, and tuberculosis treatment. Although the levy pays for uninsured care at University Hospital and Cincinnati Children's Hospital, it cannot be used to pay for physicians' services. The overall costs have recently run into the tens of millions of dollars and are an additional bur-

den to area hospitals, contributing to their continuing financial stress. Even with the levy, it was estimated by the Greater Cincinnati Hospital Council that uncompensated care for area hospitals in 2002 reached \$100 million.<sup>21</sup>

## Key Indicators:

- *Number of uninsured Hamilton County residents (9.1% - Indicators of Healthy Communities 2003 for Greater Cincinnati)*
- *Hamilton County unemployment rate (Figure 12)*
- *Hamilton County poverty rate (Figure 13)*

### Finding 5

## PUBLIC HEALTH AGENCIES HAVE EXPANDED THEIR ROLE TO INCLUDE PREPAREDNESS FOR BIOTERRORISM, DISEASE THREATS, AND IMPLEMENTATION OF INJURY PREVENTION/HEALTH PROMOTION PROGRAMS.

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### Bioterrorism Programs

Since the September 11, 2001 terrorist attacks on U.S. soil and the anthrax events that same year, bioterrorism preparedness has become a major focus of national, state, and local public health agencies. The states have received

\$1.1 billion in 2002 and \$1.5 billion in 2003 from federal grant programs for this purpose.<sup>22</sup> The State of Ohio additionally received a \$28 million grant from the Centers for Disease Control and Prevention for public health emergency preparedness and

\$18 million for hospital preparedness from Health Resources and Services Administration.<sup>23</sup> Much of the funding has been used for running coordinated mock emergency events among entities such as fire departments, hospitals, and public health agencies.

The expanding role of public health agencies to the challenges from threats of bioterrorism and emerging diseases has manifested itself in Hamilton County public health agencies taking the needed steps to design and prepare a comprehensive emergency response plan. Public health agencies have transitioned from being the usual second responders in emergencies such as floods and tornadoes, to being the first responders in situations involving biological agents or natural communicable disease threat.

Locally, the Hamilton County General Health District (HCGHD) serves as the lead agency for the Public Health Infrastructure Grant, that covers an eight county region in Southwest Ohio. The purpose of this funding is to upgrade preparedness for and response to not only terrorism, but also to outbreaks of infectious diseases and other public health threats and emergencies.

### Injury Prevention/Health Promotion Programs

A traditional role of public health agencies is to track and publish data about injuries and mortality. Health data collected by public health agencies show that the major cause of death in Hamilton County for both men and women is cardiovascular disease. Many risk factors contributing to the

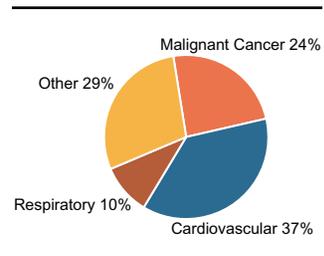
occurrence of this disease such as obesity, cigarette smoking, high blood pressure, and high cholesterol are lifestyle factors that can be modified by changing behaviors. While cardiovascular disease accounted for 37 percent of all deaths (see Figure 15), 75 percent of those deaths were from heart disease and 20 percent from stroke<sup>24</sup>. The average age of death from cancer was 70 years for males and 71 years for females.

As seen in Figures 16 and 17, falls (primarily by senior citizens) are one of the greatest single causes for serious injuries or death. Another serious cause of injury is automobile accidents involving minors. Both of these causes of injuries are accidental by nature and therefore preventable. Recently, the HCGHD has developed and implemented programs to address these types of preventable injuries.

In matters of health promotion, HCGHD has helped initiate walking programs including Communities on the Move, senior chair volleyball, and resistance exercise programs for seniors. These programs are designed to help strengthen seniors in order to lessen falls and moderate the onset of cardiovascular disease. High School education programs for improving driving skills and emphasizing maintain-

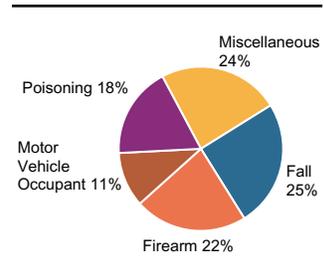
ing attention on the road are another attempt to reduce accidents.

These programs for promoting healthy behavior and injury prevention reflect an emerging national trend that is seeking to reestablish the connection between public health and land use planning and community design. Strongly promoted by the National Association of County and City Health Officials and the American Planning Association, the intent is to integrate local public health planning officials into the land use planning process and bring back the perspective of public health to land use planning decisions.



**Figure 15**  
DEATHS BY MAJOR DISEASE CATEGORIES IN HAMILTON COUNTY, 2000

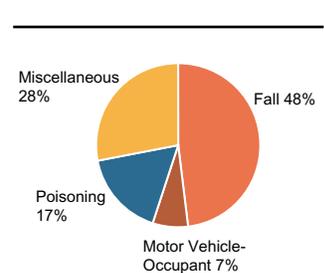
Source: Hamilton County Mortality Public Health Report 2000, Hamilton County General Health District



**Figure 16**  
INJURY DEATHS BY CAUSE IN HAMILTON COUNTY, 2001

Note: Sample size of 410 persons

Source: Hamilton County Injury Surveillance Report 2001, Hamilton County General Health District



**Figure 17**  
NON-FATAL INJURY HOSPITALIZATIONS IN HAMILTON COUNTY, 2001

Note: Sample size of 4,254

Source: Hamilton County Injury Surveillance Report 2001, Hamilton County general Health District

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## Why Is This Important?

Public health agencies are expanding their roles in order to be better prepared to meet the new challenges from disease threats, such as West Nile Virus and SARS, as well as, from the human threats of bioterrorism. Since 9-11, the federal government has directed over \$2 billion in funding to the states to develop comprehensive preparedness plans for any future disease outbreaks or bioterrorist attacks. The ultimate goal for this extensive preparedness movement is

to assure that “next time, we’ll be ready”.

Public health agencies through their expanding educational role are promoting and teaching healthier and safer lifestyles to all age groups with programs for encouragement of active living. The growing movement to connect public health with land use planning and community design should enable public health officials to better inform decision makers about impacts and possible unintended health costs in land use decisions.

