From the Health Commissioner:

Dear Family, Friends, and Neighbors:

Public Health - Dayton & Montgomery County’s 2019 Community Health Assessment describes the health of our county and identifies key factors that contribute to our public health challenges. Similar to previous versions in 2010 and 2014, the county-level data in this assessment measure behavioral health, maternal and child health, deaths, chronic diseases, health risks, built environment and access to care. New to this assessment are geographic snapshots which define health characteristics of smaller areas of the county.

The data tell a compelling story around disparities in health outcomes between population groups. Our White population enjoys a longer lifespan, has more economic stability, experiences less burden of preventable disease and violence, and benefits from better access to healthcare. Our Black, Asian, Native American and other populations and individuals of Hispanic ethnicity fare much worse and have less opportunity to be healthy.

This assessment is foundational to improving individual and population health because the data will be used to establish health priorities and to develop an action plan to best meet the needs of our diverse community. That action plan must incorporate health and equity considerations into decision-making on policies and services that impact public health. The public health needs and issues identified in this assessment underscore the urgent need for all sectors to address social determinants of health to maximize the health of all residents of Montgomery County.

Reducing the leading causes of preventable disease and premature death, reaching out to underserved, vulnerable populations and promoting health equity remain the cornerstones of creating a healthier Montgomery County. By working together, we can achieve our shared vision of Montgomery County as a healthy, safe and thriving community!

Sincerely,

Jeffrey A. Cooper
Montgomery County Health Commissioner
Montgomery County's Community Health Assessment (CHA) will aid community partners, stakeholders, and residents in identifying priority health issues, developing goals, and selecting strategies for implementation as part of the Community Health Improvement Planning process. The data presented are from multiple sources such as the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), Ohio Department of Health Vital Statistics, U.S. Census Bureau, Greater Dayton Area Hospital Association hospital data, Dayton Children's Community Health Needs Assessment, Ohio Cancer Incidence Surveillance System (OCISS), and the Ohio Disease Reporting System (ODRS). Information is summarized into eight sections: population characteristics, behavioral health, maternal and child health, chronic disease risks and outcomes, health risks and outcomes, access to care, and built environment.

**Focus Groups**

Primary qualitative data were collected from focus groups representing five underserved communities: African Americans, African American Young Adults (under 30 years old), Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ), Hispanic/Latinos, and Senior Citizens. These groups provided input on health concerns and barriers to receiving health care within their communities as well as opportunities they felt could improve health. When asked to prioritize the health concerns discussed during the meetings the top five issues identified pertain to social determinants of health, mental health, substance use, chronic diseases, and care coordination.

**About Montgomery County**

Montgomery County’s population of 531,987 is comprised of 73% White, 21% Black, 2% Asian, and 3% Native American or two or more races. Three percent of the population is of Hispanic or Latino ethnicity. The median income of households is $47,045, but the percentage of Blacks living below the poverty level is more than two times higher than Whites. The homeless population is estimated at over 4,500 individuals; single men comprise the largest segment of this population (54%), followed by single women (28%), families with children (10%), minors (6%), and couples (2%).

**Behavioral Health**

Mental health and substance misuse and abuse are strongly influenced by a variety of social factors as well as an individual's physical environment. The rate of hospital visits for all major mental health disorders increased between 2016 and 2017. Twenty-one percent of Ohio youth have experienced three or more Adverse Childhood Experiences (ACEs). Men have the highest rates of suicide, and firearms are the most common mechanism of suicide. Most self-harm related hospital visits are paid by Medicaid indicating an increased access to this care.

**Chronic Disease Risks & Outcomes**

Age, race, and sex can contribute to differences in disease rates. New cancers and cancer deaths occur most often among those older than 65 years; those over 65 years account for nearly 70% of all cancer deaths and 56% of all new cancer cases. New cases of prostate cancer occur more frequently among Black males (155.1 per 100,000). Although rates of lung cancer death have declined since 2012-2013, males have the highest rate of lung cancer death (58.6 per 100,000).

**Health Risks & Outcomes**

Differences in health risks and outcomes are related to age, race, and sex. Accidents are the third leading cause of death regardless of race or sex, though they are the leading cause of death for those ages 1 to 54 years. Accidental deaths have nearly doubled since 2012-2013. Poisoning and falls account for 82% of all accidental deaths. Falls are most common among those 65 years and older.

The rate of sexually transmitted diseases, including chlamydia, gonorrhea, and syphilis, have increased since 2014. Specifically, the number of syphilis cases is five times higher. Most chlamydia (55.3%) and gonorrhea (48.5%) cases occur among 20 to 29 year olds. The number of new cases of HIV has remained stable since 2014. Montgomery County was included in a statewide hepatitis A outbreak in 2018. The number of hepatitis A cases dramatically increased from 1 in 2017 to 227 in 2018. Ninety percent of cases are White, 62% are between the ages of 25 and 44 years, and nearly 60% are male.

**Access to Care**

The ability to receive care is affected by several factors such as language, transportation, cost, and insurance. Nearly 21% of adults with an income of $15,00 to $24,999 report not seeing a doctor due to cost, whereas only 4% of those with an income greater than $50,000 report not seeing a doctor due to cost. Montgomery County has more primary care physicians, but fewer dentists per person compared to Ohio and the U.S. Eight percent of residents are uninsured, while 11% of children have untreated cavities.

**Built Environment**

A person’s built environment contributes to their overall health, quality of life, and longevity. Violent crime rates increased since 2013 and tend to be higher in low income areas. These same areas have older homes which lead to higher blood lead levels among children, a higher density of alcohol and tobacco retail outlets, and low access to grocery stores.
Key Community Health Indicators

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Montgomery County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Drug Overdose Death Rate (2017)</td>
<td>106.7 per 100,000</td>
<td>44.1 per 100,000</td>
</tr>
<tr>
<td>Suicide Death Rate (2016-2017)</td>
<td>15.6 per 100,000</td>
<td>14.5 per 100,000</td>
</tr>
<tr>
<td>Mental Health Provider Ratio (2017)</td>
<td>531.1</td>
<td>561.1</td>
</tr>
<tr>
<td>Substance Use Treatment Centers (2017)</td>
<td>2.3 per 100,000</td>
<td>3.5 per 100,000</td>
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<thead>
<tr>
<th>Birth Outcomes</th>
<th>Montgomery County</th>
<th>Ohio</th>
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</thead>
<tbody>
<tr>
<td>Low Birthweight (&lt;2500g) (2017)</td>
<td>9.8%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Women Who Smoked During Pregnancy (2017)</td>
<td>8.7%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Preterm Births (&lt;37 weeks gestation) (2017)</td>
<td>11.6%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Infant Mortality Rate (2017)</td>
<td>7.8 per 1,000 live births</td>
<td>7.2 per 1,000 live births</td>
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<thead>
<tr>
<th>Mortality</th>
<th>Montgomery County</th>
<th>Ohio</th>
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<tbody>
<tr>
<td>Heart Disease Death Rate (2016-2017)</td>
<td>176.8 per 100,000</td>
<td>185.4 per 100,000</td>
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<tr>
<td>Cancer Death Rate (2016-2017)</td>
<td>175.9 per 100,000</td>
<td>172.2 per 100,000</td>
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<tr>
<td>Accident Death Rate (2016-2017)</td>
<td>126.4 per 100,000</td>
<td>71.8 per 100,000</td>
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<tr>
<td>Life Expectancy at Birth (2016-2017)</td>
<td>74.0 years</td>
<td>75.6 years</td>
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<table>
<thead>
<tr>
<th>Cancer</th>
<th>Montgomery County</th>
<th>Ohio</th>
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</thead>
<tbody>
<tr>
<td>All Cancer (2014-2015)</td>
<td>466.8 per 100,000</td>
<td>467.4 per 100,000</td>
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<tr>
<td>Breast (female) (2014-2015)</td>
<td>135.6 per 100,000</td>
<td>128.5 per 100,000</td>
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<tr>
<td>Prostate (2014-2015)</td>
<td>98.4 per 100,000</td>
<td>100.4 per 100,000</td>
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<tr>
<td>Lung (2014-2015)</td>
<td>72.7 per 100,000</td>
<td>69.4 per 100,000</td>
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<tr>
<td>Colorectal (2014-2015)</td>
<td>37.2 per 100,000</td>
<td>42.6 per 100,000</td>
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<table>
<thead>
<tr>
<th>Chronic Disease Health Risks</th>
<th>Montgomery County</th>
<th>Ohio</th>
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<tbody>
<tr>
<td>Met Aerobic Recommendations (2015 &amp; 2017)</td>
<td>25.4%</td>
<td>29.9%</td>
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<tr>
<td>Overweight (2016-2017)</td>
<td>35.4%</td>
<td>34.5%</td>
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<tr>
<td>Obese (2016-2017)</td>
<td>33.1%</td>
<td>32.6%</td>
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<tr>
<td>Food Insecurity (2017)</td>
<td>17.0%</td>
<td>14.6%</td>
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<tr>
<td>Current Smoker (2016-2017)</td>
<td>22.6%</td>
<td>21.8%</td>
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<thead>
<tr>
<th>Access to Care</th>
<th>Montgomery County</th>
<th>Ohio</th>
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</thead>
<tbody>
<tr>
<td>Percent Uninsured (2017)</td>
<td>8.0%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Could not see a doctor because of cost (2016-2017)</td>
<td>10.6%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Visited dentist within the past year (2014 &amp; 2016)</td>
<td>63.4%</td>
<td>66.7%</td>
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</tbody>
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In 2018, Public Health - Dayton & Montgomery County (Public Health) participated in the Southwest Ohio Regional Health Needs Assessment which involved 26 counties in 3 states, 35 hospitals, and 31 local health departments. This comprehensive and collaborative health needs assessment informed nonprofit hospitals and local health departments of the concerns faced by the larger communities they serve. Public Health used the results of the regional assessment and health issues identified in focus groups to identify a central theme, **Social Determinants of Health**, of Montgomery County’s 2019 Community Health Assessment.

“Social determinants of health are the conditions in the environment in which people are born, live, work, play, worship, and age that affect a wide range of health and quality-of-life outcomes” - Healthy People 2020

Ideally, everyone should have an equal opportunity to lead a healthy, fulfilling, and productive life. Unfortunately, some communities experience poorer health outcomes due to unfavorable social and environmental conditions such as poverty, unstable housing, unsafe neighborhoods, limited access to healthy food, and substandard education.

Social determinants are organized into 5 key areas:

- **Neighborhood and Built Environment**
  - Access to Healthy Food
  - Quality Housing
  - Transportation
  - Public Safety
  - Environmental Conditions (e.g., green space & air and water quality)

- **Education**
  - Early Childhood Education
  - High School Graduation
  - Language and Literacy
  - Higher Education/Vocational Training

- **Economic Stability**
  - Employment
  - Food Insecurity
  - Housing Instability
  - Poverty

- **Health and Health Care**
  - Access to Health Care
  - Health Literacy
  - Provider Availability
  - Provider Cultural Competency
  - Quality of Care

- **Social and Community Context**
  - Discrimination
  - Incarceration
  - Social Cohesion and Support
  - Community Engagement

**Report Layout**

The first section of this Community Health Assessment (CHA) is a summary of findings from the 6 focus groups representing underserved populations within Montgomery County. The following section includes Montgomery County data organized into 8 categories each containing several subcategory topics. These categories are population characteristics, behavioral health, maternal and child health, chronic disease risks and outcomes, health risks and outcomes, access to care, and built environment. If applicable, a narrative describing the Public Health Importance (PHI), and/or the relationship to Social Determinants of Health (SDOH) is associated with each subcategory topic. In addition, an Across the Nation table is included to compare Montgomery County to Ohio, the United States, and the Healthy People 2020 goal. The final section contains small area snapshots of sub-county level data, which highlight differences in health by geographic location within Montgomery County.

**Data Sources**

- **American Community Survey (ACS)**
  The U.S. Census Bureau conducts the ACS each year to provide communities with population estimates during the years between the Population and Housing Census, which is conducted every 10 years. Survey participants are selected via random sampling of addresses from every state to produce population, demographic, and housing unit estimates.

- **Behavioral Risk Factor Surveillance System (BRFSS)**
  The BRFSS is the largest health survey system in the U.S. conducted on a continuous basis. The Centers for Disease Control and Prevention (CDC) collects interview data through landline and cell phone surveys of adults 18 and older. The BRFSS provides estimates of the population’s health-related risk behaviors, chronic health conditions, use of preventive services, and emerging health issues.

- **Greater Dayton Area Hospital Association (GDAHA) Healthcare Database**
  The GDAHA Healthcare Database is the central collection point for hospital data for all GDAHA member hospitals. This database is managed by ASCEND Innovations, Inc.

- **Vital Statistics – Ohio Department of Health (ODH)**
  ODH retains records of all births and deaths that occur in the state of Ohio and all births and deaths of Ohio residents that occur outside of the state.

- **Healthy People (HP) 2020**
  Healthy People produces science-based, 10-year objectives aimed at enhancing the health of all Americans. HP 2020 serves to identify nationwide health improvement priorities and provide measurable objectives and goals at the national, state, and local levels.

**Technical Note**

While the population of Montgomery County is becoming more diverse, certain races and ethnicities still cannot be represented alone in this assessment. A population needs to be large enough to provide an accurate representation of the population’s health. An analysis based on small numbers is less reliable.
Adequate Prenatal Care
Prenatal care initiated by the fourth month of pregnancy and 80% or more of recommended visits received.

Age-adjusted Rate
A rate of morbidity or mortality in a population that is statistically modified to eliminate the effect of age differences in a population.

Air Quality Index (AQI)
An index for reporting daily air quality. It tells you how clean or polluted your air is, and what associated health effects might be a concern for you.

Behavioral Risk Factor Surveillance System (BRFSS)
A telephone (landline and cellphone) survey that collects data on health-related risk behaviors, chronic health conditions, and use of preventive services from U.S. residents 18 years of age and older.

Binge Drinking
Adult males having 5 or more drinks on one occasion, and adult females having 4 or more drinks on one occasion.

Bipolar Disorder
A mental health condition that causes mood swings that include emotional highs (mania) and lows (depression). In some cases, mania may trigger a break from reality (psychosis).

Birth Rate
The total number of live births per 1,000 females in a population in a year. The birth rate among females of child-bearing age (15 to 44yrs) is also called the general fertility rate.

Bisexual
An orientation that describes a person’s emotional, romantic, and/or sexual attraction to men, women, and other genders. Sometimes used interchangeably with “pansexual.”

Body Mass Index (BMI)
A common measure of body fat calculated from a person’s weight and height. In adults, a BMI between 18.5 and 24.9 is considered healthy. A BMI of 25 to 29.9 is overweight, and a BMI of 30 or more is obese. A child’s (ages 2 to 19 years) BMI is calculated using a height and weight calculation, and the category is determined by plotting the BMI value on a gender and age specific growth chart.

Built Environment
Human-made surroundings in which people live, work, and play.

Cardiovascular Disease
A group of diseases that affect the heart or blood vessels. The most common disease, coronary artery disease, involves narrowed or blocked arteries that can lead to life-threatening events such as heart attack, stroke, or heart failure.

Cancer
Diseases in which abnormal cells divide without control and are able to invade other parts of the body.

Census Tract
Small, subdivisions of a county used by the U.S. census to provide a geographic boundary in which to collect statistical data. The average population size of a census tract is 4,000 people but it can range between 1,200 and 8,000 people.

Chronic Disease
A health condition that takes many months or years to develop and is long-lasting in its effects.

Chronic Lower Respiratory Disease (CLRD)
Diseases that affect the lungs and airways such as asthma and chronic obstructive pulmonary disease (COPD). Forms of COPD include emphysema and chronic bronchitis.

Communicable Disease
Diseases that spread from one person to another or from an animal to a person. The spread happens by an airborne viruses or bacteria, blood, or other bodily fluids.

Death Rate (Mortality Rate)
A measure of the frequency of death in a defined population during a specified interval of time.

Focus Group
A small-group discussion guided by a trained leader. It is used to learn more about opinions on a designated topic to guide future action.

Food Desert
Urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. Instead of supermarkets and grocery stores, these communities may have no food access or are served only by fast food restaurants and convenience stores that offer few healthy, affordable food options.

Food Insecurity
The disruption of food intake or eating patterns because of lack of money or other resources.

Gay
An orientation that describes a person’s emotional, romantic and/or sexual attraction to the same gender (usually men to men).

Healthy People 2020
A framework of national health objectives used to track progress towards national goals of improved health and reduced health threats.

Heavy Drinking
Adult males having more than 2 drinks per day and adult females having more than 1 drink per day.

Hispanic/Latino Ethnicity
A person of Latin-American or Spanish descent.

