2014 CINCINNATI YOUTH GAP ANALYSIS DATA BOOK

KEY INDICATORS ACROSS THE COUNTRY AND THROUGHOUT OUR NEIGHBORHOODS

YOUTH COMMISSION OF CINCINNATI

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Executive Summary

The Youth Commission of Cincinnati (YCC) was created to better understand what resources are in place and what needs to be done in order to create possibilities of growth and success for every child in Cincinnati. Formed in 2012, the Commission's focus is to be a voice for the concerns of the youth within the city. The Commission advises the mayor and city council on the needs of youth and guides city leaders on decisions relating to our youth's successful growth and development.

Youth are impacted by many factors, including the quality of their education, their mental and physical health, their family's income level, the level of crime in their neighborhood, the availability of developmental programs, and continued education. Cincinnati has many organizations dedicated to improving the lives of young people, but most focus only on one or two factors, rather than the entire scope of the issue. In general, people understand the impact of individual factors on a child (e.g. poverty, education, or crime) however, it is critical to recognize the interrelationship of these factors.

This study will enable our leaders to build comprehensive knowledge from the lives of Cincinnati youth, and provide systemic and community-wide recommendations that address the whole person. This approach will create a roadmap to help Cincinnati youth learn, live, and grow.

While many different factors affect the lives of children and youth, this study reviews issues within six different areas: education; workforce development; developmental opportunities; health; poverty and homelessness; and crime.

Currently, there is no comprehensive local data widely available on youth in Cincinnati. The closest data is regional information, and is focused primarily on health statistics. This sheds light on the state of Cincinnati youth, their resource utilization, perceived quality of life, perceived gaps, and suggestions for improvement from the youth themselves, their parents/guardians, and key stakeholders.

The entire study will be completed in three phases, including this initial research. Phase I involved research and data review of existing local and national data as indicators of youth success. The purpose of this phase is to provide a comprehensive understanding of our youth, and does not aim to make recommendations. The data collected will be used as a reference for the following two phases, and will be part of a more inclusive report at the end of the entire project.

Phase II of this project will involve conducting face-to-face surveys with parents or guardians (500 participants minimum), youth (1500 participants minimum), and key stakeholders (people who work with youth; 30-50 organization participants). This survey method will ensure that the sample surveyed is representative of the youth population of Cincinnati. To do this, the racial backgrounds, socio-economic statuses, and ages of those studied will reflect the demographic distribution of the city of Cincinnati. This phase seeks to gain understanding of how youth are able to succeed in the face of adversity.

Phase III of the research will be conducted in the form of ongoing observation of approximately 40 families that will be identified during Phase II of the study. The families will be interviewed and followed in detail to better comprehend the family's utilization of resources, as well as the family's health, academic, and behavioral conducts.

This chart provides a high level snapshot of several key indicators identified in Phase I.

	Kindergarten Readiness 42% 2012 Three and four year olds enrolled in pre-kindergarten education	**Fourth Grade Reading** 75% 2012-13 CPS students were at or above proficiency	**Eigth Grade Math** 65% 2012-13 CPS students were at or above proficiency	**4-Year Graduation Rate** 66% 2012-13 CPS students graduated on time
	Youth Not In School and Not Working 11% 2012 16-19 year olds were not in school or employed	**Youth Unemployment Rate** 12% 2012 16-24 year olds were unemployed	**Youth Not Attending College** 46% 2012 18-24 year olds were not enrolled in post-secondary education	**Single-Parent Female Head of Household** 56% 2012 Families led by single-mothers, 18% of which are unemployed
	Developmental Program Locations 80% 2014 Neighborhoods have locations for top seven programs	**Community Learning Centers** 17,898 2012-13 Students used CLC services during the academic year	**Recreation Centers** 23 2014 Locations offering services to youth	**Head Start** 2,500 2014 Openings for developmental and educational services
	Health Insurance 6% 2012 Youth under 18 without health insurance	**Asthma** 13% 2012-13 CPS students with asthma	**Dental Care** 7% 2012-13 CPS students receiving dental care from the district	**Emotional/Behavioral Conditions** 9% 2012-13 CPS students with diagnosed emotional or behavioral conditions
	Child Poverty Rate 47% 2012 Youth under 18 living in poverty	**Supplemental Nutrition Assistance Program** 55% 2012 Youth under 18 receiving SNAP benefits	**Children on Medicaid** 58% 2012 Youth under 18 on Medicaid	**Free/Reduced Price Meals** 75% 2013-14 CPS students were eligible to receive free/reduced price lunch
	Overall Crime Rate 200% 2009 In comparison to national rate	**Youth Arrests** 9,214 2013 Youth under 21	**Youth Homicide Arrests** 26% 2013 Homicide arrests were youth	**Crimes Against Youth** 6,000 2013 Approximate crimes against youth

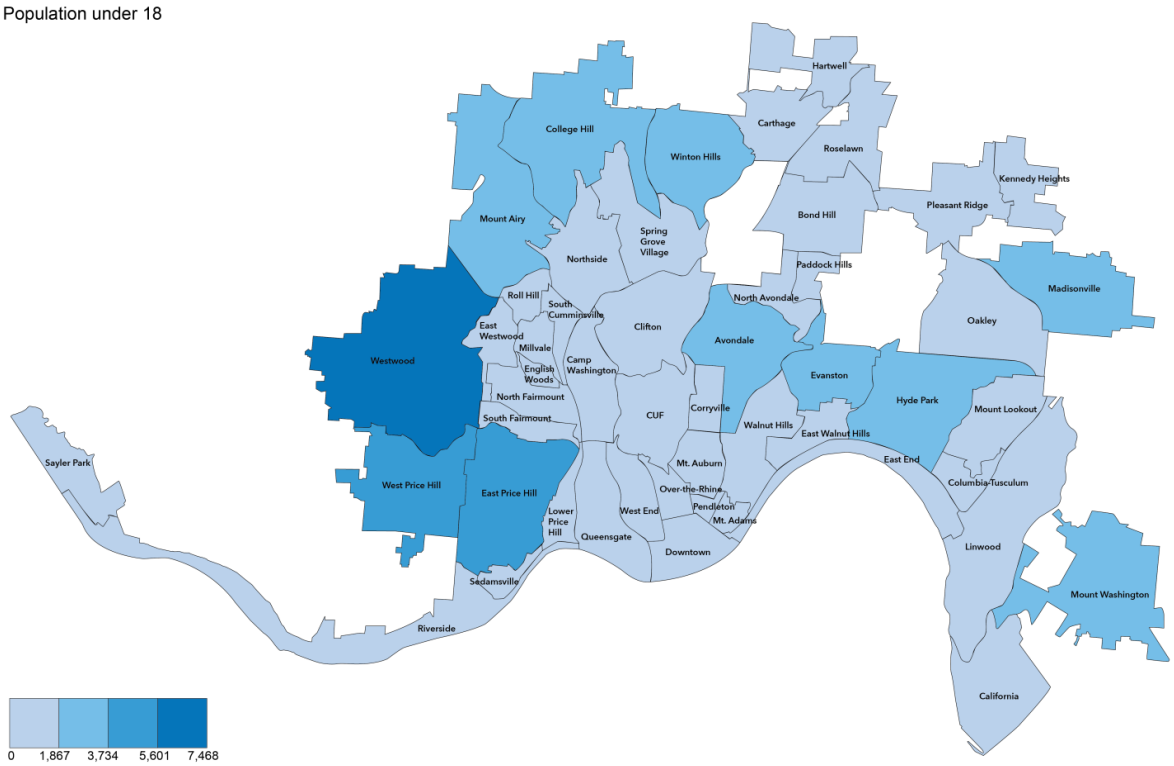
The first phase included comprehensive review of micro-data available for the 51 neighborhoods of Cincinnati. This detailed analysis provides an understanding of which neighborhoods have a concentration of children in need, where resources are available, and where they are lacking. For each of the six areas reviewed, case studies were identified and reviewed, which serves to establish the benchmark of effective youth service management communications. Roughly twenty initiatives, programs, and service providers were reviewed, offering a sample of the resources available in the City of Cincinnati for youth.

Demographics

The demographic profile indicators include youth under 18, youth under 5, youth by race/ethnicity and age, gender, and single vs. both parent household.

Key data points include:

- 50 percent of Cincinnati youth under the age of 18 live in nine neighborhoods, including Westwood, West Price Hill, East Price Hill, College Hill, Avondale, Mount Airy, Hyde Park, Mount Washington, and Winton Hills, which totals a youth population of about 33,200.
- 51 percent of youth under the age of 5 live in nine neighborhoods, including Westwood, West Price Hill, East Price Hill, Winton Hills, Avondale, College Hill, Mount Washington, Mount Airy and Hyde Park, which represents a youth population over 11,100 children.
- Over half (56%) of families with their own children under 18 in Cincinnati are led by a female householder with no husband present, representing over 16,000 families.



Education

The education indicators evaluated during phase I include kindergarten readiness, fourth grade reading, eighth grade math, and graduation rate.

Key data points include:

- On average, 75 percent of CPS fourth grade students tested at or above proficiency for 4th grade reading.
- The multiracial, Non-Hispanic white, and economically disadvantaged student segments had higher "on time" high school 4- and 5-year graduation rates than the district average.
- The multiracial student segment had the highest rate of "on time" high school graduation, at 74 percent.

Workforce Development

The workforce development indicators evaluated in this phase include teens not in school and not working, youth unemployment rate, youth not attending school, and single-parent female head of household unemployment rate.

Key data points include:

- Cincinnati matches the county, state, and nation in relation to the percentage of its population that is between the ages of 16 and 19 (six percent), as well as the percentage of those youth who are in the labor force, but not in school or employed (three percent).
- Cincinnati's peer cities (Columbus, OH; Cleveland, OH; Indianapolis, IN; Louisville, KY; and Pittsburgh, PA.) have about the same percentage of unemployed youth who are not in school.
- Cincinnati has a significantly higher rate of enrollment in post-secondary education than the national average of 43 percent, at about 54 percent.

Developmental Opportunities

The indicators used to measure developmental opportunities include youth programs, Community Learning Centers, tutoring enrollment, mentoring enrollment, Cincinnati Recreation Commission, Head Start program, and green spaces.

Key data points include:

- In total, the City of Cincinnati offers about 215 different service locations in 41 of its 51 neighborhoods.
- 17,898 students used Community Learning Center services in the 2012-13 academic year, of which 70 percent were African American.
- Roughly 7,550 students received tutoring during the 2012-13 school year.
- Cincinnati has 23 acres of parkland per 1,000 residents, making it one of the top 10 cities with the highest number of parks and recreation facilities per resident in the country.

Health

The indicators used to measure health outcomes include children without health insurance, children with asthma, dental care access, children with one or more emotional or behavioral conditions, body mass index, diabetes, infant mortality rates, and life expectancy.

Key data points include:

- 6 percent of youth under 18 in Cincinnati are uninsured, with uninsured males accounting for more than half of the total.
- 13 percent of CPS students have been diagnosed and/or treated for asthma, and roughly 4,300 students were diagnosed and/or treated for asthma during the second semester of the 2012-13 school year.
- More than 2,000 students (seven percent) received dental care in CPS during the second semester of the 2012-13 calendar year.
- In 2012-13, nine percent of CPS students had an identified diagnosed emotional or behavioral condition.
- About 98 percent of CPS students were screened for BMI. The results show that 34 percent of those screened were overweight or obese.

Poverty and Homelessness

The indicators used to measure poverty and homelessness include child poverty rates, homelessness, children on SNAP, number of children on Medicaid, and children receiving free/reduced price meals.

Key data points include:

- There were 8,271 homeless people in Cincinnati and Hamilton County in 2013. Out of them almost 2,500 were children.
- In 2013 there were 308 youths, age 18 to 20, and 610 young adults, age 21 to 25, on the streets and in shelters. Of these youths/young adults, 82 percent were presented as single persons and 18 percent were presented as households along with 275 of their children.
- Over half of Cincinnati's children under 18 received SNAP benefits in 2012.

Crime

Key indicators used to measure outcomes related to crime include overall crime, youth crime, and youth victims.

Key data points include:

- Cincinnati had twice the number of crimes per 100,000 habitants in 2009 than the national average.
- There were 32,675 crimes in Cincinnati (including violent and non-violent crimes) in 2013. A quarter of those crimes were counts/arrests against youth.

Introduction

Our children and young adults are our future and one of the most important assets for a thriving and successful community. When Cincinnati's youth succeed and prosper, not only do they benefit personally, but Cincinnati flourishes and grows as well. Children that are nurtured and well cared for, particularly throughout their first years of life, have better social-emotional and learning outcomes. The outcomes can be seen later, when those same children thrive in school, seek post-secondary education, and have enough income to provide for their own families.

The Youth Commission of Cincinnati (YCC) was created to better understand what resources are in place and what needs to be done in order to create possibilities of growth and success for every child in Cincinnati. Formed in 2012, the Commission's focus is to be a voice for the concerns of the youth within the city. The Commission advises the mayor and city council on the needs of youth and guides city leaders on decisions relating to our youth's successful growth and development.

Youth are impacted by many factors, including the quality of their education, their mental and physical health, their family's income level, and the level of crime in their neighborhood. Cincinnati has many organizations dedicated to improving the lives of young people, but most programs and organizations focus only on one or two factors, with little coordination in addressing multiple factors impacting our youth. The lack of strategic coordination impedes more significant and sustained progress.

In general, people understand the impact of individual factors on a child (e.g. poverty, education, or crime). However, it is critical to recognize the interrelationship of these factors. Even if one or two are stabilized, if other factors are not resolved, the child will not experience the maximum impact of available resources. If a young person is healthy and has access to a quality education, but is on the brink of homelessness or is impacted by crime in their community, their ability to perform well in school will be negatively impacted.

Collecting data on children and youth and the programs serving them is very important. Families, service providers, politicians, researchers, supporters, and others can use data to better understand children's needs, improving access to services, strengthening services, enhancing the efficiency of services, and understanding the short- and long-term impacts of services.

This study will enable our leaders to build comprehensive knowledge of the lives of Cincinnati youth, and provide systemic and community-wide recommendations that address the whole person. This approach will create a roadmap to help Cincinnati youth learn, live, and grow.

While many different factors affect the lives of children and youth, this study reviews issues within six different areas: education; workforce development; developmental opportunities; health; poverty and homelessness; and crime.

Objectives

There are eight major goals within this project:

1. Evaluate current policies and laws impacting our youth, and provide recommendations or potential changes to the mayor and city council.
2. Evaluate resources, programs, and services provided to our youth and conduct an impact analysis.
3. Investigate methods and tools to promote the positive initiatives and programs involving and affecting youth.
4. Collaborate to develop an annual awareness raising and information gathering initiative for our youth and organizations serving our youth.
5. Develop a list of priorities and recommend an action plan designed to positively impact the state of our youth.
6. Evaluate the feasibility of developing a youth representative group that would provide perspective to this commission as it fulfills its goals and objectives.
7. Promote the many positive initiatives and outcomes involving youth.
8. Investigate the feasibility of conducting a collaborative annual project on youth (i.e. a youth advocacy conference).

How this study is unique

Currently, there is no comprehensive local data widely available on youth in Cincinnati. The closest data is regional information, and is focused primarily on health statistics only. This study incorporates the voice of Cincinnati youth and families directly. The data sheds light on the state of Cincinnati youth, their resource utilization, perceived quality of life, perceived gaps, and suggestions for improvement from the youth themselves, their parents/guardians, and key stakeholders. The study has the potential to be longitudinal in nature, enabling the City and its partners to see if quality of life improves for families once recommended action is taken. The study generates recommendations to be implemented citywide by the City and its community partners.

Study method and scope

The entire study will be completed in three phases, including this initial research and data-based analysis phase measuring the gap between current needs of Cincinnati youth (age 0 – 21) and the services being provided. The sample is representative of the diversity within the city of Cincinnati and large enough to demonstrate statistically significant results, if present.

Phase I: Research and benchmarking

Phase I involved research and data review of existing local and national data as indicators of youth success. During this phase, existing research was reviewed and analyzed to gain a broad perspective on the practices and challenges of serving at-risk young people. In conducting this secondary research, the principal methodology employed was a systematic review, using meta-analytic techniques to evaluate available literature and data on the areas of education, workforce development, developmental opportunities, health, poverty and homelessness, and crime. This phase also looked at youth demographic data, concentrating on the following topics:

Youth under 18: This dataset looks at the distribution of youth under 18 throughout the 51 neighborhoods in Cincinnati.

Youth under 5: This dataset looks at the distribution of youth under 5 throughout the 51 neighborhoods in Cincinnati.

Youth by race/ethnicity and age: This dataset is the summary of the U.S. Census Bureau 2010 Decennial Census and 2012 American Community Survey. 2010 Census data was compiled at the neighborhood level using census tracts and block groups. 2012 American Community Survey data was used to measure the citywide demographics of Cincinnati and its peer cities.

Youth by gender: A high level view of the distribution of gender amongst the previously mentioned youth segments.

Single versus both parent household: The frequency of family head of household aggregated at the city level. The Census Bureau's definition is that a family consists of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.

For each of the six areas, there are key indicators that help paint the picture of the overall status of Cincinnati youth across our 51 neighborhoods. The key indicators are:

Education

Kindergarten readiness: This indicator shows the result of the Kindergarten Readiness Assessment-Literacy (KRA-L) of Cincinnati Public School (CPS) students during the 2013-14 academic year.

Fourth grade reading: This indicator measures the percentage of CPS fourth grade students that scored at or above proficiency on Ohio Achievement Assessment in reading.

Eighth grade math: This indicator measures the percentage of CPS eighth grade students that scored at or above proficiency on Ohio Achievement Assessment in mathematics.

Graduation rate: This indicator measures the percentage of Cincinnati Public School students who graduated within four or five years.

Workforce Development

Teens not in school and not working: This indicator measures the percentage of teenagers between the ages of 16 and 19 who are not enrolled in school and not employed on a full or part time basis.

Youth unemployment rate: This indicator measures the percentage of youth between the ages of 16 and 24 that are unemployed.

Youth not attending school: This indicator measures the ratio and total number of the young people between the ages of 18 and 24 that are not attending college.

Single-parent female head of household unemployment rate: This indicator measures the number and percentage of single-parent female head of households who are unemployed.

Developmental Opportunities

Youth programs: This indicator measures the geographic availability of seven different developmental opportunity programs for Cincinnati children which include Cincinnati and Hamilton County Public Libraries, Recreation Centers, Community Learning Centers, YMCA/YWCA's, Boys and Girls Clubs, public parks, and the Head Start Program.

Community Learning Centers: This indicator shows the types of service being provided at each Community Learning Center, as well as the number of students utilizing services.

Tutoring enrollment: This indicator shows the number of students enrolled in tutoring at Cincinnati Public Schools (CPS) during the 2012-13 academic year.

Mentoring enrollment: This indicator shows the number of students enrolled in mentoring at CPS during the 2012-13 academic year.

Cincinnati Recreation Commission: This indicator shows the types of services being provided at each recreation center location, as well as the number of youth memberships.

Head Start program: This indicator shows the locations of Head Start programs within the city of Cincinnati and measures the number of openings for services available to neighborhood residents.

Green spaces: This indicator shows the amount of green spaces (parks) in Cincinnati. It also highlights how Cincinnati is amongst the top ten cities in specific sport facilities, such as tennis courts and baseball diamonds.

Health

Children without health insurance: This indicator measures the percentage of young people under the age of 18 that are not covered by any health insurance.

Children with asthma: This indicator shows the total number of students enrolled in Cincinnati Public Schools that were reported as having asthma.

Dental care access: This indicator measures the number of students receiving dental care treatment at a CPS location.

Children with one or more emotional or behavioral conditions: This indicator measures the number of Cincinnati Public School students with a diagnosed case of Attention-Deficit/Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), and behavioral conditions.

Body Mass Index (BMI): This indicator shows the total number of students screened for BMI and the results of the test.

Diabetes: This indicator shows the number of reported cases of students with diabetes at CPS in the 2012-13 academic year.

Infant mortality rates: This indicator shows the infant mortality rate for Cincinnati and how the city numbers compare to Hamilton County numbers.

Life expectancy: This indicator shows the life expectancy numbers for Cincinnati and its neighborhoods.

Poverty and Homelessness

Child poverty rates: This indicator measures the percentage of young people under 18 that live in families with income below 100 percent of the U.S. poverty line.

Homelessness: This indicator shows the number of children in Cincinnati and Hamilton County experiencing homelessness.

Children on SNAP: This indicator measures the number and percentage of young people under 18 receiving Supplemental Nutrition Assistance Program benefits, known as Food Stamps.

Number of children on Medicaid: This indicator measures the average Medicaid monthly enrollment of young people under 18.

Children receiving free/reduced priced meals: This indicator measures the current enrollment and eligibility numbers for free and reduced price school meal benefits.

Crime

Overall Crime: This indicator measures the number of crimes committed per 100,000 inhabitants comparing it to peer cities in 2009 and the 2013 overall city and neighborhood crime data.

Youth Crime: This indicator measures the number of arrests of Cincinnati youth in 2013.

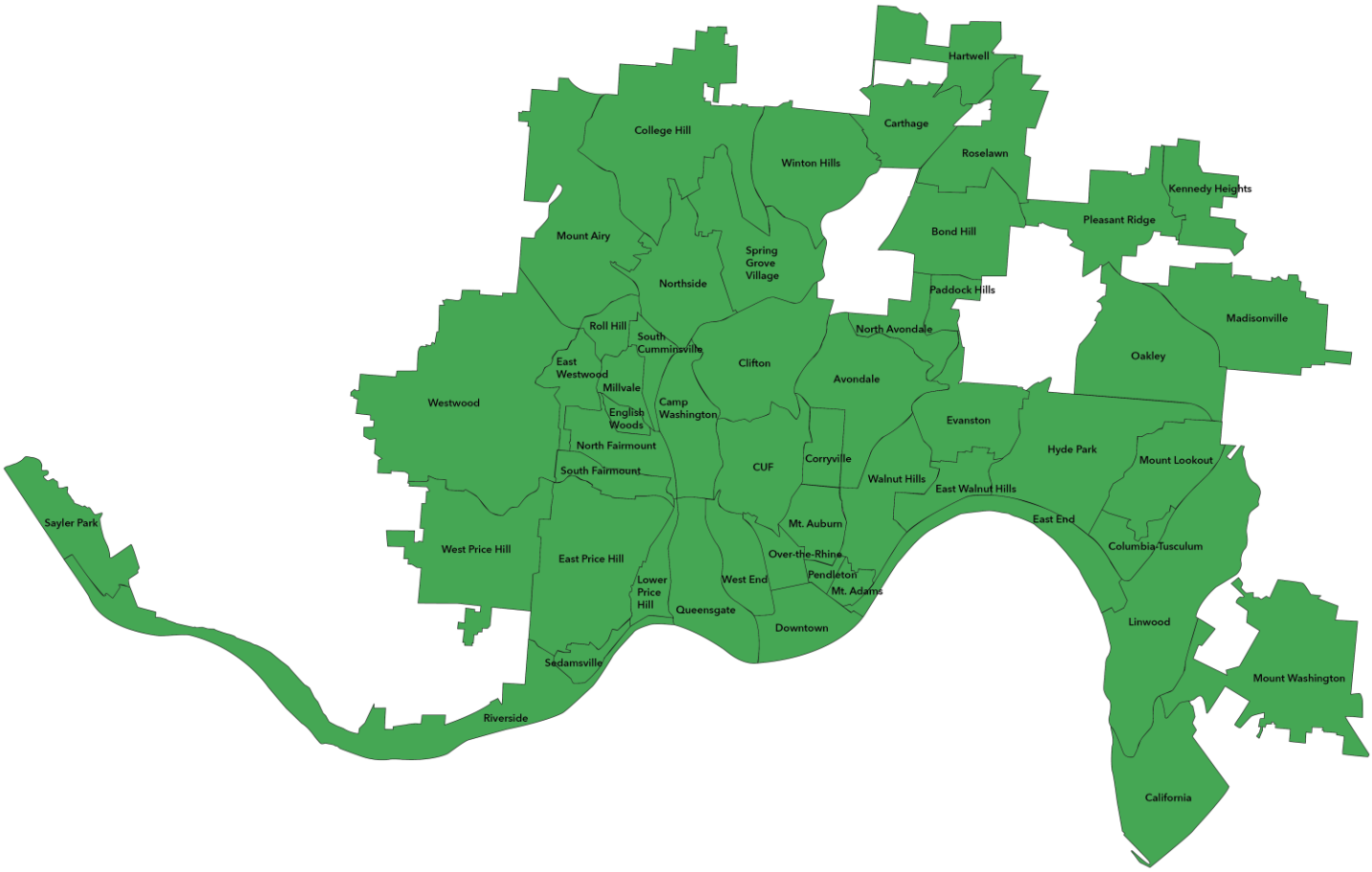
Youth Victim: This indicator estimates the number and percentage of youth victims of crime.

This chart provides a high level snapshot of several key indicators identified in Phase I.

Kindergarten Readiness	**Fourth Grade Reading**	**Eigth Grade Math**	**4-Year Graduation Rate**
42%	75%	65%	66%
2012	2012-13	2012-13	2012-13
Three and four year olds enrolled in pre-kindergarten education	CPS students were at or above proficiency	CPS students were at or above proficiency	CPS students graduated on time
Youth Not In School and Not Working	**Youth Unemployment Rate**	**Youth Not Attending College**	**Single-Parent Female Head of Household**
11%	12%	46%	56%
2012	2012	2012	2012
16-19 year olds were not in school or employed	16-24 year olds were unemployed	18-24 year olds were not enrolled in post-secondary education	Families led by single-mothers, 18% of which are unemployed
Developmental Program Locations	**Community Learning Centers**	**Recreation Centers**	**Head Start**
80%	17,898	23	2,500
2014	2012-13	2014	2014
Neighborhoods have locations for top seven programs	Students used CLC services during the academic year	Locations offering services to youth	Openings for developmental and educational services
Health Insurance	**Asthma**	**Dental Care**	**Emotional/Behavioral Conditions**
6%	13%	7%	9%
2012	2012-13	2012-13	2012-13
Youth under 18 without health insurance	CPS students with asthma	CPS students receiving dental care from the district	CPS students with diagnosed emotional or behavioral conditions
Child Poverty Rate	**Supplemental Nutrition Assistance Program**	**Children on Medicaid**	**Free/Reduced Price Meals**
47%	55%	58%	75%
2012	2012	2012	2013-14
Youth under 18 living in poverty	Youth under 18 receiving SNAP benefits	Youth under 18 on Medicaid	CPS students were eligible to receive free/reduced price lunch
Overall Crime Rate	**Youth Arrests**	**Youth Homicide Arrests**	**Crimes Against Youth**
200%	9,214	26%	6,000
2009	2013	2013	2013
In comparison to national rate	Youth under 21	Homicide arrests were youth	Approximate crimes against youth

Although looking at data on a city level is substantial, this phase also included a comprehensive micro-data review of the 51 Cincinnati neighborhoods. Assessing neighborhood data specifically is beneficial in the sense that it gives a better understanding of where children in need are located, which resources they need, and which ones are available. Parents want their children to grow up in good neighborhoods – where crime rates are low, the school system is good, and health resources are available. Research shows that where a youth is raised can impact what kind of outcomes they will have. Different factors were identified as being influential on youth outcomes, including quality of local services, exposure to crime and violence, and physical distance and isolation from available resources.

CINICNNATI NEIGHBORHOOD REFERENCE MAP



The first phase of the project looked at peer cities indicators – when appropriate. Columbus and Cleveland, OH; Indianapolis, IN; Louisville, KY; and Pittsburgh, PA were chosen based on having similar population distribution and issues related to youth. National, state, and county data were also included for comparison.

For each of the six areas, case studies were identified and reviewed, which serves to establish the benchmark of effective youth service management and communications. This research likewise helps identify how different cities effectively address challenges and enables the YCC to emulate and duplicate their success when appropriate.

In the last part of Phase I, major youth initiatives, programs, and service providers were identified and reviewed. The goal was to be able to give a sample of what resources are available throughout the city. Roughly twenty initiatives and programs were reviewed, sampling major initiatives and programs in the City of Cincinnati available for youth:

- 4 C for Children
- Central Clinic
- Children's Home
- Cincinnati GRAD
- Cincinnati Initiative to Reduce Violence
- Cincinnati Recreation Commission
- Cincinnati Youth Collaborative
- City Link
- Community Learning Centers
- Continuum of Care
- Growing Well Cincinnati
- Head Start
- Lighthouse Youth Services
- Partners for a Competitive Workforce
- Pro Kids
- Safe and Supported: Hamilton County LGBTQ Youth Homelessness Prevention Initiative
- StrivePartnership
- Success by 6
- Talbert House
- United Way Bold Goals for Our Region
- Urban League
- Youth at Risk of Homelessness (YARH) Planning Grant
- Youth 2 Work

Phase II: Conduct Primary Research Surveys

On-site surveys will be conducted face-to-face with parents or guardians (500 participants minimum), youth (1500 participants minimum), and key stakeholders (people who work with youth; 30-50 organization participants). This survey method will ensure that the sample surveyed is representative of the youth population of Cincinnati. To do this, the racial backgrounds, socio-economic statuses, and ages of those studied will reflect the demographic distribution of the city of Cincinnati.

Phase III: Youth Profiles

The final phase of the research will be conducted in the form of ongoing observation and interviews with 40 families to be identified during Phase II of the study. There will be approximately 40 in-depth profiles of a select group of youth and families identified for this phase. The families will be followed in great detail, with parent and youth permission. It will include in-person interviews and complete available and documented record reviews to understand the family's resource utilization and health, academic, and behavioral functioning.

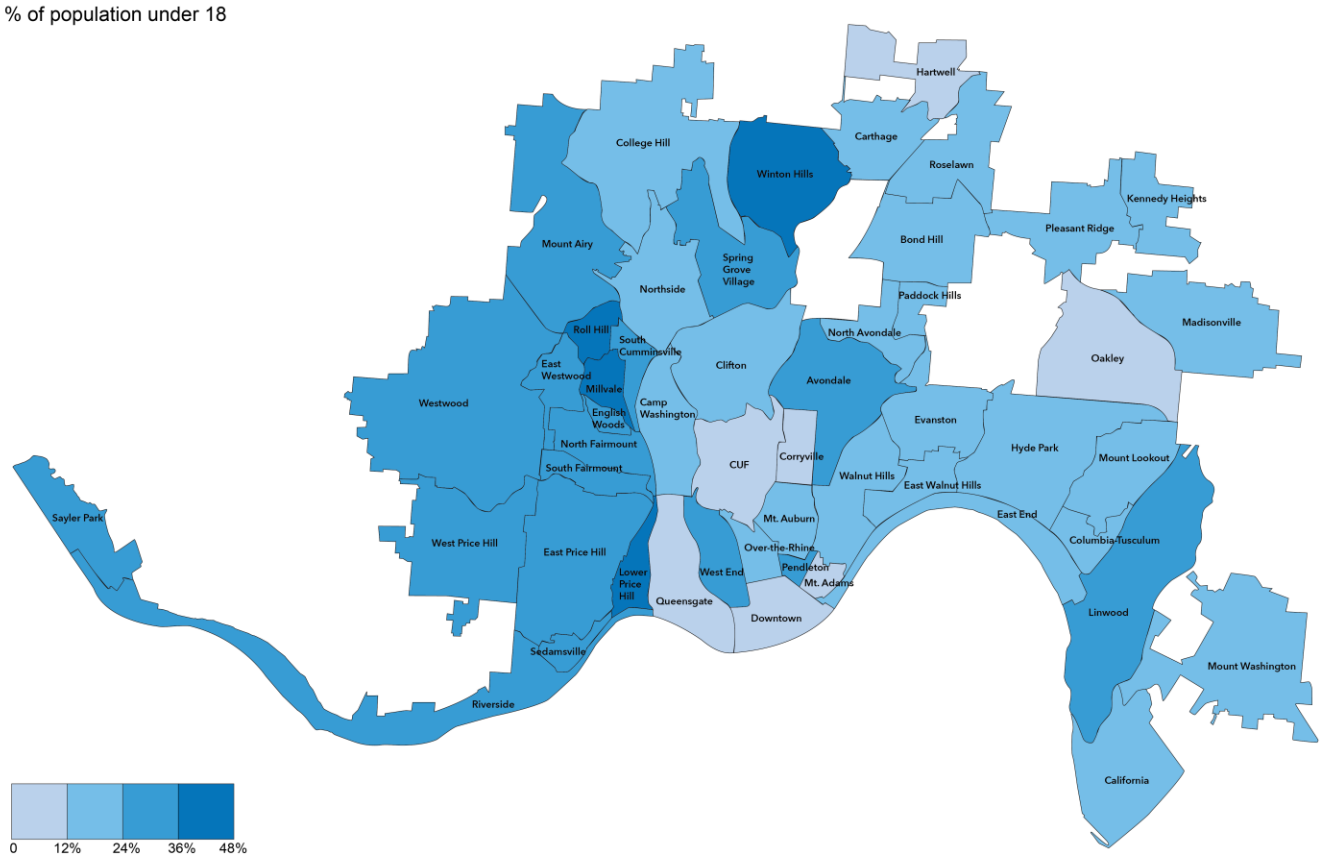
Desired Outcomes

At the end of this study, it will be possible to identify the factors most impacting the lives of Cincinnati youth and the services youth currently receive to address these factors. From its results, recommendations will be given regarding changes to improve the quality of life for Cincinnati youth, including educational, health, safety, and developmental outcomes, to ensure their future success.

