

INTERACT FOR HEALTH

A Catalyst for Health and Wellness



HEALTH OF AFRICAN AMERICANS IN GREATER CINCINNATI

Results from the 2013
Greater Cincinnati
Community Health
Status Survey



United Way
of Greater Cincinnati

Copyright © 2015 by Interact for Health.

All rights reserved.

To cite this work, please use this format:

Interact for Health. (2015). Health of African Americans in Greater Cincinnati. Cincinnati, OH: Author.

Permission is granted to reproduce this publication provided that these reproductions are not used for a commercial purpose; that you do not collect any fees for the reproductions; that our materials are faithfully reproduced (without addition, alteration or abbreviation); and that they include any copyright notice, attribution or disclaimer appearing on the original. Free copies of our publications are available; please call 513-458-6600 or toll-free 888-310-4904 or visit www.interactforhealth.org.

Photos on pages 18, 19 and 22 are from the Yale Rudd Center for Food Policy & Obesity.

ABOUT THE COMMUNITY



The Cincinnati-Middletown Metropolitan Statistical Area is home to more than 2.1 million people, 12% of whom are African American/Black. Not surprisingly, and not unlike the rest of the United States, African Americans in Greater Cincinnati have more real and perceived health issues compared with their white counterparts. Interestingly, few African American survey respondents rated Cincinnati highly as a healthy place to live. Social determinants, nonmedical factors that affect health, include income and socioeconomic status, living conditions, education, employment opportunities and health care services. As this report notes, social determinants are also poor for African Americans in Greater Cincinnati.

The Center for Closing the Health Gap (The Health Gap) is a nonprofit organization committed to raising awareness about and eliminating racial and health disparities in Greater Cincinnati. Our mission is to ignite dialogue about social conditions, access-to-care issues and health-care-system problems through education, training and community outreach. We work with communities to identify strategies to improve health in real-world settings.

As partners work to improve health outcomes for all Greater Cincinnati citizens, The Health Gap can provide a model for including citizen's voices in solving health issues. We recently completed a community-driven comprehensive plan for promoting physical activity with funding from Interact for Health. Residents responded to health data, identified additional data needs, collected and interpreted data, and identified priorities for improving supports for physical activity. The resulting plan will guide community-led efforts to improve health in Mount Auburn. Similar efforts, using this report as a basis for discussion, can be used to identify strategies for improving health among African Americans in Greater Cincinnati.

Together we can, and we will, create a Greater Cincinnati that is healthy for everyone.

The Health Gap





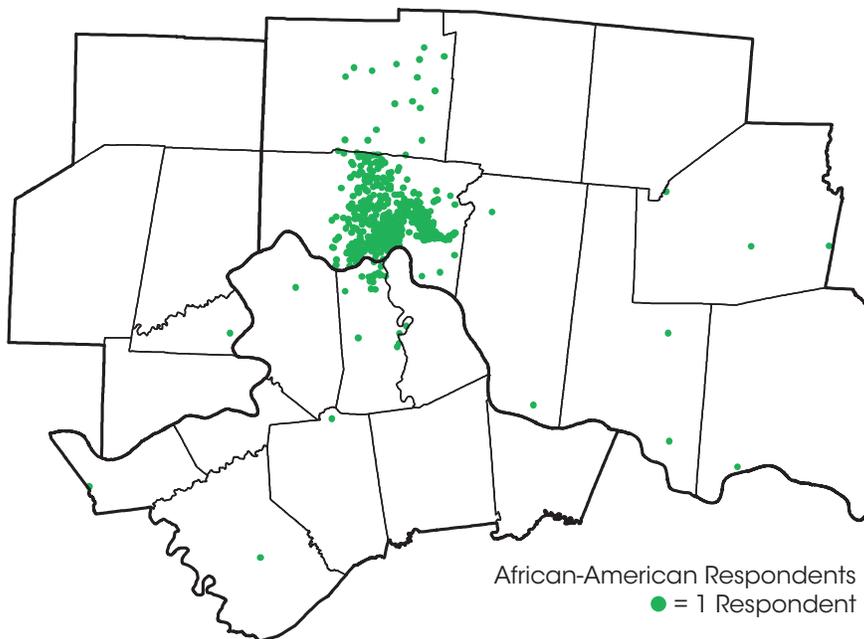
INTRODUCTION

According to the Census Bureau's 2012 American Community Survey (ACS), more than a quarter million African Americans (257,302) live in the Cincinnati-Middletown Metropolitan Statistical Area (MSA). This is about 12% of the population in this 15-county area.¹ The majority of this population lives in Hamilton County, where African Americans make up 26% of the population.

The 2013 Greater Cincinnati Community Health Status Survey (CHSS) surveyed residents throughout the region on a wide range of issues that can affect health.² This report looks closely at the responses and health status of African American adults in our community. Reflecting the demographics of the region, the majority of African American respondents resided in the City of Cincinnati and Hamilton County (see map).

The ACS documents a number of unique economic and environmental challenges facing

African American Respondents to Greater Cincinnati Community Health Status Survey, 2013



the African American residents of our region. Each of these community factors can have a marked influence on a person's health. Compared with our region's overall population, African Americans have lower incomes, higher poverty and unemployment rates, less education, and lower home ownership rates.

This report looks closely at the responses and health status of African American adults in our community

¹ Brown, Butler, Clermont, Hamilton and Warren counties in Ohio; Boone, Bracken, Campbell, Gallatin, Grant, Kenton and Pendleton counties in Kentucky; and Dearborn, Ohio and Union counties in Indiana.

² The Greater Cincinnati Community Health Status Survey region was larger and slightly different from the MSA. The survey did not include Union County in Indiana and added Clinton, Adams and Highland counties in Ohio; Grant, Carroll and Owen counties in Kentucky; and Franklin, Ripley and Switzerland counties in Indiana.



Examining the demographic and economic characteristics of Hamilton County reveals striking racial disparities.³

- The median household income of African American residents is \$27,319. This is less than half the median income of the county's White residents, \$58,830.
- About 1 in 3 African Americans (34%) live in poverty. This compares with 11% of Whites.
- In 2012, 17% of African Americans in the county were unemployed. This was nearly three times the rate of 6.5% among Whites.
- Only 14% of African American adults older than 25 have a bachelor's or graduate degree, compared with 38% of White adults.
- Only 33% of African American households own their home, compared with 71% of White households.

African American adults in our region also report worse health than Whites. This report examines health indicators of African American adults and how they compare with those of White adults in our region.

Key findings:

- **Health status:** The percentage of African American adults who report their health as excellent or very good was lower than the percentage of White adults.
- **Community rankings:** African American adults were much more likely than White adults to give the Greater Cincinnati region low rankings when asked if it was a healthy place to live.
- **Evaluating homes, neighborhood resources:** African American adults ranked the condition of homes in their neighborhood and their own homes much lower than White adults do, regardless of income level. They also ranked access to recreation facilities much lower. However, they were more likely than White adults to report safe sidewalks in their neighborhood.
- **Community support:** The percentage of African American adults who felt they live in a supportive community has increased since 2010. However, it is still lower than among White adults.

About 1 in 3 African Americans (34%) lives in poverty

³ Demographic characteristics are from the 2008-2012 five-year American Community Survey estimates, retrieved from: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>.



- **Obesity:** African American adults in our community were more likely than White adults to report being obese.
- **Diet:** More than 80% of both African American and White adults reported not eating the recommended daily amount of both fruits and vegetables.
- **Access to healthy foods:** African Americans were less likely than White adults to report that they have easy access to healthy foods in their neighborhood.
- **Exercise:** African Americans were less likely than White adults to report physical activity outside of work in the past month. However, more African Americans than White adults reported engaging in some form of muscle-strengthening exercises.
- **Alcohol use:** The percentage of adults reporting heavy drinking was about the same among African American and White adults. The percentage who reported binge drinking was lower among African American adults.
- **Smoking:** African American adults were more likely than White adults to report being current smokers and less likely to report having been offered help from a healthcare provider to quit tobacco use.
- **Oral health:** African American adults rated their oral health lower than White adults do.
- **Chronic conditions:** Nearly half of African American adults reported being told they have high blood pressure. African American adults were more likely than White adults to report being told they have high blood pressure or high cholesterol.
- **Usual source of care:** The percentage of African American adults reporting a usual and appropriate source of health care increased, but was still lower than the percentage of White adults. African Americans also reported more barriers to finding a trusted healthcare provider.
- **Health insurance:** The percentage of African American adults who reported being uninsured had dropped, but was still higher than among White adults.⁴

Nearly half of African American adults had been told they have high blood pressure

⁴ Data were collected before insurance requirements for the Affordable Care Act were in effect

