PLACEmatters 4.0 2021

Community Health Endowment of Lincoln

in partnership with the Lincoln-Lancaster County Health Department
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**SPECIAL THANKS TO:**

- Lancaster County Medical Society
- Lincoln Public Schools
- Partnership for a Healthy Lincoln
- City of Lincoln - Urban Development Department
- Nebraska Extension
Since Place Matters debuted in 2015, we have learned that people relate deeply to maps where they can clearly see the factors affecting the neighborhoods where they live, work, and play. We have also seen people gain new insights into neighborhoods not their own. We have watched organizations use this data in decision-making, budget allocation, project development, community activism, and strategic planning. These maps have been used by researchers, grantwriters, policymakers, church and business leaders, neighborhood associations, students, teachers, community groups, and more. The impact has been deep and broad, and our hope is that Place Matters 4.0 will only continue to influence positive change and a healthier future for all.

New to this book in 2021 are maps that tell a compelling story about race and poverty. On page 9 you will read this narrative: “Of the 29 census tracts with above average minority population, 83% also have a higher than average poverty rate. Of the 41 census tracts with below average minority population, only 20% have a higher than average poverty rate.” The link between being a person of color and poverty is compelling and accelerates a call for health equity. No one is exempt from assuring that ALL people in Lincoln have an opportunity to be as healthy as possible.

Also new to this book are housing maps. Home ownership can provide individuals and families with emotional and financial stability, as well as bolster household wealth (now and generationally) through home equity and appreciation. These maps are foundational to our understanding of housing in Lincoln. Any opportunity to increase household wealth is an opportunity to decrease poverty and the poor health outcomes that often accompany it.

We believe that it is our duty to provide this information and we will continue to do so, but simply having the information is not enough. We encourage you to:

- **USE THESE MAPS** to be informed and inspired;
- **EXAMINE WHAT YOU BELIEVE ABOUT HEALTH EQUITY AND OPPORTUNITY** so that everyone can achieve a healthier future;
- **INFORM OTHERS** by sharing the maps with your circle of friends, colleagues, neighbors, and influencers; and
- **DO SOMETHING TO CREATE A HEALTHIER COMMUNITY**... not just for us, but for generations to come.
In 1980, 8.6% of Lancaster County residents were considered to be living in poverty. Across the city, 18 census tracts had at least 10% of residents living in poverty.* Over the past four decades, poverty has expanded in every direction from Lincoln’s core. Poverty should be viewed 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.
The most current data shows 12.5% of Lincoln residents live in poverty. Of the 70 census tracts mapped in Lincoln, 35 (50%) have at least 10% of residents living in poverty. This compares to 18 census tracts of 50 (36%) in 1980. Of the census tracts with poverty above 30%, the average life expectancy is 72.3 years. Of the census tracts with poverty below 5%, the average life expectancy is 81.8 years.
A healthy first three months of pregnancy is crucial to a healthy birth. Although Lincoln’s goal is for 90% of pregnant women to receive first trimester care, the actual percentage is 79.3%. Women of color consistently have lower rates of prenatal care. The census tracts shown in red and orange represent the lowest percentages of first trimester care, with the lowest percentage in census tract 20.02 (56.2%).

Data Source: Lancaster County Vital Records
Map: LLCHD
This map identifies the locations of primary medical care (family medicine, internal medicine and pediatric) in Lincoln. Market forces remain a key factor in determining practice location, and Lincoln continues to seek opportunities to plant primary care in medically underserved areas. This map does not distinguish between clinics that accept Medicaid, Medicare, and/or uninsured patients and those that do not. Rather, this map illustrates the geographic placement of medical services and the lack of a physical health presence in some neighborhoods.
Poverty* 2019

Poverty is often considered the ‘cause of causes’ and the most powerful predictor of disease and premature death. In 2019, the average poverty rate for Lincoln was 12.5%. This map highlights the census tracts where the percentage of people living in poverty exceeds the community average.

* Poverty is defined as 100% of the federal poverty threshold as determined by the U.S. Census Bureau. In 2019, the poverty threshold for a family with two adults and two children was $25,750.

Minority Population** 2019

While the majority of the population identifies as White, Lincoln is becoming an increasingly diverse community. In 2000, the percentage of people who identified as Black, Asian, Native American, Hispanic, or Other was 13.3% of the total population, compared to 19.4% in 2019. This map highlights the census tracts where the percentage of people identifying as a racial minority or Hispanic ethnicity exceeds the current community average of 19.4%.

