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September 2019
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 income disparity. Since 2014, the overdose death rate has more than doubled in the county with most deaths occurring in the East Dayton area. Those with a high school education or less account for 76% of overdose deaths and Whites account for 81% of overdose deaths.

Maternal Child Health

Infant mortality is an important indicator of the overall health of a community. In 2017, nearly eight infants died for every 1,000 live births in Montgomery County. A racial disparity exists with Black babies dying at a rate four times higher than White babies. Most Montgomery County babies die because they are born too early and too small. Nearly 10% of babies are born of low birth weight (< 2,500g or 5lbs, 8oz). Two times as many low birth weight babies are born to Black women than to White and Hispanic women. Smoking during pregnancy, adequacy of prenatal care, and poor living conditions contribute to low birth weight.

Death

Since 2012-2013, the life expectancy of county residents has decreased 2.1 years. By sex and race, White women have the longest expectancy (78.0 years) while the life expectancy of Black men is 65.5 years. Homicide and suicide are not top causes of death overall, however, homicide is the 7th leading cause of death for Blacks and the 2nd leading cause for those 1 to 34 years of age. Suicide is the 3rd leading cause of death for the same age span and the 9th leading cause among men. Heart disease and cancer remain the top two leading causes of death in Montgomery County.

Chronic Disease Risks & Outcomes

About 69% of Montgomery County’s adult population and half of the child population are overweight or obese. Less than 1 in 5 adults meet the physical activity guidelines. Twenty-three percent of the county’s residents are smokers; 30% higher than the national average. Those with less than a high school education are more likely to be diagnosed with diabetes (26% compared to 14%). Those with lower incomes (less than $15,000) are more likely to be heavy drinkers.

Age, race, and sex can attribute 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.
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<tr>
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Introduction

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

- 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

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

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.
Key Terms

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.
**Key Terms (continued)**

**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**
The 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.

**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.

**Schizoaffective Disorder**
A mental health condition that includes symptoms of schizophrenia (hallucinations or delusions) and of mood disorders (depression or mania).

**Schizophrenia**
A severe mental health condition that causes people to interpret reality abnormally. This often includes hallucinations, delusions, and disordered thinking. Schizophrenia can impair daily functioning and requires lifelong treatment.

**Sex vs. Gender**
Sex 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.

**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.

**Preconception**
The period of time before becoming pregnant.

**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.

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

**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.

**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.

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

**Rate**
Occurrence of a disease within a population in a given time period often expressed as a ratio. Example: 5.0 per 100,000 means 5 cases for every 100,000 people.

**Risk Factor**
Any characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

**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); Hispanic/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 issue 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.

<table>
<thead>
<tr>
<th>Focus group participants discussed the following questions:</th>
<th>1. What are the most serious health issues facing your community?</th>
<th>2. What can you do to improve your health?</th>
<th>3. What barriers have you experienced in receiving health care in your community?</th>
<th>4. What would you say is the most important child health issue in your community?</th>
<th>5. What would you say is the most important thing that can be done to improve child health in your community?</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American Community (under 30 years old)</td>
<td>Mental health (overdose, PTSD and Trauma), Substance abuse, Access to care (providers not in urban core), Food deserts (grocery stores not in community), Water pollution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American Community</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic Community</td>
<td>Substance abuse, Dental care (costs for services), Obesity, Child care, Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Citizen Community</td>
<td>Mental Health, Costs for services (medications, copays, specialists), Transportation, Chronic Diseases (Epilepsy, Heart disease, Cancer, Diabeties), Physical access to buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LGBTQ Community</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></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.

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>

The following table presents the most common responses to each question overall.

<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.

Population and Socioeconomic Characteristics by Race
Montgomery County, 2017

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>$31,987</td>
<td>$30,413</td>
<td>109,808</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</td>
<td>35.0%</td>
<td>34.3%</td>
<td>39.6%</td>
</tr>
<tr>
<td>Bachelor’s or Higher</td>
<td>26.8%</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%  | 55.8% |
| Married Couple                | 67.5%      | 74.5%  | 40.7% |
| Male Head of Household        | 7.7%       | 7.3%   | 9.2%  |
| Female Head of Household      | 24.8%      | 18.2%  | 50.1% |
| Nonfamily Households          | 39.5%      | 38.1%  | 44.2% |
| Living Alone                  | 85.0%      | 83.7%  | 90.3% |
| Not Living Alone              | 15.0%      | 16.3%  | 9.7%  |
| Below Poverty Level           | 17.9%      | 13.3%  | 32.8% |
| Unemployment Rate             | 8.0%       | 6.2%   | 14.1% |
| Veterans                      | 10.0%      | 10.3%  | 9.0%  |

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.

Key Finding

In 2018, there were 4,617 individuals who were homeless.

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

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Under 5</th>
<th>5 to 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>45%</td>
<td>9%</td>
</tr>
<tr>
<td>Vision</td>
<td>77%</td>
<td>15%</td>
</tr>
<tr>
<td>Cognitive</td>
<td>-</td>
<td>80%</td>
</tr>
<tr>
<td>Walking</td>
<td>-</td>
<td>12%</td>
</tr>
<tr>
<td>Self-Care</td>
<td>-</td>
<td>16%</td>
</tr>
</tbody>
</table>

Disability Type by Age Group, Montgomery County, 2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>31,987</td>
<td>11,609,756</td>
<td>331,004,407</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</td>
<td>17.9%</td>
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<td>14.6%</td>
</tr>
<tr>
<td>Unemployment Rate</td>
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<td>6.6%</td>
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Disability Type by Age Among Children with a Disability, Montgomery County, 2017

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<tr>
<td>Walking</td>
<td>-</td>
<td>12%</td>
</tr>
<tr>
<td>Self-Care</td>
<td>-</td>
<td>16%</td>
</tr>
</tbody>
</table>

Key Finding

Of children with a disability, more than 75% under the age of 5 have vision problems.

80% of children between the ages of 5 and 17 who have a disability have cognitive difficulties.

Across the Nation

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<tr>
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</tr>
<tr>
<td>Asian</td>
<td>2.0%</td>
<td>2.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Other</td>
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<td>0.9%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Two or More Races</td>
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<td>2.7%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
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<td>6.5%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>
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.

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

- 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.

### Key Finding
**Mental Health-related Hospital Visits by Disorder and Race (per 1,000), Montgomery County, 2017**

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

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

- 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.

### Key Finding
**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>Suicide Death Rate*</td>
<td>15.6</td>
<td>14.5</td>
<td>13.8</td>
</tr>
</tbody>
</table>

*Age-adjusted rate per 100,000

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

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

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

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

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

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

### Mental Health Among Youth Grades 7-12 by Sexual Orientation, Ohio, 2015-2018

<table>
<thead>
<tr>
<th>Bullying At School in the Past Year</th>
<th>Bullying At Home in the Past Month</th>
<th>Bullying At School Because Felt Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>Orientation</td>
<td>Gender</td>
</tr>
<tr>
<td>Male</td>
<td>Gay/Lesbian/Bisexual</td>
<td>Male</td>
</tr>
<tr>
<td>22%</td>
<td>22%</td>
<td>8%</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>17%</td>
<td>17%</td>
<td>6%</td>
</tr>
<tr>
<td>Transgender</td>
<td>Transgender</td>
<td>Transgender</td>
</tr>
<tr>
<td>39%</td>
<td>39%</td>
<td>19%</td>
</tr>
<tr>
<td>Black</td>
<td>Male</td>
<td>11%</td>
</tr>
<tr>
<td>18%</td>
<td>18%</td>
<td>7%</td>
</tr>
<tr>
<td>White</td>
<td>Female</td>
<td>7%</td>
</tr>
<tr>
<td>25%</td>
<td>25%</td>
<td>9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Transgender</td>
<td>14%</td>
</tr>
<tr>
<td>46%</td>
<td>46%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Source: Ohio Healthy Youth Environment Survey (OHYES!)