Demographics

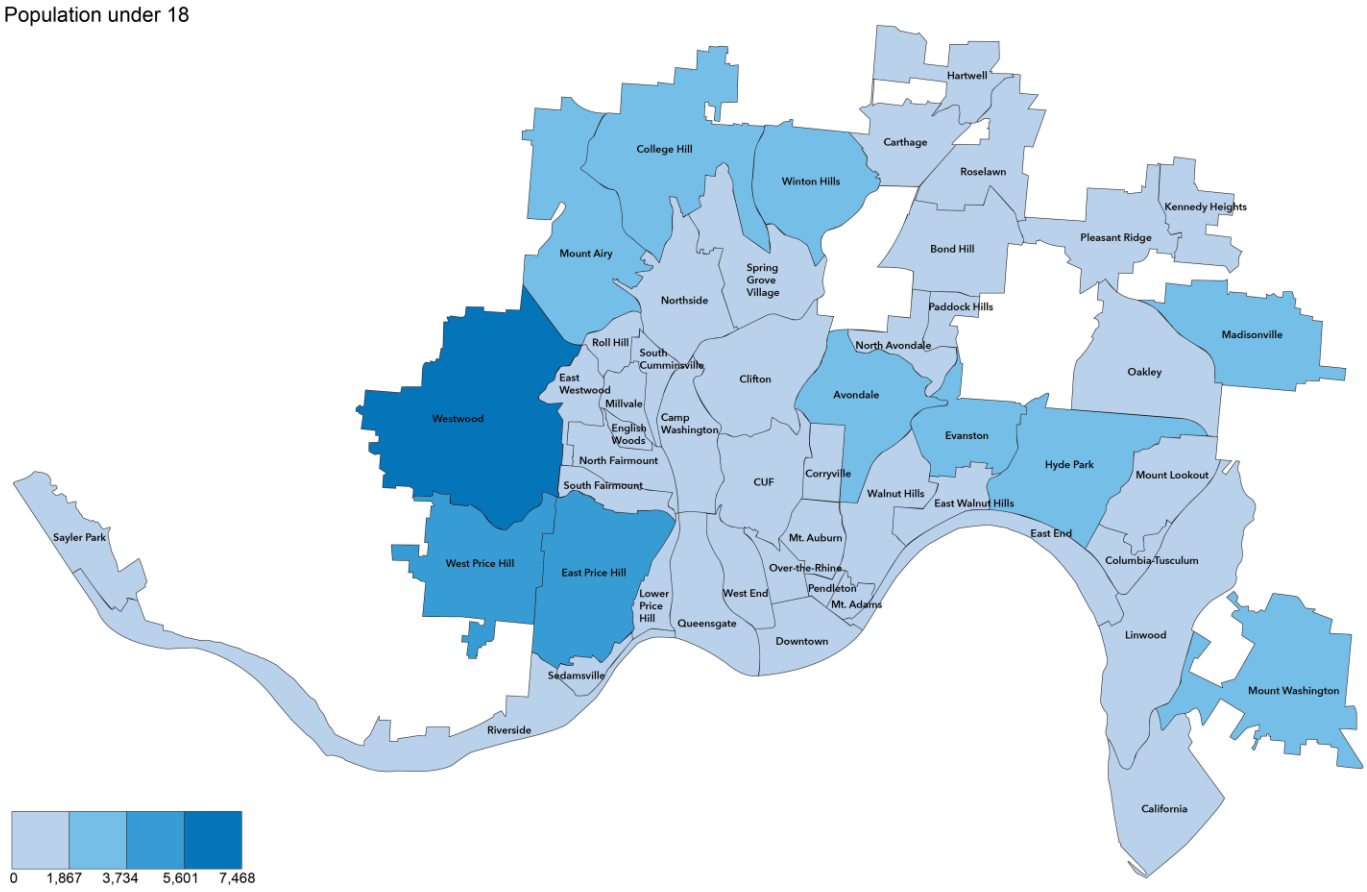
Of the 51 neighborhoods in Cincinnati, Roll Hill has the largest percentage of youth under the age of 18 (48%) followed by Winton Hills (46%). In total, there are 19 neighborhoods with 25 percent or higher of their total population under the age of 18, most of which are located on the west side of the city

Neighborhood	Percentage	Neighborhood	Percentage
Roll Hill	48%	West Price Hill	29%
Winton Hills	46%	East Westwood	28%
Millvale	45%	South Fairmount	27%
Lower Price Hill	42%	West End	27%
Sedamsville	34%	South Cumminsville	27%
North Fairmount	34%	Avondale	26%
Pendleton	33%	Spring Grove Village	26%
English Woods	33%	Westwood	25%
Mount Airy	32%	Riverside	25%
East Price Hill	30%		



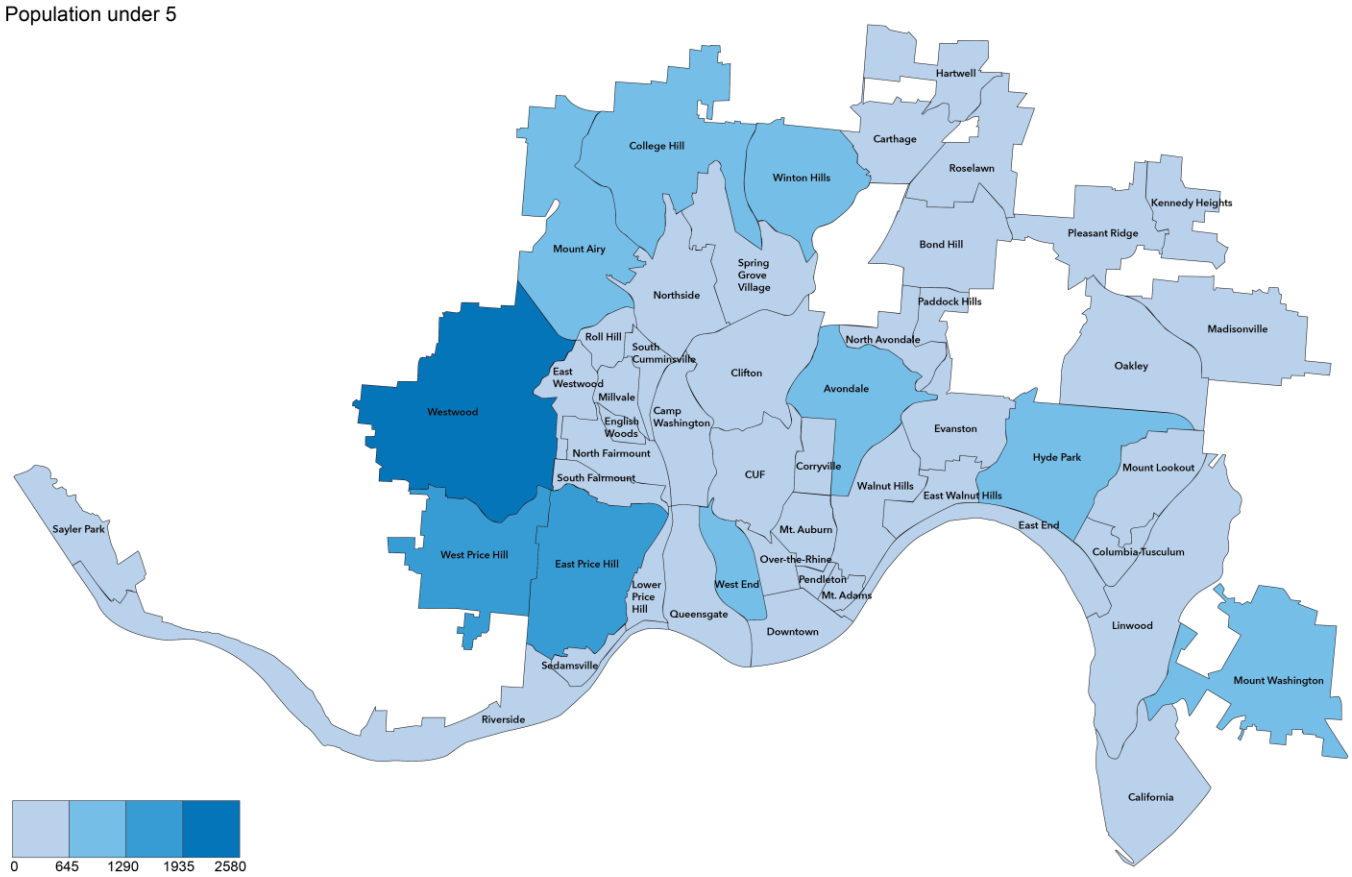
Youth under 18

50 percent of Cincinnati youth under the age of 18 live in nine neighborhoods, including Westwood, West Price Hill, East Price Hill, College Hill, Avondale, Mount Airy, Hyde Park, Mount Washington, and Winton Hills, which totals a youth population of about 33,200.

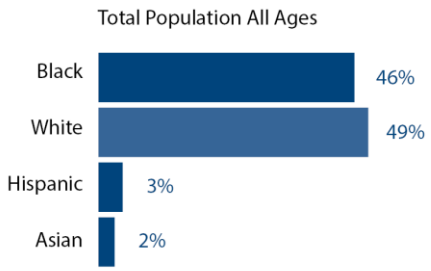


Youth under 5

51 percent of youth under the age of 5 live in nine neighborhoods, including Westwood, West Price Hill, East Price Hill, Winton Hills, Avondale, College Hill, Mount Washington, Mount Airy and Hyde Park, which represents a youth population over 11,100 children.

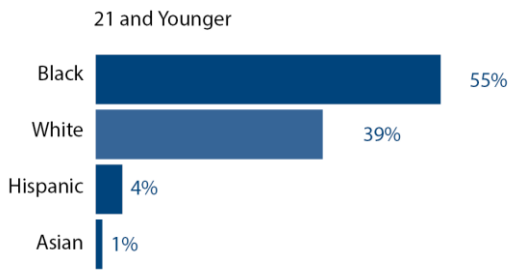


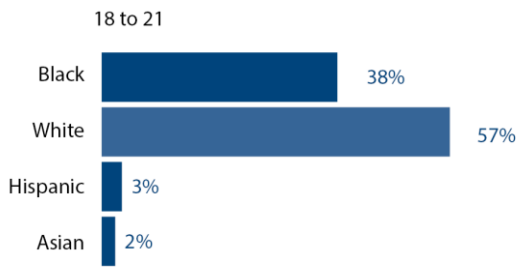
Youth by race/ethnicity

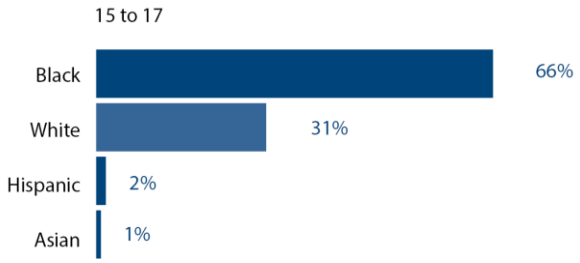


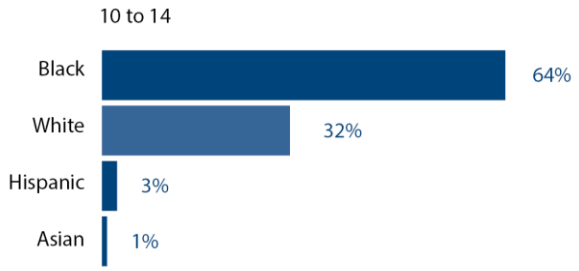
Although the population of Cincinnati as a whole is split about half black and half non-Hispanic white, the younger age segments tell a different story. Youth between the ages of 18 to 21 are more skewed towards non-Hispanic white, with 58 percent of the age group being non-Hispanic white and 38 percent being black. The age segments of 5 to 9, 10 to 14, and 15 to 17 closely resemble each other with over 60 percent of those segments being black, compared to about 30 percent non-Hispanic white.

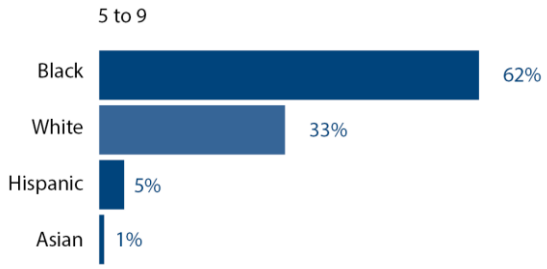
These charts show the distribution of the Cincinnati youth population by age segment and race/ethnicity.

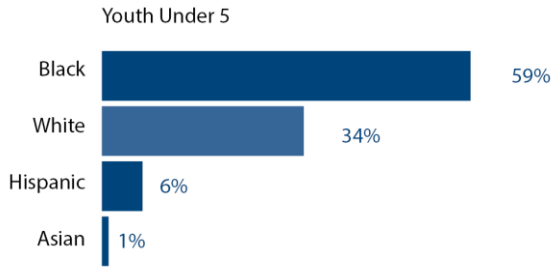












Youth by gender

Although as previously mentioned, there are large variances in racial and ethnic makeup among Cincinnati youth across age groups, the ratios between male and female are relatively even across all of the age segments.

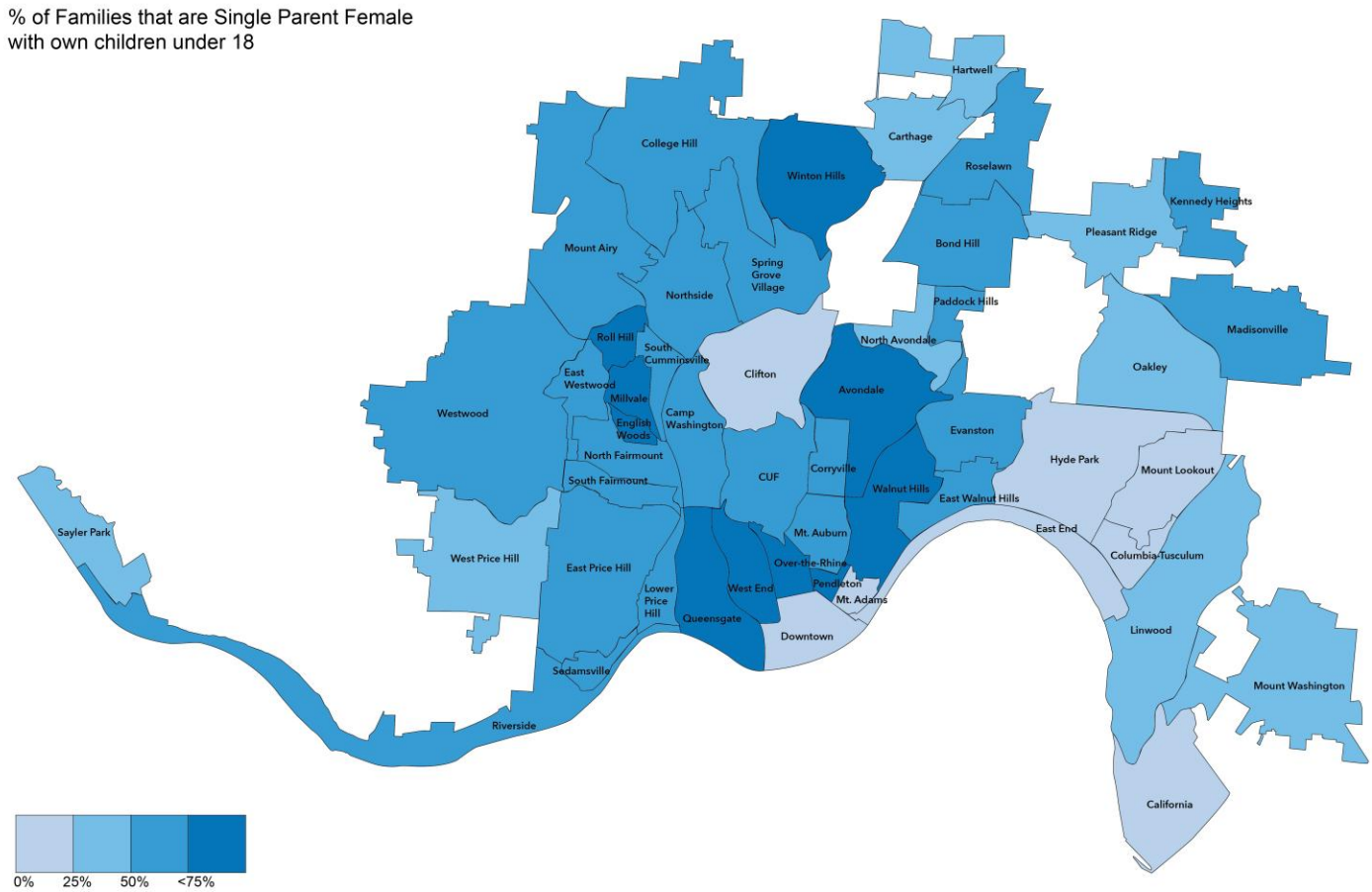
	Total Population 21 and under	% of Youth	Male	% of Male Youth	Female	% of Female Youth
Total 21 and Under	90,555	100%	45,272	100%	45,283	100%
Under 5 years	21,216	23%	10,517	23%	10,699	24%
5 to 9 years	18,245	20%	9,548	21%	8,697	19%
10 to 14 years	16,165	18%	8,403	19%	7,762	17%
15 to 17 years	9,858	11%	4,620	10%	5,238	12%
18 and 19 years	11,791	13%	5,679	13%	6,112	13%
20 years	6,832	8%	3,300	7%	3,532	8%
21 years	6,448	7%	3,205	7%	3,243	7%

Source: U.S Census Bureau, 2010-2012 American Community Survey

Single vs. both parent household

There are many factors that influence the development of youth, but the bottom line is that when young people receive quality nurturing and care they have substantially greater psychological, social, language, cognitive and learning outcomes. The result is the opportunity to create greater achievements later in life.[1] Single parents more often struggle to obtain financial wellness and are likely to face more of life's stressors than two-parent households.[2] For purposes of this analysis we used the least common denominator and focused on families with their own children under 18, based on whether they were a dual-parent or single-parent family.

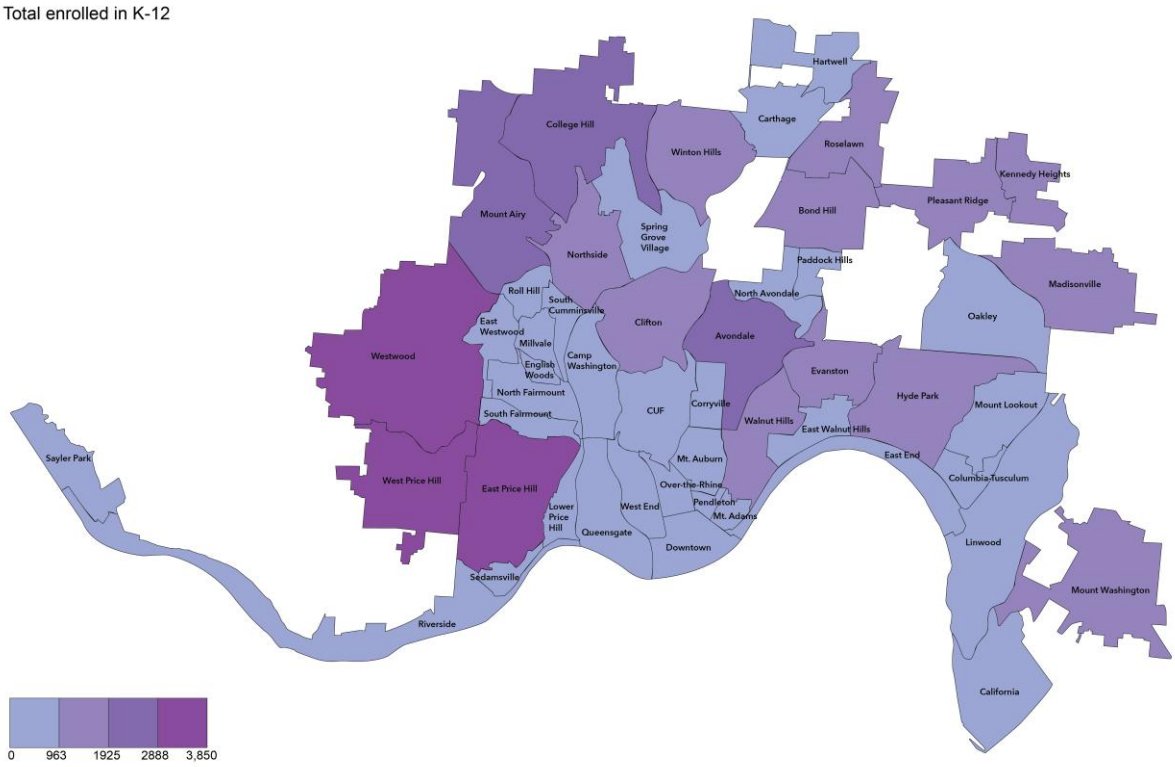
- Across Cincinnati, there are 29,111 families with their own children under 18, of which 10,467 are husband and wife families.
- Over half (56%) of families with their own children under 18 in Cincinnati are led by a female householder with no husband present, representing over 16,000 families.
- Eight percent of families with their own children under 18 are led by male households with no wife present.



INDICATORS AND CASE STUDIES

Education

While many young people take advantage of educational opportunities to improve their life and career outlooks, the sad truth is that far too many of our youth are suffering from limited educational attainment, particularly in urban areas like Cincinnati. Educational administrators, teachers and staff, as well as their community and government partners, are working to support youth to address the detrimental symptoms of poor educational outcomes. If the educational system does not effectively cope with the underlying problems facing our young people, students will continue to struggle in college, have fewer job opportunities, and trail behind students from many industrialized nations.[3]



CPS Average Daily Enrollment: Subgroup Percentage

Enrollment by Subgroup	Total	Percentage
Black/African American	19,172	64%
Non-Hispanic white	7,699	26%
Hispanic	1,027	3%
Asian	350	1%
Multiracial	1690	6%
Students with disabilities	5,776	19%
Economically disadvantaged	21,504	72%

CPS Average Daily Enrollment: 29,959

Kindergarten readiness

The ability to access and utilize prekindergarten educational programs has been shown to improve school readiness for young people. However, since many children are not enrolled in prekindergarten programs, socioeconomic disparities in educational attainment persist.[4] In 2012, only an estimated 42 percent of Cincinnati residents between three and four years old were enrolled in school, 68 percent of which were in a public institution.[5] To assess the literacy skills of incoming kindergartners, CPS employs the Kindergarten Readiness Assessment-Literacy (KRA-L) test.[6]

- Over 3,100 kindergarten students across 42 CPS schools took the KRA-L test between August and September of 2013. This number represents almost 100 percent of all students within the district.
- Students taking the KRA-L test achieved a mean score of 19.3 points and 57 percent of the children scored at or above the 'on track' score of 19 points set by CPS and Success by 6®.
- Eight percent of the students tested scored the maximum score of 29, while about one percent of the students failed to score.

African American and Non-Hispanic white students represented over 80 percent of the total population participating on the test.

Race/Ethnicity	Population N(%)
Black/African American	1,831(59%)
Non-Hispanic white	824(27%)
Hispanic	149(5%)
Multi-racial	262(8%)
Other	46(1%)

Source: INNOVATIONS in Community Research and Program Evaluation, 2013-14

Low-income students scored lower than students with other income, regardless of their race/ethnicity.

Race/Ethnicity	Low-Income (N=2,404) Mean points scored	Other Income (N=708) Mean points scored
Black/African American (N=1,831)	18.6	21.4
Non-Hispanic white (N=824)	18.9	24.2

Source: INNOVATIONS in Community Research and Program Evaluation, 2013-14

Fourth grade reading

Educators and researchers have indicated that if students fail to learn to read by the time they begin fourth grade, they often struggle in the later grades and are more likely to not graduate from high school. Researchers have shown that students who do not read at a proficient level after fourth grade are four times more likely to drop out than proficient readers. Even worse, students who do not attain basic reading skills by this critical age are six times more likely to drop out.[7]

- On average, 75 percent of CPS fourth grade students were at or above proficiency.
- The Non-Hispanic white, Asian and multiracial student segments scored higher than the district average, with both Non-Hispanic white and Asian students scoring more than ten percent higher than the district average.
- Over 70 percent of Hispanic, limited English, and economically disadvantaged students scored at or above proficiency, with African American students scoring just below 70 percent.

Students with disabilities were the least likely to read at or above proficiency, with a little less than half failing to show proficiency.

Scores 4th Grade Reading 2012-13:

At or above proficient	Percentage
Non-Hispanic white	89%
Asian	87%
Multiracial	79%
All	75%
Hispanic	75%
Limited English	74%
Econ. Disadvantaged	70%
Black/African American	69%
Students w/Disabilities	53%

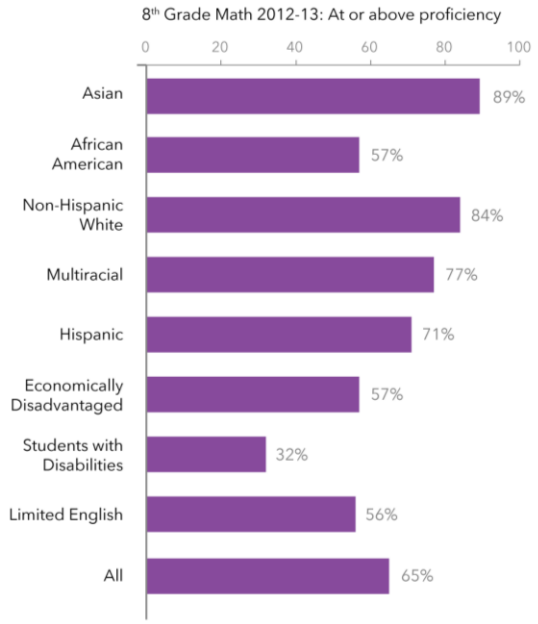
Source: Ohio Department of Education, 2012-13

Eighth grade math

Educators and researchers have indicated that competence in mathematics is correlated with future success in high school, in college, and in the workplace. Compared to students with weaker math skills, students enrolled in advanced math and science high school courses are more likely to attend college and attain a degree. Even for those who do not attend college, math skills improve the employment outlook of students and influence their future earning potential.[8]

- On average, 65 percent of CPS eighth grade students were at or above proficiency.
- The Asian, non-Hispanic white, multiracial, and Hispanic student segments scored higher than the district average.
- Between 55 and 60 percent of economically disadvantaged, African American and limited English students scored at or above proficiency.

With 32 percent of students scoring at or above eighth grade math proficiency, students with disabilities were the least likely to show proficiency.



Scores 8th Grade Math 2012-13: At or above proficient	Percentage
Asian	89%
Non-Hispanic white	84%
Multiracial	77%
Hispanic	71%
All	65%
Econ. Disadvantaged	57%
Black/African American	57%
Limited English	56%
Students w/Disabilities	32%

Source: Ohio Department of Education, 2012-13

Graduation rate

While high school students show signs of being on track for future postsecondary and career success, many students, particularly those in urban school districts, are falling behind. For most high school students, the choice to leave high school is not a hasty decision. Dropping out is oftentimes the result of disengagement, poor school performance and difficult life situations that have persisted for long periods of time. Dropping out of high school not only costs the individual students lost lifetime earnings, but also hurts the local community because high dropout rates lead to unforgiving labor markets.[9]

- On average, 66 percent of CPS seniors in the 2012-13 high school class graduated within four years.
- The multiracial, Non-Hispanic white, and economically disadvantaged student segments had higher "on time" graduation rates than the district average.
- The African American, limited English, and students with disabilities segments graduated on time at lower incidence rates than the district average.
- The African American student segment scores are the most similar to the overall district.

The 2012-13 CPS five year graduation rate of 68 percent is two percent higher than the four-year district rate.

CPS High School Graduation Rate (4-year)	Percentage
Multiracial	74%
Non-Hispanic white	70%
Econ. Disadvantaged	67%
All	66%
African American	65%
Limited English	59%
Students w/Disabilities	55%
CPS High School Graduation Rate (5-year)	
All students	68%

Source: Ohio Department of Education, 2012-13

Case studies

Urban school districts face a number of factors that can contribute to the success or failure of their students. The Broad Foundation collects rigorous data on urban school districts to determine which will be the winner of The Broad Prize for Urban Education, and the data can be helpful to any urban school districts that are experiencing challenges. The practices that compose The Broad Foundation's framework are evidence-driven and reviewed methods that aid in the success of a large urban district.[10]

Assessment of student performance

In order to continue making improvements, school districts must collect data on student academic performance, and report the findings for analysis. Assessment of student performance within a district must be comprehensive and relevant to the curriculum. Routine assessment and analysis of data can indicate areas of study where students are excelling, and ones where students may need additional help. Areas that need improvement are identified by the district, which then determines how to utilize their resources toward those areas. By collecting comprehensive data, students who are having difficulties can be identified and matched with the service they need, such as a tutor or mentor. Along with student assessments, it is necessary to instruct educators on how to interpret the data and strategize plans for success.

- **Assessment report** – evaluates academic achievement in different areas of study, determining subjects in which students frequently have trouble
- **Subgroup assessment report** – reports on students' needs within an academic area such as science, and determines areas in which instruction should be evaluated or modified
- **Data analysis** – reports the findings of student assessment in a way that is relevant to the district. Educators must be instructed on how to interpret the data, and strategies are formed to meet the determined needs of students[11]

Instruction

A school district must be committed to educating students with relevant and modern materials. This includes aspects such as textbooks, educational videos and computer programs, classroom technology, and classroom activities. School districts should make it a standard to use evidence-based materials and practices for instruction, and educators must be trained on the use of new classroom technology and equipment. The district's operational framework must be functional throughout all schools, and be supportive of educators.[12]

- **District mission statement** – The school district must have a clear and cohesive mission statement.
- **Instructional model** – The model is based on the core principles of the mission statement, and fits all schools in the district.
- **Curriculum plan** – Represents all components of the district, and depicts programs oriented toward the students' needs.
- **District-mandated instructional programs** – These programs aid students with special needs and target specific groups of students.
- **Curriculum-based lesson plans** – Lesson plans for teachers should be effective and consistent throughout the district within each academic department.

Professional development for educators

To provide exemplary educational instruction, teachers and staff must continue their own learning. Content of professional development is determined by an analysis of achievement-related data and is designed to improve teaching and learning to meet district and school goals. In addition to professional development, the district must have a system for supporting and evaluating the effectiveness of professional development.

- **District professional development plan** – describes the expectations and goals for various staff and educators, and defines objectives for professional development
- **Professional development programs framework** – depicts the district's plan for continuing professional development, and implements strategies across all curricular departments
- **Staff development schedule** – explains the current programs offered to staff for professional development

Parent-teacher collaboration

Parent-teacher collaboration is necessary for a child to receive their best possible education. Collaboration can occur in many forms such as conferences, educational sessions for parents and families, and materials sent home with students. Parent involvement can serve a variety of needs. Traditional parent-teacher conferences serve to build rapport and address any needs a student may have. They can also allow educators to identify students with a home life that is unsupportive of healthy development.[13] After-school educational sessions for parents and families can be offered, and might cover a topic like nutritional packed lunches for students, or provide information on a communicable disease or lice outbreak.

Partnerships and community outreach

Establishing relationships with community leaders and organizations can broaden the range of services offered to students and their families. Cooperating with organizations makes it possible for schools to serve as community learning centers, provide educational sessions for families and the community, and create opportunities for improved student achievement. Many community colleges partner with their neighboring school district to offer dual-enrollment programs to high school students. Community health organization partners may offer seminars on topics related to the community, organize blood drives and health screenings, and provide students with educational materials on health-related topics.

Community Learning Centers

Community Learning Centers (CLCs) utilize school facilities as a hub where students, families, and the community can find opportunities for continued learning. CLCs offer mentoring programs, recreational activities, adult education, and more.[14]

- **Tutoring and mentoring** – CLCs aid school districts in their mission for academic success by providing a secure location for tutor and mentor matches to meet.
- **Community engagement** – In addition to supporting students, CLCs are supportive of the community and provide services for everyone.

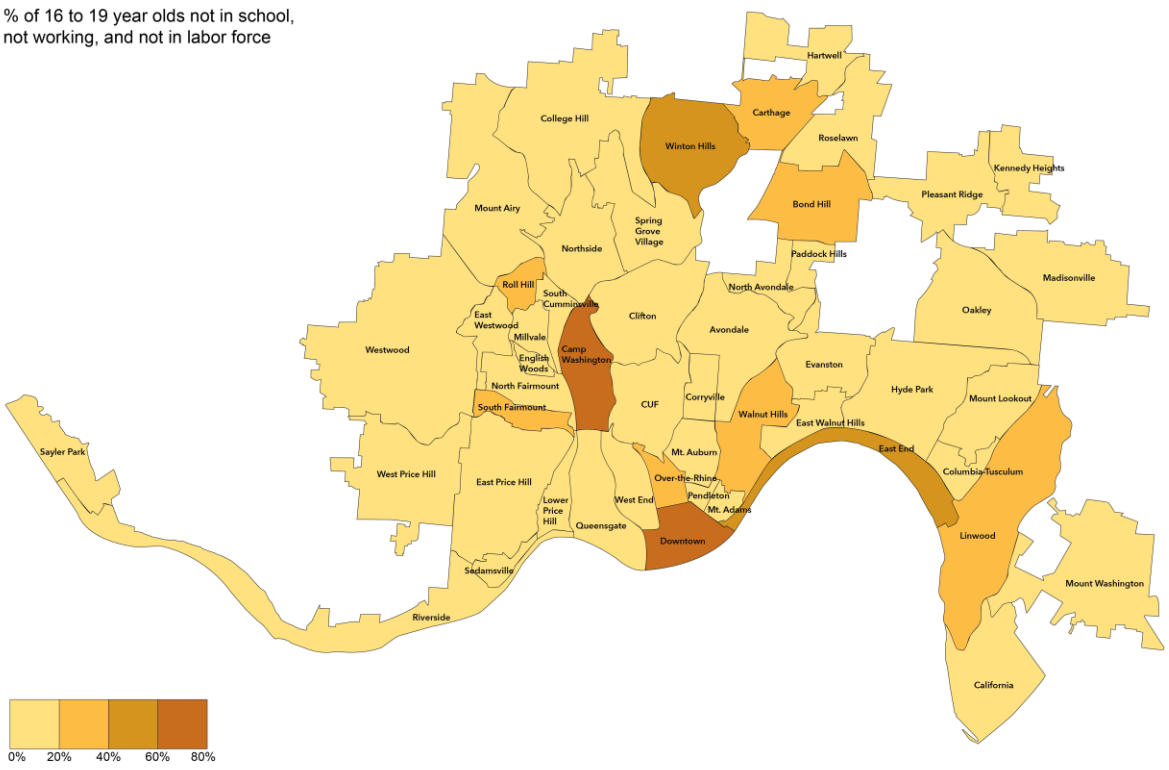
Strategic planning

Each school district must have a strategic plan of action for seeing that its goals are met. This entails outlining specific goals and milestones, evaluating the effectiveness of existing practices and policies, and making modifications where they are needed. Like a district's policies, a comprehensive plan must be evaluated for its effectiveness.[15]

Workforce Development

When youth lack connections to employment and education, the government must allocate more spending toward assistance programs.

Many young people already have a family of their own, which feeds into the intergenerational cycle of poverty. The realities of today's economy have impacted the employability of young people. Lower level jobs that had once gone to high school students are now going to people with more experience or qualification and to high school and college graduates. Young people, especially those who dropped out of high school, are at a higher risk of not being ready for more advanced employment opportunities, which can cause them to enter a cycle of low-paying jobs with few prospects. Besides the financial consequences to the individual, local businesses are left with an ineffective pipeline for future employees.[16] Young people also suffer when their parents are unemployed, namely because parents cannot financially support their child's basic needs.



Teens not in school and not working (16-19 years old)

Obtaining secure employment is one of the most important steps during the transition from youth into self-sufficient adulthood. Teens not attending college that are unemployed or under-employed are more at risk than their peers. Research shows that males who are neither attending college nor working are more likely to engage in criminal activities, while females are more at risk of becoming dependent on welfare.[17] When these young adults eventually find a job; they are more likely to receive low wages and struggle with being self-sufficient.

- In Cincinnati, six percent of youth are between the ages of 16 and 19, three percent of which are in the labor force, but not enrolled in school or employed. Including teens not in the labor force, 11 percent of youth ages 16 to 19 are disconnected from school and employment. The estimated total number of Cincinnati youth who are unemployed and not enrolled in school, but in the labor force, is slightly over 600. Adding teens who are not in the labor force raises the estimate to over 1,900.

- Cincinnati matches the county, state, and nation in relation to the percentage of its population that is between the ages of 16 and 19 (six percent), as well as the percentage of those youth who are in the labor force, but not in school or employed (three percent). The inclusion of those teens not in the labor force raises Cincinnati's percentage (11 percent) above the national, state, and county average.

Population	% of Population ages 16-19	Total number	% not enrolled in school and unemployed	Total number	% not enrolled in school and unemployed (incl. not in labor force)	Total number
US	6%	17,526,229	3%	529,329	8%	1,467,928
OH	6%	644,680	3%	18,717	7%	46,022
Hamilton Cnty	6%	44,439	3%	1,348	8%	3,584
Cincinnati	**6%**	**18,378**	**3%**	**616**	**11%**	**1,949**

Source: U.S. census Bureau, 2012 American Community Survey

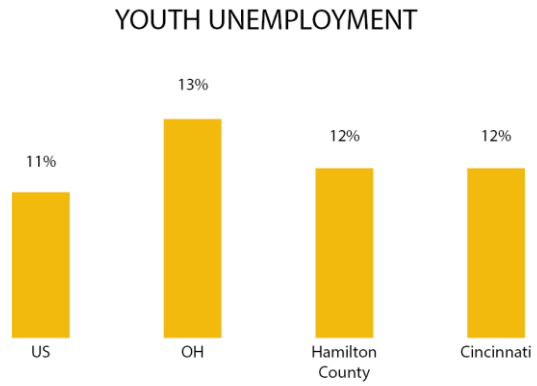
Cincinnati's peer cities have about the same percentage of unemployed youth who are not in school. Peer city rates are between three and four percent.

Population	% of Population ages 16-19	Total number	% not enrolled in school and unemployed	Total number	% not enrolled in school and unemployed (incl. not in labor force)	Total number
Cincinnati	**6%**	**18,378**	**3%**	**616**	**11%**	**1,949**
Columbus	5%	42,711	3%	1,306	7%	3,125
Cleveland	6%	23,967	4%	1,056	13%	3,130
Indianapolis	5%	44,300	4%	1,623	9%	3,999
Louisville	5%	30,461	4%	1,286	10%	3,031
Pittsburgh	8%	23,049	3%	601	7%	1,649

Source: U.S. census Bureau, 2012 American Community Survey

Youth unemployment rate

Employment can provide a wide range of benefits to youth, from teaching responsibility to developing management skills. Teens who work can also achieve financial independence and be able to save for post-secondary education. Unemployed high school students are more likely to drop out of school than their employed peers. While youth unemployment affects all teens, the consequences of being unemployed are more significant for minority teens and for those from more economically disadvantaged populations.[18]

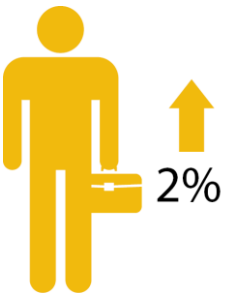


- In Cincinnati, 12 percent of youth between the ages of 16 and 24 are unemployed. The total number of 16 to 24 year old unemployed individuals is roughly 6,000 people.
- Local unemployed youth percentages are similar to county, state, and national numbers.

