Dear Family, Friends, and Neighbors:

How healthy is Montgomery County? That’s a complex question answered in part by this interesting and comprehensive report prepared by Public Health - Dayton & Montgomery County, your local health department. This community assessment is the result of many months of work, an in-depth review of data from 20 community sources, and an analysis of the health of our citizens. This is the first report of its kind for Montgomery County and will be followed with subsequent progress reports in the coming years. As you review this document, please pay particular attention to the public health priorities and the calls to action.

We believe this information is extremely valuable, and it may inspire you to take actions that will improve your health. We also hope that this report will encourage you to help others make better choices. As a community, we eat poorly, do not exercise enough, and continue to smoke. These behaviors, along with others, are making us sick and ending our lives too soon.

We have summarized our findings, drawn conclusions, set priorities, and are asking all Montgomery County citizens to immediately take action. We will also be working with community partners to develop a community health improvement plan to help our citizens take the journey to a healthier destination.

The healthy journey begins now. Please come along.

Sincerely,

Jim Gross, MPH
Montgomery County Health Commissioner
Public Health – Dayton & Montgomery County has conducted this Community Health Assessment to provide an overview of population health in Montgomery County. It recognizes trends in population health status and looks at populations at-risk and those with disparities in various health outcomes. It also establishes data-driven public health priorities for targeted interventions and initiates calls to action for various stakeholders and citizens.

This assessment of our community’s health is based on multiple sources of data. It includes information from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System, Ohio Department of Health Data Warehouse, Ohio Department of Health Vital Statistics, U.S. Census Bureau, Greater Dayton Area Hospital Association hospital discharge data, Dayton Children’s Medical Center’s Child Health Assessment Report, and the Ohio Disease Reporting System. All of this information is summarized in six sections within the report: overall health, demographics, behavioral health risks, health outcomes, physical environment, and socioeconomic determinants of health.

Overall, data from this assessment supports the findings from the recent University of Wisconsin Population Health Institute’s national county health rankings. Of 88 Ohio counties, Montgomery County ranked 68 for health outcomes and 65 for behavioral and socioeconomic health factors. Not unexpectedly, the majority (82%) of Montgomery County residents report good health status. This self-reported finding, however, is not in full agreement with the behavioral and health outcome data presented in this assessment. In general, Blacks report more fair or poor health than Whites, and as income decreases, poor physical, mental, and oral health increases. It is clear that improvement in the overall population health of Montgomery County will require changes in personal behaviors and improvement in social circumstances because these contribute to 40% and 15%, respectively, of our health status (New England Journal of Medicine, 2007).

Demographics include 537,700 residents in Montgomery County. A map of Montgomery County’s total population by census tract is provided in Appendix 1. The racial composition of Montgomery County is 75% White; 20% Black; 3% Asian, Native American, or two or more races; and 2% Hispanic. Children less than 18 years of age comprise nearly 25% of the county population, females outnumber males and are living longer, and as the county population ages, the White proportion of the population increases while the Black proportion decreases.

Behavioral health risk data indicates that residents need to exercise more, eat a healthier diet, reduce alcohol consumption, stop smoking and pay closer attention to their oral health. Montgomery County has an overweight/obesity problem among adults and children. Individuals do not consume enough fresh fruits and vegetables. Almost one-third of underage (age 12-20) individuals consume alcohol, nearly one-third of individuals age 12 and older use tobacco products, and many adults and children have unmet dental care needs. As a community, we must make improvements in our behaviors and lifestyle choices because they are directly related to our health outcomes.
Health outcomes look at birth, death, major diseases, sexually transmitted diseases, and infectious diseases. The County’s teen birth rate and the percent of babies born with low birth weight have not improved much during the past decade. Less than 50% of women giving birth are married, and for every 1,000 live births, 8 infants die before their first birthday. Additionally, significant disparities exist between Blacks and Whites for these pregnancy-related outcomes.

Cancer and heart disease are the leading causes of death in Montgomery County. Accidents and unintentional injuries, lower respiratory tract diseases, stroke, Alzheimer’s, and diabetes are also included in the top ten causes of death, but have substantially lower mortality rates than cancer and heart disease. While cancer death is highest for lung, breast, colon and pancreas, lung and bronchus cancers have the highest percent of late stage diagnosis. Blacks have a higher death rate compared to Whites for all of these cancers. Cardiovascular disease is inversely related to income. It affects men more than women and is not significantly different between Blacks and Whites. For adults age 65 and older, 60% have high blood pressure and 20% have diabetes. Blacks have significantly more diabetes than Whites; however, diabetes, like most diseases, is not solely a function of race. When adjusted for Body Mass Index (BMI), cholesterol, and blood pressure, the effect of race on diabetes is removed. This means that diabetes is associated statistically with higher BMI, cholesterol, and blood pressure, not race. Many of these risk factors are associated with lifestyle choices.

Sexually transmitted diseases such as HIV/AIDS, chlamydia, gonorrhea and syphilis continue to be a community problem. Compared to Whites, Blacks are disproportionately affected by these preventable diseases. The most commonly reported infectious diseases are chronic Hepatitis C and influenza. Influenza-related hospitalizations account for nearly 50% of reported childhood infectious diseases.

Regarding our physical environment, we selected two widespread air pollutants for this assessment. Ground-level ozone and fine particulate matter concentrations continue to decrease within Montgomery County. However, the national ambient air quality standards for these two pollutants also continue to be revised to lower levels. The net effect is that although individuals are breathing cleaner air, remaining levels are still harmful to health.

Socioeconomically, 18% of families live on less than $25,000 a year, and almost 13% of adults cannot see a doctor because it costs too much. Nearly 67,000 Montgomery County residents (15% of adults and 5% of children) have no health insurance.

**Public Health System Priorities**

The data supports the need for population health improvement in Montgomery County. Our vision for a healthier Montgomery County requires a system-based approach to ensure the proper balance of traditional and healthy lifestyle-related programs. It requires that we engage community partners, challenge health disparities and improve access to care for vulnerable populations. Public Health – Dayton & Montgomery County’s data-driven public health priorities include chronic disease prevention, creation of a culture of health, elimination of health disparities and the promotion of health equity, and improved access to care for vulnerable populations.

**Chronic Disease Prevention**

The leading causes of morbidity and mortality in Montgomery County include preventable chronic diseases such as cancer, cardiovascular disease, stroke, and diabetes. Historically, chronic disease prevention activities in Montgomery County have been fragmented with an inadequate overall community action plan. Public Health – Dayton & Montgomery County, community-based organizations, non-profit organizations, and the two local hospital systems have used the medical model with an emphasis on disease management and programs to address chronic diseases. Although well-intentioned, most of these activities have been implemented in isolation and have not yielded measurable improvements in population health as evidenced by the data in this assessment.

The need for a policy, systems, and environmental (PSE) change approach to chronic disease prevention in Montgomery County is clearly warranted. Transitioning from a disease management focus to primary prevention through PSE changes, guided by a community action plan, will be the foundation for population health improvement.
Creating a Culture of Health – Healthy Lifestyles

Major determinants of our health status include personal behaviors/lifestyle choices, environmental exposures, access to health care, social circumstances, and genetic predispositions. Of these, personal behaviors account for 40% of our health status (New England Journal of Medicine, 2007). Many of the health outcomes presented in this assessment such as preventable chronic diseases, sexually transmitted diseases, and infectious diseases are directly related to our personal behaviors and social circumstances. It is readily apparent that despite barriers individual responsibility is paramount to adopting and maintaining a healthy lifestyle.

Creating a culture of health through the adoption of healthy lifestyles is the key to a healthier Montgomery County. All stakeholders within the local public health system must demonstrate leadership and action to accomplish a shared vision of healthy people in Montgomery County. Key sectors include schools, worksites, health care, and communities. The GetUp Montgomery County healthy lifestyle initiative provides a framework for partner engagement and linkages, program evaluation, and outcome measurement.

Elimination of Health Disparities and the Promotion of Health Equity

Disparities in health outcomes clearly exist among racial groups in Montgomery County. Blacks in particular, have more unfavorable health outcomes compared to Whites. The data in this assessment shows disparities in overall health status, teen birth rate, percent low birth weight, infant mortality rate, cancer mortality rates, prevalence of diabetes, incidence of HIV/AIDS, and incidence of other sexually transmitted diseases. Behavior and lifestyle choices, access to early prenatal care, physical activity level, weight, and vaccination status contribute to many of these disparities. These observations are a sobering reminder that certain groups within our population experience a disproportionate burden of disease and premature death.

Montgomery County’s local public health system should continue to build a robust infrastructure to eliminate health disparities and promote health equity. The Dayton Council on Health Equity is uniquely positioned to guide the development and implementation of a community-based plan to eliminate health disparities. Preventable chronic diseases should be the overarching focus of this plan with more detailed concentration on BMI reduction and the prevention of unintentional pregnancies, specifically teenage pregnancies.

Improved Access to Care for Vulnerable Populations

Although access to care is not as significant a contributor to the overall health status of the population as personal behaviors/lifestyle choices, linking individuals with a physician is integral to early disease detection, treatment, and optimal health. Unfortunately, nearly 67,000 Montgomery County residents do not have health insurance. The majority of these individuals are adults between the ages of 18 and 62.

Montgomery County’s local public health system should develop a master plan for health care access. Focus areas should include more primary care at existing community health centers and expanded primary care at new locations. Focus areas should also include expanded health services such as dental, behavioral, and specialty care. However, hospital uncompensated costs, Public Health costs, and the impact of health care reform need to be considered.
Calls to Action

Based on the population health data presented in this assessment, the documented disparities in health status among racial groups, and the resultant priorities for our local public health system, Public Health – Dayton & Montgomery County offers the following crucial calls to action. Additional calls to action are provided within the various sections of this document.

1. We challenge Montgomery County adults to serve daily as role models for healthy lifestyles. Serving as a role model is a duty incumbent on all adults, but particularly on individuals in positions of leadership.

2. We challenge all individuals to adopt a healthy diet; exercise more; avoid tobacco, alcohol, drugs, and unsafe sexual practices; and serve as mentors to help the next generation do the same. We must make significant improvements in our collective behaviors and lifestyle choices, because they are directly related to our health outcomes.

3. We urge all individuals to establish a relationship with a primary care provider. We believe this linkage is essential to early disease detection and treatment.

4. Local public health system partners must continue to promote health equity to eliminate disparities in health outcomes.

5. Local public health system partners need to explore policy, systems, and environmental changes to promote health in order to prevent chronic disease development.
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Data sources for this assessment include the following:

- 2009 Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC)
- Ohio Youth Risk Behavioral Surveillance System (YRBSS), Ohio Department of Health, 2007
- Montgomery County BRFSS, 2007-2008
- Greater Dayton Area Hospital Association (GDAHA) Hospital Discharge Data, 2008
- Vital Statistics Data (Birth and Death Records), Ohio Department of Health and the National Center for Health Statistics
- American Community Survey, U.S. Census Bureau, 2006-2008
- 2008 PRC Child Health Assessment, Children’s Medical Center Service Area, Dayton Children’s Hospital (Service area includes Allen, Auglaize, Clark, Greene, Miami, Montgomery, Shelby Counties, and the northern most portions of Warren and Butler Counties.)
- National Survey on Children’s Health, Centers for Disease Control and Prevention, 2007
- Pediatric Nutrition Surveillance (PedNSS), Ohio Department of Health, 2009
- U.S. Bureau of Labor Statistics
- Data Warehouse, Ohio Department of Health
- Substate Estimates from the 2006-2008 National Surveys on Drug Use and Health, Substance Abuse and Mental Health Services Administration, 2010
- Substate Estimates from the 2004-2006 National Surveys on Drug Use and Health, Substance Abuse and Mental Health Services Administration, 2008
- 2009 National Surveys on Drug Use and Health: Volume I. Summary of National Findings, Substance Abuse and Mental Health Services Administration, 2010
- Public Health – Dayton & Montgomery County’s Sexually Transmitted Disease (STD) clinic, Immunization clinic, and Regional Air Pollution Control (RAPCA) Agency
- State Cancer Profiles, National Cancer Institute, 2003-2007
- Ohio Family Health Survey, Ohio Department of Job and Family Services, 2008
- Ohio Oral Health Surveillance System, Ohio Department of Health, 2009
- PubMed
Introduction

Public Health – Dayton & Montgomery County (PHDMC) has conducted a Community Health Assessment to identify trends in population health status, identify disparities in demographic indicators, and establish data-driven public health priorities. This assessment enables PHDMC and our local public health system partners to better understand population health status within Montgomery County and to subsequently develop actionable plans to meet community needs. Additionally, this assessment fulfills the statute of the Ohio Revised Code and the Ohio Department of Health’s Local Health District Improvement Standards requiring local health departments to monitor community health status.

