



City of Cincinnati

801 Plum Street
Cincinnati, OH 45202

Agenda - Final Youth & Human Services

Chairperson Anna Albi
Vice Chair Evan Nolan
Councilmember Ryan James
Vice Mayor Jan-Michele Kearney

Tuesday, May 19, 2026

12:30 PM

Council Chambers, Room 300

PRESENTATIONS

Life Expectancy Gaps in Cincinnati: Understanding Preventable Death and What We Can Do About It

Grant Mussman, MD, MHSA, Health Commissioner, Cincinnati Health Department

Maryse Amin, PhD, MS, Assistant Health Commissioner, Cincinnati Health Department

AGENDA

1. [202601577](#) **PRESENTATION**, submitted by Councilmember Albi regarding the Life Expectancy Gaps in Cincinnati.
Sponsors: Albi
Attachments: [Life Expectancy Presentation](#)

ADJOURNMENT

Life Expectancy Gaps in Cincinnati:

*Understanding Preventable Death
and What We Can Do About It*



Grant Mussman, MD, MHSA
Health Commissioner



Maryse Amin, PhD, MS
*Assistant Health Commissioner
Cincinnati Health Department*



Presented to:
**Youth and Human
Services Committee**



Agenda

- Neighborhood life expectancy disparities are a public health threat
- Maps and numbers
- How CHD can help solve a “Wicked Problem”
- Work to date
- Our Partners
- Next Steps

Current Situation

- Today, a child born in Avondale can expect to have a lifespan more than 20 years shorter than a child born in Clifton
- Some neighborhoods are much less healthy than others
- Social determinants of health including race and poverty are strongly associated with this difference
- Even though that is true, the driving causes of death for this difference are preventable
- There are ways to improve the situation. Although they are challenging, they are important to the overall health of the city.

CHD at a glance

- **Mission:** To work for the health and wellness of Cincinnati citizens, employing methods that include surveillance, assessment, disease prevention, health education, and assuring access to public health services.
- **Personnel:** Approximately 450 employees performing public health and healthcare (clinical) delivery services
- **Total Budget:** \$73M (Public funds \$23M, remainder is revenue and grants).
- **Clinical Activities:** \$38M, utilizing \$6M in public funds
 - We are a large Federally Qualified Healthcare System
 - 45,000 patient visits per year, providing Primary Care, Women's Health, Dental, Vision, Mental Health services
 - Payer mix: 30% uninsured, 60% Medicaid, 10% private + Medicare

Background

- Cincinnati has a 25 year Life Expectancy “gap” between neighborhoods
- We are the 14th worst in the country out of the 500 most populous cities according to CDC research
- This gap is recognized in the community and has been present since at least 2007 (first measurement)
- Cleveland and Columbus significantly outperform us (14 and 10 years, respectively)

Strategic Focus

- The Board of Health has adopted a strategic plan emphasizing life expectancy disparities as a community measure of health
- Life expectancy (LE) is a “summary measure” of community health, capturing the cumulative impact of many factors
 - Violence
 - Infant Mortality
 - Overdose
 - Housing and environmental conditions
 - Economic activity
 - And many other social determinants ...



Click Below to Choose the Date Range:

2007-2015

Overall Citywide Life Expectancy

76.1

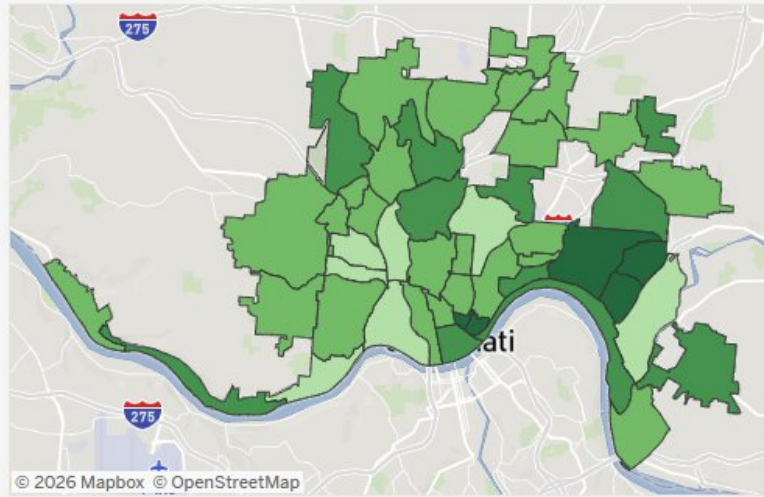
Life Expectancy by Neighborhood

(All)

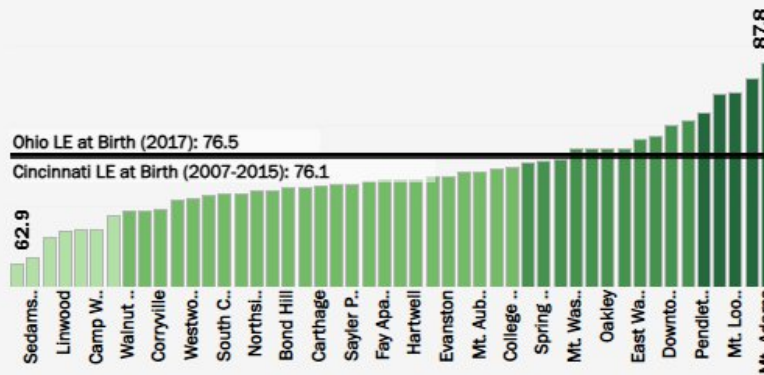
Avondale	68.9
Bond Hill	72.4
California	74.6
Camp Washington	67.2
Carthage	72.5
Clifton	80.7
College Hill	74.8
Corryville	69.6
CUF - Fairview/Clift..	72.7
Downtown CBD-Riv..	80.0
East End	75.9
East Price Hill	69.5
East Walnut Hills	78.4
Evanston	73.8
Evanston/East Wal..	73.8
Fay Apartments (R..	73.3
Hartwell	73.4
Hyde Park	83.9
Kennedy Heights	77.2
Linwood	66.9
Lower Price Hill/ O...	69.9