HIV vs. AIDS Diagnosis
Human immunodeficiency virus (HIV) is the virus that can lead to acquired immunodeficiency syndrome (AIDS). AIDS is the final stage of HIV infection. People at this stage of HIV have badly damaged immune systems and are vulnerable to infections and infection-related cancers.

Hypertensive Disease or Hypertension
Blood pressure that is consistently too high or blood pressure that is above 130/80.
Illicit Fentanyl vs. Fentanyl Analog
Fentanyl is a powerful opioid that was originally created in a pharmaceutical lab for pain management among those with serious illnesses. Illicit fentanyl refers to the same substance when it is created in an illegal lab for sale on the black market. Fentanyl analogues are substances that are similar to fentanyl but have small differences in their chemical makeup. These can be up to 100 times stronger than fentanyl.

Infant Mortality
The death of an infant before his or her first birthday.

Infant Mortality Rate
The number of infant deaths (less than 1 year of age) per 1,000 live births.

Lesbian
An orientation that describes a woman who is emotionally, romantically and/or sexually attracted to other women.

LGBTQ
Lesbian, Gay, Bisexual, Transgender, and Queer (or Questioning).

Life Expectancy
Number of years that a person is expected to live from a given age.

Low Birth Weight (LBW)
A baby weighing less 2,500 grams or 5 pounds, 8 ounces at birth.

Medicaid
A government program that provides health insurance to low-income and disabled individuals.

Medicare
A government program that provides health insurance to individuals age 65 and over.

Mental Illness
A wide range of conditions that affect your mood, thinking and behavior. Examples include depression, anxiety, schizophrenia, eating disorders, and addictive behaviors.

Misuse vs. Abuse
Misuse refers to the use of a substance for a purpose other than its intended use. Abuse refers to the harmful or hazardous use of substances, including drugs and alcohol, that can lead to dependence or repeated use.

Morbidity
A term used to refer to an illness or illnesses in a population.

Mortality
A term used to refer to death or deaths in a population.

National School Lunch Program (NSLP)
A federally assisted meal program operating in public and nonprofit private school residential child care institutions to offer nutritionally balanced, low-cost or free lunches to children each school day.

Percent
A ratio “out of 100.” Example: 75% means 75 per 100.

Poverty Level
The minimum income that an individual or family needs to obtain the necessities to live (such as food, water, and shelter) within a given country.

Preconception
The period of time before becoming pregnant.

Prediabetes vs. Diabetes
Prediabetes is a serious condition where blood sugar levels are elevated but are not yet high enough to be considered diabetes. Diabetes refers to a group of diseases that result in blood sugar levels that are too high and harmful to health.

Preterm
A birth occurring before 37 weeks of pregnancy have been completed.

Race vs. Ethnicity
Race refers primarily to the external physical differences between males and females assigned at birth. Gender is an individual’s inner sense of being male, female or something in between.

Shingles
An infection that causes a painful rash. Shingles is caused by the same virus that is responsible for chickenpox.

Social Determinants of Health
The conditions in the environment in which people are born, live, work, play, worship, and age that affect a wide range of health and quality-of-life outcomes.

Socioeconomic Status
Social standing or class of an individual or group often measured as a combination of education, income, and occupation.
Key Terms (continued)

**Supplemental Nutrition Assistance Program (SNAP)**
Program that offers nutrition assistance to eligible, low-income individuals and families and provides economic benefits to communities.

**Transgender**
A person whose personal identity and gender do not correspond with their sex assigned at birth.

**Trimester**
A full-term pregnancy is 40 weeks. Pregnancy is divided into three trimesters: first trimester (0 to 13 weeks), second trimester (14 to 26 weeks), and third trimester (27 to 40 weeks).

**Women, Infant, and Children (WIC) Program**
Federal program that provides nutritious foods, breastfeeding support and nutrition education to low-income pregnant, postpartum, and breastfeeding women, and infants and children until 5 years of age who are found to be at nutritional risk.

**Years of Potential Life Lost (YPLL)**
An indicator that measures the potential years of life lost to those who die before a specified age.

"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

(World Health Organization, 1948)
To better understand the health needs and concerns of the community, 5 focus groups were conducted with populations experiencing significant health disparities and social inequities within Montgomery County. The populations selected represented African American; African American Young Adults (under 30 years old); Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ); Hispanics/Latino; and Senior Citizen communities. Additionally, a larger focus group was held with individuals from agencies who support these underserved populations.

The focus groups were held at various locations in Montgomery County during the months of June and July of 2018. The attendance at the focus groups ranged from 5 individuals in the Hispanic/Latino group to 22 individuals in the LGBTQ group. The Hispanic/Latino focus group was conducted with the assistance of a translator. All thoughts shared during the meetings were recorded by a facilitator and displayed around the room.

Using the following questions, the participants shared their perceptions regarding health concerns, barriers to receiving health care, and opportunities to improve health in their communities as well as among children.

Focus group participants discussed the following questions:
1. What are the most serious health issues facing your community?
2. What can you do to improve your health?
3. What barriers have you experienced in receiving health care in your community?
4. What would you say is the most important child health issues in your community?
5. What would you say is the most important thing that can be done to improve child health in your community?

The following tables provide a summary of common responses per question and focus group. Bolded responses are the common and repeated responses.

### Focus Group Questions

1. **What are the most serious health issues facing your community?**
   - **African American Community (under 30 years old)**: Mental health (overdoses, PTSD and Trauma), Substance abuse, Access to care (providers not in urban core), Food deserts (grocery stores not in community), Water pollution
   - **African American Community**: Gun violence (men under 30 years old), Domestic violence, Substance abuse, Mental health (unaware of how to access care), Stigma, Food deserts, Transportation, Anger (homicides, road rage, incarceration), Providers not listening to patient concerns, Compliance with care (difficulty finding transportation, costs for services, scheduling barriers for doctor visits)
   - **Hispanic Community**: Substance abuse, Dental care (costs for services), Obesity, Child care, Diabetes
   - **Senior Citizen Community**: Mental Health, Costs for services (medications, copays, specialists), Transportation, Chronic Diseases (Epilepsy, Heart disease, Cancer, Diabetes), Physical access to buildings
   - **LGBTQ Community**: Provider LGBTQ-competency, Mental health (difficult to find LGBTQ-friendly providers, waiting lists for providers), Violence, Substance abuse, Discrimination, Access to LGBTQ-specific care, Lack of trust in health care system, Homelessness, Poverty, Transportation

2. **What can you do to improve your health?**
   - **African American Community (under 30 years old)**: Health Promotion/Education (link people to available resources), Community collaboration (address inter-neighborhood conflicts and build trust in community), Participate in community
   - **African American Community**: Exercise more, Eat healthier foods, Go to doctor
   - **Hispanic Community**: Exercise more
   - **Senior Citizen Community**: Exercise more, Participate in community (exercise classes, adult education classes), Eat healthier foods
   - **LGBTQ Community**: Exercise more, Lose weight, Practice self-care (go to therapy, improve self-esteem, take time for self)

3. **What barriers have you experienced in receiving health care in your community?**
   - **African American Community (under 30 years old)**: Lack of insurance, Dental care (insurance not covering dental or dentists not accepting insurance), Quality of care based on area of residence, Access to care (in West Dayton specifically), Transportation, Discrimination, Providers not listening to patient concerns, Navigating available resources
   - **African American Community**: Lack of insurance, Costs (for procedures, co-pays and deductibles), Access to care (doctor offices spread out geographically), Transportation, Cultural and language barriers (immigrant and refugee populations), Structural racism, Mistrust in health care system
   - **Hispanic Community**: Costs (for health care services), Costs for daycare, Low pay for available jobs in Dayton area, Access to care (doctor office hours are inconvenient, “3 strikes” for missed appointments), Cultural and language barriers
   - **Senior Citizen Community**: Dental care (Medicaid accepted by few dentists), Medicare donut hole, Access to care (earn too much to qualify for Medicaid), Costs (hospital bills, co-pays, medications, insurance premiums), Transportation (lack of room for disabled persons on RTA, not qualifying for Project Mobility, doctors do not do home visits), Embarrassment about going to doctor, Accessibility for disabled persons
   - **LGBTQ Community**: Misgendering (not using preferred name, hospital wristbands have birth sex and birth name, harassment by providers), Discrimination (microaggressions by providers, inappropriate questions, feeling of not being welcome at appointments), Access to care (LGBTQ-specific services hard to find or not covered by insurance; fertility and adoption, gender affirming surgery), Access to LGBTQ-friendly health and mental health practitioners

4. **What would you say is the most important child health issue in your community?**
   - **African American Community (under 30 years old)**: Diet, Physical inactivity, Violence (conflict resolution, anger management), Social support (problems with home life, not enough support), Sexual health
   - **African American Community**: Housing instability, Adverse Childhood Experiences, Mental health, Divorce, SIDS
   - **Hispanic Community**: Parent education, Lack of child care (unattended children)
   - **Senior Citizen Community**: Parent substance abuse, Family stress (lack of nurturing, stigma against asking for help), Parent education, Physical inactivity
   - **LGBTQ Community**: Physical inactivity, Food insecurity, Social support (bullying, family dinners, latch key kids, coping skills, places for LGBTQ youth to feel welcome), Opportunities for physical activity (safe parks, playgrounds, affordable sports programs)
The following table presents the most common responses to each question overall.

<table>
<thead>
<tr>
<th>Focus Group Questions</th>
<th>Most Common Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the most serious health issues facing your community?</td>
<td>Opioids, Transportation, Food Deserts, Mental Health, Diabetes</td>
</tr>
<tr>
<td>2. What can you do to improve your health?</td>
<td>Exercise More, Diet/Healthy Foods, Health Promotion/Education</td>
</tr>
<tr>
<td>3. Have you experienced barriers to receiving health care in your community?</td>
<td>Transportation, Discrimination, Costs, System of Care</td>
</tr>
<tr>
<td>4. What would you say is the most important child health issue in your community?</td>
<td>Mental Health, Obesity, Healthy Behaviors</td>
</tr>
<tr>
<td>5. What would you say is the most important thing that can be done to improve child health in your community?</td>
<td>Parent Education, More Physical Activity, Social Services, Community Collaboration</td>
</tr>
</tbody>
</table>

At the end of the meeting, one final question was asked of the participants: “Given the health issues facing the community, which ones would be your top priorities?” Each participant was given 3 colored dots to select their top health issues from the comments made during the meeting. After the votes were tallied and organized into similar themes for all focus groups, the overall top priorities were: social determinants of health, mental health, substance use, chronic diseases, and care coordination.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Top Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Social Determinants of Health</td>
</tr>
<tr>
<td></td>
<td>❦ Access to Care (Insurance, Cost, Availability of Services and Providers)</td>
</tr>
<tr>
<td></td>
<td>❦ Cultural Competence</td>
</tr>
<tr>
<td></td>
<td>❦ Healthy Food/Nutrition</td>
</tr>
<tr>
<td></td>
<td>❦ Discrimination</td>
</tr>
<tr>
<td></td>
<td>❦ Education</td>
</tr>
<tr>
<td></td>
<td>❦ Employment</td>
</tr>
<tr>
<td></td>
<td>❦ Parenting/Family</td>
</tr>
<tr>
<td></td>
<td>❦ Language</td>
</tr>
<tr>
<td></td>
<td>❦ Opportunity to Exercise</td>
</tr>
<tr>
<td></td>
<td>❦ Public Safety</td>
</tr>
<tr>
<td></td>
<td>❦ Transportation</td>
</tr>
<tr>
<td>2</td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>❦ Suicide</td>
</tr>
<tr>
<td>3</td>
<td>Substance Use</td>
</tr>
<tr>
<td></td>
<td>❦ Stigma</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Diseases</td>
</tr>
<tr>
<td>5</td>
<td>Care Coordination</td>
</tr>
</tbody>
</table>
Public Health Importance:

Accurately describing Montgomery County’s demographic and socioeconomic characteristics provides background information needed to understand population-level health issues. These population characteristics are also useful in selecting culturally-appropriate public health interventions and services for the county.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>531,987</td>
<td>389,413</td>
<td>102,580</td>
</tr>
<tr>
<td>Males</td>
<td>48.1%</td>
<td>48.6%</td>
<td>46.2%</td>
</tr>
<tr>
<td>Females</td>
<td>51.9%</td>
<td>51.4%</td>
<td>53.8%</td>
</tr>
<tr>
<td>Highest Level of Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High School</td>
<td>10.1%</td>
<td>9.0%</td>
<td>13.8%</td>
</tr>
<tr>
<td>High School or Equivalent</td>
<td>28.1%</td>
<td>28.4%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Some College or Associate’s Bachelor’s or Higher</td>
<td>26.6%</td>
<td>28.3%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$47,045</td>
<td>$53,303</td>
<td>$30,032</td>
</tr>
</tbody>
</table>

Household Type

- Family Households: 60.5% (61.9% White, 55.8% Black)
- Married Couple: 67.5% (74.5% White, 40.7% Black)
- Male Head of Household: 7.7% (7.3% White, 9.2% Black)
- Female Head of Household: 24.8% (18.2% White, 50.1% Black)
- Nonfamily Households: 39.5% (38.1% White, 44.2% Black)
- Living Alone: 85.0% (83.7% White, 90.3% Black)
- Not Living Alone: 15.0% (16.3% White, 9.7% Black)
- Below Poverty Level: 17.9% (13.3% White, 32.8% Black)
- Unemployment Rate: 8.0% (6.2% White, 14.1% Black)
- Veterans: 10.0% (10.3% White, 9.6% Black)

Across the Nation

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>531,987</td>
<td>11,609,756</td>
<td>321,004,047</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>73.2%</td>
<td>81.9%</td>
<td>73.0%</td>
</tr>
<tr>
<td>Black</td>
<td>20.6%</td>
<td>12.3%</td>
<td>12.7%</td>
</tr>
<tr>
<td>American Indian and Alaskan Native</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.0%</td>
<td>2.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Other</td>
<td>0.8%</td>
<td>0.9%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>3.1%</td>
<td>2.7%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2.7%</td>
<td>3.5%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$47,045</td>
<td>$52,407</td>
<td>$57,652</td>
</tr>
<tr>
<td>Below Poverty Income</td>
<td>17.9%</td>
<td>14.9%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>8.0%</td>
<td>6.5%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

Social Determinants of Health:

An individual with a disability can have a difficult time accessing opportunities and resources that contribute to overall health such as appropriate educational and employment opportunities. Those missed opportunities can affect potential earnings which may have a negative impact on housing, transportation, social interactions, and personal relationships.

The impact of housing instability, poverty, social isolation, unsafe living conditions, and limited access to health care on the health outcomes of the homeless population is much more severe than in the general population. This population has a higher occurrence of undiagnosed chronic diseases and mental illnesses, substance use, risky health behaviors, and death.

Disability Type by Age Among Children with a Disability, Montgomery County, 2017

- Type of Disability: Under 5, 5 to 17
- Hearing: 45% (9% White)
- Vision: 77% (15% White)
- Cognitive: - (80% White)
- Walking: - (12% White)
- Self-Care: - (16% White)

Disability Type by Age Group, Montgomery County, 2017

- More than 65% of those 65 and older with a disability have difficulty walking; the second most common difficulty in this age group is independent living (44%).
Mental health concerns such as depression and anxiety are more common among adults who have had exposure to unfavorable social, economic, or environmental circumstances. Stressful experiences such as poverty, debt, low educational attainment, unemployment, and weak social support all contribute to poor mental health.