If we keep on doing only those things which we have done for years, we can certainly expect to keep getting the same results. With that in mind PHDMC has bolstered our collaborative efforts to work with community partners to change the lifestyles and health culture of our community. We are moving toward this goal through many channels. With the help of the Human Services Levy, PHDMC is taking a leadership role in getting all parts of our county to clearly recognize how serious the problems of obesity and poor lifestyle choices are to the future of our community and especially our children. Partnerships with multiple community agencies make it possible to achieve healthy community objectives and fulfill our vision. A partial list of these partners includes:

- American Red Cross, Dayton Area Chapter
- Area Agency on Aging
- Boonshoft Museum of Discovery
- CareSource
- Community Health Centers of Greater Dayton
- Dayton Council on Health Equity
- Dayton Public Schools
- Family and Children First Council
- Five Rivers MetroParks
- Greater Dayton Area Hospital Association
- Kettering Health Network
- Montgomery County Board of Developmental Disabilities Services
- Montgomery County Department of Job and Family Services
- Ohio Action for Healthy Kids – Zone 9
- Ohio Department of Health
- Premier Health Partners
- The Children’s Medical Center of Dayton
- University of Dayton
- Wright State University
- YMCA of Greater Dayton

How to Use This Report

This report to the community includes data from multiple sources in many different formats and accounts for different time periods. The data was collected, analyzed, and formatted in a way that is usable for stakeholders, decision makers, researchers, and the general public.

Data elements were chosen based on ease of availability as well as comparability to state and national rates. The data is a compilation of already existing secondary data that is publicly available. The assessment is categorized into six sections and concludes with a summary of the public health priorities. The six sections include Montgomery County overall health status, demographics, behavioral health risks, health outcomes, physical environment, and socioeconomics. Each section has several sub-sections and reports on adult health, child health, disease status by income, disease status by race, or disease status by gender.

Each section contains an Across the Nation chart comparing Montgomery County with Ohio and the United States. This allows us to see if we are doing better or worse than the state and the nation. A Public Health Importance section is included to describe the population impact of each disease or health behavior. We have also incorporated a Call to Action section with simple steps that will help every individual lead a healthier lifestyle.
A majority of the data in this report comes from the Behavioral Risk Factor Surveillance System (BRFSS), other self reported survey data (Ohio Family Health Survey and the Child Health Assessment) and birth and death records. The BRFSS is a state-based system of health surveys among adults 18 years and older that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. All BRFSS data is weighted by age, race, and gender and comes from a representative, nonbiased randomly chosen sample of non-institutionalized Montgomery County residents. Montgomery County residents 18 years and older with a land line telephone have equal opportunity of inclusion into the survey. Sampling allows results to be extrapolated to the county population. Due to the sample being weighted by age, race, and gender, smaller numbers of racial minorities and population age and gender differences can be accounted for and represented equally. Two years of data (2007 and 2008) were combined to assure an increased number of survey respondents and more robust statistical information.

Though sample data, the BRFSS is the gold standard of capturing disease prevalence across the nation and is the basis of PHDMC’s ability to assess the health of the county. As such, limitations to this data, inherent in all self reported data, include potential exaggeration of favorable health behaviors and activities as well as under reporting behaviors that might appear to have a negative social impact. Individuals without a land line telephone did not meet the inclusion criteria of the sampling methodology. Birth and death data as well as hospital discharge data are considered to be 100% of those populations, and as such, they are non-sampled, non-surveyed, and do not need to be weighted.

It should be noted that BRFSS data in the Across the Nation section was taken from the most recent published figures from CDC, typically 2009. Slight variations will exist from this data and our pooled 2007-2008 Montgomery County BRFSS data reported in the graphs. The pooled data has twice the amount of respondents and is therefore a more precise reflection of the community.

The report concludes with several appendices of maps so the reader can see which communities, either at the zip code level or census tract level, have the highest prevalence of risk factors or disease. Most vital statistics data is mapped at the census tract level. All BRFSS data is mapped at the zip code level. However, only zip codes with 50 or more survey respondents were included in the maps. The BRFSS data was then weighted to overcome the problem of having more survey respondents in some zip codes versus others. Because the data is weighted, disease burdens on the community level are a true reflection of disease in that community and not a reflection of particular communities having more survey respondents. Further information about BRFSS sample design and weighting can be found at http://www.cdc.gov/brfss/technical_infodata/surveydata/2009.htm. In addition readers can find the questions that are part of the BRFSS survey. On many occasions we have collapsed multiple response categories into a binary response (either Y or N) to give more statistical power to detect any significant differences between subgroups.

Formal statistics were not applied to every subpopulation and disease. Therefore statistical significance cannot be assumed. When something is statistically significant, it is stated as such. An absence of this statement does not mean something was found to be non-significant. It may mean that formal statistics were not performed.

Where more in-depth statistical analysis is needed, the reader is encouraged to visit http://www.phdmc.org/resources/healthdata for the 2007-2008 Montgomery County BRFSS statistical report. The report is a corollary to this report and also combines the same 2 years of Montgomery County BRFSS data (2007 and 2008). With a larger number of survey respondents, we are afforded the opportunity to perform subpopulation analyses by race, age, gender, and income that are not published by CDC.
Key Terms

Due to the technical nature of the data, a primer of key terms is provided to help the reader understand and use the report.

**Acute Myocardial Infarction (AMI)**
Heart attack

**Adjusting**
Adjusting data is a function of controlling for the effect another variable has on the outcome of interest. It allows for any differences in other variables to be eliminated in order that an outcome of interest can be assessed independently of the other variables. Adjusting and controlling are used synonymously. One type of adjusting is age adjusting. Unadjusted data is referred to as raw or crude data and does not take into account the impact that external factors might have on the disease or outcome of interest.

**Age Adjustment**
Age adjustment enables population groups (such as race or individuals in different geographies) with dissimilar age distributions (e.g., high percentage of elderly individuals who might have more cardiovascular disease because of their age) to be compared to each other by artificially allowing them to have identical age structures. Age adjustment to the same standard population allows meaningful comparisons of vital rates over time and between geographic areas and population groups.

**Attributable Risk**
The attributable risk measures the amount of absolute risk (incidence) that can be attributed to a particular factor (i.e. smoking or teenage pregnancy). It is the potential benefit to be expected if the exposure (such as smoking or obesity) were reduced in a population.

**Behavioral Risk Factor Surveillance System (BRFSS)**
Annual health habit and behavior telephone survey of adults 18 and older

**Binge Drinking**
Binge drinking (as defined by National Surveys on Drug Use and Health): drinking 5 or more drinks on the same occasion
Binge drinking (as defined by BRFSS): drinking 5 or more drinks for men or 4 or more drinks for women on the same occasion

**Body Mass Index (BMI)**
BMI is the most common measure of body fat and is based on height and weight. In adults it is calculated by dividing weight in pounds by height in inches squared and multiplying by a conversion factor of 703. A BMI of 25-29.9 is overweight. A BMI of 30 or greater is obese. Normal weight is having a BMI of 18.5-24.9. For children 2-19 years of age, height and weight measurements are plotted against a gender and age specific growth chart (BMI-for-age). Underweight for children is less than the 5th percentile; Overweight for children (previously referred to as At Risk of Overweight) is between the 85th but less than the 95th percentile; Obesity for children (previously referred to as Overweight) is greater than or equal to the 95th percentile.

**Census Tract (CT)**
Census tracts are subareas of a county or city containing an average of 4,000 people that have statistically comparable population characteristics, economic status, and living conditions. Multiple CTs can comprise a single zip code area. However, unlike zip codes, CTs do not cross county boundaries.

**ED**
Emergency Department
Hispanic/Latino Ethnicity
Hispanic or Latino ethnicity denotes individuals whose culture and/or country of origin was formerly ruled by Spain, usually with a majority of the population speaking the Spanish language and generally confined to most countries of Central and South America. This classification is a description of persons separate from their categorization by race. Therefore a Hispanic or Latino can be of any race.

HIV infection vs. AIDS diagnosis
Human immunodeficiency virus (HIV) is the virus that causes acquired immune deficiency syndrome (AIDS). Having HIV does not always mean that a person has AIDS, but every person with AIDS has HIV. People with HIV are said to have AIDS when they develop certain infections or cancers or when their CD4+ T-lymphocyte count is less than 200.

Incidence
Incidence is the measure of new cases of disease in a given time period.

Low Birth Weight (LBW)
Low Birth Weight is defined as a baby weighing less than 2,500 grams or under 5 pounds and 8 ounces at birth.

Major Depressive Episode (MDE)
MDE is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

Morbidity
Morbidity is the term used to refer to illness. It is often used in describing types of disease rates, e.g. morbidity rates (rates of illness).

Mortality
Mortality is the term used to refer to death. It is often used in describing deaths by types of disease (death rates).

Mortality Rate
Mortality (Death) Rate is a measure of the number of deaths in a population, scaled to the size of that population, per unit time. Mortality rate is typically expressed in units of deaths per 100,000 individuals per year. A mortality rate of 243 per 100,000 would mean that for every 100,000 individuals in a specific population there were 243 deaths during the specified time period.

Odds
An odds is the ratio of the probability that an event (in this case, disease) occurs verses the probability that the event does not occur. An odds ratio is the odds of disease among individuals who are exposed to a factor divided by the odds of disease among individuals who are not exposed to that same factor. An odds ratio can be adjusted (by modeling other variables that also influence disease such as age, gender, income, race, etc) or unadjusted. An unadjusted odds ratio is referred to as a crude odds ratio and does not take into consideration any influence an outside variable might have on the disease of interest.

PM$_{2.5}$
Particulate matter (PM) is a complex mixture of extremely small particles (2.5 micrometers in diameter and smaller) and liquid droplets in ambient air. Particle pollution is made up of a number of components, including acids (such as nitrates and sulfates), organic chemicals, metals, and soil or dust particles.

PM$_{2.5}$ 24-hour NAAQS
The National Ambient Air Quality Standard for PM2.5 is designed to protect the public from the health effects associated with short-term exposure (24-hour averaging period) to fine particle pollution in the air.
Percentages
Percentages are a proportion in relation to a whole (which is usually the amount per hundred). For example, 18% of Montgomery County residents smoke, which means 18 people out of every 100 people in Montgomery County smoke. A percent increase (or percent decrease) is a calculation of the difference between two numbers to find the total increase (or decrease) divided by the original figure.

Prevalence
Prevalence is a measure of all cases of disease (new and previously existing) in a given time period.

Prostate Specific Antigen (PSA)
PSA is a protein produced by cells of the prostate gland. The PSA test measures the level of PSA in the blood.

Race
Race, as defined by the United States Census Bureau, is self-reported data in which residents choose the race or races with which they most closely identify.

Rate
Rate is the incidence or occurrence of a certain disease within a population in a given time period; rates are expressed as a ratio, often as the number of cases of a disease per 100,000 population in a given area.

Sample and Survey Data
It is impractical both logistically and financially to collect 100% population data on every resident of Montgomery County. Statisticians therefore rely on survey data, a sample of a subset of the population selected randomly or systematically. Upon mathematical analysis of the sample, generalizations about the entire population can be derived. In essence, sampling allows inferences about the larger population to be made based on the smaller sample. Survey data implies a sample was collected.

Serious Psychological Distress (SPD)
SPD is defined as having a score of 13 or higher on the K6 scale, a 6 question screening tool for serious mental illness.

Statistically Significant
In statistics, a result is called statistically significant or significant if it is unlikely to have occurred by chance alone.

Weighting
Data weighting is a function of sample size and the probability of being selected to be a survey participant. BRFSS data is weighted because it is sample data. Weighting allows the ability to overcome smaller numbers of racial minorities and population age and gender differences. All BRFSS data described in this report is weighted.