Citywide Life Expectancy

Life Expectancy by Neighborhood: 2007-2015



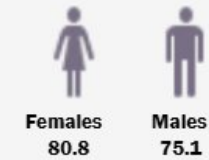
Life Expectancy Histogram



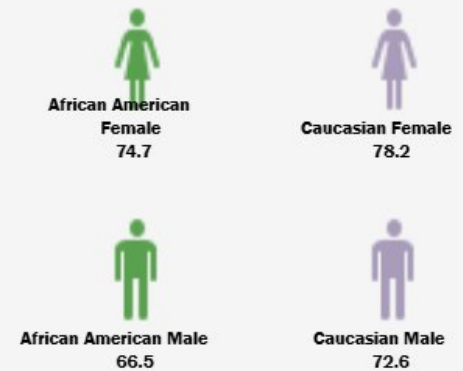
Citywide Life Expectancy by Race



Citywide Life Expectancy by Gender

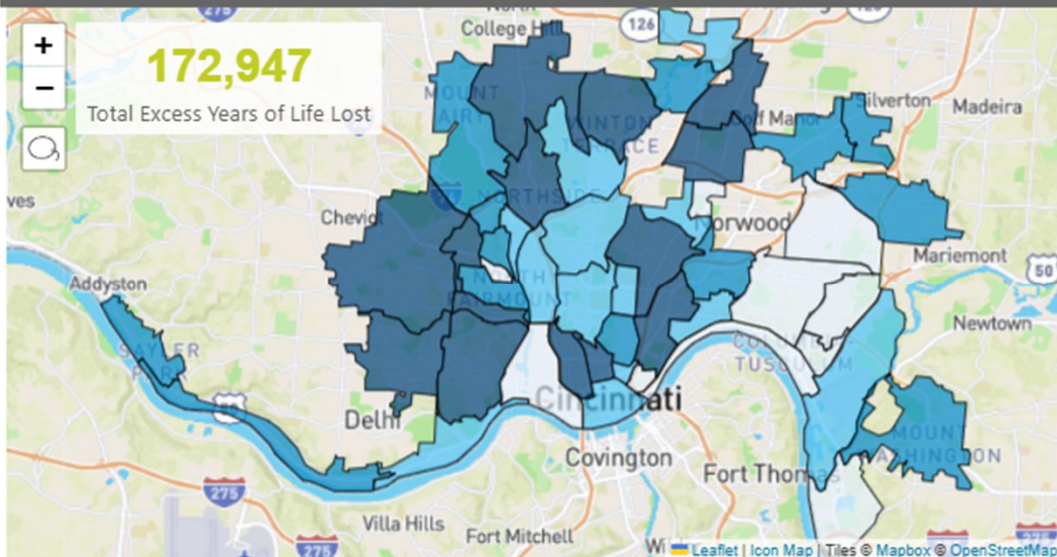


Citywide Life Expectancy by Race & Gender



Premature Death in Cincinnati Neighborhoods 2010-2025

Excess Years of Life Lost by Neighborhood



Excess Years of Life Lost by Neighborhood

Neighborhood	Excess Years of Life Lost	#Premature Deaths
East Price Hill	14,028	1539
Avondale	11,627	1439
Westwood	9,403	2574
Roselawn	8,777	965
West Price Hill	8,702	1568
West End	7,514	727
Walnut Hills	6,958	758
Bond Hill	5,820	769
College Hill	5,636	1209
Winton Hills	5,403	404
Over-the-Rhine	5,079	447
South Fairmount	4,775	374
Northside	4,649	616
East Westwood	4,349	344
Mt. Airy	4,011	621
Millvale	3,879	172
Madisonville	3,330	812
Evanston	3,322	584
North Fairmount	2,904	187
Carthage	2,864	258
Pleasant Ridge	2,853	546
Mt. Auburn	2,844	307
Saylor Park	2,618	268
Kennedy Heights	2,610	366
Mt. Washington	2,398	794
Riverside	2,343	205
Roll Hill	2,218	76
Spring Grove Village	2,200	170
Camp Washington	2,199	151
North Avondale	2,089	226
South Cumminsville	2,086	111
Hartwell	2,043	386
Downtown	1,902	241
Corryville	1,785	139
Clifton	1,598	444
Linwood	1,472	96
Riverside_Sedamsville	1,355	114