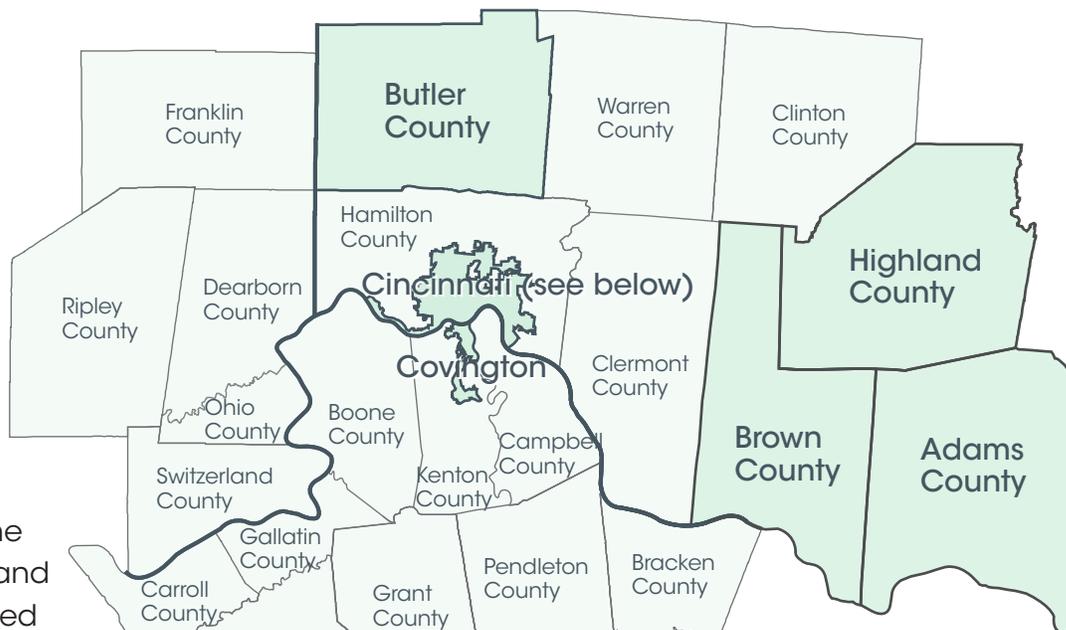
ABOUT THE SURVEY

The Greater Cincinnati Community Health Status Survey (CHSS), a project of Interact for Health, is conducted by the Institute for Policy Research at the University of Cincinnati. A total of 4,929 randomly selected adults residing in the counties at right were interviewed by telephone between Aug. 20, 2013, and Jan. 19, 2014. This included 4,324 landline interviews and 605 cell phone interviews. The margin of error for the overall survey is $\pm 1.5\%$.

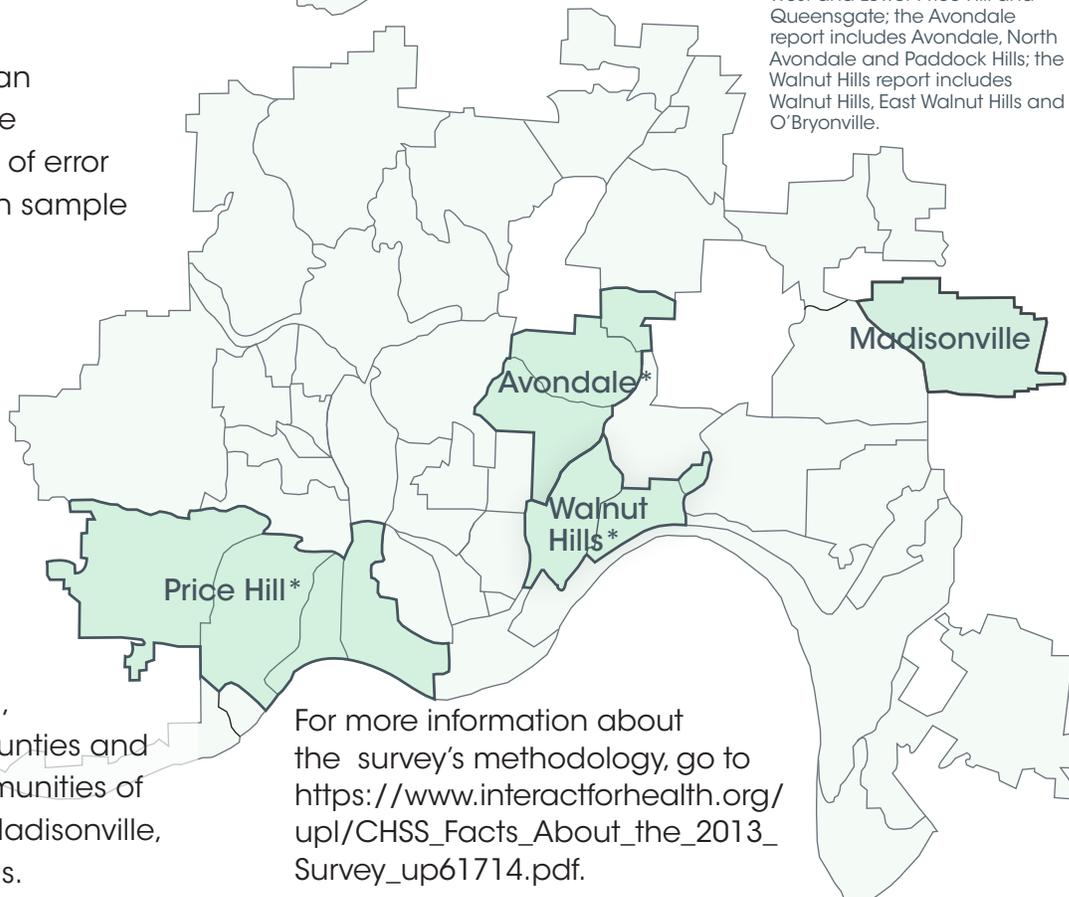
For this report, 935 African American residents were interviewed. The margin of error for the African American sample is $\pm 3.2\%$.

Reports in this series examine the health of African Americans, Hispanics and Appalachians, as well as the health of people who live in the areas shaded on the map: Adams, Brown, Butler and Highland counties and the Place Matters communities of Avondale, Covington, Madisonville, Price Hill and Walnut Hills.

Survey region of the CHSS (darker regions indicate oversample areas)



*The Price Hill report includes responses from residents of East, West and Lower Price Hill and Queensgate; the Avondale report includes Avondale, North Avondale and Paddock Hills; the Walnut Hills report includes Walnut Hills, East Walnut Hills and O' Bryonville.



For more information about the survey's methodology, go to https://www.interactforhealth.org/upl/CHSS_Facts_About_the_2013_Survey_up61714.pdf.



GENERAL HEALTH

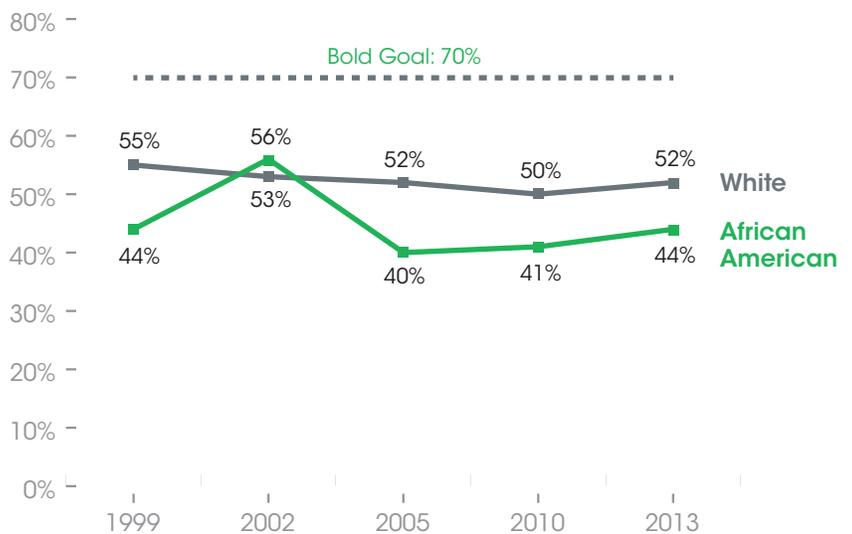
Adults' overall self-rated health status is an important indicator of well-being. To examine self-rated health status across our region, the CHSS asked, "In general, would you say your health is excellent, very good, good, fair or poor?" Research has made a strong and powerful link between a person's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

African Americans less likely to report excellent or very good health

In 2013, about 4 in 10 African American adults (44%) rated their health as excellent or very good. This compares with 5 in 10 White adults (52%) who rated their health this way. These percentages have remained stable for both groups since 2005.

African American adults were more likely to describe their health as excellent or very good if they were younger, more educated or had higher income. There was no difference between adults with health insurance coverage and those without it. However, the percentage of all these groups reporting excellent or very good health remains below the

Percentage of adults describing their own health as excellent or very good



Greater Cincinnati Bold Goal target of 70%. (To read more about Greater Cincinnati Bold Goals, see <http://www.uwgc.org/community-impact/bold-goals-for-our-region>.)

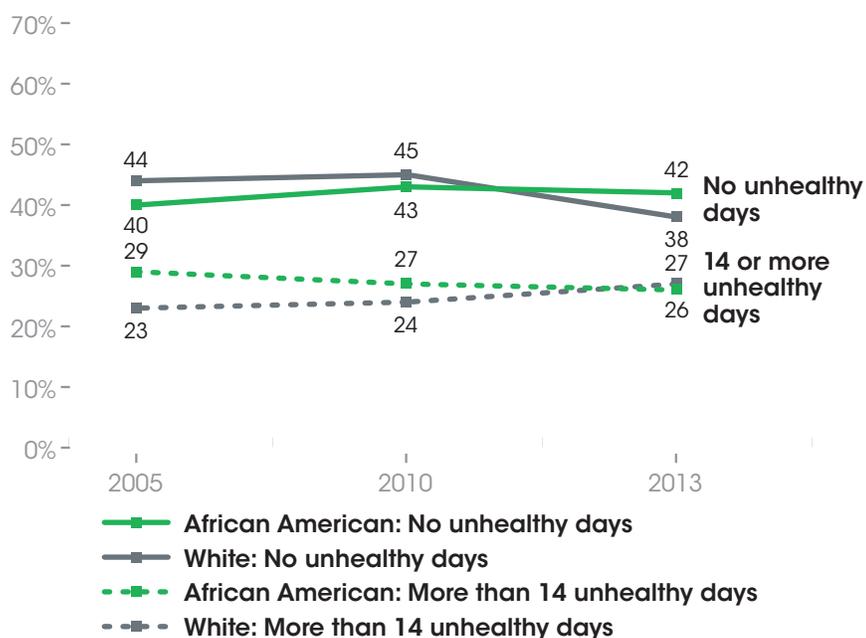
About 4 in 10 African American adults (44%) rated their health as excellent or very good



4 in 10 have no unhealthy days in past month

Another way to measure general health is to count the number of “unhealthy days” during the previous month. The CHSS asked, “for how many days during the past 30 was your physical or mental health not good?” In 2013, more than 4 in 10 African American adults (42%) reported NO unhealthy days during the prior month. This is better than the percentage of White adults (38%) who reported this. Conversely, nearly 3 in 10 African American (26%) and White (27%) adults reported 14 or more unhealthy days in the past month. This percentage has slightly increased (worsened) for White adults since 2005, and slightly decreased (improved) for African American adults.