Moving Forward...
From this point, the document is divided into the following sections:

- Overall Health
- Demographics
- Behavioral Health Risks
- Health Outcomes
- Physical Environment
- Socioeconomics

The report concludes with Public Health Priorities and the Appendices.
The World Health Organization defines health as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. From a population-level standpoint, major determinants of health status include access to health care, environmental exposures, genetic predispositions, social circumstances, and personal behavior. The proportional contribution of these determinants to premature death is frequently used as a key measure of health status. Figure 1 depicts the major determinants of health and their contribution to premature death nationally.

Key survey findings as self reported:

- 18% of Montgomery County residents are in fair or poor health.
- Almost half of all people living on an annual household income of less than $15,000 a year have fair or poor health.
- As income increases, fair or poor health significantly decreases.
- The proportion of those in the lowest income level with fair or poor health (47%) is more than 600% higher than those in the highest income level with fair or poor health (7%).
**Overall Health Status Among Children Under 15 Years of Age, Montgomery County and Surrounding Region, 2008**

Source - 2008 PRC Child Health Assessment, Children’s Medical Center Service Area, Dayton Children’s Hospital

**Key survey findings as reported by the parent:**

- 4% of children have fair or poor health.
- 12% experienced only 1 day of poor physical health in the past month.
- 32% of children experienced 2 or more days of poor physical health in the past month.

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**Across the Nation**

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<th>Montgomery</th>
<th>Ohio</th>
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<tbody>
<tr>
<td>Percent fair or poor health status (adults 18 and older) a</td>
<td>18.5%</td>
<td>15.9%</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

*a 2009 BRFSS, Centers for Disease Control and Prevention*
Overall Health

Mental Health Status

Figure 4: Source - Montgomery County BRFSS, 2007-2008
Mental health: includes stress, depression, and problems with emotions

---

**Key survey findings as self reported:**

- Montgomery County adults experience approximately 4 unhealthy mental health days a month.
- The average number of unhealthy mental health days experienced by 18 - 24 year olds (8 days) is almost 3 times greater than the average number reported by those 65 and older (3 days).
- The average number of unhealthy mental health days declines systematically with age and is lowest for those 65 and older.

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**Average Number of Unhealthy Mental Health Days in Past Month by Age Among Adults**

Montgomery County, 2007-2008

Data is weighted by age, race, and gender.

*18 and older

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**Child Mental Health Status Among Children Under 15 Years of Age**

Montgomery County and Surrounding Region, 2008

Source - 2008 PRC Child Health Assessment, Children’s Medical Center Service Area, Dayton Children’s Hospital

**Key survey findings as reported by the parent:**

- 97% of children experience good mental health most of the time.
- 20% of children worry a lot.
- 3% of children felt sad, depressed, or hopeless 2 or more weeks in the past year to the point of altering their usual habits and activities.
- 18% of children have sleeping difficulties.

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**Prevalence of Extremely Poor Psychological Health Among Adults (18 and older)**

Montgomery County, 2004-2006

Source - Substate Estimates from the 2004-2006 National Surveys on Drug Use and Health, Substance Abuse and Mental Health Services Administration, 2008

**Key survey findings as self reported:**

- 13% of Montgomery County adults experience Serious Psychological Distress annually.
- 9% of Montgomery County adults have at least 1 Major Depressive Episode lasting at least 2 weeks out of the year.
Mental Health Status

Overall Health

Key survey findings as self reported:
- Blacks experience more unhealthy mental health days a month compared to Whites (5 days vs. 4 days).

PUBLIC HEALTH IMPORTANCE:

Mental health is inextricably linked to physical health. Mental health alone can affect quality of life, work productivity, and social interactions as well as disease status, treatment, and outcomes. (Surgeon General’s Report on Mental Health, 1999). People who maintain positive mental health are more likely to succeed in life, less likely to show signs of aging and frailty, and more likely to increase their chances of living stronger, healthier lives compared with those that have a negative mental health outlook.

Key survey findings as self reported:
- Income is inversely proportional to experiencing unhealthy mental health; as income increases, mental health challenges decrease.
- The average number of unhealthy mental health days experienced by those in the lowest income category (8 days) is more than twice as great as the average number experienced by those in the highest income category (4 days).

Average Number of Unhealthy Mental Health Days by Race Among Adults*
Montgomery County, 2007-2008

Data is weighted by age, race, and gender. *18 and older

Average Number of Unhealthy Mental Health Days by Annual Household Income Among Adults*
Montgomery County, 2007-2008

Data is weighted by age, race, and gender. *18 and older

Across the Nation

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<th>Ohio b</th>
<th>United States</th>
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</thead>
<tbody>
<tr>
<td>Average number of poor mental health days a month (adults 18 and older)</td>
<td>4.1</td>
<td>3.8</td>
<td>N.A.</td>
</tr>
</tbody>
</table>

*Montgomery County BRFSS, 2007-2008
bOhio BRFSS, 2008-2009
Key survey findings as self reported:

- Children under 18 years (127,300 people) comprise nearly 25% of the total population.

- The number of females outnumber the number of males (278,800 vs. 259,000).

- The population starts declining at around 55 years of age, a function of both the death rate and the cohort’s low birth rate.

- As the population ages, the proportion of women outnumber the proportion of men by a greater extent.

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Key survey findings as self-reported:

- Montgomery County has a population that is 75% White, 20% Black, 1.5% Asian, and 2% Hispanic.
Key survey findings as self reported:

- As the population ages, the White proportion of the population increases while the Black proportion decreases.
- The proportion of Blacks in the oldest age group (16%) is 39% less than the proportion of Blacks in the youngest age group (25%).
- The proportion of Whites in the oldest age group (83%) is 21% greater than the proportion of Whites in the youngest age group (68%).

Public Health Importance:

Knowing the size and composition of a population is necessary for investigating the relationship between social, economic, political, biologic, genetic, and geographic variables and their interrelationships and impact on the public’s health. Moreover, a population’s age composition helps assess trends of population growth or decline.
Physical Activity of Children 6-14 Years of Age, Montgomery County and Surrounding Region, 2008
Source - PRC Child Health Assessment, Children's Medical Center Service Area, Dayton Children’s Hospital

**Key survey findings as reported by the parent:**
- 73% of children participate in at least 1 organized sports activity at school (school or community sports team).
- 71% of children engage in vigorous physical activity 3 or more times a week.
- 34% of children engage in moderate physical activity 5 or more times a week.
- 27% of children spend 3 or more hours watching TV on a typical weekday.
- 9% of children spend 3 or more hours playing computer games/using computer on a typical weekday.

---

**Public Health Importance:**

Regular physical activity helps control weight, reduces the risk of heart disease, type 2 diabetes, colon cancer, strengthens bones and muscles, improves mental health, and increases the number of years of healthy life. There is 5 times greater mortality for men and 3 times greater mortality for women with low levels of physical activity compared to individuals who exercise more frequently (Surgeon General’s Report on Physical Activity, 1996).
Key survey findings as self reported:

- Income is significantly associated with physical activity only in the lowest income category. Those in the lowest income category exercise significantly less compared to those in the highest income category.
- Those most likely to meet the physical activity recommendation have an annual household income of $25,000 or more.

**Call to Action:**

Being physically active every day is important for health and is easy to incorporate into busy schedules. Being active is not just about going to the gym. It is also walking on lunch break, playing with kids, yard work, or walking the dog. Adults should get at least 30 minutes of physical activity every day. The important thing is finding an activity that is enjoyable. This increases the likelihood of sticking with it. For individuals who do not exercise, they should start out slowly and work up from there.

Key survey findings as self reported:

- While there is a larger proportion of Blacks (52%) than Whites (46%) who meet the physical activity recommendation, the difference is not statistically different.
Key survey findings as self reported:

- Only 22% of Montgomery County adults meet the daily recommended 5 servings of fruits and vegetables.
- Proportionally more women (26%) meet the recommended servings of fruits and vegetables than men (16%), a statistically significant finding.
- There is no significant difference between consumption of fruits and vegetables between Blacks (22%) and Whites (21%; data not shown).

Children Under 15 Years of Age and Nutrition, Montgomery County and Surrounding Region, 2008

Source - 2008 PRC Child Health Assessment, Children’s Medical Center Service Area, Dayton Children’s Hospital; Montgomery County Vital Records, 2008

Key survey findings as reported by the parent:

- Almost 70% of Montgomery County mothers initiate breastfeeding with their newborns.
- Approximately 28% of children eat an average of 5+ servings of fruits and vegetables a day.
- The largest group of children who eat 5+ servings of fruits and vegetables a day live under the 200% poverty level.
- Just under 66% of children eat fast food 1-3 times per week.
- Almost 40% of children have 7+ servings of 100% fruit juice per week.
- 44% of children never eat green salad on a weekly basis.

PUBLIC HEALTH IMPORTANCE:

Fruits and vegetables are important components of a healthy diet. They possess essential vitamins and minerals as well as anticarcinogenic properties that influence cellular damage and repair (Dietary Guidelines for Americans, 2005). Five to 12% of all cancers can be attributed to low fruit and vegetable intake that may otherwise be preventable. Their sufficient daily consumption helps prevent not only cancer but also cardiovascular disease and type 2 diabetes. Additionally eating 5 servings of fruits and vegetables a day greatly improves the health of individuals who have already developed disease.
Key survey findings as self reported:

- Approximately 46% of young adults ages 18-24 meet the daily recommended servings of fruits and vegetables. This is nearly double all other age groups.

- Those consuming the least amount of fruits and vegetables are the 25-34 year olds.

- Among those older than 24 years, there appears to be no real age difference in consuming fruits and vegetables 1-2 times a day or 3-4 times a day.

Call to Action:

A healthy diet begins first with being conscious about what an individual is consuming. Serving a fresh fruit or vegetable at every meal helps assure eating at least 5 fruits and vegetables a day. Reducing consumption of fast foods, sweets, or processed foods and replacing them with fresh fruits and vegetables are small steps that can have a lasting impact.
Behavioral Health Risks  Weight

Figure 15: Source - Montgomery County BRFSS, 2007-2008
BMI is a calculation of body fat. Overweight individuals have a BMI ≥25 and <29.9. Obese individuals have a BMI ≥30.

Percent Overweight or Obese Adults* by Gender  Montgomery County, 2007-2008

<table>
<thead>
<tr>
<th>Gender</th>
<th>Overweight</th>
<th>Obese</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>37.8</td>
<td>46.0</td>
<td>37.5</td>
</tr>
<tr>
<td>Male</td>
<td>30.2</td>
<td>30.0</td>
<td>24.0</td>
</tr>
<tr>
<td>Female</td>
<td>46.0</td>
<td>32.1</td>
<td>30.4</td>
</tr>
</tbody>
</table>

Data is weighted by age, race, and gender. *18 and older

Key survey findings as self reported:

- Almost 38% of Montgomery County adults are overweight, and another 30% are obese; approximately 7 out of 10 adults are overweight or obese.
- Proportionally more men (76%) than women (63%) are overweight or obese, a statistically significant difference.
- Only 32% (or 1 in 3) of Montgomery County adults are considered to have a normal body weight.

Weight Characteristics of Children in Montgomery County


Key survey findings as self reported or reported by the parent:

- 24% of children ages 2-14 are obese (≥ 95th BMI-for-age percentile).*
- 16% of children ages 12-17 are obese (≥ 95th BMI-for-age percentile).
- 25% of Montgomery County 3rd graders are obese, and 17% are overweight.**
- Of the children <5 years that participate in the WIC program, 5% are considered underweight, and 11% are considered obese.

*The new naming system of obesity in children references the 24% as obese, as it is a measure of the 95% percentile.

**The new naming system of obesity in children references the 25% of 3rd graders as obese and the 17% as overweight.

Please see the definition section for a more detailed description of the BMI name changes.

PUBLIC HEALTH IMPORTANCE:

Poor diet and sedentary lifestyle, the major factors that cause overweight and obesity, contribute to approximately 400,000 of the 2 million annual deaths in the United States (Dietary Guidelines for Americans, 2005). Additionally being overweight or obese increases the risk of heart disease, diabetes, cancer, high blood pressure, high total cholesterol, stroke, liver disease, sleep apnea, respiratory problems, and osteoarthritis.