The top 5 causes of early death are the majority of the problem

- Infant Mortality
- Drug overdose
- Heart Disease
- Assault (Homicide)
- Cancer

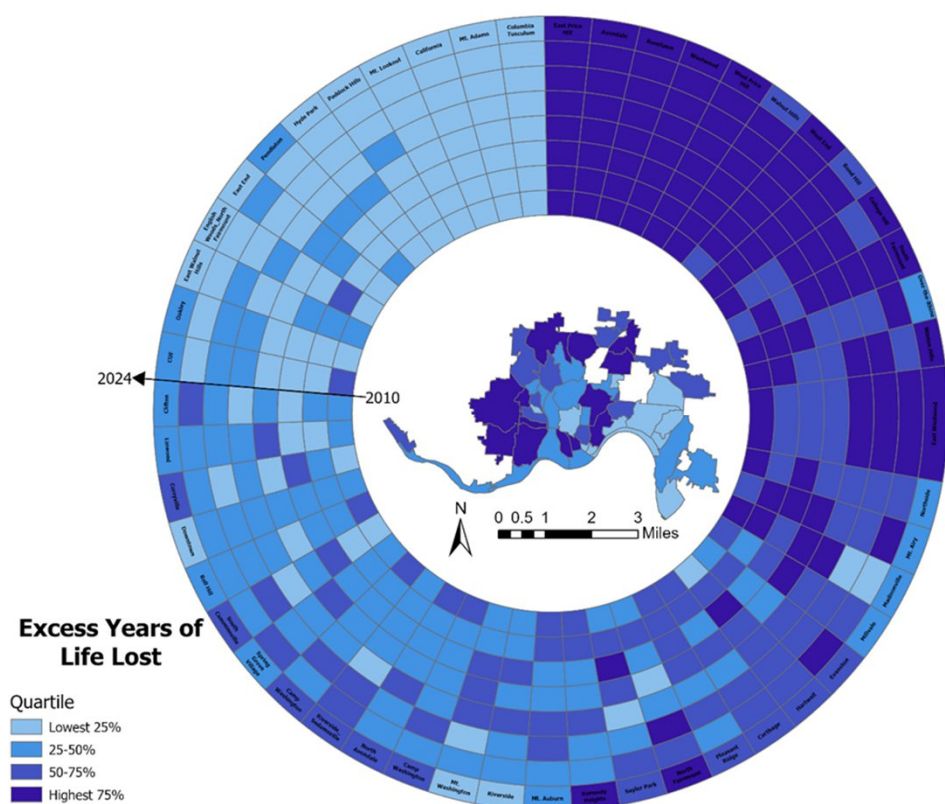
(Note: This is not all-cause mortality, this is just the portions of these that are preventable)

Cause of Death	Excess Years of Life Lost	Premature Deaths	Excess Years Trend
Infant mortality	25,605	797	
Drug overdose	21,468	2237	
Heart disease	17,921	4895	
Assault (homicide)	17,327	909	
Cancer	16,405	5751	
Accidents (unintentional injuries)	9,943	821	
Intentional self-harm (suicide)	8,801	598	
Diabetes mellitus	6,991	1114	
Chronic lower respiratory diseases	5,625	1180	
Cerebrovascular diseases	5,596	1214	

The top 5 causes of preventable death have remained the same since 2010

Ran k	2010-2025	2020-2025	2025 only
1	Infant Mortality	Drug Overdose	Infant Mortality
2	Drug Overdose	Infant Mortality Assault (Homicide)	Heart Disease Assault (Homicide)
3	Heart Disease Assault (Homicide)	Heart Disease Cancer	Drug Overdose Cancer
4	Cancer		
5			

The neighborhoods that are most affected were also fairly stable from 2010-2024



- This “Heat Map” shows a map of the most affected neighborhoods in the center
- The ring around the outside represents change over time for each neighborhood.
 - Neighborhoods are color coded by quartile, with dark blue being the most affected
 - Each “ring” represents the quartile for that neighborhood in 2-year increments
 - The neighborhoods are hard to read, but the figure highlights how neighborhoods tend to stay in the same quartile in terms of preventable death