Count of unhealthy days in the past month



More than 4 in 10 African American adults (42%) reported NO unhealthy days during the prior month



THE COMMUNITY

Choices we make every day affect our health, but so does the community in which we live. The physical environment is an important social determinant of health. A neighborhood that feels safe can encourage residents to engage in healthy outdoor activities. A neighborhood that feels unsafe can force residents to stay indoors. It is easier to exercise if sidewalks, parks and recreation centers are nearby. The CHSS asked adults to evaluate several aspects of their physical environment.

Few rated Greater Cincinnati highly as a healthy place to live

Is Greater Cincinnati a healthy place to live? The answer may depend on who you ask. Only 2 in 10 African American adults (21%) rated Greater Cincinnati excellent or very good as a healthy place to live. Nearly twice as many — almost 4 in 10 (38%) — rated it only fair or poor. White adults gave more positive responses, with 3 in 10 (31%) rating Greater Cincinnati excellent or very good as a healthy place to live.

How would you rate Greater Cincinnati as a healthy place to live?

Excellent/very good

African American



White

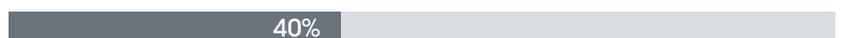


Good

African American



White



Fair/poor

African American



White



2 in 10 African American adults (21%) rated Greater Cincinnati excellent or very good as a healthy place to live



Neighborhoods rated more highly than region

The CHSS also asked adults how they would rate their own neighborhood as a healthy place to live. Both African American and White adults were more likely to rate their own neighborhoods highly rather than the region.

However, African American and White adults differed in their neighborhood ratings. African American adults were more likely to rate their neighborhood fair or poor (37%) than to rate it excellent or very good (26%). On the other hand, White adults were more likely to rate their neighborhood excellent or very good (50%) than fair or poor (20%). White adults were about two times more likely than African American adults to rate their neighborhood highly. Conversely, African American adults were about two times more likely than White adults to rate their neighborhood poorly.

How would you rate your neighborhood as a healthy place to live?

Excellent/very good

African American

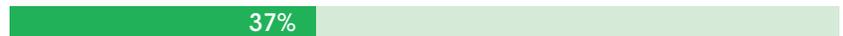


White

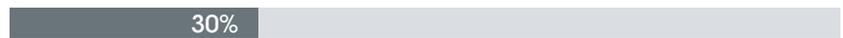


Good

African American

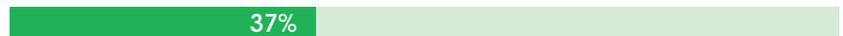


White



Fair/poor

African American



White



Both African American and White adults were more likely to rate their own neighborhoods rather than the region highly



Fewer African Americans than Whites give homes high marks

The CHSS asked adults to rate the condition of both neighborhood housing (data not included in graph) and their own house or apartment.

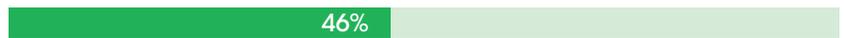
About 1 in 3 African American adults rated homes in their neighborhood as either fair or poor (32%) or excellent or very good (33%). White adults were much more positive about neighborhood housing. More than half of White adults (55%) rated it excellent or very good. Only 15% of White adults rated it fair or poor.

The survey also asked adults to rate the condition of their own house or apartment. Adults tended to give their own home higher ratings, but responses differed by race. Fewer than half of African American adults (46%) rated their own house or apartment excellent or very good, while more than 7 in 10 White adults (72%) did so. Likewise, 22% of African American adults rated their own home fair or poor, compared with only 7% of White adults.

How would you rate the condition of the house or apartment where you live?

Excellent/very good

African American

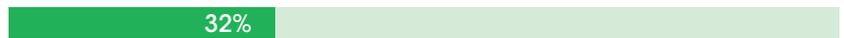


White



Good

African American



White



Fair/Poor

African American



White



Fewer than half of African American adults (46%) rated their own house or apartment as excellent or very good



These results suggest a significant disparity in how African Americans and Whites in Greater Cincinnati view the quality of their housing. This disparity exists even among subgroups of the population. For example, only 57% of African Americans earning more than 200% of the Federal Poverty Level (FPL)⁵ rate their home as excellent or very good. In contrast, this rate is 81% among all races at that income level. These numbers may be influenced by the fact that within Hamilton County, where the majority of African American families live in our region, only 33% of African American households are owned by the resident, compared with 71% of White households.⁶

The link between housing and health is also shown when self-reported general health is considered. Among African Americans, 40% of adults in only fair or poor health rate their home as fair or poor, compared with 15% of African Americans with excellent or very good health.

Percentage of adults who rate the condition of their own house or apartment where they live as excellent or very good, by poverty status

Above 200% FPL

African American



All races



Between 100% and 200% FPL

African American



All races



100% FPL and below

African American



All races



⁵ In 2012, 100% FPL was \$23,050 for a family of four. 200% FPL was \$46,100.

⁶ American Community Survey, 2012 5-year estimates, retrieved from: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=f>.



Availability and use of recreation facilities

The CHSS asked respondents to rate the availability of recreation facilities such as parks, playgrounds, pools, soccer fields, bike trails and recreation centers in their neighborhood. More African American adults rated recreation facility availability as fair or poor (39%) than rated it excellent or very good (32%). Among White adults, 5 in 10 (49%) said neighborhood access to recreation was excellent or very good. Only 2 in 10 White adults (24%) said access was fair or poor.

African Americans with fair or poor self-reported health were much more likely to feel that they had poor access to recreation facilities.

This availability of recreation facilities may be reflected in the use of these facilities. Among African American adults, 25% reported using neighborhood recreation facilities at least once a week, compared with 31% of White adults. Four in 10 African American adults (39%) said they never used the recreation facilities, compared with only 2 in 10 White adults (21%).

Would you say the availability of recreation facilities such as parks, pools, soccer fields, bike trails and recreation centers in your neighborhood is excellent/very good, good, or poor?

Excellent/very good

African American

32%

White

49%

Good

African American

28%

White

27%

Fair/poor

African American

39%

White

24%

Most African Americans report safe sidewalks

Sidewalks or shoulders are important so people can safely walk, run or bike around a neighborhood. The CHSS asked adults whether they agreed or disagreed with this statement: "There are sidewalks or shoulders in my community that allow for safe walking, jogging or biking." African American adults (75%) were more likely to agree with this than were White adults (69%).



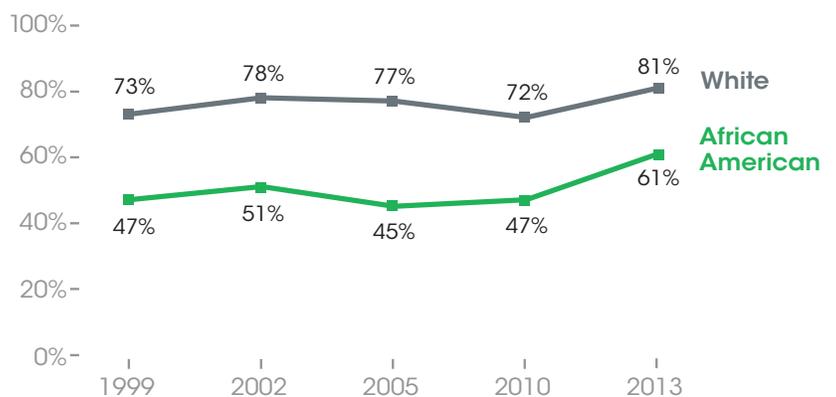
COMMUNITY SUPPORT

Research has shown strong ties between people's health and the social support they find in their community. The CHSS asked people whether they agreed or disagreed with three statements about social support in their community:

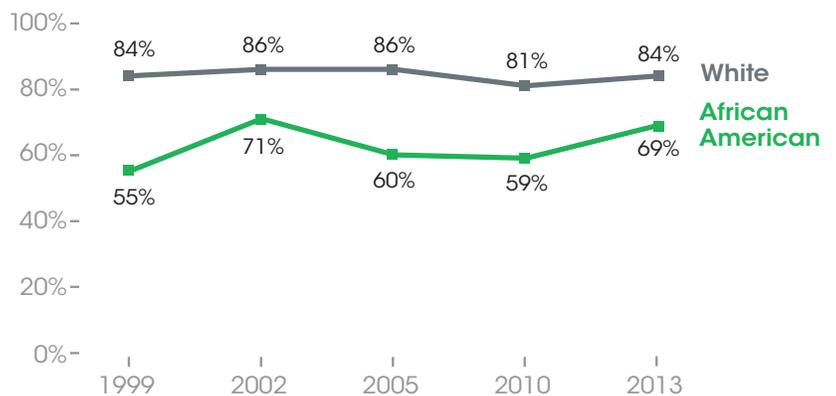
- People can depend on each other in my community.
- Living in my community gives me a secure feeling.
- People in my community know they can get help from the community if they are in trouble.