	United States	Ohio	Hamilton County	Cincinnati
Unemployed	11%	13%	12%	12%

Source: U.S. census Bureau, 2012 American Community Survey

The unemployment rate for males between the ages of 16 and 24 is two percent higher than females of the same age.



Youth not attending school

Education is fundamental to the success of the individual and to the success of their community. Education does not only teach young people about math, grammar, or prepare them for their future profession, but also improves self-esteem and encourages better choices. There are many factors that can explain why so many young people are unable to attend school, including having to work to support a family and the cost of school transportation, uniforms, and books.[19]

- About 54 percent of young adults ages 18 to 24 are enrolled in college in Cincinnati. Roughly 20,000 young people between 18 and 24 are not currently accessing education.

- Cincinnati has significantly higher rates of enrollment in post-secondary education among 18 to 24 year olds than the county, state, and nation.

	United States	Ohio	Hamilton County	Cincinnati
Pop. 18-24 Enrolled in college	43%	44%	48%	54%
Not enrolled in College	57%	56%	52%	46%

Source: U.S. census Bureau, 2012 American Community Survey

At 66 percent, Pittsburgh is the only peer city with a higher college enrollment percentage than Cincinnati.

	Indianapolis	Louisville	Cincinnati	Cleveland	Columbus	Pittsburgh
Enrolled in college	37%	38%	54%	31%	50%	66%
Not enrolled in college	63%	62%	46%	69%	50%	34%

Source: U.S. census Bureau, 2012 American Community Survey

Single-parent female head of household unemployment rate

The growth in the number of single-parent young mothers is a leading factor in the increase of child poverty rates. Children in single-parent households are more at risk of being in poverty than children in families with two working parents. Single-parent households tend to have lower earning potentials, which affect their ability to access services like health and education.[20] Research also indicates that children in single-parent families are more likely to drop out of school and have trouble keeping jobs as young adults. The following indicator identifies the number and incidence rate of families that are led by single-mothers, as well as their employment status.

- 56 percent of Cincinnati families are led by single-mothers, 18 percent of which are unemployed.
- At 18 percent, Cincinnati's single mother unemployment rate is seven percent higher than the national average.

The 2012 estimated median income for single-mother families in Cincinnati is **$20,633**.

Population	Single-Parent Female Families with Own Children under 18	% of Single-Parent Female Families with Own Children under 18	Unemployed Single-Parent Female Families with Own Children under 18	% Unemployed Single-Parent Female Families with Own Children under 18
US	8,504,613	25%	900,315	11%
OH	344,576	27%	41,779	12%
Hamilton County	30,342	35%	4,436	15%
Cincinnati, OH	**16,190**	**56%**	**2,839**	**18%**
Columbus, OH	33,123	39%	4,540	14%
Cleveland, OH	24,401	61%	3,613	15%
Indianapolis, IN	35,107	38%	4,589	13%
Louisville, KY	23,484	35%	3,734	16%
Pittsburgh, PA	10,130	42%	1,672	17%

Source: U.S. Census Bureau, 2012 American Community Survey

Case studies

Securing employment is a top concern of young adults making the transition into the labor force. Workforce development programs work to serve youth in need of career options, by setting them up with the skills necessary to succeed in the workforce. By targeting and providing opportunities to youth in need of employment, programs can supply youth with tools to become self-sufficient.

As high school students make the transition into adulthood and the workforce, they often need guidance to determine where their career interests lie. Counseling from school staff on potential careers and job training opportunities has long been instituted in schools. Regular meetings with guidance counselors can ensure students are on track to graduate and meet their career objectives.

In addition to the classroom, educational opportunities can be facilitated by local public and not-for-profit agencies that specialize in youth development. Community involvement is crucial for youth success, especially those from low-income families. Research has shown that socioeconomic background affects academic outcomes and has further consequences on an individual's earnings and other aspects of life. [21]

This report shows how the community can effectively partner and assist schools in helping youth develop the complex body of knowledge and skills they need to succeed in college, career, and life.

Core characteristics

In order to provide an effective and accountable program, partnerships should work together to identify the needs of students and employers, plan curricula that will meet those needs, and record and evaluate program results to track progress and success. Partnering organizations through their programs can provide mentoring, support groups, college access support, and job skills development that will help high school students cope with their challenges and build the skill set necessary to succeed in life. Schools and organizations should work together to guarantee that these essential six conditions to help youth succeed are in place:

A supportive community – School districts should provide an environment that is supportive, safe, and free of judgment. Adults must be supportive of students in order for them to feel valued and confident about their place in the community. By surpassing stereotypes and judgments, a community can afford its youth the opportunities and services they need to be successful. Creating a supportive environment requires changing negative mindsets and biases, and promoting diversity and differences.

Strong relationships – Having a caring and stable relationship with an adult adds positive support and structure to a youth's life. Both positive mentor and parent relationships can empower youth and improve relationships with peers. These relationships aid students in identifying and meeting goals, and can increase opportunities for positive social and recreational interaction.

Meaningful learning opportunities – Curriculum should be meaningful and challenging in a way that allows students to receive feedback from instructors, and try again where they don't succeed. Course objectives must be made clear to students to indicate the purpose of coursework, maintain interest, and provide effective learning experiences. Students' individualized needs and goals must be addressed, as well as the objectives of a school or district. Students should be exposed to a variety of courses and career options, and guided through the career planning process.

Explicit attention to mindsets and learning strategies – Youth must be valued as individuals for their effort and growth, rather than ability. Positive enforcement and feedback aid in developing attitudes that are conducive to academic progress, and can motivate youth to achieve their goals. Learning strategies should provide opportunities to practice the skills needed to meet goals, and develop professional self. Opportunities for learning should relate to the goals, beliefs, and strengths of a student. Reflection and self-awareness are aids in taking steps toward meeting long-term goals.

Targeted interventions – Individual or group interventions can be useful in helping youth understand and cope with trauma, personal matters, and environmental issues. Addressing basic needs such as housing, health care, food, and crises may be necessary and requires a supportive system within schools. Efforts should be made to ease transitions and retain normalcy. Policies should be modern and supportive of student growth.

Student ownership – Students are ultimately responsible for their own growth, and should be empowered with opportunities to learn skills and better themselves. A multitude of choices should be available regarding areas of study and experience. Classroom instruction should be meaningful and engaging, and allow students to gain experience that is applicable to real life. The skills learned within schools provide opportunities for growth, service, and meaningful contribution in society.[22]

Strategies to overcome barriers

Partnerships for youth development face a variety of obstacles that can prevent them from being fully effective. Barriers to partnership programs include issues with funding, data systems, accountability, schedules, student-to-teacher ratios, and program longevity. Jobs For The Future recommends the following to overcome these barriers:

Align funding streams that support a seamless range of resources – Public funding should encourage collaborative and integrated methods in youth development programs, and incentivize community organizations to partner with schools. In-school and out-of-school activities can be integrated using funds for after-school programs. States should allow for flexibility in the use of ADA funding and professional development funds to pull from the resources of stakeholders.

Accountability systems that place a high priority on what matters – Schools should be held accountable to a wider variety of metrics, beyond academic achievement. College and career readiness skills should also be measured.

Better data flow between systems – School districts and partners need to share data on students to coordinate services to student needs. Data sharing also allows for long-term measurement of progress. Monitoring school data enables early intervention for struggling students, but metrics need to go beyond traditional measurements of absences and course failure.

Systemic supports for the range of adults working with youth – Public funds for shared professional development should be reserved for school and community partnerships. Staff from both sides can share their expertise in working with youth, fostering a culture of positive youth development.

Connective tissue that brings stakeholders into sustainable, long-term partnerships – In order to maintain partnerships in the long-term, a central organization can serve as the pillar to

coordinate stakeholders, manage resources and communications, and serve as a liaison for the community at large.[23]

Partnership examples

Communities throughout the country have developed partnerships that integrated academic, socio-emotional, and other needed support so youth can be ready for college and career. The highlighted initiatives are considered successful and have been replicated nationally.

Harlem Children's Zone (HCZ) – Harlem Children's Zone is a comprehensive neighborhood-based-approach program that aims to improve the outcomes of youth in a 10-block section of New York City. The model focuses on social, health and academic development of children. The program reaches youth from elementary school to college students. In HCZ's afterschool and summer programs, youth explore arts, technology, and careers, while participating in workshops to assist them with conflict resolution, social development, and financial planning. The mission of HCZ is to empower the entire adult community to create a healthy, supportive environment for children and youth.

Promise Neighborhoods – Promise Neighborhoods is a community-based initiative to improve the educational and developmental outcomes of children and youth in distressed communities. Every year Promise Neighborhoods awards grants to 15 to 20 communities. This allows the communities the opportunity to build capacity and infrastructures to enhance the lives of children and youth within that community. Places in California including Chula Vista, Hayward, Los Angeles, and San Francisco have received grants to implement a Promise Neighborhood approach.

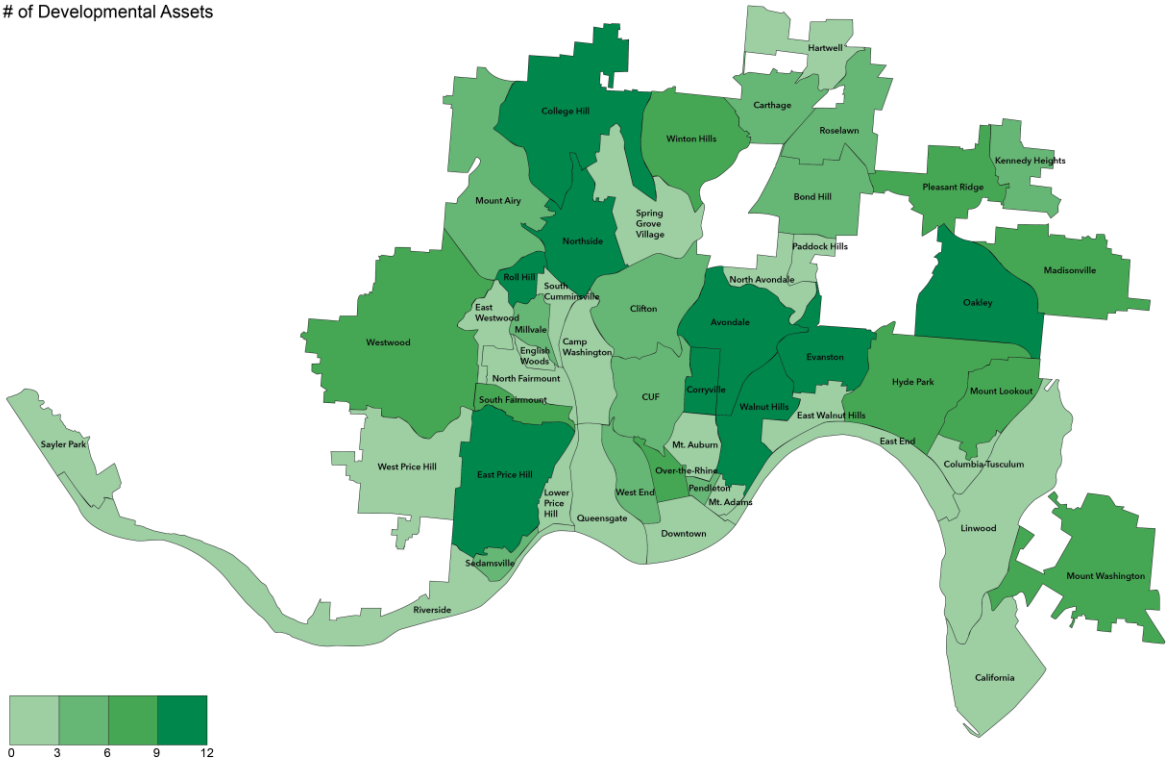
StrivePartnership – StrivePartnership is a Cincinnati and Northern Kentucky-born approach that supports children from the cradle to career. StrivePartnership brings together partners from across multiple youth-serving organizations and agencies to focus on a single set of goals and measures that begin with school readiness and continuing through postsecondary completion to career entry. The organization strives to track and develop performances to help individuals succeed.

The Cradle to Career Network – The Cradle to Career Network connects communities together that have adopted the StrivePartnership nationally. Through the network, they can share expertise with other sites, identify and adapt programs that meet community needs, and develop tools and resources to address specific challenges faced by youth and youth-serving organizations.

City Heights Health and Wellness Center – These health centers provide every child in San Diego's Hoover High School district access to a school-based community health clinic. The clinics have resulted in increased health coverage and increased school attendance. Students can now see a health care provider at school and may not need to stay home sick, and parents miss less work. Each clinic has formed health councils for teachers, principals, school nurses, clinic workers, and violence prevention staff to coordinate activities supporting physical, social, and emotional health and improving the neighborhood conditions. The work of these councils has resulted in running and walking clubs, an anti-bullying project, and a "Safe Passages" project to identify safer routes to school.[24]

Developmental Opportunities

When our young population succeeds, our community at large benefits from their success. In order to accomplish this goal, our community has to provide youth with possibilities like developmental programs and initiatives that allow our youth to build on their strengths. The programs provided at schools, agencies, and churches give youth opportunities to gain meaningful life skills and core capabilities, allowing them to play a more important role in our community. Youth development initiatives benefit young people inside their homes, their schools, and their neighborhoods.



Youth programs

Programs may be offered to the whole city, but are only in one location. Distance and transportation issues will play a crucial part on whether or not a child will be able to take advantage of it. That is why the availability of youth programs and initiatives in neighborhoods is very important. It makes the commute to these places less complicated (children can walk to the building) and faster, encouraging families to enroll their children. This measure will look at six different youth service providers – Recreation Centers, Community Learning Centers, YMCA/YWCA's, Libraries, Boys and Girls Clubs, public parks, and one initiative – Head Start, to evaluate how they are spread among the city, which neighborhoods host most of them and which ones lack availability.

- If all seven different locations/programs are added, the City of Cincinnati offers about 215 different locations distributed in 41 of its 51 neighborhoods.

- Bond Hill, Downtown, Over-the-Rhine and Northside are the four neighborhoods with the highest number of locations/programs, with more than 10 each.

Neighborhood	Number of locations
Northside	11
Over-the-Rhine	11
Bond Hill	12
Downtown	12

- Ten neighborhoods do not have any of the seven locations/programs in them. Children and youth with no access to other neighborhoods may not be able to take advantage of the programs being offered.

Carthage
East End
East Walnut Hills
English Woods
North Fairmount
Pendleton
Queensgate
South Cumminsville
South Fairmount
Spring Grove Village

Community Learning Centers

Community Learning Centers (CLCs) provide services for students and families that relate to health and nutrition, after-school activities, career readiness and college guidance, youth development, arts education, mentoring, and more. CLCs utilize existing school and community facilities to meet the specific needs of the community and the students in it.[25] Facility hours are extended to use the space after school, on weekends, and during summers. These facilities serve as hubs for the community, and provide services that promote academic success and a healthy community.[26]

17,898 students used CLCs services in the 2012-13 academic year. Students targeted to receive individualized, intensive services totaled 3,290. In both cases, African American students composed more than 70 percent of the total.

Race/Ethnicity	CLC Students N(%)	Targeted CLC Students N(%)
African American	13,262(74%)	2,655(81%)
Hispanic	564(3%)	133(4%)
Multi-racial	952(5%)	162(5%)
White	2,955(17%)	299(9%)
Other	165(1%)	41(1%)

Source: INNOVATIONS in Community Research and Program Evaluation

Roughly 16,000 students received health and wellness support provided by CLCs, and their partners, including Growing Well and other community-based clinics. Other services provided are tutoring, mentoring, and after school programs.

Program	CLC Students	Targeted CLC Students
Tutoring	7541	2293
Mentoring	6036	1354
College Access	2896	504
After School	4752	1208
Youth Leadership	1053	309
Family Engagement	4212	1015
Other Services	1615	436
Health & Wellness	16107	2940

Source: INNOVATIONS in Community Research and Program Evaluation

Tutoring enrollment

Tutoring often helps students improve their academic success, as well as develop skills for life outside of school. Programs are typically sponsored by school systems or by not-for-profit organizations, and deal primarily with academic concerns. Students who are identified as having one or more areas that need to be addressed are referred to a tutoring program that typically lasts less than 12 months. Potential positive outcomes of tutoring include improvements in attitude, motivation and participation, increases in school attendance and study hours outside of school, and improvements in academic achievements.[27]

- Roughly 7,550 students received tutoring during the 2012-13 school year. Of the total, 2,293 were targeted students.
- More than 75 percent of targeted CLC students with math or reading priority factors received tutoring.

Mentoring enrollment

Mentoring programs help students improve their academic success, but also focus on a variety of life skills. Students are referred to a program due to risk factors such as high rates of absenteeism, insufficient social competency, or high-risk behaviors. Participants are matched with an older peer or adult mentor who meets with the youth regularly for a period of around 11 months. Positive outcomes include increased study and improved academic achievement, improvements in attitude, behavior, and school attendance, and improvements in emotional health and wellbeing.[28] Additionally, participants of mentoring programs are likely to set higher goals and standards for their own achievements than non-participating peers.[29]

- More than 6,000 students were served in mentoring programs at Community Learning Centers in the 2012-13 academic year.
- Targeted students receiving mentoring totaled roughly 1,350 during the same period of time.

Cincinnati Recreation Commission

The Cincinnati Recreation Commission is an important service provider for youth in Cincinnati. With a variety of activities, including recreational and educational programs, the Recreation Centers offer services for preschoolers, youth, teens, adults, and seniors. This measure will look at the programs designed specifically for children, youth, and teens. In 2013, there were 23 centers (plus two city divisions) spread throughout the City of Cincinnati, serving neighborhoods inside and outside the city limits.[30]

- The Recreation Centers reported having more than 16,000 members in 2013, over half of them were teen/youth ones.
- Of the 23 Recreation Center locations and two other centers serving Cincinnati in 2013, Mount Washington had the highest number of teen/youth memberships (894), followed by College Hill (850), Evanston (687), and McKie (661).

- After school and sport programs are offered across all Recreation Centers, such as the CPS Summer Food Program, Youth Special Events, Youth Craft ages 8-12, the Reds Rookie Success League, and the Job Training Program ages 14-17. Although teens from all neighborhoods are invited to participate in these and other programs, transportation may become an issue for children living far away from these centers.
- All centers offered a total of more than 3,500 programs for teens, youth, and preschoolers in 2013. Bush (Myron B.), Sayler Park, and Westwood Town Hall were the three locations with the highest number of programs, all with over 200 each.

Head Start program

The Head Start program is a national program recognized as the leading provider of developmental and educational services to low-income pregnant women, babies, toddlers, and preschoolers who live in poverty. While the overall goal is to prepare low-income children for kindergarten, children and parents also receive health services to ensure wellbeing.[31]

- There were roughly 2,500 slots available for Head Start throughout Cincinnati in 2013.
- Bond Hill has the most slots for the Head Start Program in the city, at 554 total.
- About half of Cincinnati neighborhoods have Head Start Program locations. That means low-income children without easy access to those locations may not be prepared for kindergarten when starting school.

Only six neighborhoods have over 100 slots for Head Start children. If combined, they represent more than 1,500 slots.

Neighborhood	Number of slots
Clifton	103
Winton Hills	104
College Hill	137
West End	248
Camp Washington	359
Bond Hill	554

Source: Hamilton County Community Action Agency

Green spaces

Green spaces within urban settings add beauty and positive economic outcomes to the surrounding community.[32] When parks and green spaces are well managed, the communities use the spaces more often, increasing opportunities for recreation, health and fitness, and social life with open space events. Children can play, practice sports and outdoor activities, meet friends, and learn through volunteering and clubs meeting at these spaces.[33]

Cincinnati has roughly 50,000 acres of parkland area, almost 7,000 within city limits.

	Park Land Area (acres)	Population	Park Acres Within City Limits
Cincinnati	49,883	296,550	6,821
Cincinnati Park Board			4,909
Cincinnati Recreation Commission			1,444
Great Parks of Hamilton Co. (within Cincinnati)			465
National Park Service (within Cincinnati)			3

Source: 2014 City Park Facts – The Trust for Public Land

- Cincinnati has 23 acres of parkland per 1,000 residents. The median for all cities in the United States is 12.9.
- The Washington Park was established in 1855, making it the 50th oldest park in the country.

Cincinnati is within the top 10 cities with the highest number of baseball diamonds, basketball hoops, recreation and senior centers, swimming pools, and tennis courts per residents in the country.

City	Baseball Diamonds	Diamonds per 10,000 Residents
1. St. Paul	155	5.3
2. Minneapolis	195	5.0
4. Cincinnati	**119**	**4.0**
9. Baltimore	204	3.3
10. Kansas City	152	3.3

Source: 2014 City Park Facts – The Trust for Public Land

Basketball Hoops

City	Basketball Hoops	Hoops per 10,000 Residents
1. Madison	258	10.7
2. Norfolk	202	8.2
4. Cincinnati	**205**	**6.9**
9. Glendale	112	4.8
10. Boston	275	4.3

Source: 2014 City Park Facts – The Trust for Public Land

Tennis Courts

City	Tennis Courts	Tennis Courts per 10,000 Residents
1. Norfolk	148	6.0
2. Minneapolis	181	4.6
5. Cincinnati	**125**	**4.2**
9. Madison	92	3.8
10. Virginia Beach	161	3.6

Source: 2014 City Park Facts – The Trust for Public Land

Swimming Pools

City	Swimming Pools	Pools per 100,000 Residents
1. Cleveland	42	10.7
2. Cincinnati	**26**	**8.8**
9. Denver	29	4.6
10. Tulsa	18	4.6

Source: 2014 City Park Facts – The Trust for Public Land

Recreation & Senior Centers

City	Recreation and Senior Centers	Centers per 20,000 Residents
1. Baton Rouge	34	3.0
2. Minneapolis	51	2.6
9. Raleigh	36	1.7
10. Cincinnati	**25**	**1.7**

Source: 2014 City Park Facts – The Trust for Public Land

Case studies

Families, schools, communities, and youth programs together play an important role in providing children with the fundamentals for a positive and thriving lifestyle as an adult. After school, summer vacation and other programs, for example, have the ability to supply youth with opportunities for recreation, achievement, learning, growth, and volunteerism.

To be successful, research has shown that these programs should concentrate on delivering positive outcomes for eight elements of a child's healthy development. These elements are described in the first topic of this section.

Positive program outcomes are also directly connected with parental satisfaction. Understanding how parents feel regarding a certain program can increase its chances to be successful by modifying perceived weaknesses. The second part of this section talks about the different views of mothers based on their socio-economic status and race/ethnicity.

The third part shows how summer programs are crucial to close or at least narrow the gap created by a long period of school absence, especially for children of low-income families.

Keys to quality youth development

Young people are more impacted by developmental opportunities when initiatives target the most important elements of healthy development. When experiences reinforce the most fundamental elements of growing up, young people are more likely to engage in learning experiences.[7] Research has shown there are eight important elements administrators should design into programs, deliver during experiences and evaluate progresses on:

- "Youth feel physically and emotionally safe
- Youth experience belonging and ownership
- Youth develop self-worth
- Youth discover self
- Youth develop quality relationships with peers and adults
- Youth discuss conflicting values and form their own
- Youth feel the pride and accountability that comes with mastery
- Youth expand their capacity to enjoy life and know that success is possible"[34]

To assist program administrators and developmental professionals with implementing the aforementioned elements of effective initiatives, the following strategies and considerations are recommended:

Youth feel physically and emotionally safe: When young people feel physically and emotionally safe, they can learn better and increase participation. Programs should ensure young people: are physically and emotionally safe; partner with adults to establish behavioral guidelines and consequences for unacceptable behavior; understand conflict resolution practices and how abusive behavior like bullying or name calling will be addressed; are respected by adults and youth in the program; perceive adults as consistent; experience structure and flexibility; can readily access the program regarding hours of operation, location, financial burden, and transportation.[35]

Youth experience belonging and ownership: When young people feel as though they are included, they can have more significant roles as participants and leaders. Programs should ensure young people: actively engage in program planning and implementation; feel as though they are valued; have a sense of belonging and inclusion.[36]

Youth develop self-worth through meaningful contribution: When young people feel as though their contributions are accepted, acknowledged and valued, they are more likely to actively engage in initiatives. Programs should ensure young people: contribute as individuals to the group experience; partner with adults to build programs; are challenged; are credited for their contributions; perceive that their contributions are valued by others.[37]

Youth discover self: When young people are encouraged to try new things, they cultivate their interests and abilities, learn independence, and actively control their lives. Programs should ensure young people: feel like there are opportunities to be exceptional and unique; are challenged to try and learn new things; apply learned life skills to their everyday lives; discover new things about themselves.[38]

Youth develop quality relationships with peers and adults: When young people develop considerate and trusting relationships, program participants and program administrators learn from one another and respect each other. Programs should ensure young people interact with adults as equals in program planning, implementation and evaluation; work with adults to learn and have fun; are given the opportunity to meet and learn about one another; are encouraged to continue friendships with youth and adults.[39]

Youth discuss conflicting values and form their own: When young people feel secure enough to speak with youth and adults about values and topics that are significant to them, they feel as though they are respected. Programs should ensure young people: are given the opportunity to freely to express their values and beliefs; form their own unique values and beliefs; are understanding of and respectful of the beliefs of others.[40]

Youth feel the pride and accountability that comes with mastery: When young people experience success after taking part in tailored learning experiences and age appropriate developmental activities, youth can set goals and celebrate their accomplishments. Programs should ensure young people: identify their own goals for programs they partake in; are accountable for successfully attaining their own unique goals; master skills through practice and hands-on experiences that build knowledge; receive feedback on and reflect about their accomplishments; are publicly recognized for achieving their goals; share successes with their peers.[41]

Youth expand their capacity to enjoy life and know that success is possible: When young people are given the opportunity to experience new things and enjoy life, successes and failures offer chances for growth. Programs should ensure young people: laugh and enjoy themselves through experiences, hobbies and interests; succeed and are acknowledged for successes; define goals and work toward achieving them; consider life plans and the future; are not afraid to take healthy risks.[42]

Mother satisfaction with out-of-school time programs

Research has shown that out-of-school-time (OST) programs positively affect young people. When compared to students who do not participate in OST programs, enrollees exhibit higher performance in school, more socialization, and lower dropout rates. Multiple factors influence whether or not a young person will participate in a program, namely their family income, race, parent employment status, and neighborhood. Further research shows that parental satisfaction is also a factor determining participation. When parents are not satisfied with programs, youth participation may decrease significantly.

In order to increase signups and participation, program employees should seek to understand the community context that surrounds a service location. A study found that mothers who lived in residential areas were more likely to have higher satisfaction with OST programs, possibly due to a neighborhood's safety or school setting that is more conducive to participation.

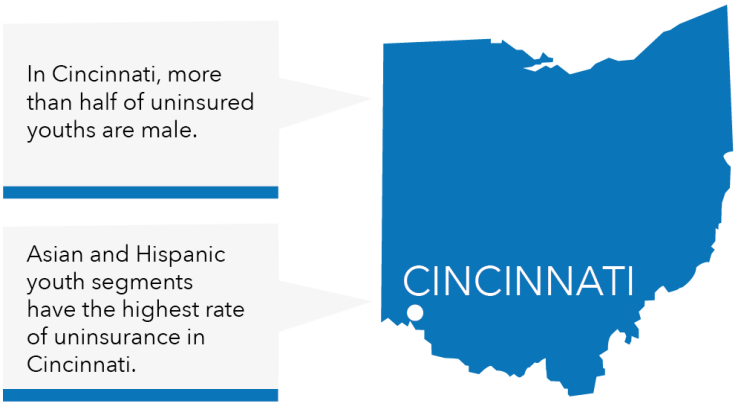
Furthermore, minority and low-income mothers in this same study indicated a perceived lack of affordable and high quality youth programs. Non-Hispanic white and low-income mothers also exhibited lower satisfaction with programs in general, when adjusted for OST opportunities. In combination, the aforementioned perceptions may help explain lower youth participation rates among these segments.[43]

Summer programs

In the past years, research has shown that children may lose knowledge and skills during school vacation. While students from all demographics and socio-economic status might lower their mathematics proficiency, low-income students will have a significant loss in reading skills, while their more affluent peers may gain during the same period of time. Summer programs can work as an effective way of minimizing the gap created by vacation, when children are not at school. Studies have shown that children participating in this kind of program can gain in many different ways. Students can learn subjects they could not understand during the past semester, stop their summer learning loss, and even gain knowledge they would not have otherwise.[44]

Health

For young people, a healthy lifestyle from birth enhances the possibility of a good quality of life as an adult. Good health is fundamental to childhood development. While many children may be healthy and require minimal care, factors like poverty, lack of health insurance, preventive care and child abuse put a child's health at risk. If health problems are not identified and treated, they can impact a child's cognitive, physical, and mental development. Poor health during this period of time can also influence other critical aspects of life, such as school readiness and attendance, and can have long-lasting effects on the future of young people.[45]



Children without health insurance

All children need health care, whether for preventive care, sporadic illnesses, or chronic conditions. Due to the high cost of insurance, family income is a major determining factor as to whether or not a child will have health insurance. Children without health insurance may be unable to have a regular healthcare provider and receive the care they need. Uninsured children are most likely to have their conditions treated only under extreme circumstances, putting them at greater risk. Health insurance not only protects the child's health, but also protects the family against financial problems when the child has chronic diseases or unexpected health problems. One solution is to assist eligible children to enroll in public programs like Medicaid, although not all needy children are eligible for this program.[46]

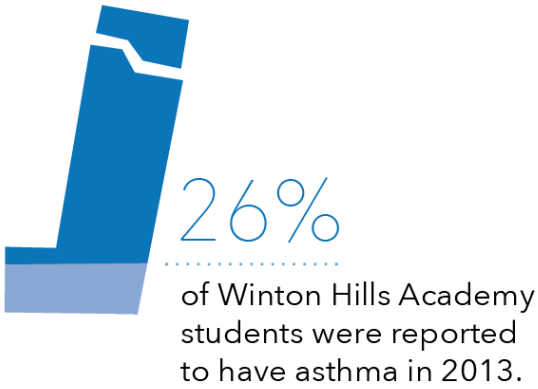
- 6 percent of youth under 18 in Cincinnati are uninsured.
- The rate of males under 18 without health insurance is higher than females. In Cincinnati, more than half of uninsured youth are males.
- About seven percent of African American youth in Cincinnati don't have health insurance compared to about four percent for non-Hispanic whites. Asian and Hispanic youth have the highest incidence rate of uninsured coverage in Cincinnati at 19 percent and 16 percent respectively.

Children with asthma

School-aged children with asthma are absent more often in comparison to their healthy peers. Indeed, asthma is one of the leading causes of school absence due to illness, accounting for more missed school days than any other chronic illnesses. Excessive non-attendance or multiple short absences disrupts learning and negatively affects school performance. Asthma also has a negative impact on a child's social life. The condition can be a deciding factor on the participation of extra-curricular activities and collective encounters, thus reducing critically important developmental opportunities.[47]

School	Asthma %
Bond Hill Academy	17%
Taft Elementary	20%
Rothenberg Preparatory Academy	18%
Winton Hills Academy	26%

Source: Cincinnati Health Department, 2013



- 13 percent of CPS students have been diagnosed and/or treated for asthma.
- Roughly 4,300 students were diagnosed and/or treated for asthma in CPS during the second semester of the 2012-13 school year.
- At 26 percent, Winton Hills Academy had the highest incidence rate of asthma among students in 2013.
- Schools with low-income students totaling 95 percent or higher account for at least 13 percent of the total student population with asthma.

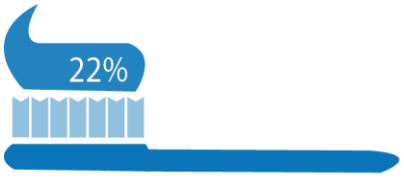
Dental care access

Children with poor dental care can have many different problems, including more oral disease, pain, and infection, and more absences from school than kids with regular dental care. Low-income children have more difficulty accessing dental care than non-low-income students, which puts them at risk of having more untreated dental problems. Along with the lack of insurance coverage for some children, those on Medicaid may struggle to find providers who accept their coverage.

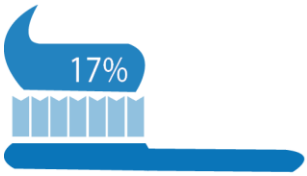
- 7 percent of CPS students received dental care from the district.
- More than 2,000 students received dental care in CPS during the second semester of the 2012-13 calendar year.
- At 27 percent, Hays-Porter School, the school with the highest incidence rate of dental care treatment, cared for 100 children.

- At 22 percent, Roll Hill Academy, the school with the second highest incidence rate of dental care treatment, cared for 124 children.

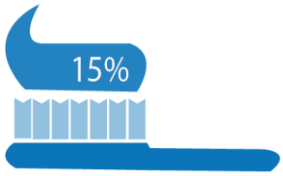
Hays-Porter School



Roll Hill Academy



Oyler School



Carson School

School	% Low-income	Total number	% of students
Carson School	95%	110	15%
Oyler School	92%	117	17%
Roll Hill Academy	98%	124	22%
Hays-Porter School	99%	100	27%

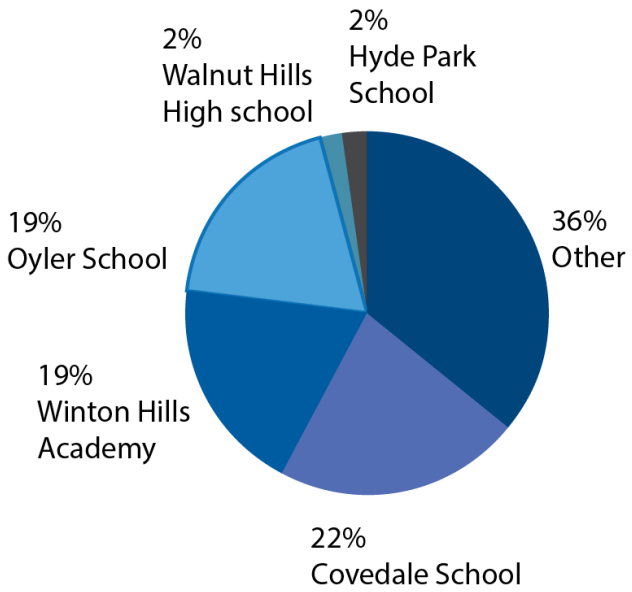
Source: Cincinnati Health Department, 2013

Children with one or more emotional or behavioral conditions

Public schools are charged to provide instructional curricula that promote the educational success of all students. Young people with emotional or behavioral conditions have a wide range of challenges in school, from being able to cope with their surroundings and others, to the demands of class curriculum.[4] Promoting the educational success of students with emotional/behavioral disorders can be a particularly challenging assignment due to the necessity for a comprehensive and cohesive program to effectively meet their needs.[48]

- In 2012-13, nine percent of CPS students had an identified diagnosed emotional or behavioral condition.
- Nearly 1 in 10 CPS students were diagnosed or treated for emotional or behavioral conditions at school in the 2012-13 school year.

In 2012-13, Hyde Park School and Walnut Hills High School had the lowest percentage of students with emotional or behavioral conditions, at two percent each. Covedale School had the highest rate, at 22 percent.



School	% Students with emotional or behavioral conditions
Walnut Hills High School	2%
Hyde Park School	2%
Oyler School	19%
Winton Hills Academy	19%
Covedale School	22%

Source: Cincinnati Health Department, 2013

In 2012-13, The School for Creative and Performing Arts (SCPA) had the highest number of students with emotional or behavioral problems, a total of 163 youth.

Body Mass Index (BMI)

Childhood obesity can affect children regardless of gender, race, ethnic group, or age. This problem is considered a nationwide epidemic that needs to be addressed. Research shows that about 31 percent of young people between the ages of 2 and 19 are diagnosed as overweight.[49] BMI measures body fat based on height and weight. Though it does not directly assess body fat percentages, BMI is correlated to body fat and serves as an easy indicator of overweight or obese youth. Overweight and obese individuals have an increased risk for medical concerns such as diabetes, hypertension, coronary disease, stroke, sleep apnea, and more.[50]

About 98 percent of CPS students were screened for BMI. The results show that three percent were underweight, 61 percent were normal, and 34 percent were overweight or obese. Two percent of students were not screened (refused, were absent, etc.).

BMI Description	Male	Female	Total
Total students	6,440 (100%)	6173(100%)	12,613(100%)
Underweight: <5%	185(3%)	205(3%)	390(3%)
Normal: 5% to <85%	4,073(63%)	3,626(59%)	7,699(61%)
Overweight: 85% to <95%	976(15%)	1,072(17%)	2,003(16%)
Obese: >95%	1,072(17%)	1,169(19%)	2,241(18%)
Other (refusal, absent, etc.)	134(2%)	146(2%)	280(2%)

Source: 2013 Cincinnati health Department

More than 55 percent of students screened in kindergarten, third, fifth, and ninth grades have a healthy BMI, raging between five and less than 85 percent.