Figure 15: Source - Montgomery County BRFSS, 2007-2008

Poor diet and sedentary lifestyle, the major factors that cause overweight and obesity, contribute to approximately 400,000 of the 2 million annual deaths in the United States (Dietary Guidelines for Americans, 2005). Additionally being overweight or obese increases the risk of heart disease, diabetes, cancer, high blood pressure, high total cholesterol, stroke, liver disease, sleep apnea, respiratory problems, and osteoarthritis.
**Key Survey Findings as self reported:**

- The proportion of overweight or obese Blacks (78%) is 20% greater than the proportion of overweight or obese Whites (67%).
- When looking at overweight (not obesity), there are no statistical race differences between Blacks and Whites.
- When looking at obesity (not overweight), statistically more Blacks are obese compared to Whites.
- Race, therefore, is only statistically associated with obesity and not overweight.

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**Across the Nation**

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<tbody>
<tr>
<td>Percent overweight (adults 18 and older) (^a)</td>
<td>37.8%</td>
<td>37.0%</td>
<td>36.2%</td>
</tr>
<tr>
<td>Percent obese (adults 18 and older) (^a)</td>
<td>30.2%</td>
<td>29.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Percent children &lt;5 on WIC who are obese (^b)</td>
<td>10.7%</td>
<td>12.7%</td>
<td>14.1%</td>
</tr>
</tbody>
</table>

\(^a\) 2009 BRFSS, Centers for Disease Control and Prevention  
\(^b\) Pediatric Nutrition Surveillance, Centers for Disease Control and Prevention, 2009

**Call to Action:**

Everybody can begin with small steps to reduce their caloric consumption. They should be aware of the number of servings and the size of servings they are eating. Walking instead of driving can help increase the amount of calories burned. Starting small and doing simple things can be incorporated into everybody’s lifestyle. When individuals start small, they are more likely to achieve success when done in a consistent manner.
Public Health Importance:

Substance abuse exacts a high toll on individuals, families, and the local community. Use of alcohol, tobacco, and other drugs is frequently linked to injuries, crime, and violence, and a variety of chronic and communicable diseases. Additionally, persons who use drugs as a way to cope are less resilient to external physical or mental stressors and are less healthy.

Key survey findings as self reported:

- Most substance abuse hospitalizations are among the 35-44 year olds.
- 57% of hospitalizations due to substance abuse are between the ages of 35-54.

Prevalence of Substance Abuse (12 and older)
Montgomery County

Source - Substate Estimates from the 2006-2008 National Surveys on Drug Use and Health, Substance Abuse and Mental Health Services Administration, 2010

Key survey findings as self reported:

- 9% of people 12 and older use illicit drugs monthly.
- 12%, 2%, and 6% use marijuana, cocaine, and pain relievers for non-medicinal purposes, respectively.
- 4% need to receive treatment for illicit drug abuse on an annual basis but do not do so.
Alcohol Use in Montgomery County and Ohio


Key survey findings as self reported:

- 52% of Montgomery County residents 12 and older use alcohol on a monthly basis.
- 20% of Ohio 9th-12th graders had their first drink of alcohol, other than a few sips, before the age of 13.
- Almost 1 in 3 (31%) of Montgomery County’s 12-20 year olds drink alcohol monthly.
- 1 in 5 (20%) of Montgomery County’s 12-20 year olds binge drink (5 or more drinks of alcohol in a row) on a monthly basis.
- Annually 8% of Montgomery County residents 12 and older need treatment for alcohol abuse but do not receive it.

CALL TO ACTION:

Substance abuse can affect people of all ages from every segment of the population. The best way to reduce substance abuse is to prevent it. Prevention that addresses interpersonal behavior, social skills, and healthy coping mechanisms should start as early as preschool. Individuals who rely on alcohol or drugs to help get them through the day should contact support groups such as Alcoholics Anonymous or Narcotics Anonymous. Emergency help is also available through Samaritan CrisisCare.
Behavioral Health Risks

Tobacco Use

Figure 18: Source - Montgomery County BRFSS, 2007-2008

Key survey findings as self reported:

- Approximately 18% (74,000 people) of Montgomery County adults are current smokers.
- A slightly larger proportion of men (16%) than women (13%) smoke daily.
- Women (60%) are more likely than men (44%) to have never smoked.

PUBLIC HEALTH IMPORTANCE:

No other personal behavior has been linked to more types of cancer than cigarette smoke. Moreover no other personal behavior has consistently demonstrated disease causation more than smoking. Smoking is the leading cause of preventable death in America. One out of every five people die from smoking related deaths (National Cancer Institute). Within 24 hours of quitting smoking, blood pressure and heart rate return to normal, and the risk of a heart attack starts to subside. After five years of being smoke free, the risk of lung cancer is reduced by 50%. At ten years, the cancer risk is the same as someone who has never smoked (smokefree.gov). By reducing the prevalence of smoking, the largest impact on improving health can be attained.

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<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
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</thead>
<tbody>
<tr>
<td>Percent who smoke every day (adults 18 and older)</td>
<td>15.6%</td>
<td>15.6%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Percent who smoke some days (adults 18 and older)</td>
<td>5.6%</td>
<td>4.7%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Percent who were former smokers (adults 18 and older)</td>
<td>26.4%</td>
<td>25.8%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Percent who never smoked (adults 18 and older)</td>
<td>52.5%</td>
<td>53.8%</td>
<td>55.3%</td>
</tr>
</tbody>
</table>

* 2009 BRFSS, Centers for Disease Control and Prevention
Tobacco Use

Behavioral Health Risks

Figure 19: Source - Montgomery County BRFSS, 2007-2008

Key survey findings as self reported:
- A slightly higher proportion (10%) of Blacks compared to Whites are current smokers (19% vs. 17%), a difference that is not statistically significant.
- The proportion of Whites who have quit (30%) is more than 18% greater than the proportion of Blacks who have quit (25%).
- The proportion of Blacks who have never smoked (56%) is more than 5% greater than the proportion of Whites who have never smoked (53%).

Adolescent and Adult Tobacco Use
Montgomery County
Source - Substate Estimates from the 2006-2008 National Surveys on Drug Use and Health, Substance Abuse and Mental Health Services Administration, 2010; 2008 PRC Child Health Assessment, Children’s Medical Center Service Area, Dayton Children’s Hospital

Key survey findings as self reported:
- 27% of persons 12 and older use cigarettes monthly.
- 31% of persons 12 and older use tobacco products (includes cigarettes, smokeless tobacco, cigars, or pipe tobacco) every month.
- 12% of children under 15 years live in a household where someone smokes in the home.

Tobacco Habits of Ohio Children 9th - 12th grade, 2007
Source - Ohio Youth Risk Behavioral Surveillance System, Ohio Department of Health, 2007

Key survey findings as self reported:
- 51% of Ohio’s high school students have ever tried cigarette smoking (even just 1 puff) at least once.
- 14% smoked a whole cigarette for the first time prior to age 13.
- Among current smokers, 15% smoke 10 or more cigarettes a day on the days they smoke.
- Among current smokers under 18 years, 19% purchase their own cigarettes.
- 10% use chewing tobacco, snuff, or dip.

CALL TO ACTION:
If an individual smokes, they should make the decision to stop. The Ohio Tobacco Quitline at 1-800-QUIT-NOW is a free telephone service that helps Ohioans quit smoking and using tobacco. Using some form of nicotine replacement (patch, gum or lozenge) increases quit rates by over 50%. It is important to set a quit date and review reasons for quitting.
Key survey findings as self reported:

- Approximately 43% of adults received a flu vaccine.
- Roughly equal portions of men (44%) and women (42%) have received a flu vaccine.

Data is weighted by age, race, and gender.

Public Health Importance:

Vaccines safeguard individuals from illnesses and death caused by infectious diseases by helping prepare their bodies to fight often serious and potentially life threatening diseases (CDC). Vaccination is the single most effective way to reduce infectious diseases. It is the only intervention that has ever eradicated a disease. Flu and pneumonia vaccinations are especially important among the elderly due to their waning immune systems. Vaccination among this fragile population not only helps prevent disease, but reduces severity and hospitalization if disease is acquired.

Call to Action:

All children under 3 years of age should receive their childhood vaccinations to prevent diseases. PHDMC offers free immunizations for children from birth to 18 years to those with Medicaid, those without insurance, or those who are under insured. Every year those aged 6 months and older should receive a flu vaccine. At age 65 all persons should receive a pneumonia vaccine. A pneumonia vaccine is also recommended for those 18 and older who smoke. Additionally medical providers should assess immunization records and vaccine compliance of their patients on an annual basis. Doing so will provide the opportunity to catch up those who have missed important vaccines and will help prevent the spread of disease.

Key survey findings as self reported:

- A 63% larger proportion of Whites (44%) than Blacks (27%) received a flu vaccine in the past year, a finding that is statistically significant.
Key findings:

- 73% of those 65 and older adults (or 3 out of 4) have received a pneumonia vaccine.
- Roughly equal proportions of men and women 65 years and older have received a pneumonia vaccine.

Child Immunizations: Estimated Childhood Vaccination Coverage† Among Children 19-35 Months of Age

Source - U.S. National Immunization Survey, Centers for Disease Control and Prevention, 2009; PHDMC Immunization Program, 2009

Key survey findings as reported by the parent or chart review:

- 70% of U.S. children are up to date on their vaccines.
- 74% of Ohio children are up to date on their vaccines.
- 85% of PHDMC clients* are up to date on their vaccines.

† 4 or more doses of DTaP, 3 or more doses of poliovirus, 1 or more doses of MMR, 3 or more doses of Hib, 3 or more doses of Hepatitis B, and 1 or more doses of Varicella. Because of Hib changes, this series is not comparable to previous years’ reports.

*PHDMC clients are those individuals who received their immunizations only through one of Public Health’s clinics.

Key survey findings as self reported:

- A greater percent of White older adults (74%) compared to Black older adults (59%) have received a pneumonia vaccine.
**Behavioral Health Risks**

**Preventive Cancer Screenings**

**Key findings:**

- More than 80% of age-appropriate individuals have received cancer-specific preventive screening testing within the recommended time frame.
- This is consistent across race, although a higher proportion of Blacks have met all the recommendations compared to Whites.
- Less than 8% of Black men and 8% of Black women have not had a PSA or Pap smear, respectively. However, 14% of White men and 19% of White women have not had a PSA or Pap smear, respectively, in the recommended time frames.

**Public Health Importance:**

Diseases that are detected through preventive screening tests are detected sooner, treated more promptly, and are often still in the initial stages of disease progression. As such, early detection increases successful treatment and remission rates thereby increasing longevity and quality of life. Early detection and treatment also reduce direct and indirect medical care costs. As cancer is a leading cause of mortality in America today, treatment alone is estimated to cost $72 billion (2004). Combined with the economic burden due to morbidity and premature mortality, the complete cancer burden is estimated to cost families and society $192.4 billion (2004). As the population ages, and as more people are diagnosed with preventable cancers, this figure will continue to increase (National Cancer Institute).

**Across the Nation**

<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of women 40 and older who received a mammogram in the past 2 years</td>
<td>79.1%</td>
<td>75.8%</td>
<td>76.0%</td>
</tr>
<tr>
<td>Percent of women 18 and older who received a Pap smear in the past 3 years</td>
<td>86.0%</td>
<td>82.7%</td>
<td>82.9%</td>
</tr>
<tr>
<td>Percent of men 40 and older who received a PSA in the past 2 years</td>
<td>63.6%</td>
<td>54.6%</td>
<td>54.8%</td>
</tr>
</tbody>
</table>

* 2008 BRFSS, Centers for Disease Control and Prevention

Technical note: The PSA analysis on the 2007-2008 Montgomery County specific BRFSS data assessed “How long has it been since you had your last PSA?” The chart above assesses PSA based on a combination of 3 variables. This is why the percentage of men having a PSA differs considerably in the graph above and in the Across the Nation chart.
Preventive Cancer Screenings

Key Findings:

- As income increases, the proportion of men and women seeking preventive screening exams increases.
- The proportion of men in the highest income category receiving a PSA within the recommended time frame (86%) is statistically greater than the proportion of men in the lowest income category (68%).
- The proportion of women in the highest income category receiving a mammogram within the recommended time frame (87%) is statistically greater than the proportion of women in the lowest income category receiving a mammogram within the same time period (57%).
- Preventive screening among those in the highest income category is similar across all tests performed.
- In the lowest income category, the proportion of men receiving a PSA (68%) compared to women receiving a mammogram (57%) is 20% greater.