The percentage of African Americans agreeing with these statements was considerably higher in 2013 than in past years. More than 6 in 10 (61%) said that people could depend on each other in their community, up from 47% in 2010. Nearly 7 in 10 (69%) said that living in their community gave them a secure feeling, up from 59% in 2010. And nearly 7 in 10 (69%) said that people living in their community could get help from the community in times of trouble, up from 52% in 2010. These increases are positive changes. However, African American adults agree with these statements at a considerably lower rate than White adults.

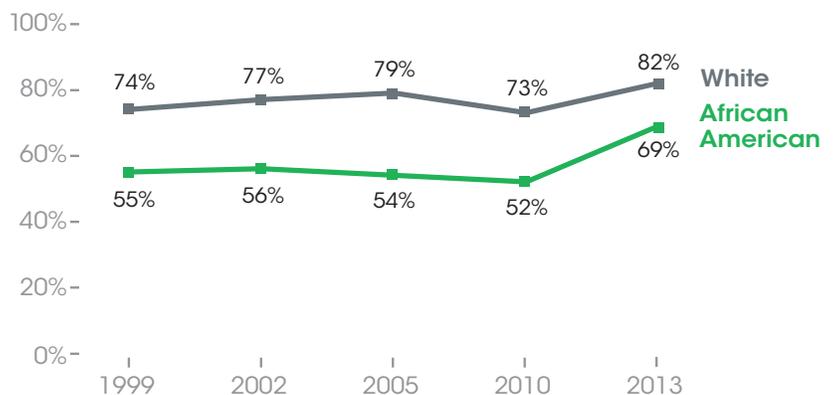
People can depend on each other in my community



Living in my community gives me a secure feeling



People in my community can get help from the community if they are in trouble





African American adults with higher incomes were more likely to agree with these statements. African Americans were also more likely to agree with these statements if they lived in Hamilton County rather than the City of Cincinnati.

African American adults with higher incomes were more likely to report higher community support

Percentage of African American adults who agree, by poverty status:

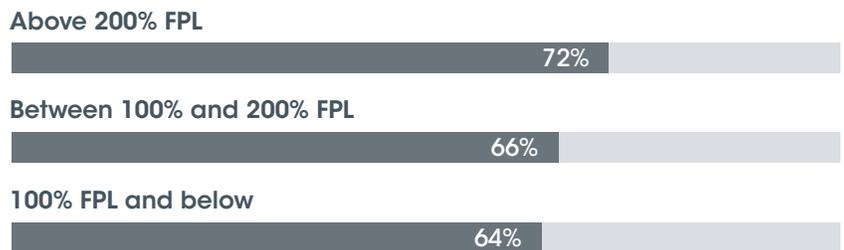
People can depend on each other in my community



Living in my community gives me a secure feeling



People in my community know they can get help from the community if they are in trouble



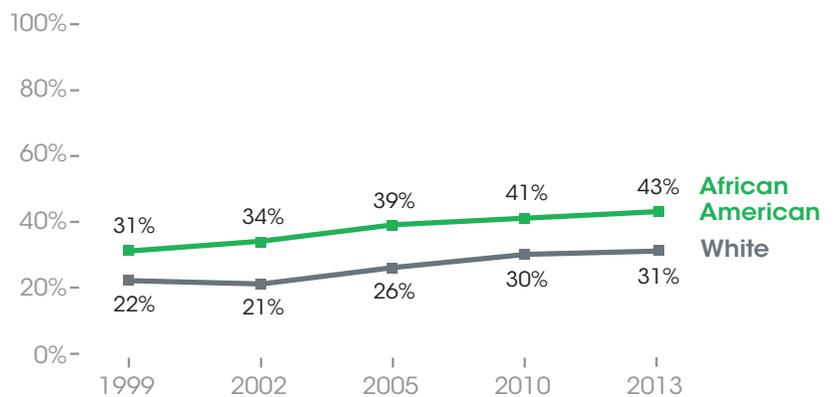


OBESITY

Maintaining a healthy weight can support good health. Being overweight or obese increases a person's risk for diabetes, heart disease, respiratory conditions and some cancers. It can also make it more difficult to engage in some daily activities.

The CHSS asked adults their weight and height to determine if they were obese using the Body Mass Index (BMI).⁷ Based on BMI, a person who is 5 feet 4 inches tall would be considered overweight at 150 pounds and obese at 180 pounds. A person who is 6 feet tall would be considered overweight at 190 pounds and obese at 220 pounds.

Adults who are obese



4 in 10
Greater
Cincinnati
African
American
adults (43%)
were obese

⁷ BMI is calculated by dividing a person's weight in pounds by his height in inches squared and then multiplying that result by 703.

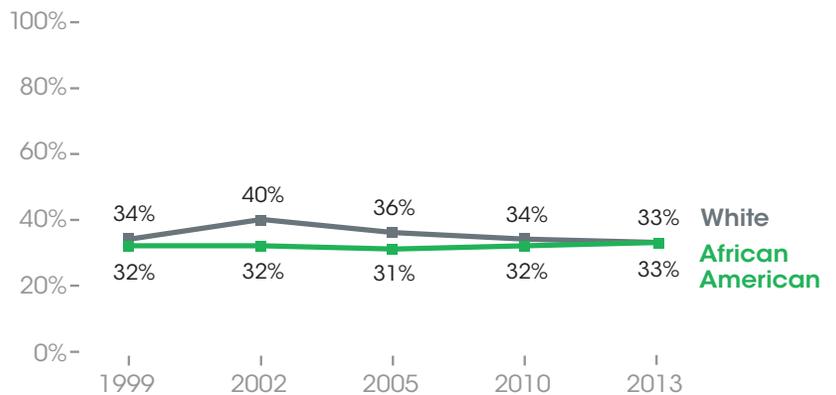


Most African American adults overweight or obese

The reported rate of obesity and overweight in Greater Cincinnati has been steadily rising. In 2013, about 4 in 10 Greater Cincinnati African American adults (43%) were obese. An additional 3 in 10 (33%) were overweight. This compares with 31% of White adults who were obese and 33% who were overweight.

Among African Americans in our community, 8 in 10 women reported being either overweight or obese (80%), compared with 7 in 10 men (71%). Obesity and overweight was also more common among African Americans living below 200% FPL (80%) than among those living above 200% FPL (72%). Among African Americans reporting fair or poor health, nearly 6 in 10 (57%) were obese, compared with only 3 in 10 (29%) of those reporting excellent or very good health.

Adults who are overweight



African American women are more likely than men to report being either overweight or obese



DIET AND FOOD ACCESS

People's weight and overall health are substantially affected by the food they eat. A healthy diet consists of balanced amounts of protein, carbohydrates, and fats, with plenty of fruits and vegetables and limited fat and salt.

The U.S. Departments of Agriculture and Health and Human Services recommend that each meal include half a plate of fruits and vegetables.⁸ This is about two servings of fruit and three servings of vegetables per day.

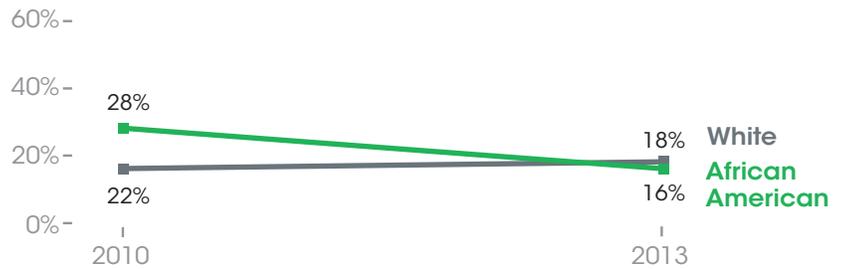
Most don't meet daily fruit, vegetable recommendations

According to the 2013 CHSS, only 16% of African American adults ate the recommended daily amount of both fruits and vegetables. This percentage is about the same as among White adults (18%). However, fewer people in both groups ate the recommended amount of fruits and vegetables in 2013 than in 2010. Almost 5 in 10 adults did not eat the amount of either fruits or vegetables they need every day.

African American adults are more likely to eat fruits than vegetables. About 3 in 10 African

Percentage of adults meeting the recommendation of eating at least two servings of fruits and three servings of vegetables per day

Meets both recommendations:



Does not meet either recommendation:



American adults (29%) ate the recommended daily amount of fruits while fewer than 1 in 10 (8%) ate the recommended amount of vegetables. About half (47%) did not eat the recommended amount of either fruits or vegetables. This is a considerable increase from 2010 when only 34% of African American adults did not eat the recommended amount of either fruits or vegetables.

Almost 5 in 10 adults did not eat the amount of either fruits or vegetables they need every day

⁸ U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. <http://www.health.gov/dietaryguidelines/2010.asp>



The percentage of African American adults eating the recommended amount of fruits and vegetables did not vary considerably by age, gender or poverty status. African American adults who attended college or hold a college degree were more likely to meet the recommendations than high school graduates or those who didn't finish high school. Adults reporting excellent or very good health were also more likely to meet both recommendations.

African Americans less likely than Whites to have easy access to healthy foods

Healthy eating is particularly challenging if there is not a place nearby to buy healthy foods. The CHSS asked adults if they agreed or disagreed that "It is easy to purchase healthy foods in my neighborhood such as whole-grain foods, low-fat options, and fruits and vegetables."