BMI Description	Kindergarten	3rd grade	5th grade	9th grade
Underweight: <5%	4%	2%	2%	2%
Normal: 5% to <85%	66%	65%	57%	58%
Overweight: 85% to <95%	16%	16%	17%	17%
Obese: >95%	14%	17%	24%	22%

Source: 2013 Cincinnati health Department

Diabetes

Diabetes affects 25.8 million Americans, including children, with undiagnosed cases accounting for over a quarter of the total number.[51] In caring for children with diabetes, parents, friends, neighbors, schools, and healthcare providers need to work together. Children not only require specific diabetes treatment, but also emotional and moral support.[52] Furthermore, diabetes care should focus on individual cases, and treatment should be adapted and personalized based entirely on the subject so that it is appropriate to the child's age, stage of diabetes, and lifestyle.[53]

- There were roughly 430 office visits regarding diabetes at CPS during the 2012-13 school year.
- Of all the diabetes cases reported by CPS, almost 60 percent were Diabetes Type I.
- CPS reported having a total of 82 students with diabetes. 48 had Diabetes Type I, 14 with Diabetes Type II, and 20 with unknown diabetes type in the same school year.

Infant mortality rates

Infant mortality is the death of a child before he or she reaches the age of one. Each year roughly 25,000 infants die in the United States. The infant mortality rate correlates to the general health and success of a population, and varies between age, race, and ethnicities. Causes can include premature birth, birth defects, SIDS, pregnancy complications, and fatal injury. Maternal health during pregnancy influences outcomes on the child's health, and plays a key role in reducing preventable infant deaths.[54]

- A total of 53 infants died in Cincinnati in 2013.
- In December of 2013, five of the seven infant deaths in Hamilton County were amongst Cincinnati residents.
- More than 55 percent of the total infant deaths in Hamilton County occurred amongst Cincinnati residents.

Life expectancy

Of all the nations in the world, the United States ranks 42nd in life expectancy, with an average 2014 estimate of around 79 years of age.[55] Life expectancy, like infant mortality rates, is an indicator of the overall health and wellbeing of a nation. Life expectancy rates, along with leading causes of death, correlate to the population's lifestyle trends and biggest health concerns. Rates vary between different populations, due to a wide variety of factors including socio-economic status, access to health care, race and ethnicity, and geographic location. [56]

- The overall life expectancy in Cincinnati is 76.7 years. Individual neighborhoods vary between 66.4 and 87.8 years.

- Thirteen neighborhoods have the highest life expectancy in the city, all of them reporting over 80 years.

Neighborhood Rank (Top 3 Bottom 3)	Life Expectancy
1. Mt. Lookout/Columbia Tusculum	87.8
2. North Avondale/Paddock Hills	87.1
3. Mt. Adams	86.4
City of Cincinnati	**76.7**
49. Sedamsville/Riverside	67.0
50. Lower Price Hill	66.8
51. South Fairmount	66.4

Source: 2013 Cincinnati Health Department

Case studies

Public Health is dedicated to improving the health of a community as a whole. According to the Centers for Disease Control and Prevention (CDC), an effective Public Health Department must respond to and prevent barriers to a healthy community. In order to monitor behaviors associated with health risks, the CDC developed the Youth Risk Behavior Surveillance System (YRBSS) in 1990.

The YRBSS involves surveying students in classrooms and is conducted at the local, state, and national levels. The survey focuses on behaviors that contribute to unintentional injuries and violence, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, alcohol, tobacco and other drug use, unhealthy dietary behaviors, and inadequate physical activity.[57]

Over the last two decades, the survey has gathered information from over 1.7 million high school students. Surveys done on district levels allow administrators to pinpoint the most significant obstacles to a healthy lifestyle, and react effectively. Data is collected bi-yearly and used to assess positive and negative trends in behaviors, as well as evaluate the effectiveness of programs designed to promote health.[58]

This section features actions taken by cities, counties, and school districts that contribute to higher health standards regarding tobacco-use, HIV, other STDs, teen pregnancy, and obesity prevention.

Tobacco use prevention

According to the CDC, roughly all tobacco use starts during youth or as a young adult. Research shows that every day more than 3,800 teens under 18 years old try their first cigarette. Seventy five percent of these teens will become adult smokers, and one third of these adults will die approximately 13 years younger than their non-smoker peers.[59] Indeed, the 2013 YRBSS of high school students shows that over 40 percent of the participating students have tried cigarette smoking at least once, and 22 percent used cigarettes, smokeless tobacco, or cigars on at least one day during the 30 days before the survey.[60]

For many years, school districts, local, state, and national governments have worked to create prevention strategies that range from law enforcement to individual efforts:

- "Create a world where seeing people smoke or use other tobacco products is the exception, not the norm;
- Take steps that make it harder for youth to use tobacco, such as raising cigarette prices and enforcing laws that prohibit the sale of tobacco to children;
- Further limit tobacco marketing that is likely to be seen by young people;
- Limit youth exposure to smoking in movies and other media;
- Educate young people and help them make healthy choices;
- Set an example — encourage young people to avoid tobacco use by quitting."[61]

High schools throughout the country have worked to improve tobacco prevention by providing a better health education, more family and community involvement, healthier

school environments and more comprehensive health services. The 2006 School Health Policies and Programs Study indicates that high schools have taken steps to address each of those areas by:

- Requiring students to receive instruction on health topics as part of a specific course
- Prohibiting all tobacco use or advertising in all locations
- Providing tobacco-use prevention services at school
- Having a school health council that addresses tobacco prevention/usage in one-on-one or small-group sessions
- Providing tobacco-use prevention services to students through arrangements with providers not located on school property
- Involved students' families and community members in the development, communication, and implementation of policies or activities related to tobacco-use prevention
- Participating in a youth empowerment or advocacy program related to tobacco-use prevention[62]

HIV, STDs, and teen pregnancy

Unsafe sexual behaviors can increase the chances of unwanted pregnancy and contracting HIV and STDs. Results of the 2013 YRBSS indicate that almost half of high school students have engaged in sexual activities with over 40 percent of sexually active students not using contraceptives.[63]

Research shows that effective prevention programs can decrease sexual risk behaviors among students, including "delaying first sexual intercourse, reducing the number of sex partners, decreasing the number of times students have unprotected sex, and increasing condom use", [64] therefore reducing the risks of unintentional pregnancy and contracting HIV or other STDs.

Although in many communities prevention programs exist, they may not address the problem as needed. Usually, these programs are disjointed, sporadic, short-term, and problem-oriented, lacking a more in-depth approach that educates children and young adults in all stages of their lives and focuses not only on HIV and STDs, but also educates youth about contraceptive methods. Additionally, programs should expand beyond the school system, providing youth who are not in school with the same information their peers receive.

Communitywide youth development programs, when focusing on HIV, STDs, and teen pregnancy prevention, can be more effective in reaching at-risk youth, such as:

- Homeless youth
- Low-income youth
- Youth living in foster care and group homes
- Youth in the juvenile justice system
- Youth with alcohol and other drug addictions
- Youth living in residential treatment facilities
- School drop-outs
- LGBTQ youth[65]

Obesity

With the obesity epidemic, proper nutrition amongst youth is more important than ever. Behaviors that indicate risk in diet include both consuming too much or too little of varying substances. Risky behaviors may include not eating fruit and green vegetables, or consumption of soda. Overweight and obese body mass indexes are considered risks, in addition to consumption of substances designed to help lose weight or prevent weight gain.

According to the CDC, the nutritional and physical activity behaviors of youth are influenced by their families, communities, and schools. Schools play a crucial role in promoting a healthy lifestyle for students by establishing a safe and supportive environment with policies and practices that support healthy behaviors. Schools can provide opportunities for students to learn about and practice healthy eating and physical activity behaviors.[66]

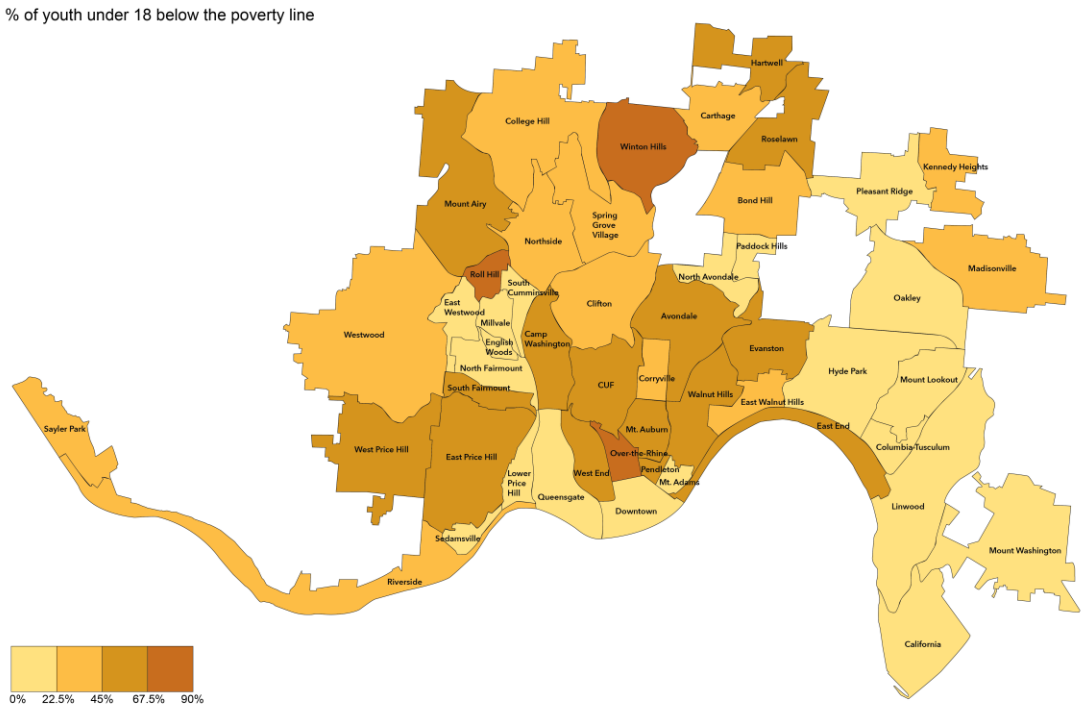
To reduce rates of obesity among students, schools can take actions such as prohibiting the sales of soda and sugary beverages on school grounds, providing nutritional health education to students and families, or requiring physical education for all students.[67]

Schools should focus on promoting students' healthy lifestyle by improving their health education, offering physical education and physical activity programs, having a healthier school environment, and better nutrition services. The 2006 School Health Policies and Programs Study indicates that high schools have taken steps to address each of those areas by:

- Requiring students to receive instruction on health topics as part of a specific course
- Teaching nutrition and dietary behavior topics in a required health education course
- Not allowing students to purchase foods or beverages high in fat, sodium, or added sugars during school lunch periods
- Offering a choice between 2 or more different fruits or types of 100% fruit juice each day for lunch
- Required daily physical education or its equivalent for students in all grades in the school for the entire year
- Not selling any fried foods as part of school lunch
- Offering lettuce, vegetable, or bean salads a la carte[68]

Poverty and Homelessness

There are different factors contributing to whether a family will be living in poverty. Education, race, and age can all affect a person's employment options and family income, thus influencing how a child's basic needs will be met.[69] Housing, food, medical care, and education are heavily affected by inadequate household income. With a limited budget, families may not be able to provide nutritional food, books, toys, quality childcare, and other essential items for a child's positive physical, emotional, and cognitive development. The insecurity that comes with this situation also creates other family problems, including parental stress and depression, raising the risks of substance abuse and domestic violence.[70]



Child poverty rates

Growing up in poverty represents a threat to child development. Poverty negatively affects three key areas of a child's life – their physical, cognitive, and socio-emotional development. A child who is born and grows up in a disadvantaged family has a greater chance of having poor health conditions than a child born into a wealthy family. Children in poverty are also more likely to experience both developmental delays and learning disabilities than their peers. Children in general are very dependent upon and shaped by their families, therefore the likelihood that a poor child will suffer more from emotional or behavioral problems is greater than a child whose family doesn't have financial constraints.[71]

- In 2012, there were an estimated 31,000 young people under 18 years old below the poverty line in Cincinnati.

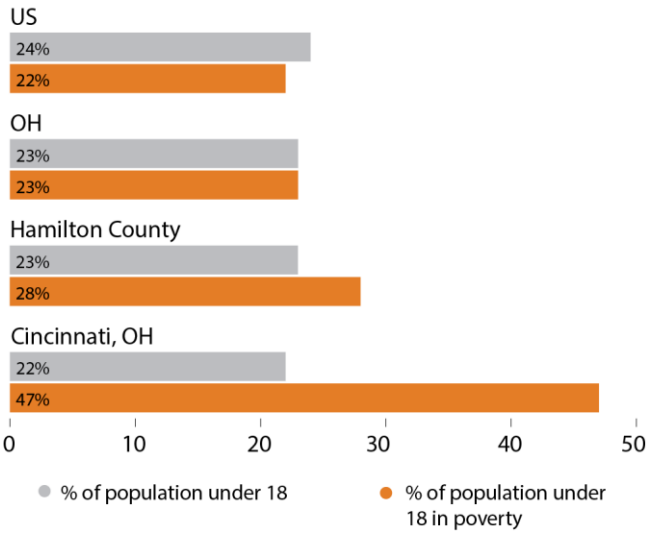
- Children under 18 years of age represent 22 percent of the total population. Almost half of these youth (47 percent) live below the poverty level, and represent about 35 percent of the total population in Cincinnati living below the poverty level.

Minority groups have the largest percentage of children under 18 living in poverty.

Population	% under 18	% in poverty
African American	29%	63%
Asian	7%	43%
Hispanic	31%	57%
Non-Hispanic white	15%	22%

Source: U.S. Census Bureau, 2012 American Community Survey

- In Greater Cincinnati, 66% of children in poverty live in female-headed households.[72]
- Cincinnati has a higher percentage of children under 18 living in poverty than the United States, Ohio, and its peer cities, except Cleveland, OH.



Population	% of population under 18	% of population under 18 in poverty
US	24%	22%
OH	23%	23%
Hamilton County	23%	28%
Cincinnati, OH	**22%**	**47%**
Columbus, OH	23%	32%
Cleveland, OH	24%	52%
Indianapolis, IN	25%	32%
Louisville, KY	24%	28%
Pittsburgh, PA	16%	31%

Source: U.S. Census Bureau, 2012 American Community Survey

Homelessness

A large number of factors can contribute to homelessness. These can include a lack of affordable housing options and employment opportunities, poverty, addiction, mental illness, domestic violence, and lack of affordable health care.[73] The number of homeless children has grown in the past few years in the United States. These children have not only lost their homes, but also their friends, pets, routine, and community, that together create a life-altering experience that becomes the cause of many future negative outcomes.[74]

- There were 8,271 homeless people in Cincinnati and Hamilton County in 2013. Out of them almost 2,500 were children.
- In 2013 there were 308 youths, age 18 to 20, and 610 young adults, age 21 to 25, on the streets and in shelters. Of these youths/young adults, 82 percent were presented as single persons and 18 percent were presented as households along with 275 of their children.
- The average length of program participation by these youth/young adults was 50 days each. Outcome indicators show 46 percent obtaining permanent housing and 22 percent increasing their income by program exit.

Forty-eight children under 18 who were living in places unfit for human habitation or on the streets were served by an outreach worker in 2013. Twenty-six were males and 22 were females.

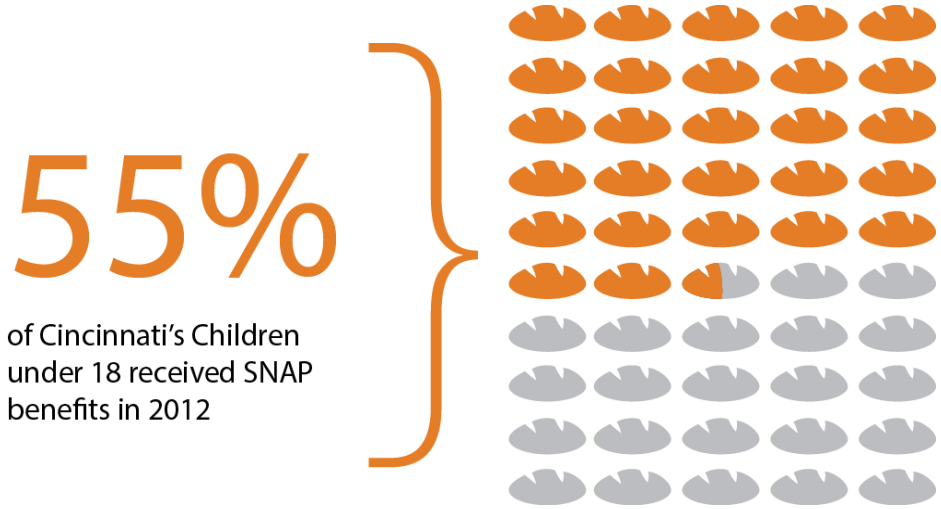
Age group	Total served
Under 5	17
5-12	23
13-17	8

Source: The Partnership Center, 2013

Thirty percent (1,951) of homeless persons sheltered in 2013 were children; ten percent (667) of them were under five years old

Children on SNAP

The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition program in the United States, a benefit designed to increase the food purchasing power of low-income households. Research shows that children in families receiving SNAP are less at risk of being underweight or having developmental issues, and less likely to be hospitalized or have poor health than children with the same income level who do not receive SNAP assistance.[75] This measure shows the estimated number of children under 18 who received SNAP benefits in 2012 in Cincinnati and its peer cities, and also the distribution of children per race and neighborhood.



Cincinnati has a higher percentage of children under 18 receiving SNAP benefits than the national average.

Population	% of population under 18	% of population under 18 on SNAP
US	24%	28%
OH	23%	30%
Hamilton County	23%	33%
Cincinnati, OH	22%	55%
Columbus, OH	23%	43%
Cleveland, OH	24%	63%
Indianapolis, IN	25%	37%
Louisville, KY	24%	36%
Pittsburgh, PA	16%	48%

Source: U.S. Census Bureau, 2012 American Community Survey

Fifty-five percent of Cincinnati's children under 18 received SNAP benefits in 2012.

Number of children on Medicaid

Having access to health care is fundamental to a child's wellbeing. Changes in family structure and household income can affect children's overall health and whether the family can afford healthcare. Medicaid supplies health coverage for low-income children, reducing the risks related to the lack of healthcare.[76] While the federal government sets minimum guidelines for eligibility, each state determines the income based on its needs. In Ohio, children are qualified to receive Medicaid depending on the number of family members and the household income (subjected to change every year).

58%

of children under 18 were on Medicaid in Cincinnati in 2012. That is almost 38,000 people in the city

Youth and children under 18 years old comprise 24 percent of the total population in the United States, and 37 percent of them are on Medicaid. In Cincinnati, youth and children represent 22 percent of the population, and 58 percent of them cannot afford private health insurance and are on Medicaid.

Population	% of population under 18	% of population under 18 on Medicaid
US	24%	37%
OH	23%	35%
Hamilton County	23%	38%
Cincinnati, OH	**22%**	**58%**
Columbus, OH	23%	46%
Cleveland, OH	24%	71%
Indianapolis, IN	25%	46%
Louisville, KY	24%	42%
Pittsburgh, PA	16%	53%

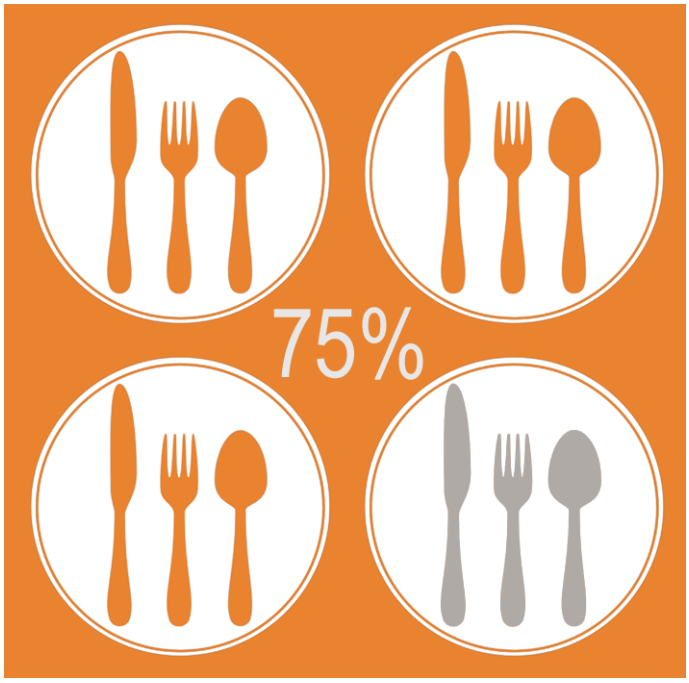
Source: U.S. Census Bureau, 2012 American Community Survey

In 2012, 58 percent of children under 18 were on Medicaid in Cincinnati, which equals almost 38,000 young people.

Children receiving free/reduced price meals

Free and reduced price school meal programs have the potential to provide low-income children with nutritious and affordable meals. In turn, children develop healthy eating habits and are more ready to learn than children who go hungry. The percentage of students participating in free/reduced price meal programs is an indicator of student poverty and its concentration in public schools.

- Three in four students (75 percent) of CPS students were qualified to receive either free or reduced price lunch during the same period of time.
- Regardless of socio-economic status, all CPS students were qualified to receive free breakfast at school during the 2013-14 school year.



75% of CPS students qualified for free or reduced price lunch.

Case studies

According to the National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children (NISMART), the United States has a homeless population of youth under 18 years of age that is just under 1.7 million. Although 99 percent of unaccompanied youth return home, roughly 380,000 remain detached from their families for over a week and roughly 131,000 remain detached for over a month. Besides offering shelter and safety to the vast majority of youth who return home quickly, some municipalities have focused their resources on identifying and servicing the minority of youth who fail to return home within 24 hours. By counting homeless youth, municipalities and organizations will be able to more efficiently measure their progress confronting the issue.[77]

The information gathered by state and local agencies, and local service providers, have significant potential value to guide community decision-making. Data gathered on youth assists families, legislators, service providers, and local youth advocates gain a clearer perspective on the needs of children and the issues related to service.

This section focuses on three ways of counting homeless youth and how each strategy works. The first case presents a survey methodology that can improve results. The second explains how segmented categorization of youth may be beneficial, and last, the importance of looking at early childhood data to prevent youth homelessness.

Youth homeless survey

The collaboration between not-for-profit, educational, and government institutions can strategically leverage resources and expertise to more fully understand the scope of a city's youth homelessness problem. This kind of collaborative effort can gather comprehensive data related to homeless youth, and provides an effective model to minimize the issue.

Using volunteers to collect information from unaccompanied young people, mothers on the streets or in shelters, as well as people who are sleeping on couches or in other unstable living conditions, can be effective. Also, to find information on youth who are at risk of homelessness, surveys can be administered to young people who reside in out-of-home care, group-living, or transitional housing programs.

To maximize success and the number of respondents, youth homelessness surveys administered in large cities have used a variety of strategies, including:

- Making partnerships with government agencies to facilitate data collection from people in government run group homes and transitional living initiatives.
- Using a large period of time to plan the collection of information on homeless youth. For example, the D.C. Alliance of Youth Advocates recommends preparing for 10 months to implement a count and survey of an area the size of Washington D.C.
- Pre-testing questions with youth, youth providers, and subject matter experts to ensure that the right questions will be asked in a manner that is clear and understandable.
- Recruiting community partners early in program development to construct a city-wide initiative and gain the consensus of all regional partners about the purpose and necessity of the count.

- Promoting the survey to young people so they are aware of the reason for the study, increasing their participation rate. Youth should be encouraged to promote participation among their network of peers to boost participation numbers, particularly among young people who do not access services.
- Having a large enough quantity of survey administrators is necessary to reach as many youth as possible.[78]

Segmented categorization of homeless youth

To better understand and customize services to homeless youth in Cincinnati, regional plans have segmented the youth into several different typologies. These segments include areas such as family relationships, reasons for homelessness, prevalence of abuse or neglect, mental health status, and age.

- **Segmentation by family relationships** involves categorizing youth according to family dynamics and housing status when being sampled.
- **Segmentation by reason for homelessness** involves categorizing the youth according to their root cause of homelessness. These causes include whether or not they ran away, asked permission to leave, were thrown out, were seeking interventions, had a lack of resources or family support and safety concerns.
- **Segmentation by the prevalence of abuse/neglect** involves categorizing youth by whether or not they had been abused or neglected.
- **Segmentation by mental health status** is a common indicator for researchers and service providers when it comes to youth homelessness. Researchers have shown that homeless youth are more likely to have emotional distress, significant psychiatric disorders, anxiety, delays in cognitive development, ADHD, depression and behavioral disorders, and drug use.
- **Segmentation by age** is a common way to categorize homeless youth for interventions. Studies have shown that different age groups tend to have different routes that lead them to homelessness. It is important to create and develop preventative interventions that are tailored to certain age groups to assist them in overcoming personal or household problems.

Furthermore, researchers affiliated with the Homeless Research Institute at the National Alliance to End Homelessness found that segmentation strategies that focused on youth behavior offered better insight on how to deliver and allocate services to young people. According to the researchers, while many past strategies offer insights into the needs of youth, focusing on one segmentation variable may lead service providers to misallocate their resources.

This is due to the fact that the majority of the homeless population has a wide variety of different experiences, personal histories, and paths to homelessness. The segmentation according to behavior may be more effective than other methodologies. This new direction suggests that interpersonal factors may outweigh economic facts when categorizing homeless youth.[79]

Integration of early childhood data

Many communities have failed to realize the potential benefits of leveraging early childhood data to combat poverty. Several states, including Connecticut, Maryland, Pennsylvania, Wisconsin, and South Carolina, have made significant strides in connecting databases through data warehouses and integrated systems between state funded or subsidized initiatives related to the education, child care, and health of youth.

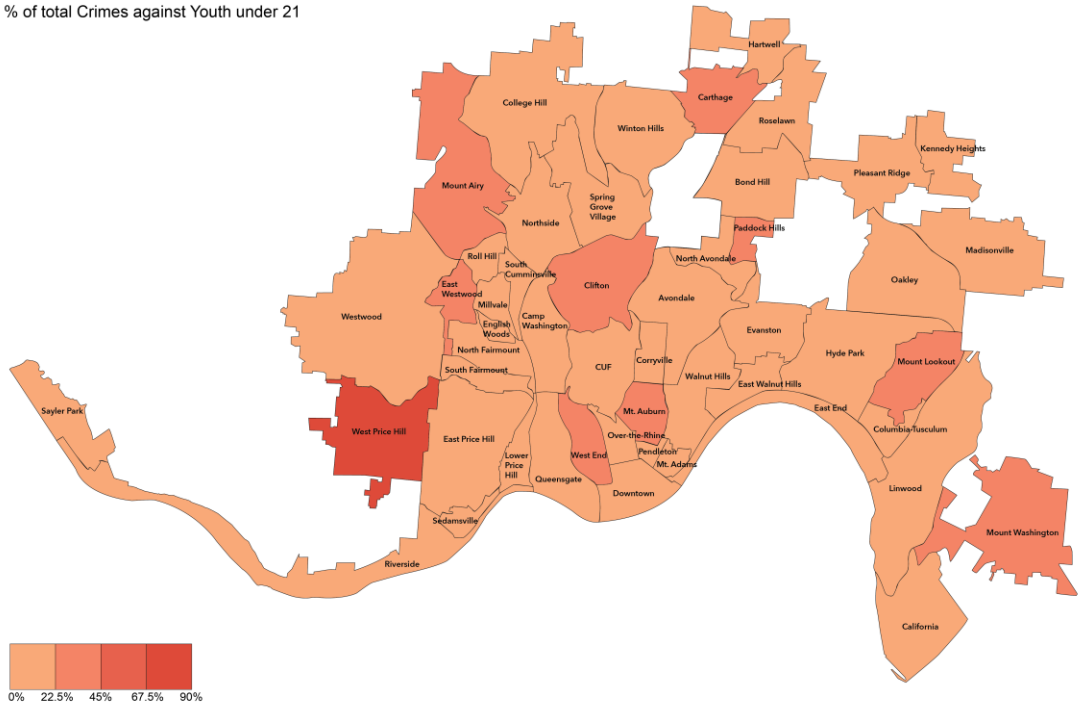
The Early Childhood Data Collaborative, a consortium of national organizations, works to help states effectively construct, integrate, and access early childhood data systems. While their initial focus was education, the organization works to encourage data linkage to other services.[80] The Early Childhood Data Collaborative argues that systems should work to include program costs and that integrated data systems should assist in answering the following questions:

- "Are children, birth through age 5, on track to succeed when they enter school and beyond?
- Which children have access to high-quality early care and education programs?
- Is the quality of programs improving?
- What are the characteristics of effective programs?
- How prepared is the early care and education workforce to provide effective education and care for all children?
- What policies and investments lead to a skilled and stable early care and education workforce?"[81]

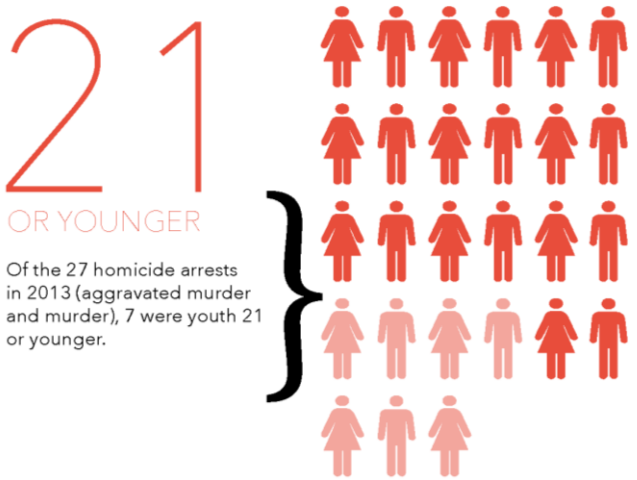
The surveys should also have questions pertaining to the following six categories: 1) program / provider supply; 2) enrollment, participant demographics, and demand; 3) early childhood workforce; 4) program quality; 5) outcomes for children and families; and 6) costs and financing.[82]

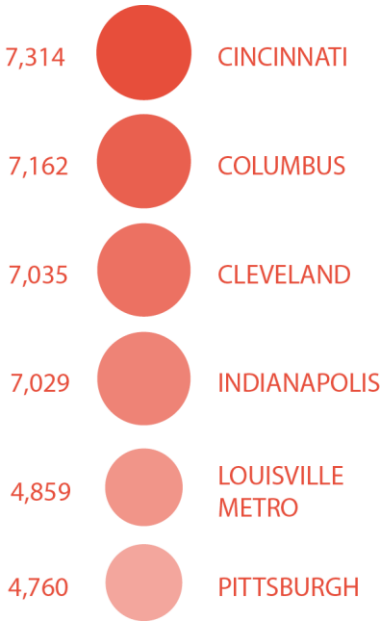
Crime

Young people are connected to crime as both the victims and the perpetrators of criminal acts. Criminal activity destabilizes a young person's development and influences the formation of their personality, principles, and beliefs. Exposure to crime can also affect the ability of youth to function within the framework of society.[83] In order to better integrate the perpetrators and victims of crime into society, long-term interventions are necessary. The prevention of criminal activity involves addressing the socio-economic factors that are associated with crime, revitalizing the environments where crime occurs, and rehabilitating criminals.[84]



Identifying young people who are the victims and perpetrators of criminal acts, as well as the crimes being committed, can assist communities in analyzing how to better deliver services to effect change among youth. Select data is presented on Cincinnati, as well as Cleveland (OH), Columbus (OH), Indianapolis (IN), Louisville (KY), and Pittsburgh (PA).





Overall crime

Communities can tabulate the average occurrence of crime within their boundaries to assist in measuring the broad financial, societal, and personal consequences of criminal acts.[85] The following measure identifies the number of criminal acts per 100,000 inhabitants and compares Cincinnati to its peer cities, the state of Ohio, and the nation.

Cincinnati had twice the number of crimes per 100,000 habitants in 2009 than the national average.

United States	3,511.2
Ohio	3,695.1
Cincinnati	7,314

Source: U.S. Census Bureau, Statistical Abstract of the United States: 2009

Cincinnati had more crimes in 2009 than its peer cities during the same period of time.

Cincinnati	**7,314**
Cleveland	7,035
Columbus	7,162
Indianapolis	7,029
Louisville Metro	4,859
Pittsburgh	4,760

Source: U.S. Census Bureau, Statistical Abstract of the United States: 2009

There were 32,675 crimes in Cincinnati (including violent and non-violent crimes) in 2013.

Youth crime

Youth violence, which can range from assault to homicide, is a pressing public safety and health concern. Low-income youth, minority youth, and youth from unstable families are the most at-risk to engage in criminal activities.[86] High incidence rates of crime can be viewed as an indicator of the ability of young people to overcome barriers in life, such as unfavorable socio-economic factors or peer pressure.[87]

- There were 9,214 counts/arrests against youth in Cincinnati in 2013. Theft under $300 accounted for more than 500 of those charges.
- Of the 27 homicide arrests in 2013 (aggravated murder and murder), 7 were youth 21 or younger. These arrests account for almost 26 percent of homicide arrests.
- In Cincinnati, young people between the ages of 15 and 17 represent about 14 percent of the total population of people 5 to 21 years old, but accounted for 39 percent of total arrests of young people in Cincinnati in 2013.

	Population	Arrests	% Population 5 to 21	% Arrests
5 to 9 years	18,245	20	26%	0%
10 to 14 years	16,165	1,404	23%	15%
15 to 17 years	9,858	3,577	14%	39%
18 to 19 years	11,791	1,944	17%	21%
20 years	6,832	1,119	10%	12%
21 years	6,448	1,150	9%	12%
Total	69,339	9,214	100%	100%

Source: U.S. Census Bureau and 2013 Cincinnati Police Department

Youth victim

From birth, research shows that young people are oftentimes exposed to violence, either as a direct victim or as a witness. Over the course of their childhood, many young people are exposed to a wide variety of crimes, including child abuse, sexual abuse, and robbery. Young people, in particular those from minority communities, usually have restricted access to competent, age-appropriate services.[88]

- In 2013, there were roughly 6,000 crimes against youth 21 and under in Cincinnati.
- CUF has the highest percentage of crimes against youth 21 and under, at 90 percent. The second highest number is Roll Hill at 42 percent.
- With the exception of CUF, in comparison to most Cincinnati neighborhoods, Roll Hill, Millvale, and English Woods have a higher than average percent of crimes committed against youth 21 and under.

Case studies

Youth violence is a worldwide concern whether the youth is a victim, an offender, or a witness to the violence. In 2010 in the United States, roughly 13 people between 10 and 24 years old died every day as victims of homicide. In the next year, over 707,000 same age people had physical assault injuries treated in emergency rooms throughout the country.

Youth violence includes multiple behaviors. Violent acts such as bullying or hitting, or other types of violence such as robbery and assault can cause not only emotional trauma, but can lead to serious injury or even death.[89]

In order to stop and prevent violence before it begins, the government, not-for-profit organizations and the society as a whole should identify and implement prevention strategies against all kinds of violent behaviors. This section focuses on three different ways to combat violence: mentoring, bullying prevention, and targeted policing and truancy interventions.

Mentoring

Mentoring programs encourage healthy development of young people through the support of a positive mentor/mentee relationship. The mentor works with the child to overcome risk factors (e.g. family issues, poor academic performance) and aid progression through community involvement, positive reinforcement, healthy attitudes, and positive socialization. Ideally, the relationship is long term and characterized by an adult sharing their experiences.

Mentor programs have become increasingly popular over the last two decades due to research indicating that participants in mentoring programs are less inclined to drop out of or skip school, abuse drugs, tobacco, and alcohol, or engage in violence. Since the development of mentor programs, over 5,000 mentor plans have been implemented nationwide and have provided guidance to over three million youths.

Mentoring programs target children with incarcerated parents, those in foster care or child welfare programs, the residents of neighborhoods with high poverty and crime rates, young people with disabilities, abused and neglected youth, pregnant and parent teens, youth struggling to meet academic expectations, and youth involved with the juvenile justice system.