## Key Indicators:

- *Deaths by major disease category (Figure 15)*
- *Non-fatal injuries requiring hospitalizations (Figure 17)*
- *Injury death rates for persons over 65 years of age (from 1997 to 2001, the injury rate was 71 per 100,000 persons, source: Hamilton County General Health District)*

### Finding 6

## COMMUNITY HEALTH INDICATORS AND RELATED STRATEGIC GOALS, BOTH NATIONALLY AND LOCALLY, ARE IMPROVING PUBLIC POLICY AND REDUCING UNHEALTHFUL BEHAVIOR.

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Healthy People is a program of the Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services that presents disease prevention and health promotion objectives for the first decade of the new millennium. The original Healthy People program was launched in 1979 with primary goals of enhancing the health of the U.S. population in five major life stages: infants,

children, adolescents and young adults, adults, and older adults.

In 1990, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* was released and identified three major goals: increase the span of healthy life, reduce health disparities, and achieve access to preventive services. The report identified 300 national health objectives

that were structured under 22 priority areas. The five major life stages continued as a parameter for *Healthy People 2000*, which had age-related objectives. These age-related objectives included reducing the death rate for children ages 1-14 by 15 percent or to no more than 28 per 100,000, reducing infant deaths to no more than 7 per 1,000 births, reducing death rate for adolescents and young adults by 20

percent or to no more than 85 per 100,000, and reducing the death rate for adults 25-64 years of age by 20 percent or to no more than 340 per 100,000. As Figure 18 shows, the goals for reducing deaths for children ages 1-14 and adolescents and young adults were met, and the goals for reducing infant deaths and adult deaths for ages 25-64 were very close to being met.

In January 2000, *Healthy People 2010: Objectives for Improving Health* was released and identified two major goals along with 10 leading health indicators for tracking them (see Figure 19).

At the local level, the Health Improvement Collaborative of Greater

Cincinnati recently issued its *Indicators of Healthy Communities of Greater Cincinnati 2003*, intended to measure, monitor, and track the health of 14 counties in the Cincinnati metropolitan region. The Health Improvement Collaborative is a non-profit organization and a subsidiary of the Greater Cincinnati Health Council. The mission of the Collaborative is to “stimulate continuous, significant measurable improvement in the health of people of Greater Cincinnati through collaborative leadership.”<sup>25</sup> *Indicators of Healthy Communities of Greater Cincinnati Reports* were released in 1997 and also 2000.

The *Indicators of Healthy Communities of Greater Cincinnati 2003* includes 46 health indicators organized under nine primary areas that serve as baseline measures for previous and future indicator reports.

1. Demographic overview of the region
2. Environmental factors influencing health
3. Maternal, child and infant health
4. Healthy behaviors
5. Behavioral and mental health
6. Infectious diseases
7. Health services utilization
8. Mortality
9. Injury deaths

**Figure 18**  
HEALTHY PEOPLE 2000:  
LIFE STAGE  
OBJECTIVES: U.S.,  
1987 - 2000

Sources: National Vital Statistics System, CDC, NCHS

**Figure 19**  
HEALTHY PEOPLE  
2010: LEADING  
HEALTH INDICATORS,  
2000

Sources: National Vital Statistics System, CDC, NCHS

Life Stages	Mortality Rates									Target Objectives 2000
	1987	1991	1992	1993	1994	1995	1996	1997	1998	
Infant mortality (per 1,000 live births)	10.1	8.9	8.5	8.4	8.0	7.6	7.3	7.2	7.2	7
Children 1 -14 years (total deaths per 100,000)	33.7	30.7	28.8	29.8	28.5	27.8	26.5	25.1	24.0	28
Adolescents and young adults 15-24 years (total deaths per 100,000)	97.8	100.1	95.6	98.6	98.0	95.3	89.6	86.2	82.3	85
Adults 25 - 64 years (total deaths per 100,000)	426.9	400.7	394.7	400.1	398.6	397.3	382.0	368.1	364.0	340

1. Physical Activity	6. Mental Health
2. Overweight and Obesity	7. Injury and Violence
3. Tobacco Use	8. Environmental Quality
4. Substance Abuse	9. Immunization
5. Responsible Sexual Behavior	10. Access to Health Care

Among the findings of the *Indicators Report* for the Hamilton County population are:

- 34.6 percent are overweight and an additional 22.6 percent are obese

(Figure 20)

- 30.3 percent are cigarette smokers (Figure 21)

Obesity in the U.S. has increased to epidemic proportions over the past decade. Much discussion

has arisen as to its causes ranging from eating more processed foods and fast-foods to impacts of sprawl and more time spent commuting to life in front of the TV, the game box, and the computer. Over half of this region's population is considered overweight or obese (see Figure 22).

Tobacco use is one of the most preventable causes of disease and death. Although Hamilton County has one of the lowest smoking rates in the 14 county region, the region's rate is 50 percent higher than the national average (see Figure 22). Many local governments, organizations, and school districts are implementing educational programs and policies to discourage smoking.

The United Way of Greater Cincinnati has also initiated the development of an indicators project called *State of the Community: A Report of the Socio-Economic Health of the Greater Cincinnati-Northern Kentucky Region*. The intent is for this to be an ongoing project to periodically measure the change in the overall "socio-economic health" of the region utilizing a set of applicable and dependable indicators. The Report incorporates some of the same health indicators as *Indicators of Healthy Communities of Greater Cincinnati 2003*, including infant mortality and low birth rate (see Figures

**Figure 20**  
PERCENT OF ADULTS OVERWEIGHT OR OBESE, 2002

Notes: Percents based on 1999 and 2002 data combined.

- Percent overweight people with body mass index greater than 25 but less than 30.
- Percent obese people with body mass index 30 or greater.

Sources: 1999 Community Health Survey Results & 2002 Community Health Status Survey Results, as contained in *Indicators of Healthy Communities 2003*.

	Overweight	Obese	Total
Boone County, KY	36.0	30.7	66.7
Dearborn County, IN	36.0	30.7	66.7
Kenton County, KY	45.4	18.2	63.6
Warren County, OH	38.1	22.4	60.5
United States	37.0	22.1	59.1
State of Ohio	35.8	23.0	58.8
<b>Hamilton County, OH</b>	<b>34.6</b>	<b>22.6</b>	<b>57.2</b>
Campbell County, KY	19.8	33.8	53.6
Clermont County, OH	36.8	16.5	53.3
Butler County, OH	36.2	16.7	52.9

**Figure 21**  
PERCENT WHO ARE CURRENT TOBACCO USERS, 2002

Notes: Percents based on 1999 and 2002 data combined.