Fewer than 7 in 10 African American adults (66%) agreed that it is easy to get healthy foods, compared with

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

African American



White



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

Above 200% FPL



Between 100% and 200% FPL



100% FPL and below



more than 8 in 10 White adults (83%). Responses did not vary considerably among African American adults by education or health insurance status, but those living above 200% FPL were more likely to agree (72%) than those living below 200% FPL (63%).

Healthy eating is particularly challenging if there is not a place nearby to buy healthy foods



EXERCISE

Regular exercise is an important contributor to good health. According to the Centers for Disease Control and Prevention (CDC), regular exercise can help reduce the risk of cardiovascular disease, diabetes and some cancers, as well as improve mental health and increase a person’s chance of living longer.⁹ The CDC recommends either 2 hours, 30 minutes of moderate aerobic activity such as brisk walking OR 1 hour, 15 minutes of vigorous activity such as running each week, plus muscle-strengthening activities that work all major muscle groups at least two times per week.

Most African Americans have exercised in past month

The CHSS asked, “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?” More than 7 in 10 African American adults (71%) said yes. This is less than the 76% of White adults who said yes.

African Americans between ages 18 and 29 were more likely to have exercised. More than 8 in 10 (83%)

During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening or walking for exercise?
(Graph shows only those who said “yes”)

African American



White



During the past month, how many times per month did you do physical activities or exercises to strengthen your muscles

African American



White



said they had done so, compared with fewer than 7 in 10 in all other age groups.

Because this question does not ask about intensity or duration, conclusions cannot be made about whether respondents met CDC guidelines.

Most did no muscle strengthening in past month

The CHSS also asked how many times in the past month respondents had done activities to strengthen their muscles. More than 5 in 10 African American adults (55%) had done no muscle-strengthening activities. This compares with more than 6 in 10 White adults (63%) who had not strengthened their muscles in the past month. About 1 in 4 African American adults (26%) had done muscle strengthening between four to 15 times in the past month.

⁹ <http://www.cdc.gov/physicalactivity/everyone/health/index.html>



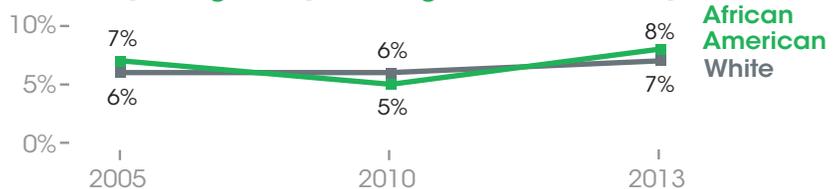
DRINKING

According to the *Dietary Guidelines for Americans, 2010*, about 50% of Americans regularly drink alcohol. The CDC defines one standard alcoholic drink as 12 ounces of beer, 5 ounces of wine or 1.5 ounces of spirits or liquor. Many cocktails and mixed drinks contain more than one standard drink of alcohol. Moderate drinking—up to one drink per day for women and up to two drinks per day for men—poses no or low risks for most adults. However, drinking more than this can have extremely negative effects on a person’s health.

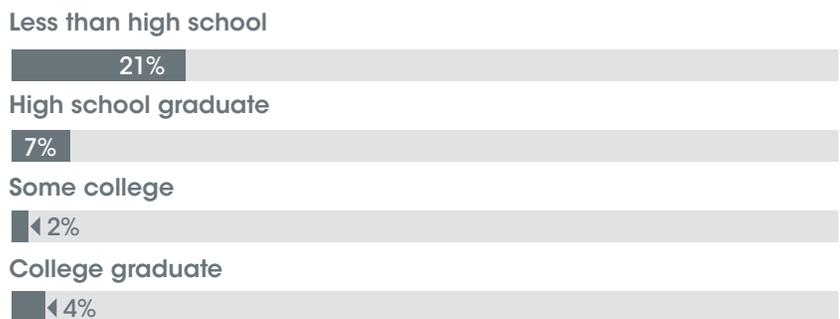
Heavy drinking more common among African Americans with less income, education

The CDC defines heavy drinking as consuming eight or more drinks per week for women and 15 or more drinks per week for men. In 2013, 8% of African American adults drank heavily in the past 30 days. This is similar to the 7% of White adults who drank heavily. African American adults with less than a high school education were five times more likely (21%) to drink heavily than those who have a high school diploma or more education (4%). Likewise, uninsured African American adults (23%) were far more likely to drink

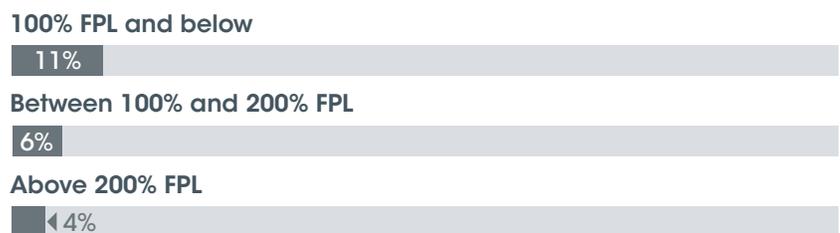
Adults reporting heavy drinking in the last 30 days



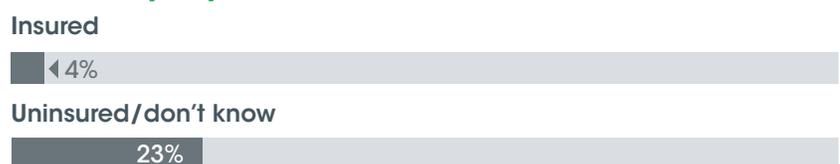
African American adults reporting heavy drinking in the last 30 days, by education



African American adults reporting heavy drinking in the last 30 days, by poverty status



African American adults reporting heavy drinking in the last 30 days, by insurance status



heavily than those with health insurance (4%), and African American adults living below 100% FPL (11%) were more likely to drink heavily with those living above 200% FPL (4%).



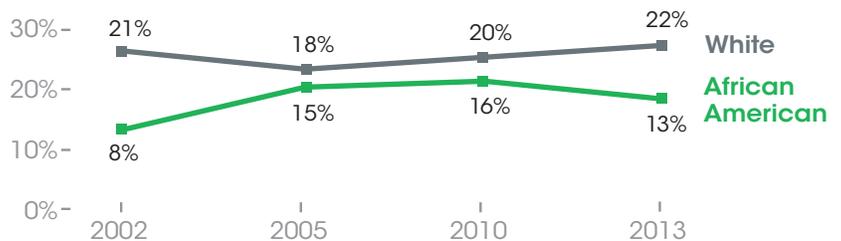
African Americans less likely than Whites to binge drink

Binge drinking is another risky behavior. It is defined as drinking four or more drinks on one occasion for women, and five or more drinks on one occasion for men. People who binge drink are not necessarily heavy drinkers.

Among African American adults, 13% reported binge drinking in the past 30 days. This is down slightly from the 16% who reported binge drinking in 2010. It is also lower than the 22% of White adults who reported binge drinking in 2013.

Being aware of binge drinking's dangers can support healthier behavior. Respondents were asked how harmful they thought it was for a person to consume five or more drinks of alcohol once or twice per week. Almost 8 in 10 African American adults (78%) said they thought it is very or somewhat harmful. This compares with about 7 in 10 White adults (72%).

Adults reporting binge drinking in the last 30 days



How harmful do you think it is for a person to consume five or more drinks of alcohol per week?

Very/somewhat harmful

African American



White

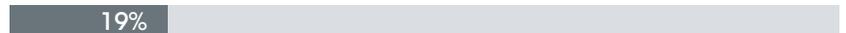


Not very harmful

African American

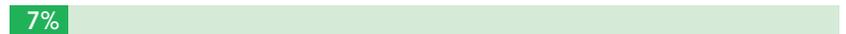


White

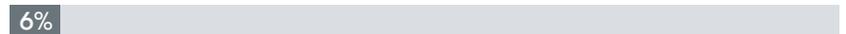


Not harmful at all

African American



White

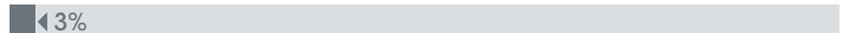


Don't know/not sure

African American



White





SMOKING

According to the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 20% of adults in the United States were current smokers in 2012. This rate is higher than the Healthy People 2020 goal of 12%.

29% of African American adults are smokers

In our region, 29% of African American adults said they were current smokers in 2013. This is higher than the 25% of White adults who were current smokers. Smoking rates among both groups have been declining since 2005.

Similar to other racial groups in our region, African American adults with lower income or less education are more likely to smoke. Nearly 5 in 10 African American adults (46%) living below 100% FPL are current smokers, compared with fewer than 2 in 10 African American adults (16%) living above 200% FPL. Six in 10 African American adults with less than a high school education (59%) are current smokers, compared with 3 in 10 high school graduates (31%) and fewer than 1 in 10 (7%) college graduates.

Percentage of Greater Cincinnati adults who are current smokers



Smoking affects a person's overall health. Among African American adults who report excellent or very good health, 7 in 10 (68%) have never smoked. Among those reporting fair or poor health, only 4 in 10 (43%) have never smoked. (not shown)

African Americans less likely to be counseled to quit

Quitting tobacco use can be a huge challenge. Research has shown that having a healthcare provider provide support or information can help a smoker who wants to quit. The 2013 CHSS asked current smokers if a doctor or other healthcare provider had ever offered help or counseled them to stop smoking. Fewer than 6 in 10 African American smokers (59%) reported being offered help compared with nearly 7 in 10 White smokers (67%). African American female smokers (72%) reported being offered support to quit smoking more often than African American male smokers (40%).



ORAL HEALTH

Oral health is an important part of overall health. The condition of people's teeth and gums can affect their quality of life, nutritional intake and some chronic diseases.