**KEY FINDINGS** as self-reported
- 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.

### Mental Health Among Youth Grades 7-12 by Gender, Ohio, 2015-2018

<table>
<thead>
<tr>
<th>Mental Health Among Youth Grades 7-12 by Gender, Ohio, 2015-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received Mental Health Care</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Transgender</td>
</tr>
</tbody>
</table>

Source: Ohio Healthy Youth Environment Survey (OHYES!)

**KEY FINDING** as self-reported
- Gay, lesbian, bisexual and transgender youth are more likely than straight youth to experience psychological distress, consider suicide, or receive mental health care.

### Adverse Childhood Experiences

ACEs are traumatic events occurring in childhood that place individuals at an increased risk of health problems as adults.

<table>
<thead>
<tr>
<th>Related Health Problems Include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
</tr>
<tr>
<td>Substance abuse in the home</td>
</tr>
<tr>
<td>Sexual abuse</td>
</tr>
<tr>
<td>Mental illness in the home</td>
</tr>
<tr>
<td>Emotional abuse</td>
</tr>
<tr>
<td>Parental separation or divorce</td>
</tr>
<tr>
<td>Witnessing physical abuse</td>
</tr>
<tr>
<td>Incarcerated household member</td>
</tr>
</tbody>
</table>

Source: Ohio Healthy Youth Environment Survey (OHYES!)

**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

### Youth Grades 7-12 with 3 or More ACEs Ohio, 2015-2018

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

Source: Ohio Healthy Youth Environment Survey (OHYES!)

**KEY FINDING** as self-reported
- Nearly 40% of Ohio youth experience psychological distress, 24% experience anxiety, and 17% experience depression.
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.

**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.

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

<table>
<thead>
<tr>
<th>Disorder</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid Disorder</td>
<td>11.0</td>
<td>26.3</td>
</tr>
<tr>
<td>Alcohol Disorder</td>
<td>5.7</td>
<td>11.5</td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

### Substances Used Among Youth by Sexual Orientation, Ohio, 2015-2018

<table>
<thead>
<tr>
<th>Substance</th>
<th>Male</th>
<th>Female</th>
<th>Non-Conforming</th>
<th>Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use</td>
<td>12%</td>
<td>7%</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>21%</td>
<td>14%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>Prescription Drug Use</td>
<td>7%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: Ohio Healthy Youth Environment Survey (OHYES!)

### 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
A drug mention means that a particular substance was found in a person’s bodily system at the time of death. The presence of more than one drug can result in more than one mention for a person who has died.
Accidental Drug Overdose

Medicaid pays for the majority of overdose visits.

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

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Rate (per 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>8%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>61%</td>
</tr>
<tr>
<td>Medicare</td>
<td>24%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</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

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 Findings
- 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**

- The birth rate among Black and Hispanic women increased from 2013 to 2017.
- The teen (15 to 19 yrs) birth rate decreased by 19% from 2013 to 2017 (data not shown).

- 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.

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

- 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**

- 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 Race/Ethnicity**

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>80.3%</td>
<td>77.8%</td>
<td>74.0%</td>
<td>71.8%</td>
</tr>
<tr>
<td>2017</td>
<td>77.3%</td>
<td>73.6%</td>
<td>69.6%</td>
<td>66.3%</td>
</tr>
</tbody>
</table>

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

**Key Finding**

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>87.8%</td>
<td>78.0%</td>
<td>73.8%</td>
<td>75.2%</td>
</tr>
<tr>
<td>2017</td>
<td>76.2%</td>
<td>75.9%</td>
<td>70.8%</td>
<td>76.9%</td>
</tr>
</tbody>
</table>

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

**Key Finding**

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

**Key Finding:**

- 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.

**Key Finding:**

- Women who smoke during pregnancy are nearly twice as likely to have a low birth weight baby compared to women who do not smoke.

**Key Finding:**

- Overall, the percent of babies born prematurely has not changed since 2013.
- Black women are more likely to have a preterm birth compared to White and Hispanic women.

**Key Finding:**

- 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.

**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>

**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>Cancer</td>
<td>Heart Disease</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>Stroke</td>
<td>Stroke</td>
</tr>
<tr>
<td>5</td>
<td>CLRD*</td>
<td>Diabetes</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer’s Disease</td>
<td>Alzheimer’s Disease</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes</td>
<td>Homicide</td>
</tr>
<tr>
<td>8</td>
<td>Septicemia</td>
<td>Kidney Disease</td>
</tr>
<tr>
<td>9</td>
<td>Influenza/Pneumonia</td>
<td>CLRD*</td>
</tr>
<tr>
<td>10</td>
<td>Chronic Liver Disease</td>
<td>Septicemia</td>
</tr>
</tbody>
</table>

*Chronic Lower Respiratory Disease

Top 10 Causes of Death by Race

Top 10 Causes of Death by Sex

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

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>
<tr>
<td>2016-17</td>
<td>74.0</td>
<td>74.0</td>
</tr>
</tbody>
</table>

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>
<tr>
<td>2016-17</td>
<td>113,760</td>
<td>134,760</td>
</tr>
</tbody>
</table>

Key Findings

► Heart disease and cancer cause more deaths than the other 8 leading causes of death combined.

► 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.

► Black men have the lowest life expectancy (65.5 years).

► Life expectancy dropped 2.1 years since 2012-2013.

► The years of potential life lost increased more than 21,000 years compared to 2013-2013.

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 (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>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>78.6</td>
</tr>
<tr>
<td>Ohio</td>
<td>75.6</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>74.0</td>
</tr>
</tbody>
</table>

*Note: Data sources include Ohio Death Certificates, Ohio Department of Health, National Vital Statistics System (NVSS), CDC, 2017.
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.

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

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Obese</th>
<th>Overweight or Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15,000</td>
<td>77.8%</td>
<td>69.2%</td>
</tr>
<tr>
<td>$15,000-$24,999</td>
<td>69.1%</td>
<td>53.7%</td>
</tr>
<tr>
<td>$25,000-$44,999</td>
<td>67.1%</td>
<td>-</td>
</tr>
<tr>
<td>$55,000-$94,999</td>
<td>67.1%</td>
<td>-</td>
</tr>
<tr>
<td>$95,000+</td>
<td>70.8%</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS)

KEY FINDING as self-reported

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Montgomery</th>
<th>Male</th>
<th>Female</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese</td>
<td>68.5%</td>
<td>75.5%</td>
<td>62.2%</td>
<td>66.2%</td>
<td>74.3%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS)

KEY FINDING as self-reported

► 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.

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>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 (a 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)
Montgomery County and Surrounding Areas, 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Obese</th>
<th>Overweight</th>
<th>Underweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery</td>
<td>33.1%</td>
<td>35.4%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Normal Weight</td>
<td>29.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight or Obese</td>
<td>33.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Dayton Children’s Hospital
Community Health Needs Assessment

KEY FINDING as self-reported

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

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

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Obese</th>
<th>Overweight or Obese</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>$95,000+</td>
<td>70.8%</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS)

KEY FINDING as self-reported

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Montgomery</th>
<th>Male</th>
<th>Female</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese</td>
<td>68.5%</td>
<td>75.5%</td>
<td>62.2%</td>
<td>66.2%</td>
<td>74.3%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS)

KEY FINDING as self-reported

► 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.
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.

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.


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

Children exercising outside of schools
Children participating in an intramural sport

Source: Dayton Children’s Hospital Community Health Needs Assessment 6-11 years

Across the Nation

Meet Both Guidelines
Montgomery1 18.4% 19.0% 20.3% 20.1%
Ohio1 19.0% United States2 20.3% HP 2020 Goal

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2015 & 2017

Behavioral Risk Factor Surveillance System (BRFSS), 2017
PHI: PUBLIC HEALTH IMPORTANCE:
Proper nutrition is the cornerstone of good health and well-being throughout one’s life. Nutrition involves the amount and types of food eaten and includes a variety of nutrients such as vitamins and minerals, fats, proteins, and carbohydrates, which together contribute to overall health. Poor nutrition and physical inactivity may lead to a person becoming overweight or obese. Even for individuals at a healthy weight, poor diet is associated with heart disease, hypertension, diabetes, osteoporosis, and certain types of cancer.