- Percent overweight people with body mass index greater than 25 but less than 30.
- Percent obese people with body mass index 30 or greater.

Sources: 1999 Community Health Survey Results & 2002 Community Health Status Survey Results, as contained in *Indicators of Healthy Communities 2003*.

	Cigarette Users
Clermont County, OH	41.6%
Warren County, OH	37.0%
Dearborn County, IN	36.7%
Butler County, OH	33.5%
Campbell County, KY	32.9%
Kenton County, KY	32.8%
<b>Hamilton County, OH</b>	<b>30.3%</b>
Boone County, KY	29.5%
State of Ohio	26.6%
United States	23.0%

**Figure 22**  
INFANT MORTALITY RATES AND PERCENT CHANGE PER 1,000, 1990 AND 2000

Source: SUNY Downstate Medical Center: *The Social & Health Landscape of Urban & Suburban America*, data from the National Center for Health Statistics 1990, 2000

Peer City	Infant Deaths per 1,000 Births		% Change 1990 - 2000
	1990	2000	
Pittsburg	13.4	12.5	-6.6
Columbus	11.9	9.9	-17.0
<b>Cincinnati</b>	<b>14.8</b>	<b>12.9</b>	<b>-12.5</b>
Indianapolis	12.4	9.9	-20.1
Cleveland	17.9	13.2	-25.9
Louisville	10.8	7.0	-35.1

**Figure 23**  
LOW BIRTH RATES: PERCENT OF LIVE BIRTHS(LESS THAN 5.5 LBS.) IN CINCINNATI AND PEER METROPOLITAN REGIONS, FOR 1990 AND 2000

Source: SUNY Downstate Medical Center: *The Social & Health Landscape of Urban & Suburban America*, data from the National Center for Health Statistics 1990, 2000

Peer City	Low Weight Births per 1,000 Births		% Change 1990 - 2000
	1990	2000	
Columbus	8.2	9.6	17.1
Indianapolis	8.2	8.4	2.4
<b>Cincinnati</b>	<b>10.1</b>	<b>10.1</b>	<b>0.0</b>
Louisville	9.4	9.4	0.0
Cleveland	12.0	11.4	-5.0
Pittsburg	11.2	10.3	-8.0

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22 and 23), as well as obesity, percent uninsured, and health status index.

The efficacy of regional indicators as a tool for civic improvement has also been adopted by Sustainable Cincinnati, a coalition of 59 organizations from an eight county, tri-state metropolitan region.

### Why Is This Important?

Health indicators enable communities to measure and track over many years the overall health of its population. Communities can also choose to develop programming to improve the findings of the health indicators. The national program, Healthy People 2010, has set national goals for its leading health indicators, which like the *Indicators of Healthy Communities of Greater Cincinnati 2003*, can be incorporated as strategic benchmark goals for local communities.

Health indicators can be powerful tools for elected leaders to make informed decisions about public policy. Many of the health indicators actually measure the outcomes of unhealthy human behavior such as inadequate physical activity, obesity/overweight, tobacco use, and substance abuse. Experience has shown, especially with tobacco use, that public educational programs can

have great overall impact on changing unhealthy behavior in the population. Educational programs can be an effective means of reducing unhealthy behaviors.

As people become healthier, their own quality of life increases as well as that of the region. Healthier people and communities require less treatment for catastrophic illnesses, thereby easing the burden on health care providers.

An emerging trend is the health promotion/active living movement, exemplified by the America on the Move program, which educates and promotes increased physical activity and decreased caloric intake. A broad-ranging, successful implementation of health promotion/active living programs could help prevent the occurrence of diseases associated with a sedentary life-style, such as cardiac disease and diabetes.

### Key Indicators:

- *Overweight and obese population (Figure 20)*
- *Tobacco users (Figure 21)*
- *Infant mortality (Figure 22)*
- *Low birth weight (Figure 23)*

## PART II: HUMAN SERVICES

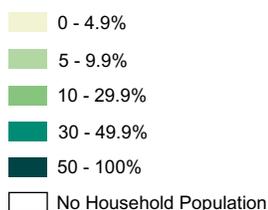
Human services has actually come to mean the social services provided for those citizens categorized as in poverty. Social services provided by the Hamilton County Department of Jobs and Family Services include; food stamps, child protection, child care for welfare recipients and cash assistance. Welfare reform has truly been revolutionary, changing the federal welfare entitlement into a program of public assistance that is temporary and requires recipients to work. In Hamilton County, the welfare caseload since 1996 has diminished by 45 percent – from 17,863 in 1996 to 8,000 in 2002. Hamilton County has also benefited from special programs like those offered by Accountability and Credibility Together (ACT), which divert possible welfare candidates to educational, job preparedness, and job search and retention classes.

The human services community has recently been utilizing a more integrated, comprehensive approach to planning and providing services. Instead of just addressing individual needs, this approach broadens the perspective to consider individuals within the context of their families and communities. Thus, programming is designed not just for the individual needs, but also includes programs for community organizing and neighborhood revitalization.