Mentorship programs are frequently staffed by adult volunteers or older students and are commonly sponsored by community groups, faith-based organizations, schools, and other youth services. Mentors receive education, training, and support during the mentorship process. One of the most common types of mentorship, community-based mentoring, engages at-risk youth for longer than one year.

Alternatively, school-based mentorships pair youth with an adult mentor or older student peer for the duration of a school year. Analysis done by the National Institute of Justice indicates that young people who partake in mentorship opportunities are less likely to be repeatedly involved in the juvenile justice system, less likely to abuse drugs, and more likely to have positive educational outcomes.[90]

School-based bullying prevention

For years, bullying has been a primary concern for school districts and educators. Awareness of the issue has brought about an increase in anti-bullying campaigns and programs within schools. Programs seek to decrease instances of bullying, both on and off school grounds, as well as encourage students to support their peers when witnessing acts of bullying.

According to the Centers for Disease Control and Prevention, bullying is a form of youth violence, and can be physical, verbal, or psychological, where one person excludes or singles out another for abuse.

Bullying is distinctive from other acts of aggression because it involves a real or perceived power difference between the bully and the victim, involves repeated instances of aggression, and is related to behaviors that are intended to induce fear, emotional damage, or physical harm. Ending the trend of bullying is vital, as aggressive behavior from children can continue from childhood into adulthood. Uncontrolled behavior can lead to juvenile delinquency and interactions with the justice system.

School-based programs focus on bullying in schools and classrooms, where instances of bullying commonly occur. National data from the 2010-11 academic year indicates that over a quarter of adolescents ages 12 to 18 have been bullied at school. The majority of these occurrences concerned emotional or relational bullying, with reports of students being made fun of, called names, insulted, or the subject of rumors. Fewer students reported being physically bullied or having property destroyed, although rates vary across regions. Instances of cyber-bullying have become alarmingly frequent, with up to 30 percent of students reporting online bullying.

Common school-based bullying prevention efforts include:

- **Increased awareness** – Youth are educated on bullying in gathered assemblies or individual classrooms. Educators are provided with materials to lead students through awareness-raising exercises, which often focus on the effects of bullying and encourage students to not bully others. Evaluation of programs indicates that, although increased awareness is valuable, additional efforts are needed to change engrained behaviors.[91]
- **School exclusion** – Some schools use "zero tolerance" or "three strikes" disciplinary policies. Students reported for bullying are suspended or expelled, which has adverse effects on the student who most strongly requires positive behavioral development. Due to severe disciplinary consequences, studies show that these policies are not effective and can actually decrease the likelihood that victims will report instances of bullying.[92]
- **Interventions for bullies** – Many schools attempt to rehabilitate bullies by encouraging anger management therapy to build healthy self-esteem and empathy. Therapeutic interventions can sometimes be unreliable due to incorrect assumptions about the underlying causes of bullying behavior.[93]
- **Conflict resolution** – Programs involving mediated conflict resolution help educators resolve aggressive or violent incidents between peers. It can be beneficial for students to resolve conflicts under the supervision of an unbiased adult, but these programs can be ineffective due to the lack of punishment during mediation.[94]

- **Curricular approaches** – Many school-based bullying prevention programs include curricular materials for educators to deploy in the classroom. The curriculum aims to teach students about what constitutes bullying and the negative effects bullying can have on a victim. Educational materials often recommend tactics that reduce bullying and encourage by-standers to intervene or seek the assistance of an adult when bullying takes place. Evaluated in-school educational programs have been deemed effective at improving school environments and reducing bullying.[95]

Targeted policing and truancy interventions

Targeted policing initiatives focus on selecting neighborhoods with high concentrations of crime. Geographical areas are typically selected for targeted law enforcement when they have high crime rates that can be predicted for an extended period of time. Targeted areas are often in urban settings where crime is generally more prevalent. By identifying neighborhoods that need the most law enforcement, police departments can utilize resources more efficiently. Crime incidents are oftentimes unevenly distributed throughout regions, and targeted tactics hope to reduce total crime rates by focusing on hot spots. Targeted areas vary in size and demographics and can range from a few city blocks or buildings, to larger groups of streets.

Law enforcement agencies use tools to geographically map crime occurrences. There is no standard protocol for determining hot spots, so law enforcement agencies review their findings in a way that is relevant to their specific region. Along with traditional law enforcement tactics, increasing the visual presence of officers can assist with reducing crime in targeted areas. Targeted strategies may also include stricter drug enforcement, zero-tolerance policies, and revitalizing hot spots to eliminate the causes of crime.

To reduce crime among youth, police departments work with educators to prevent truancy. Truancy prevention programs aim to reduce absenteeism in the hopes of improving academic performance and graduation rates, as well as reduce crime. Programs can be directed broadly toward groups of school-aged children or targeted toward individuals with habitual truancy.

Truancy is related to the following environmental and social aspects:

- **School factors** – Violence or bullying, lack of record-keeping, ineffective policies, and poor communication between school officials and families.
- **Home and community factors** – Peer pressure, financial or medical needs, teen pregnancy and parenthood, absence of educational goals and support.
- **Individual factors** – Poor self-esteem, poor performance in school, mental health problems, and relationships with peers.

Targeted truancy programs oftentimes include tutoring in school, career guidance, counseling, mentoring, case management, parent involvement, attendance expectations, and personal development. The implementation of truancy programs oftentimes involves redefining existing policies to support students, rather than punishing them for their behavior. School suspensions are sometimes used as punishment for truancy, which can adversely affect and disengage students. In-school suspension and after-school detentions serve as an alternative to traditional suspensions because they supervise students and allow them to continue progressing academically.[96]

Cincinnati Youth Initiatives, Programs, & Service Providers

4C for Children

4C for Children is a regional leader, advocate and resource for early childhood education and care. Originally called Comprehensive Community Child Care, 4C for Children works to "ensure every child has a positive experience and a foundation for the success in school and life by improving the quality, effectiveness and accessibility of early childhood education and care in the region." 4C for Children serves youth in 40 Southwest Ohio and Northern Kentucky counties.

4C for Children provides training and technical assistance to early childhood caregivers and teachers. The organization serves as a resource and referral agency for the region and provides assistance and information to families, childcare centers, childcare providers, and employers.

In 2013, 4C for Children served 1,076 Cincinnati families, totaling 1,590 children. In 2013, 58 percent of the children served were two years old or younger, 20 percent were in preschool, and 22 percent were between kindergarten and nine years old. Locally, 4C for Children funding comes from the City of Cincinnati, the United Way, Ohio Jobs and Family Services, the State of Kentucky, and private donations. 4C for Children offers services and information to the following groups:

Parents – Information about the 2,600 childcare options in 4C for Children's database is distributed to parents. The database includes information on childcare centers, preschools, school-aged programs and family childcare homes. Parents are also provided with the legal requirements governing childcare in Ohio. Many resources are offered to parents online, including an Early Learning and Care Guide, childcare financial aid support, and articles and blogs dedicated to parenting and new mothers.

Childcare providers – 4C for Children offers regular training and technical assistance to service providers and new childcare startups. The organization informs providers about USDA reimbursement programs and assists with staff recruitment. Information is also provided on insurance for childcare centers, how to become a child development associate, and professional development programs.

Community – The organization is also an advocate for children and families regarding public policy issues at the local, state, and national levels. 4C for Children gathers and provides information on the needs of families and children, as well as highlights local childcare and early education facilities through the use of its database.

Employers – 4C for Children offers resources and referral services to the employees of service providers. The organization also offers on-site parenting workshops for employees and consults with employers on the most pressing employment issues.

Along with the aforementioned outreach efforts, 4C for Children continually communicates with parents, childcare providers, employers, and the community. On a regular basis, the organization disseminates news releases pertaining to early childhood education. Twice a year, 4C for Children releases a special Circle of Friends newsletter to target volunteers, financial supporters, and the community.[97]

Central Clinic

Central Clinic provides quality mental health, substance abuse, prevention, and forensic services to children, adults, and families. Central Clinic has nine locations in the Greater Cincinnati area, providing services that are accessible, individualized, and recovery/resiliency based.

Adult Services assist people 18 years of age and older who are experiencing emotional distress or serious mental illness. The goal is to help people recover, improve their self-sufficiency, and allow them to contribute to the community. Available services include therapy and counseling, psychiatric medication management, evaluation and follow-up, and psychological testing.

Child & Family Treatment Center services provide mental health services to children, adolescents, and their families in a variety of office and community settings. The goal is to assist children to be emotionally and developmentally prepared for success at school and at home. Services include medical consultation and management, psychological testing, and individual, group, and family counseling. Central Clinic also works with school and agency partners to identify gaps in essential services, coordinate school-wide enrichment programs, connect parents with community resources, offer tutoring and cultural enrichment programs at Community Learning Centers, and strengthen parent-child bonds for children under the age of five.

Court Clinic provides a variety of evaluation and treatment services for youth involved in the criminal justice system. Services include in-depth assessments and treatment of mental health and addiction issues, particularly for those who have court ordered interventions. Court Clinic interventions have garnered national recognition, with the Alternative Interventions for Women program receiving special praise.

Mental Health Access Point provides assessment, support, and connections for individuals and families who are in need of mental health services. Services include mental health assessments, transitional case management, medication management, mental health referrals for intensive services, assessments for Adult Care Home applicants, and enrollment assistance for people seeking Medicaid and Social Security benefits.

Additional services and initiatives include:

- **Family Access to Integrated Recovery** manages the referral, assessment, and care of behavioral health service for young people and families affiliated with Children's Services.

- **HOPE** is a multi-system collaboration and is responsible for the referral, connection, monitoring, and coordination of services for children who are in multiple county systems.
- **VRP3: Recovery to Work Project** is a program that provides vocational, rehabilitation, and contracted treatment services to individuals working toward recovery from mental illness and drug addictions.[98]

Children's Home

Children's Home is a campus and community-based service for children facing social, behavioral, or learning challenges. Originally an orphanage located in Madisonville, Children's Home has impacted 6,000 children and their families by helping them succeed at home, in school, and in the community. The following Children's Home programs focus on education, early childhood development, behavioral health treatment, and training for parents and service providers:

Education

- **Therapeutic school** initiatives are offered to children between kindergarten and 12th grade that have special education and behavioral challenges.
- **High school for autism** programs offer specialized educational support to children with autism to develop their social and life skills.
- **Ready Set Work** offers interventions to children with autism ages 14 to 21 to better prepare them for employment opportunities and independent living.
- **Educational Evaluation** assesses the individual learning challenges of students and offers them solutions.

Early childhood

- **Home visitations** by social workers, child development specialists, and nurses are offered to first-time and at-risk mothers until a child's third birthday.
- **Counseling/case management** services are offered to children ages five to eight with emotional and behavioral difficulties.
- **Kindergarten readiness** initiatives work with parents to ensure the successful transition of children into the school system. Initiatives promote school readiness by supporting the social, emotional, and cognitive development of preschool children.
- **Afterschool enrichment** developmental opportunities are offered to CPS students ages 9 to 12 at Midway Elementary and Silverton Paideia Academy.
- **Summer Day Camp** developmental opportunities are offered to children ages 5 to 12 through the Camp-I-Can initiative.

Behavioral health treatment

- **Counseling services** are available to youth ages 3 to 18 on campus, in their homes, at school, and in community centers.
- **Day Treatment** offers children individual and group sessions to help them to learn how to manage their anger, enhance their social skills, and build self-esteem.

- **Trauma Treatment** provides therapy to children after natural disasters, serious medical illness, violence, abuse, and neglect.
- **School-based Treatment** offers counseling to youth at 80+ schools to improve their social and emotional development.
- **Substance Use/Mental Health** programs assist youth ages 13 to 18 who are dealing with mental health and substance abuse difficulties. The program is part of the Specialized Treatment for Adolescent Recovery (STAR) program.
- **Psychiatric Treatment** is offered to children by child psychiatrists, pediatricians, and registered nurses. Services include counseling, psychiatric support, and medical evaluations.

Parent and professional training

- **Teaching-Family Model (TFM)** improves the behavior and social skills of young people through evidence-based behavior modification models. Children's Home is one of only a handful of certified TFM agencies.
- **Promoting Resilient Children** initiatives provide training to preschool caregivers, teachers, and administrators to increase the effectiveness of early care programs.[99]

Cincinnati GRAD

Cincinnati GRAD is a not-for-profit organization that seeks to improve the chances of success for urban youth. Cincinnati GRAD assists students and helps them excel in the classroom as individuals and as part of the community. Their objective is for more students to graduate high school and pursue a college education.

Cincinnati GRAD provides tutoring, parent and community involvement, college counseling, and scholarships for students in six Cincinnati Public Schools: Ethel M. Taylor Academy, Hays-Porter K-8 School, Rees E. Price Academy, Roll Hill School, Robert A. Taft Information Technology High School, and Western Hills University School.

Some of the programs include:

- **GRAD Mathematics** teaches math principles through innovative tools, starting in kindergarten. The goal of GRAD Mathematics is to prepare students for 8th grade algebra.
- **Research-based Reading and Writing** provides support and maximizes learning opportunities for both students and teachers by utilizing the district's adopted reading and writing curriculum. GRAD Cincinnati academic coaches support teachers in their improvement efforts.
- **Resource Coordinators** work with Community Learning Centers to organize activities that will help students and their families overcome obstacles that interfere with their learning.
- **College Counselors** provide guidance, support, and motivation to students to keep them on track for college.
- **Summer Institutes** organize college campus visits for high school students during the summer.[100]

Cincinnati Initiative to Reduce Violence

The Cincinnati Initiative to Reduce Violence (CIRV) is a multi-agency and community-focused program that is designed to reduce gun violence and gun-related homicides in the City of Cincinnati. Supporters of the program include local, state and federal police, community outreach centers, and social workers. Program administrators are dedicated to helping young people resist violence, while at the same time stopping youth who perpetrate gun crime. The CIRV has determined that gun violence stems from the lack of respect that young people have for one another, rather than drug-related conflicts. Along with fostering non-violent responses to disrespectful behavior, the CIRV advocates for more employment opportunities, education, and social services to reduce crime.

CIRV is strategically split into the following four teams:

Enforcement Strategy Team – The Enforcement Strategy Team is dedicated to identifying and focusing law enforcement on groups with a history of gun violence. The Enforcement Strategy Team is made up of the following organizations:

- Cincinnati Police Department
- Hamilton County Sheriff's Office
- Hamilton County Adult Probation Department
- Ohio Adult Parole Authority
- Hamilton County Prosecutor's Office
- U.S. Attorney's Office
- Bureau of Alcohol, Tobacco, Firearms, and Explosives
- Ohio State Attorney General's Office
- Ohio Office of Criminal Justice Services

Services Strategy Team - The Services Strategy Team engages members of groups that are prone to violence and encourages them to seek out employment. The team provides immediate and targeted services to those who choose to leave their violent lifestyle. The Services Strategy Team utilizes Cincinnati Works to partner with community social services and street level advocates.

Community Strategy Team –The Community Strategy Team disseminates messaging that encourages non-violence to the community. The team is made up of community influencers, religious leaders, former elected officials, parents of murdered children, and ex-offenders. Messaging primarily seeks to engage the 1,000 individuals who make up the 69 violent street groups in Cincinnati. On average, members of these groups have 7.4 felony arrests each, with 91 percent of members being repeat offenders.

System Strategy Team: The CIRV System Strategy Team ensures that the program exhibits transparency, accountability, and sustainability.[101]

Cincinnati Recreation Commission

The Cincinnati Recreation Commission (CRC) provides recreational, cultural, and educational events to the local community. Research indicates that the hours immediately after school are when youth are most likely to abuse substances, exhibit violent behavior, or participate in unsafe and detrimental actions. After-school programs and recreational centers provide students a safe and supervised environment. Recreation Centers offer youth sports leagues, fitness programs, swimming lessons, physical therapy, disability programs, day camps, public events, and opportunities for community service. CRC has been recognized nationally by being awarded two National Recreation and Park Association Gold Medal awards. The Ohio Parks and Recreation Association has recognized the CRC on multiple occasions as well.

The CRC has widespread outreach through partnerships with organizations including the American Red Cross, Anthony Muñoz Foundation, NFL Flag Football, and the National Recreation & Park Association. An annual membership to recreation centers allows members to visit any location, and youths under 18 years old can participate for only $2 per year. Roughly half of CRC centers are accessible by Cincinnati Metro bus routes, allowing for young people with transportation issues to access services.

- **Camp CRC** provides camps before and after school, and during summer breaks, holidays, and special events. Lunken Playfield offers a wide variety of sports camps. Before and after-school camps offer care to children ages 5 to 12 and provide a safe location for children while they are unsupervised by their parents. Camps follow the schedule of Cincinnati Public Schools to enable participation.
- **Playgrounds** grant an essential resource for the development of children by offering over 100 facilities in the City of Cincinnati. Many of these playgrounds are built to be accessible to all visitors, and include wheelchair ramps and transfer platforms.
- **Sports and Athletic** programs managed by the CRC provide the community with more than 100 baseball fields, tennis courts, and fitness centers throughout Greater Cincinnati. The CRC's athletic division also includes sports camps, lessons, and clinics for young people.
- **Pools and Aquatic** programs offer residents a place to cool down during the summer, as well as year-round swimming at indoor aquatic centers. In conjunction with the American Red Cross, the CRC provides residents with the "I CAN SWIM!" program to teach all ages basic swimming skills.
- **Therapeutic Recreation** offers activities to people with disabilities that support physical, social, and cognitive development. Participants include people with cognitive disabilities, learning disabilities, neurologic impairments, developmental disabilities, physical impairments, and psychological impairments. Along with providing support for people with disabilities, the CRC strives to increase disability awareness and advocacy in the city.
- **Golf Courses** maintained by CRC throughout the City of Cincinnati offer young people the venue to play golf. Golf instruction is available to young people at six CRC golf courses.

- **Arts and Crafts programs offer young people opportunities** to express themselves and exercise their creativity at CRC facilities. The CRC arts department has been recognized by the National Recreation and Park Association, the Ohio Parks and Recreation Association, and the Corbett Award.[102]

Cincinnati Youth Collaborative

The Cincinnati Youth Collaborative (CYC) is a not-for-profit organization that supports and empowers vulnerable young people to overcome obstacles and succeed in education, in the workplace, and in life. By providing services to children from first grade through college, CYC works to fulfill its objective of keeping youth in school and preparing them for college and career and on the pathway to success. CYC partners with individuals from government, education, the private sector, and service organizations to better leverage local resources.

CYC has a record of success, with 83 percent of high school students enrolled in programs reaching the next grade level, 96 percent of senior students enrolled in programs graduating from high school, and 85 percent of senior students successfully transitioning into post-secondary education, employment, or military enlistment.

The youth CYC serves face many obstacles including years in the foster care system, incarcerated parents, violence, substance abuse, and homelessness. In an effort to provide the most effective support system to each individual, CYC offers the following services:

Mentoring and Tutoring initiatives guide and encourage students to overcome the obstacles that are impeding their success. Mentoring takes place one-on-one, in a group, or at the work place. One-on-one mentoring programs are for 2nd through 12th graders and require an hourly weekly commitment for the duration of a year. CYC also offers more flexible group sessions, where tutors are available to students at the end of each school day. To positively impact college access and career development, workplace mentorship opportunities allow older students to visit CYC business and corporate partners once a month.

College Readiness and Success initiatives prepare students to graduate high school and succeed in college. Advisors work with students to create an academic plan, prepare for college entrance exams, navigate the financial aid and scholarship process, coordinate college campus tours, and seek out co-op and internship opportunities. The various programs support first-generation college students and economically disadvantaged students from the application process through the first year of college.

CYC college readiness and success initiatives serve students at Aiken-New Tech, CATC, Dater Montessori School, Hughes STEM, James N. Gamble Montessori, Oyler School, Riverview East Academy, Shroder, Withrow University, and Woodward Career Technical.

Career Preparation initiatives prevent high school dropouts by providing an experientially based elective course for students between the 10th and 12th grade, combining classroom work and student enrichment activities. The program, Jobs for Cincinnati Graduates, also provides support to students the year after completing high school to ensure a successful transition into the workforce, the military, or post-secondary education.

CYC career preparation initiatives serve students at Aiken-New Tech, Finneytown Secondary Campus, Oyler School, North College Hill High School, Purcell Marian High School, R.A. Taft Information Technology, Western Hills University High School, Winton Woods High School, Withrow University High School, and Woodward Career Technical.

School-Community Partnership initiatives link CPS to local businesses and organizations to encourage volunteerism among adults. More than 100 organizations have partnered with CPS schools by offering financial resources, mentoring and tutoring, internship and job shadowing opportunities, and assistance for school events.[103]

City Link

The City Link Center (CLC) is a multi-service center that assists tri-state residents to leave poverty and integrate into society. The CLC seeks out best practices and continually strives to be a best-in-class integrated service center. CLC partners include Smart Money, Cincinnati Public Schools (CPS), Cincinnati State Technical and Community College, Changing Gears, 4C for Children, Beech Acres, Free Store Food Bank, St. Vincent de Paul, Catholic Charities, and Eva Centers.

The target population of CLC programs is the working poor, who are defined by the US. Department of Labor as individuals who spend 27 weeks of the year employed but still fall below the poverty line. The working poor frequently struggle with unemployment, a limited educational background, unstable housing, and the lack of transportation.

Due to the fact that many individuals find it difficult to navigate the vast array of service options within the city, CLC works to provide integrated assistance to drug-free and mentally stable individuals over the age of 18. The CLC assists the working poor with:

Employment – The CLC partners with Cincinnati Works to help willing and capable individuals attain economic stability through full-time employment. Cincinnati Works partners with over 70 companies to offer entry-level positions with health benefits. To assist the working poor to attain jobs, the CLC offers the following services:

- Job Readiness Workshop – Workshops assist the working poor by coaching them on applications, references, interviewing, accountability, positive attitude, confidence, employer expectations, problem solving skills, conflict resolution, values, and health and wellness. Workshops also identify the strengths, skills, and qualifications of participants in regard to available positions.
- Job Search – Individuals learn how to search for jobs and connect with employers. Program participants are ultimately responsible for applying and interviewing for job opportunities.
- Job Advancement – For individuals who are employed, but still interested in pursuing career advancement opportunities, CLC provides additional job training, college application assistance, interpersonal skill development, and assistance to obtain a driver's license.

Financial – The CLC partners with SmartMoney Community Services to provide financial education. To help the working poor achieve their goals and find personal stability, the CLC offers standard banking services like checking accounts, savings accounts, loans, direct

deposit, and investment opportunities, as well as financial services like entrepreneurship training, matched savings incentive programs, and home ownership training.

Transportation – The CLC partners with Changing Gears, an organization that seeks to grant people access to affordable private transportation. The working poor are offered vehicles at a fair market price, without interest payments.

Education – The CLC partners with CPS to provide adult education services, including literacy programs and GED preparation. The CLC-CPS Fast Track Program transitions individuals with GEDs or high school diplomas into post-secondary education and the workforce. The program improves academic skills, teaches technology skills, and builds confidence about the future for participants.[104]

Community Learning Centers

The Community Learning Centers (CLCs) assists school districts in converting facilities into centers for educational, cultural, health, recreational, and social services. By converting buildings into specialized centers, facilities create an environment that fosters growth and development, as well as rejuvenate the local community.

In Cincinnati, the CLCs have spent the last decade developing one of the nation's few district-wide learning center plans. Learning Centers are open to the public outside of school hours and are designed around community involvement, self-governance through on-site resource coordinators, and partnering with local networks, services and leaders. Under guidance of the CLCs, Cincinnati Public Schools (CPS) has achieved many positive outcomes, including:

- Becoming the first urban district in Ohio to receive an "effective" rating.
- Having the highest performing urban district in Ohio.
- Raising high school graduation rates from 51 percent in 2000 to 82 percent in 2012.
- Earning the first district-wide Award of Excellence from the Coalition for Community Schools .

Centers operate as learning centers during the school day, weekends, and summer months. CLCs provide health services, counseling, nutrition education, parent and family guidance, after-school programs, early childhood education, career services, youth development programs, mentoring, and art.

Supporting Student Achievement – Community Learning Centers aim to encourage success among students, renovate the local community, and optimize the community's return on investment regarding school funding. All community centers have Local School Decision Making Committees that are made up of parents, school staff, and local community, business, and organizational leaders. The committees seek to affordably and sustainably make use of pre-existing resources.

Full-time Resource Coordinators work to meet the demands of the school and local community. Resource Coordinators form partnerships and implement services that will meet the personal needs of the community. To date, over $1 million worth of services have been provided to students and local residents through partnerships with over 600 CLC

partners. To ensure that the services being offered are relevant to residents, Resource Coordinators reach out to local residents through:

- Local School Decision Making Committees.
- On-site service partners (i.e. recreation, adult education, nutrition classes).
- Door-to-door attempts to introduce CLCs and seek support.
- Community events such as health fairs and recreational activities.
- Community service.
- Recruitment events for mentors.
- Community Conversation meetings with leaders from various schools.
- Community newsletters.
- Community Council meetings.[105]

Continuum of Care

The Continuum of Care (CoC) Program is a U.S. Department of Housing and Urban Development program designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by local providers to quickly re-house homeless individuals and families; promote access to and effective utilization of mainstream programs; and optimize self-sufficiency among individuals and families experiencing homelessness.

Strategies to End Homelessness, in collaboration with 30 homeless services organizations, works with the City of Cincinnati and Hamilton County to service the needs of the community relating to homelessness. Areas of work include:

- Shelter Diversion.
- Homeless Services Hotline.
- Street Outreach.
- Emergency shelter for singles and families.
- Transitional housing.
- Permanent Housing, including Rapid Re-Housing.
- Service-enriched permanent supportive housing programs.
- Specialized services-only programs.

The Continuum of Care process is outlined as follows:

- Funding allocation process involving non-profit organizations, key community stakeholders, as well as programs who receive funding from the U.S. Department of Housing and Urban Development.
- Assesses capacity and identifies gaps.
- Develops proactive solutions and serves as an inclusive vehicle to promote best practices.
- Evaluates outcomes data—high performing programs have a competitive advantage for receiving ongoing funding.
- Facilitates the allocation of funding to agencies through inclusive community process.
- Facilitates access to mainstream resources and services for the homeless.

- Works to develop policies and procedures to effectively target assistance directly to homeless persons.

An annual Continuum of Care grant application is submitted to the U.S. Department of Housing and Urban Development, which represents the product of the CoC process.[106]

Growing Well Cincinnati

Growing Well Cincinnati, a program supported by the StrivePartnership, focuses on ensuring access to quality health and wellness services for Cincinnati Public School (CPS) students and their families. Growing Well eliminates barriers to health services, like transportation, insurance, waiting lists, missed appointments, and culturally incompetent service delivery. The partnership also delivers health care services in a unified fashion through school-based health care. School-based health services are essential to fostering healthy students and promoting a more effective learning environment. In order to effectively reach students, school-based health care has been integrated with CPS Community Learning Centers (CLCs). The CLCs model has increased the availability of health services community-wide, and has also encouraged an attitude of collaboration between service providers and the community.

Over 30 organizations support the Growing Well initiative, such as CPS, local hospitals, neighborhood clinics, the Cincinnati Health Department, the Academy of Medicine, Jobs & Family Service, Legal Aid, YMCA, and community mental health providers. By growing the network of partners, community needs can be more readily met across all fields of service.

Growing Well Cincinnati focuses on the following four main strategies:

- Creating new in-school sites to deliver services.
- Tracking and documenting health improvements.
- Ensuring that the service system is integrated and coordinated.
- Ensuring that all students receive the multitude of services they need, including nutritional, physical activity, mental health, dental care and primary care programs.

Recently, new services have been added to meet the needs of adolescents, which represent a medically underserved group. Three new centers have been established in Oyler, Hughes, and Woodward High Schools, with additional centers being planned. CPS has successfully increased student attainment since the implementation of Growing Well Cincinnati. High school graduation rates have increased from 51 percent in 2000 to 83 percent in 2009. Cincinnati Public Schools also became the first urban district in Ohio to receive an "effective" rating in 2009-10, the highest rating among urban school districts in the state.[107]

Head Start

The National Head Start Association offers preschool education and prepares children and parents for kindergarten and school. The Head Start (HS) program is federally funded and uses both internal services and referrals to ensure children are developing properly and receiving proper physical, oral, nutritional, and mental care. The program is free to pregnant women, their infants, toddlers, and children (including special needs) through age 5 who are not yet eligible for kindergarten.

Similarly, Early Head Start (EHS) engages pregnant women and children up to 3 years old. To participate, families must meet low-income eligibility requirements. Head Start's Home-Based program is offered to aid parents in the development of their child. This program exists as an alternate option for traditional preschool, choosing instead to work with the child one-on-one. Trained visitors travel to the home on a weekly basis and instruct the parent on exercises that meet the child's specific developmental concerns. In addition to preparing children for academic success, the program educates families on nutrition and strives to ensure that every child receives quality health care. Head Start also puts emphasis on educating pregnant moms, and supports them through:

- Prenatal education
- Nutritional counseling
- Personal home visits
- Childbirth education
- Growth, development and health education
- Breastfeeding education
- Parenting classes on newborn care
- Fatherhood education

The Involved Males & Fathers Program is part of the HS program and was designed to involve fathers, uncles, grandfathers, or other male caregivers of Head Start children. The program offers men the foundation needed to encourage healthy growth and be a positive influence for the child. HS centers offer programs for men such as Donuts for Dads, Reading Circle, Lunch with Dads, and a Wall of Fame. Male caregivers develop skills for helping their Head Start child grow. These include becoming self-sufficient, training for new dads, building a child's self-esteem, conflict resolution, and coping as a single father.

The effectiveness of Head Start programs has been widely evaluated and self-monitored. Research shows positive effects on HS graduates' reading, vocabulary, and literacy skills by the end of kindergarten. Research has also found that parents of HS children are more likely to read to their child more regularly than parents who did not enroll their child in a HS program. Long-term educational benefits have also been suggested.

Graduates of HS and EHS are in general less likely to repeat a grade level, or to drop out of school. Research has also pointed to financial benefits of HS programs. A study done in San Bernardino County, CA, showed almost $9 in savings or benefits for every dollar spent on the program. Examples of economic benefits include decreased welfare participation and an increase in employment and financial security. Additionally, HS graduates are less likely to have encounters with the juvenile justice system than their peers who did not participate in HS.[108]

Lighthouse Youth Services

Lighthouse Youth Services is a not-for-profit social service agency in Hamilton County. The mission is to advance the dignity and wellbeing of children, youth, and families in need. Lighthouse Youth Services does this with integrated programs serving children, youth, and families. Lighthouse serves families in crisis, homeless young people, youth seeking self-sufficiency skills, and neglected and abused children in foster care. The programs include:

Lighthouse Sheakley Center for Youth offers a daytime drop-in center that provides a daily meal, showers, laundry, access to computers, limited medical care, and case management services. The co-located 28-bed shelter provides emergency housing for young adults for up to 30 days and case management to assist them in setting goals for employment, school, and finding housing.

Lighthouse Youth Housing Opportunities provides scattered site and supervised apartment living for youth ages 17 to 25 who are in the custody of the child welfare system, aging out of the child welfare system, and young adults ages 18 to 25 who are experiencing homelessness. Each youth is provided with a furnished apartment and basic household supplies and case management services to teach clients life skills and to guide each youth toward self-sufficiency while living independently.

The Youth Crisis Center is an emergency shelter and hotline service that provides crisis intervention and a safe haven for young people when their living situation is disrupted or endangered. The program is fully staffed 24 hours a day, 365 days a year.

New Beginnings (for girls) and the Youth Development Center (for boys) are therapeutic, community-based residential programs for teenagers who have often been unsuccessful in other out-of-home placements. Typically clients are victims of physical and sexual abuse and/or may suffer from emotional and mental health problems. Residents learn self-sufficiency skills that will enable them to resolve family and personal issues. A psychiatrist, social workers, and well-trained staff help youth with their problems and challenges.

Lighthouse Community Management Program provides transitional services for youthful offenders returning to the community after a period of out-of-home placement and/or correctional institution placement. These services are provided through the Intensive Aftercare Program that targets mental health, substance abuse, or other interpersonal and social deficits that interfere with a youthful offender's ability to successfully re-integrate to the community.

Lighthouse Community School is chartered by Cincinnati Public Schools and exists primarily to provide accredited academic services to students in the child welfare system. The community school takes into consideration the fact that Lighthouse clients typically do not respond well to traditional educational models. The school also provides drop out recovery classes.

Help Me Grow provides central intake, support, and service coordination for families of infants and toddlers who are at-risk or are experiencing developmental delays. Staff members assist parents in helping their children grow and learn by facilitating their children's development and keeping them safe and healthy. Help Me Grow staff also connects families with other services in the community that will assist in their child's continuing development.

Family Outreach Program (FOP), Gender Responsive Services, Evidence-Based Trauma Treatment, Intensive Home Based Treatment (IHBT) and Intensive Family Intervention Services – This division provides diagnostic assessments, individual and family therapy, and psychiatric pharmacological management for children and youth in the

greater Cincinnati community. The treatment model and level of intensity is based on preference and the assessment. Lighthouse (FOP and IHBT) therapists provide intensive, in-home counseling, and support services to families who are at high risk for family separation and to youth and families when youth are stepping down from a residential facility or group home to foster care, their own home, or independent living.

Lighthouse Functional Family Therapy and Substance Abuse Services (FFT/SA) – Lighthouse therapists and case managers provide intensive services in client homes, communities, schools, and other agencies during traditional and non-traditional hours, including weekends. Lighthouse Individualized Docket Services utilizes Functional Family Therapy, an evidence-based best practice model, to work with families 12-16 weeks. Lighthouse Individualized Docket Services' system of care and treatment is child/youth centered, family focused, home/community based, and culturally competent. The program helps clients and their families identify and utilize their strengths and assets, as well as community resources and supports.

Case Management/Way to Wellness Services – These services seek to improve the self-sufficiency of youth with identified mental health diagnoses by matching these youth with supportive case managers who can provide mental health interventions that address symptoms, behaviors, thought processes, and eliminate barriers.

Wrap Around Services – These provide a wide variety of short term, time sensitive services for youth and families. Primarily, the services are directed toward preventing placement in out-of-home care or to help transition children from out-of-home care to a less restrictive placement or to their families.

There are several specialized teams trained to work specifically with the varied needs that the youth may have:

- A team to work with children with developmental disabilities or autism.
- A team to work with youth in partial hospitalization or at-risk of being expelled from school.
- A team of life coaches for youth entering independent living.

School Based Services – School based services offer support and assistance to students by maintaining school placements or easing transitions to less restrictive school settings. Individual Aides offer feedback, encouragement, and redirection to reduce disruptive behaviors in the classroom. Case Managers collaborate with the school personnel to identify students with possible mental health concerns. The case managers assist the families in connecting to appropriate services and resources to meet their individual needs.

Lighthouse Youth Center-Paint Creek – This facility provides intensive residential rehabilitation services to 65 adolescent males who have been adjudicated delinquent for the commission of felony I and felony II offenses. The Paint Creek Academy is a private High School that is also located on the grounds of the residential center and provides a High School diploma or GED to the boys who reside at Paint Creek. Youth are referred from juvenile courts or the Department of Youth services.

Youth Counseling Services – This program provides case management and counseling services to boys and girls ages 12 to 18 in order to reduce recidivism and perpetration of

sexual abuse. This is a community based treatment program for adolescent sexual offenders who have been adjudicated to the juvenile court system. Referrals are accepted from the Juvenile Court Probation Department.

Lighthouse Assertive Community Treatment – This program provides an evidenced based model of service delivery by employing intensive case management services to adolescents and young adults with severe and pervasive mental health problems.

Lighthouse Foster Care & Adoption – This program provides foster care services for abused and neglected children who are referred by local children's services agencies and juvenile courts. Emergency referrals and placements are accepted. Foster parents can also become licensed by Lighthouse to adopt children in their care.[109]

Partners for a Competitive Workforce

Partners for a Competitive Workforce (PCW) is a workforce coordination partnership that fosters connections between educational and community programs and regional employers. PCW provides workforce solutions and talent for employers by assessing their needs and developing a specific plan to utilize workforce services. The PCW operates throughout the Cincinnati tri-state area to coordinate the region's workforce development efforts.

In 2013, PCW joined the Cincinnati USA Regional Chamber and The StrivePartnership to create the Talent Pipeline Initiative, which focuses on creating career exploration opportunities for students, as well as providing professional development opportunities for K-12 teachers. The goal is to prepare the region's workforce for in demand jobs. By working with the Greater Cincinnati STEM Collaborative, PCW is able to expose students to opportunities within STEM careers.