Nutritional Habits Among Children*
Montgomery County and Surrounding Areas, 2017
- About 30% of children eat less than one serving of fruit and less than one serving of vegetables per day.

Source: Dayton Children’s Hospital Community Health Needs Assessment
*0-11 years

Adults Consuming Fruits and Vegetables an Average of Less Than Once per Day by Race
Montgomery County, 2015-2017
- 41% of Montgomery County adults report eating fruit less than once per day, and 21% report eating vegetables less than once per day.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

KEY FINDING
- Food insecurity decreased between 2014 and 2017.

Across the Nation1
<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Food Insecurity</td>
<td>17.0%</td>
<td>14.6%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Food Insecurity Among Children</td>
<td>21.6%</td>
<td>19.6%</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

Women, Infants, And Children (WIC) Program
Montgomery County, 2017
- Food insecurity decreased between 2014 and 2017.

Source: Dayton Children’s Hospital Community Health Needs Assessment

Supplemental Nutrition Assistance Programs (SNAP)
Montgomery County, 2017
- About 30% of children eat less than one serving of fruit and less than one serving of vegetables per day.

Source: Dayton Children’s Hospital Community Health Needs Assessment

KEY FINDING
- 41% of Montgomery County adults report eating fruit less than once per day, and 21% report eating vegetables less than once per day.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

SDOH: SOCIAL DETERMINANTS OF HEALTH:
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.
Chronic Disease Risks & Outcomes

Tobacco Use

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.

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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.

SDOH: SOCIAL DETERMINANTS OF HEALTH:

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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.

Medicare pays for the majority of diabetes-related hospital visits.

Medicare pays for the majority of diabetes-related hospital visits. The diabetes death rate among Black men is nearly 2 times the rate of all Montgomery County.

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.

**Cardiovascular Disease-related Hospital Visits**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertensive Disease</td>
<td>184,721</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>3,421</td>
</tr>
<tr>
<td>Stroke</td>
<td>3,789</td>
</tr>
</tbody>
</table>

*Source: Greater Dayton Area Hospital Association Healthcare Database*

**Adults Who Have Ever Been Diagnosed with Coronary Heart Disease by Income, Montgomery County, 2016-2017**

- <$15,000: 10.3%
- $15,000-$24,999: 9.6%
- $25,000-$49,999: 4.6%
- $50,000+: 3.9%
- >= $99,999: 2.1%

*Source: Behavioral Risk Factor Surveillance System (BRFSS)*

**Heart Disease Death Rate* by Race and Sex**

- Montgomery: 176.8
- White Male: 165.3
- Black Male: 222.6
- White Female: 236.3
- Black Female: 215.8

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

**Stroke Death Rate* by Race and Sex**

- Montgomery: 53.9
- White Male: 53.1
- Black Male: 57.2
- White Female: 52.8
- Black Female: 48.9

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

**Across the Nation**

- Heart Disease Death Rate*: 176.8
- Stroke Death Rate*: 53.9
- Ever Diagnosed with High Blood Pressure*: 38.0%

*Source: Ohio Death Certificates, Ohio Department of Health; Mortality Public-use Data on CDC Wonder Online Database, 2016-2017; Behavioral Risk Factor Surveillance System (BRFSS), 2016-2017*

**Key Finding**

- 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).

- Most cardiovascular disease-related visits are due to hypertensive disease.

- The death rate for stroke is lowest in White men (49.8 per 100,000) and Black women (50.4 per 100,000).
Chronic Disease Risks & Outcomes

CANCER & PREVENTATIVE SCREENINGS

Public Health Importance:
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.

Across the Nation

<table>
<thead>
<tr>
<th>Cancer Death Rates*</th>
<th>Montgomery¹</th>
<th>Ohio²</th>
<th>United States¹</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancer</td>
<td>175.9</td>
<td>172.2</td>
<td>154.1</td>
<td>161.4</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>24.6</td>
<td>21.7</td>
<td>20.0</td>
<td>20.7</td>
</tr>
<tr>
<td>Colorectal</td>
<td>14.2</td>
<td>15.2</td>
<td>13.8</td>
<td>14.5</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>47.3</td>
<td>46.2</td>
<td>37.5</td>
<td>45.5</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>20.1</td>
<td>19.6</td>
<td>20.0</td>
<td>21.8</td>
</tr>
</tbody>
</table>

*Age-adjusted rate per 100,000
¹Ohio Death Certificates, Ohio Department of Health, 2016-2017
²Mortality public-use data on CDC Wonder online database, 2016-2017

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Key Findings

► Lung 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.

Across the Nation

Key Findings

► There is no difference in the rate of new cancers among races, but the rate of cancer deaths is highest in the Black population.

► The lung cancer death rate declined since 2012-2013.
► Men have a higher lung cancer death rate compared to women.
**Prostate Cancer Rates**

Montgomery County, 2014-2017

- Incidence: 98.4 (Montgomery), 86.8 (White), 155.1 (Black)
- Death: 20.1 (Montgomery), 19.3 (White), 26.1 (Black)

*Age-adjusted per 100,000
Source: Ohio Cancer Incidence Surveillance System (OCISS)
Ohio Death Certificates, Ohio Department of Health

**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**

- Incidence: 53.5% (Montgomery), 54.4% (White), 59.1% (Black)

Source: Behavioral Risk Factor Surveillance Systems (BRFSS)

**Key Finding**

- 54% of men 40 years and older had a PSA test.

---

**Female Breast Cancer Rates**

Montgomery County, 2014-2017

- Incidence: 135.6 (Montgomery), 136.8 (White), 129.0 (Black)
- Death: 24.6 (Montgomery), 22.2 (White), 34.6 (Black)

*Age-adjusted per 100,000
Source: Ohio Cancer Incidence Surveillance System (OCISS)
Ohio Death Certificates, Ohio Department of Health

**Key Finding**

- Breast cancer occurs more frequently in White women compared to Black women.
- Black women die from breast cancer more often than White women.

---

**Women 21 to 65 Years Who Have Had a Pap Test in the Past 3 Years**

Montgomery County, 2014-2016

- Incidence: 66.0% (Montgomery), 66.1% (White), 72.8% (Black)

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.

---

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

- Incidence: 74.9% (Montgomery), 61.3% (White), 71.4% (Black)

Source: Behavioral Risk Factor Surveillance Systems (BRFSS)

**Key Finding**

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

---

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

Montgomery County, 2015-2016

- Incidence: 74.0% (Montgomery), 69.3% (White), 80.8% (Black)

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.

### Across the Nation

<table>
<thead>
<tr>
<th>Adults Who Ever Had Asthma</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults Who Currently Have Asthma</td>
<td>16.6%</td>
<td>13.8%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Children Who Ever Had Asthma</td>
<td>11.5%</td>
<td>9.8%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

### Children Who Currently Have Asthma, 2017

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

### Adults Who Currently Have Asthma by Income

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15,000</td>
<td>22.6%</td>
<td>17.4%</td>
<td>8.2%</td>
</tr>
<tr>
<td>$15,000-$24,999</td>
<td>9.8%</td>
<td>4.8%</td>
<td></td>
</tr>
<tr>
<td>$25,000-$49,999</td>
<td>3.4%</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td>$50,000+</td>
<td>8.2%</td>
<td>13.4%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

### Key Findings

- The percentage of children who currently have asthma is higher in the Greater Dayton Area than in Ohio and the U.S.
- Asthma is most common among individuals who earn less than $15,000.
- Blacks are more likely to currently have asthma compared to Whites.
- Medicaid pays for the largest proportion of asthma-related hospital visits (50%).
- Women account for nearly two-thirds (65%) of asthma-related hospital visits.
Health Risks & Outcomes

INJURIES

**INJURIES**

- 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 unintentional injury. Causes of violence are more complicated and include personal, community, and social factors.