Call to Action:

All women should get a Pap smear at least once every 3 years after becoming sexually active or by age 21. Women age 40 or older should have screening mammograms every 1 to 2 years. Recommendations for PSA screening vary. Individuals should talk with their physician about how often they should be tested (National Cancer Institute).

Figure 25: Source - Montgomery County BRFSS, 2007-2008

Mammogram: Women 40 and older who have had a mammogram within the past 2 years. Pap smear: Women 18 and older who have had a Pap smear within the past 3 years. Prostate Specific Antigen (PSA): Men 40 and older who have had a PSA within the past 2 years.

Percent Adults Who Have Met Recommended Preventive Screening Tests by Annual Household Income

Montgomery County, 2007-2008

Data is weighted by age, race, and gender.
Key findings:

- The teen birth rate for Blacks (46 per 1,000) is almost 3 times higher than the teen birth rate for Whites (18 per 1,000).
- The overall rate of teen births has decreased approximately 16% since 2000. It has decreased less for Black teens (11%) than for White teens (23%).

A map of teen mothers by census tract is located in Appendix 5.

Key findings:

- The percent of babies born with low birth weight has remained relatively constant over the last decade.
- The percent of low birth weight babies of Black women (14%) is more than twice as high as the percent of low birth weight babies of White women (7%).
- Teens 15-17 comprise approximately 12% of total LBW (data not shown).

A map of low birth weight by census tract is located in Appendix 6.
Health Outcomes

Key findings:

- While 79% of White women receive prenatal care in the first trimester, only 66% of Black women do so, a 20% difference.

CALL TO ACTION:

Both parents are responsible for a healthy pregnancy. Cigarette smoking is the largest known risk factor for low birth weight. Approximately 20% of all low birth weight could be avoided if women did not smoke during pregnancy (Future Child, 1995). Pregnant women should make a conscious effort to eat healthy foods including plenty of green leafy vegetables, get plenty of rest, avoid alcohol as well as secondhand smoke, and make a prenatal medical appointment early in pregnancy. Doing these things will help the new baby be healthy.
**Key findings:**

- For every 1,000 live births, 8 infants die by the time they reach their first birthday.
- In 2008, 57 infants under 1 year of age died in Montgomery County (data not shown).
- The infant mortality rate has remained relatively constant over the last 10 years.
- The Black infant mortality rate (14 per 1,000) is almost 3 times higher than the White infant mortality rate (6 per 1,000).

**Infant Mortality Rate by Race**

**Montgomery County, 2000-2008**

For every 1,000 live births, 8 infants die by the time they reach their first birthday. In 2008, 57 infants under 1 year of age died in Montgomery County (data not shown). The infant mortality rate has remained relatively constant over the last 10 years. The Black infant mortality rate (14 per 1,000) is almost 3 times higher than the White infant mortality rate (6 per 1,000).

**Across the Nation**

<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality rate (per 1,000 births)</td>
<td>8.0</td>
<td>7.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Child mortality rate: 1-4 year olds</td>
<td>14.4</td>
<td>30.4</td>
<td>28.6</td>
</tr>
<tr>
<td>Child mortality rate: 5-14 year olds</td>
<td>11.7</td>
<td>14.4</td>
<td>15.3</td>
</tr>
<tr>
<td>Death rate: All cause mortality</td>
<td>895.7</td>
<td>844.0</td>
<td>760.2</td>
</tr>
<tr>
<td>Death rate: Malignant neoplasms</td>
<td>199.0</td>
<td>195.9</td>
<td>178.4</td>
</tr>
<tr>
<td>Death rate: Disease of the heart</td>
<td>195.2</td>
<td>209.0</td>
<td>190.9</td>
</tr>
<tr>
<td>Death rate: Unintentional injuries</td>
<td>60.2</td>
<td>40.6</td>
<td>41.0</td>
</tr>
<tr>
<td>Death rate: Stroke</td>
<td>41.8</td>
<td>44.1</td>
<td>42.2</td>
</tr>
<tr>
<td>Death rate: Diabetes</td>
<td>34.0</td>
<td>28.6</td>
<td>22.5</td>
</tr>
</tbody>
</table>
Key findings:

- Cancer and heart disease are the top 2 causes of death in Montgomery County.
- Cancer and heart disease each account for more deaths than the next 4 causes of death combined.
- Accidents and unintentional injuries are the 3rd leading cause of death in Montgomery County and the 5th leading cause of death in Ohio (data not shown). In Montgomery County they are 50% higher compared to the state (data not shown).
- The most common cause of death due to unintentional injury is accidental poisoning (26 per 100,000) and falls (15 per 100,000; data not shown).
- Deaths due to diabetes are also higher in Montgomery County than the state (20% higher; data not shown).

Child Deaths (<18 years) in Montgomery County, 2005-2008


- At least 1 out of every 3 child deaths (33%) could have been prevented.
- 1 of every 5 child deaths (20%) was due to a preventable accident.
- 63% of child deaths in 1997-2008 were from natural causes.
- 65% of all child deaths are infants less than one year of age.
- 26% of deaths to children ages 15-17, and 12% of all deaths of children 1 year and older are the result of firearms.

Public Health Importance:

Each year 7 of 10 deaths in the United States are the result of chronic diseases (CDC). Knowing the cause of death in a population allows PHDMC to develop programs to educate and empower Montgomery County residents to change their personal habits that can prevent heart disease and cancer, the leading causes of death. It is widely established that cancer is associated with tobacco use, low fruit and vegetable consumption, high red meat and fat intake, and physical inactivity and obesity (World Cancer Research Fund/ American Institute for Cancer Research). Nearly 40% of deaths in America can be attributed to these factors, which are behaviors practiced by many people every day for much of their lives (CDC).
Health Outcomes  Diabetes

Figure 32: Source - Montgomery County BRFSS, 2007-2008

Key survey findings as self reported:

- 13% of Montgomery County adults have ever been diagnosed with diabetes.
- When looking at race alone, Blacks (20%) have a statistically higher prevalence of diabetes than Whites (12%). The odds of acquiring diabetes among Blacks is nearly 2 times that for Whites (data not shown).
- After adjusting for BMI, cholesterol, and blood pressure, the significant effect of race disappears (data not shown).

Public Health Importance:

Nearly 24 million people in the United States have diabetes (National Diabetes Association). Many people first become aware that they have diabetes when they develop one of its life-threatening complications. Undetected diabetes contributes to heart disease, stroke, high blood pressure, blindness, kidney disease, and tissue necrosis, and the subsequent need for amputation.

Figure 33: Source - Montgomery County BRFSS, 2007-2008

Key survey findings as self reported:

- There is no statistical difference in diabetes prevalence by gender, though the proportion of men (15%) with diabetes is 24% greater than the proportion of women (12%) with diabetes.
Diabetes Health Outcomes

Across the Nation

<table>
<thead>
<tr>
<th>Percent who report ever being diagnosed with diabetes (adults 18 and older)</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.4%</td>
<td>10.1%</td>
<td>8.3%</td>
<td></td>
</tr>
</tbody>
</table>

Key survey findings as self reported:

- Diabetes prevalence increases with age.
- Diabetes prevalence among those over 65 years (20%) is more than 10 times higher than those 18-24 years of age (2%).
- 20% or 1 in every 5 individuals over 65 years has diabetes.

Figure 34: Source - Montgomery County BRFSS, 2007-2008

Call to Action:

A healthy diet not only helps prevent diabetes but also helps control diabetes when disease has already occurred. Individuals should eat plenty of fiber and whole grains. They should incorporate at least 5 servings of fruits and vegetables a day, increase their level of physical activity to 30 minutes a day, and maintain a healthy weight. With these positive steps, individuals can stay healthier longer and reduce the risk of diabetes (American Diabetes Association).

Key survey findings as self reported:

- There is no clear relationship between annual household income and diabetes. When compared with the highest income category, those with an income of <$25,000 and $35,000-$50,000 have more diabetes, a statistically significant difference.
- There is no statistical difference in the prevalence of diabetes between those with an income of $25,000-$35,000 compared to those in the wealthiest category.
- After adjusting for BMI, cholesterol, and blood pressure, the significant effect of income disappears (data not shown).

Data is weighted by age, race, and gender.

* 2009 BRFSS, Centers for Disease Control and Prevention

A map of the percent of diabetes by zip code is located in Appendix 10.

Figure 35: Source - Montgomery County BRFSS, 2007-2008
Figure 36: Source - Montgomery County BRFSS, 2007-2008
Cardiovascular disease: having ever been diagnosed with a heart attack, angina, coronary heart disease, or stroke.

Key survey findings as self reported:
- The prevalence of men with cardiovascular disease (15%) is statistically greater than women with cardiovascular disease (9%).
- In contrast men and women have similar prevalences of stroke (3.9 vs. 3.5; data not shown).
- A statistically higher proportion of men (46%) than women (36%) report high blood pressure (data not shown).

Figure 37: Source - Montgomery County BRFSS, 2007-2008
Cardiovascular disease: having ever been diagnosed with a heart attack, angina, coronary heart disease, or stroke.

Key survey findings as self reported:
- 25% of those 65 or older have suffered cardiovascular disease.
- 13% of those over 65 years of age have had a heart attack, and 8% have suffered a stroke (data not shown).
- 3 of every 5 (60%) adults 65 or older have high blood pressure (data not shown).
Key survey findings as self reported:

- Cardiovascular disease is inversely related to income.
- There is 3 times more cardiovascular disease in the lowest income category (21%) compared to the highest (7%).
- When controlling for age, an annual household income of less than $25,000 is significantly associated with more cardiovascular disease (data not shown).

Call to Action:

The best way to prevent cardiovascular disease is to embrace a healthy lifestyle by eating a healthy diet, maintaining a healthy weight, exercising regularly, quitting smoking, and limiting alcohol use.
Key findings:

- Incidence of cancer is highest in the following sites: breast, lung and bronchus, prostate, and colon and rectum.
- Cancer mortality is highest for lung and bronchus, breast, colon, and pancreatic.

Public Health Importance:

The earlier the stage of cancer when detected, the greater the likelihood is for more successful treatment and better health outcomes. In Ohio, about 1 in 3 people will develop cancer in their lifetime, and as such, it is the second leading cause of death. However, the best treatment is prevention. Daily habits like smoking, poor diet, and little exercise increase the risk for cancer considerably. Each year, about 570,000 Americans die of cancer. Fully 1/3 of these deaths are linked to poor diet, physical inactivity, and excess body weight (American Cancer Society).
Table 2: Source - Data Warehouse, Ohio Department of Health, 2007

Cancer stage at diagnosis reflects the extent the tumor has spread from the site of origin. The stages in order of increased spread are in situ, local, regional, and distant. Late stage tumors are those that are diagnosed at the regional or distant stage and have a lower probability of survival.

<table>
<thead>
<tr>
<th>Percent of Cancer by Stage</th>
<th>Montgomery Late Stage</th>
<th>Montgomery Unstaged/Unknown</th>
<th>Ohio Late Stage</th>
<th>Ohio Unstaged/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast (female)</td>
<td>28.1%</td>
<td>2.0%</td>
<td>29.0%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Cervix</td>
<td>29.2%</td>
<td>4.2%</td>
<td>54.7%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Colon and Rectum</td>
<td>26.9%</td>
<td>7.0%</td>
<td>24.7%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Lung and Bronchus</td>
<td>33.8%</td>
<td>4.3%</td>
<td>31.3%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Melanoma of the Skin</td>
<td>2.2%</td>
<td>3.7%</td>
<td>3.2%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Oral Cavity and Pharynx</td>
<td>20.6%</td>
<td>2.9%</td>
<td>16.7%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Prostate</td>
<td>9.9%</td>
<td>10.5%</td>
<td>11.3%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Testis</td>
<td>27.8%</td>
<td>0.0%</td>
<td>30.8%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Key findings:

- In Montgomery County lung and bronchus cancers have the highest percent of late stage diagnoses followed by cervical, breast, and testicular cancer.
- Ohio and Montgomery County have similar percentages of late stage diagnoses for all cancer sites reported except cervical cancer.
- The proportion of late stage cervical cancer diagnosed in Montgomery County is 47% less than the state.

