Facts about the 2013 survey

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

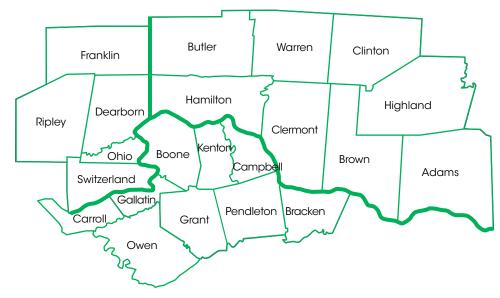
The CHSS is a project of Interact for Health and is conducted by the Institute for Policy Research at the University of Cincinnati. For more information, please visit our website at www.interactforhealth.org/greater-cincinnati-community-health-status-survey. For the complete survey dataset, which will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

Survey topics

Topics in the 2013 CHSS include:

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

Survey region for the Community Health Status Survey



Methodology

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

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

Features of the 2013 survey

African American and Hispanic oversamples

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

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

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

First- and second-generation Appalachians

CHSS identified first- and secondgeneration White Appalachians. Firstgeneration Appalachian was defined as

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

County oversamples

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

Neighborhood oversamples

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

Cell phone sample

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

The full paper can be found at www.cdc.gov/nchs/data/nhis/earlyrelease/wire-less201312.pdf.

Thanks to our community partners

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

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

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

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

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

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

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