### Mental Health-related Hospital Visits by Disorder and Sex, Montgomery County, 2017

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety or Stress Related</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>45%</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Schizoaffective Disorder</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

### Mental Health-related Hospital Visits by Disorder (per 1,000), Montgomery County, 2017

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety or Stress Related</td>
<td>82.7</td>
<td>78.7</td>
<td>80.8</td>
</tr>
<tr>
<td>Major Depression</td>
<td>76.7</td>
<td>76.8</td>
<td>76.8</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>66.6</td>
<td>66.6</td>
<td>66.6</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>33.4</td>
<td>33.4</td>
<td>33.4</td>
</tr>
<tr>
<td>Schizoaffective Disorder</td>
<td>2.9</td>
<td>2.9</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

### Mental Health-related Hospital Visits by Disorder and Insurance Type, Montgomery County, 2017

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Commercial Insurance</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety or Stress Related</td>
<td>37%</td>
<td>34%</td>
<td>36%</td>
<td>10%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>23%</td>
<td>11%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>36%</td>
<td>33%</td>
<td>42%</td>
<td>15%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>7%</td>
<td>8%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Schizoaffective Disorder</td>
<td>45%</td>
<td>48%</td>
<td>45%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

### Suicide Death Rate* by Demographic Group, Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Race</th>
<th>Suicide Death Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>19.8</td>
</tr>
<tr>
<td>Female</td>
<td>8.7</td>
</tr>
</tbody>
</table>

*Age-adjusted rate per 100,000

Source: Ohio Death Certificates, Ohio Department of Health

### Across the Nation

<table>
<thead>
<tr>
<th>Suicide Death Rate*</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery</td>
<td>19.8</td>
<td>14.5</td>
<td>13.8</td>
<td>10.2</td>
</tr>
</tbody>
</table>

Source: Ohio Death Certificates, Ohio Department of Health

### Mental Health-related Hospital Visits by Disorder (per 1,000), Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Disorder</th>
<th>2016</th>
<th>2017</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety and Stress-related</td>
<td>90.0</td>
<td>101.5</td>
<td>↑</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>65.8</td>
<td>71.4</td>
<td>↑</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>17.3</td>
<td>19.5</td>
<td>↑</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>5.1</td>
<td>5.6</td>
<td>↑</td>
</tr>
<tr>
<td>Schizoaffective Disorder</td>
<td>3.1</td>
<td>3.6</td>
<td>↑</td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

### Self-harm related Hospital Visits by Insurance Type, Montgomery County, 2017

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Commercial Insurance</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Self-Pay</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance</td>
<td>23%</td>
<td>49%</td>
<td>13%</td>
<td>9%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

### Across the Nation

<table>
<thead>
<tr>
<th>Mental Health Provider Ratio*</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Provider Ratio*</td>
<td>531:1</td>
<td>561:1</td>
<td>470:1</td>
</tr>
</tbody>
</table>

*National Provider Identifier Standard (NPI), CMS, 2017

### Across the Nation

<table>
<thead>
<tr>
<th>Mental Health Services in the Past Year*</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Services in the Past Year*</td>
<td>17.2%</td>
<td>16.9%</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

*National Survey on Drug Use and Health, 2014-2016

### Across the Nation

<table>
<thead>
<tr>
<th>Mental Health Disorder</th>
<th>2016</th>
<th>2017</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety and Stress-related</td>
<td>90.0</td>
<td>101.5</td>
<td>↑</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>65.8</td>
<td>71.4</td>
<td>↑</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>17.3</td>
<td>19.5</td>
<td>↑</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>5.1</td>
<td>5.6</td>
<td>↑</td>
</tr>
<tr>
<td>Schizoaffective Disorder</td>
<td>3.1</td>
<td>3.6</td>
<td>↑</td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

### Across the Nation

Women are more likely to have a hospital visit for anxiety or stress-related disorder and major depression, and they account for 65% of visits for bipolar disorder.

**Women make up 70% of hospital visits for anxiety or stress-related disorder and major depression, and they account for 65% of visits for bipolar disorder.**

**Whites are more likely than Blacks to have a hospital visit for anxiety or stress-related disorder and major depression.**

**50% of visits for bipolar disorder and 48% visits for schizophrenia were paid by Medicaid.**

**Women are more likely to have a hospital visit for self-harm (data not shown), but the suicide rate for men was more than 3 times higher than for women.**

**Nearly half (49%) of self-harm related hospital visits were paid for by Medicaid.**

**Women make up 70% of hospital visits for anxiety or stress-related disorder and major depression, and they account for 65% of visits for bipolar disorder.**

**Whites are more likely than Blacks to have a hospital visit for anxiety or stress-related disorder and major depression.**

**50% of visits for bipolar disorder and 48% visits for schizophrenia were paid by Medicaid.**

**Women are more likely to have a hospital visit for self-harm (data not shown), but the suicide rate for men was more than 3 times higher than for women.**

**Nearly half (49%) of self-harm related hospital visits were paid for by Medicaid.**
**Behavioral Health**

**MENTAL HEALTH**

**PHI PUBLIC HEALTH IMPORTANCE:**

Childhood mental illness is a chronic condition that can continue through the lifespan and impact overall health. Children who suffer from anxiety, depression, and mood disorders may have difficulty functioning at home and in school or forming positive healthy relationships with others. Trauma has been found to be the central issue of mental health problems in children and can have a negative impact on brain development. Children who are exposed to multiple traumatic events, or adverse childhood experiences, are at higher risk of developing psychological problems and have higher rates of disease and disability.

<table>
<thead>
<tr>
<th>Bullying Among Youth Grades 7-12 by Demographic Characteristics, Ohio, 2015-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orientation</strong></td>
</tr>
<tr>
<td>Ohio</td>
</tr>
<tr>
<td>22%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Missed School in the Past Month Because Felt Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>8%</td>
</tr>
</tbody>
</table>

Source: Ohio Healthy Youth Environment Survey (OHYES!)

**MENTAL HEALTH AMONG YOUTH GRADERS 7-12**

- Gay, lesbian, and bisexual youth are twice as likely to be bullied and 3 times more likely to stay home from school because they feel unsafe compared to straight youth.
- 46% of transgender youth are bullied, and one-third miss school because they feel unsafe attending.

**ADVERSE CHILDHOOD EXPERIENCES**

- Physical abuse
- Substance abuse in the home
- Sexual abuse
- Mental illness in the home
- Emotional abuse
- Parental separation or divorce
- Witnessing physical abuse
- Incarcerated household member

**ACES Include:**

- Substance abuse
- Mental illness
- Poor pregnancy outcomes
- Chronic disease

**ACES Include:**

- Physical abuse
- Substance abuse in the home
- Sexual abuse
- Mental illness in the home
- Emotional abuse
- Parental separation or divorce
- Witnessing physical abuse
- Incarcerated household member

**Related Health Problems Include:**

- 21% of Ohio youth have experienced 3 or more Adverse Childhood Experiences (ACEs). The most common ACEs reported:
  - separated parents
  - emotional abuse
  - substance abuse in the home
  - mental illness in the home

**MENTAL HEALTH AMONG YOUTH GRADERS 7-12**

- Received Mental Health Care
- Moderate or Severe Psychological Distress
- Considered Suicide

- Male
- Female
- Transgender

**Youth Grades 7-12 with 3 or More ACEs**

- Nearly 40% of Ohio youth experience psychological distress, 24% experience anxiety, and 17% experience depression.

**KEY FINDING as self-reported**

- The demographic groups that most often report experiencing 3 or more ACEs include:
  - Transgender
  - Gay/Lesbian/Bisexual
  - Hispanic

**KEY FINDING as self-reported**

- 21% of Ohio youth have experienced 3 or more Adverse Childhood Experiences (ACEs). The most common ACEs reported:
  - separated parents
  - emotional abuse
  - substance abuse in the home
  - mental illness in the home

**Community Health Assessment 2019 • 2322 • Community Health Assessment 2019**
Many social factors influence substance misuse and abuse. These include events in childhood, neighborhood factors, and economic pressures.

- Childhood victimization, family disruption, and Adverse Childhood Experiences (ACES) can contribute to later substance use.
- Neighborhood disadvantage, social norms for drug use, and the availability of drugs near one’s home can also contribute to substance misuse and abuse.
- Economic factors including low socioeconomic status, unemployment, and homelessness have been associated with increased substance use.

### Social Determinants of Health (SDOH)

### Substance Use Disorder-related Hospital Visits (per 1,000) by Race, Montgomery County, 2017

<table>
<thead>
<tr>
<th>Substance Use Disorder</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid Disorder</td>
<td>11.0</td>
<td>5.7</td>
<td>26.3</td>
</tr>
<tr>
<td>Alcohol Disorder</td>
<td>17.8</td>
<td>24.1</td>
<td>11.5</td>
</tr>
</tbody>
</table>

### Substance Use Disorder-related Hospital Visits (per 1,000) by Sex, Montgomery County, 2017

<table>
<thead>
<tr>
<th>Substance Use Disorder</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid Disorder</td>
<td>9.8</td>
<td>9.3</td>
</tr>
<tr>
<td>Alcohol Disorder</td>
<td>9.3</td>
<td>11.5</td>
</tr>
</tbody>
</table>

### Key Finding

- Whites have a higher rate of opioid use disorder-related hospital visits, and Blacks have a higher rate of alcohol use disorder-related hospital visits.
- The rate of alcohol use disorder-related hospital visits for men is more than twice as high as for women.

### Substance Use in the Past 30 Days Among Youth by Sexual Orientation

Ohio, 2015-2018

<table>
<thead>
<tr>
<th>Substance Use Disorder</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use</td>
<td>13%</td>
<td>24%</td>
<td>6%</td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>6%</td>
<td>16%</td>
<td>2%</td>
</tr>
<tr>
<td>Prescription Drug Use</td>
<td>2%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>7%</td>
<td>18%</td>
<td>9%</td>
</tr>
</tbody>
</table>

### Key Finding

- When compared with straight youth, gay, lesbian, bisexual, transgender and gender non-conforming youth were more likely to report use of each drug type and less likely to report a conversation with parents about drugs.

### Substance Use Among Youth by Gender Identity

Ohio, 2015-2018

<table>
<thead>
<tr>
<th>Substance Use Disorder</th>
<th>Non-Transgender</th>
<th>Transgender or Non-Conforming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use</td>
<td>30%</td>
<td>12%</td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>21%</td>
<td>7%</td>
</tr>
<tr>
<td>Prescription Drug Use</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>28%</td>
<td>9%</td>
</tr>
</tbody>
</table>

### Key Finding

- Among surveyed High School students in Ohio:
  - 71.3% Heard, read, or watched an ad about substance use prevention in the past year
  - 53.3% Said their parents discussed dangers of substance use in the past year
  - 21.5% Ever lived with someone who was a problem drinker, used illegal drugs, or abused prescription medications
  - 11.5% Rode in a car with someone who had been drinking in the past 30 days

Source: Ohio Healthy Youth Environment Survey (OHYES!), 2015-2018
In 2017, more than 70,000 individuals died of a drug overdose nationwide. This contributed to a decline in life expectancy for the second year in a row. Ohio had the second highest drug overdose death rate in the country following only West Virginia. Within Ohio, Montgomery County had the highest rate of drug overdose deaths.

**Behavioral Health**

**ACCIDENTAL DRUG OVERDOSE**

**Public Health Importance:**

In 2017, more than 70,000 individuals died of a drug overdose nationwide. This contributed to a decline in life expectancy for the second year in a row. Ohio had the second highest drug overdose death rate in the country following only West Virginia. Within Ohio, Montgomery County had the highest rate of drug overdose deaths.

**Key Findings**

- Fentanyl analogue is the most common drug mention in overdose deaths. Carfentanil is the most common fentanyl analogue (data not shown).
- Prescription opioids and heroin decreased while illicit fentanyl increased between 2014 and 2017.

**Percent of Overdose Deaths by Education**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th Grade or Less</td>
<td>4.4%</td>
<td>4.3%</td>
<td>4.1%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Some HS, No Diploma</td>
<td>23.7%</td>
<td>23.8%</td>
<td>23.7%</td>
<td>23.8%</td>
</tr>
<tr>
<td>HS Diploma or GED</td>
<td>48.1%</td>
<td>48.3%</td>
<td>48.2%</td>
<td>48.1%</td>
</tr>
<tr>
<td>Some College</td>
<td>13.9%</td>
<td>13.9%</td>
<td>13.9%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Associate’s Degree</td>
<td>5.3%</td>
<td>5.4%</td>
<td>5.4%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Bachelor’s or Higher</td>
<td>2.5%</td>
<td>2.6%</td>
<td>2.6%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

*Source: Ohio Death Certificates, Ohio Department of Health*

**Key Finding**

- The highest rate of overdose deaths occur among individuals whose highest level of education is a high school diploma or GED.

**Overdose Deaths by Race/Ethnicity**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>88%</td>
<td>88%</td>
<td>87%</td>
<td>86%</td>
</tr>
<tr>
<td>Black</td>
<td>12%</td>
<td>12%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Source: Ohio Death Certificates, Ohio Department of Health*

**Key Finding**

- The percent of White individuals who died of an overdose decreased between 2014 and 2017, while the percent who were Black increased.

**Opioid Mentions in Overdose Deaths**

<table>
<thead>
<tr>
<th>Opioid Type</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>46%</td>
<td>42%</td>
<td>37%</td>
<td>31%</td>
</tr>
<tr>
<td>Heroin</td>
<td>4%</td>
<td>9%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

*Source: Montgomery County Poisoning Death Review*

**Key Finding**

- The highest rate of overdose deaths occur among individuals between the ages of 35 and 44.

**Non-Opioid Mentions in Overdose Deaths**

<table>
<thead>
<tr>
<th>Non-Opioid Mentions</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>51%</td>
<td>50%</td>
<td>49%</td>
<td>48%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
</tr>
</tbody>
</table>

*Source: Montgomery County Poisoning Death Review*

**Key Finding**

- Cocaine and benzodiazepines are mentioned in more than one-third of all overdose deaths. The most common benzodiazepine is Xanax (data not shown).
- Benzodiazepine mentions decreased while methamphetamine and cocaine mentions increased between 2014 and 2017.
Medicaid pays for the majority of overdose visits.

**Key Finding**

**Overdose-related Hospital Visits by Insurance Type**
Montgomery County, 2017

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Opioids</th>
<th>All Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>61%</td>
<td>12%</td>
</tr>
<tr>
<td>Medicare</td>
<td>24%</td>
<td>17%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>9%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: Greater Area Dayton Hospital Association Healthcare Database

**Key Findings**

- Men are more likely than women to have an overdose-related hospital visit.
- The rate of overdose-related hospital visits for Whites is higher than for Blacks.

**Overdose-related Hospital Visits (per 1,000) by Demographic Characteristics**
Montgomery County, 2017

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>15.4</td>
</tr>
<tr>
<td>Female</td>
<td>12.2</td>
</tr>
<tr>
<td>White</td>
<td>14.8</td>
</tr>
<tr>
<td>Black</td>
<td>11.9</td>
</tr>
<tr>
<td>Other</td>
<td>3.4</td>
</tr>
<tr>
<td>&lt;18 years</td>
<td>3.5</td>
</tr>
<tr>
<td>18 to 64 years</td>
<td>17.5</td>
</tr>
<tr>
<td>&gt;64 years</td>
<td>13.9</td>
</tr>
</tbody>
</table>

Source: Greater Area Dayton Hospital Association Healthcare Database

**Density of Accidental Overdose Deaths - Place of Residence**
Montgomery County, 2017

Source: Ohio Death Certificates, Ohio Department of Health

**Key Finding**

- Medicaid pays for the majority of overdose visits.
Maternal Child Health

Births

On average, there are 6,680 births per year.
There are nearly 2.5 times as many White births compared to Black births.

Key Findings

Less than half (49%) of all women who give birth are married.
Only 20% of Black women who give birth are married compared to 60% of White women and 45% of Hispanic women.

SDOH Social Determinants of Health:

A woman’s health prior to becoming pregnant plays a major role in whether a baby is born full-term (gestation >37wks) and at a healthy birth weight (>2,500g or 5lbs, 8oz). The conditions in which women live, learn, and work affect a wide range of health risks and outcomes. Some of these conditions include neighborhood safety, housing stability, availability of healthy food options, access to care, educational and employment opportunities, and social support.

Key Findings

The percent of women with pre-pregnancy hypertension or diabetes increased over the past 5 years among all races.
Black women are more likely to have a pre-pregnancy chronic disease compared to White and Hispanic women.

Body Mass Index Category Prior to Pregnancy, 2017

Underweight (<18.5 kg/m²) 3.2%
Normal (18.5 to 24.9 kg/m²) 38.1%
Overweight (25 to 29.9 kg/m²) 25.9%
Obese (30 kg/m² or more) 32.9%

Key Findings

Nearly 60% of women are overweight or obese (body mass index ≥25 kg/m²) prior to becoming pregnant.

Smoking 3-Months Prior to Pregnancy by Race/Ethnicity

The percent of women smoking 3 months prior to pregnancy decreased over the past 5 years.
Smoking prior to pregnancy is highest among White women and lowest among Hispanic women.
Receiving adequate prenatal care increases a woman’s chance of having a healthy pregnancy and a healthy birth. Adequate prenatal care is when a pregnant woman visits her doctor during the first 4 months of pregnancy and then at regular, prescribed intervals throughout the remainder of the pregnancy.

### Key Findings

#### Adequate Prenatal Care by Race/Ethnicity

**Montgomery County, 2013-2017**

- The percent of women receiving adequate prenatal care decreased over the last 5 years.
- White women are more likely to receive adequate prenatal care compared to Black and Hispanic women.

### Adequate Prenatal Care by Insurance Type

**Montgomery County, 2013-2017**

- Receiving adequate prenatal care is more common among women with commercial insurance compared to women on Medicaid.

### Smoking During Pregnancy

**Smoking During Pregnancy* by Race/Ethnicity**

- Smoking during pregnancy decreased over the past 5 years.
- Smoking during pregnancy is highest among White women and lowest among Hispanic women.