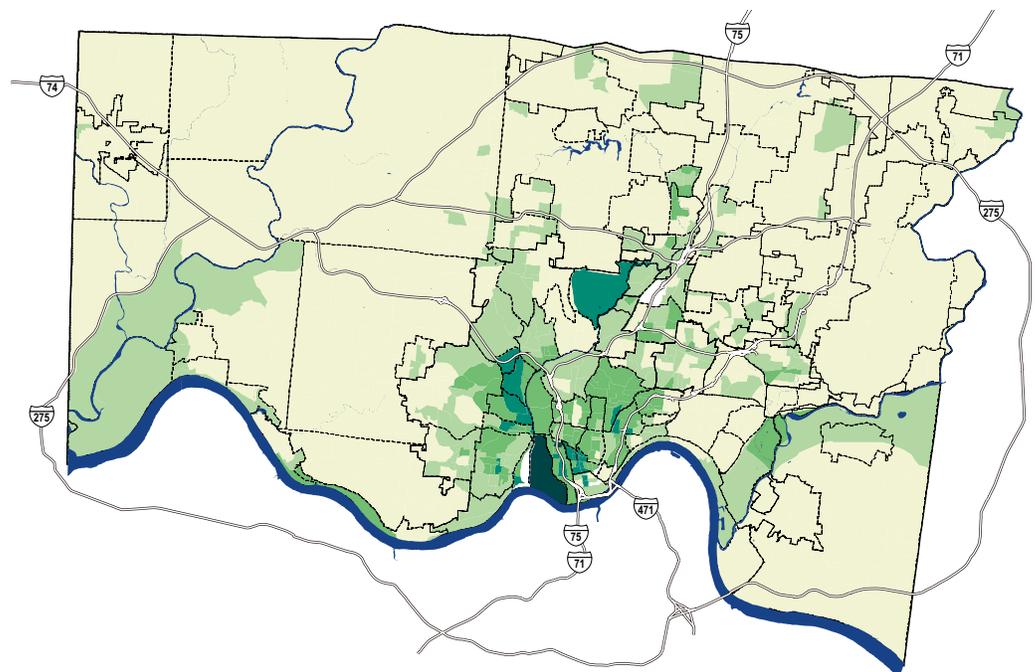
Ten national “future influences” expected to shape American cities over the next 50 years are identified in a Community COMPASS Report, *External Influences: The Impact of National Trends on Hamilton County's Future*. Two of those influences are directly related to human or social services: the perpetual underclass in central cities and "inner-ring suburbs," and growing disparities of wealth.

The perpetual underclass is in part a consequence of a half-century of “white flight” to the suburbs, with the result that minorities are segregated in poorer areas in the inner city and some "inner-ring suburbs" (Figure 24). More recently, jobs have also migrated to the

**Figure 24**  
POVERTY RATES  
BY CENSUS BLOCK  
GROUPS, 2000



Source U.S. Census Bureau, 2000, SF3



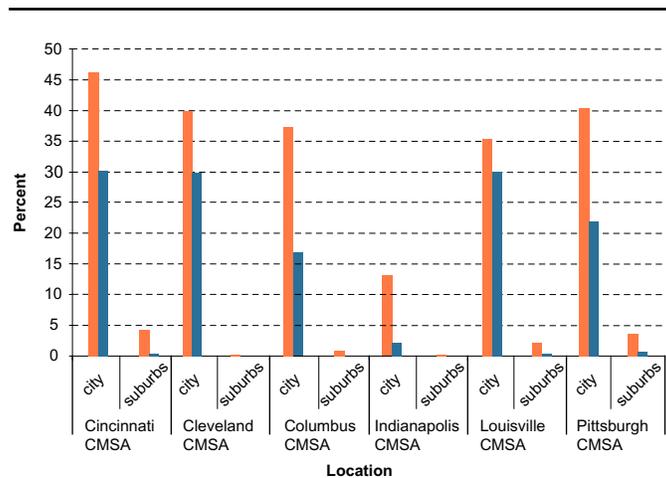
suburbs and now minorities have to deal with the “spatial mismatch” problem where there is inadequate or no public transportation access to those suburban jobs.

The City of Cincinnati clearly exemplifies what William Julius Wilson identifies as “concentration effects” resulting in many pathologies that arise when poor people are constricted in one area. It can “create a vicious cycle” even for those trying to work and survive, “with drug addiction, poor schools and limited housing choice.”<sup>26</sup>

In Hamilton County, all the neighborhoods with 30 percent or more persons living in poverty are within the City of Cincinnati and include: Over-the-Rhine, the West End, Walnut Hills, Avondale, Camp Washing-

ton, and Corryville. From 1990 to 2000, the concentration of poverty in the City of Cincinnati lessened by over 15 percent (Figure 25). Concentration of poverty all but disappeared in the suburban areas of the Cincinnati metropolitan area. This same pattern was consistent for the peer metro areas of Cleveland, Columbus, Indianapolis, Louisville, and Pittsburgh during this same period (Figure 25). This does not

mean there is less poverty, but that poverty is becoming more dispersed both in major cities as well as their suburbs. The Midwest had the largest average decline in concentrated poverty for both cities (50 percent) and suburbs (95 percent) between 1990 and 2000.<sup>27</sup> The Midwest also experienced the largest decline in Black poverty rates among the four regions: Northeast, Midwest, South and West.<sup>28</sup>



**Figure 25**  
PERCENT OF POOR POPULATION LIVING IN A HIGH POVERTY NEIGHBORHOOD IN 1990 - 2000

1990  
2000

Source: The SUNY Downstate Medical Center: *The Social and Health Landscape of Urban and Suburban America Report Series*, July 2004

**Finding 1**

**WELFARE REFORM IS MOVING MANY AT-RISK FAMILIES FROM DEPENDENCE TO SELF-SUPPORT.**

The national “Welfare-to-Work” Program has been successful in moving many welfare recipients into the workplace. Nationally, the welfare caseload has declined from 5 million families in 1994 to 2.2 million in June 2000, a 56 percent reduction.<sup>29</sup> The impact of welfare reform is seen in Figure 26 with the consistent reduction

in households on public assistance from 1990 to 2000 for Cincinnati and its peer regions.

The Personal Responsibility and Work Opportunity Act of 1996 converted the long-standing federal welfare entitlement program into a temporary assistance program with real time limits and expectations that recipients work

to receive the benefits of the program. This law created the Temporary Assistance for Needy Families (TANF) program, replacing the older Aid to Families with Dependent Children (AFDC). TANF allows states great discretion in how funding is programmed. In Ohio, the program is called Ohio Works First (OWF), and

the Department of Job and Family Services (HCJFS) is charged with administering the program in Hamilton County.

To be eligible for TANF, a family's income must be less than 60% of the federal poverty level, which would be \$8,490 for a family of three. The maximum monthly cash benefit is \$373. The program requirements for participants include signing and complying with a "Self-Sufficiency Contract" that details obligations and support services for recipients. Among the support services recipients can receive are health care through Healthy Start (a Medicaid program for pregnant women and for children up to age 19), Healthy Families (a Medicaid program for children

under age 19 and parents with incomes at or under 100 percent of the federal poverty level), and child care.