African Americans less likely to rate oral health highly

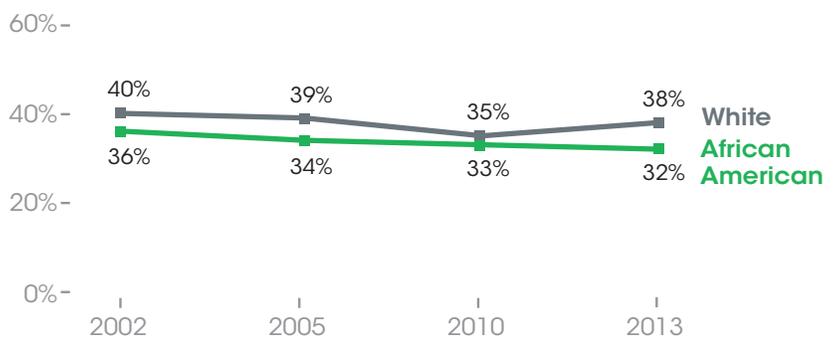
In 2013, 32% of Greater Cincinnati African American adults said the condition of their mouth and teeth, including false teeth and dentures, was very good and 36% said it was good. African American adults were less likely than White adults to rate their oral health highly. In addition, African American adults were more likely than White adults to report their oral health as only fair (21%) or poor (11%).

African American adults were more likely to rate their mouth and teeth as very good if they were younger, living above 100% FPL and more educated.

African American more likely to delay dental care

Good oral health requires regular dental care. In 2013, 4 in 10 African American adults (38%) reported

Percentage of adults reporting the condition of their mouth and teeth, including false teeth and dentures, as very good



that in the past 12 months there had been a time when they thought they needed dental care but they had not gotten it or delayed getting it. This compares with only 3 in 10 White adults (31%). African American adults were more likely to delay care if they were uninsured, had lower income or were less educated.

African American adults were less likely than White adults to rate their oral health highly



CHRONIC CONDITIONS

Chronic illness can be a heavy burden. This toll may be physical, emotional and financial, affecting many aspects of a person's life. If not monitored and managed, chronic conditions can have a devastating impact on a person's long-term health and survival. The 2013 CHSS asked respondents if a doctor or other healthcare provider had ever told them they had asthma, cancer, chronic lung disease, diabetes, heart trouble or angina, high blood pressure, high cholesterol or triglycerides, stroke, severe allergies, or depression.

Chronic conditions reported more frequently among older, insured African American adults

For seven of these conditions, African American adults were more likely to have been diagnosed with the condition as they grew older: cancer, chronic lung disease, diabetes, heart trouble or angina, high blood pressure, high cholesterol or triglycerides, and stroke. This was true for all racial groups and is important to keep in mind as plans are made

for the healthcare needs of our aging community. There were three exceptions among African American adults. Asthma was most common among those aged 18 to 29. Severe allergies were reported at similar rates for those who were 30 and older. Depression was reported most frequently among those aged 46 through 64.

African Americans were much more likely to have been told they had many of these conditions if they had health insurance. This was true for cancer, diabetes, heart trouble, hypertension, high cholesterol and severe allergies. Because having insurance is unlikely to increase a person's risk for these conditions, this suggests that these chronic conditions may be undiagnosed among uninsured African American adults. If more people get health insurance in upcoming years, rates of these conditions may rise.

African Americans were much more likely to have been told they had many of these conditions if they had health insurance



Nearly half of African Americans told they have high blood pressure

High blood pressure, heart trouble, high cholesterol and stroke are all chronic conditions related to the cardiovascular system.

Hypertension, or high blood pressure, was the most commonly reported of these chronic conditions among African American adults. In 2013, nearly half (46%) of African American adults said a healthcare provider had told them they had high blood pressure. This is a considerable increase from 1999 and 2002 when the rate was only 30% among African Americans. It is also much higher than the percentage of White adults with high blood pressure (33%). African American adults living below 200% FPL (49%) were more likely than those living above 200% FPL (39%) to have been diagnosed with high blood pressure. Likewise, African American adults with less than a high school education (66%) were more likely than those with a high school diploma or more education (41%) to have been diagnosed with high blood pressure.

Percentage of African Americans in Greater Cincinnati reporting chronic conditions

Hypertension

46%

Depression

22%

High cholesterol

22%

Asthma

18%

Severe allergies

18%

Diabetes

14%

Heart trouble/angina

9%

Chronic lung disease

7%

Cancer

6%

Stroke

4%



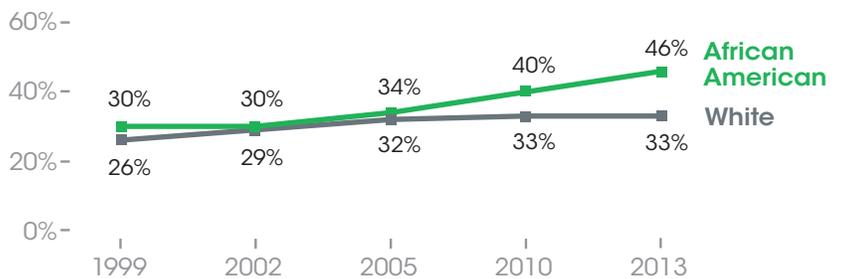
High cholesterol or triglycerides

was the next most frequently reported condition in 2013, with 22% of African American adults reporting they had been diagnosed with the condition. This percentage has gone up and down over the past decade, but has been consistently lower than the rate among White adults. This is also true of **heart trouble or angina**. Nine percent of African American adults in 2013 said they had been told they have this condition, compared with 12% of White adults. High cholesterol differed from other chronic conditions in that it was more frequently reported among African American adults living above 200% FPL. The likelihood of having been diagnosed with high cholesterol was also similar among all education levels. More typically, African American adults living below 100% FPL and with less than a high school education were more likely to have heart trouble or angina.

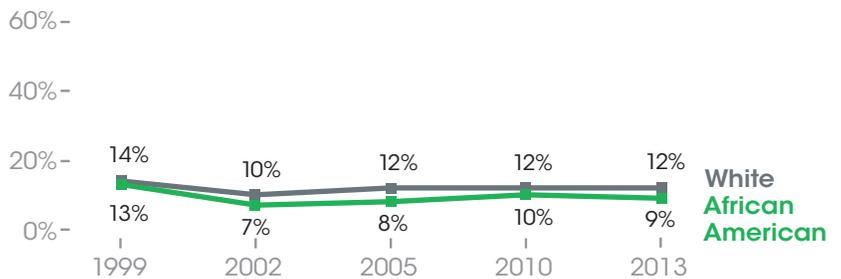
About 4% of both African American and White adults in 2013 had been told they'd had a **stroke**. Aside from a decline in 2002, this rate has remained fairly constant since 1999 for African American adults.

Percentage who have been told they have...

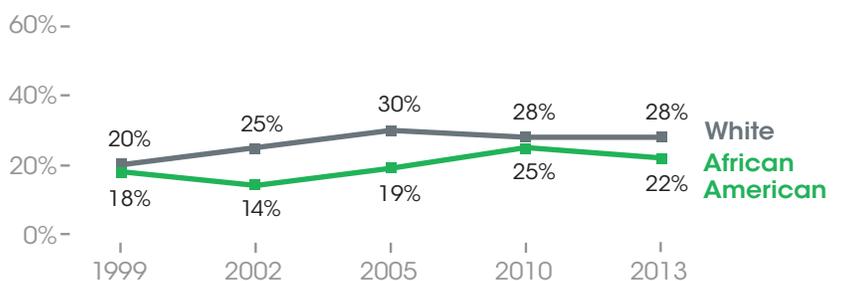
Hypertension



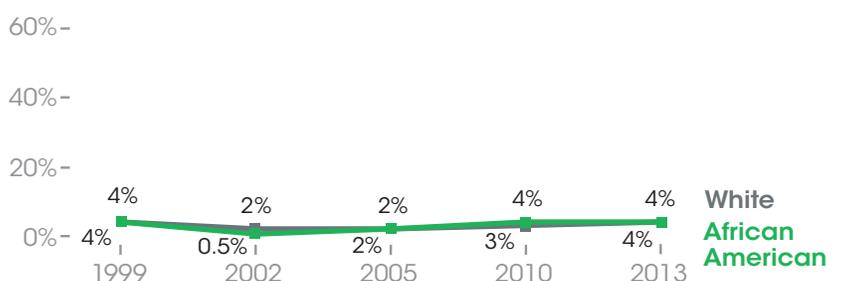
Heart trouble/angina



High cholesterol/triglycerides



Stroke





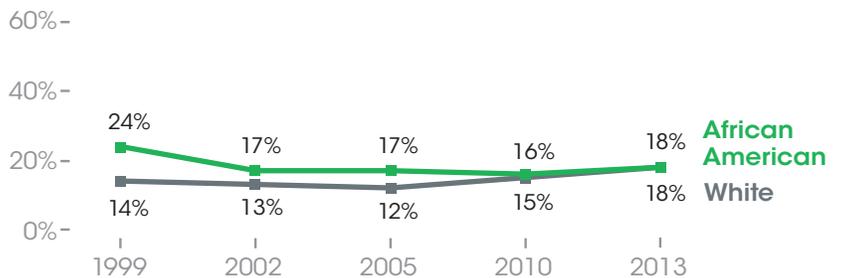
Chronic respiratory conditions

Asthma and chronic lung disease, including chronic bronchitis or emphysema, are disorders of the respiratory system. In 2013, 18% of African American adults reported having **asthma**. This is less than the 24% in 1999 who reported having asthma, but similar to the rate since then. African American adults and White adults reported asthma at similar rates. Asthma was reported more frequently among African American adults younger than 30, those living below 200% FPL and those who had less education.