Across the Nation:

<table>
<thead>
<tr>
<th>Incidence Rate per 100,000</th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancer Sites a, b</td>
<td>199.0</td>
<td>195.9</td>
<td>178.4</td>
</tr>
<tr>
<td>Black a, b</td>
<td>239.4</td>
<td>240.2</td>
<td>215.5</td>
</tr>
<tr>
<td>White a, b</td>
<td>193.2</td>
<td>192.8</td>
<td>177.5</td>
</tr>
<tr>
<td>Childhood (&lt; 15) c</td>
<td>13.4</td>
<td>15.0</td>
<td>15.3</td>
</tr>
<tr>
<td>Breast (female) c</td>
<td>124.5</td>
<td>119.9</td>
<td>120.6</td>
</tr>
<tr>
<td>Colon and Rectum c</td>
<td>49.0</td>
<td>51.1</td>
<td>48.8</td>
</tr>
<tr>
<td>Lung and Bronchus c</td>
<td>80.2</td>
<td>74.9</td>
<td>68.0</td>
</tr>
<tr>
<td>Melanoma of the Skin c</td>
<td>17.4</td>
<td>18.3</td>
<td>18.3</td>
</tr>
<tr>
<td>Prostate c</td>
<td>152.2</td>
<td>145.5</td>
<td>153.5</td>
</tr>
</tbody>
</table>

a Data Warehouse, Ohio Department of Health, 2006-2008
b Deaths: Final Data for 2007, National Center for Health Statistics, 2010
c State Cancer Profiles, National Cancer Institute, 2003-2007

Call to Action:

Cancer prevention and reducing one’s risk for getting cancer is something each person can control: quitting smoking, getting to and staying at a healthy weight, being physically active on a regular basis (at least 30 minutes a day), and making healthy food choices (at least 5 servings of fruits and vegetables a day).
Key survey findings as self reported:

- Approximately 14% of Montgomery County adults have ever been diagnosed with asthma; 10% currently have asthma.
- Though the proportion of females (12%) with asthma is greater than males (9%) with asthma, this difference is not statistically significant.

Public Health Importance:
Asthma is a disease that affects the lungs and accounted for 3,447 deaths in 2007 in the United States (CDC). This is more than 9 people every day. In 2006 it accounted for 1.1 million hospital outpatient visits and 1.6 million emergency department visits (National Hospital Discharge Survey, 2006). In Montgomery County, the odds of cardiovascular disease is 3 times greater among those who have ever been diagnosed with asthma compared to those who have never been diagnosed with asthma (data not shown). The prevalence of asthma among Ohio’s children (0-17 years) is higher than all other states (National Survey of Children’s Health, 2007). Most asthma symptoms are preventable with appropriate medication, medical care, and self-management (CDC).
Key survey findings as reported by the parent:

- 16% of children have recurrent coughing, wheezing, or shortness of breath.
- 12% of children have been diagnosed with asthma.
- Non-White children have nearly twice as much asthma as compared to White children.
- 14% of children had to visit an urgent care in the past year for asthma.
- 10% of children were seen in the emergency department for asthma in the past year.
- 25% of children missed school in the past year due to asthma symptoms.

Call to Action:

Individually can control their own asthma by knowing the warning signs of an attack, staying away from things that trigger an attack, and following the advice of their doctor. Some of the most common asthma triggers are secondhand smoke, dust mites, outdoor air pollution, cockroach allergens, pets, and mold. Asthma is controlled, and attacks can be prevented by taking medicine exactly as prescribed by a doctor. Filling out an asthma action plan can also help family members know what to do if someone begins to experience symptoms (CDC).

Across the Nation

<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent who have been told they currently have asthma (adults 18 and older) a</td>
<td>12.1%</td>
<td>9.9%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Percent who have ever been told they have asthma (adults 18 and older) a</td>
<td>16.6%</td>
<td>15.0%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Percent 9-12 graders who have ever been told they have asthma b</td>
<td>N.A.</td>
<td>21.3%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Percent of children (0-17) who currently have asthma c</td>
<td>N.A.</td>
<td>12.3%</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

*a 2009 BRFSS, Centers for Disease Control and Prevention
*b 2007 YRBSS, Centers for Disease Control and Prevention
*c National Survey of Children’s Health, Centers for Disease Control and Prevention, 2007
Prevalence is the number of total cases during a given time period. Prevalent cases consist of new cases and those previously diagnosed anytime in the past. Incidence is the number of new cases in a given time period. A diagnosis of HIV includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later AIDS diagnosis, and concurrent diagnoses of HIV infection and AIDS. Prevalent HIV cases include those who have not died as of December 31, 2008.

**Figure 44:** Source - Ohio Department of Health HIV/AIDS Surveillance Program, 2009.

**Key Findings:**
- 55 new HIV cases were identified in Montgomery County in 2009; 1 was acquired during birth.
- 33 AIDS cases were diagnosed in 2009.
- The predominate mode of transmission for both HIV and AIDS was among men having sex with men. HIV among this group accounted for 57% of all HIV cases; progression to AIDS among this group accounted for 72% of all AIDS cases (data not shown).

Data reported through June 30, 2010.

**Figure 45 and 46:** Source - Ohio Department of Health HIV/AIDS Surveillance Program, 2008 and 2009

**Key Findings:**
- A total of 985 Montgomery County residents are living with HIV, and 518 are living with AIDS.
- Though the number of White males (398) with HIV outnumbers Black males (346) by 15%, Black women (151) with HIV outnumber White women (59) by 156%.
- Black men have the highest incidence of HIV (52 per 100,000) and AIDS (29 per 100,000).
- The incidence rate of men (15 per 100,000) with HIV is more than 2 times that of women (6 per 100,000).
- The rate of new HIV diagnoses among Blacks (38 per 100,000) is 12 times greater than the rate of new diagnoses among Whites (3 per 100,000; data not shown).
- 76% of new HIV cases and 64% of new AIDS cases are among Blacks (data not shown).
Prevalence is the number of total cases during a given time period. Prevalent cases consist of new cases and those previously diagnosed anytime in the past. Incidence is the number of new cases in a given time period. A diagnosis of HIV includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and later AIDS diagnosis, and concurrent diagnoses of HIV infection and AIDS. Prevalent HIV cases include those who have not died as of December 31, 2008.

Figure 47 and 48: Source - Ohio Department of Health HIV/AIDS Surveillance Program, 2008 and 2009

**Key findings:**

- The largest incidence of HIV and AIDS occurs in the 25-34 year old group (27 per 100,000).
- Though the number of HIV cases among the 15-24 year olds is lower (44 cases) than other age groups, the rate at which they acquire HIV (16 per 100,000) is 58% higher than the entire county (10 per 100,000).
- The 15-24 year old age group has 87% fewer HIV cases (44 cases) than the 45-54 year olds (345) but a similar incidence rate (16.3 per 100,000 vs. 16.4 per 100,000).

### Across the Nation

<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevalence</td>
<td>184.2</td>
<td>144.9</td>
<td>275.4</td>
</tr>
<tr>
<td>HIV Incidence</td>
<td>10.2</td>
<td>9.8</td>
<td>19.4*</td>
</tr>
<tr>
<td>AIDS Prevalence</td>
<td>96.3</td>
<td>68.1</td>
<td>152.5</td>
</tr>
<tr>
<td>AIDS Incidence</td>
<td>6.1</td>
<td>5.5</td>
<td>12.2</td>
</tr>
</tbody>
</table>

* HIV Surveillance, Ohio Department of Health

Data reported through June 30, 2010.

**Call to Action:**

Individuals should abstain from unsafe sexual practices and from using needles for illegal drug injection. Wearing a condom greatly reduces the risk of acquiring HIV and AIDS. Needles used for tattooing or drug injection should be either new or sterilized.
**Health Outcomes**  **SEXUALLY TRANSMITTED DISEASES**

Figure 49: Source - STD Surveillance. Ohio Department of Health, 2005-2009

---

**Sexually Transmitted Disease Incidence Rate*\(^a\)**

**Montgomery County, 2005-2009**

<table>
<thead>
<tr>
<th>Year</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>554.1</td>
<td>583.9</td>
<td>607.2</td>
</tr>
<tr>
<td>2006</td>
<td>316.3</td>
<td>287.0</td>
<td>300.3</td>
</tr>
<tr>
<td>2007</td>
<td>4.1</td>
<td>4.9</td>
<td>216.2</td>
</tr>
<tr>
<td>2008</td>
<td>6.2</td>
<td></td>
<td>197.3</td>
</tr>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td>6.7</td>
</tr>
</tbody>
</table>

---

**Syphilis Incidence Rate**

**Montgomery County, 2009**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>4.6</td>
</tr>
<tr>
<td>2006</td>
<td>3.7</td>
</tr>
<tr>
<td>2007</td>
<td>4.1</td>
</tr>
<tr>
<td>2008</td>
<td>4.9</td>
</tr>
<tr>
<td>2009</td>
<td>6.7</td>
</tr>
</tbody>
</table>

---

**Key Findings:**

- Though chlamydia rates have been steadily increasing, 2009 saw the lowest rates in 5 years, with a 14% reduction compared to 2005.
- Gonorrhea rates have also decreased and are at a 5 year low compared to 2005. There was a 38% reduction in 2009 compared to 2005.
- Syphilis rates in 2009 have increased by 46% compared to 2005 (7 per 100,000 vs. 5 per 100,000). This is the highest they have been in 5 years.

---

**PUBLIC HEALTH IMPORTANCE:**

Controlling sexually transmitted diseases is a public health tenet. Increased testing and accessibility to treatment and counseling increases awareness of current disease status, eliminates the current infection, and increases the likelihood of wiser choices in future sexual encounters.

---

**Across the Nation**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Montgomery County*</th>
<th>Ohio*</th>
<th>United States*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>480.7</td>
<td>422.2</td>
<td>409.2</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>197.3</td>
<td>140.1</td>
<td>99.1</td>
</tr>
<tr>
<td>Syphilis</td>
<td>6.7</td>
<td>6.9</td>
<td>14.7</td>
</tr>
</tbody>
</table>

* STD Surveillance, Ohio Department of Health, 2009
* Division of STD Prevention, Centers for Disease Control and Prevention, 2009

Incidence rate per 100,000
Sexually Transmitted Diseases

Key Findings:

- There is more than 2 times the rate of chlamydia (481 per 100,000) compared to gonorrhea (197 per 100,000) and 72 times more chlamydia compared to syphilis (7 per 100,000).
- The largest rates of chlamydia and gonorrhea are seen among the adolescent population ages 15-19 years. The largest rate of syphilis is seen among the young adult population ages 20-24 years.
- The rate of chlamydia among the 15-19 year olds (3020 per 100,000) is more than 6 times higher than the chlamydia rate for the entire county (481 per 100,000), and the rate of gonorrhea in this same age group (1058 per 100,000) is more than 5 times higher than the gonorrhea rate for the entire county (197 per 100,000).
- The rate of syphilis among the 20-24 year olds (25 per 100,000) is almost 4 times that of the county.

### Table 3: Source - Ohio Department of Health, STD Surveillance.

<table>
<thead>
<tr>
<th>AGE</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>rate</td>
<td>number</td>
</tr>
<tr>
<td>0-9</td>
<td>2</td>
<td>2.9</td>
<td>2</td>
</tr>
<tr>
<td>10-14</td>
<td>34</td>
<td>100.0</td>
<td>18</td>
</tr>
<tr>
<td>15-19</td>
<td>1119</td>
<td>3019.8</td>
<td>392</td>
</tr>
<tr>
<td>20-24</td>
<td>857</td>
<td>2331.3</td>
<td>317</td>
</tr>
<tr>
<td>25-29</td>
<td>320</td>
<td>1009.2</td>
<td>168</td>
</tr>
<tr>
<td>30-34</td>
<td>145</td>
<td>479.6</td>
<td>79</td>
</tr>
<tr>
<td>35-39</td>
<td>52</td>
<td>145.9</td>
<td>33</td>
</tr>
<tr>
<td>40-44</td>
<td>21</td>
<td>57.9</td>
<td>19</td>
</tr>
<tr>
<td>45-54</td>
<td>6</td>
<td>7.6</td>
<td>18</td>
</tr>
<tr>
<td>55-64</td>
<td>5</td>
<td>7.8</td>
<td>4</td>
</tr>
<tr>
<td>65+</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Not specified</td>
<td>9</td>
<td>(-)</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2570</td>
<td>480.7</td>
<td>1055</td>
</tr>
</tbody>
</table>

Data is reported through 11/13/2010 for the year 2009. Rate per 100,000. STD reporting is based on Montgomery County home residence.