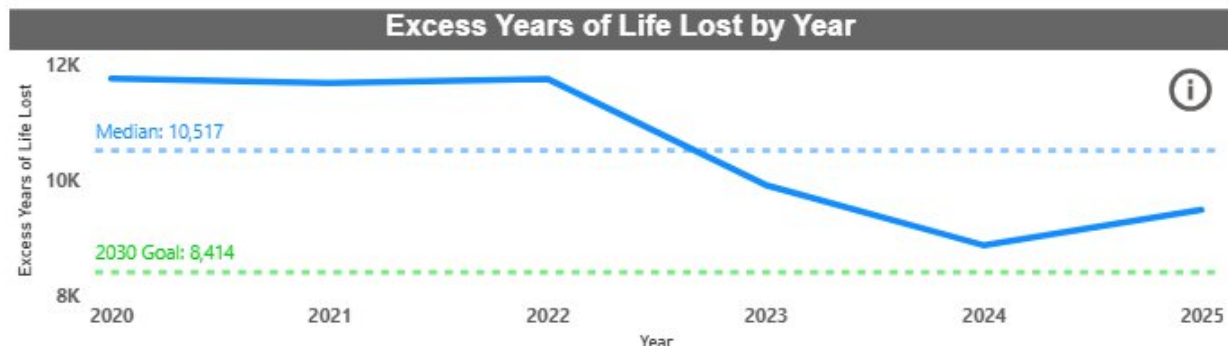
Takeaways

- The neighborhoods most affected have been generally stable over time
- The most common causes of death have been stable over time
- The earlier a preventable death occurs, the more it affects the average life expectancy
- The burden falls disproportionately on communities of color and neighborhoods facing significant social determinants of health barriers.

Moving the Needle

- These differences are preventable, not inevitable
 - Neighborhood gaps are driven by preventable causes, even if associated with demographic factors like race, food, housing, or transportation
 - Even if some factors are beyond our control, other factors are within our control (e.g. access to effective healthcare)
- Data helps target resources where they will have the greatest impact, allowing the City and partners to:
 - Prioritize investments
 - Coordinate across agencies and community stakeholders
 - Measure progress over time
 - Build accountability
 - Focus on upstream prevention instead of downstream crisis response

Some encouraging trends ...



Recent increases are a challenge and the opportunity

- Infant Mortality
- Cardiovascular Disease
- Cancer

Solving a “Wicked Problem”

- We can now measure the relative burden of different causes of preventable death on neighborhoods over time
- There are currently broad city-wide responses to address many of these conditions that have shown results
 - Infant Mortality -> CRADLE Cincinnati
 - Assault (Homicide) -> City of Cincinnati
 - Overdose -> HC-ARC, OneOhio Regional Board and Local funds
- Cardiovascular Disease and Cancer remain an area where there is widespread work being done but no regional coalition

Why CHD Is Positioned to Lead



Many organizations are already doing important work across **Cincinnati**.

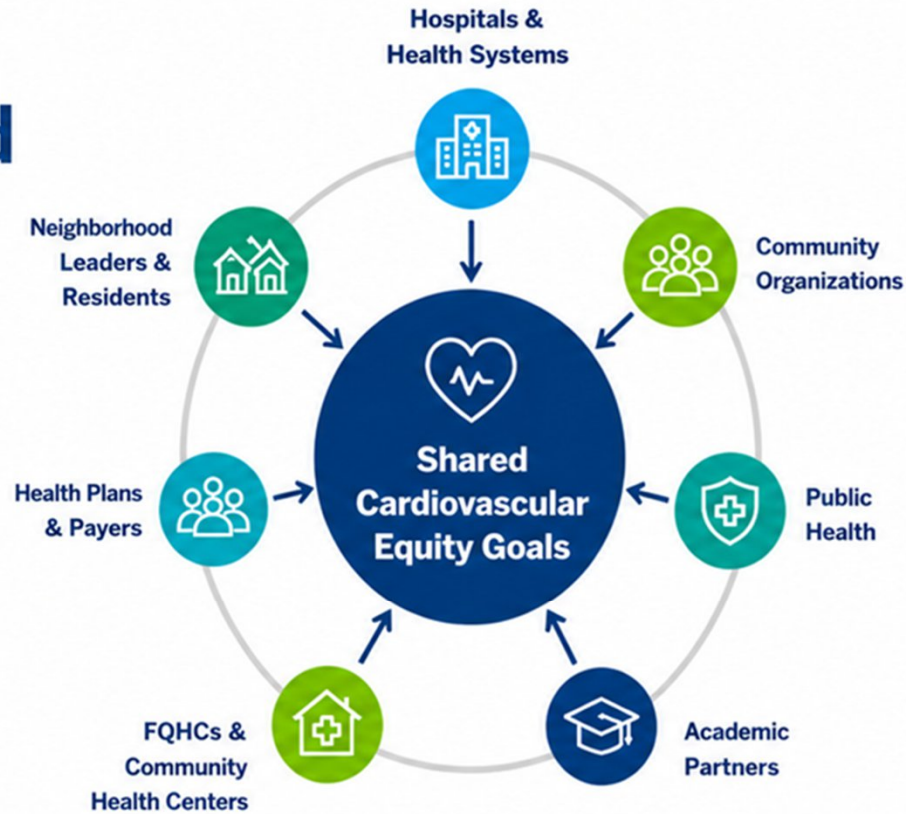


But cardiovascular disparities require:

- ✓ Shared goals
- ✓ Coordinated action
- ✓ Neighborhood-level data
- ✓ Alignment across sectors



CHD's role is not to duplicate efforts — it is to **connect with, align, and strengthen** them.



CHD's Role



Connect with partners across sectors



Align strategies and resources



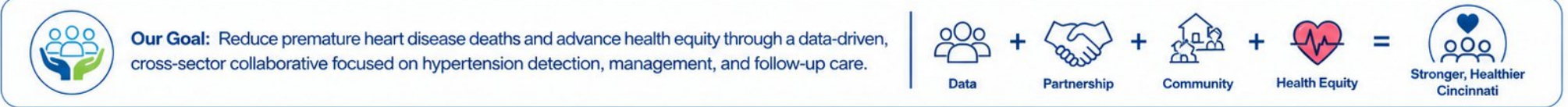
Support shared data and measurement



Strengthen existing efforts rather than duplicate them

Cincinnati Cardio Collaborative

Building a Regional Collective Impact Model for Cardiovascular Health Equity



Theory to Action: Partners are Committed



What We Have Built



Regional partnerships across sectors



Neighborhood data and insights to guide action



Community engagement and stakeholder input



Collaborative governance and infrastructure



Shared goals and a plan for implementation



Success to Date:

- Signed Letters of Intent from **7 organizations**
- **30+ people** engaged across **14 organizations**
- Showcase of this effort to health plans, government, and Ohio Department of Health
- **5 collaborative sessions** in 6 months creating...
 - Shared purpose and objectives
 - Aligned measurement for monitoring progress

From Planning to Action

We have built the foundation. Now we are ready to act—together.



What We Have Built



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What Comes Next



Community-informed interventions



Hypertension detection, management & follow-up



Neighborhood-specific implementation strategies



Shared measurement and continuous learning



Scale what works and sustain impact



Why Continued Investment Matters



Supports a community-led, equity-focused approach



Moves us from planning to measurable action and impact



Positions the collaborative to compete for future grant funding



Improves health and advances life expectancy for all Cincinnatians

Thank you!