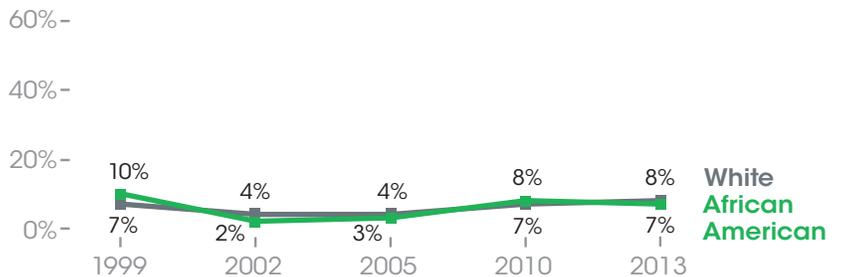
Chronic lung disease was reported by 7% of African American adults in 2013. This percentage has shifted between 2% and 10% since 1999. Chronic lung disease was reported at similar rates among both African American and White adults. In 2013, African American adults living below 100% FPL (16%) were four times more likely than those living above 100% FPL (4%) to report chronic lung disease. African American adults with less than a high school education (21%) were five times more likely than

Percentage who have been told they have...

Asthma



Chronic lung disease



those with at least a high school diploma (4%) to report chronic lung disease. Notably, these two subgroups also have dramatically higher smoking rates.

Other conditions

Depression was reported by 22% of African American adults, similar to the rate among White adults. This percentage has varied since 1999, but in 2013 it was among the highest it has been since then. The rate of African American adults with less than a high school education (41%) reporting depression is more than double the rate among high school graduates or those with more education (17%). The difference is even greater when poverty is considered.

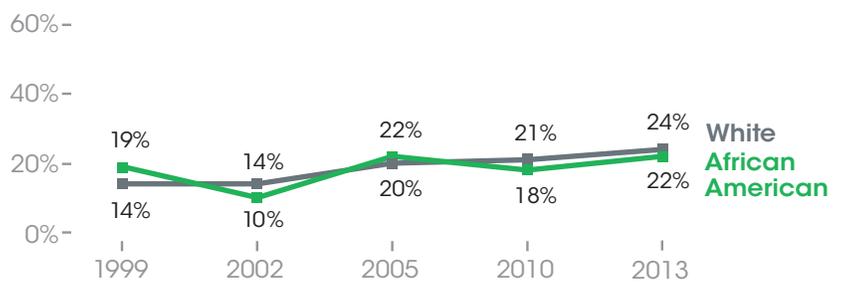


The rate of depression among African American adults living below 100% FPL was 40% in 2013, compared with 13% among those living above 100% FPL.

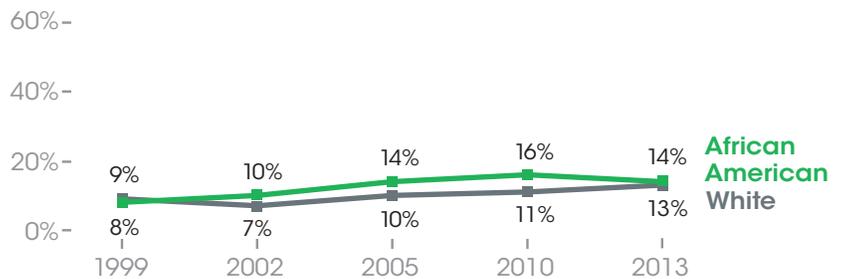
The percentage of African American adults who have been told they have **diabetes** in our region has increased from 8% in 1999 to 14% in 2013. Weight, diet and a person's exercise habits can affect diabetes, and it may correlate with high levels of obesity. African American adults reported diabetes at a slightly higher rate than White adults. The percentage of African Americans reporting they had diabetes did not vary considerably by either income or education.

The two final chronic conditions examined in the CHSS were severe allergies and cancer. The percentage of African American adults with **severe allergies** (18%) was about the same as among White adults (17%). The percentage of African American adults who had been told they had **cancer** (6%) was slightly less than the percentage of White adults (9%).

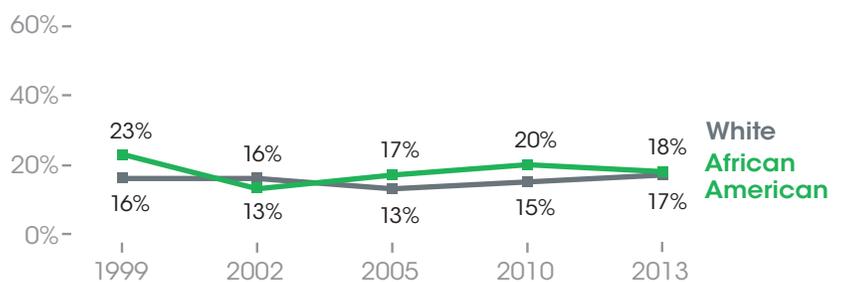
Percentage who have been told they have depression



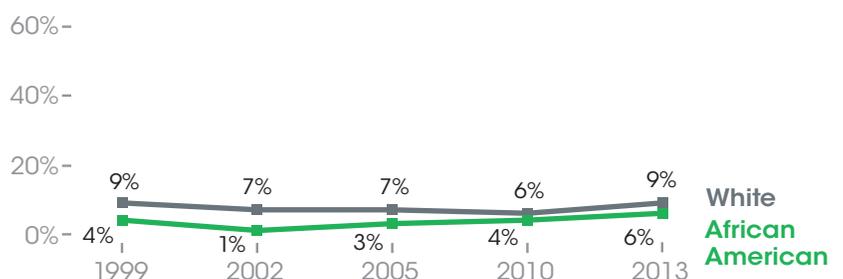
Percentage who have been told they have diabetes



Percentage who have been told they have severe allergies



Percentage who have been told they have cancer





ACCESS AND BARRIERS TO CARE

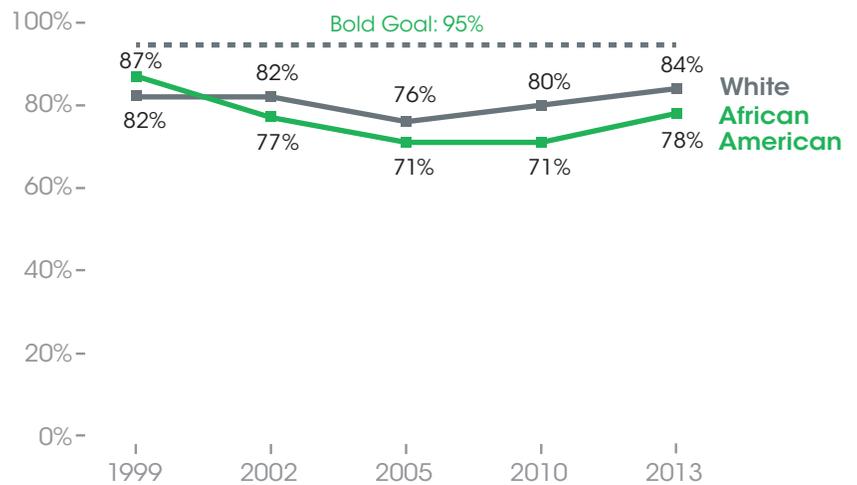
One essential element for maintaining good health is regular visits with a doctor or other healthcare provider. Ideally, patients see the same provider or practice over time so they can receive coordinated, comprehensive healthcare and preventive health guidance. This care is enhanced if a feeling of trust exists between the patient and provider.

Most African Americans have an appropriate source of care

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

A private doctor's office, community-based health center, clinic at a retail store or hospital outpatient department are considered appropriate sources of care. Nearly 8 in 10 Greater Cincinnati African American adults (78%) said they had a regular, appropriate source of healthcare. This percentage

Adults who usually go to a private doctor's office, community-based health center, clinic at a retail store or hospital outpatient department when they are sick or need advice about their health



increased since 2010 (71%), but was still lower than the percentage among White adults (84%). It also fell short of the Greater Cincinnati Bold Goal of 95%. (To read more about Greater Cincinnati Bold Goals, see <http://www.uwgc.org/community-impact/bold-goals-for-our-region>.)

8 in 10 Greater Cincinnati African American adults said they had a regular, appropriate source of healthcare

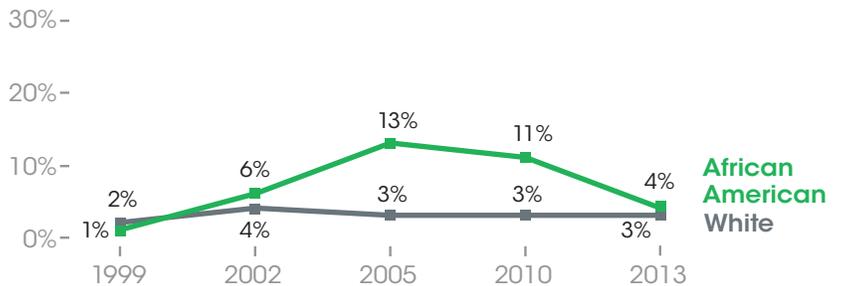


The percentage of African Americans reporting an appropriate source of care increased with age. Only 68% of adults age 18 to 29 had a usual and appropriate source of care, compared with 96% of adults older than 65. In addition, African American adults with health insurance (81%) were more likely than those without health insurance (67%) to have an appropriate source of care. These trends among African American adults matched those among other races in Greater Cincinnati.

Large drop in those with inappropriate sources of care

An urgent care center or an emergency room is not an appropriate source of care. Care received in these locations may be fragmented, and may not address the long-term issues that are so important for health. Using these locations for routine care also may overload the system, limiting the availability of care for cases that are truly emergencies.