### 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).

### 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.

### 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>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

### Number and Rate* of Suicide and Homicide Deaths

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Montgomery County, 2012-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12.0%</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>83.5%</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>

### Leading Causes of Injury-related Deaths by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1st Leading Cause</th>
<th>2nd Leading Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ages</td>
<td>Poisoning</td>
<td>Falls</td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>Suffocation</td>
<td>Falls, Drowning</td>
</tr>
<tr>
<td>1-14 years</td>
<td>Motor Vehicle Accidents</td>
<td>Drowning</td>
</tr>
<tr>
<td>15-24 years</td>
<td>Poisoning</td>
<td>Motor Vehicle Accidents</td>
</tr>
<tr>
<td>25-34 years</td>
<td>Poisoning</td>
<td>Motor Vehicle Accidents</td>
</tr>
<tr>
<td>35-44 years</td>
<td>Poisoning</td>
<td>Motor Vehicle Accidents</td>
</tr>
<tr>
<td>45-54 years</td>
<td>Poisoning</td>
<td>Falls</td>
</tr>
<tr>
<td>55-64 years</td>
<td>Poisoning</td>
<td>Falls</td>
</tr>
<tr>
<td>65-74 years</td>
<td>Falls</td>
<td>Poisoning</td>
</tr>
<tr>
<td>75+ years</td>
<td>Falls</td>
<td>Other</td>
</tr>
</tbody>
</table>

Source: Ohio Death Certificates, Ohio Department of Health

### Key Findings

- Falls are most common among individuals age 65 and over.
- Assaults are nearly 4 times more likely among Blacks than Whites.
- Medicare pays for nearly half (47%) of all hospital visits for falls.
- Medicaid pays for the majority of hospital visits for assaults (60%) and intentional self-harm (49%).

### 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>12.0%</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>83.5%</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>

Source: Ohio Death Certificates, Ohio Department of Health

### Injury-related Hospital Visits by Insurance Type

<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>Falls Transport-related Injuries</td>
<td>16.4%</td>
<td>36.9%</td>
<td>10.2%</td>
<td>22.7%</td>
<td></td>
</tr>
<tr>
<td>Assaults</td>
<td>25.9%</td>
<td>31.7%</td>
<td>59.9%</td>
<td>48.6%</td>
<td></td>
</tr>
<tr>
<td>Intentional Self-Harm</td>
<td>46.9%</td>
<td>7.3%</td>
<td>7.8%</td>
<td>12.9%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Greater Dayton Area Hospital Association Healthcare Database

### 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>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

### Source:

- Greater Dayton Area Hospital Association Healthcare Database

### 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.

**Across the Nation**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu Vaccine (Adults 65+)</td>
<td>57.5%</td>
<td>60.1%</td>
<td>60.3%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Pneumonia Vaccine (Adults 65+)</td>
<td>71.0%</td>
<td>75.4%</td>
<td>75.3%</td>
<td>90.0%</td>
</tr>
</tbody>
</table>

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

**Children* Who Received a Flu Vaccine in the Past Year, Montgomery County and Surrounding Area, 2017**

![Vaccination Chart]

*55% Received, 45% Did Not Receive*

Source: Dayton Children’s Hospital Community Health Needs Assessment

**Reported Cases of Vaccine-preventable Diseases, Montgomery County and Ohio, 2017-2018**

<table>
<thead>
<tr>
<th>Reportable Condition</th>
<th>Montgomery</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemophilus influenzae</td>
<td>29</td>
<td>2.7</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>228</td>
<td>21.4</td>
</tr>
<tr>
<td>Hepatitis B (acute &amp; chronic)</td>
<td>160</td>
<td>15.1</td>
</tr>
<tr>
<td>Influenza A (novel virus infection)</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Influenza-associated hospitalization</td>
<td>1,654</td>
<td>155.6</td>
</tr>
<tr>
<td>Influenza-associated pediatric mortality</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Meningococcal disease</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Measles</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Mumps</td>
<td>5</td>
<td>0.5</td>
</tr>
<tr>
<td>Pertussis</td>
<td>171</td>
<td>16.1</td>
</tr>
<tr>
<td>Streptococcus pneumoniae</td>
<td>144</td>
<td>13.5</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>17</td>
<td>1.6</td>
</tr>
</tbody>
</table>

*Rates per 100,000

Source: Ohio Disease Reporting System (ODRS)

**Adults Who Received a Flu Vaccine in the Past Year by Sex**

<table>
<thead>
<tr>
<th>Montgomery</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.9%</td>
<td>43.4%</td>
<td>48.1%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS)

**Adults 65 Years and Older Who Received a Flu Vaccine in the Past Year by Sex**

<table>
<thead>
<tr>
<th>Montgomery</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>57.5%</td>
<td>65.4%</td>
<td>58.2%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS)

**Adults 50 Years and Older Who Have Ever Received a Shingles Vaccine by Race**

<table>
<thead>
<tr>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.8%</td>
<td>30.3%</td>
<td>20.1%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS)

**Adults 65 Years and Older Who Have Ever Received a Pneumonia Vaccine by Race**

<table>
<thead>
<tr>
<th>Montgomery</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>71.0%</td>
<td>73.7%</td>
<td>52.2%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS)

**Key Findings**

- More women received a flu vaccine in the past year compared to men.
- A higher percentage of men 65 years and older received a flu vaccine in the past year compared to women within the same age group.

- Over 70% of adults 50 years and older have not received a shingles vaccine.
- Among adults 65 years and older, more White adults received a pneumonia vaccine compared to Black adults.
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 healthcare 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=735)
- Hepatitis C (n=442)
- Hepatitis A (n=228)
- Streptococcus pneumoniae (n=811)
- Pertussis (n=77)
- Hepatitis B (n=64)
- Legionnaire’s Disease (n=59)
- Streptococcal Disease, Group A (n=58)
- Salmonellosis (n=26)
- Campylobacteriosis (n=26)
- All Others (n=112)

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

- Influenza-associated hospitalization (n=90)
- Pertussis (n=72)
- Salmonellosis (n=14)
- Campylobacteriosis (n=9)
- Meningitis, aseptic (n=7)
- All Others (n=30)

Key Finding
- 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>

Key Finding
- 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

Source: Ohio Disease Reporting System (ODRS)
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

- **Chlamydia Cases**
  - The rate of chlamydia cases was higher in 2018 compared to the rate in 2014.
  - Over the past 5 years, the highest number of chlamydia cases occurred in 2016 (3,503 cases).

- **Gonorrhea Cases**
  - 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).

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

### Across the Nation

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

*Source: Ohio Disease Reporting System (ODRS)  
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

### Montgomery County, 2014-2018

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Cases</th>
<th>Percent</th>
<th>Cases</th>
<th>Percent</th>
<th>Cases</th>
<th>Percent</th>
<th>Cases</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 13</td>
<td>7</td>
<td>0.4%</td>
<td>1</td>
<td>0.1%</td>
<td>6</td>
<td>0.4%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13 - 14</td>
<td>9</td>
<td>0.6%</td>
<td>0</td>
<td>0.0%</td>
<td>9</td>
<td>0.6%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15 - 19</td>
<td>296</td>
<td>18.3%</td>
<td>140</td>
<td>8.6%</td>
<td>156</td>
<td>9.6%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20 - 29</td>
<td>786</td>
<td>48.5%</td>
<td>417</td>
<td>25.8%</td>
<td>368</td>
<td>22.7%</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>30 - 39</td>
<td>316</td>
<td>19.5%</td>
<td>204</td>
<td>12.6%</td>
<td>112</td>
<td>6.9%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>40 - 49</td>
<td>121</td>
<td>7.5%</td>
<td>93</td>
<td>5.7%</td>
<td>28</td>
<td>1.7%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>50 - 64</td>
<td>75</td>
<td>4.6%</td>
<td>68</td>
<td>4.2%</td>
<td>7</td>
<td>0.4%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>65+</td>
<td>7</td>
<td>0.4%</td>
<td>7</td>
<td>0.4%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>0.1%</td>
<td>2</td>
<td>0.1%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total**

| 1,619 | 100% | 932 | 57.6% | 686 | 42.4% | 1 | 0 |

*Rate per 100,000

### Source

Ohio Disease Reporting System (ODRS)  
Ohio Department of Health, STD Surveillance Program, 2017  
Centers for Disease Control and Prevention, Division of STD Prevention, 2017

### STD Facts

**Chlamydia**
- Increased by 50% from 2014 to 2018
- Highest rate in 2018

**Gonorrhea**
- Increased by 90% from 2014 to 2018
- Highest rate in 2018

**Syphilis**
- Increased by 75% from 2014 to 2018
- Highest rate in 2018

### Key Points

- Anyone who is sexually active can get gonorrhea.