### Breastfeeding at Hospital Discharge

**Breastfeeding at Hospital Discharge by Race/Ethnicity, Montgomery County, 2013-2017**

- The percent of mothers who breastfed their baby when they left the hospital declined over the past 5 years.
- 76% of White and Hispanic mothers were breastfeeding when they left the hospital; which is nearly 1.5 times higher than Black mothers.

---

*Any cigarettes during the third trimester of pregnancy. Source: Ohio Birth Certificates, Ohio Department of Health.*
Public Health Importance:
Premature births (before 37 weeks) often result in low birth weight babies (less than 2,500g, 5lbs, 8oz). These babies can suffer from serious medical conditions because their bodies have not fully developed. Sometimes these problems are too severe, and the baby is unable to survive. These conditions can also lead to developmental delays and learning disabilities as the baby matures.

Low Birth Weight (<2,500g) by Race/Ethnicity
Montgomery County, 2013-2017
- Black women are twice as likely to have a low birth weight baby compared to White women, and nearly 2 times more likely compared to Hispanic women.

Preterm Birth (Gestation <37wks) by Race/Ethnicity
Montgomery County, 2013-2017
- Black women are more likely to have a preterm birth compared to White and Hispanic women.

Low Birth Weight (<2,500g) by Smoker Status
Montgomery County, 2013-2017
- Women who smoke during pregnancy are nearly twice as likely to have a low birth weight baby compared to women who do not smoke.

Poor Birth Outcomes by Education
Montgomery County, 2013-2017
- Women with less than a high school degree are more likely to have a preterm or low birth weight birth compared to women with a high school degree or more.
The causes of infant mortality can be related to the conditions in which moms and babies live, learn, work, and play. Communities experiencing higher levels of poverty, crime, and food insecurity, as well as deteriorating neighborhood and housing conditions often experience higher rates of infant mortality. Women living within these communities may experience higher levels of stress. High levels of stress can cause a baby to be born too early (prematurely), which can increase a baby’s risk of dying before they reach their first birthday.

Infant Mortality Rate (per 1,000 Live Births) by Race, Montgomery County, 2013-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>9.0</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>7.8</td>
<td>4.2</td>
<td></td>
</tr>
</tbody>
</table>

Note: Due to small numbers, the Hispanic infant mortality rate cannot be calculated annually.
Source: Ohio Birth and Death Certificates, Ohio Department of Health

KEY FINDINGS
► All infant mortality rates declined since 2013.
► Black babies die at a rate 4 times higher than White babies.
► The Hispanic infant mortality rate from 2013 to 2017 is 7.7 deaths per 1,000 live births (data not shown).

Leading Causes of Infant Death, 2013-2017

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>% of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prematurity/Related Conditions</td>
<td>32.1%</td>
</tr>
<tr>
<td>2</td>
<td>Birth Defects</td>
<td>14.1%</td>
</tr>
<tr>
<td>3</td>
<td>Maternal Complications</td>
<td>12.9%</td>
</tr>
<tr>
<td>4</td>
<td>Accidents/Unintentional Injuries</td>
<td>12.4%</td>
</tr>
<tr>
<td>5</td>
<td>Other Causes</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

KEY FINDINGS
► Most babies die because they are born too early and too small.
► 68% of accidental deaths among infants are caused by sleep-related suffocation or strangulation in bed (data not shown).

Across the Nation

<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate Prenatal Care</td>
<td>73.6%</td>
<td>76.1%</td>
<td>75.6%</td>
<td>77.6%</td>
</tr>
<tr>
<td>Smoking During Pregnancy</td>
<td>8.7%</td>
<td>11.0%</td>
<td>5.5%</td>
<td>-</td>
</tr>
<tr>
<td>Breastfeeding at Hospital Discharge</td>
<td>70.8%</td>
<td>73.4%</td>
<td>-</td>
<td>81.9%</td>
</tr>
<tr>
<td>Preterm Birth</td>
<td>11.6%</td>
<td>10.4%</td>
<td>9.9%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>9.8%</td>
<td>8.7%</td>
<td>8.3%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>16.9</td>
<td>15.6</td>
<td>11.3%</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Public Health Importance

Women and families can take steps to give their baby the best chance for a healthy start in life. The steps for a healthy start begin before pregnancy occurs and continue throughout the pregnancy and after the baby is brought home.

PRECONCEPTION
► Manage existing medical conditions
► Eat a proper, nutritious diet
► Maintain a healthy weight

PRENATAL
► Begin care during the first trimester
► Quit smoking and drinking alcohol
► Know the signs of preterm labor

POSTPARTUM
► Breastfeed
► Avoid infant’s exposure to secondhand smoke
► Place infant to sleep on his or her back
Deaths

Health Outcomes

Top 10 Causes of Death, Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Rank</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>2,550</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>2,502</td>
</tr>
<tr>
<td>3</td>
<td>Heart Disease</td>
<td>1,365</td>
</tr>
<tr>
<td>4</td>
<td>Accidents</td>
<td>791</td>
</tr>
<tr>
<td>5</td>
<td>Stroke</td>
<td>674</td>
</tr>
<tr>
<td>6</td>
<td>CLRD*</td>
<td>623</td>
</tr>
<tr>
<td>7</td>
<td>Alzheimer’s</td>
<td>555</td>
</tr>
<tr>
<td>8</td>
<td>Septicemia</td>
<td>274</td>
</tr>
<tr>
<td>9</td>
<td>Kidney Disease</td>
<td>218</td>
</tr>
<tr>
<td>10</td>
<td>Influenza/Pneumonia</td>
<td>184</td>
</tr>
</tbody>
</table>

Top 10 Causes of Death by Race Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Rank</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cancer</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>2</td>
<td>Heart Disease</td>
<td>Cancer</td>
</tr>
<tr>
<td>3</td>
<td>Accidents</td>
<td>Accidents</td>
</tr>
<tr>
<td>4</td>
<td>Stroke</td>
<td>Stroke</td>
</tr>
<tr>
<td>5</td>
<td>CLRD*</td>
<td>Diabetes</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer’s</td>
<td>Alzheimer’s Disease</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes</td>
<td>CLRD*</td>
</tr>
<tr>
<td>8</td>
<td>Septicemia</td>
<td>Septicemia</td>
</tr>
<tr>
<td>9</td>
<td>CLRD*</td>
<td>Influenza/Pneumonia</td>
</tr>
<tr>
<td>10</td>
<td>Kidney Disease</td>
<td>Septicemia</td>
</tr>
</tbody>
</table>

Top 10 Causes of Death by Sex Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Rank</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>Cancer</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>3</td>
<td>Accidents</td>
<td>Accidents</td>
</tr>
<tr>
<td>4</td>
<td>CLRD*</td>
<td>Stroke</td>
</tr>
<tr>
<td>5</td>
<td>Stroke</td>
<td>Alzheimer’s Disease</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
<td>CLRD*</td>
</tr>
<tr>
<td>7</td>
<td>Alzheimer’s</td>
<td>Diabetes</td>
</tr>
<tr>
<td>8</td>
<td>Septicemia</td>
<td>Septicemia</td>
</tr>
<tr>
<td>9</td>
<td>Suicide</td>
<td>Kidney Disease</td>
</tr>
<tr>
<td>10</td>
<td>Kidney Disease</td>
<td>Influenza/Pneumonia</td>
</tr>
</tbody>
</table>

Health Outcomes

Accidents are the 3rd leading cause of death regardless of sex or race.
Although not in the top 10 causes of death for the county, suicide is the 9th leading cause of death among men, and homicide is the 7th leading cause of death among Blacks.

Key Findings

► Heart disease and cancer cause more deaths than the other 8 leading causes of death combined.
► Accidents are the leading cause of death among those aged 1 to 54 years.

Source: Ohio Death Certificates, Ohio Department of Health

Life Expectancy Montgomery County, 2012-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>76.1</td>
<td>74.0</td>
</tr>
</tbody>
</table>

Source: Ohio Death Certificates, Ohio Department of Health

Life Expectancy by Race and Sex Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Race</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>74.0</td>
<td>74.9</td>
</tr>
<tr>
<td>Female</td>
<td>70.0</td>
<td>70.7</td>
</tr>
</tbody>
</table>

Source: Ohio Death Certificates, Ohio Department of Health

Years of Potential Life Lost Montgomery County, 2012-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>92,715</td>
<td>113,760</td>
</tr>
</tbody>
</table>

Source: Ohio Death Certificates, Ohio Department of Health

Years of potential life lost (YPLL) is an indicator used to illustrate the potential years of life lost to those who die before the age of 75.

Across the Nation

<table>
<thead>
<tr>
<th>Region</th>
<th>Montgomery</th>
<th>Ohio1</th>
<th>United States1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Expectancy</td>
<td>74.0</td>
<td>75.6</td>
<td>78.6</td>
</tr>
</tbody>
</table>

1 Ohio Death Certificates, Ohio Department of Health, 2016-2017
2 National Vital Statistics System (NVSS), CDC, 2017

Life expectancy (LE) is a measure of a community’s overall health. It is an indicator used to determine how long a person can expect to live from birth.

Years of Potential Life Lost

Life Expectancy

Source: Ohio Death Certificates, Ohio Department of Health

*Low birth weight (<2500g)
**Chronic Lower Respiratory Disease

Top 3 Causes of Death by Age Group, Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 year</td>
<td>Prematurity/LBW*</td>
<td>Congenital Malformations</td>
<td>Maternal Complications</td>
</tr>
<tr>
<td>1-14 years</td>
<td>Accidents</td>
<td>Homicide</td>
<td>Suicide</td>
</tr>
<tr>
<td>15-24 years</td>
<td>Accidents</td>
<td>Homicide</td>
<td>Suicide</td>
</tr>
<tr>
<td>25-34 years</td>
<td>Accidents</td>
<td>Homicide</td>
<td>Suicide</td>
</tr>
<tr>
<td>35-44 years</td>
<td>Accidents</td>
<td>Heart Disease</td>
<td>Cancer</td>
</tr>
<tr>
<td>45-54 years</td>
<td>Accidents</td>
<td>Cancer</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>55-64 years</td>
<td>Cancer</td>
<td>Heart Disease</td>
<td>Accidents</td>
</tr>
<tr>
<td>65-74 years</td>
<td>Cancer</td>
<td>Heart Disease</td>
<td>CLRD**</td>
</tr>
<tr>
<td>75+ years</td>
<td>Heart Disease</td>
<td>Cancer</td>
<td>Stroke</td>
</tr>
</tbody>
</table>

Source: Ohio Death Certificates, Ohio Department of Health

*Chronic Lower Respiratory Disease

Community Health Assessment 2019 • 3938 • Community Health Assessment 2019
WEIGHT

PHI Public Health Importance:
Overweight/obesity is a complex health issue that has become an increasingly common condition among U.S. adults and children. It can be caused by a combination of factors such as individual behaviors and genetics. Risk behaviors can include unhealthy food choices or poor nutrition and physical inactivity. Being overweight or obese is associated with diseases such as diabetes, mental health disorders, heart disease, liver disease, many cancers, and stroke. It can also be linked to a reduced quality of life and shorter life expectancy.

Across the Nation

<table>
<thead>
<tr>
<th></th>
<th>Montgomery¹</th>
<th>Ohio²</th>
<th>United States³</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese</td>
<td>33.1%</td>
<td>32.6%</td>
<td>31.6%</td>
<td>30.5%</td>
</tr>
<tr>
<td>Overweight or Obese</td>
<td>68.5%</td>
<td>67.1%</td>
<td>66.9%</td>
<td>-</td>
</tr>
</tbody>
</table>

¹Behavioral Risk Factor Surveillance System (BRFSS), 2016-2017
²Behavioral Risk Factor Surveillance System (BRFSS), 2017

SDoH Social Determinants of Health:
Many factors, aside from eating too much and exercising too little, contribute to an unhealthy weight status (overweight and obesity). Community environment plays a key role in the obesity crisis; an area with a lack of healthy food options (poor food environment) makes it challenging for people to make healthy dietary choices. For example, in an area where the only food options are fast food restaurants and corner stores, people may have no choice but to consume lower quality food. Likewise, people living in an area lacking sidewalks, safe bike trails, or safe parks may find it difficult to make physical activity a part of their routine.

Child® Body Mass Index (BMI) Category
Montgomery County, 2016-2017

- Underweight: 2.0%
- Normal Weight: 29.5%
- Overweight: 35.4%
- Obese: 33.1%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Montgomery County and Surrounding Areas, 2017

- Obese: 30%
- Overweight: 44%
- Normal Weight: 6%
- Underweight: 14%

Source: Dayton Children’s Hospital Community Health Needs Assessment

Over one-third (36%) of children are identified as obese.

Overweight or Obese Adults by Income
Montgomery County, 2016-2017

Less than $15,000: 77.8%, $15,000-$24,999: 69.2%, $25,000-$44,999: 67.1%, $55,000-$94,999: 53.7%, $90,000+: 70.8%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Overweight or Obese Adults by Sex and Race
Montgomery County, 2016-2017

- Male: 75.5%
- Female: 62.2%
- White: 66.2%
- Black: 74.3%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

- 69% of all adults are overweight or obese.
- Being overweight or obese is more likely among men than women and among Blacks compared to Whites.

More than 75% of adults with an income less than $15,000 are overweight or obese.

30% of adults are at a normal or healthy weight for their height.

More than 75% of adults with an income less than $15,000 are overweight or obese.
PHI: PUBLIC HEALTH IMPORTANCE:

Maintaining an active lifestyle is one of the most important steps anyone can take to improve their health. Physical activity promotes normal growth and development, elevates mood and brain function, improves sleep, and reduces the risk of developing a chronic disease. Exercising in increments as little as 10 minutes can provide these health benefits. Over time, the long-term benefits of consistent, regular physical activity can increase the quality and length of one’s life.

Key Findings as self-reported

Adults Who Meet Physical Activity Guidelines by Sex and Race
Montgomery County, 2015 & 2017

Fewer than 1 in 5 adults meet the U.S. guidelines for both aerobic and muscle-strengthening physical activity.

- Men are more likely than women to meet the guidelines for muscle-strengthening activity, but women are more likely to meet the guidelines for aerobic activity.

Physical Activity Guidelines for Adults

- Aerobic: 150 to 300 minutes a week of moderate-intensity activity, or 75 to 150 minutes a week of vigorous-intensity activity or a combination of the two.
- Muscle-strengthening: moderate or greater intensity activity involving all major muscle groups on 2 or more days a week.


PHI: PUBLIC HEALTH IMPORTANCE:

Across the Nation

<table>
<thead>
<tr>
<th></th>
<th>Montgomery1</th>
<th>Ohio1</th>
<th>United States2</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet Both Guidelines</td>
<td>18.4%</td>
<td>19.0%</td>
<td>20.3%</td>
<td>20.1%</td>
</tr>
</tbody>
</table>

1Behavioral Risk Factor Surveillance System (BRFSS), 2015 & 2017
2Behavioral Risk Factor Surveillance System (BRFSS), 2017

Physical Activity Guidelines for Adults

Any Physical Activity Outside of Work by Education
Montgomery County, 2016-2017

- Those with higher levels of education are more likely to participate in physical activity outside work than those with lower education.

Child* Physical Activity
Montgomery County and Surrounding Areas, 2017

- More than 70% of children participated in an intramural sport during the past year.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

*6-11 years

Source: Dayton Children’s Hospital Community Health Needs Assessment
Food insecurity can be influenced by income, employment, race/ethnicity, and disability. These factors can also influence the ability to purchase healthier food options even when available. Children not receiving proper nutrition are at risk for developmental issues and chronic conditions such as obesity and Type 2 diabetes. When healthy food is scarce, government, charitable, and community-based programs can offer healthy foods to residents. These include programs like SNAP, WIC, and the NSLP as well as meal deliveries for the elderly, nutritional education, and efforts to increase outlets with healthy food for sale in communities without access to a grocery store.
**PHI: PUBLIC HEALTH IMPORTANCE:**

Excessive alcohol use (binge drinking, heavy drinking, and any drinking by pregnant women or people younger than age 21) can be harmful to your health. The excessive use of alcohol comes with many short-term and long-term health risks. Short-term health risks include an increased risk of injury and violence, acute alcohol poisoning, risky sexual behavior (including unprotected sex and sex with multiple partners), and poor birth outcomes including miscarriage, stillbirth, or fetal alcohol spectrum disorders (FASDs). The health risks associated with long-term, excessive alcohol use include cardiovascular disease, liver and digestive diseases, various types of cancer, learning and memory impairment, mental health problems (e.g., anxiety and depression), social issues, and alcohol dependence or alcoholism.

**SDOH: SOCIAL DETERMINANTS OF HEALTH:**

Many demographic factors are associated with alcohol use. Some key influencers of alcohol initiation among youth are family norms, parent-child relationships, social networks, and peer pressure. Among high school students, the best predictor of alcohol use is social acceptance. Those of lower socioeconomic status are also subjected to more alcohol advertising, which normalizes or glamorizes alcohol use. These factors may influence those living in deprived areas to drink more frequently or more heavily compared to those living in wealthier areas.