Recipients of OWF cash assistance have a maximum lifetime limit of 36 months, but they do not need to be consecutive. Families that exceed the time limit for cash assistance may still be eligible for job training, Medicaid, food stamps, and child care assistance. Extensions for cash assistance up to 24 months can be granted for "good cause": (1) must be off assistance for two years and meet certain work-related criteria, or (2) hardship situations in which applicants must meet at least one out of ten criteria. Almost half of families on hardship extensions have four or more children under

the age of 14. Figure 27 shows the welfare caseload for cash assistance in Hamilton County was 17,863 in 1996 but dropped to 8,000 in 2002 - a 45 percent reduction.

Hamilton County has experienced a transformation in spending under welfare reform. In 1998, 75 percent of welfare funding was spent on cash assistance and 25 percent on support services such as subsidized child care and workforce development. By 2002, those percentages for spending welfare funds had been reversed.<sup>30</sup> At the present time, most Hamilton County welfare recipients are children living with single mothers. However, even this characteristic of the provision of welfare in Hamilton County is changing:

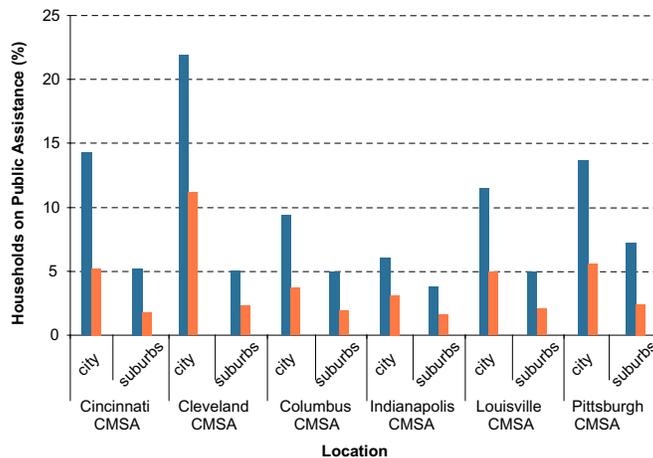
*The face of welfare – Most of the people on welfare are children living with single mothers. As more welfare recipients go to work however, an increasing portion of the total caseload is made up of "child only" cases. These are primarily children being raised by their relatives (of the working parent). In December 2002, nearly 45 percent of people on welfare were "child only" recipients. This is a 12 percent increase since 1997.*<sup>31</sup>

Welfare reform requires poor single mothers with children to go to work in

**Figure 26**  
PERCENT OF HOUSEHOLDS ON PUBLIC ASSISTANCE, 1990 - 2000

1990  
2000

Source: The SUNY Downstate Medical Center: *The Social and Health Landscape of Urban and Suburban America Report Series*, July 2003



**Figure 27**  
WELFARE CASES, RECIPIENTS, AND CASH ASSISTANCE IN HAMILTON COUNTY, 1996 - 2002

Source: Hamilton County Department of Job and Family Services

	1996	1997	1998	1999	2000	2001	2002
Cases (monthly avg.)	17,863	14,688	10,268	8,612	8,444	8,378	8,000
No. of Recipients (monthly avg.)	47,324	38,308	26,156	21,420	21,208	20,710	18,750
Payments (annual in millions, federal and state money)	\$69.59	\$69.59	\$38.07	\$32.24	\$32.78	\$32.33	\$31.88

order to qualify for cash assistance. Understandably, this increases the need for child care (Figures 28 & 29). Subsidized child care is also offered to other low and moderate-income families by HCJFS. However, with federal and state funding “drying up,” HCJFS estimates that 2,500 families will lose child care benefits in the near future.

An important part of the OWF program is the Prevention, Retention and Contingency (PRC) Program. This program provides funding to counties for distribution to families to stay off welfare, preferably prior to applying for cash assistance. In Hamilton County, HCJFS case workers determine if applicants are eligible for a once-a-year emergency assistance voucher of up to \$500 - which is usually used to pay for car repairs, back utilities payments, rent, etc.

Some PRC candidates who are not receiving cash assistance are “diverted,” and instead referred to Accountability & Credibility Together (ACT). ACT was formed in 1996 as a consortium of local social service agencies including the Free Store/Food Bank, Beech Acres, Lighthouse Youth Services, and Talbert House. It is designed to facilitate services in four targeted areas: employment, substance abuse, emergency

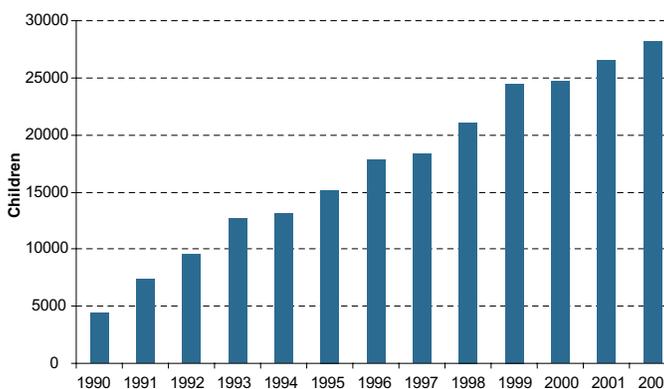
services, and youth services. ACT was intended to be a broker of services between HCJFS and social service providers, but has since transformed into a service provider for families with programs designed to help them reach self-sufficiency.

The educational programs ACT offers include budgeting classes, general educational development (GED), computer learning center, career preparedness, job search assistance, and job retention services. ACT’s success is evident from the following statistics “100% of ACT clients attend budget class and/or receive budget counseling to avoid future debt” and “86% of ACT clients attending our Career Preparedness class have obtained employment within 60 days<sup>32</sup>”. ACT has been successful in helping

98 percent of their clients who got off welfare from 1998 through 2000 stay off (as of 2001). It is estimated that ACT’s work has saved Hamilton County \$10.9 million in taxpayer funds for public assistance during this same 1998 through 2000 period.