Adults who usually go to a hospital emergency room or urgent care center when they are sick or need advice about their health



In 2013, 4% of African American adults reported that they usually went to an urgent care center or emergency room when they were sick or needed health advice. This was much lower than the 11% who reported this in 2010. The 2013 percentage is similar to the 3% reported among White adults.

African American adults with health insurance were more likely to have an appropriate source of care



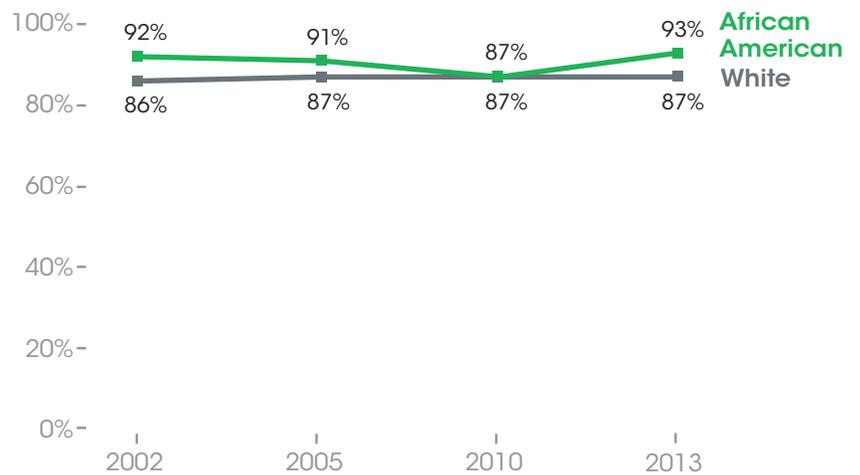
Most African Americans have had routine checkup

Once people have an appropriate source of care, it is important that they see that provider on a regular basis to monitor their health and receive appropriate screenings. Among African American adults in Greater Cincinnati, 93% reported having had a routine checkup within the past two years. This was higher than the 87% of African American adults who reported this in 2010 and the 87% of White adults reporting this in 2013. African American adults with insurance (95%) were more likely than those without insurance (83%) to have had a routine checkup, as were those reporting fair or poor health (99.5%) compared with those reporting excellent or good health (88%).

African Americans report more barriers to finding trusted provider

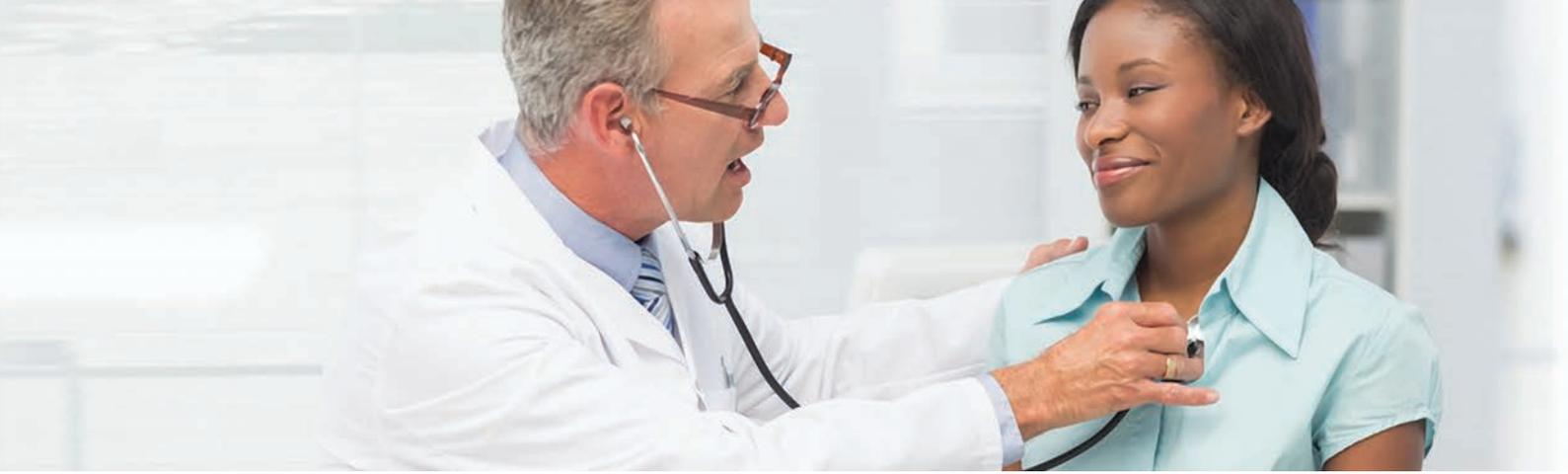
Trust between a patient and provider is important for creating an effective care environment. It can lead to increased patient satisfaction and

Adults who have personally visited a healthcare professional for a routine checkup in the past two years



better compliance with treatment recommendations. However, finding a trusted provider is not always easy. The CHSS asked if a person's lack of health insurance, type of insurance, or race or ethnicity had been a barrier to finding a trusted healthcare provider.

Lack of insurance or type of insurance were each cited by 26% of African American adults as a barrier to finding a trusted provider. This compares with 18% of White adults who reported each of these as barriers.



Race or ethnicity were not reported as often as insurance as a barrier to finding a trusted provider. But African American adults (8%) were more than twice as likely as White adults (3%) to say it was a barrier. African American adults without health insurance (13%) were more likely than those with health insurance (7%) to report this barrier, and those living below 100% FPL (15%) were three times more likely than those living above 100% FPL (5%) to report this.

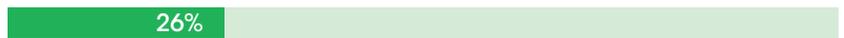
Rate of uninsured African Americans drops; still higher than Whites

Cost can be another barrier to receiving regular healthcare. People without health insurance are less likely to get the care they need in a timely manner. In Greater Cincinnati, 2 in 10 African American adults (20%) said they were currently uninsured at the time of the survey. This is higher than the percentage of White adults who were currently uninsured (14%), but it is lower than the percentage of uninsured African American adults in 2010 (31%).

Adults who reported these barriers to finding a healthcare provider they could trust when they were sick or needed advice about their health

Type of health insurance

African American



White

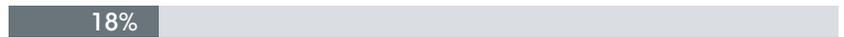


Lack of health insurance

African American



White

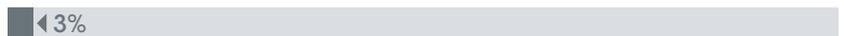


Race or ethnicity

African American



White



(Note: the CHSS was completed before open enrollment for the Patient Protection and Affordable Care Act (ACA) ended. These results do not reflect the impact of that law.)



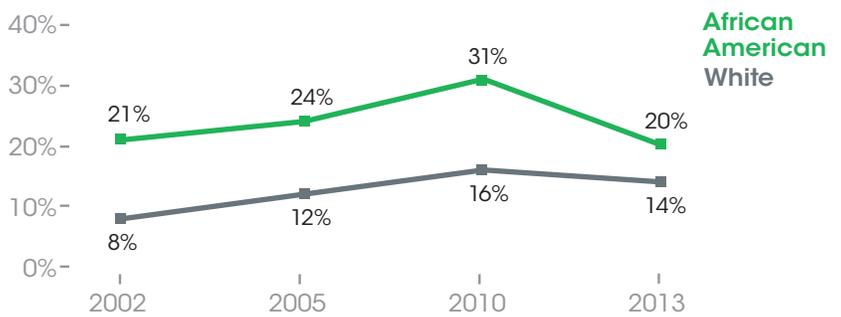
While it is important to be currently insured in order to receive healthcare, it is also important to have stable health insurance. Ten percent of insured African American adults had been uninsured sometime in the last 12 months, double the percentage of White adults (5%). In 2010, only 8% of African American adults had been uninsured sometime in the past year.

14% of African Americans go without care due to cost

Even with insurance, healthcare can be expensive. In 2013, more than 1 in 10 (14%) African American adults said they had gone without a doctor's care sometime in the past year because the household needed the money to buy food, clothing or to pay for housing. This is down from 19% in 2010 and similar to the percentage of White adults reporting this in 2013 (15%).

African American adults were more likely to go without a doctor's care because of cost if they were living below 100% FPL (21%) or if they did not have health insurance (22%). Nearly 2 in 10 African American adults (18%) who delayed getting

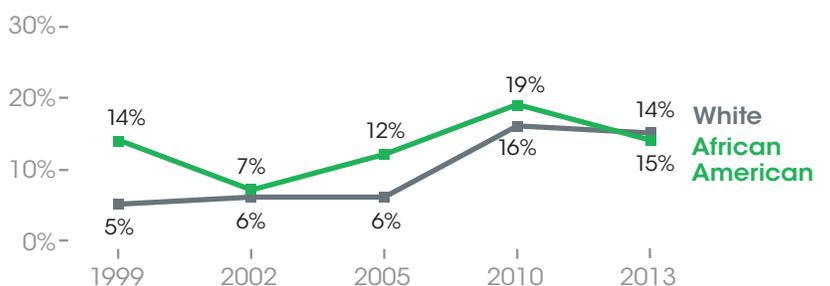
Adults who are currently uninsured



Adults who are currently insured but who were uninsured at some point in the last 12 months



During the last year, did any household member not receive a doctor's care because the household needed money to buy food or clothing or pay for housing? (Graph presents only the percentage of adults who answered "yes.")



care because of cost in 2013 had fair or poor health, compared with only 1 in 10 with excellent or very good health (11%).