### Table 4: Source - Ohio Department of Health, STD Surveillance.

<table>
<thead>
<tr>
<th>RACE</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>rate</td>
<td>number</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>1</td>
<td>56.0</td>
<td>2</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>3</td>
<td>33.1</td>
<td>1</td>
</tr>
<tr>
<td>Black/African American</td>
<td>1360</td>
<td>1208.0</td>
<td>677</td>
</tr>
<tr>
<td>White</td>
<td>423</td>
<td>102.9</td>
<td>110</td>
</tr>
<tr>
<td>Other</td>
<td>45</td>
<td>(-)</td>
<td>7</td>
</tr>
<tr>
<td>Not specified</td>
<td>738</td>
<td>(-)</td>
<td>258</td>
</tr>
<tr>
<td>ETHNICITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>16</td>
<td>155.1</td>
<td>2</td>
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<tr>
<td>Non-Hispanic</td>
<td>1307</td>
<td>249.3</td>
<td>598</td>
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<tr>
<td>Not specified</td>
<td>1247</td>
<td>(-)</td>
<td>455</td>
</tr>
<tr>
<td>TOTAL</td>
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<td>480.7</td>
<td>1055</td>
</tr>
</tbody>
</table>

Data is reported through 11/13/2010 for the year 2009. Rate per 100,000. Race is of any ethnicity. STD reporting is based on Montgomery County home residence.

### Table 5: Source - Ohio Department of Health, STD Surveillance.

<table>
<thead>
<tr>
<th>SEX</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>rate</td>
<td>number</td>
</tr>
<tr>
<td>Male</td>
<td>654</td>
<td>254.0</td>
<td>628</td>
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<tr>
<td>Female</td>
<td>1912</td>
<td>899.8</td>
<td>426</td>
</tr>
<tr>
<td>Not specified</td>
<td>4</td>
<td>(-)</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2570</td>
<td>480.7</td>
<td>1055</td>
</tr>
</tbody>
</table>

Data is reported through 11/13/2010 for the year 2009. Rate per 100,000. STD reporting is based on Montgomery County home residence.

Call to Action:

The best way to prevent STDs is to abstain from risky sexual activity. If individuals are sexually active, they can greatly reduce, but not entirely eliminate the risk of contracting an STD by consistently and properly using a condom. Anyone having unprotected sex should get tested for STDs frequently.
Key findings:

- The most commonly reported communicable disease is chronic Hepatitis C followed by influenza that resulted in hospitalization.
- 21% of all reportable diseases were due to influenza requiring hospitalization as a consequence of the 2009 H1N1 pandemic.
- Influenza and Hepatitis C together accounted for more than half of all reported illnesses.
- Gastrointestinal diarrheal illnesses (*Campylobacter*, *Salmonella*, *Giardia*, *Shigella*, *Cryptosporidium*, *Escherichia*, typhoid fever, *Vibrio*, and *Yersenia*) together accounted for 15% of reportable communicable diseases.

**Public Health Importance:**

The control of communicable diseases is a public health tenet. By preventing disease transmission through vaccinations, clean food and drinking water, and public education, PHDMC enables populations to achieve their optimal health. Healthy communities are more engaged and active contributors in their workforce, families, and environment.
Key findings:

- Communicable illnesses of children 18 and under accounted for 26% of all reportable diseases in the county (data not shown).
- Influenza related hospitalizations accounted for nearly 50% of communicable diseases reported to the health department.
- There was almost 6 times more communicable disease related to influenza compared to the next most commonly reported childhood illness.

Call to Action:

Hand washing is one of the most effective mechanisms to reduce communicable diseases. Hands should be washed thoroughly every time an individual sneezes or coughs, after using the bathroom, after petting animals, and before eating. Immunizations and a healthy diet also help fight against contagious diseases.
Key Findings:

- The monitoring site that most frequently exceeds the ozone standard is Eastwood Metro Park, Dayton.
- Over the past 10 years, the concentration of ground-level ozone has decreased, thus contributing to improved air quality at every site.

**PUBLIC HEALTH IMPORTANCE:**

Ground-level ozone and fine particulate pollution can be harmful to health. People who play or work outdoors are most at risk. Both pollutants are particularly harmful to children, the elderly, and people with heart or respiratory problems.

Ozone causes irritation to the eyes, skin, and lungs by drying mucous membranes, thus impairing breathing and causing damage to tissues and cells. Exposure for 6 to 7 hours, even at relatively low ozone concentrations, significantly reduces lung function in normal, healthy people during periods of moderate exercise.

Airborne particles smaller than 2.5 micrometers are the most damaging to health. These particles can accumulate in the respiratory system and aggravate existing health problems such as asthma. Other health effects from airborne particulate matter include premature mortality, decreased lung function, and increased hospital visits from those with cardiopulmonary disease.
Key Findings:
- 2005 had the highest concentration of PM$_{2.5}$.
- The concentration of PM$_{2.5}$ is decreasing at all of the sites, meaning that the air we breathe is cleaner.

**Call to Action:**

*When Air Pollution Advisories are issued, individuals with pre-existing health or breathing problems should stay indoors and avoid or reduce their outdoor activities. For ozone specific Air Pollution Advisories, all individuals can minimize the impact of air pollution by car pooling, not filling up their gas tanks, and avoiding mowing their lawns.*
Key findings:

- 18% of families live on less than $25,000 a year; most of these live under the poverty threshold.
- 21% of families live on more than $100,000 a year.

Key survey findings as self reported:

- Nearly 13% of Montgomery County adults could not see a doctor due to cost. Neither gender nor race is a significant factor that contributes to the inability to see a doctor due to cost (data not shown).

Public Health Importance:

A person’s economic well-being is inextricably linked to their health. Wealthier individuals have stronger buying power to pay for doctors’ visits, preventive tests, or needed prescriptions. Those with fewer resources generally forgo preventive care. Therefore disease is more likely to be detected late and is oftentimes more medically complicated and thus more expensive to treat.

Health Insurance Characteristics of Adults (18 and older) Montgomery County, 2008

Source - Ohio Family Health Survey, Ohio Department of Job and Family Services, 2008

Key survey findings as self reported:

- 62% of adults are in the workforce, whether full-time or part-time.
- 15% of adults are uninsured.
- 12% of adults have no usual source of medical care.
- 33% of uninsured adults have been uninsured for less than 12 months; 64% have been uninsured for 12 months or more.
- 13% of adults currently employed do not receive health insurance benefits through their work.
- 27% of adults with health insurance have no vision coverage.
- 19% of adults have no prescription drug coverage; 6% of insured adults have no prescription drug coverage.
- 19% of adults who needed to fill a prescription in the past year could not do so due to cost.
- Almost 1 in 4 adults (23%) is having a harder time getting medical care compared to 3 years ago.
- 27% of adults struggle in paying their medical bills.
Key survey findings as self reported:

- The largest percentage of individuals who found it cost prohibitive to see a doctor belonged to the 25-34 year old group.
- The proportion who could not see a doctor in this age group was almost 2 times more than the total population who could not afford to see a doctor and 5 times more than the proportion of those 65 years and older who found it cost prohibitive to see a doctor.

Health Insurance Characteristics of Children, Montgomery County, 2008

Source - 2008 PRC Child Health Assessment, Children’s Medical Center Service Area, Dayton Children’s Hospital; Ohio Family Health Survey, Ohio Department of Job and Family Services, 2008

Key survey findings as reported by the parent:

- 77% of children under 15 years are insured privately.
- 5% of children under 15 years have no form of health insurance.
- 17% of children under 15 years have government sponsored health insurance; 9% are on Medicaid.
- 21% of children under 18 years have no vision coverage (excluding 1 year olds).
- 3% of children 6-14 years need eye glasses but cost is a prohibitive factor in obtaining them.
- 6% of children under 15 years had a difficult time obtaining a medical appointment at least once in the past year because of cost.
- 8% of children under 18 years have no prescription drug coverage (excluding 1 year olds).
- 5% of children under 15 years cannot get a prescription filled due to cost.
- 5% of children under 15 years have difficulty finding a physician.
- 5% of children under 15 years have difficulty getting to a doctor due to lack of transportation.
- 17% of children under 18 years had major medical costs within past 12 months.

Across the Nation

<table>
<thead>
<tr>
<th></th>
<th>Montgomery</th>
<th>Ohio</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of individuals below poverty *</td>
<td>15.0%</td>
<td>13.2%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Percent related children 18 and under below poverty a</td>
<td>21.7%</td>
<td>18.5%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Percent related children under 5 below poverty a</td>
<td>29.0%</td>
<td>22.6%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Percent without any type of health care coverage b</td>
<td>13.4%</td>
<td>12.1%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Percent Unemployed (&gt;16 yrs) c</td>
<td>10.3% d</td>
<td>9.9% e</td>
<td>9.6% e</td>
</tr>
</tbody>
</table>

* American Community Survey, U.S. Census Bureau, 2006-2008
a 2009 BRFSS, Centers for Disease Control and Prevention
b U.S. Bureau of Labor Statistics, October 2010
c Dayton, not seasonally adjusted
d Seasonally adjusted
e Not seasonally adjusted

A map of the percent of adults without health insurance by zip code is located in Appendix 11.

A map of the percent of adults who could not see a doctor due to cost by zip code is located in Appendix 12.

A state level map of the percent uninsured adults and children in each county is located in Appendix 13.
Good oral health is important to one’s overall health and well-being. Oral disease, particularly periodontal disease, is associated with other health issues such as problems controlling diabetes, heart disease, and premature birth. Systemic conditions that can be detected by an oral exam and therefore treated earlier include diabetes, HIV/AIDS, osteoporosis, respiratory and vascular diseases, osteoarthritis and rheumatoid arthritis, and many oral cancers. Poor oral health also impacts diet and nutrition and affects attendance at school and work.

Key findings as self reported:

- The proportion of women who visited a dental clinic in the past year (76%) is significantly greater (15%) than the proportion of men (66%) who visited a dental clinic in the past year.
- Income is significantly related to the percent of individuals seeing a dentist in the past year; the higher the income, the more likely a person saw a dentist (data not shown).

Individuals should brush their teeth 2 times a day, in the morning and at night, and floss at least once a day. Most children and adults should see their dentists for a regular cleaning and check up every 6 months. Reducing consumption of sugary foods and drinks will also help prevent tooth decay. While 52 schools in Montgomery County were qualified to participate in the school-based dental sealant program, only 31 did so in 2009 (Ohio Oral Health Surveillance System, 2009). Increasing participation in the school-based dental sealant program can prevent tooth decay.

<table>
<thead>
<tr>
<th>Across the Nation a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Percent that visited the dentist or dental clinic in the past year (adults 18 and older)</td>
</tr>
<tr>
<td>73.3%</td>
</tr>
<tr>
<td>Percent that have had any permanent teeth extracted (adults 18 and older)</td>
</tr>
</tbody>
</table>

* 2009 BRFSS, Centers for Disease Control and Prevention
Key findings as self reported:

- Almost 3 out of every 4 adults have visited a dental clinic in the past year.
- The proportion of Whites (74%) compared to Blacks (60%) who have visited a dental clinic in the past year is significantly larger.

Indicators of Oral Health for Children in Montgomery County

Source - Ohio Family Health Survey, Ohio Department of Job and Family Services, 2008; A Survey of the Oral Health of Ohio School Children, Ohio Department of Health, 2004-2005; 2008 PRC Child Health Assessment, Children's Medical Center Service Area, Dayton Children’s Hospital

Key survey findings as reported by the parent:

- 90% of children 6-14 years visited a dentist in the last year.
- 12% of children <18 years have never visited a dentist.
- 18% of children 1-17 years have no dental insurance.
- 6% of children 1-17 years have unmet dental health needs.
- 20% of 3rd graders have an untreated cavity.
- 55% of 3rd graders have one or more sealants.
- 31 Montgomery County schools participated in the school-based sealant program in 2009; 52 were eligible.
- 50% of 3rd graders have a history of tooth decay.