The question now for the social services community is whether welfare reform can continue its success in the future with a section of the population still trapped in poverty. In Hamilton County, major social service providers like the Free Store/Food Bank Inc. are discovering that the female population still on welfare has multiple barriers to finding and maintaining employment including limited education, mental health issues, and having a police record.<sup>33</sup>

	1996	1997	1998	1999	2000	2001	2002
Children served	17,826	18,536	21,127	24,498	24,628	26,548	28,185
Child care in private homes	890	914	1,101	1,398	1,624	1,748	2,018
Child care centers under contract	214	243	256	272	284	312	327
Payments (in millions, federal and state money)	\$27.40	\$28.26	\$30.50	\$38.62	\$46.78	\$61.40	\$65.20



**Figure 28**  
SUBSIDIZED CHILD CARE IN HAMILTON COUNTY 1996 - 2002

Source: Hamilton County Department of Job and Family Services

**Figure 29**  
CHILDREN IN SUBSIDIZED CHILD CARE IN HAMILTON COUNTY 1990 - 2002

Source: Hamilton County Department of Job and Family Services

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The Free Store/Food Bank also has great concerns for the indigent male population, who are some of the prime users of its services. In 2001, there were 28,800 requests for services at the Free Store/Food Bank and 11,600 (40 percent) of these requests were from men.<sup>34</sup> This population of men can also be characterized as having multiple barriers to finding employment with the majority having jail records and little education. Indigent men are greatly straining the capacity of the Free Store and other needy agencies to provide services they need, without cutting services to other clients.<sup>35</sup> The indigent male group makes up much of the homeless population in Hamilton County, and there is no federal/state/local funding source that supports their needs. They are essentially outside the welfare safety net.

### Why Is This Important?

Welfare reform has been a success both nationally and locally in greatly reducing the number of families dependent on welfare. In Ohio and locally in Hamilton County there have been innovative programs like the Prevention, Retention and Contingency Program and innovative providers like ACT that have developed programs fashioned to the needs of their clients. Undoubt-

edly, these programs help to assure the great success rate of welfare reform in Hamilton County, with a 45 percent reduction in the welfare caseload. This reduction has meant that many able families have moved from poverty and dependence to employment and self-sufficiency.

Welfare reform has necessitated the development of new collaborations between public and non-profit social service providers as well as the business community to create workforce preparedness programs needed for the successful transformation to employment and self-sufficiency. Much of the savings from declining welfare caseloads has been used to provide for increased child care that is needed by most welfare recipients transitioning to full-time employment. The “frontline” welfare-reformers have also gained a greater understanding of the barriers to work for many welfare recipients including earning a livable wage, transportation needs, affordable housing and health care, and balancing work and parenting.

### Key Indicators:

- *Number of welfare recipients (Figure 27)*
- *Number of children receiving subsidized child care (Figures 28 & 29)*
- *Number of families served by Accountability & Credibility Together (ACT) 1,400 families served in 2003 – source: Hamilton County Department of Job and Family Services*
- *Number of indigent male population requesting service from Free Store (11,600 male service requests in 2001)*

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Finding: 2

## THE HUMAN SERVICES COMMUNITY IN HAMILTON COUNTY IS TAKING A MORE INTEGRATED, COMPREHENSIVE APPROACH FOR PLANNING AND PROVIDING SERVICES.

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In Hamilton County and its central city, Cincinnati, another major trend of the human services community has been to develop an integrated, comprehensive framework for the planning and provision of services. Instead of only concentrating on the needs of individuals, the importance of considering individuals within their families, neighborhoods, and communities is being recognized as critical by social service providers, the public sector, non-profit funders, and local citizens. The following organizations exemplify this integrated approach to social service provision.

### United Way

This integrative framework is used by the United Way of Greater Cincinnati with their present program emphasis areas which include the more traditional *Helping Children Thrive*, *Keeping People Healthy*, and *Maximizing People's Self-Sufficiency*, along with the new *Building Vibrant Neighborhoods & Communities*.

To address the new program area of Building Vibrant Neighborhoods & Communities, United Way

has developed partnerships and initiatives with the following groups:

- Alliance for Building Communities, which provides support and assistance to area Community Development Corporations (CDCs), received \$350,000 in funding from United Way in 2003;
- Community Building Institute, which promotes asset-based community development in area neighborhoods and communities, received \$50,000 in funding from United Way in 2003;
- Community Investment Partners, which is a funders' collaborative that stimulates integrative, comprehensive community development in area neighborhoods, received \$100,000 in funding from United Way in 2003;
- Greater Cincinnati Microenterprise Initiative, which provides credit, training, and support to individuals in low-income areas, received \$63,000 in funding from United Way in 2003; and
- Greater Cincinnati-Northern Kentucky LISC (Local Initiatives Support Corporation), which is an affiliate of national LISC and helps CDCs by providing capital, technical support, and training, received \$100,000 in funding from United Way in 2003.

United Way continues to fund innovative initiatives in more traditional social service areas such as the award winning *Every Child Succeeds* (\$2 million in 2003). This program helps ensure an optimal start to life for at-risk, first-time mothers and their babies. On the other hand, the United Way understands that the neighborhoods where these same mothers and babies live also need some "capital, support and training" to help revitalize them so they can thrive in the future. In fact, in 2003 the United Way of Greater Cincinnati invested \$17 million in low-income neighborhoods in Cincinnati.<sup>36</sup> In 2003, the Hamilton County Department of Job and Family Services

expended \$937 million on income maintenance for recipients (which includes \$31 million for cash assistance, \$62 million for food stamps, \$5 million for disability assistance, and \$800 million for Medicaid); and \$183 million on social services (which includes \$63 million for protective services, such as abuse instances, and \$63 million for Child Care).<sup>37</sup>

### Cincinnati Empowerment Corporation

Another example of the integrative framework for human services in the City of Cincinnati is the Core Program Areas of the Cincinnati Empowerment Corporation (CEC) which focuses on: (1) individual and family well being, (2) economic & workforce development, (3) housing & neighborhood, and (4) civic infrastructure. The strategic planning process for the application to HUD in 1998 also utilized these as core vision elements. This planning process was initiated and driven by neighborhood activists, and their enthusiasm engendered support by the City of Cincinnati and business leaders.