** Includes all racial minorities and Hispanic ethnicity

Poverty* and Minority Population** 2019

There is a correlation between census tracts with higher poverty and a higher percentage of people who identify as a minority. Of the 29 census tracts with above average minority population, 24 (83%) also have a higher than average poverty rate. Of the 41 census tracts with below average minority population, only 8 (20%) have a higher than average poverty rate. The purple census tracts reveal where both factors exceed the average for the city of Lincoln.

Data Source: U.S. Census Bureau
Map: LLCEAD
Home ownership can lead to housing stability and generational wealth, but can be difficult to achieve for many low-income individuals and families. The average percentage of all single family homes (SFH) in Lincoln that were considered “rental properties” was 19.3% in 2010, increasing to 22.4% in 2019. This map shows where the percentage of SFH rentals exceeded 19.3% in 2010 (in blue) and 22.4% in 2019 (hatchmarks). Four census tracts (bordered in purple) represent those census tracts that have had at least a 20% increase in the percentage of SFH rentals between 2010 and 2019. The largest increase (11% to 38%) was in census tract 7.

Data Source: US Census Five Year Average, 2010 and 2019 (Table B25032: Tenure by Units in Structure)
Map: Urban Development Department, City of Lincoln

*Single unit (detached, attached) and mobile homes
In addition to the geographic distribution of SFH rental properties in Lincoln (page 10), it is important to note the trend toward existing owner-occupied SFH becoming SFH rentals. Of SFH that changed status from owner-occupied to rental, or from rental to owner-occupied, between 2015 to 2020, the purple census tracts show where a majority of the changes were owner-occupied to rental. The dots represent the actual number of homes that made this change in status. There is a growing movement in areas surrounding the core of Lincoln, and especially those in neighborhoods established in the mid-20th century, toward SFH rentals.

Data Source: US Census Five Year Average, 2019 (Table B25032: Tenure by Units in Structure)
Map: Urban Development Department, City of Lincoln

*Only SFHs defined by County Assessor
Research indicates cardiorespiratory fitness is a more powerful predictor of illness or mortality than obesity. Also, multiple studies show youth fitness correlates with academic performance — the better a student’s aerobic fitness, the better their academic performance. In Lincoln Public Schools (LPS), aerobic fitness is measured using the Fitnessgram PACER, a multistage aerobic capacity test. Lincoln’s goal is that 80% of LPS students pass** the PACER test. Currently, only 19 census tracts meet that goal. The pass rate across the entire LPS district ranges from 50.9% to 93.4%, with an average pass rate of 74.9%.

* No data was collected in the 2020-2021 school year.

** Passing the PACER test is defined as achieving the standardized, grade level aerobic capacity score.
"Baby Boomers," or those born between 1946 and 1964, began turning 75 in 2021 and this aging trend will certainly impact Lincoln’s future. It is projected that those age 75 and older will exceed those age 0-5 by 2025 for the first time in local history, and comprise 1 in every 10 residents by 2050. This map offers a picture of how an aging population will undoubtedly influence Lincoln’s housing, workforce, health, transportation, and senior service infrastructure and systems.

Data Source: LLCHD and Urban Development Department
Map: LLCHD

Older Adults (75+ years)
1980 and 2019

- At least 5% of population is 75+ years in 1980.
- At least 5% of population is 75+ years in 2019.
- At least 5% in 1980 and 2019.
- Excluded
- 2021 City Limits
In 2021, Nebraska Extension (NE) completed a follow-up to their 2017 and 2019 NebNEMS* survey of Lincoln food stores. This point-in-time survey recorded the availability of healthy food options (fruits with no added sugar, vegetables with no added sauce, lean protein, low-fat dairy, and whole grains) in 214 stores. This map shows (in red) the neighborhoods where fewer options exist to access healthy food. In recent years, this information has been used for targeted geographic interventions, such as Lincoln Fresh mobile distributions, school markets, and NE programming, to address healthy food access disparities.
Life Expectancy in Lancaster County = 79.9 Years

Life expectancy is the statistically probable length of time an individual born today can be expected to live. In this map, life expectancy is based on mortality patterns of the population in a specific census tract given the risk factors in that location. The average life expectancy in Lancaster County has decreased from 80.4 years (2013-17) to 79.9 years (2015-19), following a U.S. trend toward lower life expectancy. This map shows where life expectancy values are above average (green), 1-5 years lower than average (blue), and 5+ years lower than the average life expectancy (pink).

Data Source: Lancaster County Vital Records
Map: LLCHD

* Calculated using Reed-Merrill and Greville methods.
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 CHE at Morgan.Hermanek@chelincoln.org or (402)436-5516.