**Adult Binge Drinking by Age**

Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Age</th>
<th>Montgomery</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge</td>
<td>16.0%</td>
<td>22.2%</td>
<td>27.4%</td>
<td>23.1%</td>
<td>19.3%</td>
<td>11.0%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

**Across the Nation**

<table>
<thead>
<tr>
<th>Source</th>
<th>Alcohol-related Causes of Death Rate1</th>
<th>Alcohol Liver Disease Death Rate1</th>
<th>Binge Drinking</th>
<th>Heavy Drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>11.6</td>
<td>6.5</td>
<td>18.4%</td>
<td>6.7%</td>
</tr>
<tr>
<td>United States</td>
<td>8.6</td>
<td>5.2</td>
<td>17.4%</td>
<td>6.3%</td>
</tr>
<tr>
<td>HP 2020 Goal</td>
<td>9.5</td>
<td>5.9</td>
<td>24.2%</td>
<td></td>
</tr>
</tbody>
</table>

**Alcohol Use Among Youth 12 to 20 Years in the Past Month**

Ohio ranks 25th in the U.S. for drinking among youth in the past month.

21% of youth in Ohio and 22% in Montgomery County report using alcohol in the past month.

**Adult Heavy Drinking by Income**

Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Income</th>
<th>Montgomery</th>
<th>Heavy Drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15,000</td>
<td>10.1%</td>
<td>6.7%</td>
</tr>
<tr>
<td>$15,000-$24,999</td>
<td>9.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>$25,000-$49,999</td>
<td>6.7%</td>
<td>5.0%</td>
</tr>
<tr>
<td>$50,000+</td>
<td>5.7%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS)
**PHI: PUBLIC HEALTH IMPORTANCE:**

Smoking is toxic to your health and the health of others. Cigarette smoking harms nearly every organ system within the body and can cause several chronic diseases including cancer, heart disease, stroke, diabetes, and chronic lower respiratory diseases. Each year smoking claims the lives of more than 480,000 Americans, including 41,000 Americans who die due to secondhand smoke exposure (CDC, 2018). Smoking also reduces the quality and length of one’s life. Smokers can expect to die, on average, 10 years before non-smokers. By quitting, smokers can add back quality years to their life.

**SDOH: SOCIAL DETERMINANTS OF HEALTH:**

Social, environmental, psychological, and genetic factors all influence cigarette use. However, the social environment, such as peer and family approval of tobacco use, may be a person’s strongest motivation to start and continue smoking. The accessibility of tobacco and exposure to tobacco ads also influence one’s decision. Often, communities of lower socioeconomic status are targeted more heavily by tobacco marketing. All of these factors negatively influence a person’s decision to use tobacco.

**KEY FINDINGS**

- **E-Cigarette Status Among Adults**
  - Montgomery County, 2016-2017
  - Source: Behavioral Risk Factor Surveillance System (BRFSS)
  - Current Smoker: 22.6%
  - Former Smoker: 51.0%
  - Never Smoker: 26.4%
  - Male: 28.1%
  - Female: 17.9%

- **E-Cigarette Status Among Youth**
  - Ohio, 2014
  - Source: Ohio Youth Tobacco Survey
  - Ever Tried E-cigs: 40.9%
  - Current User of E-cigs: 12.6%

- **Adult Smoking Status by Sex**
  - Montgomery County, 2016-2017
  - Source: Behavioral Risk Factor Surveillance System (BRFSS)
  - Current Smoker: 21.3%
  - Female: 26.4%

- **Adult Current Smoker Status by Education**
  - Montgomery County, 2016-2017
  - Source: Behavioral Risk Factor Surveillance System (BRFSS)
  - College graduates: 37.1%
  - High school graduates: 32.6%
  - Some college: 19.0%
  - Less than high school graduate: 7.9%

- **Adult Smoking Status by Sex**
  - Montgomery County, 2016-2017
  - Source: Behavioral Risk Factor Surveillance System (BRFSS)
  - Male: 28.1%
  - Female: 17.9%

- **Across the Nation**
  - Source: Behavioral Risk Factor Surveillance System (BRFSS)
  - Current Smoker:
    - Montgomery: 22.6%
    - Ohio: 21.8%
    - United States: 17.1%
    - HP 2020 Goal: 12.0%
  - Smokeless Tobacco:
    - Montgomery: 0.2%
    - Ohio: 4.1%
    - United States: 0.2%

- **College graduates are less likely to smoke compared to those with a lower level of education.**

- **Smoking Claims the Lives of More Than 480,000 Americans.**

- **In middle school, only 13% of students report trying e-cigarettes, but by high school, 41% report trying e-cigarettes.**
PHI PUBLIC HEALTH IMPORTANCE:

Diabetes affects over 30.3 million Americans, and about 25% of people with diabetes are not aware of their condition. Another one-third (84.1 million) of U.S. adults have prediabetes, a less serious condition that places one at high risk of developing type 2 diabetes. There are many complications that arise with diabetes that reduce one’s quality of life. People with diabetes are twice as likely to have heart disease or a stroke compared to those without diabetes. It is also the leading cause of kidney failure, adult-onset blindness, and lower-limb amputations.

SDOH SOCIAL DETERMINANTS OF HEALTH:

Compared to Whites, racial and ethnic minority populations have a higher percentage of adults, adolescents, and children diagnosed with diabetes and are more likely to have poorer self-management of diabetes. Minority groups also have a higher percentage of undiagnosed diabetes compared to Whites (CDC, 2017). Neighborhood and community characteristics play a significant role in diabetes development and management. Having access to health care services, healthy food options, and safe places to exercise are associated with lower rates of diabetes and higher rates of compliance with diabetes self-management. Many minority populations live in areas with low access to these resources.
**Cardiovascular disease** is a group of diseases that affect the heart or blood vessels. The most common disease, coronary artery disease, involves narrowed or blocked arteries that can lead to life-threatening events such as heart attack, stroke, or heart failure.

### Key Findings

- **Heart Disease Death Rate** by Race and Sex, Montgomery County, 2016-2017
  - Montgomery: 176.8
  - White: 165.3
  - Black: 222.6
  - Male: 236.3
  - White Male: 221.5
  - Black Male: 313.4
  - Female: 131.8
  - White Female: 122.1
  - Black Female: 176.4
  *Age-adjusted rate per 100,000

- **Stroke Death Rate** by Race and Sex, Montgomery County, 2016-2017
  - Montgomery: 53.9
  - White: 53.1
  - Black: 57.2
  - Male: 52.8
  - White Male: 49.8
  - Black Male: 53.9
  - Female: 53.9
  - White Female: 54.9
  - Black Female: 50.4
  *Age-adjusted rate per 100,000

- **Ever Diagnosed with High Blood Pressure**
  - Montgomery: 38.0%
  - Ohio: 34.7%
  - United States: 32.3%
  - HP 2020 Goal: 26.9%

There are several factors that can contribute to the development of cardiovascular disease. One such factor is the body’s response to constant, long-term stress - also known as chronic stress. Chronic stress negatively affects heart rate, blood pressure, and the hardening of walls of blood vessels. Individuals of lower socioeconomic status and racial and ethnic minority groups report higher levels of chronic stress related to income, housing, and food instability, social stigma, and racial biases. The higher levels of stress experienced by these groups help to explain the higher rates of cardiovascular disease among lower income and minority groups.

- **Coronary heart disease becomes less common as income increases.**

- **The death rate for heart disease is 1.8 times higher in Black men than the overall heart disease death rate.**

- **On average, Black men die at a younger age from heart disease compared to other race and sex groups (data not shown).**

### Social Determinants of Health:

- **The death rate for stroke is lowest in White men (49.8 per 100,000) and Black women (50.4 per 100,000).**
Cancer is complex; it is many different diseases that affect all the systems of the body. Cancer consistently falls in the top two causes of death, claiming the lives of more than 600,000 Americans each year (National Center for Health Statistics, 2018). While cancer is a serious condition, much of it is preventable. Estimates suggest that only 5 percent of cancers are due to genetic factors. Lifestyle choices and the environment in which people live impact the risk of developing cancer the most. Making healthy life choices such as proper nutrition, regular exercise, not smoking, not drinking too much, avoiding excess sun exposure and tanning beds, obtaining screenings, and getting certain vaccinations can significantly reduce an individual's risk of ever developing cancer.

**Public Health Importance:**

Cancer is the most common and deadly of all cancers (nearly 30% of all cancer deaths). Breast cancer is the most commonly diagnosed cancer among women, and prostate cancer is the most commonly diagnosed cancer among men. The overall rate of new cancers steadily increased since 2011-2012. However, the overall rate of death due to cancer has decreased since 2012-2013.
### Prostate Cancer Rates*

<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence</td>
<td>98.4</td>
<td>86.8</td>
<td>155.1</td>
</tr>
<tr>
<td>Death</td>
<td>20.1</td>
<td>19.3</td>
<td>26.1</td>
</tr>
</tbody>
</table>

*Age-adjusted per 100,000
Source: Behavioral Risk Factor Surveillance Systems (BRFSS)

#### Key Finding
- **The rate of new prostate cancer cases among Black men is nearly 2 times higher than White men.**

### Men 40 Years and Older Who Have Ever Had a Prostate-specific Antigen (PSA) Test for Prostate Cancer, Montgomery County, 2014 & 2016

- **Montgomery: 53.5%**
- **White: 54.4%**
- **Black: 59.1%**

Source: Behavioral Risk Factor Surveillance Systems (BRFSS)

#### Key Finding
- **54% of men 40 years and older had a PSA test.**

### Female Breast Cancer Rates*

<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence</td>
<td>135.6</td>
<td>136.8</td>
<td>129.0</td>
</tr>
<tr>
<td>Death</td>
<td>24.6</td>
<td>22.2</td>
<td>34.6</td>
</tr>
</tbody>
</table>

*Age-adjusted per 100,000
Source: Behavioral Risk Factor Surveillance Systems (BRFSS)

#### Key Finding
- **Breast cancer occurs more frequently in White women compared to Black women.**

#### Key Finding
- **Black women die from breast cancer more often than White women.**

### Adults 50 Years and Older Who Have Ever Had a Sigmoidoscopy or Colonoscopy to Screen for Colon Cancer, Montgomery County, 2015-2016

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Montgomery</th>
<th>50-54</th>
<th>74.9%</th>
<th>61.3%</th>
<th>82.3%</th>
</tr>
</thead>
</table>

Source: Behavioral Risk Factor Surveillance Systems (BRFSS)

#### Key Finding
- **Over 80% of adults aged 65 years and older were screened for colon cancer.**

### Women 21 to 65 Years Who Have Had a Pap Test in the Past 2 Years

<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence</td>
<td>68.0</td>
<td>66.1</td>
<td>72.8</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance Systems (BRFSS)

#### Key Finding
- **Black women 21 to 65 years are more likely to have received a pap test in the past 3 years compared to White women.**

### Women 40 Years and Older Who Have Had a Mammogram in the Past 2 Years

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>74.0</td>
<td>69.3%</td>
<td>90.8%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance Systems (BRFSS)

#### Key Finding
- **Black women 40 years and older are more likely to have had a mammogram in the past 2 years compared to White women.**
The physical characteristics of neighborhoods and housing environments account for much of the disparity in the number of children diagnosed with asthma. Lower socioeconomic areas tend to have higher rates of smoking and higher levels of air pollution, dampness, dust, and pests compared to wealthier neighborhoods, which can lead to increased rates of asthma among children living in these environments. Additionally, stress has also been linked to higher rates of asthma. Children living in poverty can experience additional hardships related to living without daily needs, safety, food, and stable housing. These anxiety-causing issues can trigger stress-induced asthma.

**Key Findings**

- **Asthma-related Hospital Visits**
  - Montgomery County, 2017
  - | Characteristics | Percent |
  - | Sex | |
  - | Male | 34.7% |
  - | Female | 65.3% |
  - | Race | |
  - | White | 58.1% |
  - | Black | 37.5% |
  - | Other Race | 1.9% |
  - | Unknown Race | 2.6% |
  - | Insurance Type | |
  - | Commercial Insurance | 23.1% |
  - | Medicaid | 49.7% |
  - | Medicare | 19.6% |
  - | Self-Pay | 4.7% |
  - | Other | 2.9% |

**Adults Who Currently Have Asthma**

- Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>34.7%</td>
</tr>
<tr>
<td>Female</td>
<td>65.3%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>58.1%</td>
</tr>
<tr>
<td>Black</td>
<td>37.5%</td>
</tr>
<tr>
<td>Other Race</td>
<td>1.9%</td>
</tr>
<tr>
<td>Unknown Race</td>
<td>2.6%</td>
</tr>
<tr>
<td>Insurance Type</td>
<td></td>
</tr>
<tr>
<td>Commercial Insurance</td>
<td>23.1%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>49.7%</td>
</tr>
<tr>
<td>Medicare</td>
<td>19.6%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>4.7%</td>
</tr>
<tr>
<td>Other</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

**Children Who Currently Have Asthma**

- Montgomery County, 2017

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>US (0-11 years)</td>
<td></td>
</tr>
<tr>
<td>7.0%</td>
<td></td>
</tr>
<tr>
<td>Ohio (0-17 years)</td>
<td></td>
</tr>
<tr>
<td>8.5%</td>
<td></td>
</tr>
<tr>
<td>Greater Dayton Area (0-11 years)</td>
<td></td>
</tr>
<tr>
<td>9.0%</td>
<td></td>
</tr>
</tbody>
</table>

**Key Finding**

- The percentage of children who currently have asthma is higher in the Greater Dayton Area than in Ohio and the U.S.

**Sources:**

- National Health Interview Survey
- National Survey of Children’s Health
- Dayton Children’s Hospital Community Health Needs Assessment
- Behavioral Risk Factor Surveillance System (BRFSS), 2016-2017
PHI  PUBLIC HEALTH IMPORTANCE:

Although usually preventable, injuries are a leading cause of death for individuals between the ages of 1 and 44 (CDC WISQARS, 2017). Whether accidental, self-inflicted, or perpetrated by another, some consequences of injuries and violence are death, disability, poor mental health, high medical costs, and lost productivity. Risk-taking behaviors, such as alcohol and drug abuse, and unsafe driving, can lead to unintentional injury. Causes of violence are more complicated and include personal, community, and social factors.

<table>
<thead>
<tr>
<th>Leading Causes of Injury-related Deaths by Age Group</th>
<th>Montgomery County, 2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Leading Cause</td>
</tr>
<tr>
<td>All Ages</td>
<td>Poisoning</td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>Suffocation</td>
</tr>
<tr>
<td>1-14 years</td>
<td>Motor Vehicle Accidents</td>
</tr>
<tr>
<td>15-24 years</td>
<td>Poisoning</td>
</tr>
<tr>
<td>25-34 years</td>
<td>Poisoning</td>
</tr>
<tr>
<td>35-44 years</td>
<td>Poisoning</td>
</tr>
<tr>
<td>45-54 years</td>
<td>Poisoning</td>
</tr>
<tr>
<td>55-64 years</td>
<td>Poisoning</td>
</tr>
<tr>
<td>65-74 years</td>
<td>Falls</td>
</tr>
<tr>
<td>75+ years</td>
<td>Falls</td>
</tr>
</tbody>
</table>

Key Findings:
- Poisoning from drugs, alcohol, pesticides, chemicals, gases, or vapors is the leading cause of injury-related or accidental deaths; falls are the second leading cause.
- Poisoning and falls account for about 82% of all accidental deaths (data not shown).

Percentage of All Deaths Due to Injuries by Age Group, Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Injuries As % of Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ages</td>
<td>12.9%</td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>11.2%</td>
</tr>
<tr>
<td>1-14 years</td>
<td>68.3%</td>
</tr>
<tr>
<td>15-24 years</td>
<td>84.5%</td>
</tr>
<tr>
<td>25-34 years</td>
<td>78.4%</td>
</tr>
<tr>
<td>35-44 years</td>
<td>58.9%</td>
</tr>
<tr>
<td>45-54 years</td>
<td>29.9%</td>
</tr>
<tr>
<td>55-64 years</td>
<td>11.9%</td>
</tr>
<tr>
<td>65-74 years</td>
<td>4.3%</td>
</tr>
<tr>
<td>75+ years</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Number and Rate of Suicide and Homicide Deaths Montgomery County, 2012-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Suicide Rate*</th>
<th>Homicide Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>156 (14.4)</td>
<td>97 (9.5)</td>
</tr>
<tr>
<td>2016-2017</td>
<td>166 (15.6)</td>
<td>114 (11.3)</td>
</tr>
</tbody>
</table>

Key Findings:
- The number and rate of accidental deaths nearly doubled since 2012-2013 (data not shown).
- Nearly 85% of deaths among those ages 15 to 24 are due to injuries.
- Both suicide and homicide death rates have increased since 2012-2013.