The CEC was established as a non-profit entity to manage the Cincinnati Empowerment Zone Grant, awarded by HUD in 1998. The CEC funds projects in the nine neighborhoods of

the Cincinnati Empowerment Zone: Avondale, Clifton Heights, Corryville, Evanston, Mt. Auburn, Over-the-Rhine, Queensgate, Walnut Hills and the West End. Since 1998, the CEC has committed \$17.9 million for approved programs in the Empowerment Zone.

### Community Investment Partners/Alliance for Building Communities

Community Investment Partners (CIP) has employed a comprehensive and integrative approach to neighborhood revitalization by “working simultaneously on economic, physical and social issues collaboratively with key partners”, in order to “achieve better, more sustainable results”.<sup>38</sup> CIP is a five-year (1999-2004) grant making initiative of four major funders: Fifth Third Bank, Greater Cincinnati Foundation, Proctor & Gamble Fund, and the United Way & Community Chest of Greater Cincinnati. CIP utilizes five key principles: (1) a comprehensive approach that includes physical, economic, and social development strategies; (2) collaborative efforts especially with neighborhood groups and residents; (3) civic engagement; (4) connections by building partnerships both inside and outside the neighborhood; and (5) capacity building which is imperative for the primary

development organization eg. Community Development Corporation. Starting in 1999, CIP has committed up to \$500,000 in three Cincinnati neighborhoods: Northside, Price Hill and Walnut Hills/East Walnut Hills. It is fitting to call the Alliance for Building Communities (ABC) the successor to CIP. Also an investment initiative, ABC will invest approximately \$5 million over three years (2003-2005) in Community Development Corporations involved in comprehensive revitalization efforts in neighborhoods including Walnut Hills and Price Hill.

### Cincinnati Public Schools/Community Learning Centers

The \$985 million Cincinnati Public Schools (CPS) Facilities Master Plan is expected to be a catalyst for transforming central city neighborhoods and enriching the lives of its students and families. Many see this as a true community building process for neighborhoods in which the schools will be renovated or new schools built.

The planning for neighborhood schools is being done at the neighborhood level, with parents of the students who will attend the schools as well as with local business leaders and non-profit service providers. Each school will complete a

civic engagement process to develop a vision for how the school will offer continuous learning and community activity for its area. CPS states there will be no ‘cookie cutter’ design for the community learning centers and that the school system already has a number of schools where social-service agencies have set up office space to provide services to students and families.<sup>39</sup>

The engagement process develops a vision that will guide the community to approach additional partners for their Community Learning Centers. These partners could include businesses in the area and/or social service organizations such as:

1. Links from community to school eg. such as community groups using schools after hours for meetings
2. Partners providing

services in space provided by the school (such as Talbert House’s Project PASS)

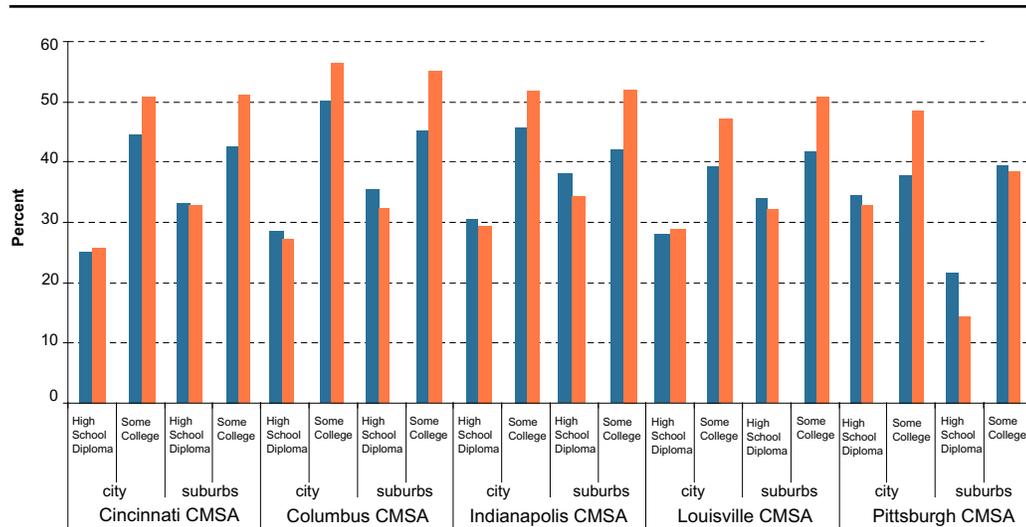
3. Capital partners providing services in space within a school paid for by the partner (such as a health clinic or public library branch)

The East End Community School, currently under construction, is a prototype for community learning centers. The community has completed the civic engagement planning process, developed its vision, and is now creating its partnerships. The new school will be K-12 and combines McKinley Elementary School, whose pupils are 90 percent Appalachian, with Linwood Fundamental Academy, a magnet school of K-8 whose pupils are 76 percent African-American. Included in East End Community School will be a YMCA branch offer-

ing athletic, day care and after-school programs. It will also house a community health center and possibly other partnerships for dental, psychological and urgent care services. The Museum Center is partnering with the East End Community School and is creating an artist-in-residence program.<sup>40</sup>

### Why Is This Important?

The long-standing problems of the “perpetual underclass in the central cities” including lack of jobs, substance abuse, poor schools, street crime, and limited affordable housing need integrated and comprehensive efforts to tackle them at many levels. Social services agencies and advocates have traditionally targeted their programs primarily for individuals. The recent transition to expand programming to also address issues concerning families,



**Figure 30**  
EDUCATION  
ATTAINMENT IN CITIES  
AND SUBURBS,  
1990 - 2000

■ 1990  
■ 2000

Source: The SUNY Downstate Medical Center: The Social and Health Landscape of Urban and Suburban America Report Series, July 2003

neighborhoods, and overall communities provides a more successful approach. With this integrated and comprehensive approach, a deeper understanding of the actual problems will result in a collaboration of broader and stronger capacities for addressing these enduring problems of crime, poor education and joblessness.