Source: cdc.gov
**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.

**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.

**NEW HIV CASES:**

Montgomery County, 2013-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>65</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>58</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>57</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>56</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>63</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: HIV/AIDS Surveillance Program, Ohio Department of Health

**Rate (per 100,000) of New HIV Cases by Race and Sex, Montgomery County, 2017**

- **Montgomery**:
  - Black Male: 22.3
  - White Male: 20.3
  - Black Female: 12.5
  - White Female: 8.3

- **Male-to-Male sexual contact**: 73.1%
- **Other/unknown**: 17.3%
- **Injection drug use (IDU)**: 9.1%
- **Male-to-male sexual contact & IDU**: 7.7%
- **Heterosexual contact**: 63.6%

Source: HIV/AIDS Surveillance Program, Ohio Department of Health

**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 (64%) of HIV transmission among women.

**NEW HIV CASES:**

Montgomery County, 2013-2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-44</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: HIV/AIDS Surveillance Program, Ohio Department of Health

**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.
**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.

### 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>Pediatrics</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>

### Adults Who Could Not See a Doctor Because of Cost by Income

<table>
<thead>
<tr>
<th>Montgomery</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td></td>
</tr>
<tr>
<td>$15,000-24,999</td>
<td>11.0%</td>
</tr>
<tr>
<td>$25,000-34,999</td>
<td>10.6%</td>
</tr>
<tr>
<td>$35,000-49,999</td>
<td>11.0%</td>
</tr>
<tr>
<td>$50,000+</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS)

### 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


### 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.

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 reasons for a hospital visit for women, children, and Hispanics.

The ability to receive needed health and dental care can be impacted by race and ethnicity, language, socioeconomic status, age, gender identity, disability, and sexual orientation. These factors can make accessing care difficult due to high out-of-pocket costs, availability of needed specialists in the community, and discrimination and poor cultural competency of health care providers. When access to care is difficult, people are less likely to receive preventive care, delay care for illness or injury, and can end up with unmet health care needs, heavy financial burdens, and preventable hospitalizations.

Key Findings
- 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.

The top 3 reasons Montgomery County residents visit area hospitals are hypertension, diabetes, and dental conditions.
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
CRIME & VIOLENCE

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.

KEY FINDINGS
- Violent crimes increased 15% between 2013 and 2016.
- Robbery is the only form of violent crime that did not increase between 2013 and 2016.

Across the Nation

<table>
<thead>
<tr>
<th></th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Montgomery</td>
</tr>
<tr>
<td>Homicide Death Rate*</td>
<td>11.3</td>
</tr>
<tr>
<td>Violent Crime&lt;sup&gt;1&lt;/sup&gt;</td>
<td>418.4</td>
</tr>
<tr>
<td>Property Crime&lt;sup&gt;1&lt;/sup&gt;</td>
<td>3,289.4</td>
</tr>
</tbody>
</table>

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

All Violent Crimes

Montgomery County, 2013-2016

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness</td>
<td>1,879</td>
<td>1,909</td>
<td>2,080</td>
<td>2,156</td>
</tr>
</tbody>
</table>

Source: Ohio Incident-Based Reporting System (OIBRS)

Property Crimes

Montgomery County, 2013-2016

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Vehicle Theft</td>
<td>19,177</td>
<td>18,690</td>
<td>17,047</td>
<td>16,951</td>
</tr>
</tbody>
</table>

Source: Ohio Incident-Based Reporting System (OIBRS)

Across the Nation

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All Property Crimes

Montgomery County, 2013-2016

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Source: Ohio Incident-Based Reporting System (OIBRS)

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).

Homicide Death Rate* by Race and Sex

Montgomery County, 2016-2017

<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Male</td>
<td>11.3</td>
<td>19.0</td>
<td>73.5</td>
</tr>
<tr>
<td>Black Male</td>
<td>38.9</td>
<td>11.22</td>
<td>11,191</td>
</tr>
</tbody>
</table>

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

Forcible Rape

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness</td>
<td>243</td>
<td>297</td>
<td>357</td>
<td>326</td>
</tr>
</tbody>
</table>

Source: Ohio Incident-Based Reporting System (OIBRS)

Property Crimes

Montgomery County, 2013-2016

<table>
<thead>
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<sup>2</sup>Mortality public-use data on CDC WONDER online database, 2017
<sup>3</sup>Ohio Incident-Based Reporting System (OIBRS), 2016

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.

Burglary

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness</td>
<td>12,670</td>
<td>12,120</td>
<td>11,225</td>
<td>11,191</td>
</tr>
</tbody>
</table>

Source: Ohio Incident-Based Reporting System (OIBRS)

All Violent Crimes

Montgomery County, 2013-2016

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
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<td>243</td>
<td>297</td>
<td>357</td>
<td>326</td>
</tr>
</tbody>
</table>

Source: Ohio Incident-Based Reporting System (OIBRS)

KEY FINDINGS
- Violent crimes increased 15% between 2013 and 2016.
- Robbery is the only form of violent crime that did not increase between 2013 and 2016.

All Property Crimes

Montgomery County, 2013-2016

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<tr>
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Source: Ohio Incident-Based Reporting System (OIBRS)

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

Montgomery County, 2017

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4.2</td>
<td>16.2</td>
</tr>
<tr>
<td>Female</td>
<td>6.4</td>
<td>1.6</td>
</tr>
<tr>
<td>Age 18 to 64</td>
<td>297</td>
<td>357</td>
</tr>
<tr>
<td>Age &gt;64</td>
<td>326</td>
<td>10.3</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></th>
<th>%</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
- Blacks and men are most likely to visit the hospital for assaults.
- 60% of hospital visits for assaults are paid for by Medicaid.

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).
Overall Crime Rate, Montgomery County, 2016

- Jackson Township Police Department covers Farmersville
- The Montgomery County Sheriff’s Office covers Harrison, Jefferson, and Washington Townships

**SDOH: 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.

**Violent Crime Rate, Montgomery County, 2016**

**Property Crime Rate, Montgomery County, 2016**
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).

### Key Findings

- 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

- The pollen counts are highest for trees in April, for grasses in May, and for weeds in August.
- The mold counts begin increasing in April, peak in September, and begin to decline in October.

### 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).
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).
Food Deserts and Available Food Options, Montgomery County, 2018

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.

Parks and Bike Trails, Montgomery County, 2019

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.