Across the Nation

<p>| Injury-related Hospital Visit Rate (per 1,000) by Demographic Characteristics, Montgomery County, 2017 |
|---------------------------------------------------------------|---------------------------------------------------------------|</p>
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Falls</th>
<th>Transportation-related Injuries</th>
<th>Assaults</th>
<th>Intentional Self-Harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>49.1</td>
<td>18.8</td>
<td>6.8</td>
<td>1.0</td>
</tr>
<tr>
<td>&lt; 18</td>
<td>13.9</td>
<td>7.9</td>
<td>1.6</td>
<td>1.2</td>
</tr>
<tr>
<td>18 to 64</td>
<td>39.1</td>
<td>24.8</td>
<td>10.3</td>
<td>1.1</td>
</tr>
<tr>
<td>65+</td>
<td>131.1</td>
<td>11.4</td>
<td>1.0</td>
<td>0.2</td>
</tr>
<tr>
<td>Male</td>
<td>38.7</td>
<td>18.3</td>
<td>7.2</td>
<td>0.9</td>
</tr>
<tr>
<td>Female</td>
<td>58.7</td>
<td>19.2</td>
<td>6.4</td>
<td>1.1</td>
</tr>
<tr>
<td>White</td>
<td>51.2</td>
<td>14.6</td>
<td>4.2</td>
<td>1.0</td>
</tr>
<tr>
<td>Black</td>
<td>46.5</td>
<td>34.1</td>
<td>16.2</td>
<td>0.9</td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

<table>
<thead>
<tr>
<th>Injury-related Hospital Visits by Insurance Type Montgomery County, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>16.4%</td>
</tr>
<tr>
<td>Medicaid</td>
</tr>
<tr>
<td>Medicare</td>
</tr>
<tr>
<td>Self-Pay</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

<table>
<thead>
<tr>
<th>Across the Nation</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death Rate*</td>
<td>126.4</td>
<td>71.8</td>
<td>48.4</td>
<td>36.4</td>
</tr>
<tr>
<td>Suicide Death Rate*</td>
<td>15.6</td>
<td>14.5</td>
<td>13.8</td>
<td>-</td>
</tr>
<tr>
<td>Homicide Death Rate*</td>
<td>11.3</td>
<td>7.1</td>
<td>6.2</td>
<td>5.5</td>
</tr>
</tbody>
</table>

*Age-adjusted per 100,000
1Ohio Death Certificates, Ohio Department of Health, 2016-2017
2Mortality Public Use Data on CDC Wonder Online Database, 2016-2017

Source: Ohio Death Certificates, Ohio Department of Health
PHI PUBLIC HEALTH IMPORTANCE:

Vaccines protect individuals from contracting infectious diseases and prevent the spread of diseases within the community. Recommended vaccines vary by a person’s age, occupation, or plans for travel to areas outside the U.S. There are individuals who do not receive the proper immunizations due to cost, transportation, and insurance and others who are not vaccinated because of cultural beliefs or a lack of education or misinformation concerning vaccines. Vaccines, however, have proven to be safe and effective when administered appropriately. Public Health professionals must work to ensure the public has access to vaccines and is educated on the importance of vaccines, the diseases they prevent, and the protection they provide.
A primary function of Public Health is to control the spread of communicable diseases. To do this, Public Health monitors disease symptoms and confirmed illnesses reported by health care providers throughout the county. If surveillance detects an unexpected increase in confirmed reports, steps will be employed to investigate and control any potential disease outbreak. Public Health can respond by providing vaccinations, organizing mass distribution of medication if needed, or education to the public. By conducting routine disease surveillance, Public Health reacts quickly and effectively to ensure members of the community are protected.

Most Commonly Reported Communicable Diseases
Montgomery County, 2018

- Influenza-associated hospitalization (n=736)
- Hepatitis C (n=442)
- Hepatitis A (n=227)
- Strepococcus pneumoniae (n=81)
- Pertussis (n=77)
- Hepatitis B (n=64)
- Legionnaire’s Disease (n=59)
- Strepococcus Disease, Group A (n=58)
- Salmonellosis (n=62)
- Campylobacteriosis (n=24)
- All Others (n=112)

Most Commonly Reported Communicable Diseases
Among Youth (0-18 years), Montgomery County, 2018

- Influenza-associated hospitalization (n=60)
- Pertussis (n=72)
- Salmonellosis (n=14)
- Campylobacteriosis (n=9)
- Meningitis, aseptic (n=7)
- All Others (n=30)

In 2018, 73% of reported communicable diseases in youth (0-18 years) were due to influenza-associated hospitalizations and pertussis, both vaccine-preventable diseases.

Hepatitis A Cases by Sex and Race
Montgomery County, 2018

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery</td>
<td>227</td>
<td>100%</td>
</tr>
<tr>
<td>Male</td>
<td>133</td>
<td>58.6%</td>
</tr>
<tr>
<td>Female</td>
<td>94</td>
<td>41.4%</td>
</tr>
<tr>
<td>White</td>
<td>205</td>
<td>90.3%</td>
</tr>
<tr>
<td>Black</td>
<td>20</td>
<td>8.8%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Source: Ohio Disease Reporting System (ODRS)

From 2014 to 2017, there were only 2 reported cases of hepatitis A.

In 2018, Montgomery County became part of a hepatitis A outbreak that was occurring throughout Ohio and related to outbreaks from other states.
- 227 cases were reported,
- 90% of cases were White, and
- 81% of cases were diagnosed in individuals ages 25 to 54 years.

Hepatitis A Cases
Montgomery County, 2014-2018

Source: Ohio Disease Reporting System (ODRS)

Hepatitis A Cases by Age
Montgomery County, 2018

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>18-24</td>
<td>33</td>
<td>29%</td>
</tr>
<tr>
<td>25-34</td>
<td>19</td>
<td>8%</td>
</tr>
<tr>
<td>35-44</td>
<td>22</td>
<td>4%</td>
</tr>
<tr>
<td>45-54</td>
<td>10</td>
<td>2%</td>
</tr>
<tr>
<td>55-64</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>65+</td>
<td>3</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: Ohio Disease Reporting System (ODRS)
SEXUALLY TRANSMITTED DISEASES

PUBLIC HEALTH IMPORTANCE:

Sexually transmitted diseases (STDs) affect people of all ages; however, youth ages 15 to 24 years are particularly burdened by STDs. This age group accounts for more than half of all new infections that occur in the United States each year (CDC, 2017). Many STDs go undetected and untreated, but STDs that do not show symptoms can still cause harm and spread to others. Untreated STDs can lead to infertility in women; they can also complicate pregnancy and lead to serious health consequences for a mother and her baby. Having an STD also increases a person’s risk of contracting HIV through sexual contact. Public Health aims to reduce the burden of STDs through education, testing, and treatment.

**Key Findings**

- The rate of chlamydia cases was higher in 2018 compared to the rate in 2014.
- The rate of gonorrhea cases has steadily increased since 2014.
- Over 650 more gonorrhea cases occurred in 2018 (1,619) compared to 2014 (968).
- The rate of new gonorrhea cases has steadily increased since 2014.
- Over 650 more gonorrhea cases occurred in 2018 (1,619) compared to 2014 (968).
- Over the past 5 years, the highest number of chlamydia cases occurred in 2016 (3,503 cases).

**Source:** Ohio Disease Reporting System (ODRS)

**Across the Nation**

<table>
<thead>
<tr>
<th></th>
<th>Montgomery 1</th>
<th>Ohio 1</th>
<th>United States 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chlamydia Rate</strong></td>
<td>630.2</td>
<td>528.9</td>
<td>528.8</td>
</tr>
<tr>
<td><strong>Gonorrhea Rate</strong></td>
<td>304.6</td>
<td>206.6</td>
<td>171.9</td>
</tr>
<tr>
<td><strong>Syphilis Rate</strong></td>
<td>27.3</td>
<td>16.4</td>
<td>31.4</td>
</tr>
</tbody>
</table>

*Rate per 1,000,000
1Ohio Disease Reporting System (ODRS), 2018
2Ohio Department of Health, STD Surveillance Program, 2017
3Centers for Disease Control and Prevention, Division of STD Prevention, 2017

**Chlamydia Cases by Age and Sex, Montgomery County, 2018**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Total Cases</th>
<th>Male Cases</th>
<th>Female Cases</th>
<th>Unknown Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 13</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>13 - 14</td>
<td>24</td>
<td>11</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>15 - 19</td>
<td>335</td>
<td>174</td>
<td>161</td>
<td>2</td>
</tr>
<tr>
<td>20 - 29</td>
<td>47</td>
<td>24</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>30 - 39</td>
<td>83</td>
<td>45</td>
<td>38</td>
<td>0</td>
</tr>
<tr>
<td>40 - 49</td>
<td>95</td>
<td>56</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>50 - 64</td>
<td>114</td>
<td>67</td>
<td>47</td>
<td>0</td>
</tr>
<tr>
<td>65+</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Syphilis Cases**

- The number of syphilis cases reported in 2018 was 5 times higher than the number reported in 2014.

**Source:** Ohio Disease Reporting System (ODRS)
PHI: PUBLIC HEALTH IMPORTANCE:

Certain groups are at a higher risk of contracting HIV. Two groups with historically higher rates of HIV are gay/bisexual men and Black/African Americans. An estimated 1 in 6 gay/bisexual men and 1 in 7 Black/African Americans with HIV are unaware they are infected (CDC, 2018). These two groups share similar social characteristics. Both groups are subject to stigma, fear, and discrimination, which affect an individual’s decision to seek care or obtain high quality health services that reduce HIV infectiousness or decrease susceptibility.

Across the Nation

<table>
<thead>
<tr>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV Rate (per 100,000)</td>
<td>11.9</td>
<td>8.7</td>
<td>11.8</td>
</tr>
</tbody>
</table>

1HIV/AIDS Surveillance Program, Ohio Department of Health, 2017
2HIV Surveillance Report, Centers for Disease Control and Prevention, 2017

KEY FINDINGS

- There are 63 new HIV diagnoses and 1,497 individuals living with HIV.
- The number of new HIV diagnoses declined from 2013 to 2016 but increased from 2016 to 2017.

HIV Transmission Category by Sex

Montgomery County, 2017

- Male-to-male sexual contact accounts for the majority (73.1%) of HIV transmission among men.
- Heterosexual contact accounts for the majority (63.6%) of HIV transmission among women.

SDOH: SOCIAL DETERMINANTS OF HEALTH:

HIV infections occur most frequently among those living in urban areas who are at or below the poverty level and who have less than a high school education. Poverty and lack of education further contribute to stigma and discrimination experienced by racial and sexual minorities as well as affect access to care and sexual behaviors. Social conditions may have the greatest influence on the spread of HIV. Behaviors and social conditions are the most modifiable factors in preventing HIV spread, and public health interventions should consider the differences in these factors between groups.

PHI: PUBLIC HEALTH IMPORTANCE:

Key Findings

- Male-to-male sexual contact accounts for the majority (73%) of HIV transmission among men.
- Heterosexual contact accounts for the majority (64%) of HIV transmission among women.

Key Findings

- Among Black men, the rate of new HIV cases is over 3 times the rate for the entire county.
- Blacks are nearly twice as likely as Whites to have ever been tested for HIV (data not shown).

Key Findings

- The rate of new HIV cases among those 20 to 24 years is 4 times higher than the rate for the entire county.
Access to Care

**Medical**

**Public Health Importance:**
Receiving regular, preventive care is important to managing and maintaining an individual's health. By visiting a health care provider for check-ups and by receiving routine tests and exams, there is a better chance that an illness or disease will be detected early. While it is more likely to delay or go without dental care rather than medical care, it is equally important to have good oral health as it is vital to a person’s overall health.

**Adults Who Could Not See a Doctor Because of Cost by Income, Montgomery County, 2016-2017**

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>8.0%</td>
<td>7.4%</td>
<td>8.7%</td>
<td>0%</td>
</tr>
<tr>
<td>Could Not See a Doctor Because of Cost</td>
<td>10.6%</td>
<td>11.0%</td>
<td>13.3%</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS)

**Access to Dental Care**

**Dental Care at Hospitals**
Dental conditions were the third most common reason for a hospital visit in 2017 (behind hypertension and diabetes). These visits were most common in Blacks, individuals under 18, and those using Medicaid or paying for their own care.

**Dental Issues Among Montgomery County Children**
- 65.4% - History of tooth decay
- 62.2% - One or more sealants
- 15.4% - Toothache in the last 6 months
- 11.1% - Untreated cavities


**Across the Nation**

<table>
<thead>
<tr>
<th>Health Care Providers per 100,000</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>92.9</td>
<td>76.8</td>
<td>77.6</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>46.9</td>
<td>36.8</td>
<td>37.6</td>
</tr>
<tr>
<td>Family Practice</td>
<td>37.0</td>
<td>27.0</td>
<td>28.7</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>80.9</td>
<td>82.9</td>
<td>81.7</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>83.9</td>
<td>68.4</td>
<td>68.9</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>11.4</td>
<td>9.7</td>
<td>12.1</td>
</tr>
</tbody>
</table>

Source: American Community Survey, U.S. Census, 2017 and Area Health Resources Files, HRSA, 2018

**Across the Nation**

<table>
<thead>
<tr>
<th>Dentists per 100,000</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>43.2</td>
<td>48.2</td>
<td>56.2</td>
<td></td>
</tr>
</tbody>
</table>

Source: Ohio Department of Medicaid Provider Directory, 2016

**Across the Nation**

<table>
<thead>
<tr>
<th>Dentists Accepting Medicaid</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.8</td>
<td>18.2</td>
<td>21.1</td>
<td></td>
</tr>
</tbody>
</table>

Source: Health Policy Institute, Dentist Profile, 2016

**Uninsured Montgomery County, 2017**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery, 2017</td>
<td>8.0%</td>
</tr>
<tr>
<td>Montgomery, 2013</td>
<td>12.3%</td>
</tr>
<tr>
<td>Under 19 Years</td>
<td>4.1%</td>
</tr>
<tr>
<td>19-25 Years</td>
<td>14.4%</td>
</tr>
<tr>
<td>65+ Years</td>
<td>0.3%</td>
</tr>
<tr>
<td>Employed</td>
<td>10.0%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>30.7%</td>
</tr>
</tbody>
</table>

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

**Across the Nation**

- 8% of the population is uninsured, compared to 12% in 2013.
- 14% of the population 19 to 25 years of age are uninsured.

**Across the Nation**

- White adults are more likely than Black adults to have visited the dentist within the past year.

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2014 & 2016
Hypertension is the top reason for a hospital visit among those with commercial insurance or Medicare.

Dental is the top reason for a hospital visit among those who use Medicaid or self-pay.

**Key Findings**

- Hypertension and diabetes are 2 of the 3 most common visit reasons for those 65 and older, both men and women, and Blacks, Whites, and Hispanics.
- Asthma, mental health, and dental problems are the top reasons for hospital visits among children.
- Mental health is the top reason for a hospital visit for women, children, and Hispanics.
A person’s built environment, the community where they live and work, impacts their overall health and quality of life. Individuals living in poverty may have more adverse health outcomes than other individuals. Issues such as poor air quality, childhood lead exposure, a high concentration of tobacco and alcohol retail locations, high crime rates and limited access to healthy food disproportionately affect communities in poverty.

“Your longevity and health are more determined by your zip code than they are by your genetic code.”

- Tom Frieden, M.D., M.P.H., former Director of the CDC

Density of Individuals Living in Poverty, Montgomery County, 2017

Source: American Community Survey, U.S. Census
PUBLIC HEALTH IMPORTANCE:
Crime victimization can result in death or serious injury. Victims who survive often report suffering from physical, mental, or emotional pain and distress. Over time, repeated exposure to crime can lead to poor health outcomes and an overall lower quality of life. Children who have had repeated exposure to traumatic events, even just by hearing about it, are more likely to experience anxiety, depression, and behavioral problems. As they reach adulthood, they are at higher risk of using illicit substances, having unsafe sex, experiencing intimate partner violence, or engaging in criminal activity.