**Key Indicators:**

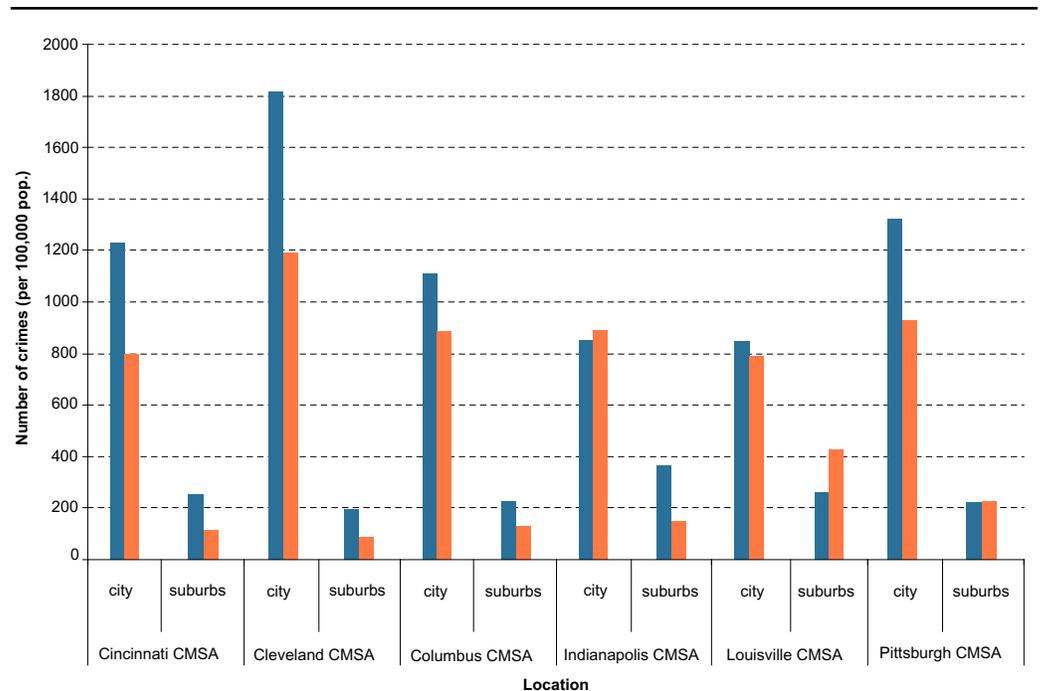
- *Student attendance levels per school*
- *Education attainment rates (Figure 30)*
- *Violent crime rates (Figure 31)*

Indicators of improving and revitalizing poor neighborhoods can be indirectly measured by educational attainment and violent crime rates. Figures 30 and 31 demonstrate how the Cincinnati metropolitan region compares with several other similar metropolitan regions.

**Figure 31**  
**VIOLENT CRIME RATES**  
**IN CITIES AND**  
**SUBURBS IN 1990 AND**  
**2000** <sup>41</sup>

■ 1990  
 ■ 2000

Source: The SUNY Downstate Medical Center: The Social and Health Landscape of Urban and Suburban America Report Series, July 2003



# Appendix A

## Endnotes

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# Appendix B

## Community COMPASS Publications

The following Community COMPASS reports are components of Hamilton County's Comprehensive Master Plan and Strategies. The reports are available at the Hamilton County Regional Planning Commission and can be downloaded at [www.communitycompass.org](http://www.communitycompass.org).

1. Project Design -- Scope and Process (Oct. 2001)
2. The Community Values Survey (Jan. 2001)
3. Special Research Reports
  - 3-1. Inventory of Research (2002)
  - 3-2. Conflicting Views on Suburbanization (Sept. 1999)
  - 3-3. Spreading Out: The March to the Suburbs (Oct. 1999; revised 2003)
  - 3-4. Summary Report -- Spreading Out: The March to the Suburbs (Oct. 1999; revised 2003)
  - 3-5. The Use of Public Deliberation Techniques for Building Consensus on Community Plans: Hamilton County Perspectives on Governance (A Guide for Public Deliberation) (Dec. 2002)
  - 3-6. Hamilton County's Comparative and Competitive Advantages: Business and Industry Clusters (Oct. 2003)
  - 3-7. Census 2000 Community Profiles: Political Jurisdictions of Hamilton County
  - 3-8. Community Revitalization Initiative Strategic Plan (Aug. 2003)
4. The Report of the Community Forums --Ideas, Treasures, and Challenges (Nov. 2001)
5. The Report of the Goal Writing Workshop (2001)
6. The Countywide Town Meeting Participant Guide (Jan. 2002)
7. Hamilton County Data Book (Feb. 2002)
8. A Vision for Hamilton County's Future --The Report of the Countywide Town Meeting (Jan. 2002)
9. The CAT's Tale: The Report of the Community COMPASS Action Teams (June 2002)
10. Steering Team Recommendations on The Vision for Hamilton County's Future (Jan. 2002)
11. Planning Partnership Recommendations on The Vision for Hamilton County's Future (Jan. 2003)
12. The Vision for Hamilton County's Future (Brochure) (Feb. 2003)
13. Initiatives and Strategies
  - 13-1. Steering Team Recommendations on Community COMPASS Initiatives and Strategies (2002)
  - 13-2. Steering Team Prioritization of Initiatives -- Methodology and Recommendations (Aug. 2002)
  - 13-3. Planning Partnership Recommendations on Community COMPASS Initiatives and Strategies (revisions, findings and reservations) (Dec. 2002)
  - 13-4. Community COMPASS Initiatives and Strategies -- Hamilton County Regional Planning Commission Recommendations (Jul. 2003)
14. External Influences: The Impact of National Trends on Hamilton County's Future (Mar. 2003)
15. Population
  - 15-1 Summary Report (Sept. 2004)
  - 15-2 Atlas / comprehensive report (2005)
16. State of the County Reports (Key trends, Issues, and Community Indicators) (Oct. 2004)
  - 16-1 Civic Engagement and Social Capital
  - 16-2 Community Services
  - 16-3 Culture and Recreation
  - 16-4 Economy and Labor Market
  - 16-5 Education
  - 16-6 Environment
  - 16-7 Environmental and Social Justice
  - 16-8 Governance
  - 16-9 Health and Human Services
  - 16-10 Housing
  - 16-11 Land Use and Development Framework
  - 16-12 Mobility
  - 16-13 Executive Summary
17. 2030 Plan and Implementation Framework (Nov. 2004)

**Hamilton County Regional  
Planning Commission**

138 E. Court Street, Rm 807  
Cincinnati, OH 45202  
(513) 946-4500

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