SDOH SOCIAL DETERMINANTS OF HEALTH:

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)
  - Owner Occupied
    - 78%
    - 61% (MC)
  - Renter Occupied
    - 23%
    - 39% (MC)
  - Vacancy
    - 6%
    - 12% (MC)

- **Economics**
  - Year Built
    - 1980 or Later: 30%
    - 22% (MC)
  - Median Household Income
    - $63,658
    - $47,045 (MC)
  - Family Poverty
    - 6%
    - 14% (MC)

- **Educational Attainment**
  - Less Than High School
    - 7%
    - 10% (MC)
  - High School Diploma
    - 28%
    - 28% (MC)
  - Bachelor’s Degree or Higher
    - 29%
    - 27% (MC)

- **Employment**
  - 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)

**Commuting to Work**

- Drive Alone: 87% (MC)
- Carpool: 7% (MC)
- Public Transportation: 1% (MC)
- Walk: 0.4% (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)

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

- **Illness**
  - Type 2 Diabetes
    - 146.8
    - 158.0 (MC)
  - Heart Attack
    - 7.2
    - 6.4 (MC)
  - Asthma
    - 57.9
    - 75.6 (MC)

- **Mental Health**
  - Depressive Disorder
    - 51.7
    - 71.5 (MC)
  - Anxiety & Stress Disorders
    - 74.9
    - 101.6 (MC)

- **Substance Use**
  - Opioid-Related Disorder
    - 6.6
    - 9.5 (MC)
  - Alcohol-Related Disorder
    - 13.7
    - 18.7 (MC)

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

- **Population**: 39,965
  - Montgomery County (MC)

**Housing**

- **Median Home Value**: $113,311
  - $112,100 (MC)
- **Vacancy**: 6%
  - 12% (MC)
- **Owner Occupied**: 67%
  - 61% (MC)
- **Renter Occupied**: 33%
  - 39% (MC)
- **Year Built**: 1949 or Earlier 5%
  - 25% (MC)
- **Median Household Income**: $57,345
  - $47,045 (MC)
- **Family Poverty**: 11%
  - 14% (MC)

**Economics**

- **Unemployment Rate**: 6%
  - 8% (MC)
- **Bachelor’s Degree or Higher**: 24%
  - 27% (MC)
- **High School Diploma**: 29%
  - 28% (MC)
- **Less Than High School**: 7%
  - 10% (MC)

**Health**

- **Births**: 1,587
- **Infant Mortality Rate (per 1,000 live births)**: 5.0
  - 7.4 (MC)
- **Preterm Births**: 11%
  - 12% (MC)
- **Life Expectancy at Birth**: 73.8 years
  - 74.0 years (MC)

**Health Illness**

- **Type 2 Diabetes**: 144.8
  - 158.0 (MC)
- **Heart Attack**: 5.8
  - 6.4 (MC)
- **Stroke**: 6.1
  - 7.1 (MC)

**Health Mental Health**

- **Depressive Disorder**: 67.9
  - 71.5 (MC)
- **Anxiety & Stress Disorders**: 95.0
  - 101.6 (MC)

**Health Accidents**

- **Accidental Falls**: 39.2
  - 49.1 (MC)

**Employment**

- **Drive Alone**: 87%
  - 83% (MC)
- **Carpool**: 8%
  - 8% (MC)
- **Public Transportation**: 1%
  - 2% (MC)
- **Walk**: 1%
  - 2% (MC)

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

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

- **Residents With Low Income and Low Access**: 6%
  - 10% (MC)
- **Kids with Low Access**: 22%
  - 34% (MC)
- **Seniors with Low Access**: 19%
  - 34% (MC)
- **Housing Units With No Vehicles and Low Access**: 2%
  - 3% (MC)

**Educational Attainment**

- **Less Than High School**: 7%
  - 10% (MC)
- **High School Diploma**: 29%
  - 28% (MC)
- **Bachelor’s Degree or Higher**: 24%
  - 27% (MC)

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

Population: 76,344

Montgomery County (MC)

White 35%
Black 61%
Other 4%

**Housing**

- Median Home Value: $69,950
- $112,100 (MC)
- Median Household Income: $30,896
- $47,045 (MC)
- Owner Occupied: 52%
- 61% (MC)
- Renter Occupied: 48%
- 39% (MC)
- Vacancy: 18%
- 12% (MC)
- Family Poverty: 25%
- 14% (MC)

**Economics**

- Median Home Value: $69,950
- $112,100 (MC)
- Owner Occupied: 52%
- 61% (MC)
- Renter Occupied: 48%
- 39% (MC)
- Vacancy: 18%
- 12% (MC)
- Family Poverty: 25%
- 14% (MC)

**Employment**

- Unemployment Rate: 15%
- 8% (MC)
- Drive Alone: 80%
- 83% (MC)
- Carpool: 11%
- 8% (MC)
- Public Transportation: 5%
- 2% (MC)
- Walk: 1%
- 2% (MC)

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

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

- Residents With Low Income and Low Access: 18%
  - 10% (MC)
- Kids with Low Access: 34%
  - 34% (MC)
- Seniors with Low Access: 49%
  - 34% (MC)
- Housing Units With No Vehicles and Low Access: 5%
  - 3% (MC)

**Health**

- Births: 3,146
- Preterm Births: 15%
  - 12% (MC)
- Smoking During Pregnancy: 13%
  - 10% (MC)
- Infant Mortality Rate (per 1,000 live births): 13.4
  - 7.4 (MC)
- Life Expectancy at Birth: 69.0 years
  - 74.0 years (MC)

**Educational Attainment**

- Less Than High School: 15%
  - 10% (MC)
- High School Diploma: 34%
  - 28% (MC)
- Bachelor's Degree or Higher: 15%
  - 27% (MC)

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

**Mental Health**

- Depressive Disorder: 62.8
  - 71.5 (MC)
- Bipolar Disorder: 21.5
  - 19.5 (MC)
- Anxiety & Stress Disorders: 94.8
  - 101.6 (MC)
- Dental: 18.9
  - 13.3 (MC)

**Illness**

- Type 2 Diabetes: 195.4
  - 158.0 (MC)
- Heart Attack: 7.0
  - 6.4 (MC)
- Asthma: 100.5
  - 75.6 (MC)
- Intentional Self Harm: 1.3
  - 1.0 (MC)
- Assault: 11.5
  - 6.8 (MC)

**Substance Use**

- Opioid-Related Disorder: 12.6
  - 9.5 (MC)
- Alcohol-Related Disorder: 22.7
  - 18.7 (MC)

**Average Travel Time:** 23.1 min. 21.5 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%

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

**Access to Food Beyond 1 Mile of Supermarket**
- Residents With Low Income and Low Access: 2% (10% MC)
- Kids with Low Income and Low Access: 61% (34% MC)
- Seniors with Low Income and Low Access: 65% (34% MC)
- Housing Units With No Vehicles and Low Access: 2% (3% 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)

**Hospital Visits (per 1,000)**
- Opioid-Related Disorder: 7.5 (9.5 MC)
- Depressive Disorder: 54.1 (71.5 MC)
- Alcohol-Related Disorder: 10.1 (18.7 MC)
- Anxiety & Stress Disorders: 80.2 (101.6 MC)

**Illness**
- Type 2 Diabetes: 120.9 (158.0 MC)
- Heart Attack: 6.2 (6.4 MC)
- Stroke: 5.7 (7.1 MC)

**Accidents**
- Assault: 2.3 (6.8 MC)
- Accidental Falls: 42.4 (49.1 MC)

**Population**: 29,573
**White**: 96.5%
**Black**: 0.5%
**Asian**: 1%
**Other**: 2%

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

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

**Employment**
- 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)

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

**Type 2 Diabetes**: 120.9 (158.0 MC)
**Heart Attack**: 6.2 (6.4 MC)
**Stroke**: 5.7 (7.1 MC)
**Areas in and Surrounding: Riverside and Mad River Township**

- **Population:** 44,899
- **Montgomery County (MC):**
  - White: 83%
  - Black: 10%
  - Asian: 2%
  - Other: 5%

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

**Housing**
- **Median Home Value:** $74,509 ($112,100 (MC))
- **Owner Occupied:** 58% (61% (MC))
- **Vacancy:** 11% (12% (MC))
- **Renter Occupied:** 42% (39% (MC))

**Economics**
- **Median Household Income:** $45,125 ($47,045 (MC))
- **Family Poverty:** 16% (14% (MC))

**Health**
- **Life Expectancy at Birth:** 73.8 years (74.0 years (MC))
- **Births:** 2,007
- **Preterm Births:** 10% (12% (MC))
- **Smoking During Pregnancy:** 10% (12% (MC))
- **Infant Mortality Rate (per 1,000 live births):** 4.0 (7.4 (MC))