Indicators of Oral Health for Adults in Montgomery County

Source - Ohio Family Health Survey, 2008; Montgomery County BRFSS, 2007-2008

- 16% of adults 18-64 years have unmet dental care needs.
- 39% of adults 18 and older have no dental coverage; among the insured 28% have no dental coverage.
- 44% of adults 18 or older have had a permanent tooth extracted.
- 22% of adults 65 or older have had all their teeth extracted.
- 50% of adults 65 or older who have health insurance do not have dental coverage.
Public Health System Priorities

The data supports the need for population health improvement in Montgomery County. Our vision for a healthier Montgomery County requires a system-based approach to ensure the proper balance of traditional and healthy lifestyle-related programs. It requires that we engage community partners, challenge health disparities and improve access to care for vulnerable populations. Public Health – Dayton & Montgomery County’s data-driven public health priorities include chronic disease prevention, creation of a culture of health, elimination of health disparities and the promotion of health equity, and improved access to care for vulnerable populations.

Chronic Disease Prevention

The leading causes of morbidity and mortality in Montgomery County include preventable chronic diseases such as cancer, cardiovascular disease, stroke, and diabetes. Historically, chronic disease prevention activities in Montgomery County have been fragmented with an inadequate overall community action plan. Public Health – Dayton & Montgomery County, community-based organizations, non-profit organizations, and the two local hospital systems have used the medical model with an emphasis on disease management and programs to address chronic diseases. Although well-intentioned, most of these activities have been implemented in isolation and have not yielded measurable improvements in population health as evidenced by the data in this assessment.

The need for a policy, systems, and environmental (PSE) change approach to chronic disease prevention in Montgomery County is clearly warranted. Transitioning from a disease management focus to primary prevention through PSE changes, guided by a community action plan, will be the foundation for population health improvement.

Creating a Culture of Health – Healthy Lifestyles

Major determinants of our health status include personal behaviors/lifestyle choices, environmental exposures, access to health care, social circumstances, and genetic predispositions. Of these, personal behaviors account for 40% of our health status (New England Journal of Medicine, 2007). Many of the health outcomes presented in this assessment such as preventable chronic diseases, sexually transmitted diseases, and infectious diseases are directly related to our personal behaviors and social circumstances. It is readily apparent that individual responsibility is paramount to adopting and maintaining a healthy lifestyle despite barriers.

Creating a culture of health through the adoption of healthy lifestyles is the key to a healthier Montgomery County. All stakeholders within the local public health system must demonstrate leadership and action to accomplish a shared vision of healthy people in Montgomery County. Key sectors include schools, worksites, health care, and communities. The GetUp Montgomery County healthy lifestyle initiative provides a framework for partner engagement and linkages, program evaluation, and outcome measurement.
Elimination of Health Disparities and the Promotion of Health Equity

Disparities in health outcomes clearly exist among racial groups in Montgomery County. Blacks in particular, have more unfavorable health outcomes compared to Whites. The data in this assessment shows disparities in overall health status, teen birth rate, percent low birth weight, infant mortality rate, cancer mortality rates, prevalence of diabetes, incidence of HIV/AIDS, and incidence of other sexually transmitted diseases. Behavior and lifestyle choices, access to early prenatal care, physical activity level, weight, and vaccination status contribute to many of these disparities. These observations are a sobering reminder that certain groups within our population experience a disproportionate burden of disease and death.

Montgomery County’s local public health system should continue to build a robust infrastructure to eliminate health disparities and promote health equity. The Dayton Council on Health Equity is uniquely positioned to guide the development and implementation of a community-based plan to eliminate health disparities. Preventable chronic diseases should be the overarching focus of this plan with more detailed concentration on BMI reduction and the prevention of unintentional pregnancies such as teenage pregnancy.

Improved Access to Care for Vulnerable Populations

Although access to care is not as significant a contributor to the overall health status of the population as personal behaviors/lifestyle choices, linking individuals with a physician is integral to early disease detection and treatment and optimal health. Unfortunately, nearly 67,000 Montgomery County residents do not have health insurance. The majority of these individuals are adults between the ages of 18 and 62.

Montgomery County’s local public health system should develop a master plan for health care access. Focus areas should include more primary care at existing community health centers and expanded primary care at new locations. Focus areas should also include expanded health services such as dental, behavioral, and specialty care. However, hospital uncompensated costs, Public Health costs, and the impact of health care reform need to be considered.
Appendix
Appendix 1: Source - American Fact Finder, Decennial Census, 2000

Montgomery County, Total Population by Census Tract, 2000
Prevalence of Adults (18 and older) Who are Obese or Overweight by Zip Code
Montgomery County, 2007-2008

Zip codes were selected if they had 50 or more survey respondents. The data was then weighted by age, race, and gender. Because the data is weighted, a larger prevalence of disease in one community represents a true reflection of disease burden in that community and not a reflection of that community having more survey respondents. Not every zip code met the criteria for mapping (as indicated by the gray areas). As a consequence no assumption can be made about zip codes that were not mapped.
Appendix 3: Source - Greater Dayton Area Hospital Association Outpatient Hospital Data, 2008

Number of Hospitalizations Due to Substance Abuse by Zip Code
Montgomery County, 2008
Prevalence of Current Adult (18 and older) Smokers by Zip Code
Montgomery County, 2007-2008

Percent Current Smokers by Zip Code

Zip codes were selected if they had 50 or more survey respondents. The data was then weighted by age, race, and gender. Because the data is weighted, a larger prevalence of disease in one community represents a true reflection of disease burden in that community and not a reflection of that community having more survey respondents. Not every zip code met the criteria for mapping (as indicated by the gray areas). As a consequence no assumption can be made about zip codes that were not mapped.

<table>
<thead>
<tr>
<th>Zip</th>
<th>Number of Current Smokers</th>
<th>Percent of Current Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>45342</td>
<td>1,622</td>
<td>17.45</td>
</tr>
<tr>
<td>45449</td>
<td>1,446</td>
<td>28.07</td>
</tr>
<tr>
<td>45424</td>
<td>1,401</td>
<td>15.14</td>
</tr>
<tr>
<td>45459</td>
<td>1,300</td>
<td>14.40</td>
</tr>
<tr>
<td>45322</td>
<td>1,135</td>
<td>21.52</td>
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<tr>
<td>45420</td>
<td>1,071</td>
<td>17.85</td>
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<tr>
<td>45414</td>
<td>1,050</td>
<td>20.49</td>
</tr>
<tr>
<td>45429</td>
<td>872</td>
<td>8.38</td>
</tr>
<tr>
<td>45405</td>
<td>724</td>
<td>17.19</td>
</tr>
<tr>
<td>45458</td>
<td>358</td>
<td>4.46</td>
</tr>
</tbody>
</table>

Number of Teen Mothers <19 Years by Census Tract
Montgomery County Residents, 2008

Number of Teen Mothers <19 by Census Tract (Census Tracts Without Teen Mothers are Colored in Gray).

- 25
- 5
- 1

Number of Low Birth Weight Babies by Census Tract
Montgomery County Residents, 2008

Number of LBW Babies by Census Tract (Census Tracts Without any LBW Babies are Colored in Gray).

Number of Late Prenatal Care Visits (Second or Third Trimester or Not at All) by Census Tract
Montgomery County Residents, 2008

Number of Late or No Prenatal Care Visits by Census Tract

0
15
30
Number of Women Giving Birth Who Are Unmarried by Census Tract
Montgomery County Residents, 2008
Infant death: baby dying at <365 days of life

Number of Infant Deaths by Zip Code, Montgomery County, 2006

□ Number of Infant Deaths by Zip Code (Zip Codes Without Any Infant Deaths are Colored in Gray).

10

3

1

Zip codes were selected if they had 50 or more survey respondents. The data was then weighted by age, race, and gender. Because the data is weighted, a larger prevalence of disease in one community represents a true reflection of disease burden in that community and not a reflection of that community having more survey respondents. Not every zip code met the criteria for mapping (as indicated by the gray areas). As a consequence no assumption can be made about zip codes that were not mapped.
Appendix 11: Source - Montgomery County BRFSS, 2007-2008

Prevalence of Adults (18 and older) Without Health Insurance by Zip Code
Montgomery County, 2007-2008

Zip codes were selected if they had 50 or more survey respondents. The data was then weighted by age, race, and gender. Because the data is weighted, a larger prevalence of disease in one community represents a true reflection of disease burden in that community and not a reflection of that community having more survey respondents. Not every zip code met the criteria for mapping (as indicated by the gray areas). As a consequence no assumption can be made about zip codes that were not mapped.

<table>
<thead>
<tr>
<th>Zip</th>
<th>Number without Health Insurance</th>
<th>Percent without Health Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>45424</td>
<td>896</td>
<td>9.68</td>
</tr>
<tr>
<td>45420</td>
<td>788</td>
<td>13.13</td>
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<tr>
<td>45405</td>
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<tr>
<td>45429</td>
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<td>45342</td>
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<td>45458</td>
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<td>4.70</td>
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<tr>
<td>45459</td>
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<td>2.09</td>
</tr>
<tr>
<td>45322</td>
<td>173</td>
<td>3.28</td>
</tr>
<tr>
<td>45414</td>
<td>119</td>
<td>2.32</td>
</tr>
</tbody>
</table>
Prevalence of Adults (18 and older) Who Could Not See a Doctor Due to Cost by Zip Code
Montgomery County, 2007-2008

Zip codes were selected if they had 50 or more survey respondents. The data was then weighted by age, race, and gender. Because the data is weighted, a larger prevalence of disease in one community represents a true reflection of disease burden in that community and not a reflection of that community having more survey respondents. Not every zip code met the criteria for mapping (as indicated by the gray areas). As a consequence no assumption can be made about zip codes that were not mapped.

<table>
<thead>
<tr>
<th>Zip</th>
<th>Number who could not see a doctor due to cost</th>
<th>Percent who could not see a doctor due to cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>45458</td>
<td>1,219</td>
<td>15.19</td>
</tr>
<tr>
<td>45424</td>
<td>1,185</td>
<td>12.81</td>
</tr>
<tr>
<td>45342</td>
<td>1,089</td>
<td>11.72</td>
</tr>
<tr>
<td>45322</td>
<td>1,062</td>
<td>20.14</td>
</tr>
<tr>
<td>45420</td>
<td>946</td>
<td>16.13</td>
</tr>
<tr>
<td>45429</td>
<td>739</td>
<td>7.07</td>
</tr>
<tr>
<td>45405</td>
<td>681</td>
<td>16.17</td>
</tr>
<tr>
<td>45414</td>
<td>660</td>
<td>12.88</td>
</tr>
<tr>
<td>45449</td>
<td>571</td>
<td>10.87</td>
</tr>
<tr>
<td>45459</td>
<td>318</td>
<td>3.51</td>
</tr>
</tbody>
</table>
Appendix 13: Source - Ohio Family Health Survey, Ohio Department of Job and Family Services, 2008

Percent of Uninsured Adults (18-64 Years) and Children (<18 Years) by County in Ohio, 2008

Percent of Uninsured Adults* in Ohio

Percent of Uninsured Children* in Ohio
41 survey respondents did not report a zip code and thus are not mapped above.

Number of BRFSS Survey Respondents by Zip Code

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
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<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
MISSION STATEMENT

Our mission is to lead and innovate by working with our community to achieve the goals of public health: prevention, promotion, and protection.

OUR VISION

Our vision is to be an innovative leader in achieving the highest possible health and well-being for Dayton and Montgomery County residents and visitors. To that end, we provide vital, cost-effective and culturally proficient health services that protect and promote people’s health and support and create healthy environments and communities.

Through our services, we:

• Prevent the spread of disease
• Protect against health threats in air, food and water
• Promote healthy behaviors
• Reach out to vulnerable populations, linking or providing direct services
• Mobilize community action through partnerships
• Prepare for and respond to public health emergencies
• Serve as a public health information resource to physicians and others working in the interests of health