Across the Nation

<table>
<thead>
<tr>
<th>Rate per 100,000</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicide Death Rate*</td>
<td>11.3</td>
<td>7.1</td>
<td>6.0</td>
</tr>
<tr>
<td>Violent Crime1</td>
<td>418.4</td>
<td>300.3</td>
<td>397.1</td>
</tr>
<tr>
<td>Property Crime1</td>
<td>3,289.4</td>
<td>2,577.5</td>
<td>2,450.7</td>
</tr>
</tbody>
</table>

*Age-adjusted
1Ohio Death Certificates, Ohio Department of Health, 2017
2Mortality public-use data on CDC WONDER online database, 2017
3Ohio Incident-Based Reporting System (OBIRS), 2016

KEY FINDINGS
- Homicide Death Rate* by Race and Sex
- Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th>Race</th>
<th>White</th>
<th>Black</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>2.7</td>
<td>38.9</td>
<td>19.0</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>11.3</td>
<td>4.0</td>
<td>1.7</td>
<td></td>
</tr>
</tbody>
</table>

*Age-adjusted rate per 100,000
1Ohio Death Certificates, Ohio Department of Health

Assault-related Hospital Visits (per 1,000) by Demographic Characteristics
Montgomery County, 2017

<table>
<thead>
<tr>
<th>Race</th>
<th>White</th>
<th>Black</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>6.8</td>
<td>16.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>4.2</td>
<td>6.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

Assault-related Hospital Visits by Insurance Type, Montgomery County, 2017

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>60%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>16%</td>
</tr>
<tr>
<td>Commercial Insurance</td>
<td>10%</td>
</tr>
<tr>
<td>Medicare</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

KEY FINDINGS
- Property crimes decreased 12% between 2013 and 2016.
- Motor vehicle theft is the only form of property crime that increased between 2013 and 2016.

KEY FINDINGS
- Black men are nearly 20 times more likely to die by homicide than White men.
- The homicide death rate among men is 5 times higher than for women.
- Gun violence accounts for 83% of homicides between 2015 and 2017 (data not shown).
Social Determinants of Health:

Crime rates vary by neighborhood, with low income neighborhoods more likely to be impacted by crime than higher income neighborhoods. Higher crime rates in these areas can be associated with increased stress and anxiety among residents. Additionally, poor physical health is associated with a resident’s real and perceived safety from crime. These neighborhoods are also vulnerable to high rates of obesity and chronic disease due in part to physical inactivity. Fear prevents participation in any form of outdoor physical activity; walking for leisure or transportation is avoided and parks are under-utilized.
The percent of days with a "Good" AQI level increased between 2010 and 2017.

In the last 10 years, the AQI for Montgomery County reached the "Unhealthy" level on only three days in 2011 and 2012 (data not shown).

**PUBLIC HEALTH IMPORTANCE:**

High ozone levels can aggravate the lungs and respiratory system of young children and older adults, affecting those with chronic lung conditions such as asthma, chronic bronchitis, and emphysema.

<table>
<thead>
<tr>
<th>Air Quality Index (AQI) Guide</th>
<th>Numerical Value</th>
<th>Health Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>0 to 50</td>
<td>Air quality is considered satisfactory, and air pollution poses little or no risk.</td>
</tr>
<tr>
<td>Moderate</td>
<td>51 to 100</td>
<td>Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.</td>
</tr>
<tr>
<td>Unhealthy for Sensitive Groups</td>
<td>101 to 150</td>
<td>Members of sensitive groups may experience health effects. The general public is not likely to be affected.</td>
</tr>
<tr>
<td>Unhealthy for Sensitive Groups</td>
<td>151 to 200</td>
<td>Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.</td>
</tr>
<tr>
<td>Very Unhealthy</td>
<td>201 to 300</td>
<td>Health warnings of emergency conditions. The entire population is more likely affected.</td>
</tr>
<tr>
<td>Hazardous</td>
<td>301 to 500</td>
<td>Health alert: everyone may experience some effects.</td>
</tr>
</tbody>
</table>

**Percent of Days per Year with AQI Level of “Good”**

Montgomery County, 2010-2017

- 42% in 2010
- 52% in 2011
- 52% in 2012
- 57% in 2013
- 61% in 2014
- 70% in 2015
- 75% in 2016
- 79% in 2017

- The percent of days with a "Good" AQI level increased between 2010 and 2017.
- In the last 10 years, the AQI for Montgomery County reached the "Unhealthy" level on only three days in 2011 and 2012 (data not shown).

**Average Pollen and Mold Count by Month, Montgomery County, 2017**

** sos sociaL deTerminants of HeaLth:**

A child's home environment serves as a significant source of lead exposure. Lead can be found in certain toys, lead pipes, soil, and within the paint used on homes built before 1978. Lead paint can break down, peel, and flake spreading lead dust throughout the home. Young children are at high risk of poisoning when they put objects or their hands in their mouths that have been exposed to lead. Lead is harmful to the developing brain and nervous system as it can cause irreversible effects in young children. Some of these health effects include aggressive behavior, hyperactivity, impaired growth, hearing loss, learning disabilities, mental retardation, coma, and, in extreme cases, death. Children that are at a higher risk for lead exposure are poor, members of racial or ethnic minority groups, recent immigrants, or live in older, poorly maintained rental property (CDC, 2015).
Strong social cohesion and community involvement are needed in these neighborhoods to work collectively on the social consequences associated with these stores such as physical violence, noise, property damage, and disorderly conduct. Communities with higher poverty rates and larger minority populations (i.e., Black and Hispanic populations) have a higher concentration of alcohol retail stores and tobacco vendors. These neighborhoods are subjected to the negative social consequences associated with these stores such as physical violence, noise, property damage, and disorderly conduct. Strong social cohesion and community involvement are needed in these neighborhoods to work collectively to address zoning laws that permit a high density of alcohol and tobacco vendors (CDC, 2017).

Source: Division of Liquor Control, Ohio Department of Commerce

Source: Environmental Health, PHDMC
Food deserts are low income census tracts where a significant number of residents are more than 1 mile in urban areas or 10 miles in rural areas from the nearest supermarket.

**Food Location Types**
- Grocery: Small chain retail shop that primarily sells food
- Local Market: Small neighborhood market that offers food options
- Supercenter: Combined supermarket and department store (i.e., Walmart)
- Supermarket: Large grocery store that also sells non-grocery items (i.e., Kroger)

**SDOH: Social Determinants of Health:**

Neighborhood conditions can impact the availability of healthy, fairly-priced, quality food. Residents of lower income and rural neighborhoods are more likely to have poor access to supermarkets that offer fruits, vegetables, and whole food options due to distance and transportation. Additionally, low income neighborhoods are less likely to have supermarkets or chain grocery stores nearby and tend to have a higher number of convenience stores and small food markets that carry foods of lower nutritional quality. If healthier food options are available in the smaller neighborhood stores, they are often more expensive than in a chain supermarket.

**SDOH: Social Determinants of Health:**

The park and trail systems within Montgomery County are extensive. Dayton’s Five Rivers MetroParks maintains 18 parks and six regional recreation trails within nearly 16,000 acres of green space. Each city and township also has a system of parks and trails.

When neighborhoods have nearby parks and bike trails, they may often go unused. In communities where sidewalks are absent or poorly maintained, streets are poorly lit, crosswalks are nonexistent, or cars travel at a high rate of speed, residents do not feel safe walking to parks. A fear of violence, whether real or perceived, may also discourage the use of neighborhood parks.
While presenting data at the county-level provides an overall picture of the health of the residents of Montgomery County, there is a benefit to understanding the population and health characteristics of smaller areas of the county so that place-based programs and policies can be developed.

For the geographic snapshots, Montgomery county was divided into 13 areas which include both cities and townships. Each area is comprised of individual census tracts that have similar population, economic, and educational attainment characteristics.

The following section presents information pertaining to population demographics, income and poverty, education, employment, housing, food access, birth outcomes, mental and behavioral health, and chronic disease for the 13 selected areas of Montgomery County.
Areas in and Surrounding:
Union, Clayton, Englewood, Butler Township, and Vandalia

Population: 56,522
Montgomery County (MC)

Housing
Median Home Value
$137,608
$112,100 (MC)

Vacancy
6%
12% (MC)

Year Built
1980 or Later
30%
22% (MC)

Renter Occupied
23%
39% (MC)

Median Household Income
$63,658
$47,045 (MC)

Family Poverty
6%
14% (MC)

Economics
Unemployment Rate
6%
8% (MC)

Drive Alone
87%
83% (MC)

Carpool
7%
8% (MC)

Public Transportation
1%
2% (MC)

Walk
0.4%
2% (MC)

Average Travel Time: 22.1 min.  21.5 min. - (MC)

Access to Food Beyond 1 Mile of Supermarket
Residents With Low Income and Low Access
11%
10% (MC)

Kids with Low Access
54%
34% (MC)

Seniors with Low Access
50%
34% (MC)

Health
Births: 1,673
Preterm Births
10%
12% (MC)

Infant Mortality Rate (per 1,000 live births)
4.8
7.4 (MC)

Life Expectancy at Birth
76.1 years
74.0 years (MC)

Educational Attainment
Less Than High School
7%
10% (MC)

High School Diploma
28%
28% (MC)

Bachelor's Degree or Higher
29%
27% (MC)

Household Visits (per 1,000)
Opioid-Related Disorder
6.6
9.5 (MC)

Depressive Disorder
51.7
71.5 (MC)

Alcohol-Related Disorder
13.7
18.7 (MC)

Anxiety & Stress Disorders
74.9
101.6 (MC)

Asthma
57.9
75.6 (MC)

Unemployment Rate
6%
8% (MC)

White 84%
Black 11%
Asian 1%
Other 3%

Type 2 Diabetes
146.8
158.0 (MC)

Heart Attack
7.2
6.4 (MC)

Asthma
57.9
75.6 (MC)

Mental Health
Illness
Accidents

Accidental Falls
46.6
49.1 (MC)
Areas in and Surrounding: Huber Heights

Population: 39,965
Montgomery County (MC)

Access to Food Beyond 1 Mile of Supermarket

Residents With Low Income and Low Access
- 6% (MC)
- 10% (MC)

Kids with Low Access
- 22% (MC)
- 34% (MC)

Seniors with Low Access
- 19% (MC)
- 34% (MC)

Housing Units With No Vehicles and Low Access
- 2% (MC)
- 3% (MC)

Economics

Year Built
- 1949 or Earlier
  - Median Household Income
    - $57,345
  - Family Poverty: 11% (MC)
- 25%
  - Median Household Income
    - $47,045 (MC)

Health

Life Expectancy at Birth
- 73.8 years
- 74.0 years (MC)

Births: 1,587

Infant Mortality Rate (per 1,000 live births)
- 5.0
- 7.4 (MC)

Preterm Births
- 11%
- 12% (MC)

Educational Attainment

Less Than High School
- 7%
- 10% (MC)

High School Diploma
- 29%
- 28% (MC)

Bachelor's Degree or Higher
- 24%
- 27% (MC)

Unemployment Rate
- 6%
- 8% (MC)

Average Travel Time: 23.1 min. 21.5 min. (MC)

Employment

Drive Alone
- 87%
- 83% (MC)

Carpool
- 8%
- 8% (MC)

Public Transportation
- 1%
- 2% (MC)

Walk
- 1%
- 2% (MC)

Type 2 Diabetes
- 144.8
- 158.0 (MC)

Heart Attack
- 5.8
- 6.4 (MC)

Stroke
- 6.1
- 7.1 (MC)

Mental Health

Depressive Disorder
- 67.9
- 71.5 (MC)

Anxiety & Stress Disorders
- 95.0
- 101.6 (MC)

Substance Use

Opioid-Related Disorder
- 5.5
- 9.5 (MC)

Alcohol-Related Disorder
- 11.4
- 18.7 (MC)

Housing

Median Home Value
- $113,311
- $112,100 (MC)

Vacancy
- 6%
- 12% (MC)

Owner Occupied
- 67%
- 61% (MC)

Renter Occupied
- 33%
- 39% (MC)

Family Poverty
- 11%
- 14% (MC)

Access to Food Beyond 1 Mile of Supermarket

Births: 1,587

How to improve:
- Increase access to food beyond 1 mile of supermarket
- Increase median household income
- Decrease family poverty

Community Health Assessment 2019 • 91
Areas in and Surrounding:
Trotwood, Jefferson Township, and Harrison Township

Population: 76,344
Montgomery County (MC)

Housing

- Median Home Value: $69,950
- Owner Occupied: 52% (MC)
- Rent Occupied: 48% (MC)

- Median Household Income: $30,896
- Vacancy: 18% (MC)
- Renter Occupied: 48% (MC)

- Family Poverty: 25% (MC)

Economics

- Median Household Income: $30,896
- Unemployment Rate: 15% (MC)

Education

- Less Than High School: 15% (MC)
- High School Diploma: 34% (MC)
- Bachelor's Degree or Higher: 15% (MC)

Health

- Life Expectancy at Birth: 69.0 years
- Infant Mortality Rate: 13.4

Hospital Visits (per 1,000)

- Preterm Births: 15%
- Births: 3,146

- Primary Care Visits: 15%
- Hospital Visits: 11.5

- Depression: 62.8
- Type 2 Diabetes: 195.4

- Anxiety: 83.0
- Asthma: 100.5

- Stress: 75.6
- Oral Health: 13.3

- Self Harm: 1.3
- Mental Health: 158.0 (MC)

- Heart Attack: 7.0
- Asthma: 7.4 (MC)

- Cancer: 1.0 (MC)
- Mental Health: 6.4 (MC)

- Other: 1.0 (MC)

- Chronic Illness: 6.4 (MC)
- Oral Health: 1.0 (MC)

- Access to Food Beyond 1 Mile of Supermarket

- Residents with Low Income and Low Access: 18%
- Kids with Low Access: 34%
- Seniors with Low Access: 49%

- Housing Units with No Vehicles and Low Access: 5%

Commuting to Work

- Drive Alone: 80% (MC)
- Carpool: 11% (MC)
- Public Transportation: 5%
- Walk: 1%

- Average Travel Time: 23.1 min. (MC)
**Areas in and Surrounding:**
Phillipsburg, Germantown, Farmersville, German Township, Jackson Township, Brookville, Clay Township, and New Lebanon

Population: 29,573

Montgomery County (MC)

- White 96.5%
- Black 0.5%
- Asian 1%
- Other 2%

**Access to Food Beyond 1 Mile of Supermarket**

- Residents With Low Income and Low Access: 2% (10% MC)
- Kids with Low Access: 61% (34% MC)
- Seniors with Low Access: 65% (34% MC)
- Housing Units With No Vehicles and Low Access: 2% (3% MC)

**Educational Attainment**

- Less Than High School: 8% (10% MC)
- High School Diploma: 38% (28% MC)
- Bachelor's Degree or Higher: 19% (27% MC)

**Housing**

- Median Home Value: $144,733 ($112,100 MC)
- Median Household Income: $52,374 ($47,045 MC)
- Owner Occupied: 76% (61% MC)
- Renter Occupied: 24% (39% MC)
- Vacancy: 8% (12% MC)
- Family Poverty: 10% (14% MC)

**Economics**

- Median Household Income: $52,374 ($47,045 MC)
- Median Home Value: $144,733 ($112,100 MC)
- Owner Occupied: 76% (61% MC)
- Renter Occupied: 24% (39% MC)
- Vacancy: 8% (12% MC)
- Family Poverty: 10% (14% MC)

**Health**

- Births: 927
- Preterm Births: 10% (12% MC)
- Smoking During Pregnancy: 10% (10% MC)
- Infant Mortality Rate (per 1,000 live births): 3.2 (7.4 MC)
- Life Expectancy at Birth: 76.4 years (74.0 years MC)

**Employment**

- Commuting to Work
  - Drive Alone: 88% (83% MC)
  - Carpool: 7% (8% MC)
  - Public Transportation: 0.1% (2% MC)
  - Walk: 1% (2% MC)

- Average Travel Time: 25.5 min. (21.5 min. MC)

- Unemployment Rate: 5% (8% MC)

**Hospital Visits (per 1,000)**

- Opioid-Related Disorder: 7.5 (9.5 MC)
- Alcohol-Related Disorder: 10.1 (18.7 MC)
- Depressive Disorder: 54.1 (71.5 MC)
- Anxiety & Stress Disorders: 80.2 (101.6 MC)
- Type 2 Diabetes: 120.9 (158.0 MC)
- Heart Attack: 6.2 (6.4 MC)
- Accidental Falls: 42.4 (49.1 MC)
- Stroke: 5.7 (7.1 MC)

- Substance Use
- Mental Health
- Illness
- Accidents

- Black: 0.5%
- Hispanic: 2%
- Other: 1%

**Montgomery County (MC)**
Areas in and Surrounding: Riverside and Mad River Township

Population: 44,899
Montgomery County (MC)

- White: 83%
- Black: 10%
- Other: 5%
- Asian: 2%

Educational Attainment

- Less Than High School: 15% (10% MC)
- High School Diploma: 32% (28% MC)
- Bachelor's Degree or Higher: 18% (27% MC)

Economics

- Median Home Value: $74,509
  - $112,100 (MC)
- Median Household Income: $45,125
  - $47,045 (MC)
- Family Poverty: 16% (14% MC)
- Vacancy: 11% (12% MC)
- Renter Occupied: 42% (39% MC)
- Owner Occupied: 58% (61% MC)