**Employment**
- **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))

**Hospital Visits (per 1,000)**
- **Substance Use**
  - Opioid-Related Disorder: 5.8 (9.5 (MC))
  - Alcohol-Related Disorder: 11.0 (18.7 (MC))
- **Mental Health**
  - Depressive Disorder: 67.9 (71.5 (MC))
  - Anxiety & Stress Disorders: 93.5 (101.6 (MC))
- **Illness**
  - Type 2 Diabetes: 142.9 (158.0 (MC))
  - Heart Attack: 6.0 (6.4 (MC))
- **Accidents**
  - Accidental Falls: 39.8 (49.1 (MC))
  - Stroke: 6.3 (7.1 (MC))

**Drive Alone**
- **Average Travel Time:** 19.1 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:** 22% (34% (MC))
- **Seniors with Low Access:** 27% (34% (MC))
- **Housing Units With No Vehicles and Low Access:** 2% (3% (MC))
Areas in and Surrounding: Moraine, West Carrollton, Miamisburg, and Miami Township

Population: 76,052

Montgomery County (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)

Housing

Median Home Value
$122,106
$112,100 (MC)

Vacancy
9%
12% (MC)

Owner Occupied
67%
61% (MC)

Renter Occupied
33%
39% (MC)

Economics

Median Household Income
$50,637
$47,045 (MC)

Family Poverty
11%
14% (MC)

Educational Attainment

Less Than High School
9%
10% (MC)

High School Diploma
26%
28% (MC)

Bachelor's Degree or Higher
26%
27% (MC)

Emptiness

Unemployment Rate
6%
8% (MC)

Drive Alone
86%
83% (MC)

Carpool
9%
8% (MC)

Public Transportation
1%
2% (MC)

Walk
1%
2% (MC)

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

Accidents

Accidental Falls
51.4
49.4 (MC)

Type 2 Diabetes
147.2
158.0 (MC)

Intentional Self Harm
6.3
6.4 (MC)

Anxiety & Stress Disorders
123.0
101.6 (MC)

Mental Health

Depressive Disorder
90.2
71.5 (MC)

Stroke
7.3
7.1 (MC)

Substance Use

Opioid-Related Disorder
7.5
9.5 (MC)

Alcohol-Related Disorder
15.4
18.7 (MC)

Hospital Visits (per 1,000)

Type 2 Diabetes
147.2
158.0 (MC)

Heart Attack
6.3
6.4 (MC)

Intentional Self Harm
6.3
6.4 (MC)

Anxiety & Stress Disorders
123.0
101.6 (MC)

Mental Health
Area in and Surrounding:
Oakwood and Kettering

Population: 67,552
Montgomery County (MC)

- White: 91%
- Black: 3%
- Asian: 3%
- Other: 3%

Housing
- Median Home Value: $137,492
  - Montgomery County (MC): $112,100
- Vacancy: 8%
  - Montgomery County (MC): 12%
- Median Household Income: $56,539
  - Montgomery County (MC): $47,045
- Family Poverty: 9%
  - Montgomery County (MC): 14%
- Owner Occupied: 69%
  - Montgomery County (MC): 61%
- Renters Occupied: 31%
  - Montgomery County (MC): 39%
- Year Built: 1980 or Later
  - Montgomery County (MC): 11%

Economics
- Median Household Income: $56,539
  - Montgomery County (MC): $47,045
- Family Poverty: 9%
  - Montgomery County (MC): 14%
- Owner Occupied: 69%
  - Montgomery County (MC): 61%
- Renters Occupied: 31%
  - Montgomery County (MC): 39%
- Year Built: 1980 or Later
  - Montgomery County (MC): 11%

Access to Food Beyond 1 Mile of Supermarket
- Residents With Low Income and Low Access: 3%
  - Montgomery County (MC): 10%
- Kids with Low Access: 14%
  - Montgomery County (MC): 34%
- Seniors with Low Access: 13%
  - Montgomery County (MC): 34%
- Housing Units With No Vehicles and Low Access: 0.4%
  - Montgomery County (MC): 3%

Health
- Life Expectancy at Birth: 77.9 years
  - Montgomery County (MC): 74.0 years
- Births: 2,433
- Preterm Births: 10%
  - Montgomery County (MC): 12%
- Infant Mortality Rate (per 1,000 live births): 4.5
  - Montgomery County (MC): 7.4

Educational Attainment
- Less Than High School: 6%
  - Montgomery County (MC): 10%
- High School Diploma: 22%
  - Montgomery County (MC): 28%
- Bachelor’s Degree or Higher: 38%
  - Montgomery County (MC): 27%

Employment
- Unemployment Rate: 5%
  - Montgomery County (MC): 8%
- Drive Alone: 85%
  - Montgomery County (MC): 83%
- Carpool: 8%
  - Montgomery County (MC): 8%
- Public Transportation: 1%
  - Montgomery County (MC): 2%
- Walk: 2%
  - Montgomery County (MC): 2%
- Work from Home: 4%
  - Montgomery County (MC): 3%

Access to Food Beyond 1 Mile of Supermarket
- Residents With Low Income and Low Access: 3%
  - Montgomery County (MC): 10%
- Kids with Low Access: 14%
  - Montgomery County (MC): 34%
- Seniors with Low Access: 13%
  - Montgomery County (MC): 34%
- Housing Units With No Vehicles and Low Access: 0.4%
  - Montgomery County (MC): 3%

Health
- Life Expectancy at Birth: 77.9 years
  - Montgomery County (MC): 74.0 years
- Births: 2,433
- Preterm Births: 10%
  - Montgomery County (MC): 12%
- Infant Mortality Rate (per 1,000 live births): 4.5
  - Montgomery County (MC): 7.4

Educational Attainment
- Less Than High School: 6%
  - Montgomery County (MC): 10%
- High School Diploma: 22%
  - Montgomery County (MC): 28%
- Bachelor’s Degree or Higher: 38%
  - Montgomery County (MC): 27%

Employment
- Unemployment Rate: 5%
  - Montgomery County (MC): 8%
- Drive Alone: 85%
  - Montgomery County (MC): 83%
- Carpool: 8%
  - Montgomery County (MC): 8%
- Public Transportation: 1%
  - Montgomery County (MC): 2%
- Walk: 2%
  - Montgomery County (MC): 2%
- Work from Home: 4%
  - Montgomery County (MC): 3%

Average Travel Time: 20.2 min.
  - Montgomery County (MC): 21.5 min.
Areas in and Surrounding:
Centerville and Washington Township

Population: 56,416

Montgomery County (MC)

Housing

- Median Home Value: $204,886
  $112,100 (MC)
- Owner Occupied: 78% (MC)
- Renter Occupied: 22% (MC)
- Vacancy: 6% (MC)

Economics

- Year Built: 1980 or Later: 46% (MC)
- Median Household Income:
  $76,444 (MC)
  $47,045 (MC)
- Family Poverty: 5% (MC)

Educational Attainment

- Less Than High School: 10% (MC)
- High School Diploma: 28% (MC)
- Bachelor's Degree or Higher: 53% (MC)

Employment

- Unemployment Rate: 3% (MC)
- Drive Alone: 86% (MC)
- Carpool: 6% (MC)
- Public Transportation: 0.4% (MC)
- Walk: 1% (MC)
- Work from Home: 6% (MC)

Average Travel Time: 21.4 min. 21.5 min. (MC)

Access to Food Beyond 1 Mile of Supermarket

- Residents With Low Income and Low Access: 5% (MC)
- Kids With Low Access: 42% (MC)
- Seniors With Low Access: 34% (MC)

Health

- Births: 1,642
- Preterm Births During Pregnancy: 2% (MC)
- Infant Mortality Rate (per 1,000 live births): 5.5 (MC)
- Life Expectancy at Birth: 81.1 years 74.0 years (MC)

Educational Attainment

- Type 2 Diabetes: 101.3 158.0 (MC)
- Heart Attack: 5.4 6.4 (MC)
- Stroke: 6.4 7.1 (MC)

Hospital Visits (per 1,000)

- Opioid-Related Disorder: 3.1 9.5 (MC)
- Depressive Disorder: 60.7 71.5 (MC)
- Alcohol-Related Disorder: 11.9 18.7 (MC)
- Anxiety & Stress Disorders: 81.0 101.6 (MC)