The Greater Cincinnati Health Council's TAP MD program encourages career exploration among select high school students who are undecided on their future career goals. To participate in this program, students must perform well academically (29 ACT and/or 1300 SAT) and demonstrate a positive and motivated attitude. TAP MD's goal is to find "untapped" talent in high school students, and encourage them to pursue a career in medicine, growing the number of future physicians in the region.

TAP MD's goal is that over 50 percent of their students will pursue a career in medicine after completing the program. Yearly surveys of program participants indicated that:

- Year One (2011) – 8 out of 14 students indicated that they were going to pursue med school (57%).
- Year Two (2012) – 18 out of 25 indicated that they are going to pursue med school (72%).
- Year Three (2013) – 24 out of 27 indicated that they are going to pursue med school (89%).[110]

ProKids

ProKids is a not-for-profit organization that seeks to provide every child with a permanent, safe, and nurturing home, as well as remove children from environments characterized by abuse or neglect. ProKids believes that community involvement and advocating for mistreated children will lead to breaking the cycle of abuse. Due to the cycle of abuse's tendency to pass from one generation to the next, ProKids aims to replace the cycle with one of safety and confidence. Although ProKids continually reaches an increasing number of needy children, there are many more that still require protection from abuse.

The goal of ProKids is to help every needy child within the next five years. To achieve their goal, ProKids established the Building Blocks initiative to work with children under 3 years of age. The organization also founded Step to Peace (StoP) to assist children who have experienced domestic violence.

In addition to the aforementioned initiatives, ProKids supports children in the Hamilton County child protection system. ProKids enlists and trains Court Appointed Special Advocates, CASA volunteers, who act as a liaison for the children. With over 2,500 children entering the child protection system because of neglect or abuse, CASA works to ensure that every child's needs are being met by serving as a voice to speak on their behalf. National research indicates that 99 percent of children who are partnered with CASA volunteers do not experience child abuse or neglect. Children in the program also experience fewer moves between homes and spend less time in foster care.

For their Building Blocks, Step to Peace, and CASA initiatives, ProKids has been awarded the Promising Practice Award at the Attorney General's Victims of Crime Conference. ProKids is the only Ohio based organization to win the award on three occasions. [111]

Safe and Supported: Hamilton County LGBTQ Youth Homelessness Prevention Initiative

The LGBTQ Youth Homelessness Prevention Initiative is led by the U.S. Department of Housing and Urban Development and is designed to develop and implement a plan for LGBTQ youth homelessness prevention and intervention. Their goals are to learn more about preventing homelessness for LGBTQ youth and to intervene early to prevent chronic homelessness.

The Initiative's objectives are to:

- **Facilitate greater local collaboration between stakeholders working with youth** – Develop and implement a community strategy to prevent homelessness among LGBTQ youth who are at-risk or who are experiencing episodic (i.e. non-chronic) homelessness.

- **Inform regional and national strategies for preventing homelessness among LGBTQ youth** – Identify promising practices and process challenges and inform future federal program guidance and policy.

Strategies for the Initiative are centered around the HUD Emergency Solutions Grant program and will be integrated into their HUD consolidated plan. The Initiative and participating community seek to address the following:

- **Determine the target population** by coming to a consensus on how the community defines youth homelessness, at risk of homelessness, and LGBTQ.
- **Include appropriate partners**, such as drop-in centers, schools, youth-specific providers, and other services and settings where target youth congregate.
- **Incorporate the youth framework**, by applying the *Unaccompanied Youth Intervention Model* described in the *Framework to End Youth Homelessness* from the U.S. Interagency Council on Homelessness.

Hamilton County's lead for this initiative is Lighthouse Youth Services, in partnership with Strategies to End Homelessness. The project is also supported by the Steering Committee, whose members include:

- Caracole
- Gay Lesbian and Straight Education Network (GLSEN)
- The Partnership Center
- Mayor Cranley's Office
- Cincinnati Public Schools
- Cincinnati Police Department
- Planned Parenthood of Southwest Ohio Region
- Heartland Trans* Wellness Group
- YWCA of Greater Cincinnati
- Human Rights Campaign
- Hamilton County Job and Family Services

Numerous other individuals and organizations are participating in the planning process.[112]

StrivePartnership

The StrivePartnership[113] serves as a catalyst for working together, across sectors, and along the educational continuum, to drive better results in education for every child in Cincinnati and Northern Kentucky from cradle to career. The partnership consists of key leaders in the urban core, including school district superintendents, college and university presidents, major foundations and other funders, not-for-profit organizations, business leaders, and hundreds of additional community stakeholders, all of whom are driven by five shared goals that every child should:

- Be prepared for school
- Be supported in and out of school
- Succeed academically
- Complete some form of postsecondary education or training, and
- Enter and advance in a meaningful career

While each partner works toward achieving these shared goals individually, the StrivePartnership acts to bring them together, and focuses on aligning our community's collective resources around strategies that are proven effective in order to accelerate results in student achievement.

To measure its progress, the StrivePartnership tracks and reports on eight key indicators for student achievement: kindergarten readiness, 3rd and 4th grade reading, 8th grade math, high school graduation rates and ACT scores, and postsecondary enrollment, retention, and completion. The significance of these indicators for overall student achievement is captured in the figure above.

This collective approach is generating results. While we still have a long way to go, 89 percent of the indicators the partnership tracks and reports on annually were trending in the right direction in 2012-13, compared to 81 percent the year before, and just 68 percent three years ago.

Specific examples of how the StrivePartnership drives action around its indicators and supports capacity building for its partners are detailed below.

Kindergarten Readiness and 3rd/4th Grade Reading – Decades of research and data from some of the country's leading economists, educators, and neuroscientists prove that investing in early childhood and early grade-level reading yield greater returns than investments at any other point in a person's life. With strong leadership from United Way's Success By 6® in Cincinnati and Northern Kentucky, our region has been investing in early childhood education for the past decade, particularly in two core strategies: best practice home visiting and expanding access to quality early childhood education, or quality preschool.

The StrivePartnership is now playing a leading role with Success By 6® and dozens of other local partners to accelerate this progress through Read On! – a regional campaign to improve outcomes in early childhood and early grade-level reading. Read On! will raise capital, scale practices that are proven to work for children from birth to age 9, and support schools and families in children's early learning and development. A major component of Read On! is the Cincinnati Preschool Promise, an independent initiative to ensure that every child has the opportunity to get a fair start by providing access to two years of high quality preschool at ages 3 and 4.[114]

8th Grade Math, ACT scores, and High School Graduation – The jobs outlook in our region is changing, and a high school diploma is no longer sufficient training for the majority of careers. In fact, the *2020 Jobs Report*, published by the StrivePartnership, Partners for a Competitive Workforce, Agenda 360, and Vision 2015, found that 95 percent of all jobs in our region paying $33,100 or more will require some combination of postsecondary education, on-the-job training, and/or work experience beyond one year by 2020. Thirty-one percent of these higher paying jobs will require a Bachelor's degree or higher. Research shows that 8th grade math (algebra) and ACT scores are two of the biggest predictors of postsecondary readiness and retention.

The StrivePartnership works with school districts, postsecondary institutions, employers, and other partners to support students with personalized and career-connected learning

experiences in and out of school. This increases the likelihood that they will graduate from high school prepared for college and careers.

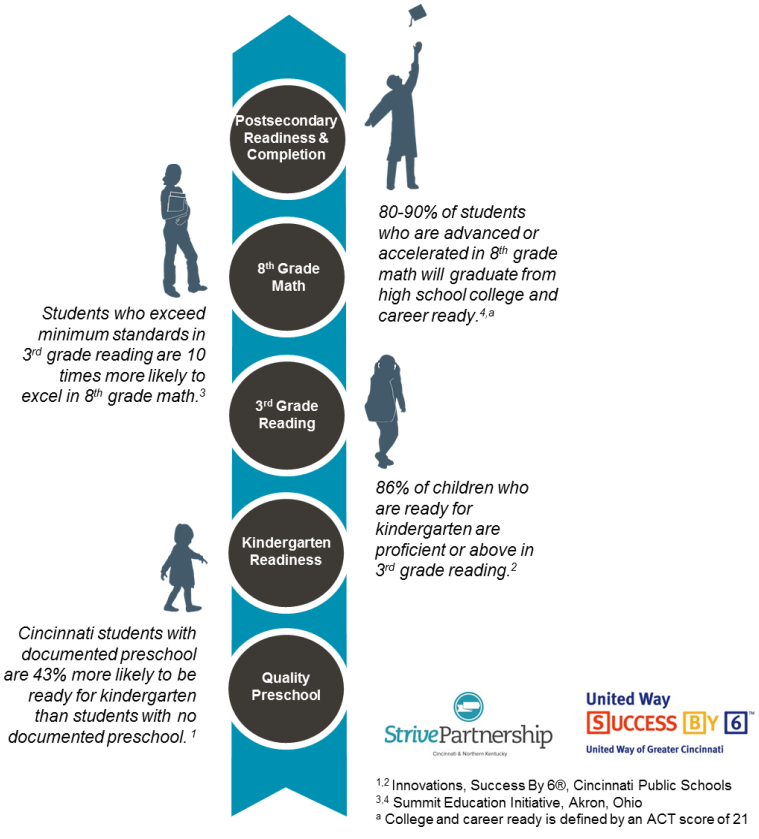
The Talent Pipeline Initiative, a joint initiative of the StrivePartnership, Partners for a Competitive Workforce, and the Cincinnati USA Regional Chamber of Commerce, is focused on creating opportunities for students to have meaningful, age-appropriate, and career-based learning experiences. This initiative engages them and prepares the youth to succeed in college, career, and life. The goal is to deepen employer engagement, identify and deploy proven career-based curricula, and build a sustainable system that enables every student in grades 4-12 throughout the eight county metro regions to have at least one career-based learning experience each semester.

The Greater Cincinnati STEM Collaborative complements the Talent Pipeline Initiative, working to create more authentic STEM (Science, Technology, Engineering, and Math) learning experiences for students and professional development opportunities for educators.

Postsecondary Enrollment, Retention, and Completion – A collaboration of leaders from all four of the region's postsecondary institutions (University of Cincinnati, Cincinnati State, Gateway Community and Technical College, and Northern Kentucky University) have been working together to identify and act on a common set of strategies that impact postsecondary enrollment, retention, and completion rates.

Their strategies include intrusive advising, early warning systems, establishing cohorts and learning communities to support students, and increasing career development tools and opportunities. With funding from the Lumina Foundation, this collaborative and the K-12 school districts in the urban core launched The Persistence Project to identify and deploy effective strategies for improving math competency and reducing remedial math education in order to improve postsecondary retention.

Data Analytics and Continuous Improvement – Data-driven decision making is imperative to ensure that resources (funding and people) are flowing toward interventions and strategies that positively impact student achievement and to make adjustments where needed to better serve students.



The StrivePartnership is building its capacity to provide real-time predictive and regression-based analytics to enable partners to make more effective, real-time decisions about how they serve students and the impact of various interventions on achievement. They are also working on an emerging continuous improvement partnership with Cincinnati Children's Hospital Medical Center (CCHMC). The joint venture will take the approach and curriculum that CCHMC has made a national standard and adapt it for use in the cradle to career collective impact space, with a focus on rigorous continuous improvement processes and implementing small tests of change to drive student outcomes. The StrivePartnership will be focused on engaging community leadership, schools, and supporting organizations in these trainings to drive organizational and cultural change.

Mobilizing Community Volunteers around Shared Outcomes – Data shows that students in Cincinnati Public Schools with one-on-one tutors make gains in reading and math that are 2.5 to 3 times greater than students without tutors. Be the Change is a collaborative volunteer tutor recruitment effort led by the StrivePartnership, United Way of Greater Cincinnati, and Cincinnati Public Schools with a simple goal – to recruit, train, place, and support enough volunteer tutors in Cincinnati Public Schools so no child who needs a tutor goes without. In 2012-13, Be the Change placed almost 650 tutors from the community and about 30 companies in 17 schools.[115]

Success by 6®

Throughout the ten county regions that comprise Greater Cincinnati, Success By 6® is the driving force to achieve a shared vision that "all children are optimally safe, healthy and prepared to succeed in kindergarten." Success By 6® is not a program, but rather a catalyst for system changes and action. It is a movement that seeks broad-based solutions, encouraging schools and communities to adopt strategies that foster kindergarten readiness and supporting programs that work with children and families to meet their developmental and early learning needs. The ability to achieve sustainable impact is contingent on this child-centric philosophy.

As a strategic initiative of United Way of Greater Cincinnati, Success By 6® convenes a cross section of partners to align efforts and use common indicators to measure progress. National research supported by local data shows that two strategies, evidence-based home visiting and high quality early childhood education, are proven approaches to assure children are prepared. Expansion of these strategies is a primary focus; efforts to increase awareness and demand are key to creating public will and support for expansion.

Success By 6® works with partners to achieve the region's bold goal "By 2020, at least 85 percent of children will be prepared for kindergarten." Four strategic objectives guide the work:

- Increase awareness and create demand for quality and progress.
- Measure progress and evaluate the impact of agreed upon strategies.
- Increase parents' and provider's ability to meet developmental and early learning needs.
- Improve coordination, expand best practices, and determine resources needed to close gaps.[116]

Talbert House

The Talbert House is a not-for-profit network of social services that provide the community mental health care, community corrections, substance abuse interventions, and welfare-to-work programs. Their mission is to improve social behavior and enhance personal recovery and growth. By employing a culture of innovation, the Talbert House constantly utilizes new services to fulfill the community's changing needs.

The Talbert House focuses on quality, integrated care, and the fiscal strength of the organization. Their services encompass the following five areas:

- **Adult Behavioral Health –** Mental health and substance abuse evaluation and treatment.
- **Community Care –** Community outreach prevention and education, employment and workforce development, the Fatherhood Project, social enterprises, and victim service centers.
- **Court and Corrections –** Residential and court treatment services in the community, halfway houses, and community based correctional facility and jail settings, individualized treatment plans and services based on research and best practices.
- **Housing –** Assists transitional youth, adults and families through permanent housing, transitional housing, and rent vouchers/subsidies.
- **Youth Behavioral Health –** Mental health and substance abuse services, including prevention, case management, and outpatient treatment.

Talbert House's primary service area is Brown, Butler, Clermont, Hamilton, and Warren counties in Ohio and Kenton County in Kentucky. Talbert House also serves additional counties in the region including Adams, Champaign, Clark, Darke, Fayette, Greene, Highland, Miami, Montgomery, and Preble. [117]

United Way Bold Goals for Our Region

United Way of Greater Cincinnati and its partners are working hard to improve the quality of life for all in our region – getting more kids ready for school and life, more families stable, and more people healthy. That's why United Way brought partners from throughout the region who share that vision together to create the Bold Goals for Our Region, six aspirational goals in the areas of education, income and health that, if achieved, can help create a better quality of life for all. Partners from health and human services, businesses, education and government came together to create the goals in 2011. By 2020, through a similar collective effort, the goal is that:

- At least 85 percent of children will be prepared for kindergarten.
- At least 85 percent of youth will graduate from high school (prepared for life, college, and career).
- At least 45 percent of adults will have an associate's degree or higher.
- At least 90 percent of the labor force will be gainfully employed.
- At least 70 percent of the community will report having excellent or very good health.

- At least 95 percent of the community will report having a usual and appropriate place to go for health care.

Education Bold Goals – The educational Bold Goals lay the foundation for a brighter future for all. Children who are ready for kindergarten are more likely to stay on track and in school. Teens who finish high school are more likely to be employed. The indicators that are used to evaluate educational attainment are:

- Early childhood school readiness
- High school graduation rates
- Population ages 25 and older with an associate's degree or higher
- Grade level assessment
- STEM degrees awarded

Income Bold Goals – Whether or not our neighbors have jobs that can support their family matters to all of us. A stable income and gainful employment is one of the building blocks to a better quality of life. The indicators that are used to evaluate success are:

- Gainful employment
- Inclusive unemployment
- 200 percent poverty
- Total jobs
- Per capita income
- Housing opportunity index
- Annual unemployment rate
- Average annual wage
- Creative jobs
- Knowledge jobs
- Cost of living index
- Metro GDP
- Venture capital

Health Bold Goals – Good health plays a crucial role in ensuring that a child is prepared for learning, and later, is a key to financial stability. The indicators that are used to evaluate health Bold Goals success are:

- Excellent or very good health
- Access to a usual source of health care
- Percentage uninsured
- Infant mortality
- Overweight or obese
- Air quality
- Child maltreatment
- Health
- Status index
- Underage substance abuse
- Percentage of adults smoking
- Water quality

- Solid waste
- Low birth weight[118]

Urban League

The Urban League of Greater Cincinnati addresses the key challenges facing African Americans in Greater Cincinnati. The Urban League provides an array of programs and services that help individuals and families become economically self-sufficient. The main focus of the programs are youth, jobs, and justice. Programs foster an inclusive community, a more developed workforce, local businesses, and entrepreneurships.

The Urban League of Greater Cincinnati has a variety of youth programs that guide youth as they confront the problems they face. These programs include leadership training, computer skills development, college scholarships, after school programs, educational seminars, community service projects, employment opportunities, juvenile justice system re-entry programs, and more. The following programs work to improve youth outcomes:

- **African American Leadership Development Program (AALDP) –** A ten-month program that assists African American men and women develop their leadership and motivational skills. AALDP also educates participants on community and corporate engagements that foster change, as well as encourage their participation. Program members learn through lectures, discussions, and direct hands-on experiences related to living and working within the Greater Cincinnati community.
- **Community Police Partnering Center** – A partnership between community stakeholders and members of the Cincinnati Police Department that works to develop and implement effective crime reduction strategies. In an effort to reduce crime, the Center facilitates positive engagement and increased trust between the police department and neighborhoods.
- **Ohio Urban Youth Empowerment Program/FACE Forward (UYEP) –** A three-year program that reintegrates youth who are currently involved in the juvenile justice system. The objective is to improve the long-term labor market prospects of convicted juvenile offenders and young people who have yet to be adjudicated.
- **After School League –** A program that serves students from Rockdale Academy, South Avondale Elementary, and Woodward Career and Technical High School by providing a safe and supportive environment to young people. The program works to improve the math and reading abilities of students by offering individual and small group tutoring opportunities.
- **Project Ready –** A nine-month leadership development program that helps students establish long-term goals and strategies to succeed later in life. Students attend scheduled meetings, participate in field trips, and take part in group discussions. Along with developing goals, students learn about a wide range of topics that are related to success as an adult and are actively encouraged to partake in community service.[119]

Youth at Risk of Homelessness Planning Grant

The Youth at Risk of Homelessness (YARH) Planning Grant is a project funded by the Administration of Children, Youth, and Families, which seeks to help youth populations at risk of chronic homelessness. They identify three populations at high risk of chronic

homelessness: 1) youth entering foster care ages 14 to 17; 2) youth aging out of foster care at age 18; and 3) youth who are currently homeless with a history of foster care. The four core areas of their focus are providing stable housing, social and emotional wellbeing, permanent connections, and education/employment.

The YARH Planning team is working to develop and implement a plan with the goal of preventing homelessness for youth in the child welfare system. Their objectives are:

- **Improve system capacity for serving youth** – strengthen and coordinate state and local systems to effectively and efficiently meet the community's needs and improve outcomes.
- **Improve the data system** – build an integrated data system that allows for faster response to youth needs.

The key partners on the YARH grant are Lighthouse Youth Services, Ohio Department of Job & Family Services and Hamilton County Job & Family Services. The project is also supported by the Steering Committee, composed of:

- Lighthouse Youth Services
- Ohio Department of Job and Family Services
- Hamilton County Job and Family Services
- Cincinnati Public Schools
- Hamilton County Juvenile Court
- Strategies to End Homelessness
- Hamilton County Mental Health and Recovery Services Board
- The Partnership Center
- Southwest Ohio Region Workforce Investment Board
- Lighthouse Youth Advisory Council (current and former foster youth)
- Cincinnati Metropolitan Housing Authority

Additional community organizations and individuals are participating in planning activities.[120]

Youth 2 Work

Cincinnati's Youth 2 Work Program (Y2WK) is a consortium of City departments, local not-for-profit organizations, and an annually selected service provider to recruit, train and employ youth on behalf of the City of Cincinnati. The program takes place during summer and employs youth ages 14 to 21 in part- and full-time jobs in a variety of fields, including horticulture, recreation, police, art, technology, and science. The goal of Y2WK is to foster academic, personal, and professional growth through real-world work experience and networking opportunities with not-for-profit organizations and City of Cincinnati professionals.

During the eight-week summer program, students receive job readiness, professional development, and financial literacy training. Outcomes are tracked by pre- and post-work readiness and employment satisfaction assessments given to all students. Key indicators to measure Y2WK's objectives are:

- **Youth Demographics** – number served by race, gender, and household income (i.e. average of 40 percent participants meet federal low income guidelines).
- **Student Success** – gained awareness in job readiness, workplace expectations, professionalism, financial literacy, and employer satisfaction outcomes.
- **Program Financials** - cost of the program and cost per student (effective programming for students and administrative costs).

2013 Y2WK consortium members include:

- GCWW/MSD
- Health Department
- Law Department
- Parks Department
- Recreation Commission
- ArtWorks, Inc.
- Urban League of Greater Cincinnati

The Urban League of Greater Southwestern Ohio was selected as the 2014 vendor for Y2WK, along with partners Cincinnati-Hamilton County Community Action Agency and Easter Seals TriState.[121]

Appendices

Indicator index

Demographics

Youth under 18: This dataset looks at the distribution of youth under 18 throughout the 51 neighborhoods in Cincinnati. This indicator is the summary of the U.S. Census Bureau, 2010 Decennial Census and 2012 American Community Survey. 2010 Census data was compiled at the neighborhood level using census tracts and block groups. 2012 American Community Survey data was used to measure the citywide demographics of Cincinnati. **Sources:** U.S. Census Bureau, 2010 Decennial Census & 2012 American Community Survey.

Youth under 5: This dataset looks at the distribution of youth under 5 throughout the 51 neighborhoods in Cincinnati. This indicator is the summary of the U.S. Census Bureau, 2010 Decennial Census and 2012 American Community Survey. 2010 Census data was compiled at the neighborhood level using census tracts and block groups. 2012 American Community Survey data was used to measure the citywide demographics of Cincinnati. **Sources:** U.S. Census Bureau, 2010 Decennial Census & 2012 American Community Survey.

Youth by race/ethnicity: This indicator is the summary of the U.S. Census Bureau, 2010 Decennial Census and 2012 American Community Survey. 2010 Census data was compiled at the neighborhood level using census tracts and block groups. 2012 American Community Survey data was used to measure the citywide demographics of Cincinnati. Youth segments for the population aged 21 and younger are divided into segments of under 5 years of age, 5 to 9 years, 10 to 14 years, 15 to 17 years, 18 and 19 years, 20 years, and 21 years old. The race and ethnicity profiles are based upon the major race groups of Black or African American, non-Hispanic White, Hispanic, and Asian. Other segments were not included due to the very small sample size and lack of significant data available that could be aggregated at the current 51 individual neighborhoods in Cincinnati. Note that Cincinnati's Statistical Neighborhood Approximations, which define neighborhood boundaries, changed from 2000 to 2010, and are subject to future changes. **Sources:** U.S. Census Bureau, 2010 Decennial Census & 2012 American Community Survey.

Youth by gender: A high level view of the distribution of gender amongst the previously mentioned youth segments. **Source:** U.S. Census Bureau, 2010 Decennial Census and 2012 American Community Survey.

Single versus both parent household: The frequency of family head of household aggregated at the city level. The Census Bureau's definition is that a family consists of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. **Source:** U.S. Census Bureau, 2012 American Community Survey.

Education

Kindergarten readiness: This indicator measures the Kindergarten Readiness Assessment-Literacy (KRA-L) composite scores of Cincinnati Public School students during the 2013-14 school year. The KRA-L assists educators to evaluate literacy skills at the beginning of kindergarten year. The KRA-L measures answering questions, sentence repetition, rhyming identification and rhyming production, letter identification, and initial sounds. Students receive a composite score: on a scale from 0-29, 19 and above is considered "on track". **Source:** 2014 INNOVATIONS in Community Research and Program Evaluation at Cincinnati Children's Hospital Medical Center: *Greater Cincinnati Community Kindergarten Readiness Report – KRA-L Assessment Report*.

Fourth grade reading: This indicator measures the percentage of Cincinnati Public School fourth grade students that scored at or above proficiency on Ohio Achievement Assessment in reading. Proficiency rates are calculated at the district level and according to the following student segmentations: African American, Asian, non-Hispanic white, Hispanic, multiracial, economically disadvantaged, have limited English abilities, and/or have a disability. The Ohio Reading and Mathematics Achievement Assessments measure how well students have learned reading and math concepts in grades three to eight. Tests are designed for Ohio students and are based on Ohio's Academic Content Standards. **Source:** 2012-13 Ohio Department of Education.

Eighth grade math: This indicator measures the percentage of Cincinnati Public School eighth grade students that scored at or above proficiency on Ohio Achievement Assessment in mathematics. Proficiency rates are calculated at the district level and according to the following student segmentations: African American, Asian, non-Hispanic white, Hispanic, multiracial, economically disadvantaged, limited English abilities, and/or have a disability. **Source:** 2012-13 Ohio Department of Education.

Graduation rate: This indicator measures the percentage of Cincinnati Public School students who graduated within four or five years. Graduation rates are calculated at the district level and according to the following student segmentations: African American, Asian, non-Hispanic white, Hispanic, multiracial, economically disadvantaged, limited English abilities, and/or have a disability. The four-year adjusted cohort ("on time") graduation rate is calculated by dividing the number of students who graduate in four years or less by the number of students who form the final adjusted graduating class. This final adjusted cohort includes students who are identified as first-time 9th graders four years earlier. The five-year adjusted cohort graduation rate is calculated by dividing the number of students who graduate in five years or less by the number of students who form the final adjusted graduating class. **Source:** 2012-13 Ohio Department of Education.

Workforce Development

Teens not in school and not working: This indicator measures the percentage of teenagers ages 16 to 19 who are not enrolled in school and not employed on a full- or part-time basis. It measures the percentage of teens not working or in school across the United States; the state of Ohio; Hamilton County; Cincinnati, OH; Columbus, OH;

Cleveland, OH; Indianapolis, IN; Louisville, KY; and Pittsburgh, PA. **Source:** U.S. Census Bureau, 2012 American Community Survey.

Youth unemployment rate: This indicator measures the percentage of youth ages 16 to 24 that are unemployed. It measures the youth unemployment rate across the United States; the state of Ohio; Hamilton County; Cincinnati, OH; Columbus, OH; Cleveland, OH; Indianapolis, IN; Louisville, KY; and Pittsburgh, PA. **Source:** U.S. Census Bureau, 2012 American Community Survey.

Youth not attending school: This indicator measures the ratio and total number of the young people ages 18 to 24 not attending college. It measures the number and ratio of youth across the United States; the state of Ohio; Hamilton County; Cincinnati, OH; Columbus, OH; Cleveland, OH; Indianapolis, IN; Louisville, KY; and Pittsburgh, PA. **Source:** U.S. Census Bureau, 2012 American Community Survey.

Single-parent female head of household unemployment rate: This indicator measures the number and percentage of single-parent female head of households who are unemployed. It measures the unemployment rate of single-parent female head of households across the United States; the state of Ohio; Hamilton County; Cincinnati, OH; Columbus, OH; Cleveland, OH; Indianapolis, IN; Louisville, KY; and Pittsburgh, PA. **Source:** U.S. Census Bureau, 2012 American Community Survey.

Developmental Opportunities

Youth programs: This indicator measures the geographic availability of seven different developmental opportunity programs for Cincinnati children. The locations of Cincinnati and Hamilton County Public Libraries, Recreation Centers, Community Learning Centers, YMCA's, YWCA's, Boys and Girls Clubs, Public Parks, and the Head Start Programs were plotted on a map. Addresses falling outside the city of Cincinnati's boundaries were not accounted for. Neighborhoods were ranked based on the number of locations within their boundaries. **Sources:** 2014 Cincinnati and Hamilton County Public Library, 2014 Cincinnati Recreation Commission, 2014 Community Learning Centers, 2014 YMCA/YWCA's, 2014 Boys and Girls Club, and 2014 Community Action Agency.

Community Learning Centers: This indicator shows the types of services being provided at each Community Learning Center, as well as the number of students utilizing services. It is important to note that a single student can be enrolled in more than one service at a time, so students may be accounted for multiple times. **Source:** 2014 INNOVATIONS in Community Research and Program Evaluation at Cincinnati Children's Hospital Medical Center: *Cincinnati Public Schools*.

Tutoring enrollment: This indicator shows the number of students enrolled on tutoring programs at the Community Learning Centers in the 2012-13 academic year. **Source:** 2014 INNOVATIONS in Community Research and Program Evaluation at Cincinnati Children's Hospital Medical Center: *Cincinnati Public Schools*.

Mentoring enrollment: This indicator shows the number of students enrolled on mentoring programs at the Community Learning Centers in the 2012-13 academic year.

Source: 2014 INNOVATIONS in Community Research and Program Evaluation at Cincinnati Children's Hospital Medical Center: *Cincinnati Public Schools*.

Cincinnati Recreation Commission: This indicator shows the types of services being provided at each recreation center location, as well as the number of youth memberships. **Source:** 2014 Cincinnati Recreation Commission.

Head Start program: This indicator shows the locations of Head Start programs within the city of Cincinnati and measures the number of openings for services available to neighborhood residents. **Source:** 2014 Community Action Agency.

Green spaces: This indicator shows the amount of green spaces (parks) in Cincinnati. It also highlights how Cincinnati is amongst the top ten cities in specific sport facilities, such as tennis courts and baseball diamonds. **Source:** 2014 The Trust for Public Land: *2014 City Park Facts.*

Health

Children without health insurance: This indicator measures the percentage of young people under the age of 18 that are not covered by any health insurance. Data reflects responses at the time of the survey, with interviews being conducted throughout the calendar year. **Source:** U.S. Census Bureau, 2012 American Community Survey.

Children with asthma: This indicator shows the total number of students enrolled in Cincinnati Public Schools that were reported to have asthma during the 2012-13 academic year. Data reflects the total enrollment of students reported with asthma at the time of data collection at the district and school level. **Source:** 2014 Cincinnati Health Department.

Dental care access: This indicator measures the number of students receiving dental care treatment at a Cincinnati Public School location during the 2012-13 academic year. Data reflects the total enrollment of students utilizing dental care at the time of data collection. **Source:** 2014 Cincinnati Health Department.

Children with one or more emotional, behavioral conditions: This indicator measures the number of CPS students with a diagnosed case of attention-deficit/hyperactivity disorder (ADHD), attention deficit disorder (ADD), and behavioral conditions during the 2012-13 academic year. Data reflects the total enrollment of students with emotional and/or behavioral conditions at the time of data collection. **Source:** 2014 Cincinnati Health Department.

Body Mass Index (BMI): This indicator shows the number of students screened at CPS for BMI and the results aggregated by gender and specific grades during the 2012-13 academic year. **Source:** 2014 Cincinnati Health Department.

Diabetes: This indicator shows the reported number of students with diabetes during the second semester of the 2012-13 academic year. Data reflects the total enrollment of students with diabetes at the time of data collection. **Source:** 2014 Cincinnati Health Department.

Infant mortality rates: This indicator measures the infant mortality rates for Cincinnati and Hamilton County. The numbers reflect data collected between 2012 and 2013. **Source:** 2014 Hamilton County Public Health.

Life expectancy: This indicator shows the life expectancy rates of Cincinnati residents. It also shows the rates per neighborhood in 2013. **Source:** 2014 Cincinnati Health Department.

Poverty and Homelessness

Child poverty rates: This indicator measures the percentage of young people under 18 that live in families with incomes below 100 percent of the U.S. poverty line. Poverty status is determined by comparing annual income to poverty thresholds. Thresholds vary based on family size, the number of children, and the head of household's age. Individuals in housing units and non-institutional group quarters are taken into account. The poverty index excludes children under the age of 15 that are not related to the householder, people living in institutional group quarters, and people living in college dormitories or military barracks. **Sources:** *Population & Poverty Statistics:* U.S. Census Bureau, 2012 American Community Survey.

Homelessness: This indicator measures the number of young people under the age of 21 who are homeless or at risk of becoming homeless in Cincinnati and Hamilton County. It takes into account factors that contribute to homelessness and integration back into housing. **Source:** 2014 Partnership Center*: Homeless in Cincinnati 2013.*

Children on SNAP: This indicator measures the number and percentage of young people under 18 receiving Supplemental Nutrition Assistance Program, known as Food Stamps benefits. **Sources:** SNAP & Population Statistics: *U.S. Census Bureau, 2012 American Community Survey.*

Number of children on Medicaid: This indicator measures the average Medicaid monthly enrollment of young people under 18. The average enrollment figure is the mean of the 12 monthly enrollment totals for each of the 12 months during the 2012 calendar year. **Sources:** Medicaid & Population Statistics: *U.S. Census Bureau, 2012 American Community Survey.*

Children receiving free/reduced price meals: This indicator shows the student eligibility for receiving free or reduced price meals at Cincinnati Public Schools during the 2013-14 academic year. Data reflects the total enrollment and eligibility of Cincinnati Public School students at the time of data collection. **Source:** 2014 Cincinnati Public Schools.

Crime

Overall crime: This indicator measures the number of crimes committed per 100,000 inhabitants and 1,000 inhabitants. 2009 data reflects the resident population on July 1 and includes violent and non-violent crimes. Violent crimes include murder, rape, and

robbery. Non-violent crimes include non-aggravated assault, theft, and vandalism. Crime rates are measured across the United States; the state of Ohio; Hamilton County; Cincinnati, OH; Columbus, OH; Cleveland, OH; Indianapolis, IN; Louisville, KY; and Pittsburgh, PA. **Sources:** *2009 Data – Crime & Population Statistics*: U.S. Census Bureau, 2011 Statistical Abstract of the United States. *2013 Data – Crime Statistics*: 2013 Cincinnati Police Department. *Population Statistics*: U.S. Census Bureau, 2012 American Community Survey.

Youth crime: This indicator measures the number of arrests of Cincinnati youth in 2013. To compare arrest rates to overall youth population size, young people are segmented according to the following age groups: under 5, 10 to 14, 15 to 17, 18 and 19, 20, 21, and 22 to 24 years old. Along with identifying violent and non-violent crimes, the indicator identifies arrests for theft under $300 and homicide. **Sources:** *Crime Statistics*: 2013 Cincinnati Police Department. *Population Statistics*: U.S. Census Bureau, 2012 American Community Survey.

Youth victim: This indicator estimates the number and percentage of youth victims of crime. Youth victimization is measured across the City of Cincinnati and each of the 51 neighborhoods. **Sources:** *Crime Statistics*: 2013 Cincinnati Police Department. *Population Statistics*: U.S. Census Bureau, 2012 American Community Survey.

