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SPECIAL THANKS TO:

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When the Community Health Endowment (CHE) created the Place Matters Community Mapping Project two years ago, our goal was to collect data, make it visual, look for patterns, and draw conclusions. Neat and tidy. Easy, right?

Not exactly.

Making maps and sharing them with thousands of people was a different experience than we expected. Along the way, the data came alive; the maps told stories — big, loud stories. People listened closely and were compelled to see their community in a new way.

This book includes an update of some of our original maps and a few new ones. We believe these new and updated maps will continue to spark conversation, help focus human and financial resources, and engage the community. We also believe this book will help create more “place makers” — people and groups who bring positive, lasting change to our community’s landscape, perhaps by working across the community, perhaps by working in their own neighborhood. How about you? Will you be a place maker?

Just like an atlas, this book of maps is ready to guide us toward a destination. Instead of a far-off city or country, our destination is right here in Lincoln, Nebraska. East. West. North. South. And our destination is not just a place. It’s better health for everyone who lives here. Let’s work together to make this 90 square miles the best it can be for ALL who call it home.
In 1980, 18 census tracts had at least 10% of residents living in poverty. * Since then, poverty has expanded in every direction from Lincoln’s core. Epidemiologists have long referred to poverty as the “cause of causes” and the most powerful predictor of disease and mortality.

* Poverty is defined as 100% of the federal poverty threshold as determined by the U.S. Census Bureau.
Lincoln has experienced a suburbanization of poverty with 38 census tracts having at least 10% of residents living in poverty. The stress and adversity of poverty can be toxic, creating complex, long-lasting physical and mental health challenges for individuals and families. In addition, human service agencies are increasingly challenged to redesign their programs to serve a growing number of individuals outside of Lincoln’s core.
Female-headed families in poverty and their children are at especially high risk for poor outcomes in many areas of life. A child's adult success, including educational achievement, health status, and employment, is directly correlated to the length of time they lived in poverty as a child. The challenges of one generation can ripple through to the next, creating a cycle of persistent poverty and instability that is difficult to break. Place-based approaches could be effective by targeting services to geographic areas where female-headed households and their children are more likely to reside.
Prenatal care, especially in the first trimester, is important for the health of the infant and mother. Women who receive late or no prenatal care are more likely to have babies with health problems, including low birth weight. Although Lincoln’s goal is for at least 90% of pregnant women to receive first trimester care, recent data shows that only 77.2% had such care in 2013-2015. In fact, no Lincoln census tract achieved the 90% goal during this period. This map reveals that women living in areas with higher poverty, and further from medical care, are less likely to have first trimester care.
This map identifies the locations of family, internal medicine and pediatric practices in the city. While market forces remain a key factor in determining practice location, Lincoln has made recent and significant progress in locating primary care in medically underserved areas. Continued work is needed to provide geographic access to primary care in areas of Lincoln where poverty and, arguably, health care needs are highest.

Data Source: Lancaster County Medical Society
This map identifies the locations of dental clinics in Lincoln. As with primary care, the location of dental clinics is often driven by market forces. This map, like the map on page 8, does not distinguish between clinics who accept Medicaid or uninsured patients and those that do not. Rather, these maps illustrate the geographic disparity of medical/dental services and the lack of a health presence in some neighborhoods. “Planting health” in every neighborhood should remain a high priority for Lincoln.
Lincoln reached its Healthy People 2020 goal of a 10% reduction in childhood obesity* in 2014 - six years ahead of schedule! Lincoln is committed to addressing this public health epidemic and set another ambitious goal - a 20% reduction by 2020. That means reducing the percentage of K - 4th graders considered obese to no more than 12.2%. It will take collective effort focused where obesity rates are highest.

* Obesity is defined as a Body Mass Index (BMI) at or above the 95th percentile for children of the same age and sex.
Access to healthy foods has a substantial influence on individual health. In 2016, Nebraska Extension assessed 204 Lincoln food stores using the Nebraska Nutrition Environment Measures Survey in Stores (NebNEMS-S). This point-in-time observation records the availability of healthy food options in each of the five food groups (i.e. fruits with no added sugar, vegetables with no added sauce, lean protein, low-fat dairy and whole grains). This data, combined with vehicle ownership rate, was visualized to show areas in Lincoln with the lowest access to healthy food.

Data Source: Nebraska Extension (NebNEMS-S data) and the U.S. Census Bureau ACS 2011-2015 (vehicle access data)
Lincoln has been at the forefront of policy and programs to discourage tobacco use. In 2017, our community set an ambitious goal to decrease the prevalence of adults who smoke tobacco* to less than 12% by 2020. This map shows only a few places in the city meet that goal today. Lincoln must continue to build on its public health efforts in this area with a special focus on reducing tobacco use in areas of our community where it is the highest.

* Smoked 100 or more cigarettes (lifetime) and are current smokers on every/some days

Data Source: BRFFSS, Lincoln-Lancaster County Health Department.
When someone is experiencing a mental health crisis, people often call 911. This map shows the distribution of those calls to the Lincoln Police Department (LPD). An address may have multiple calls for help. LPD recognizes that arresting and/or incarcerating individuals with mental illness who have not committed a serious offense is rarely effective. Specialized officer training and a nationally-recognized partnership with Lincoln’s mental health community are positive steps. These progressive approaches must continue, while recognizing that alleviating toxic stress in young children is key to better mental health in adulthood.
**Life Expectancy in Lancaster County = 80.1 Years**

Life expectancy* is the statistically probable length of time an individual can be expected to live if born today. In this map, life expectancy is based on lifetime mortality patterns (age-specific) of the resident population in the specific census tract given all the risk factors that exist in that location. While most people may not live their entire life in the same census tract, this map is useful for showing the geographic variance of life expectancy in Lincoln and the influence a person’s address can have on health, especially during critical, formative years.

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* Calculated using Reed-Merrill and Greville methods.

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**Data Source:**
Lincoln-Lancaster County Health Department

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**Average Life Expectancy in Years**

- 75.1 Years
- 75.9 Years
- 76.9 Years
- 66.0 Years
- 86.0 Years
- 82.2 Years
- 86.9 Years
Call to Action

The maps in this book are just ink on paper. Yet, they are powerful. They have the ability to divide us, to cause us to see our community as “us vs. them.” Then again, these maps can act more powerfully to bring us together with a clearer understanding of the work we have to do to create a stronger, healthier Lincoln.

Now is your chance.

Each of us can be a place maker, perhaps even a place shaker, but it is intentional work. It will take your time and your mind. Sometimes it will take money. It will always take courage.

Start big or start small — but start.

Be an advocate for your neighborhood or for one where you don’t live. Take time to read to a child — yours or someone else’s. Be curious about poverty, domestic violence, and mental illness and give grace to those who face them. Care about single moms and their babies. Understand the power of opportunity. Recognize that not everyone “sees health” in their neighborhood. Make that possible. Feel deeply and generously about generations you may not live to see.

There is much to do, and, luckily, many of us to do it.

It has been CHE’s privilege to share this book of maps freely with the community. We ask only one thing in return: Ask yourself, “What will I do now with what I now know?” We will all be better because you did.

Zhy’Anah Dancy listens to her own heart during a check-up at Health 360.
For more information about the Place Matters Community Mapping Project and access to our interactive maps, visit chelincoln.org/placematters.

If your organization would like a presentation about Place Matters, contact Marcia White, Program Manager, marcia.white@chelincoln.org or (402) 436-5516.