Housing

- Median Home Value: $74,509
  - $112,100 (MC)
- Median Household Income: $45,125
  - $47,045 (MC)
- Family Poverty: 16% (14% MC)
- Vacancy: 11% (12% MC)
- Renter Occupied: 42% (39% MC)
- Owner Occupied: 58% (61% MC)

Health

- Infant Mortality Rate: 4.0
  - 7.4 (MC)
- Smoking During Pregnancy: 12%
  - 10% (MC)
- Preterm Births: 10%
  - 12% (MC)
- Births: 2,007
  - 2,007 (MC)

Hospital Visits per 1,000

- Opioid-Related Disorder: 5.8
  - 9.5 (MC)
- Alcohol-Related Disorder: 11.0
  - 18.7 (MC)
- Type 2 Diabetes: 142.9
  - 158.0 (MC)
- Heart Attack: 6.0
  - 6.4 (MC)

Accidents

- Accidental Falls: 39.8
  - 49.1 (MC)
- Infant Mortality Rate: 4.0
  - 7.4 (MC)
- Smoking During Pregnancy: 12%
  - 10% (MC)
- Preterm Births: 10%
  - 12% (MC)
- Births: 2,007
  - 2,007 (MC)

- Opioid-Related Disorder: 5.8
  - 9.5 (MC)
- Alcohol-Related Disorder: 11.0
  - 18.7 (MC)
- Type 2 Diabetes: 142.9
  - 158.0 (MC)
- Heart Attack: 6.0
  - 6.4 (MC)
- Stroke: 6.3
  - 7.1 (MC)

- Median Home Value: $74,509
  - $112,100 (MC)
- Median Household Income: $45,125
  - $47,045 (MC)
- Family Poverty: 16% (14% MC)
- Vacancy: 11% (12% MC)
- Renter Occupied: 42% (39% MC)
- Owner Occupied: 58% (61% MC)

Unemployment Rate: 9%
  - 8% (MC)

Drive Alone: 86%
  - 83% (MC)
- Carpool: 8%
  - 8% (MC)
- Public Transportation: 1%
  - 2% (MC)
- Walk: 2%
  - 2% (MC)
- Work from Home: 2%
  - 3% (MC)

Average Travel Time: 19.1 min
  - 21.5 min (MC)
Areas in and Surrounding:
Moraine, West Carrollton, Miamisburg, and Miami Township

Population: 76,052
Montgomery County (MC)

Housing
Median Home Value
$122,106
$112,100 (MC)
Owner Occupied
67%
61% (MC)
Renter Occupied
33%
39% (MC)

Median Household Income
$50,637
$47,045 (MC)
Family Poverty
11%
14% (MC)

Access to Food Beyond 1 Mile of Supermarket

Residents With Low Income and Low Access
13%
10% (MC)

Kids with Low Access
41%
34% (MC)

Seniors with Low Access
47%
34% (MC)

Economics

Education Attainment
Less Than High School
9%
10% (MC)
High School Diploma
26%
28% (MC)
Bachelor's Degree or Higher
26%
27% (MC)

Health
Births: 2,953
Preterm Births
11%
12% (MC)

Smoking During Pregnancy
13%
10% (MC)
Infant Mortality Rate (per 1,000 live births)
4.8
7.4 (MC)

Life Expectancy at Birth
75.3 years
74.0 years (MC)

Hospital Visits (per 1,000)
Substance Use
Opioid-Related Disorder
7.5
9.5 (MC)

Type 2 Diabetes
147.2
158.0 (MC)

Mental Health
Depressive Disorder
90.2
71.5 (MC)

Heart Attack
6.3
6.4 (MC)

Alcohol-Related Disorder
15.4
18.7 (MC)

Intentional Self Harm
6.4 (MC)
1.0 (MC)

Average Travel Time: 21.3 min. 21.5 min. (MC)

Employment
Unemployment Rate
6%
8% (MC)

Jobs
Commuting to Work
Drive Alone
86%
83% (MC)
Carpool
9%
8% (MC)
Public Transportation
1%
2% (MC)
Walk
1%
2% (MC)

交通事故
Accidental Falls
51.4
49.4 (MC)

Intentional Self Harm
1.0
1.0 (MC)
Population: 40,402
Montgomery County (MC)

Area in:
Dayton’s North Central Area

Population:
- White: 19%
- Black: 76%
- Other: 5%

Median Home Value:
- Owner Occupied: $63,700
- Renter Occupied: $112,100 (MC)

Vacancy:
- 29% (MC)

Year Built:
- 1980 or Later: 7%
- 1949 or Earlier: 53%

Median Household Income:
- $30,019
- $47,045 (MC)

Family Poverty:
- 25% (MC)

Educational Attainment:
- Less Than High School: 15% (10% MC)
- High School Diploma: 30% (28% MC)
- Bachelor’s Degree or Higher: 16% (27% MC)

Employment:
- Unemployment Rate: 13% (8% MC)

Unemployment:
- Drive Alone: 75% (83% MC)
- Carpool: 11% (8% MC)
- Public Transportation: 8% (2% MC)
- Walk: 1% (2% MC)
- Work from Home: 4% (3% MC)

Average Travel Time: 22.8 min. 21.5 min. (MC)

Access to Food Beyond 1 Mile of Supermarket:
- Residents with low income and low access: 19% (10% MC)
- kids with low access: 36% (34% MC)
- seniors with low access: 29% (34% MC)
- housing units with no vehicles and low access: 8% (3% MC)

Health:
- Births: 1,797
- Smoking during pregnancy: 12% (10% MC)
- Infant mortality rate (per 1,000 live births): 14.5 (7.4 MC)
- Life expectancy at birth: 68.7 years (74.0 years MC)

Hospital Visits (per 1,000):
- Mental Health:
  - Depressive disorder: 77.2 (71.5 MC)
  - Anxiety & stress disorders: 118.6 (101.6 MC)
  - Bipolar disorder: 35.8 (19.5 MC)

  - Substance Use:
    - Opioid-related disorder: 17.0 (9.5 MC)
    - Alcohol-related disorder: 37.5 (18.7 MC)

  - Illness:
    - Type 2 diabetes: 234.4 (158.0 MC)
    - Heart attack: 8.2 (6.4 MC)
    - Dental: 29.7 (13.3 MC)

  - Accidents:
    - Assault: 22.4 (6.8 MC)
    - Accidental falls: 61.0 (49.1 MC)
### Area in:
**Dayton's Southwest Area**

- **Population:** 38,930
- **Montgomery County (MC):**
  - **White:** 18%
  - **Black:** 78%
  - **Other:** 4%

### Access to Food Beyond 1 Mile of Supermarket
- **Residents With Low Income and Low Access:** 26% (10% MC)
- **Kids with Low Access:** 47% (34% MC)
- **Seniors with Low Access:** 54% (34% MC)
- **Housing Units With No Vehicles and Low Access:** 9% (3% MC)

### Economics
- **Median Home Value:**
  - Montgomery County (MC): $58,120
  - $112,100
- **Vacancy:**
  - Owner Occupied: 45% (61% MC)
  - Renter Occupied: 51% (39% MC)
- **Median Household Income:**
  - Montgomery County (MC): $28,201
  - $47,045
- **Family Poverty:** 26% (14% MC)

### Educational Attainment
- **Less Than High School:** 19% (10% MC)
- **High School Diploma:** 35% (28% MC)
- **Bachelor’s Degree or Higher:** 12% (27% MC)

### Hospital Visits (per 1,000)
**Illness**
- **Type 2 Diabetes:** 229.7 (158.0 MC)
- **Stroke:** 9.0 (7.1 MC)
- **Dental:** 26.0 (13.3 MC)
- **Asthma:** 124.7 (75.6 MC)

**Substance Use**
- **Opioid-Related Disorder:** 16.2 (9.5 MC)
- **Alcohol-Related Disorder:** 32.1 (18.7 MC)

**Mental Health**
- **Depressive Disorder:** 64.4 (71.5 MC)
- **Bipolar Disorder:** 23.9 (19.5 MC)

**Accidents**
- **Assault:** 14.4 (6.8 MC)
- **Intentional Self Harm:** 1.4 (1.0 MC)

### Commuting to Work
- **Drive Alone:** 79% (83% MC)
- **Carpool:** 10% (8% MC)
- **Public Transportation:** 7% (2% MC)
- **Walk:** 2% (2% MC)

**Average Travel Time:** 23.5 min. (21.5 min. MC)
Area in: Dayton's Downtown Area

Population: 15,411
Montgomery County (MC)

$ Median Home Value
$144,300
$112,100 (MC)

Owner Occupied
21%
61% (MC)

Renter Occupied
80%
29% (MC)

Vacancy
17%
12% (MC)

Year Built
1949 or Earlier
64%
25% (MC)

Median Household Income
$21,762
$47,045 (MC)

Family Poverty
28%
14% (MC)

Education:
- Less Than High School: 20%
  10% (MC)
- High School Diploma: 21%
  28% (MC)
- Bachelor's Degree or Higher: 28%
  27% (MC)

Employment:
- Drive Alone: 44%
  83% (MC)
- Carpool: 6%
  8% (MC)
- Public Transportation: 3%
  2% (MC)
- Walk: 41%
  2% (MC)
- Work from Home: 5%
  3% (MC)

Average Travel Time: 14.1 min. 21.5 min. (MC)

Health:
- Hospital Visits (per 1,000):
  - Opioid-Related Disorder: 17.2
    9.5 (MC)
  - Bipolar Disorder: 24.2
    19.5 (MC)
  - Alcohol-Related Disorder: 27.6
    18.7 (MC)
  - Schizophrenia: 10.0
    5.6 (MC)

- Type 2 Diabetes:
  - 66.0
  71.5 (MC)
  - 139.8
  158.0 (MC)

- Asthma: 76.3
  75.6 (MC)
- Dental: 17.8
  13.3 (MC)
- Intentional Self Harm: 1.6
  1.0 (MC)
- Assault: 11.0
  6.8 (MC)

- Life Expectancy at Birth: 71.3 years
  74.0 years (MC)
- Infant Mortality Rate (per 1,000 live births): 0.0
  7.4 (MC)
- Smoking During Pregnancy: 17%
  10% (MC)
- Preterm Births: 12%
  12% (MC)
- Births: 214
- Unemployment Rate: 11%
  8% (MC)

- Depressive Disorder: 66.0
  71.5 (MC)
- Bipolar Disorder: 24.2
  19.5 (MC)
- Schizophrenia: 10.0
  5.6 (MC)
- Intentional Self Harm: 1.6
  1.0 (MC)
- Assault: 11.0
  6.8 (MC)

- Kids with Low Access
  - 0.4%
  34% (MC)
- Seniors with Low Access
  - 1%
  34% (MC)
- Access to Food Beyond 1 Mile of Supermarket
- Residents with Low Income and Low Access
  - 0.1%
  10% (MC)
Area in:
Dayton's Southeast Area

Population: 34,792
Montgomery County (MC)

- White 87%
- Black 6%
- Asian 2%
- Other 5%

Economics

- Median Household Income: $33,577
- Median Home Value: $80,870
  - Owner Occupied: 55% (MC)
  - Renter Occupied: 45% (MC)
- Average Travel Time: 19.5 min. 21.5 min. (MC)

Access to Food Beyond 1 Mile of Supermarket

- Residents With Low Income and Low Access: 10% 10% (MC)
- Kids with Low Access: 16% 34% (MC)
- Seniors with Low Access: 30% 34% (MC)
- Housing Units With No Vehicles and Low Access: 4% 3% (MC)

Health

- Births: 1,309
- Preterm Births: 11% 12% (MC)
- Smoking During Pregnancy: 13% 10% (MC)
- Infant Mortality Rate (per 1,000 live births): 8.4 7.4 (MC)
- Life Expectancy at Birth: 71.7 years 74.0 years (MC)

Educational Attainment

- Less Than High School: 12% 10% (MC)
- High School Diploma: 30% 28% (MC)
- Bachelor's Degree or Higher: 22% 27% (MC)

Hospital Visits (per 1,000)

- Opioid-Related Disorder: 11.3 9.5 (MC)
- Depressive Disorder: 74.1 71.5 (MC)
- Type 2 Diabetes: 133.2 158.0 (MC)
- Heart Attack: 5.5 6.4 (MC)

Employment

- Unemployment Rate: 8% 8% (MC)
- Drive Alone: 80% 83% (MC)
- Carpool: 7% 8% (MC)
- Public Transportation: 3% 2% (MC)
- Walk: 7% 2% (MC)

Commuting to Work

Average Travel Time: 19.5 min. 21.5 min. (MC)
Data Sources

- American Community Survey, United States Census Bureau
- Area Health Resources Files, Health Resources and Services Administration (HRSA)
- Behavioral Risk Factor Surveillance System (BRFSS) Survey, Centers for Disease Control and Prevention (CDC)
- CDC WONDER Online Database, Mortality and Natality, Centers for Disease Control and Prevention (CDC)
- Dayton Children's Hospital 2017 Community Health Needs Assessment
- Division of Liquor Control, Ohio Department of Commerce
- Division of STD Prevention, Centers for Disease Control and Prevention (CDC)
- Economic Research Service, Food Access Research Atlas, United States Department of Agriculture (USDA)
- Environmental Health, Public Health - Dayton & Montgomery County (PHDMC)
- Environmental Protection Agency (EPA)
- Five Rivers MetroParks
- Greater Dayton Area Hospital Association Healthcare Database
- Healthy People 2020
- Health Policy Institute
- HIV/AIDS Surveillance Program, Ohio Department of Health (ODH)
- HIV Surveillance Report, Centers for Disease Control and Prevention (CDC)
- Map the Meal Gap, Feeding America
- Montgomery County Homeless Solutions
- Miami Valley Regional Planning Commission (MVRPC)
- Montgomery County Poisoning Death Review
- National Health Interview Survey, Centers for Disease Control and Prevention (CDC)
- National Provider Identifier Standard (NPI), Center for Medicare and Medicaid Services
- National School Lunch Program, Ohio Department of Education (ODE)
- National Survey of Children's Health, Health Resources and Services Administration (HRSA)
- National Survey of Drug Use and Health (NSDUH): 2014-2016 Substrate Estimates of Substance Use and Mental Disorders, Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Vital Statistics System (NVSS), Adequacy of Prenatal Care Report, Centers for Disease Control and Prevention (CDC)
- National Vital Statistics System (NVSS), Births Report, Centers for Disease Control and Prevention (CDC)
- National Vital Statistics System (NVSS), Mortality NCHS Data Brief, Centers for Disease Control and Prevention (CDC)
- Office of Health Promotion, Public Health - Dayton & Montgomery County (PHDMC)
- Ohio Birth Certificates and Ohio Death Certificates, Ohio Department of Health (ODH)
- Ohio Cancer Incidence Surveillance System (OCISS), Ohio Department of Health (ODH)
- Ohio Disease Reporting System (ODRS), Ohio Department of Health (ODH)
- Ohio Healthy Homes and Lead Poisoning Prevention Program, Ohio Department of Health (ODH)
- Ohio Healthy Youth Environment Survey (OHYES!)
- Ohio Incident-Based Reporting System (OIBRS), Office of Criminal Justice Services
- Ohio Medicaid Assessment Survey, Ohio Department of Medicaid
- Ohio Youth Tobacco Survey, Ohio Department of Health (ODH)
- Provider Directory, Ohio Department of Medicaid
- Regional Air Pollution Control Agency (RAPCA), Public Health - Dayton & Montgomery County (PHDMC)
- STD Surveillance Program, Ohio Department of Health (ODH)
- Substance Abuse and Mental Health Services Administration Services (SAMHSA) Locator Map
- Third Grade Oral Health Screening Survey, Ohio Department of Health (ODH)
- Women, Infants, and Children (WIC) Program, Public Health - Dayton & Montgomery County (PHDMC)
References

Introduction


About Montgomery County


Behavioral Health
Mental Health


Substance Misuse and Abuse

Accidental Drug Overdose

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Chronic Disease Risks & Outcomes
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Physical Activity

Nutrition & Access to Food


Alcohol Use


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Diabetes


Cardiovascular Disease


Asthma
References

Health Risks & Outcomes

Injuries


Vaccinations


Sexually Transmitted Diseases

HIV/AIDS


Access to Care

Dental Health Coverage


Built Environment

Crime & Violence

Air Quality


Lead

Alcohol Retail Carry-Out
On February 20, 2018, Public Health - Dayton & Montgomery County achieved national accreditation through the Public Health Accreditation Board (PHAB). Public Health achieved this designation because of a steadfast commitment to achieving our mission and vision.

Our mission is to improve the quality of life in our community by achieving the goals of public health: prevention, promotion, and protection.

Our vision is Montgomery County is a healthy, safe, and thriving community.

National accreditation assures Montgomery County’s residents and visitors that they will receive the highest quality public health services.