Data Tables

Total population by race and ethnicity

Neighborhood	Total	White alone	Black or African American alone	Asian alone	Hispanic or Latino
Avondale	12466	900	11055	63	142
Bond Hill	6972	315	6403	14	73
California	469	454	2	3	2
Camp Washington	1343	867	401	4	31
Carthage	2733	1549	575	42	505
Clifton	8304	5761	1382	588	345
College Hill	14133	4718	8802	72	163
Columbia Tusculum	1304	1168	36	37	37
Corryville	3327	1599	1190	373	64
CUF	16989	12132	2657	1412	360
Downtown	4850	2817	1520	174	216
East End	1518	1277	168	29	18
East Price Hill	15340	7718	5845	113	1056
East Walnut Hills	4104	2251	1565	78	109
East Westwood	2445	346	1928	4	105
English Woods	405	21	364	4	3
Evanston	8848	2680	5725	66	199
Hartwell	4640	2485	1667	90	238
Hyde Park	13356	11916	457	414	312
Kennedy Heights	4847	1173	3338	32	120
Linwood	875	777	33	3	24
Lower Price Hill	1075	662	235	0	141
Madisonville	9141	3382	5167	120	134
Millvale	2399	128	2146	1	38
Mt. Adams	1481	1350	38	38	42
Mt. Airy	8779	2541	5622	90	253
Mt. Auburn	4904	1414	3210	48	88
Mt. Lookout	4814	4497	50	89	104
Mt. Washington	11711	10152	812	179	259
North Avondale	3229	1066	2017	26	35
North Fairmount	1812	291	1438	4	33
Northside	7467	4361	2700	53	123
Oakley	10429	8578	985	298	344
Over-the-Rhine	7716	2010	5386	58	110
Paddock Hills	959	270	630	18	12
Pendleton	900	193	679	3	2
Pleasant Ridge	8083	4593	2871	110	240

Neighborhood	Total	White alone	Black or African American alone	Asian alone	Hispanic or Latino
Queensgate	142	42	76	1	9
Riverside	2340	1965	268	18	43
Roll Hill	1916	100	1657	0	103
Roselawn	6440	717	5535	47	42
Sayler Park	2765	2603	68	2	45
Sedamsville	680	506	151	0	12
South Cumminsville	801	31	749	1	4
South Fairmount	2368	864	1333	17	85
Spring Grove Village	1964	763	988	20	111
Walnut Hills	6495	1120	5092	64	83
West End	6627	606	5794	22	83
West Price Hill	17155	11767	4069	109	700
Westwood	29950	13436	14400	380	874
Winton Hills	4787	426	4081	15	60

Male population age 21 and under

Neighborhood	Male	Male: under 5 years	Male: 5 to 9 years	Male: 10 to 14 years	Male: 15 to 17 years	Male: 18 and 19 years	Male: 20 years	Male: 21 years
Avondale	5732	471	423	416	295	192	117	135
Bond Hill	3122	201	201	222	166	72	37	45
California	243	7	14	14	4	14	2	3
Camp Washington	796	34	17	11	16	27	22	21
Carthage	1415	116	90	85	48	39	13	26
Clifton	4143	198	163	138	115	100	87	101
College Hill	6275	501	434	429	305	186	91	63
Columbia Tusculum	664	40	17	19	10	2	0	2
Corryville	1863	61	44	36	37	81	133	189
CUF	9512	201	160	103	71	2027	1208	1054
Downtown	3256	28	12	9	18	119	68	86
East End	750	46	39	34	16	15	5	9
East Price Hill	7484	738	651	598	325	273	144	157
East Walnut Hills	1947	87	65	69	44	33	28	24
East Westwood	1097	88	93	88	39	32	22	14
English Woods	163	24	14	11	7	9	3	11
Evanston	4109	232	280	298	184	665	213	125
Hartwell	2137	147	152	117	65	39	25	25
Hyde Park	6314	394	332	285	148	63	36	50
Kennedy Heights	2172	128	139	162	109	58	22	19
Linwood	445	35	35	25	10	14	11	10
Lower Price Hill	521	72	68	45	33	17	8	8
Madisonville	4203	286	289	230	164	103	56	46
Millvale	948	246	134	78	51	22	10	16
Mt. Adams	843	15	10	6	7	6	3	4
Mt. Airy	3954	437	432	339	190	111	46	67
Mt. Auburn	2444	157	124	155	153	108	77	45
Mt. Lookout	2293	157	168	136	95	37	8	9
Mt. Washington	5593	476	342	242	123	84	46	69
North Avondale	1529	77	91	100	67	35	12	17
North Fairmount	906	80	79	104	83	34	12	13
Northside	3648	226	195	197	130	78	43	59
Oakley	4899	242	158	124	66	50	28	40
Over-the-Rhine	4620	292	191	152	93	101	53	44
Paddock Hills	448	22	28	18	14	12	6	11
Pendleton	410	53	43	30	18	9	4	7
Pleasant Ridge	3818	291	222	183	110	69	34	35

Neighborhood	Male	Male: under 5 years	Male: 5 to 9 years	Male: 10 to 14 years	Male: 15 to 17 years	Male: 18 and 19 years	Male: 20 years	Male: 21 years
Queensgate	102	3	0	0	5	35	15	4
Riverside	1141	112	79	75	44	19	14	9
Roll Hill	714	265	117	57	31	23	15	19
Roselawn	2870	183	185	168	104	94	32	40
Sayler Park	1398	101	91	108	54	25	17	11
Sedamsville	337	42	34	26	9	12	5	5
South Cumminsville	377	35	34	33	22	15	6	2
South Fairmount	1111	89	90	90	47	50	17	18
Spring Grove Village	950	75	73	68	37	26	15	13
Walnut Hills	2994	263	180	167	123	70	35	50
West End	2926	338	249	191	129	102	61	52
West Price Hill	8303	814	744	637	340	232	120	117
Westwood	13935	1297	1029	919	527	318	207	216
Winton Hills	1877	511	271	212	98	62	28	26

Female population age 21 and under

Neighborhood	Female	Female: under 5 years	Female: 5 to 9 years	Female: 10 to 14 years	Female: 15 to 17 years	Female: 18 and 19 years	Female: 20 years	Female: 21 years
Avondale	6734	477	429	430	278	230	171	123
Bond Hill	3850	178	183	213	149	88	40	39
California	226	9	11	13	11	5	5	0
Camp Washington	547	37	22	21	23	21	10	7
Carthage	1318	93	95	66	43	29	10	14
Clifton	4161	181	185	145	107	89	84	106
College Hill	7858	436	456	423	305	178	67	86
Columbia Tusculum	640	43	20	12	11	5	1	4
Corryville	1464	52	45	43	29	72	88	129
CUF	7477	193	147	94	73	1885	969	773
Downtown	1594	37	27	11	9	21	21	22
East End	768	40	37	33	15	10	10	9
East Price Hill	7856	740	693	547	364	275	136	127
East Walnut Hills	2157	93	77	66	46	39	17	24
East Westwood	1348	114	108	93	60	34	22	24
English Woods	242	38	22	13	3	8	13	9
Evanston	4739	215	244	272	182	689	207	141
Hartwell	2503	178	139	98	67	56	32	26
Hyde Park	7042	375	332	306	160	51	35	61
Kennedy Heights	2675	136	138	126	114	44	25	26
Linwood	430	40	19	32	13	10	2	4
Lower Price Hill	554	89	59	45	39	21	5	6
Madisonville	4938	310	242	260	173	97	48	44
Millvale	1451	282	151	86	51	75	45	46
Mt. Adams	638	17	8	8	5	1	1	4
Mt. Airy	4825	453	421	346	162	139	63	84
Mt. Auburn	2460	152	140	122	110	118	119	62
Mt. Lookout	2521	174	144	162	72	36	10	13
Mt. Washington	6118	431	340	253	107	88	67	71
North Avondale	1700	87	92	80	56	38	22	30
North Fairmount	906	81	74	54	60	25	15	8
Northside	3819	256	214	173	116	90	48	51
Oakley	5530	240	130	113	59	46	36	68
Over-the-Rhine	3096	242	193	152	97	100	71	50
Paddock Hills	511	24	18	25	15	15	5	4
Pendleton	490	63	43	32	17	14	12	16
Pleasant Ridge	4265	276	218	184	123	62	35	30

Neighborhood	Female	Female: under 5 years	Female: 5 to 9 years	Female: 10 to 14 years	Female: 15 to 17 years	Female: 18 and 19 years	Female: 20 years	Female: 21 years
Queensgate	40	0	0	0	4	21	5	4
Riverside	1199	95	85	54	38	30	15	21
Roll Hill	1202	268	95	58	38	83	64	74
Roselawn	3570	209	167	185	126	55	32	42
Sayler Park	1367	105	76	92	36	28	13	21
Sedamsville	343	33	30	39	18	13	5	2
South Cumminsville	424	26	19	28	20	20	7	6
South Fairmount	1257	96	82	95	62	39	18	16
Spring Grove Village	1014	53	93	70	36	25	11	13
Walnut Hills	3501	250	217	185	109	90	48	53
West End	3701	317	234	202	159	143	87	89
West Price Hill	8852	753	688	634	339	207	114	103
Westwood	16015	1282	1002	873	539	421	214	271
Winton Hills	2910	535	264	183	117	147	102	116

Black male population age 21 and under

Neighborhood	Black male: under 5 years	Black male: 5 to 9 years	Black male: 10 to 14 years	Black male: 15 to 17 years	Black male: 18 and 19 years	Black male: 20 years	Black male: 21 years
Avondale	422	396	393	285	148	73	78
Bond Hill	185	179	215	156	67	36	41
California	0	0	0	0	0	0	0
Camp Washington	11	7	3	8	9	4	7
Carthage	30	28	31	18	16	2	6
Clifton	41	34	44	29	23	18	14
College Hill	358	294	310	230	143	68	46
Columbia Tusculum	0	0	0	0	0	0	0
Corryville	29	27	29	32	19	23	24
CUF	82	72	58	34	169	95	76
Downtown	7	4	2	15	84	43	52
East End	7	5	8	3	2	2	1
East Price Hill	349	352	340	183	104	45	59
East Walnut Hills	33	41	40	24	24	17	8
East Westwood	70	73	83	35	28	15	12
English Woods	22	13	11	7	9	3	11
Evanston	193	243	265	164	140	63	51
Hartwell	56	67	60	40	22	12	12
Hyde Park	14	9	9	6	2	5	7
Kennedy Heights	91	98	116	88	51	17	13
Linwood	2	2	4	0	0	0	0
Lower Price Hill	18	16	16	11	5	2	0
Madisonville	164	222	159	131	67	32	28
Millvale	209	128	74	47	22	9	14
Mt. Adams	0	1	1	0	0	0	0
Mt. Airy	332	353	252	139	85	31	54
Mt. Auburn	113	94	126	134	64	39	12
Mt. Lookout	2	1	3	1	2	0	0
Mt. Washington	46	26	29	19	18	8	10
North Avondale	44	54	63	45	24	7	14
North Fairmount	68	72	91	65	27	11	12
Northside	100	101	112	84	40	18	23
Oakley	28	29	21	14	11	5	8
Over-the-Rhine	264	174	141	93	74	33	21
Paddock Hills	11	19	15	11	6	1	5
Pendleton	47	39	30	18	9	4	4
Pleasant Ridge	92	75	70	38	36	18	18

Neighborhood	Black male: under 5 years	Black male: 5 to 9 years	Black male: 10 to 14 years	Black male: 15 to 17 years	Black male: 18 and 19 years	Black male: 20 years	Black male: 21 years
Queensgate	3	0	0	3	22	8	1
Riverside	28	24	13	9	1	2	0
Roll Hill	232	99	48	22	17	13	19
Roselawn	168	175	162	101	88	25	33
Sayler Park	3	3	5	2	0	0	0
Sedamsville	12	7	9	3	3	5	2
South Cumminsville	30	34	33	21	14	6	2
South Fairmount	65	68	75	38	35	13	13
Spring Grove Village	39	38	40	21	20	12	9
Walnut Hills	222	166	158	113	62	28	35
West End	306	239	183	124	94	52	49
West Price Hill	241	263	233	125	69	27	27
Westwood	743	619	532	326	197	106	117
Winton Hills	460	232	196	89	54	24	23

Black female population age 21 and under

Neighborhood	Black female: under 5 years	Black female: 5 to 9 years	Black female: 10 to 14 years	Black female: 15 to 17 years	Black female: 18 and 19 years	Black female: 20 years	Black female: 21 years
Avondale	438	394	403	255	171	95	72
Bond Hill	164	169	203	141	83	36	36
California	0	0	0	0	0	0	0
Camp Washington	10	14	8	11	4	6	1
Carthage	23	27	21	20	9	2	3
Clifton	41	30	31	21	30	13	12
College Hill	291	324	315	220	139	57	60
Columbia Tusculum	2	3	1	0	0	0	0
Corryville	35	36	33	17	22	17	20
CUF	88	71	57	43	179	84	69
Downtown	12	14	5	1	10	7	7
East End	5	8	9	4	2	1	1
East Price Hill	349	382	308	212	100	44	52
East Walnut Hills	50	42	42	26	21	7	12
East Westwood	92	84	83	55	28	16	20
English Woods	36	20	12	3	7	13	8
Evanston	174	199	243	156	132	58	47
Hartwell	77	44	35	42	17	14	9
Hyde Park	10	14	11	8	1	1	5
Kennedy Heights	78	80	88	88	33	22	18
Linwood	2	4	2	1	0	0	0
Lower Price Hill	27	27	12	10	3	1	1
Madisonville	174	170	202	133	80	41	27
Millvale	250	140	82	50	65	43	44
Mt. Adams	0	0	0	1	1	0	1
Mt. Airy	350	342	270	121	101	50	59
Mt. Auburn	115	110	98	86	75	45	33
Mt. Lookout	1	3	3	0	0	0	1
Mt. Washington	48	29	30	15	13	7	7
North Avondale	52	50	54	32	27	11	16
North Fairmount	71	64	49	56	21	13	7
Northside	133	118	105	68	48	25	22
Oakley	34	22	20	10	8	9	20
Over-the-Rhine	217	177	140	90	69	43	28
Paddock Hills	13	13	17	12	10	3	2
Pendleton	49	37	31	16	13	9	12
Pleasant Ridge	66	74	81	58	33	15	12

Neighborhood	Black female: under 5 years	Black female: 5 to 9 years	Black female: 10 to 14 years	Black female: 15 to 17 years	Black female: 18 and 19 years	Black female: 20 years	Black female: 21 years
Queensgate	0	0	0	3	17	2	4
Riverside	15	23	8	8	6	3	4
Roll Hill	244	86	47	32	74	59	68
Roselawn	192	159	174	121	52	31	36
Sayler Park	4	3	5	2	0	1	0
Sedamsville	13	12	21	8	5	2	1
South Cumminsville	23	19	26	19	20	7	6
South Fairmount	62	61	77	43	21	11	7
Spring Grove Village	31	55	49	20	17	6	8
Walnut Hills	219	202	168	100	76	40	41
West End	296	215	194	141	136	77	82
West Price Hill	230	246	221	131	60	28	27
Westwood	723	570	552	349	238	116	163
Winton Hills	485	238	167	110	135	95	108

Non-Hispanic white male population age 21 and under

Neighborhood	White male: under 5 years	White male: 5 to 9 years	White male: 10 to 14 years	White male: 15 to 17 years	White male: 18 and 19 years	White male: 20 years	White male: 21 years
Avondale	11	12	5	4	38	41	54
Bond Hill	8	4	1	8	5	1	3
California	7	13	13	4	14	2	3
Camp Washington	18	10	7	7	15	16	13
Carthage	41	34	30	21	9	8	12
Clifton	111	95	76	73	66	59	74
College Hill	94	111	95	60	32	17	14
Columbia Tusculum	32	12	17	8	2	0	2
Corryville	12	13	7	3	56	85	153
CUF	74	64	35	31	1709	1028	904
Downtown	11	5	5	2	25	19	28
East End	32	32	25	13	13	3	7
East Price Hill	216	196	195	114	129	77	78
East Walnut Hills	35	18	22	17	7	10	15
East Westwood	7	10	4	2	2	2	2
English Woods	0	1	0	0	0	0	0
Evanston	22	23	18	15	472	135	65
Hartwell	57	66	42	16	10	9	9
Hyde Park	340	292	242	135	53	30	36
Kennedy Heights	24	26	23	12	4	2	3
Linwood	27	32	18	10	13	9	8
Lower Price Hill	34	32	26	20	11	4	6
Madisonville	88	36	44	21	28	23	14
Millvale	9	3	2	1	0	1	0
Mt. Adams	14	9	3	6	6	2	2
Mt. Airy	52	44	64	36	20	12	9
Mt. Auburn	31	20	17	16	29	35	31
Mt. Lookout	142	157	126	87	32	7	9
Mt. Washington	377	279	184	92	55	35	53
North Avondale	29	32	29	16	8	2	3
North Fairmount	6	5	5	17	4	1	1
Northside	104	75	68	35	31	19	32
Oakley	169	104	84	42	30	19	28
Over-the-Rhine	21	12	4	0	24	19	19
Paddock Hills	9	5	2	3	6	3	5
Pendleton	1	3	0	0	0	0	3
Pleasant Ridge	161	110	82	55	24	14	15

Neighborhood	White male: under 5 years	White male: 5 to 9 years	White male: 10 to 14 years	White male: 15 to 17 years	White male: 18 and 19 years	White male: 20 years	White male: 21 years
Queensgate	0	0	0	0	7	5	3
Riverside	71	46	58	31	18	11	9
Roll Hill	8	3	1	3	1	0	0
Roselawn	7	1	3	0	4	3	1
Sayler Park	91	79	97	49	25	17	10
Sedamsville	28	27	16	4	7	0	3
South Cumminsville	0	0	0	1	0	0	0
South Fairmount	13	9	11	8	15	3	4
Spring Grove Village	17	16	20	11	4	3	2
Walnut Hills	22	5	5	5	5	6	12
West End	10	8	3	4	6	7	3
West Price Hill	456	395	335	188	142	85	71
Westwood	389	300	299	166	99	85	76
Winton Hills	12	6	3	4	3	4	2

Non-Hispanic white female population age 21 and under

Neighborhood	White female: under 5 years	White female: 5 to 9 years	White female: 10 to 14 years	White female: 15 to 17 years	White female: 18 and 19 years	White female: 20 years	White female: 21 years
Avondale	4	7	10	9	50	65	44
Bond Hill	3	3	1	3	1	3	2
California	8	10	13	10	5	5	0
Camp Washington	21	7	10	11	17	4	5
Carthage	28	32	23	17	15	6	8
Clifton	99	124	82	70	46	61	79
College Hill	99	98	84	63	33	9	22
Columbia Tusculum	34	11	10	11	5	1	4
Corryville	8	6	5	5	41	65	101
CUF	60	53	24	20	1553	815	645
Downtown	17	7	2	6	6	10	13
East End	31	28	22	11	8	9	8
East Price Hill	208	199	176	123	146	80	57
East Walnut Hills	35	29	15	15	15	10	11
East Westwood	9	8	2	3	2	5	3
English Woods	1	1	0	0	1	0	1
Evanston	22	26	20	19	518	136	86
Hartwell	60	53	50	19	29	16	13
Hyde Park	327	278	258	136	47	32	49
Kennedy Heights	38	35	22	18	6	2	6
Linwood	29	13	27	10	9	2	4
Lower Price Hill	35	15	30	25	17	4	5
Madisonville	90	47	42	28	13	5	13
Millvale	9	5	1	0	9	1	1
Mt. Adams	16	8	7	4	0	1	3
Mt. Airy	56	38	54	31	29	12	19
Mt. Auburn	22	18	17	16	33	65	25
Mt. Lookout	158	129	145	70	35	8	11
Mt. Washington	323	259	202	79	71	55	55
North Avondale	24	29	22	18	10	9	12
North Fairmount	3	5	4	2	2	2	0
Northside	95	74	53	39	37	22	28
Oakley	170	91	77	44	31	23	42
Over-the-Rhine	19	10	4	6	29	25	20
Paddock Hills	7	1	5	2	5	2	2
Pendleton	12	2	1	1	0	3	3
Pleasant Ridge	169	106	73	49	26	16	14

Neighborhood	White female: under 5 years	White female: 5 to 9 years	White female: 10 to 14 years	White female: 15 to 17 years	White female: 18 and 19 years	White female: 20 years	White female: 21 years
Queensgate	0	0	0	1	1	1	0
Riverside	70	55	39	27	22	12	17
Roll Hill	4	3	3	1	7	3	3
Roselawn	1	3	6	2	1	0	2
Sayler Park	90	69	85	32	27	12	21
Sedamsville	18	18	18	9	7	2	1
South Cumminsville	0	0	0	0	0	0	0
South Fairmount	14	11	10	15	12	7	9
Spring Grove Village	9	19	16	13	5	4	3
Walnut Hills	10	7	10	4	7	7	7
West End	7	5	4	9	6	9	5
West Price Hill	415	355	340	192	124	73	70
Westwood	366	310	253	159	146	80	95
Winton Hills	12	6	5	2	6	3	6

Hispanic male population age 21 and under

Neighborhood	Hispanic male: under 5 years	Hispanic male: 5 to 9 years	Hispanic male: 10 to 14 years	Hispanic male: 15 to 17 years	Hispanic male: 18 and 19 years	Hispanic male: 20 years	Hispanic male: 21 years
Avondale	12	11	5	3	3	0	1
Bond Hill	4	5	1	2	0	0	0
California	0	0	0	0	0	0	0
Camp Washington	2	0	0	0	1	3	0
Carthage	33	26	25	10	9	3	7
Clifton	20	15	5	4	6	4	6
College Hill	10	10	7	3	4	2	0
Columbia Tusculum	3	3	1	2	0	0	0
Corryville	2	0	0	1	2	4	2
CUF	12	5	0	0	38	21	17
Downtown	5	3	1	1	6	5	2
East End	2	0	0	0	0	0	0
East Price Hill	109	48	30	12	29	12	17
East Walnut Hills	10	3	2	2	1	0	1
East Westwood	4	6	0	0	3	4	1
English Woods	0	0	0	0	0	0	0
Evanston	9	4	6	2	30	7	2
Hartwell	21	7	3	5	2	2	2
Hyde Park	17	12	8	1	4	1	2
Kennedy Heights	4	4	6	2	0	1	0
Linwood	2	0	0	0	0	2	1
Lower Price Hill	17	17	2	2	1	1	1
Madisonville	7	6	4	1	1	0	2
Millvale	6	1	1	0	0	0	1
Mt. Adams	1	0	1	0	0	0	0
Mt. Airy	22	16	12	4	1	2	2
Mt. Auburn	5	3	3	3	6	0	0
Mt. Lookout	5	4	3	2	1	1	0
Mt. Washington	21	9	7	3	2	0	0
North Avondale	0	1	2	1	1	1	0
North Fairmount	2	1	2	1	3	0	0
Northside	9	3	5	1	1	3	2
Oakley	20	14	10	2	5	2	2
Over-the-Rhine	2	2	0	0	3	1	1
Paddock Hills	0	0	0	0	0	0	1
Pendleton	0	0	0	0	0	0	0
Pleasant Ridge	15	13	8	3	2	2	1

Neighborhood	Hispanic male: under 5 years	Hispanic male: 5 to 9 years	Hispanic male: 10 to 14 years	Hispanic male: 15 to 17 years	Hispanic male: 18 and 19 years	Hispanic male: 20 years	Hispanic male: 21 years
Queensgate	0	0	0	0	3	1	0
Riverside	9	7	0	0	0	0	0
Roll Hill	16	8	6	5	3	3	0
Roselawn	3	1	0	0	0	2	3
Sayler Park	4	7	3	1	0	0	0
Sedamsville	1	0	1	0	0	0	0
South Cumminsville	0	0	0	0	1	0	0
South Fairmount	3	7	0	0	0	0	1
Spring Grove Village	12	10	4	4	0	0	2
Walnut Hills	4	2	0	2	0	0	0
West End	13	0	0	0	0	0	0
West Price Hill	67	43	27	13	15	4	11
Westwood	63	47	33	11	11	9	11
Winton Hills	9	3	2	0	1	0	1

Hispanic female population age 21 and under

Neighborhood	Hispanic female: under 5 years	Hispanic female: 5 to 9 years	Hispanic female: 10 to 14 years	Hispanic female: 15 to 17 years	Hispanic female: 18 and 19 years	Hispanic female: 20 years	Hispanic female: 21 years
Avondale	9	11	2	3	1	5	2
Bond Hill	3	2	4	2	1	0	1
California	0	1	0	0	0	0	0
Camp Washington	2	1	0	0	0	0	0
Carthage	36	31	17	4	5	2	3
Clifton	16	15	16	8	1	3	1
College Hill	10	5	6	3	0	0	1
Columbia Tusculum	1	1	0	0	0	0	0
Corryville	1	2	1	1	4	1	4
CUF	8	4	4	5	39	22	13
Downtown	3	6	3	1	3	2	1
East End	1	0	0	0	0	0	0
East Price Hill	100	63	22	7	17	6	10
East Walnut Hills	3	3	1	4	0	0	1
East Westwood	10	3	2	0	1	1	0
English Woods	0	0	0	0	0	0	0
Evanston	9	10	5	3	22	6	3
Hartwell	21	20	4	3	4	1	0
Hyde Park	16	12	8	6	0	2	3
Kennedy Heights	6	3	5	0	3	0	1
Linwood	1	0	0	1	0	0	0
Lower Price Hill	18	14	3	1	0	0	0
Madisonville	14	2	0	1	1	1	3
Millvale	7	1	0	1	2	3	1
Mt. Adams	1	0	0	0	0	0	0
Mt. Airy	27	18	10	6	3	0	1
Mt. Auburn	3	5	1	0	6	0	1
Mt. Lookout	3	6	5	1	0	0	1
Mt. Washington	23	14	4	3	1	3	4
North Avondale	2	3	0	0	1	2	2
North Fairmount	1	0	1	1	0	0	0
Northside	5	3	5	3	0	1	0
Oakley	23	5	8	2	3	1	2
Over-the-Rhine	2	2	1	0	3	2	0
Paddock Hills	0	0	1	0	0	0	0
Pendleton	0	0	0	0	1	0	0
Pleasant Ridge	9	13	11	8	2	2	1

Neighborhood	Hispanic female: under 5 years	Hispanic female: 5 to 9 years	Hispanic female: 10 to 14 years	Hispanic female: 15 to 17 years	Hispanic female: 18 and 19 years	Hispanic female: 20 years	Hispanic female: 21 years
Queensgate	0	0	0	0	2	1	0
Riverside	4	4	2	1	1	0	0
Roll Hill	7	3	7	3	1	1	1
Roselawn	0	1	3	1	0	0	0
Sayler Park	4	1	1	2	0	0	0
Sedamsville	1	0	0	1	1	1	0
South Cumminsville	0	0	0	0	0	0	0
South Fairmount	8	5	1	0	2	0	0
Spring Grove Village	4	12	2	0	1	1	0
Walnut Hills	6	2	2	3	2	1	3
West End	4	2	2	4	1	0	2
West Price Hill	50	41	35	3	13	10	5
Westwood	71	43	19	7	14	9	4
Winton Hills	7	3	3	2	2	0	0

Asian male population age 21 and under

Neighborhood	Asian male: under 5 years	Asian male: 5 to 9 years	Asian male: 10 to 14 years	Asian male: 15 to 17 years	Asian male: 18 and 19 years	Asian male: 20 years	Asian male: 21 years
Avondale	2	0	1	0	0	0	1
Bond Hill	0	0	0	0	0	0	0
California	0	0	0	0	0	0	0
Camp Washington	0	0	0	0	0	0	0
Carthage	3	0	1	0	3	0	2
Clifton	15	6	5	4	2	4	3
College Hill	2	3	2	1	1	0	0
Columbia Tusculum	3	0	0	0	0	0	0
Corryville	11	4	0	1	2	14	5
CUF	21	8	1	2	78	49	41
Downtown	1	0	0	0	0	0	2
East End	2	1	0	0	0	0	1
East Price Hill	2	5	1	1	2	2	2
East Walnut Hills	3	0	0	0	0	0	0
East Westwood	0	0	0	0	0	1	0
English Woods	0	0	0	0	0	0	0
Evanston	0	0	0	0	12	3	5
Hartwell	0	2	2	2	2	1	0
Hyde Park	13	4	7	2	1	0	2
Kennedy Heights	1	1	0	0	0	0	1
Linwood	0	0	0	0	0	0	0
Lower Price Hill	0	0	0	0	0	0	0
Madisonville	1	0	0	1	1	0	0
Millvale	0	0	0	0	0	0	0
Mt. Adams	0	0	0	0	0	0	2
Mt. Airy	1	1	3	1	0	0	0
Mt. Auburn	0	0	0	1	7	1	0
Mt. Lookout	0	0	2	2	0	0	0
Mt. Washington	3	4	3	3	2	2	1
North Avondale	1	0	0	1	0	0	0
North Fairmount	0	0	0	0	0	0	0
Northside	0	0	0	1	0	1	0
Oakley	7	0	1	0	2	0	1
Over-the-Rhine	0	0	0	0	0	0	0
Paddock Hills	0	0	0	0	0	2	0
Pendleton	0	0	0	0	0	0	0
Pleasant Ridge	6	2	4	0	2	0	1

Neighborhood	Asian male: under 5 years	Asian male: 5 to 9 years	Asian male: 10 to 14 years	Asian male: 15 to 17 years	Asian male: 18 and 19 years	Asian male: 20 years	Asian male: 21 years
Queensgate	0	0	0	0	0	0	0
Riverside	0	0	2	0	0	0	0
Roll Hill	0	0	0	0	0	0	0
Roselawn	2	2	1	1	1	0	1
Sayler Park	0	0	0	0	0	0	0
Sedamsville	0	0	0	0	0	0	0
South Cumminsville	0	0	0	0	0	0	0
South Fairmount	0	1	0	1	0	0	0
Spring Grove Village	2	0	0	0	0	0	0
Walnut Hills	2	0	1	0	0	0	1
West End	1	0	0	0	0	2	0
West Price Hill	4	1	2	1	1	0	1
Westwood	10	6	13	7	5	1	3
Winton Hills	0	0	0	0	0	0	0

Asian female population age 21 and under

Neighborhood	Asian female: under 5 years	Asian female: 5 to 9 years	Asian female: 10 to 14 years	Asian female: 15 to 17 years	Asian female: 18 and 19 years	Asian female: 20 years	Asian female: 21 years
Avondale	1	0	1	0	3	3	0
Bond Hill	0	0	0	0	0	0	0
California	0	0	0	0	0	0	0
Camp Washington	0	0	0	0	0	0	0
Carthage	2	2	2	0	0	0	0
Clifton	17	7	5	2	3	3	7
College Hill	2	2	0	1	0	0	0
Columbia Tusculum	1	3	0	0	0	0	0
Corryville	5	1	3	2	4	3	5
CUF	20	8	2	2	68	31	35
Downtown	1	0	1	1	2	1	1
East End	1	1	0	0	0	0	0
East Price Hill	7	2	0	2	2	1	1
East Walnut Hills	0	0	0	0	1	0	0
East Westwood	0	0	0	0	0	0	0
English Woods	0	0	0	0	0	0	0
Evanston	1	0	0	0	10	3	3
Hartwell	3	2	5	1	2	0	1
Hyde Park	12	9	9	4	1	0	1
Kennedy Heights	2	2	2	0	0	0	0
Linwood	0	0	0	0	0	0	0
Lower Price Hill	0	0	0	0	0	0	0
Madisonville	2	3	1	1	1	0	1
Millvale	0	0	0	0	0	0	0
Mt. Adams	0	0	0	0	0	0	0
Mt. Airy	2	4	1	0	1	0	2
Mt. Auburn	0	0	0	1	2	4	0
Mt. Lookout	2	5	3	1	0	1	0
Mt. Washington	9	8	4	2	1	1	1
North Avondale	3	2	0	0	0	0	0
North Fairmount	0	0	0	0	0	0	0
Northside	3	3	1	0	1	0	1
Oakley	5	4	0	0	3	0	2
Over-the-Rhine	0	0	0	0	0	0	0
Paddock Hills	0	0	0	0	0	0	0
Pendleton	0	0	0	0	0	0	1
Pleasant Ridge	5	4	1	2	0	2	0

Neighborhood	Asian female: under 5 years	Asian female: 5 to 9 years	Asian female: 10 to 14 years	Asian female: 15 to 17 years	Asian female: 18 and 19 years	Asian female: 20 years	Asian female: 21 years
Queensgate	0	0	0	0	0	0	0
Riverside	0	1	2	0	0	0	0
Roll Hill	0	0	0	0	0	0	0
Roselawn	5	0	0	1	0	1	1
Sayler Park	0	0	0	0	0	0	0
Sedamsville	0	0	0	0	0	0	0
South Cumminsville	0	0	0	0	0	0	0
South Fairmount	0	1	2	2	0	0	0
Spring Grove Village	1	1	0	0	0	0	0
Walnut Hills	0	0	0	1	2	0	0
West End	0	1	1	0	0	0	0
West Price Hill	4	3	4	1	0	0	0
Westwood	11	17	9	5	7	4	5
Winton Hills	0	0	0	0	0	0	0

Families with own children under 18

Neighborhood	Total families	With own children < 18	Husband-wife with own children < 18	%	Male householder, no wife present: With own children < 18	%	Female householder, no husband present: With own children < 18	%
Avondale	2,503	1,292	207	16%	116	9%	969	75%
Bond Hill	1,750	642	187	29%	64	10%	391	61%
California	122	41	23	56%	8	20%	10	24%
Camp Washington	224	87	22	25%	14	16%	51	59%
Carthage	622	237	119	50%	27	11%	91	38%
Clifton	1,612	649	447	69%	60	9%	142	22%
College Hill	3,544	1,485	599	40%	125	8%	761	51%
Columbia Tusculum	301	110	92	84%	5	5%	13	12%
Corryville	395	165	56	34%	18	11%	91	55%
CUF	1,212	464	176	38%	49	11%	239	52%
Downtown	357	58	39	67%	13	22%	6	10%
East End	367	121	51	42%	19	16%	51	42%
East Price Hill	3,322	1,779	535	30%	194	11%	1,050	59%
East Walnut Hills	786	279	110	39%	28	10%	141	51%
East Westwood	563	288	62	22%	33	11%	193	67%
English Woods	72	58	4	7%	-	0%	54	93%
Evanston	1,613	729	178	24%	61	8%	490	67%
Hartwell	994	448	182	41%	63	14%	203	45%
Hyde Park	2,914	1,186	1,001	84%	43	4%	142	12%
Kennedy Heights	1,202	469	194	41%	38	8%	237	51%
Linwood	197	78	36	46%	9	12%	33	42%
Lower Price Hill	237	152	27	18%	24	16%	101	66%
Madisonville	2,125	886	347	39%	82	9%	457	52%
Millvale	637	512	36	7%	30	6%	446	87%
Mt. Adams	239	46	39	85%	4	9%	3	7%
Mt. Airy	2,148	1,223	332	27%	93	8%	798	65%
Mt. Auburn	959	421	100	24%	33	8%	288	68%
Mt. Lookout	1,206	581	506	87%	23	4%	52	9%
Mt. Washington	2,809	1,244	773	62%	127	10%	344	28%
North Avondale	801	309	165	53%	26	8%	118	38%
North Fairmount	409	193	43	22%	14	7%	136	70%
Northside	1,575	661	252	38%	58	9%	351	53%
Oakley	1,942	673	421	63%	52	8%	200	30%
Over-the-Rhine	815	518	34	7%	37	7%	447	86%
Paddock Hills	223	79	34	43%	5	6%	40	51%
Pendleton	189	138	18	13%	5	4%	115	83%
Pleasant Ridge	1,926	859	500	58%	70	8%	289	34%

Neighborhood	Total families	With own children < 18	Husband-wife with own children < 18	%	Male householder, no wife present: With own children < 18	%	Female householder, no husband present: With own children < 18	%
Queensgate	1	1	-	0%	-	0%	1	100%
Riverside	527	237	80	34%	34	14%	123	52%
Roll Hill	577	487	13	3%	16	3%	458	94%
Roselawn	1,399	608	143	24%	49	8%	416	68%
Sayler Park	706	290	172	59%	34	12%	84	29%
Sedamsville	146	85	23	27%	13	15%	49	58%
South Cumminsville	190	70	14	20%	4	6%	52	74%
South Fairmount	465	238	64	27%	30	13%	144	61%
Spring Grove Village	474	198	72	36%	19	10%	107	54%
Walnut Hills	1,260	648	83	13%	57	9%	508	78%
West End	1,423	797	71	9%	54	7%	672	84%
West Price Hill	3,976	2,103	971	46%	226	11%	906	43%
Westwood	7,049	3,683	1,479	40%	370	10%	1,834	50%
Winton Hills	1,214	982	41	4%	53	5%	888	90%

CPS health data

School	Enrollment 2012/13 Number	Low income percentage %	Emotional and behavioral problems Number	%	Asthma Number	%	Dental care access Number	%
Academy of Multilingual Immersion Studies (AMIS)	518	93%	27	5%	73	14%	51	10%
Academy Of World Languages (AWL)	583	92%	24	4%	77	13%	87	15%
Aiken High School - New Tech	329	86%	27	8%	37	11%	17	5%
Bond Hill Academy	327	95%	53	16%	54	17%	27	8%
Carpe Diem Charter School - Aiken Campus	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Carson School	732	95%	60	8%	92	13%	110	15%
Chase School	395	95%	30	8%	49	12%	39	10%
Cheviot School	610	85%	97	16%	85	14%	87	14%
Clark Montessori High School	628	35%	64	10%	61	10%	1	0%
College Hill Fundamental Academy	473	85%	53	11%	88	19%	22	5%
Covedale School	560	64%	121	22%	67	12%	52	9%
Dater (Gilbert A.) High School	749	72%	117	16%	122	16%	23	3%
Dater Montessori School	740	46%	90	12%	79	11%	29	4%
Douglass (Frederick) School	414	98%	57	14%	52	13%	55	13%
Evanston Academy School	432	95%	61	14%	85	20%	63	15%
Fairview-Clifton German Language School	753	22%	58	8%	75	10%	14	2%
Gamble (James N.) Montessori High School	275	63%	35	13%	28	10%	0	0%
Hartwell Elementary School	593	85%	67	11%	67	11%	80	13%
Hays-Porter School	367	99%	24	7%	64	17%	100	27%
Hughes STEM High School	996	85%	96	10%	138	14%	3	0%
Hyde Park School	177	24%	4	2%	13	7%	1	1%
Kilgour School	643	17%	19	3%	8	1%	15	2%
Midway School	718	89%	57	8%	119	17%	33	5%
Mt. Airy School	750	95%	56	7%	105	14%	70	9%
Mt. Washington School	433	76%	77	18%	47	11%	52	12%
North Avondale Montessori School	596	47%	42	7%	63	11%	16	3%
Oyler School	706	92%	132	19%	128	18%	117	17%
Parker (John P.) School	358	89%	49	14%	42	12%	32	9%
Parker Woods Montessori School	404	80%	53	13%	64	16%	14	3%
Pleasant Hill Academy	633	95%	73	12%	112	18%	68	11%