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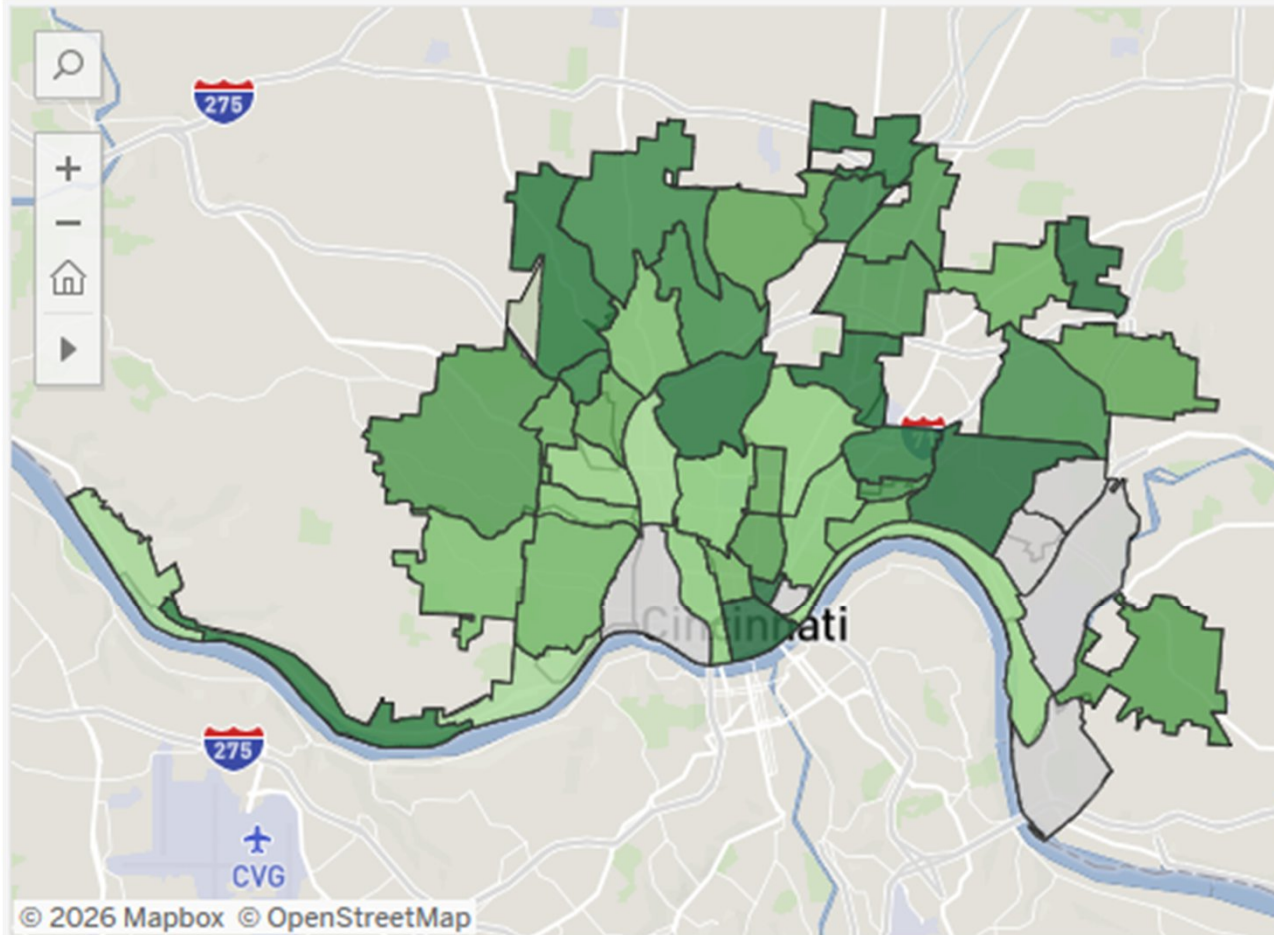
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Life Expectancy by Neighborhood: African Americans (2007–2015)