Illness

- Accidental Falls: 44.2 49.1 (MC)

Substance Use

- Depressive Disorder: 60.7 71.5 (MC)
- Alcohol-Related Disorder: 11.9 18.7 (MC)
- Anxiety & Stress Disorders: 81.0 101.6 (MC)
- Heart Attack: 5.4 6.4 (MC)
- Stroke: 6.4 7.1 (MC)

Community Health Assessment 2019
Area in: Dayton's Northeast Area

Population: 72,135
Montgomery County (MC)

Drive Alone: 83% (MC)
Carpool: 9% (MC)
Public Transportation: 3% (MC)
Walk: 2% (MC)

Average Travel Time: 19.2 min. 21.5 min. (MC)

Housing
Median Home Value: $80,950
$112,100 (MC)
Owner Occupied: 58%
61% (MC)
Vacancy: 13%
12% (MC)

Economics
Median Household Income: $40,657
$47,045 (MC)
Family Poverty: 22%
14% (MC)

Educational Attainment
Less Than High School: 17%
10% (MC)
High School Diploma: 31%
28% (MC)
Bachelor's Degree or Higher: 17%
27% (MC)

Employment
Unemployment Rate: 12%
8% (MC)

Access to Food Beyond 1 Mile of Supermarket
Residents With Low Income and Low Access: 11%
10% (MC)
Kids with Low Access: 29%
34% (MC)
Seniors with Low Access: 36%
34% (MC)
Housing Units With No Vehicles and Low Access: 2%
3% (MC)

Health
Births: 3,220
Smoking During Pregnancy: 12%
12% (MC)
Infant Mortality Rate (per 1,000 live births): 6.2
7.4 (MC)
Life Expectancy at Birth: 70.8 years
74.0 years (MC)

Hospital Visits (per 1,000)
Mental Health
Depressive Disorder: 165.7
Type 2 Diabetes: 158.0 (MC)
6.4 (MC)
Heart Attack: 7.0
Asthma: 86.8
Bipolar Disorder: 23.1
75.6 (MC)
Type 1 Diabetes: 18.7
Dental: 15.6
(MC)
Preterm Births: 12%
12% (MC)
7.0
12% (MC)

Substance Use
Opioid-Related Disorder: 12.6
(MC)
Alcohol-Related Disorder: 19.4
18.7 (MC)

Anxiety & Stress Disorders: 111.6
(MC)
101.6 (MC)

Accidents
Assault: 8.4
6.8 (MC)
Bipolar Disorder: 23.1
19.5 (MC)

Type 2 Diabetes: 165.7
158.0 (MC)

Depressive Disorder: 165.7
158.0 (MC)

Heart Attack: 7.0
12% (MC)

Asthma: 86.8
75.6 (MC)

Bipolar Disorder: 23.1
19.5 (MC)

Type 1 Diabetes: 18.7
15.6 (MC)

Preterm Births: 12%
12% (MC)

Life Expectancy at Birth: 70.8 years
74.0 years (MC)

Medicare
12% (MC)

Unemployment Rate: 12%
8% (MC)

Access to Food Beyond 1 Mile of Supermarket
Residents With Low Income and Low Access: 11%
10% (MC)
Kids with Low Access: 29%
34% (MC)
Seniors with Low Access: 36%
34% (MC)
Housing Units With No Vehicles and Low Access: 2%
3% (MC)

Health
Births: 3,220
Smoking During Pregnancy: 12%
12% (MC)
Infant Mortality Rate (per 1,000 live births): 6.2
7.4 (MC)
Life Expectancy at Birth: 70.8 years
74.0 years (MC)

Hospital Visits (per 1,000)
Mental Health
Depressive Disorder: 165.7
Type 2 Diabetes: 158.0 (MC)
6.4 (MC)
Heart Attack: 7.0
Asthma: 86.8
Bipolar Disorder: 23.1
75.6 (MC)
Type 1 Diabetes: 18.7
Dental: 15.6
(MC)

Substance Use
Opioid-Related Disorder: 12.6
(MC)
Alcohol-Related Disorder: 19.4
18.7 (MC)

Anxiety & Stress Disorders: 111.6
(MC)
101.6 (MC)

Accidents
Assault: 8.4
6.8 (MC)

Type 2 Diabetes: 165.7
158.0 (MC)

Depressive Disorder: 165.7
158.0 (MC)

Heart Attack: 7.0
12% (MC)

Asthma: 86.8
75.6 (MC)

Bipolar Disorder: 23.1
19.5 (MC)

Type 1 Diabetes: 18.7
15.6 (MC)

Preterm Births: 12%
12% (MC)

Life Expectancy at Birth: 70.8 years
74.0 years (MC)

Medicare
12% (MC)

Unemployment Rate: 12%
8% (MC)

Access to Food Beyond 1 Mile of Supermarket
Residents With Low Income and Low Access: 11%
10% (MC)
Kids with Low Access: 29%
34% (MC)
Seniors with Low Access: 36%
34% (MC)
Housing Units With No Vehicles and Low Access: 2%
3% (MC)

Health
Births: 3,220
Smoking During Pregnancy: 12%
12% (MC)
Infant Mortality Rate (per 1,000 live births): 6.2
7.4 (MC)
Life Expectancy at Birth: 70.8 years
74.0 years (MC)

Hospital Visits (per 1,000)
Mental Health
Depressive Disorder: 165.7
Type 2 Diabetes: 158.0 (MC)
6.4 (MC)
Heart Attack: 7.0
Asthma: 86.8
Bipolar Disorder: 23.1
75.6 (MC)
Type 1 Diabetes: 18.7
Dental: 15.6
(MC)

Substance Use
Opioid-Related Disorder: 12.6
(MC)
Alcohol-Related Disorder: 19.4
18.7 (MC)

Anxiety & Stress Disorders: 111.6
(MC)
101.6 (MC)

Accidents
Assault: 8.4
6.8 (MC)
Area in: Dayton's North Central Area

Population: 40,402
Montgomery County (MC)

Housing

- Median Home Value: $63,700 ($112,100 MC)
- Vacancy: 29% (12% MC)
- Owner Occupied: 46% (61% MC)
- Renter Occupied: 54% (39% MC)

Year Built

- 1980 or Later: 7% (22% MC)
- 1949 or Earlier: 53% (25% MC)

Economics

- Median Household Income: $30,019 ($47,045 MC)
- Family Poverty: 25% (14% 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)

Commuting to Work

- 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
- Preterm Births: 15% (12% MC)
- 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)

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)

Substance Use

- Opioid-Related Disorder: 17.0 (9.5 MC)
- Alcohol-Related Disorder: 37.5 (18.7 MC)

Economics

- Unemployment Rate: 13% (8% MC)
- Education Attainment:
  - Less Than High School: 15% (10% MC)
  - High School Diploma: 30% (28% MC)
  - Bachelor's Degree or Higher: 16% (27% MC)

Population: 40,402
Montgomery County (MC)
Area in: Dayton's Downtown Area

Population: 15,411

Montgomery County (MC)

Housing

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

Vacancy
17%
12% (MC)

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

Family Poverty
28%
14% (MC)

Economics

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

Educational Attainment

Less Than High School
20%
10% (MC)

High School Diploma
21%
28% (MC)

Bachelor's Degree or Higher
28%
27% (MC)

Employment

Unemployment Rate
11%
8% (MC)

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)

Community Health Assessment 2019 • 111110 • Community Health Assessment 2019
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)
Introduction


About Montgomery County


Behavioral Health
Mental Health


Substance Misuse and Abuse

Acidental Drug Overdose

Maternal, Child Health
Preconception

Chronic Disease Risks & Outcomes
Weight

Physical Activity

Nutrition & Access to Food


Alcohol Use


Tobacco Use


Diabetes


Cardiovascular Disease

Cancer & Preventative Screening


Asthma
References

Health Risks & Outcomes

Injuries


Vaccinations


Sexually Transmitted Diseases

HIV/AIDS


Access to Care

Dental Health Coverage


Built Environment

Crime & Violence


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.