School	Enrollment 2012/13 Number	Low income percentage %	Emotional and behavioral problems Number	%	Asthma Number	%	Dental care access Number	%
Pleasant Ridge Montessori School	589	66%	48	8%	64	11%	36	6%
Price (Rees E.) Academy	630	99%	74	12%	88	14%	78	12%
Riverview East Academy	448	83%	69	15%	55	12%	14	3%
Roberts Paideia Academy	643	97%	31	5%	81	13%	47	7%
Rockdale Academy	449	97%	36	8%	88	20%	76	17%
Roll Hill Academy	566	98%	32	6%	113	20%	124	22%
Roselawn Condon School	388	92%	15	4%	36	9%	6	2%
Rothenberg Preparatory Academy	397	99%	46	12%	71	18%	55	14%
Sands Montessori School	723	25%	40	6%	64	9%	13	2%
Sayler Park School	383	91%	40	10%	49	13%	19	5%
School For Creative and Performing Arts (SCPA)	1366	52%	163	12%	196	14%	34	2%
Shroder High School	623	79%	43	7%	71	11%	2	0%
Silverton Paideia Academy	406	86%	55	14%	59	15%	13	3%
South Avondale School	543	97%	38	7%	129	24%	84	15%
Taft (Robert A.) Information Technology High School	566	86%	41	7%	64	11%	2	0%
Taft (William H.) School	395	95%	28	7%	78	20%	48	12%
Taylor (Ethel M.) Academy	391	94%	44	11%	93	24%	73	19%
Virtual High School	411	60%	38	9%	43	10%	5	1%
Walnut Hills High School	2297	20%	52	2%	142	6%	0	0%
Western Hills Engineering High School	81	86%	9	11%	10	12%	1	1%
Western Hills University High School	1051	88%	96	9%	143	14%	24	2%
Westwood School	457	96%	62	14%	80	18%	86	19%
Winton Hills Academy	421	99%	80	19%	108	26%	27	6%
Withrow International	158	84%	7	4%	23	15%	2	1%
Withrow University High School	960	84%	44	5%	150	16%	47	5%
Woodford Paideia Academy	443	91%	16	4%	68	15%	37	8%
Woodward Career Technical High School	734	86%	63	9%	88	12%	2	0%
Total	32411	0%	3033	9%	4348	13%	2233	7%

Source: Cincinnati Health Department
School enrollment is based on average attendance from 7/01/12 to 6/20/13

Receipt of supplemental security income (SSI), cash public assistance income, or Food Stamps/SNAP in the past 12 months by household type for children under 18 years in households - Universe: Population under 18 years in households

Neighborhood	Living in household with Supplemental Security Income (SSI), cash public assistance income, or Food Stamps/SNAP in the past 12 months:	In married-couple family	In male householder, no wife present, family	In female householder, no husband present, family
Avondale	2089	91	43	1911
Bond Hill	820	8	27	785
California	0	0	0	0
Camp Washington	188	15	0	173
Carthage	411	68	58	285
Clifton	232	43	0	189
College Hill	1201	227	46	928
Columbia Tusculum	*	*	*	*
Corryville	80	0	0	80
CUF	546	17	19	510
Downtown	0	0	0	0
East End	154	50	12	92
East Price Hill	3469	686	116	2627
East Walnut Hills	58	33	0	25
East Westwood	*	*	*	*
English Woods	*	*	*	*
Evanston	1040	79	0	961
Hartwell	481	200	0	281
Hyde Park	40	0	0	40
Kennedy Heights	236	0	0	151
Linwood	48	16	0	32
Lower Price Hill	*	*	*	*
Madisonville	779	126	0	653
Millvale	*	*	*	*
Mt. Adams	0	0	0	0
Mt. Airy	1715	149	0	1566
Mt. Auburn	385	31	0	354
Mt. Lookout	0	0	0	0
Mt. Washington	298	34	132	119
North Avondale	*	*	*	*
North Fairmount	*	*	*	*

Neighborhood	Living in household with Supplemental Security Income (SSI), cash public assistance income, or Food Stamps/SNAP in the past 12 months:	In married-couple family	In male householder, no wife present, family	In female householder, no husband present, family
Northside	632	25	70	537
Oakley	196	0	86	110
Over-the-Rhine	598	23	24	501
Paddock Hills	*	*	*	*
Pendleton	305	0	19	286
Pleasant Ridge	313	109	0	204
Queensgate	*	*	*	*
Riverside	76	0	14	62
Roll Hill	701	0	140	547
Roselawn	968	18	0	950
Sayler Park	161	0	6	155
Sedamsville	*	*	*	*
South Cumminsville	*	*	*	*
South Fairmount	620	105	0	515
Spring Grove Village	210	9	32	169
Walnut Hills	966	108	37	821
West End	797	0	93	704
West Price Hill	2667	356	143	2064
Westwood	1768	326	213	1229
Winton Hills	2,143	24	0	2,119

Source: U.S. Census Bureau, 2012 American Community Survey

Medicaid/means-tested public coverage by sex by age

Neighborhood	Male Under 18 years:	With Medicaid/means -tested public coverage	Female Under 18 years:	With Medicaid/means -tested public coverage	Total with Medicaid/means -tested public coverage
Avondale	1537	1087	1686	1161	2248
Bond Hill	742	423	934	532	955
California	52	0	65	0	0
Camp Washington	121	78	157	120	198
Carthage	277	193	320	166	359
Clifton	762	348	607	204	552
College Hill	1757	766	1444	540	1306
Columbia Tusculum	*	*	*	*	*
Corryville	103	47	141	70	117
CUF	427	273	490	300	573
Downtown	12	12	61	32	44
East End	182	106	100	74	180
East Price Hill	2647	1944	2378	1803	3747
East Walnut Hills	197	115	71	40	155
East Westwood	*	*	*	*	*
English Woods	*	*	*	*	*
Evanston	931	563	632	503	1066
Hartwell	457	215	517	280	495
Hyde Park	1226	12	1191	40	52
Kennedy Heights	395	219	707	69	288
Linwood	81	28	28	20	48
Lower Price Hill	*	*	*	*	*
Madisonville	962	348	949	380	728
Millvale	*	*	*	*	*
Mt. Adams	60	0	84	0	0
Mt. Airy	1567	1081	1491	804	1885
Mt. Auburn	459	309	340	184	493
Mt. Lookout	517	0	609	0	0
Mt. Washington	1562	294	1060	121	415
North Avondale	*	*	*	*	*
North Fairmount	*	*	*	*	*

Neighborhood	Male Under 18 years:	With Medicaid/means -tested public coverage	Female Under 18 years:	With Medicaid/means -tested public coverage	Total with Medicaid/means -tested public coverage
Northside	747	426	665	408	834
Oakley	425	42	434	58	100
Over-the-Rhine	469	411	281	239	650
Paddock Hills	*	*	*	*	*
Pendleton	173	154	188	140	294
Pleasant Ridge	954	167	752	241	408
Queensgate	*	*	*	*	*
Riverside	114	56	37	21	77
Roll Hill	395	364	378	345	709
Roselawn	803	596	604	300	896
Sayler Park	350	147	287	59	206
Sedamsville	*	*	*	*	*
South Cumminsville	*	*	*	*	*
South Fairmount	439	313	397	311	624
Spring Grove Village	266	119	289	146	265
Walnut Hills	622	453	824	640	1093
West End	420	298	896	734	1032
West Price Hill	2675	1556	2816	1481	3037
Westwood	2976	1017	2747	983	2000
Winton Hills	1,073	1,045	1,149	1,083	2128

Source: U.S. Census Bureau, 2012 American Community Survey

Poverty Rates

	Youth under 18 below Poverty Line				
Neighborhood	Total	Black	Non-Hispanic white	Hispanic	Asian
Avondale	1914	1819	19	0	0
Bond Hill	721	721	0	0	0
California	0	0	0	0	0
Camp Washington	146	0	27	0	0
Carthage	201	105	66	30	0
Clifton	309	171	50	0	33
College Hill	1113	1026	41	12	6
Columbia Tusculum	*	*	*	*	*
Corryville	86	74	6	0	0
CUF	431	359	23	25	19
Downtown	0	0	0	0	0
East End	159	88	71	0	0
East Price Hill	3219	1772	868	515	0
East Walnut Hills	62	39	13	34	0
East Westwood	*	*	*	*	*
English Woods	*	*	*	*	*
Evanston	841	823	0	0	0
Hartwell	455	206	172	77	0
Hyde Park	105	0	105	0	0
Kennedy Heights	420	420	0	0	0
Linwood	17	3	14	0	0
Lower Price Hill	*	*	*	*	*
Madisonville	661	647	0	0	0
Millvale	*	*	*	*	*
Mt. Adams	0	0	0	0	0
Mt. Airy	1412	1099	21	267	0
Mt. Auburn	474	464	10	3	0
Mt. Lookout	0	0	0	0	0
Mt. Washington	261	54	191	0	16
North Avondale	*	*	*	*	*
North Fairmount	*	*	*	*	*

	Youth under 18 below Poverty Line				
Neighborhood	Total	Black	Non-Hispanic white	Hispanic	Asian
Northside	590	357	180	0	0
Oakley	137	71	51	0	0
Over-the-Rhine	546	432	44	20	0
Paddock Hills	*	*	*	*	*
Pendleton	193	178	15	0	0
Pleasant Ridge	336	273	33	15	0
Queensgate	*	*	*	*	*
Riverside	55	34	21	0	0
Roll Hill	694	619	12	36	0
Roselawn	758	724	34	0	0
Sayler Park	161	0	76	55	0
Sedamsville	*	*	*	*	*
South Cumminsville	*	*	*	*	*
South Fairmount	498	307	112	57	0
Spring Grove Village	232	143	5	23	0
Walnut Hills	882	805	37	22	0
West End	885	885	0	0	0
West Price Hill	2500	1482	755	91	0
Westwood	1320	987	282	51	0
Winton Hills	1774	1637	83	54	0

Source: U.S. Census Bureau, 2012 American Community Survey

Sex by college or graduate school enrollment by type of school by age 18-24 years

Neighborhood	Male 18 to 24 years enrolled in public college or graduate school	Male 18 to 24 years enrolled in private college or graduate school	Female 18 to 24 years enrolled in public college or graduate school	Female 18 to 24 years enrolled in private college or graduate school
Avondale	374	170	274	251
Bond Hill	23	0	44	19
California	14	0	0	0
Camp Washington	39	0	5	0
Carthage	15	0	10	10
Clifton	425	23	397	0
College Hill	158	45	127	48
Columbia Tusculum	*	*	*	*
Corryville	625	15	543	18
CUF	4573	407	3893	356
Downtown	64	0	10	0
East End	0	0	0	4
East Price Hill	107	187	149	185
East Walnut Hills	17	52	37	62
East Westwood	*	*	*	*
English Woods	*	*	*	*
Evanston	102	0	96	47
Hartwell	40	50	113	31
Hyde Park	180	80	620	180
Kennedy Heights	0	17	41	0
Linwood	7	0	0	0
Lower Price Hill	*	*	*	*
Madisonville	194	0	190	82
Millvale	*	*	*	*
Mt. Adams	0	14	3	0
Mt. Airy	114	0	119	0
Mt. Auburn	85	37	319	33
Mt. Lookout	0	0	0	21
Mt. Washington	215	9	237	8
North Avondale	*	*	*	*
North Fairmount	*	*	*	*

Neighborhood	Male 18 to 24 years enrolled in public college or graduate school	Male 18 to 24 years enrolled in private college or graduate school	Female 18 to 24 years enrolled in public college or graduate school	Female 18 to 24 years enrolled in private college or graduate school
Northside	25	17	212	34
Oakley	93	19	189	99
Over-the-Rhine	69	16	128	18
Paddock Hills	*	*	*	*
Pendleton	5	11	0	5
Pleasant Ridge	17	17	115	11
Queensgate	*	*	*	*
Riverside	19	8	13	0
Roll Hill	13	0	40	18
Roselawn	92	22	78	58
Sayler Park	40	0	30	41
Sedamsville	*	*	*	*
South Cumminsville	*	*	*	*
South Fairmount	51	0	7	23
Spring Grove Village	44	0	19	0
Walnut Hills	90	22	115	35
West End	2	0	62	76
West Price Hill	69	0	253	59
Westwood	317	68	103	50
Winton Hills	21	0	116	0

Source: U.S. Census Bureau, 2012 American Community Survey

Pre K and K12 enrollment

Neighborhood	Total enrolled in pre-school/nursery school	Total enrolled in K-12
Avondale	381	2353
Bond Hill	84	1419
California	0	100
Camp Washington	6	238
Carthage	22	475
Clifton	109	1015
College Hill	201	2321
Columbia Tusculum	*	*
Corryville	11	212
CUF	188	433
Downtown	0	55
East End	19	161
East Price Hill	321	3246
East Walnut Hills	68	173
East Westwood	*	*
English Woods	*	*
Evanston	42	1234
Hartwell	13	610
Hyde Park	213	1649
Kennedy Heights	30	984
Linwood	0	113
Lower Price Hill	*	*
Madisonville	116	1302
Millvale	*	*
Mt. Adams	30	86
Mt. Airy	275	2109
Mt. Auburn	28	775
Mt. Lookout	95	794
Mt. Washington	285	1365
North Avondale	*	*
North Fairmount	*	*

Neighborhood	Total enrolled in pre-school/nursery school	Total enrolled in K-12
Northside	155	967
Oakley	88	500
Over-the-Rhine	74	481
Paddock Hills	*	*
Pendleton	5	251
Pleasant Ridge	124	1080
Queensgate	*	*
Riverside	37	74
Roll Hill	10	403
Roselawn	89	1121
Sayler Park	44	365
Sedamsville	*	*
South Cumminsville	*	*
South Fairmount	30	574
Spring Grove Village	0	477
Walnut Hills	63	981
West End	186	894
West Price Hill	274	3713
Westwood	460	3850
Winton Hills	176	1236

Source: U.S. Census Bureau, 2012 American Community Survey

Endnotes

[1] See *KIDS COUNT Data Book* (2013). Baltimore, MD: Annie E. Casey Foundation, Pages 5-9. Retrieved January 20, 2014, from http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={3259C901-9198-41AE-845E-9EADB1CFC8D7}

[2] Id.

[3] The Eli and Edythe Broad Foundation. (n.d.). *The education crisis*. Los Angeles, CA: Broad Prize for Urban Education. Retrieved from http://www.broadprize.com/crisis/stats.html

[4] Children not attending preschool. (2013). In *KIDS COUNT Data Book, supra, note 1, at 26*. Baltimore, MD: Annie E. Casey Foundation. Retrieved from http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={3259C901-9198-41AE-845E-9EADB1CFC8D7}

[5] United Census Bureau. (2008-2012). *School enrollment*. American Community Survey 5-Year Estimates (table S1401). Washington, D.C.: Author. Retrieved from http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/12_5YR/S1401/1600000US3915000

[6] See *KRA-L Score Interpretation Workbook* (n.d.). Columbus, OH: Ohio Department of Education. Retrieved from http://education.ohio.gov/getattachment/Topics/Testing/Kindergarten-Readiness-Assessment/0000_KRAL-Score-Interpretation-Guide-07.pdf.aspx

[7] Hernandez, D. (2012). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation, page 4*. Baltimore, MD: Annie E. Casey Foundation. Retrieved from http://www.aecf.org/m/resourcedoc/AECF-DoubleJeopardy-2012-Full.pdf

[8] Eighth graders not proficient in math. (2013). In *KIDS COUNT Data Book, supra, note 1, at 27*. Baltimore, MD: Author. Retrieved January 20, 2014, from http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={3259C901-9198-41AE-845E-9EADB1CFC8D7}

[9] See Allensworth, E., & Easton, J. (2005, June). *The on-track indicator as a predictor of high school graduation,* page 4. Chicago, IL: Consortium on Chicago School Research. Retrieved from http://ccsr.uchicago.edu/sites/default/files/publications/p78.pdf

[10] The Broad Prize for Urban Education. (n.d.) *Best practice tools.* The Broad Prize Framework for School District Excellence. Retrieved from http://www.broadprize.org/resources/tools.html

[11] The Broad Prize for Urban Education. (n.d.) *Teaching and learning: Assessment.* The Broad Prize Framework for School District Excellence. Retrieved from http://www.broadprize.org/resources/tools/teaching/assessment.html

[12] The Broad Prize for Urban Education. (n.d.) *Teaching and learning: Instruction.* The Broad Prize Framework for School District Excellence. Retrieved from http://www.broadprize.org/resources/tools/teaching/instruction.html

[13] National Parent Teacher Association. (n.d.) *Mission and values*. Alexandria, VA: Author. Retrieved from http://www.pta.org/about/content.cfm?ItemNumber=944&navItemNumber=552

[14] Cincinnati Public Schools. (2014). *What is a Community Learning Center (CLC)?* Cincinnati, OH. Cincinnati Public Schools. Retrieved from http://www.cincinnaticlc.org/about-us/what-is-a-clc

[15] The Broad Prize for Urban Education. (n.d.) *District leadership: Strategic planning.* The Broad Prize Framework for School District Excellence. Retrieved from http://www.broadprize.org/resources/tools/leadership/planning.html

[16] *Youth and work – Restoring teen and young adult connections to opportunity* (KIDS COUNT Special Report)*, page 2.* (2012). Baltimore: MD: Annie E. Casey Foundation. Retrieved from http://www.aecf.org/m/resourcedoc/AECF-YouthAndWork-2012-Full.pdf

[17] Child Trends Data Bank. (2013). *Youth neither enrolled in school nor working, page 2*. Bethesda, MD: Author. Retrieved from http://www.childtrends.org/?indicators=youth-neither-enrolled-in-school-nor-working

[18] Child Trends Data Bank. (2013, July). *Youth employment*. Bethesda, MD: Author. Retrieved from http://www.childtrends.org/wp-content/uploads/2012/05/120_Youth_Employment.pdf

[19] UNICEF Voice of Youth Organization. (n.d.). *Education: The big picture*. Retrieved March 17, 2014, from http://www.voicesofyouth.org/en/sections/education/pages/education-the-big-picture

[20] Lewit, E., Terman, D., Behrman, R. (1997). Children and poverty: Analysis and recommendations. *The Future of Children, Vol. 7 No 2*. Retrieved from https://www.princeton.edu/futureofchildren/publications/docs/07_02_Analysis.pdf

[21] Bayerl, K., Lee, S., Le, C., & Vargas, J. (2014, April). *In and beyond schools: Putting more youth on the path to success with integrated support, pages1-2 .* Boston, MA: Jobs for the Future and the California advanced Project. Retrieved from http://www.jff.org/sites/default/files/publications/materials/InandBeyondSchools_041114.pdf

[22] Id. at 19

[23] Id. at 25-27
[24] Id. at 21-23

[25] Doppler, J. (n.d.) *CPS Community Learning Centers.* Cincinnati, OH: Cincinnati Public Schools. Retrieved from http://www.cps-k12.org/community/clc

[26] Cincinnati CLC. (n.d.) *What is a Community Learning Center (CLC)?* Cincinnati, OH: Cincinnati Public Schools. Retrieved from http://www.cincinnaticlc.org/about-us/what-is-a-clc

[27] The Urban Institute & The Center for What Works. (n.d.) *Candidate outcome indicators: Youth tutoring program,* p*age 2.* Washington, D.C. & Chicago, IL. The Urban Institute & The Center for What Works. Retrieved from http://www.urban.org/center/met/projects/upload/Youth_Tutoring.pdf

[28] Ibid.

[29] Bruce, M. & Bridgeland, J. (2014). *The mentoring effect: Young people's perspectives on the outcomes and availability of mentoring, page 3.* Washington, D.C.: Civic Enterprises with Hart Research Associates for MENTOR: The National Mentoring Partnership. Retrieved from http://www.mentoring.org/images/uploads/Report_TheMentoringEffect.pdf

[30] City of Cincinnati Recreation Commission. (2014). *Cincinnati Recreation Centers*. Cincinnati, OH: Author. Retrieved from http://www.cincinnati-oh.gov/recreation/recreation-centers/

[31] Cincinnati-Hamilton County Community Action Agency. (2014). *Head Start*. Cincinnati, OH: Author*. Retrieved from* http://www.cincy-caa.org/2014/03/head-start.html

[32] The Cincinnati Parks Foundation. (2012). *Greenspace Program.* Cincinnati, OH: The Cincinnati Parks Foundation. Retrieved from http://www.cincinnatiparks.com/greenspaces

[33] NAO. (2006). *Enhancing urban green space: Understanding the contribution parks and green spaces can make to improving people's lives*. London, UK: Chartered Society of Designers. Retrieved from http://www.csd.org.uk/uploadedfiles/files/value_of_green_space_report.pdf

[34] Almquist, P., Brekke, B., Croymans, S., Fruechte, K., Matlack, M., McAndrews, B., Morreim, P., Ogg-Graybill, J., Piehl, B., Walker, J., & Zurcher, T. (2013). *Keys to quality youth development, paragraphs 11-18*. University of Minnesota Extension. Retrieved from http://www.extension.umn.edu/youth/research/keys-to-quality-youth-development/

[35] Id. at 41-86

[36] Id. at 87-128

[37] Id. at 129-171

[38] Id. at 172-213

[39] Id. at 214-256

[40] Id. at 257-306

[41] Id. at 307-352

[42] Id. at 353-392

[43] Jang, J. & Dworkin, J. (2012). Mother's satisfaction with youth out-of-school-time programs. In Dawson, P. (Ed.), *Journal of Youth Development, Vol. 7, No 4.* Minneapolis, MN. Retrieved from http://nae4a.memberclicks.net/assets/documents/jyd_0704final.pdf#page=6

[44] Augustine, C., et. al.(2011). *Making summer count: How summer programs can boost children's learning, page xiii.* Santa Monica, CA: RAND Corporation. Retrieved from http://www.wallacefoundation.org/knowledge-center/summer-and-extended-learning-time/summer-learning/Documents/Making-Summer-Count-How-Summer-Programs-Can-Boost-Childrens-Learning.pdf

[45] Annie E. Casey Foundation. (2013). *Supra, note 1, page 30.* And The StateUniversity.com Education Encyclopedia. (n.d.). *Health care and children - The importance of access, the role of insurance, the limitations of insurance, conclusion.* StateUniversity.com. Retrieved February 25, 2014, from http://education.stateuniversity.com/pages/2034/Health-Care-Children.html#ixzz2xIJGdBSe

[46] Ibid.

[47] Moonie, S. A., Sterling, D. A., Figgs, L. & Castro, M. (2006). Asthma Status and Severity Affects Missed School Days. *Journal of School Health*, *76 (1), 18-24, 2006*. Retrieved from http://www.asthma-stlouis.org/PDF/AsthmaStatusSeverity.pdf

[48] *Cunningham J., Mendez L., N. Sundman-Wheat, A. (2011).* Best practices in working with students with emotion dysregulation. *Communiqué, Vol. 40 No. 3.* Retrieved from *http*://www.nasponline.org/publications/cq/40/3/best-practices.aspx

[49] Pratt, J., Lazorick**,** S., Lamson, A., Ivanescu, A., & Collier, D. (2013, July). Quality of life and BMI changes in youth participating in an integrated pediatric obesity treatment program. *Health and Quality of Life Outcomes 2013, Vol 11, N116*. Retrieved from http://www.hqlo.com/content/11/1/116

[50] Centers for Disease Control and Prevention. (n.d.) *About BMI for adults*. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html#Definition

[51] American Diabetes Association. (2014). *Statistics about diabetes.* Alexandria, GA: American Diabetes Association. Retrieved from http://www.diabetes.org/diabetes-basics/statistics/

[52] Brink, S., Lee, W., Pillay, K., & Kleinebreil, L. (2011, January). *Diabetes in children and adolescents: Basic training manual for healthcare professionals in developing countries, page 15*. Novo Nordisk, Denmark. Retrieved from http://www.changingdiabetesaccess.com/pdfs/training_manuals_and_presentations/CDiC_Manual_UK_Jan_2011_001_LOW.pdf

[53] Swift P. (2009). Diabetes education in children and adolescents. *Pediatric Diabetes 2009: 10 (Suppl. 12), page 52*. Retrieved from https://www.ispad.org/sites/default/files/resources/files/ispad_guidelines_2009_-_education.pdf

[54] Centers for Disease Control and Prevention. (2013). *Infant mortality.* Atlanta, GA: Author. Retrieved from http://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

[55] Central Intelligence Agency. (2014). *Country comparison: Life expectancy at birth.* Central Intelligence Agency. Retrieved from https://www.cia.gov/library/publications/the-world-factbook/rankorder/2102rank.html

[56]See Hoyert D. & Xu J. (2012). Deaths: Preliminary data for 2011. *National vital statistics reports; vol 61 no 6.* Hyattsville, MD: National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf

[57] See Eaton, D., Kann, L., Kinchen, S., Shanklin, S., Flint, K., Hawkins, J., Harris, W., Lowry, R., McManus, T., Chyen, D., Whittle, L., Lim, C., Wechsler, H., & Calverton, M. (2012, June). Youth Risk Behavior Surveillance — United States, 2011. *Surveillance Summaries, Vol. 61, No. 4*. Retrieved from http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf

[58] Division of Adolescent and School Health. (n.d.). *Youth Risk Behavior Surveillance System: System* overview. Atlanta, GA: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Retrieved from http://www.cdc.gov/healthyyouth/yrbs/pdf/system_overview_yrbs.pdf

[59] Benjamim, R. (n.d.) *Preventing tobacco use among youth and young adults, page 3*. Atlanta, GA: Center for Disease Control and Prevention, Office on Smoking and Health. Retrieved from http://www.cdc.gov/tobacco/data_statistics/sgr/2012/consumer_booklet/pdfs/consumer.pdf

[60] Division of Adolescent and School Health. (n.d.). *Tobacco use and United States students*. Atlanta, GA: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Retrieved from http://www.cdc.gov/healthyyouth/yrbs/pdf/us_tobacco_combo.pdf

[61] Benjamin, R. (n.d), supra, note 59, page 5.

[62] Supra, note 53.

[63] Division of Adolescent and School Health. (n.d.). *HIV and other STD prevention and United States students*. Atlanta, GA: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Retrieved from http://www.cdc.gov/healthyyouth/yrbs/pdf/us_hiv_combo.pdf

[64] Division of Adolescent and School Health. (n.d.). *Effective HIV and STD prevention programs for youth: A summary of scientific evidence, page 1*. Atlanta, GA: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Retrieved from http://www.cdc.gov/healthyyouth/sexualbehaviors/pdf/effective_hiv.pdf

[65] See Pagliaro, S. & klindera, K. (2001, August). *Youth development: Strengthening prevention strategies, page 1*. Washington, D.C.: Advocates for Youth. Retrieved from http://www.advocatesforyouth.org/storage/advfy/documents/ythdevelop.pdf

[66] Centers for Disease Control and Prevention. (2014). *Adolescent and school health: Childhood obesity facts*. Atlanta, GA: Author. Retrieved from http://www.cdc.gov/healthyyouth/obesity/facts.htm

[67]Centers for Disease Control and Prevention. (n.d.) *Youth Online: High School YRBS, Health Topics.* Atlanta, GA. Centers for Disease Control and Surveillance. Retrieved from http://nccd.cdc.gov/youthonline/App/QuestionsOrLocations.aspx?CategoryID=5#5

[68] Division of Adolescent and School Health. (n.d.). *The obesity epidemic and United States students*. Atlanta, GA: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Retrieved from http://www.cdc.gov/healthyyouth/yrbs/pdf/us_obesity_combo.pdf

[69] Lewit, E., Terman, D., Behrman, R. (1997). Children and poverty: Analysis and recommendations. *The Future of Children, Vol. 7 No 2, page 6*. Retrieved from https://www.princeton.edu/futureofchildren/publications/docs/07_02_Analysis.pdf

[70] Supra, note 1. Page 18.

[71] Id. at 20

[72] The Women's Fund. (2012, August). *The Women's Fund PULSE briefing: Women, poverty, and cliffs, page 3*. Cincinnati, OH: The Greater Cincinnati Foundation. Retrieved from http://www.gcfdn.org/Portals/0/Uploads/Documents/PULSE_cliffeffect_2012.pdf

[73] National Coalition for the Homeless. (2013). *Homelessness in America.* Washington, DC. National Coalition for the Homeless. Retrieved from http://nationalhomeless.org/about-homelessness/

[74] Bassuk, E., Murphy, C., Coupe, N., Kenney, R., & Beach, C. (2010). *State report card on child homelessness: America's youngest outcasts 2010, page 8*. Waltham, MA: The National Center on Family Homelessness. Retrieved from http://www.homelesschildrenamerica.org/media/NCFH_AmericaOutcast2010_web_032812.pdf

[75] Children's Health Watch. (n.a.). *Too many hurdles: Barriers to receiving SNAP put children's health at risk.* Boston, MA: Author. Retrieved from http://www.childrenshealthwatch.org/upload/resource/snap_brief_mar11.pdf

[76] Simpson, G., Bloom, B., Cohen, R. A., & Parsons, P.E. (1997). *Access to health care part 1: Children, page 35*. National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/series/sr_10/sr10_196.pdf

[77] National Alliance to End Homelessness. (2012). *An emerging framework for ending unaccompanied youth homelessness.* Washington, D.C.: Author. Retrieved from http://b.3cdn.net/naeh/1c46153d87d15eaaff_9zm6i2af5.pdf

[78] National Alliance to End Homelessness. (2012). *Counting and surveying homeless youth, page 4.* Washington, D.C.: Author. Retrieved from http://b.3cdn.net/naeh/42a953e0b3644f9a0d_ecm6ibcw5.pdf

[79] Toro, P., Lesperance, T., & Braciszewski, J. (2011). *The heterogeneity of homeless youth in America: Examining typologies, page 4.* National Alliance to End Homelessness & Homelessness Research Institute. Retrieved from http://b.3cdn.net/naeh/29187fa2fa05e03e4a_ysm6b8861.pdf

[80] Kreader, J., & Schneider, W. (n.d.). *Putting the pieces together: New York early Learning Program Data systems, page 3.* New York, NY: National Center for Children in Poverty. Retrieved from http://www.nccp.org/publications/pdf/text_999.pdf

[81] Ibid

[82] Id. at 4

[83] UNICEF Innocenti Research Centre & No Peace Without Justice. (2002, September). *International criminal justice and children, page 12.* Florence, Italy: Author. Retrieved from http://www.unicef.org/emerg/files/ICJC.pdf

[84] United States Government (1967, February). *The challenge of crime in a free society, pages 5-6.* Washington, D.C.: Author. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/42.pdf

[85] McCollister K., French, M., & Fang, H. (2010). The cost of crime to society: New crime-specific estimates for policy and program evaluation. *Drug and alcohol dependence: Vol. 108 No 1-2*. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835847/#!po=2.50000. And Queensland Government, Department of Justice and Attorney-General. (n.d.). *The impact of violent crime on you and your family.* Queensland, Australia: Author. Retrieved on March 15, 2014, from https://publications.qld.gov.au/storage/f/2014-06-10T07%3A02%3A22.977Z/vaq-guide-for-victims-of-crime-section-2.pdf

[86] MacDonald, J., Bluthenthal, R., Golinelli, D., Kofner, A., Stokes, R., Sehgal, A., Fain, T., & Beletsky, L. (2009). *Neighborhood effects on crime and youth violence: The role of business improvement districts in Los Angeles, page xiii*. Pittsburgh, PA: RAND Corporation. Retrieved from http://www.rand.org/content/dam/rand/pubs/technical_reports/2009/RAND_TR622.pdf

[87] Federal Interagency Forum on Child and Family Statistics. (2013). *Key national indicators of well-being: Youth perpetrators of serious violent crimes.* Washington, D.C.: Author. Retrieved March 10, 2014, from http://www.childstats.gov/americaschildren/beh5.asp

[88] National Crime Prevention Council & National Center for Victims of Crime. (2012). *Outreach to underserved teen victims of crime: Chart a course for expanding victim services to youth, page 3*. Arlington, VA & Washington, D.C.: Author. Retrieved from http://www.victimsofcrime.org/docs/Youth%20Initiative/outreach-to-underserved-teen-victims-of-crime.pdf?sfvrsn=0

[89] National Center for Injury Prevention and Control & Center for Disease Control and Prevention. (2012). *Understanding Youth Violence.* Atlanta, GA: Division of Violence Prevention. Retrieved from http://www.cdc.gov/violenceprevention/pdf/yv_factsheet2012-a.pdf

[90] National Institute of Justice. (n.d.). *The mentoring program*. Washington, D.C.: Author. Retrieved from http://www.crimesolutions.gov/PracticeDetails.aspx?ID=15

[91]National Institute of Justice. (n.d.). *School-based bullying prevention programs*. Washington, D.C.: Author. Retrieved from http://www.crimesolutions.gov/PracticeDetails.aspx?ID=20

[92] Id.

[93] Id.

[94] Id.

[95] Id.

[96] National Institute of Justice. (n.d.). *Targeted truancy interventions*. Washington, D.C.: Author. Retrieved from http://www.crimesolutions.gov/PracticeDetails.aspx?ID=10

[97] For more information about 4C for Children, please visit hpp://www.4cforchildren.org

[98] For more information about the Central Clinic, please visit http://www.centralclinic.org/

[99] For more information about the Children's Home, please visit http://www.thechildrenshomecinti.org/

[100] For more information about the Cincinnati GRAD, please visit http://www.gradcincinnati.org/

[101] For more information about the Cincinnati initiative to Reduce Violence, please visit http://www.cincinnati-oh.gov/police/community-involvement/cincinnati-initiative-to-reduce-violence/

[102] For more information about the Cincinnati Recreation Commission, please visit www.cincinnati-oh.gov/recreation/recreation-centers/

[103] For more information about the Cincinnati Youth Collaborative, please visit www.cycyouth.org/

[104] For more information about the City Link Center, please visit www.citylinkcenter.org

[105] For more information about the Community Learning Centers, please visit http://www.cps-k12.org/community/clc

[106] For more information about Continuum of Care, please visit www.estrategiestoendhomeless.org

[107] For more information about the Growing Well Cincinnati program, please visit www.growingwell.org

[108] For more information about the Head Start program, please visit http://www.cincinnatiheadstart.org

[109] For more information about Lighthouse Youth Services, please visit http://www.lys.org/index.html

[110] For more information about Partners for a Competitive Workforce, please visit hpp://www.competitiveworkforce.com

[111] For more information about the not-for-profit organization ProKids, please visit http://www.prokids.org

[112] For more information about the Hamilton County LGBTQ Youth Homelessness Prevention Initiative, please visit http://www.lys.org/index.html

[113] For more information about the StrivePartnership, please visit www.strivetogether.org

[114] For more information, please visit www.cincy-promise.org or www.read-on.org

[115] For more information, please visit www.strivepartnership.org/be-the-change

[116] For more information about the Success by 6® initiative, please visit http://sb6uwgc.org, and for more information about Every Child Succeeds, please visit http://www.everychildsucceeds.org/Our-Outcomes.aspx

[117] For more information about the Talbert House, please visit http://www.talberthouse.org/

[118] For more information about the United Way Bold Goals, please visit hpp://www.uwgc.org

[119] For more information about the Urban League, please visit www.gcul.org/
[120] General information regarding the Youth at Risk of Homelessness Planning Grant is available at http://www.oacca.org/wp-content/uploads/2014/05/YARH-one-pager.pdf.

[121] For more information about the Cincinnati Youth 2 Work program, please visit http://www.cincinnati-oh.gov/hr/youth-2-work-program/