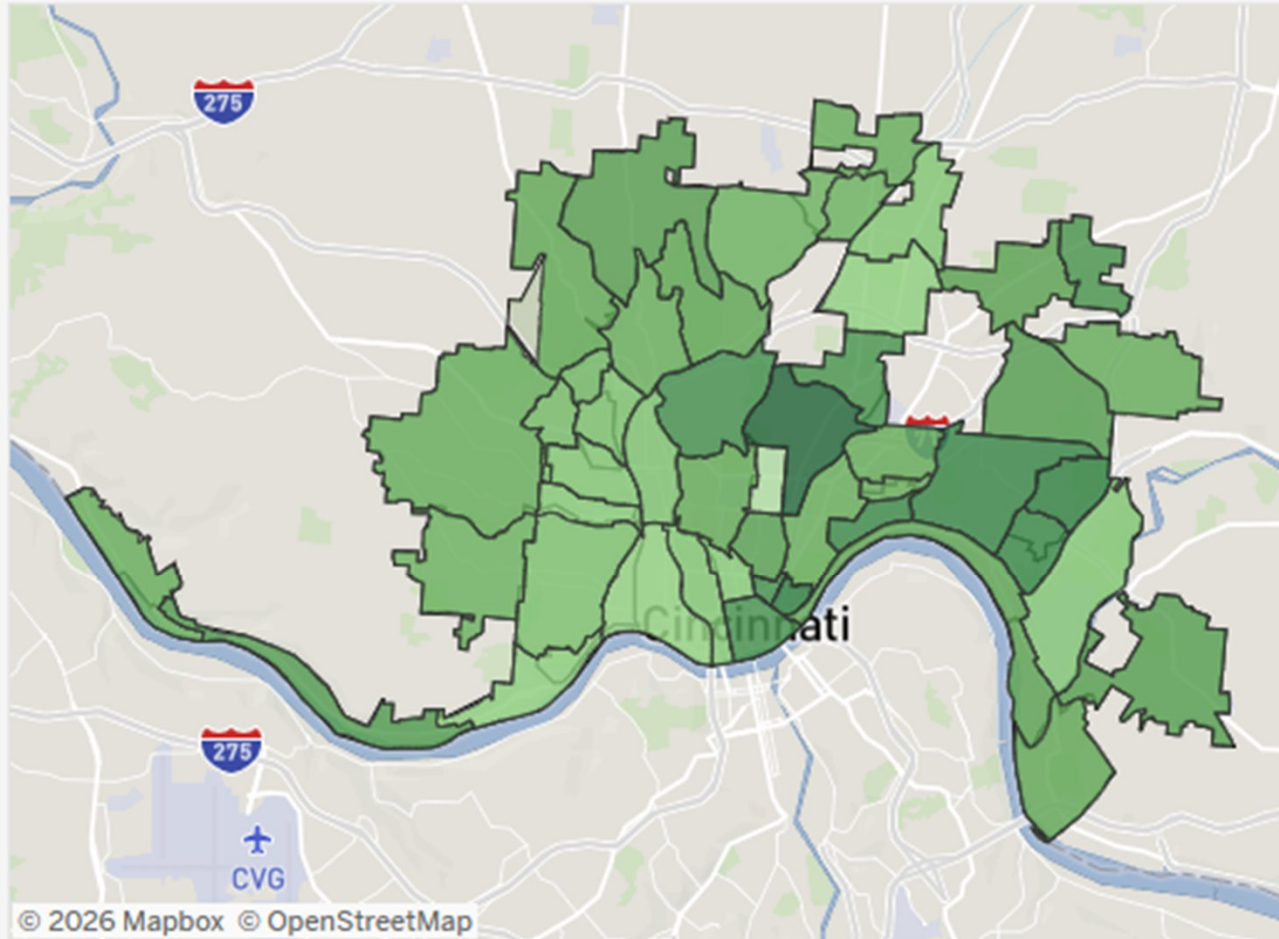
(All)



Avondale	66.9
Bond Hill	72.7
California	
Camp Washington	63.4
Carthage	73.4
Central Business Distr..	82.9
Clifton	75.1
College Hill	73.1
Corryville	71.4
CUF - Fairview/Clifton ..	67.6
East End	63.5
East Price Hill	70.4
East Walnut Hills	69.7
Evanston	73.5
Evanston - East Walnu..	72.9
Fay Apartments (Roll ..	73.4
Hartwell	74.0
Hyde Park	75.9
Kennedy Heights	75.3

Life Expectancy by Neighborhood: Caucasians (2007–2015)

(All)



Avondale	92.9
Bond Hill	63.4
California	74.3
Camp Washington	67.5
Carthage	71.5
Central Business Distr..	81.8
Clifton	81.5
College Hill	77.2
Corryville	58.6
CUF - Fairview/Clifton ..	74.0
East End	76.2
East Price Hill	67.7
East Walnut Hills	83.2
Evanston	73.7
Evanston - East Walnu..	73.0
Fay Apartments (Roll ..	70.7
Hartwell	73.1
Hyde Park	84.2
Kennedy Heights	80.0